



Medicaid Expansion Exacerbates Opioid Crisis, Study Finds

ObamaCare's Medicaid expansion, once touted as a solution to the opioid crisis, not only has failed to stem the crisis but may also be exacerbating it, claims a new <u>study</u> from the Foundation for Government Accountability (FGA).

"Both politicians and policy experts hyped Medicaid expansion as an answer to rising overdose deaths. Others warned that any cuts to Medicaid would surely make the crisis even worse," wrote the FGA's Michael Greibrok and Sam Adolphsen. "However, seven years of data has not born this out."



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Case in point: Upon taking office in 2019, Maine Governor Janet Mills, a Democrat, signed an executive order requiring "expeditious implementation" of Medicaid expansion as part of her plan to tackle the opioid epidemic. The move was heralded by left-wing media such as HuffPost, which contrasted Mills' approach with that of her predecessor, Republican Paul LePage. Regina LaBelle, White House Office of National Drug Control Policy chief of staff during the Obama administration, told HuffPost that "Maine's 2017 overdose data show how failed [LePage's] tactics have been."

Using that same criterion, however, Mills' approach has been an even more dismal failure. According to Greibrok and Adolphsen, "Maine set a record for drug overdose deaths for the third straight year in 2022," with such deaths more than doubling between 2018 and 2022.

Clearly, Medicaid expansion is not the cure-all for the opioid crisis. In fact, observed the authors, "data fails to show that people in states that have not expanded Medicaid or that have low Medicaid usage have suffered disproportionately from drug overdoses or related tragedies. If anything, the opposite is true."

Using the latest data on overdose deaths from the Centers for Disease Control and Prevention (CDC), at which time 36 states plus the District of Columbia had expanded Medicaid, Greibrok and Adolphsen found:

Of the 15 states with the highest age-adjusted overdose rates[,] all but one, Tennessee, had expanded Medicaid. While a majority of the country did expand Medicaid, these states represented an incredibly outsized 93 percent of the jurisdictions with the highest overdose rate[s].

On the flip side, of the 10 states with the lowest age-adjusted overdose rates, five states had yet to expand, and two others had only expanded during that year. These non-expansion states represent a small fraction of the total states but were vastly overrepresented in states with lower overdose rates.



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"From 2014 to 2020, the 10 states with the highest Medicaid usage rate more than doubled their overdose rate," they wrote, while "the 10 states with the lowest Medicaid usage rate increased their overdose rate by less than a third." Similarly, "A six-state study showed a higher rate of emergency department visits for suspected overdose in expansion states versus non-expansion states."

Medicaid expansion has also failed to improve the frequency of babies born with Neonatal Abstinence Syndrome (NAS), in which they go through withdrawal from the opioids their mothers were abusing. "Medicaid mothers gave birth to NAS babies at nearly twice the overall rate and more than eight times the rate of mothers with private insurance," penned Greibrok and Adolphsen. "Medicaid even exceeded the uninsured in the rate of NAS births, showing that moving uninsured expecting mothers to Medicaid may not even be beneficial in this aspect."

It isn't difficult to understand why putting more people on Medicaid would exacerbate the problem of opioid abuse. The program, after all, enables people to gain access to the healthcare system at little to no cost, so expansion means more people will have the ability to obtain prescription drugs. It is also, as Greibrok and Adolphsen put it, "fraught with fraud that drives improper usage of Medicaid benefits and services." And it gives the unemployed, who "are nearly twice as likely as full-time workers to report non-medical use of prescription opioids," access to those very substances.

As a way of genuinely combating the opioid crisis, at least in part, the authors recommend implementing work requirements for able-bodied adults to receive Medicaid and other welfare programs. While this would likely be an improvement over the current situation, the proper solution is to repeal these programs, which lie outside the federal government's constitutional powers and are fueling the opioid epidemic and countless other societal ills.





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