

Substance Use Disorder Treatment Availability Among States Considering Medicaid Work Requirements

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INTRODUCTION

In 2018, the Department of Health and Human Services began inviting state Medicaid reforms to “increase employment and community engagement” among enrollees by requiring work or similar activities as a condition of Medicaid eligibility. As of September 2019, seventeen states have applied for section 1115 Medicaid work requirement waivers, nine of which have been approved (with three currently on hold by federal courts).¹ Such programs oblige individuals to complete a specified number of work, job training, job search, or community service hours to maintain Medicaid coverage, with exemptions for pregnant and disabled individuals.

Many work requirement proposals also make exceptions for individuals with substance use disorders (SUD), though this is often conditional on participation in a SUD treatment program.² Given the high prevalence of SUD within the Medicaid population,³ the availability of SUD treatment may be crucial to maintenance of Medicaid eligibility for individuals in states pursuing work requirements. We sought to quantify the availability of SUD treatment resources in states with and without Medicaid work requirements.

METHODS

We compared SUD prevalence, all overdose deaths, opioid overdose deaths, and SUD treatment availability across work requirement categories (approved, pending, or no work requirement in the state). Data sources were as follows: work requirement policies (Kaiser Family Foundation,¹ National Academy for State Health Policy²); SUD prevalence (National Survey on Drug Use and Health); opioid overdose deaths (CDC WONDER); state population (US Census); SUD treatment facility data, including acceptance of Medicaid payment, offering opioid treatment program, and offering opioid maintenance therapy (OMT) (National Survey of Substance Abuse

Treatment Services); number of licensed prescribers with waiver to prescribe buprenorphine for opioid use disorder (Substance Abuse and Mental Health Service Administration [SAMHSA] provider locator). Analyses were conducted at the state level using SAS (version 9.4) in September 2019, with *t* tests or Wilcoxon tests as appropriate. All data (except work requirement status) pertained to 2017. The study was deemed exempt from approval by the IRB.

RESULTS

Prevalence of SUD was similar across states with and without Medicaid work requirements (Table 1). However, states with approved Medicaid work requirement waivers had a higher burden of both overall and opioid-related overdose deaths, compared with states with pending or no work requirements.

Availability of SUD treatment facilities was similar across work requirement categories, and a majority of facilities accepted Medicaid payment irrespective of work requirement status (Table 2). For opioids, the median proportion of SUD treatment facilities with a formal opioid treatment program or offering OMT was low across all states, though was generally lower among states with work requirements.

Similarly, when scaled by the burden of opioid-related deaths in each state, states with work requirements had lower numbers of treatment facilities offering opioid treatment programs or OMT (Table 2). The median number of clinicians waived to prescribe buprenorphine was also lower in states with work requirements compared with states without requirements.

DISCUSSION

We found that states with approved Medicaid work requirements generally have both a higher burden of drug overdose deaths and proportionately fewer treatment resources, compared with states without work requirement waivers. Particularly for opioid use disorder, states with approved or pending work requirements had fewer treatment facilities providing recommended treatments and fewer clinicians waived to prescribe buprenorphine. Study limitations include limited ability to distinguish between treatment resource availability and true access to care, and known incomplete data on waived clinicians from SAMHSA.⁴

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Table 1 Characteristics of Substance Use Disorder Policies and Prevalence in States with Approved, Pending, and no Medicaid Work Requirements

Medicaid work requirement waiver status	SUD treatment as qualifying activity	SUD as exemption to work requirement	SUD prevalence (% of state population ≥ 18 years old)	All overdose deaths per 100,000 population	Opioid overdose deaths per 100,000 population
Approved work requirement*			7.9 (0.16)	27.4 (3.0)	20.3 (3.2)
Arizona†	No	Yes	7.7	21.8	13.2
Arkansas‡	No	Yes	7.7	14.8	6.3
Indiana†	Yes§	Yes	7.6	27.8	17.6
Kentucky‡	Yes	No	7.5	35.2	26.0
Michigan	Yes	No	7.9	27.0	20.4
New Hampshire‡	Yes	Yes¶	8.7	34.8	31.6
Ohio	No	Yes	8.1	43.8	36.8
Utah	No	Yes	7.2	21.0	14.7
Wisconsin†	No	Yes	8.5	20.3	16.0
Pending work requirement*			7.8 (0.4)	16.6 (2.1)	10.1 (2.0)
Alabama	No	No	6.9	17.1	8.7
Mississippi	Yes	Yes	6.8	11.9	6.2
Montana	Yes	No	9.2	11.3	3.6
Oklahoma	No	Yes	7.8	19.7	9.9
South Carolina	No	Yes¶	7.9	20.1	14.9
South Dakota	Yes#	No	9.6	8.4	4.0
Tennessee	No	Yes**	6.9	26.4	18.9
Virginia	No	Yes	7.8	17.8	14.7
No work requirement*			8.2 (0.2)	22.5 (1.9)	15.8 (1.8)

