

Medicaid – Especially Medicaid Expansion – Fuels Bipartisan Progress in Combating the Opioid Epidemic

New Data Show That Roughly 1 Million People Receive Medication Treatment for Opioid Use Disorder Through Medicaid

With support from [bipartisan](#) legislation signed into law by President Trump in 2018, Medicaid covers medication treatment for opioid use disorder, the gold standard for opioid addiction treatment.

This report from the Joint Economic Committee – Minority lays out how Medicaid plays a key role in ensuring that Americans have access to opioid addiction treatment. New analysis from the Joint Economic Committee – Minority, based on data shared with the Committee, shows that about 1 million people receive medication treatment for opioid use disorder through Medicaid. Additionally, the analysis of the data shows that more than 60 percent of these individuals access this treatment through Medicaid Expansion.

Just as the United States starts to [see](#) a [decline](#) in overdose-related deaths, cuts to Medicaid would jeopardize this progress.

Through Medicaid, about one million people receive the gold standard of treatment for opioid addiction

- New data shared with the Joint Economic Committee - Minority, as detailed in the table on page 6, show that **roughly 1 million individuals were able to receive medication treatment for opioid use disorder through Medicaid** in 2022. The true number for that year was likely larger, as data limitations prevented researchers from including figures for New York or Illinois.
- A brief from the Brookings Institution [recently](#) reported that 1.8 million people received treatment for opioid use disorder through Medicaid in 2021. In addition to including Medicaid enrollees receiving medication treatment for opioid use disorder, this number includes those receiving other forms of opioid use disorder treatment and those who received naloxone to reverse an opioid overdose, which are not included in the new 2022 data shared with the Joint Economic Committee – Minority, among other differences.
- Medication treatment is the gold standard for treatment of opioid use disorder. Medications – such as methadone, buprenorphine, and naltrexone – provide patients with [relief](#) from withdrawal symptoms and allow the body to function normally without the use of illicit opioids. The medications can be used for months, years, or a full lifetime to help ensure that individuals can stay in recovery and not return to opioid use.

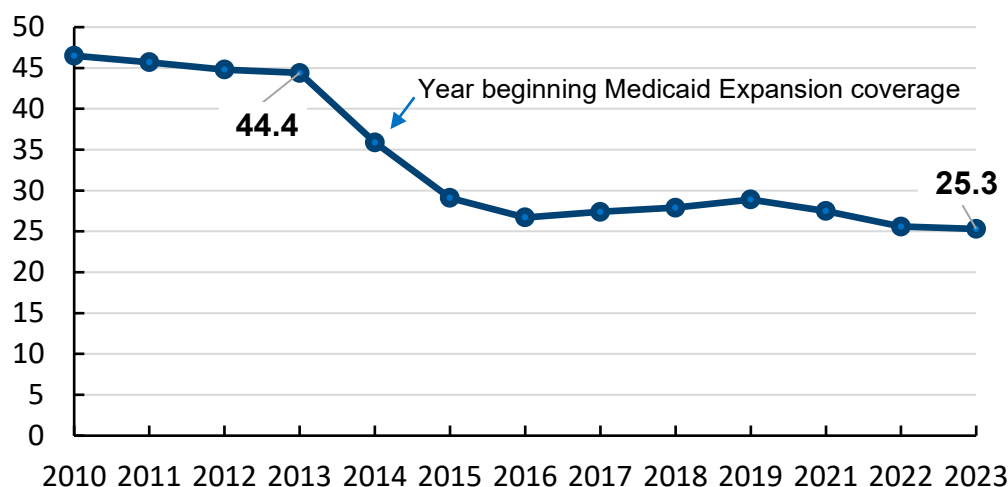
- The American Medical Association and others recognize these medications as the first-order treatment for patients with opioid use disorder. Physician groups across the country are advocating for increased access to this treatment.
- Health [insurance](#) like Medicaid is the key to accessing these highly effective medications, as treatment costs can be [unaffordable](#) for people who are uninsured.
- According to research, people treated for addiction with medication and therapy experience [improved](#) employment outcomes, in addition to improved health outcomes and enhanced likelihood of continuing treatment.
 - A recent [study](#) found that Medicaid enrollees who received buprenorphine (a form of medication treatment for opioid use disorder) were more likely to become employed, had shorter job searches, and earned more than those not initially receiving treatment.

