

# Opioid users 50 percent more likely to get treatment under Obamacare

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Credit: Drexel University

Once the Affordable Care Act was fully implemented in 2014, people who struggled with misusing opioids were 50 percent more likely to get treatment and twice as likely to have that treatment paid for by insurance

than before, according to a new Drexel University study.

Ryan McKenna, PhD, an assistant professor in Drexel's Dornsife School of Public Health, analyzed data from the National Survey on Drug Use and Health concerning more than 4,000 people diagnosed with opioid use disorder between 2008 and 2014, spanning the period before the ACA and after it was completely implemented.

"Since the national implementation of the ACA in 2014, those with opioid use disorder were less likely to be uninsured as well as less likely to report financial barriers as a reason they did not receive [treatment](#)," said McKenna, who published his findings in *Drug and Alcohol Dependence*. "Ultimately, a significant increase in access to treatment was observed for this population."

Opioid use disorder is a term that effectively replaces "opioid abuse" or "opioid dependency" due to the negative connotations associated with each. Symptoms of opioid use disorder, in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), include withdrawal, tolerance to opioids, use of the drugs in dangerous situations, trouble with the law and interference with obligations such as school or work.

Looking at the population dealing with opioid use disorder, McKenna hoped to discover how the implementation process of the ACA affected their [insurance](#) status, treatment status, and treatment payment method.

Once the law was fully implemented, the data on these points showed significant progress.

McKenna found that odds of insurance coverage increased by 72 percent for people with opioid use disorder between 2008 and 2014. The odds of not receiving substance use disorder treatment due to financial concerns

dropped by 50 percent. And the odds of receiving treatment increased by 158 percent, with the odds of the respondent's insurance paying for treatment climbing by 213 percent.

"These gains are an important first step," McKenna said. "Prior to national implementation, only about 25 percent of those with opioid use disorder reported receiving treatment, with the lowest rates of treatment being among the uninsured."

Full implementation of the ACA really appeared to be the key, according to the data. McKenna looked at the years 2009 through 2013—when some measures such as the young adult mandate and early Medicaid expansion came online—to contrast the complete product from what he termed "Partial-ACA."

Going from the Partial-ACA to the full, final ACA, McKenna found that the odds for people with opioid use disorder not being insured declined by 89 percent, while the odds of not receiving treatment due to financial considerations dropped by 45 percent, both strong indications of progress. Additionally, respondents were 16 and 46 percent more likely, respectively, to get treatment and have it paid for by insurance.

"While some of the provisions of the ACA were implemented prior to 2014—like early Medicaid expansion and the young adult mandate—several policy measures went into effect in 2014," McKenna explained. "The inclusion of mental health services and addiction treatment into the ACA's 10 essential health benefits—along with the establishment of health insurance exchanges and the option for states to expand Medicaid coverage up to 138 percent of the Federal Poverty Line—all played key roles to extending coverage to those with opioid use disorder."

While it appears that the ACA had a strong, positive impact on people

with opioid use disorder, McKenna's data showed that the majority of people with it still don't receive treatment (just 33 percent do) and have it paid for by their insurance provider (only 16 percent).

Moreover, 27 percent still don't have health insurance and 38 percent have chosen to forgo treatment because it would be too expensive.

"We should keep in mind that this will not be solved immediately and that there are several factors working against those with opioid use disorder," McKenna said.

One of those main factors is that people with opioid use disorder often don't recognize the need for treatment, according to McKenna, and the ability to successfully navigate insurance policies and markets is "typically low" for this population.

"Lastly, there are still social stigmas at play that deter treatment-seeking behavior," McKenna said.

Although plans to repeal the ACA are—for now—shelved, McKenna believes the concerns of this population can't be disregarded.

"This population accounts for approximately 29 percent of the Medicaid expansion population and a repeal threatens to leave many uninsured," McKenna said. "And while repeal efforts aim to cut spending, they would result in increased criminal justice costs, uncompensated emergency department care and productivity losses tied to the [opioid](#) use disorder population."

**More information:** Ryan M. McKenna, Treatment use, sources of payment, and financial barriers to treatment among individuals with opioid use disorder following the national implementation of the ACA, *Drug and Alcohol Dependence* (2017). [DOI:](#)

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