SUD, substance use disorder

*Values in rows represent means (standard errors) pooling all states together within a work requirement category

†States that have suspended or postponed plans to implement Medicaid work requirements

‡States with Medicaid work requirements that are currently on hold by federal courts

§Indiana's Gateway to Work program encourages enrollees with SUDs to seek treatment, which will then qualify for exemption

¶New Hampshire's waiver considers SUD treatment an exemption only for those participating in a state-certified drug court program

#South Carolina's waiver requires participation in a Medicaid-covered treatment program

**South Dakota's waiver lists treatment for "behavioral health" as a qualifying activity, though it is unclear if this will specifically include individuals with SUD

***Tennessee's waiver specifies that individuals must be engaged in inpatient, residential, or intensive outpatient treatment programs to qualify for exemptions

Table 2 Substance Use Disorder Treatment Availability Among States with Approved, Pending, or no Medicaid Work Requirement Waivers

Measure of SUD treatment availability	Work requirement category			P value†
	Approved work requirement (n = 9 states)	Pending work requirement (n = 8 states)	No work requirement (n = 34 states)	
Proportion of SUD treatment facilities accepting Medicaid payment*	66.5 (5.5)	66.3 (2.6)	70.7 (3.1)	0.32
SUD treatment facilities per 100 drug overdose deaths	22.3 (6.7)	20.0 (28.5)	22.1 (33.4)	0.41
Proportion of SUD treatment facilities with opioid treatment program	5.4 (3.9)	6.1 (11.4)	9.8 (11.0)	0.12
Proportion of SUD treatment facilities offering opioid maintenance therapy	18.3 (5.3)	17.8 (9.8)	20.0 (16.2)	0.27
SUD treatment facilities with opioid treatment program per 100 opioid overdose deaths	1.8 (0.8)	2.6 (3.3)	3.5 (1.8)	0.01
SUD treatment facilities offering opioid maintenance therapy per 100 opioid overdose deaths	5.1 (1.0)	6.1 (11.2)	8.3 (6.6)	0.01
Waivered buprenorphine prescribers per 100 opioid overdose deaths‡	14.8 (14.5)	24.5 (26.5)	27.8 (29.6)	0.17

SUD, substance use disorder

Values in table represent medians (interquartile ranges) unless otherwise noted

*Values are means (standard errors)

†All P values are 2-sided and refer to comparisons between states with any type of work requirement (approved or pending) versus states with no work requirements. P values correspond to Wilcoxon rank sum test, except for "Proportion of SUD treatment facilities accepting Medicaid payments," which compares means using a t test. All analyses include sample of n = 51 (all US states and District of Columbia)

‡Refers to physicians who have completed Drug Enforcement Administration–required 8-h training course and are authorized to prescribe buprenorphine, a partial opioid agonist, for opioid use disorder

Given recent work showing that Medicaid work requirements may disproportionately affect individuals with SUD and other behavioral health disorders,^{5, 6} states should consider policies that account for the limited availability of SUD treatment to prevent disenrollment and worsening health for individuals with SUD.

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Author Contributions Drs. Christine and Tipirneni had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: Christine, Tipirneni

Acquisition, analysis, or interpretation of data: Christine, Tipirneni

Drafting of the manuscript: Christine

Critical revision of the manuscript for important intellectual content: Tipirneni

Statistical analysis: Christine

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Compliance with Ethical Standards:

Conflict of Interest: Dr. Tipirneni is on the University of Michigan Institute for Healthcare Policy and Innovation team conducting the evaluation required by the Centers for Medicare and Medicaid Services

(CMS) of the Healthy Michigan Plan (HMP) under contract with the Michigan Department of Health and Human Services (MDHHS). The current work was not conducted as part of this evaluation.

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