Medicaid Expansion is how most Medicaid enrollees get medication treatment for opioid use disorder

- The Affordable Care Act provided states with the option to extend Medicaid's availability to more Americans – called Medicaid Expansion. The federal government helps states that adopt this program [broaden](#) Medicaid coverage to include adults and families with incomes at or below [138 percent](#) of the [poverty level](#). For an individual, this includes those who [earn](#) an income at or below \$21,597, while the threshold for a family of four is \$44,367.
- Since 2014, 40 states and Washington, D.C. have [adopted](#) Medicaid Expansion, driving the number of people nationwide without health insurance to a record [low](#). As shown in the graph below, the number of uninsured individuals ages 0 to 64 [dropped](#) by nearly 20 million people since states began providing Medicaid Expansion coverage.

After States Adopted Medicaid Expansion, The Uninsured Rate Plunged

Uninsured people ages 0 to 64 in the United States, in millions, 2010-2023



Source: KFF analysis of American Community Survey 1-year estimates.



- New data shared with the Joint Economic Committee – Minority show that Medicaid Expansion is ensuring that hundreds of thousands of people can access medication treatment for opioid use disorder. This new data is provided below, in the table on page 6.
- **JEC – Minority calculations show that about 60 percent of Medicaid enrollees who receive medication treatment for opioid use disorder can only do so through Medicaid Expansion.**
- In several states – including New Hampshire, Louisiana, Montana, Idaho, and Kentucky – 70 percent or more of Medicaid enrollees who receive medication treatment for opioid use disorder are only eligible for Medicaid coverage – including coverage for addiction treatment – because of Medicaid Expansion.

Research shows that prescriptions for opioid use disorder treatment increased after Medicaid Expansion

- A 2019 analysis by the Medicaid and CHIP Payment and Access Commission (MACPAC) [found](#) that prescriptions through Medicaid to treat opioid use disorder significantly increased from 2013 to 2017 – the period following the initial set of states enacting Medicaid Expansion in 2014 – with nearly three times more Medicaid prescriptions for buprenorphine.
- An Urban Institute study [showed](#) that between 2010 and 2018, there was a significant increase in certain prescribed medications to treat opioid use disorder, particularly in Medicaid Expansion states between 2013 and 2018.
- Research has also [found](#) that the prescription of medications to treat substance use disorder in outpatient settings increased by 43 percent in Medicaid Expansion states compared to non-Expansion states.

Bipartisan laws have further increased access to opioid use disorder treatment

- In 2018, Republicans and Democrats in Congress passed – and President Trump signed into law – the [Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities](#) (SUPPORT) Act.
 - This landmark law invested in a multipronged effort to combat the opioid epidemic, enabling states across the country to create an addiction care infrastructure and provide prevention, treatment, and recovery resources.
- Senator Maggie Hassan (D-NH) and Senator Lisa Murkowski’s (R-AK) bipartisan *Mainstreaming Addiction Treatment Act* became law in 2022, [eliminating](#) an outdated requirement, the ‘[x-waiver](#),’ that previously limited the number of medical practitioners who could prescribe life-saving medication treatment for opioid use disorder.
- The bipartisan *Extending Access to Addiction Treatment Act*, which was sponsored by Senator Hassan and Senator Marsha Blackburn (R-TN) and became [law](#) in 2024, permanently extended the 2018 SUPPORT Act policy that requires states to cover all types of FDA-approved medications to treat opioid use disorder under their Medicaid programs.

