



September 2017

# Medicaid Expansion and the Opioid Epidemic: Medicaid's Role in a Growing Crisis

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## Recommended Citation

Thurston, Taylor A. (2017) "Medicaid Expansion and the Opioid Epidemic: Medicaid's Role in a Growing Crisis," *Tennessee Medicine E-Journal*: Vol. 3 : Iss. 2 , Article 14.

Available at: <https://ejournal.tnmed.org/home/vol3/iss2/14>

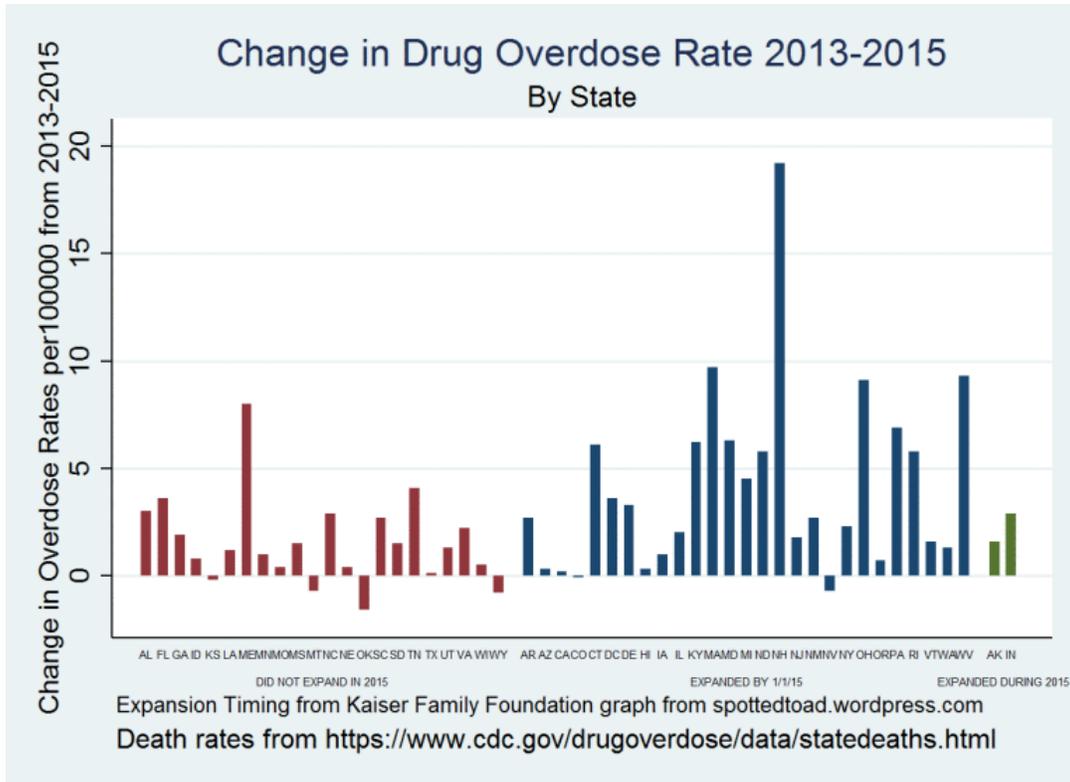
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It has been postulated that the Medicaid expansion under the Affordable Care Act is responsible for the drastic increase in the opioid epidemic. A review of the research reveals two very distinct opinions.

When briefly looking at the data presented, there appear to be several points that have remained undisputed. Namely, that Medicaid has increased access to care in states that expanded their Medicaid programs, and that the opioid epidemic is spiraling out of control. Further, there does seem to be factual data demonstrating an increase in the opioid-related deaths in states that have expanded their Medicaid programs. From this, it is fairly easy to surmise that the Medicaid expansion has increased the opioid crisis. The data in the graph below was compiled by the Kaiser Family Foundation based on CDC reported death rates. Based on this data researchers can see an increase in the number of overdose-related deaths during and after the Medicaid expansion. Additionally, four states that did not expand Medicaid show a decrease in their overdose death rate, a claim that only one expansion state can make.

The argument isn't that the expansion of Medicaid or the Affordable Care Act directly caused the opioid crisis, rather, it just made Medicaid fraud easier and more lucrative. Private and public health insurance programs are a key contributor to opioid addiction, often in the most innocuous way. Many addicts do not start by abusing these pain killers (though some do), most start with a legitimate prescription for an injury or other pain (Obamacare, 2017). Over the course of their treatment, they become hooked and eventually become addicts. The expansion of Medicaid has further exacerbated this issue because it is easier to get insured and prescription copays are minimal. On top of that, the low copays can potentially entice non-users into acquiring prescriptions for the sole purpose of resale. Some studies indicate that prescription rates under Medicaid are at least twice as high as they are under private insurance, seemingly

