

## **Americans with Mental Health and Substance Abuse Disorders: The Single Largest Beneficiaries of the Medicaid Expansion**

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### Overall Medicaid Mental Health & Addiction Treatment Spending

In 2014, spending by Medicaid accounted for 25% of all mental health spending in the U.S. and 21% of all substance use disorder expenditures in the nation. [*Insurance Financing Increased for Mental Health Conditions, But Not Substance Use Disorders*, Health Affairs, June 2016]

### People with Behavioral Health Conditions Are Nearly One-Third of the Expansion Population

**Approximately 29%** of persons who receive health insurance coverage through the Medicaid expansion either have a mental disorder (e.g. schizophrenia, bipolar disorder, clinical depression, anxiety) or a substance use disorder (e.g. alcoholism, opioid addiction) or both simultaneously. People who were uninsured prior to the ACA generally had a higher prevalence rate of behavioral health conditions than the overall populations. [*The CBHQS Report, SAMHSA National Survey on Drug Use and Health, November 18, 2015*]

### The Medicaid Expansion is an Opioid Treatment Program

Congress prohibited individuals with addictions disorder from being eligible for the Supplemental Security Income (SSI) program in 1997. Therefore, **the 1.6 million people with substance use disorders** that now possess Medicaid coverage live in the 31 states that expanded the program. [*State Health Care Reform Assistance Network: Charting the Road to Coverage, RWJ Foundation, July 2016*]

### Medicaid is a Key Financing Source for Medication Assisted Treatment (MAT)

As drug overdoses have overtaken auto accidents as one of the leading causes of preventable death in the U.S., state governments, the Administration and the U.S. Congress turned to expanded access to Medication Assisted Treatment (e.g., Vivitrol, Suboxone, Buprenorphine, and the overdose reversal drug Naloxone). In Ohio, the Department of Job and Family Services issued detailed provider guidance on Medicaid MAT billing procedures. In Congress, the Senate HELP Committee unanimously approved an amendment offered by Sen. Rand Paul (R-KY) lifting the Buprenorphine prescribing limit for qualifying physicians to 500. President-Elect Trump favors eliminating the Buprenorphine cap altogether. **But repealing the Medicaid expansion would jeopardize access to MAT as well as life savings medications that block the effects of opioids, especially in overdose situations.**

### Medicaid Enables a Shift Away From Expensive Settings

In 2014, 25% of mental health spending and 22% of substance use disorder spending was for inpatient settings, **compared with 47% and 53% in 1986 respectively.** [*Insurance Financing Increased for Mental Health Conditions.....* Health Affairs, June 2016]

### Medicaid Expansion States Experienced State/Local Behavioral Health Savings

CT, NV and Washington State reduced their state general funds required for behavioral health. Arkansas, CO, and MI expanded Medicaid and expected reductions in general funds spending for the uninsured ranging from \$7 million to \$190 million in 2015. [*Benefits of Medicaid Expansion for Behavioral Health, HHS ASPE Issue Brief, March, 2016*].