

Has Wider Availability of Prescription Drugs for Pain Relief Affected SSDI and SSI Enrollment?

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Key Findings and Policy Implications

This paper examines how expanded availability of opioid medication affects SSDI and SSI enrollment. The analysis is based on cross-state variation both in the availability of opioid medications over time. Several data sources are used, including Medicare claims records on high dose opioid prescriptions, Drug Enforcement Administration (DEA) records on medication shipments by zip code, SSA data on SSDI/SSI applications by state, and Health and Retirement Study (HRS) data from respondents with self-reported pain. The paper finds that:

- Between 2006 and 2012, an average of 5.8 percent of disabled beneficiaries received a high dose of opioid drugs nationally, but the rate varied by state from 1.6 to 11.5 percent.
- Areas with more rapid increases in opioid shipments over time have greater increases in disability insurance enrollment. A 30 percent rise in opioid shipments, for example, is associated with a 5 percent increase in disability insurance applications.
- Similar results are found in aggregate statewide and micro-data. States with greater use of opioid prescriptions – whether measured as the share of disabled Medicare beneficiaries receiving high-dose opioids or the opioid shipment rate in the state – have a larger share of people enrolled in disability insurance.

The paper has strong policy relevance, because of the explosive rise in opioid use in recent years, combined with the large and growing share of DI enrollees who suffer from musculoskeletal conditions and chronic pain.

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