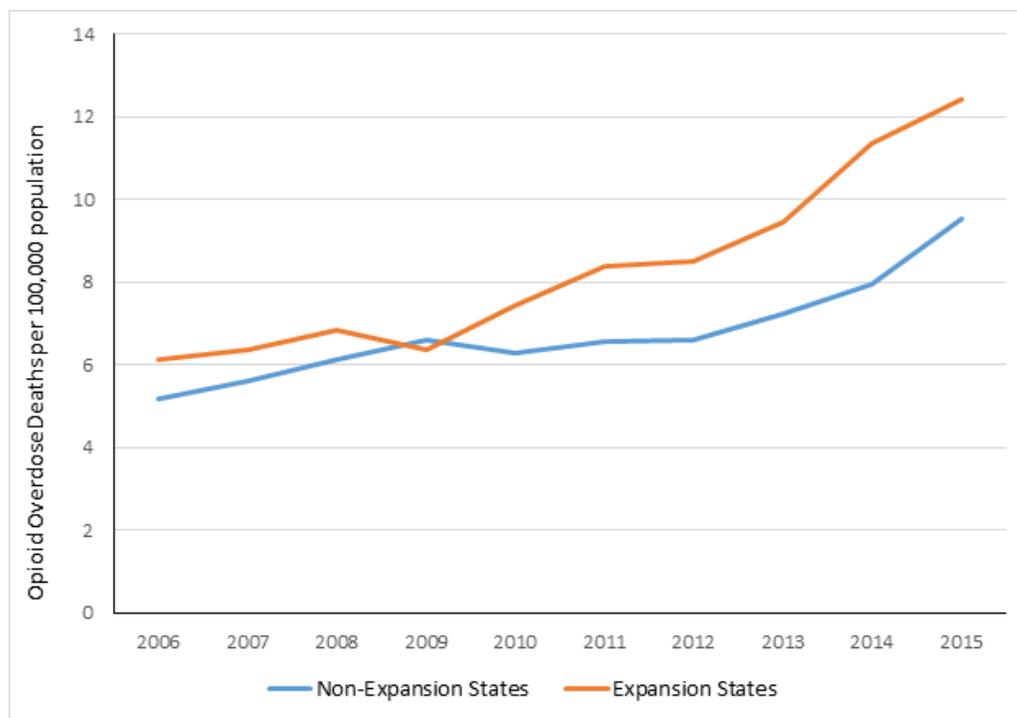
proving that Medicaid does bear some responsibility for the opioid epidemic (Adolphsen, Has Medicaid, 2017).



(Obamacare, 2017)

While the relationship may seem obvious at first glance, implicating Medicaid in the opioid crisis could prove to be an error in judgment. Keith Humphreys (2018), writing for the Washington Post, points out that much of the existing data refers to opioid deaths, and does not differentiate which type of opioid. This means that these statistics include prescription medications like OxyContin and illegal substances like heroin. Humphreys goes on to mention that a large portion of the heroin on the black market is laced with even deadlier chemicals like fentanyl. Another thing to consider is the patient population on Medicaid. Most of these individuals are suffering from some sort of disability, often one that is associated with pain. It

would stand to reason that these individuals would have a higher prescription rate of opioid pain killers over private insurance (Goodman-Bacon & Sandoe, 2017). Also, while there is no arguing that there has been an increase in the opioid-related deaths since the expansion of Medicaid, there is evidence supporting the notion that this trend began before the change. In the graph below Allison Grave (2017) shows that drug-related deaths started rising in 2009-2010, four years before the Medicaid expansion, and have been steadily increasing ever since. If Medicaid were the root cause, then this issue should have started after the expansion, not before.



Ultimately, did Medicaid cause the opioid crisis? Probably not. Did it intensify the problem? Probably. It is evident that the trend of opioid abuse began before the inception of the Medicaid expansion, but it is not difficult to see how Medicaid has played a part in making opioids more accessible. The real issue is the over-prescription of opioids, Medicaid is simply making these prescriptions more affordable. States like Ohio have been hit particularly bad by the opioid crisis.

To combat this Ohio is proposing an all-out freeze on their Medicaid expansion program until they can get a better grasp on the epidemic (Adolphsen, Want to end, 2017). While this certainly has the potential to decrease the abuse of prescription opioids, the research indicates that may only be a small step towards eradicating the problem. At this point, we know that users often turn to heroin as a cheaper alternative to prescription opioids, so it is logical to assume many addicts would simply make the transition once their prescriptions were no longer accessible.

Additionally, Medicaid covers the drugs used to treat opioid addiction, like buprenorphine and methadone (Volkow, Frieden, Hyde, Cha, 2014). The prevalence of Medicaid could be the only way some addicts can afford treatment, and freezing it would remove that option. Ultimately, Medicaid does bear some of the blame for the opioid crisis, but Medicaid could also be the saving grace for those individuals seeking treatment. Though it may have perpetuated the problem, ending Medicaid would certainly hinder the solution.

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