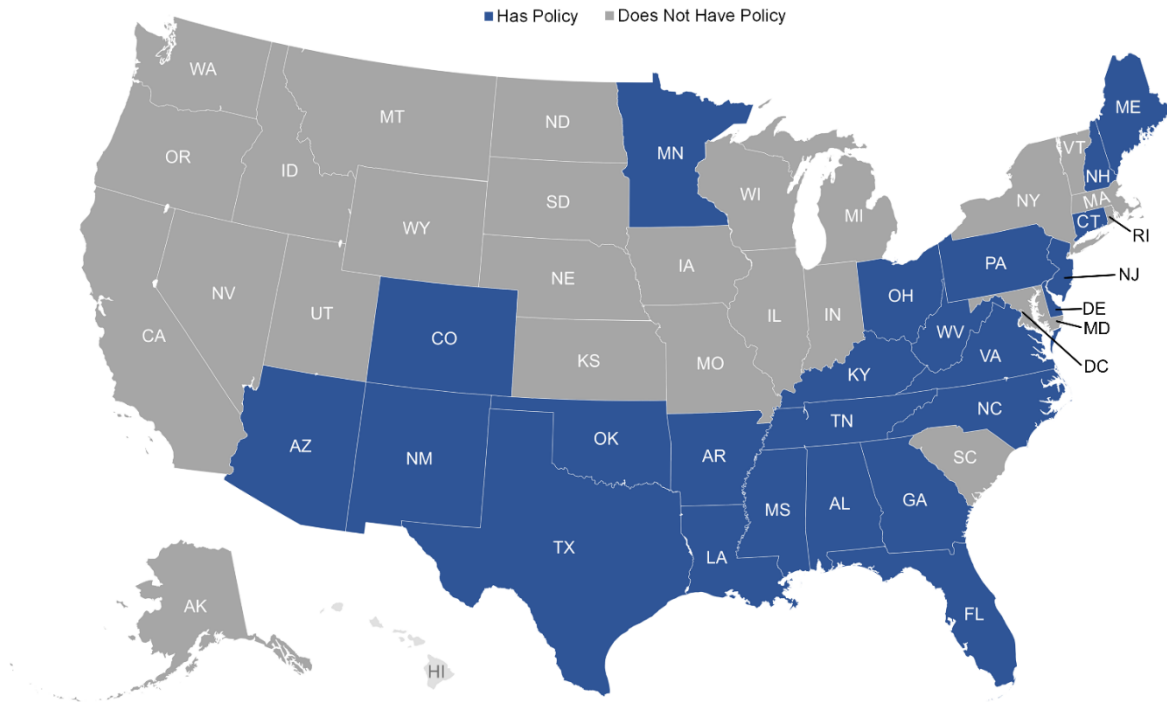


Drug Testing Rates Among Chronic Pain Patients Undergoing Opioid Therapy Increase in Response to State Mandates

In 2016, the Centers for Disease Control (CDC) issued a “guidance for prescribing opioids for chronic pain.” As part of this guidance, the CDC stated, “when prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.” These tests are an important diagnostic tool for doctors to detect opioid or other illicit substance abuse and refer patients to treatment. This guidance is simply a recommendation for providers and is not binding. However, as of 2023, 24 states do have binding legislation that requires providers that treat pain patients to perform at least one urine drug test prior to initiating long-term opioid therapy, which is generally defined as an opioid prescription of three months or more. Louisiana was the earliest state to adopt such a policy, doing so in 2008, and Texas was the latest, passing a policy in 2022. A nearly uniform requirement of all these state policies is that urine drug testing must be initiated for pain patients who are prescribed at least a three-month supply of opioids.

Figure 1 shows the distribution of these state policies. A recent EBRI report based on claims data from 2013–2021 found that these laws were successful at increasing rates of urine drug testing among chronic patients undergoing opioid therapy and that these policies were most effective for enrollees most affected by chronic pain and in need of long-term opioid therapy.

Figure 1
Geographical Distribution of State Urine Drug Testing (UDT) Laws



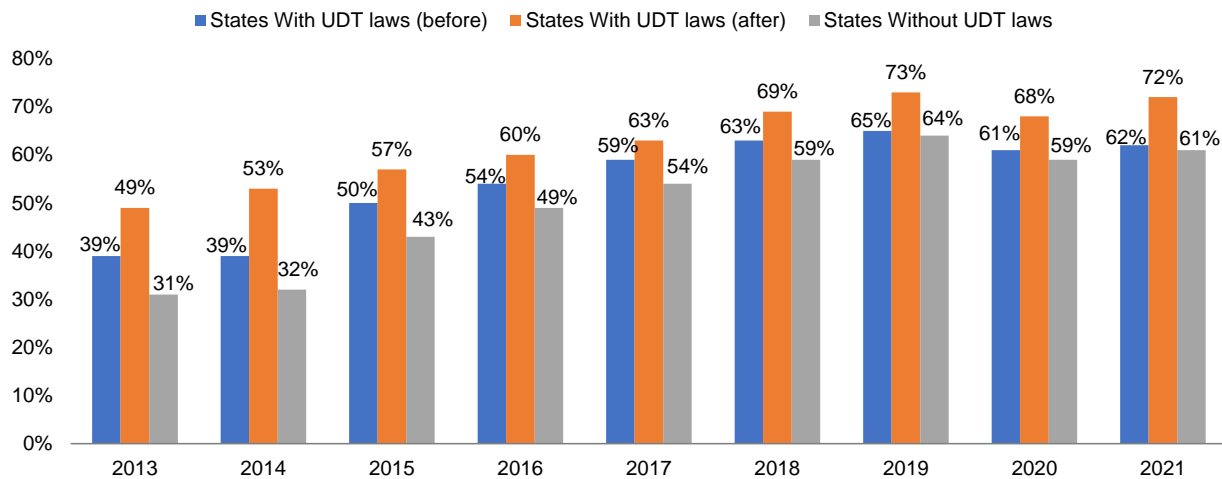
Source: Information compiled using WestLaw and state registers. Data indicate presence or lack of policy by 2023.

