

## **Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Financial Barriers and Strategies**

Even though medications to treat opioid use disorder (MOUD) are effective, almost four in five Americans with opioid use disorder (OUD) do not receive any form of treatment, including with these medications. The gap in access to evidence-based care, including treatment with medications, stems in part from barriers to change within our existing health care system.

An individually authored discussion paper by members of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic identifies key barriers to access, use, and delivery of evidence-based treatment and focuses on actions to surmount barriers that compromise our current treatment system. Explore key financial barriers and strategies below.

### **Financial Barriers to Accessing Treatment Need to Be Eliminated**

Too many patients do not access treatment for substance use disorders (SUDs) because they cannot afford it. In a recent national survey of people with SUDs, **30% indicated that they did not seek treatment because they did not have health coverage or could not afford care.** While more and more Americans today have health insurance, patients still experience significant financial barriers to accessing treatment for OUD and other SUDs.

Additionally, too few incarcerated individuals receive treatment for OUD, and nearly three-quarters of this population begin to use again within three months after they return home. This particularly vulnerable population could benefit greatly from increased access to MOUD. Addressing financial barriers to increase access to and coverage of lifesaving OUD treatment for vulnerable populations will result in sustainable change and tangible impact.

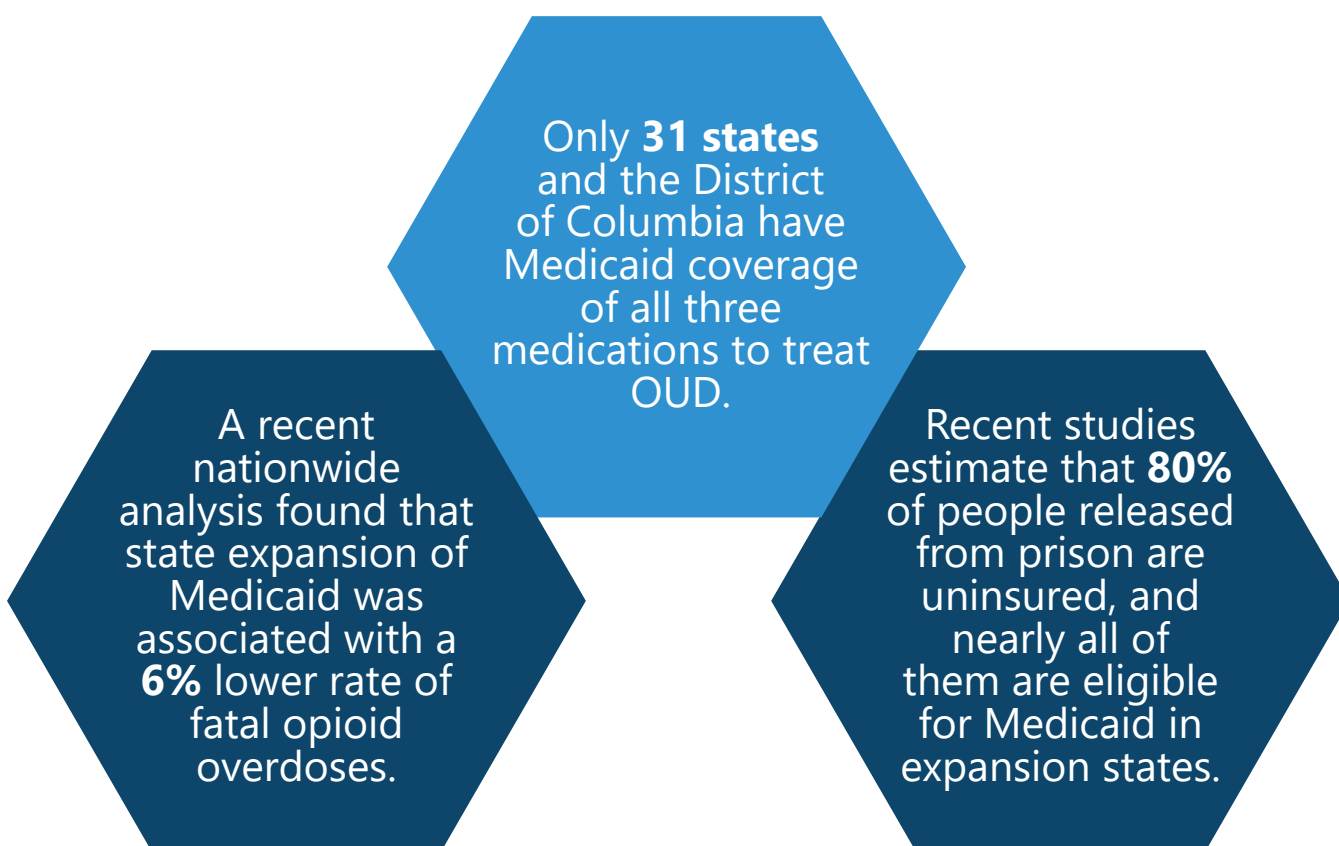
**STRATEGY 1:** All states should expand Medicaid to childless adults to gain the benefits of health coverage.

**STRATEGY 2:** Congress should permit Medicaid funds to be used for medications for opioid use disorder for incarcerated individuals.

**STRATEGY 3:** States should ensure that incarcerated individuals have active health coverage immediately upon release.

**STRATEGY 4:** Public and private payers should provide coverage that facilitates access to all three FDA-approved medications for opioid use disorder.

**STRATEGY 5:** States should enforce mental health parity laws.



**SOURCE:** Madras, B. K., N. J. Ahmad, J. Wen, J. Sharfstein, and the Prevention, Treatment, and Recovery Working Group of the Action Collaborative on Countering the U.S. Opioid Epidemic. *NAM Perspectives*. Discussion Paper, Washington, DC. <https://doi.org/10.31478/202004b>

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