- Members of Congress are now working to update and reauthorize the bipartisan [SUPPORT Act](#) as the opioid and fentanyl epidemic continues to evolve.
- [Advocates](#) and [policymakers](#) have called for targeted efforts to increase the number of people who get medication treatment for opioid use disorder, especially in rural areas – as there are many more people dealing with addiction who could likely benefit from this treatment.

While these bipartisan efforts have led to progress, cuts to Medicaid could stop this progress in its tracks

- Cuts to Medicaid would jeopardize U.S. progress in combating the opioid and fentanyl epidemic, cutting thousands of people off from medication treatment for opioid use disorder – at a time in which the U.S. recently saw the first [drop](#) in overdose-related deaths since 2018.
 - The Centers for Disease Control and Prevention [recently](#) announced provisional estimates showing a nearly 24 percent drop in overdose-related deaths between 2023 and 2024, and the lowest number of overdose deaths since June 2020. The agency notes that increased access to medication and evidence-based treatment has [contributed](#) to this decline.
- Individuals covered by Medicaid Expansion are particularly at risk if Medicaid is cut. Approximately [3 million](#) individuals – including thousands who are dealing with addiction – could all lose their health care if “trigger” laws go into effect to end Medicaid Expansion. “[Trigger](#)” laws were included in some states’ Medicaid Expansion programs and require these states to fully and immediately cut off the Medicaid Expansion population from their health care if federal funding drops below a specific level.
- In eight states – Arkansas, Illinois, Indiana, Montana, New Hampshire, North Carolina, Utah, and Virginia – if the share of federal funding for Medicaid Expansion falls below 90 percent, the state will automatically terminate Medicaid Expansion. Arizona’s Medicaid Expansion would end if the federal share fell below 80 percent.
 - Based on new data, the Joint Economic Committee – Minority estimates that, for seven of these states where such data are available, 95,000 people receiving medication treatment for opioid use disorder would automatically lose access to such treatment, if federal funding fell below these thresholds.
 - As noted in the table below, this count does not include Illinois and North Carolina, and so is likely a significant undercount in the number of people who could immediately lose their access to such treatment.
- In an additional three [states](#) – New Mexico, Iowa, and Idaho – if the share of federal funding for Medicaid Expansion falls below 90 percent, current state laws provide the legislature the option to fully cut off health care for the Medicaid Expansion population.
 - Across these three states, a drop in federal funding for Medicaid Expansion could lead to an additional 15,000 people losing access to medication treatment for opioid use disorder.

- Taken together, **at least 110,000 people could lose access to medication treatment for opioid use disorder, if funding for Medicaid Expansion were cut for “trigger” states alone.**
- Federal cuts to Medicaid would likely also lead non-“trigger” states to drop their Medicaid Expansion programs altogether, given that lost federal funding would lead states to take on larger portions of the program costs with much smaller budgets. This puts coverage at risk for hundreds of thousands of additional individuals who receive medication treatment for opioid use disorder through Medicaid Expansion.

Federal Medicaid Cuts Could Lead Thousands of People with Opioid Use Disorder to Lose Access to Medication Treatment in Trigger Law States	
States with Trigger Laws	Medicaid Expansion Beneficiaries with Opioid Use Disorder Receiving Medication Treatment
Arkansas	536
Illinois	N/A
Indiana	27,679
Montana	3,726
New Hampshire	7,609
North Carolina	N/A
Utah	7,704
Virginia	25,467
Arizona	22,165
New Mexico	9,931
Iowa	2,545
Idaho	2,802
Total	110,164
Source: States listed according to Georgetown McCourt School of Public Policy Center for Children and Families' analysis identifying states with trigger laws. Numbers are based on JEC - Minority analysis of MACPAC and Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) data as reported by states.	
Note: Numbers are based on 2022 data pulled from table below. Illinois was excluded from base analysis due to data limitations. North Carolina adopted Medicaid Expansion in 2023. As such, 2022 data for North Carolina are unavailable.	

