



Commonwealth of Virginia

Virginia Department of Medical Assistance Services

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Virginia Medicaid Report Shows Increase in Opioid Treatment Among Pregnant Women

~ Analysis examines racial inequities in treatment and diagnosis for substance use disorder ~

Richmond – The Virginia Department of Medical Assistance Services (DMAS) released a new report today showing a significant increase in treatment rates for pregnant women with opioid use disorder (OUD) following the launch of the agency’s Addiction and Recovery Treatment Services (ARTS) program in 2017.

Treatment rates for pregnant Medicaid members diagnosed with OUD rose from 58% between January and June 2017 to 76% between July and December 2018, according to the analysis by Virginia Commonwealth University’s Department of Health Behavior and Policy.

The report also examines racial inequities in treatment for addiction that persist in spite of Virginia’s ARTS program. Among women diagnosed with a substance use disorder (SUD), black women were less than half as likely to receive any treatment prior to delivery (20%) compared to white women (44%). These disparities were present in every region of the state. The study also found that among pregnant Medicaid members, black women are less likely to be diagnosed with SUD compared to white women.

“Substance use during pregnancy can result in negative outcomes for the mother and infant, including premature birth, still birth, neonatal abstinence syndrome, and maternal mortality,” said Karen Kimsey, DMAS Director. “Medicaid covers nearly 40% of births in Virginia, giving us a major role in improving maternal and infant health. We continue to see progress in our work to make sure our members have access to treatment for addiction, and we are committed to lowering barriers that create these troubling racial disparities.”

Of the 63,400 live deliveries in 2017 and 2018 by Medicaid members, only 27% of women were enrolled in the program for 12 months or longer prior to delivery.

“Many women who are eligible for Medicaid are not enrolled at the beginning of their pregnancy, causing delays in prenatal care and treatment for health conditions, including SUD,” said Ellen Montz, DMAS Chief Deputy and Chief Health Economist. “This study examines the period immediately before new eligibility rules became effective under Medicaid expansion. We hope to see improvements in prenatal services as we continue to conduct research on this important issue.”

Treatment rates vary widely by the type of SUD, with OUD rates outpacing treatment for other types of addiction. The average treatment rate for all forms of SUD during the study period was 36%, according to the analysis.

DMAS received a \$5 million federal grant last fall through the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. The agency is investing grant funds in strategies to improve access to treatment for pregnant women and to strengthen supports for individuals released from the criminal justice system.

The grant is supporting a series of training opportunities to assist providers as they respond to the needs of Medicaid members during the COVID-19 health emergency. More than 2,000 people have participated in the 29 webinars held to date.

“The COVID-19 crisis presents new challenges to our providers as they work to ensure that Medicaid members have access to care under difficult circumstances,” said Tammy Whitlock, DMAS Deputy Director of Complex Care and Services. “This grant enables us to support our providers at this crucial time while continuing to build capacity to address the growing need for lifesaving treatment and recovery services.”

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