

Medicaid Expansion Removes Critical Financial Barriers to Treating Opioid Addiction

Written by Citizen Action of Wisconsin Press

Wednesday, 08 May 2019 20:48 - Last Updated Thursday, 09 May 2019 08:40

<http://newiprogressive.com/images/stories/S5/opioid-overdose-s5.jpg>



New report shows anti-opioid medications cost 72-times more on average for Wisconsinites denied BadgerCare due to unaffordable private insurance copays.

STATEWIDE: At a [Capitol news conference](#) and a media call today legislators, health advocates, addiction experts, and consumers [eased a new Citizen Action report](#) [rel](#) showing that expanding Medicaid (BadgerCare) would have a sizable and beneficial impact on addressing opioid addiction for working Wisconsinites. This research is timely both because deaths from opioid continue to climb (In 2017, there were 926 overdose deaths involving opioids in Wisconsin) and because the Legislature's Joint Finance Committee is expected to take an initial [vote on Thursday](#) on BadgerCare expansion. Watch Wisconsin Eye's coverage of the Capital news conference [here](#). Listen to audio of the media call [here](#).

The new Citizen Action research reveals that Wisconsinites who earn between 100% to 138% of the federal poverty line (the Medicaid expansion population) currently pay over 70-times more out of pocket for a mere 14-pill prescription dose buprenorphine/naloxone, critical anti-opioid medication used as part of Medication-Assisted Treatment programs around the state. Experts say that these copays are unaffordable for people just above the poverty line, dramatically increasing the odds of relapse and death from opioid addiction.

[Click here for the full report](#)

Key Findings

- Using the “benchmark” of the most common health plan, a silver plan, the average health plan on the ACA private insurance marketplace requires consumers whose income falls between 100-138% of the poverty line to pay 72-times as much for a 14-tablet supply of buprenorphine/naloxone (8mg/2mg) anti-opioid prescription than they would if they had access to BadgerCare. (Figure 1).

- This difference has substantial regional variation. The average private health insurance plan in La Crosse is 22-times more expensive than BadgerCare, while insurance plans in communities like Stevens Point, Wausau and Rhinelander are on average 111-times more expensive for a consumer compared to expenses if on BadgerCare. (Figure 1)

- For the lowest premium plans on the ACA marketplace, the Bronze plans, not a single plan has out-of-pocket designs that cost consumers less than full retail price of \$128. Such plans constitute 35% of 2019 enrollees chose, and could force working people just over the poverty line to pay unaffordable copays of over \$3,000 per year. (Figure 1)

- The numbers presented in this report represent a cost of a 14-tablet/film supply of buprenorphine/naloxone, 8mg/2mg, (i.e., a 2-week treatment if one tablet/film is taken daily). These costs are only the tip of the iceberg because medical professionals generally recommend long term treatment for the chronic disease of addiction. This suggests that working Wisconsinites denied BadgerCare are forced to pay very high costs for their life-saving treatment; this may lead to failing to adequately treat their chronic condition for concern over cost.

- Insurance coverage of buprenorphine/naloxone varies substantially. Insurers such as Network Health and Medica Health Insurance treat it as Tier 0 preventive, while Children’s Health Plan lists buprenorphine-naloxone sublingual tablet as Tier 3 brand name.

- Medicaid (BadgerCare) expansion presents huge advantages for mitigating the devastating impact of the opioid crisis on working Wisconsinites, their families and communities. If people just above the poverty line are needlessly priced out of treatment for opioid addiction, this will add fuel to the fire of the crisis.

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