About 1 Million People Receive Medications for Opioid Use Disorder Treatment Through Medicaid and Medicaid Expansion

State	Total Medicaid Beneficiaries, including Expansion Beneficiaries, with Opioid Use Disorder (OUD) Receiving Medication Treatment	Total Medicaid Expansion Beneficiaries with OUD Receiving Medication Treatment	Percent of Medicaid Beneficiaries with OUD Receiving Medication Treatment Through Medicaid Expansion
Total	996,711	598,675	60%
Alabama	7,403	N/A	N/A
Alaska	5,529	3,577	65%
Arizona	31,619	22,165	70%
Arkansas	2,454	536	22%
California	76,153	51,298	67%
Colorado	18,177	14,876	82%
Connecticut	26,148	19,934	76%
Delaware	8,566	5,715	67%
District of Columbia	2,202	1,160	53%
Florida	20,280	N/A	N/A
Georgia	4,911	N/A	N/A
Hawaii	1,857	1,376	74%
Idaho	4,017	2,802	70%
Indiana	42,118	27,679	66%
Iowa	3,686	2,545	69%
Kansas	1,162	N/A	N/A
Kentucky	60,771	44,238	73%
Louisiana	23,116	18,265	79%
Maine	14,793	8,468	57%
Maryland	47,974	28,959	60%
Massachusetts	50,637	28,992	57%
Michigan	37,440	23,347	62%
Minnesota	15,581	9,864	63%
Mississippi	2,080	N/A	N/A
Missouri	10,873	4,480	41%
Montana	4,954	3,726	75%
Nebraska	1,408	821	58%
Nevada	6,923	5,285	76%
New Hampshire	9,838	7,609	77%
New Jersey	35,550	25,908	73%
New Mexico	16,618	9,931	60%
North Carolina	21,935	N/A	N/A

North Dakota	1,868	1,299	70%
Ohio	82,079	51,416	63%
Oklahoma	8,020	4,945	62%
Oregon	22,456	20,120	90%
Pennsylvania	84,445	56,074	66%
Rhode Island	7,767	4,462	57%
South Carolina	7,371	N/A	N/A
South Dakota	418	N/A	N/A
Tennessee	19,673	N/A	N/A
Texas	5,866	N/A	N/A
Utah	10,776	7,704	71%
Vermont	8,428	6,197	74%
Virginia	36,286	25,467	70%
Washington	44,266	31,787	72%
West Virginia	26,752	19,288	72%
Wisconsin	19,540	N/A	N/A
Wyoming	247	N/A	N/A

Notes: OUD is opioid use disorder. MOUD is medications for opioid use disorder. MOUD included in this analysis are methadone, buprenorphine, and extended-release injectable naltrexone. The figure shows use of MOUD among individuals age 18–64 who were ever enrolled as a full-benefit, non-dually eligible Medicaid beneficiary in fiscal year (FY) 2022 as reported by states in the Transformed Medicaid Statistical Information System (T-MSIS). The first column reflects the number of Medicaid beneficiaries with OUD as identified using diagnosis and procedure codes in T-MSIS claims, who had at least one claim for MOUD. The second column reflects the number of Medicaid beneficiaries with OUD, as identified using diagnosis and procedure codes in T-MSIS claims, who were enrolled in the new adult group and who had at least one claim for MOUD. The third column reflects the percentage of total Medicaid beneficiaries who had at least one claim for MOUD and who were enrolled in Medicaid in the new adult group, which the JEC - Minority calculated using data from the first two columns. New adult group includes individuals who were made newly eligible for Medicaid by the Medicaid Expansion under the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended). N/A indicates that a state had not expanded Medicaid to the new adult group as of FY 2022. Illinois and New York were excluded due to data limitations.

Source: JEC - Minority analysis of MACPAC and Acumen LLC, 2024, Analysis of Transformed Medicaid Statistical Information System (T-MSIS) data as reported by states.