



Pregnancy, Insurance: Barriers to Accessing Opioid Treatment



Opioid agonist therapy (OAT) is evidence-based treatment for opioid use disorder, often using medications like *buprenorphine* or *methadone*. OAT decreases the risk of overdose death and improves pregnancy outcomes

Surveying OAT providers in 4 Appalachian states in 2017 revealed






91% of opioid treatment programs accepted pregnant patients

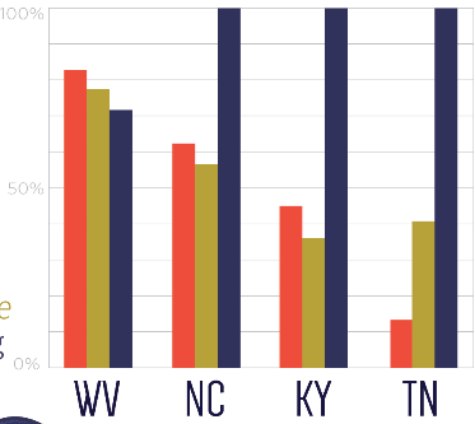
53% of buprenorphine providers accepted pregnant patients

OAT providers were *less likely* to treat pregnant women

Only **1/2** of providers accepted any insurance

Wait times: **>2x** longer for pregnant women *with insurance* than for those paying cash



Percentage of OAT providers accepting **Medicaid, Private Insurance, & Cash**

State	Medicaid	Private Insurance	Cash
WV	~90%	~85%	~75%
NC	~65%	~55%	~100%
KY	~45%	~35%	~100%
TN	~15%	~40%	~100%

Recommendations



VANDERBILT
Center for Child Health Policy



Train OBs & other providers to **prescribe buprenorphine**



Enhance reimbursement rates to **improve insurance acceptance**

Patrick, S.W., Buntin, M.B., Martin, P.R., Scott, T.A., Dupont, W., Richards, M. & Cooper, W.O. (2018) Barriers to Accessing Treatment for Pregnant Women with Opioid Use Disorder in Appalachian States. Substance Abuse, DOI: 10.1080/08897077.2018.1488336 • Funded by NIDA K23DA038720