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Key Findings From the Study:

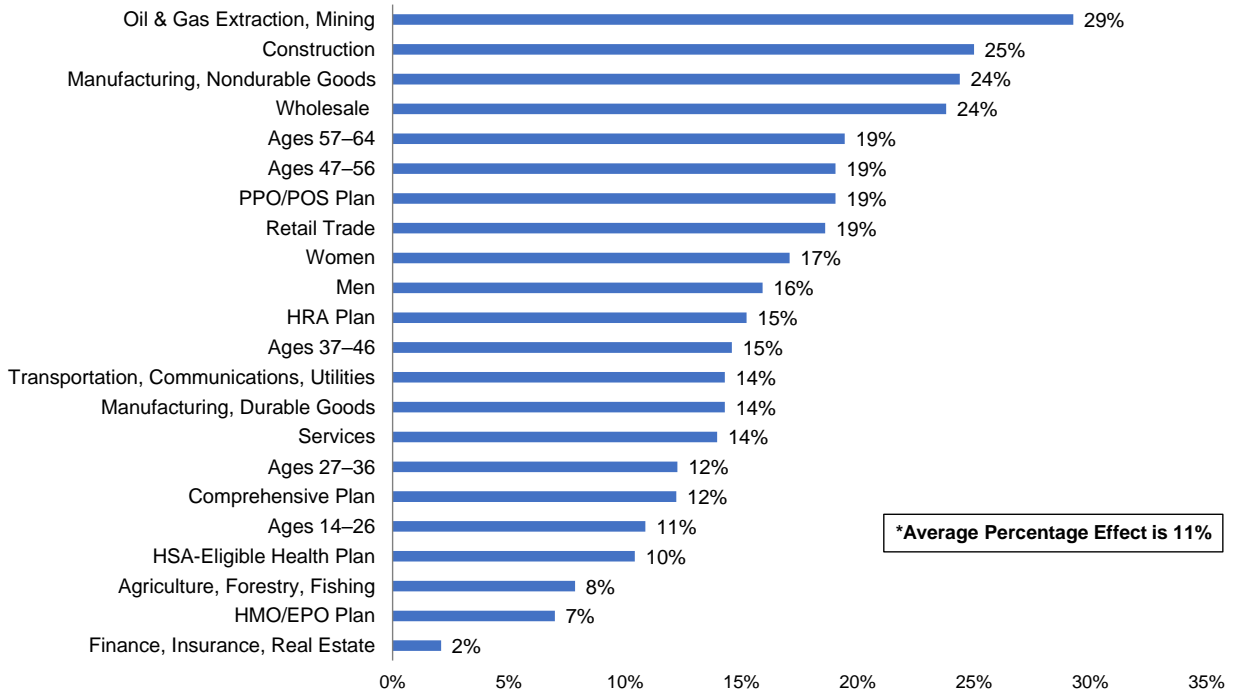
- Urine drug testing rates among chronic pain patients undergoing opioid therapy rose in all states from 2013–2021. However, when comparing testing rates before and after a state adopted a urine drug testing law, the average yearly increase in testing rates was 8 percentage points, which is higher than the upward secular trend in testing rates among enrollees in states that have not adopted these policies. From 2013–2021, testing rates increased an average of 3.3 percentage points per year in states that did not pass these policies, suggesting that mandatory urine drug testing laws increase testing rates by 4.7 percentage points (11 percent).
- The effects are largest for enrollees most affected by chronic pain and in need of long-term opioid therapy. The treatment effect for those ages 47–56 is 19 percent, and the treatment effect for those ages 57–64 is 24 percent, while the treatment effect for younger enrollees ranges from 11–15 percent, with effects increasing based on age. Treatment effects are also the largest for employees in the wholesale, durable goods manufacturing, construction, and oil and gas extraction industries, where the effects range from 24 percent to 29 percent. Just like older workers, employees in these industries have the highest rates of diagnosed and prescribed opioid use.

Figure 2
Share of Enrollees With Chronic Pain Who Were Prescribed 3 or More Months of Opioids and Are Getting a Urine Drug Test (UDT)



Source: Employee Benefit Research Institute estimates based on administrative enrollment and claims data.

Figure 3
Percentage Effect of Urine Drug Test (UDT) Laws on Testing Rates, by Enrollee Characteristics



Source: Employee Benefit Research Institute estimates based on administrative enrollment and claims data. Treatment effects calculated as a difference-in-differences model, where treatment is having a UDT policy. The model also controls for state and year fixed effects.

These findings are the first documented evidence of state-level policies’ efficacy in increasing testing of chronic pain patients. These results are promising and indicate that urine drug testing can be an important and powerful tool for allowing employees with pain diagnoses to receive appropriate care while remaining safe. Not only could testing have clear benefits to workers, but also to employers through reduced health care spending and reduced employee turnover. For these reasons, additional research is needed to document these downstream benefits.

About EBRI: The Employee Benefit Research Institute is a private, nonpartisan, and nonprofit research institute based in Washington, D.C., that focuses on health, savings, retirement, and economic security issues. EBRI does not lobby and does not take policy positions. The work of EBRI is made possible by funding from its members and sponsors, which include a broad range of public and private organizations. For more information, visit www.ebri.org.

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