1115 Substance Use Disorder System Reform Demonstration Project: Medication-Assisted Treatment Policy Statement

Supplement: Racial Disparities and Inequities in Medication Assisted Treatment

This document serves as a supplement to the 1115 Substance Use Disorder (SUD) System Reform Demonstration Project: Medication-Assisted Treatment (MAT) Policy Statement. Recent overdose death data provided by the Centers for Disease Control and Prevention (CDC) for Minnesota shows an increase of 177 overdose deaths between March 2019 and March 2020, a 27.2% increase. The national average percent change for the same time period shows an increase of 9.1%. (CDC, 2020). Racial disparities of overdose deaths in Minnesota, tracked by the Minnesota Department of Health, shows that American Indians are six times as likely to die from a drug overdose as Whites and that African Americans are two times as likely to die from a drug overdose as Whites (MDH, n.d.).

The U.S. Department of Health and Human Services and the Center for Medicare & Medicaid Services (CMS) have assisted in efforts to combat the ongoing opioid crisis through Section 1115 demonstrations by helping states implement and expand access to high quality, clinically appropriate treatment for opioid use disorder (OUD) and other SUD. As part of the demonstration, states must show how they are implementing evidence-based treatment guidelines, such as those published by the American Society of Addiction Medicine (ASAM).

Recent guidelines established by the Minnesota Department of Human Services for participants in Minnesota’s SUD System Reform demonstration project requires the use all U.S. Food & Drug Administration (FDA) approved MAT medications as part of an evidence-based, person-centered and clinically appropriate approach to treating OUD. A recent study published in the Journal of the American Medicine Association (JAMA) supports the MAT guidelines established in the 1115 Substance Use Disorder (SUD) System Reform Demonstration Project: Medication-Assisted Treatment (MAT) Policy Statement. Findings from the article highlight the social and historical contexts of the development and distribution of medications, as well as policies surrounding SUD, that could mean access to methadone and buprenorphine are racialized (Goedel et al., 2020). These findings show that access to methadone was higher in communities where African American and Hispanic/Latino residents were less likely to interact with white residents and that access to buprenorphine was higher in communities where white residents were less likely to interact with African American or Hispanic/Latino residents (Goedel et al., 2020). The article goes on to state that patients usually choose OUD treatment based on geographic access and that since there is currently no guidance on which medication, methadone or buprenorphine, is most effective for certain populations that both medications should be made accessible to all patients (Goedel et al., 2020). The authors propose, “…reforms to existing regulations governing the provisions of these medications are needed to ensure that both medications are equally accessible to all” (Goedel et al., 2020, pg. 2).
DHS is committed to implementing reforms to existing regulations through the implementation of evidence-based and clinically appropriate treatment guidelines for MAT within its 1115(a) SUD System Reform demonstration project. One of the state’s identified goals in the Standard Terms and Conditions contract with CMS is to reduce the number of opioid related overdoses and deaths in Minnesota. As part of this effort, DHS is committed to reducing the racial disparities in overdose deaths. The JAMA study has been incorporated into the 1115 demonstration project’s provider capacity assessment being conducted by NORC to determine if access to OUD treatment is contributing to overdose death racial disparities in Minnesota.

References

