

Investing in Arizona

Medicaid and Access to Mental Health and Addiction Services

Had Arizona not done Medicaid Expansion in 2014, we would likely have closed our doors. The majority of low income HIV+ Adults, homeless and housed, would not have been covered as Single Adults and the limited Ryan White funding would have left some of them without vital medical coverage and life-saving HIV medications. - Provider in Phoenix, AZ in National Council Medicaid Survey, 12/2016

Addiction and mental illness in Arizona

- [4.6 percent](#)¹, or over 318,000 people, in Arizona have a serious mental illness, and these individuals are among our most vulnerable citizens.
- Tragically, 1,274 Arizonans lost their lives to drug overdoses in 2015.²

Opioid Epidemic and Overdose Deaths³

State	Drug Overdose Deaths (rate/100,000)	Rx Opioid Use per 1000 population	Buprenorphine use per 1000 population	% Share of Bupe paid by Medicaid
Arizona	1,274 (19.0)	693	19	14.9
U.S.	52,404 (16.3)	695	39	24.2

Medicaid is an essential source of funding for behavioral health services in Arizona

Arizona is a Medicaid Expansion state, and currently receives a [69.2 percent](#)⁴ matching rate from the federal government for regular funding for Medicaid services. Along with the match rate for expansion populations, these federal funds provide important support to the state in a time of increasing pressure on the state budget. Over the course of a year and a half alone, Medicaid expansion brought **\$2.5 billion** in federal dollars into the state economy.⁵ Unfortunately under current state provisions, if the enhanced federal match rate drops more than 20 percent, Arizona will end its expansion program, eliminating coverage for thousands of newly insured individuals.⁶

- [413,000](#) Arizonans are enrolled in the Medicaid Expansion.
- [1,873,400](#) Arizonans are enrolled in Medicaid.⁷
- As a result of the Medicaid Expansion, Arizona has treated over 15,400 individuals for mental illness and substance use disorders, and over 78,700 in total, including the Marketplaces.⁸

¹ State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health (Feb 2014). <http://archive.samhsa.gov/data/2k14/NSDUH170/sr170-mental-illness-state-estimates-2014.htm>

² Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

³ Impact of Medicaid Expansion on People with Mental Illness and Substance Use Disorders **Medicaid Study by States**. Harvard Medical School, Department of Health Policy. Richard Frank and Sherry Glied. <https://www.hcp.med.harvard.edu/background-information-richard-frank-article>.

⁴ Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier (2017). Kaiser Family Foundation. <http://kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0>

⁵ Families USA, <http://familiesusa.org/product/defending-health-care-2017-what-stake-Arizona>

⁶ Inside Health Policy (Feb 2017). <https://insidehealthpolicy.com/daily-news/eight-states-will-stop-medicaid-expansion-if-congress-reduces-fmap>

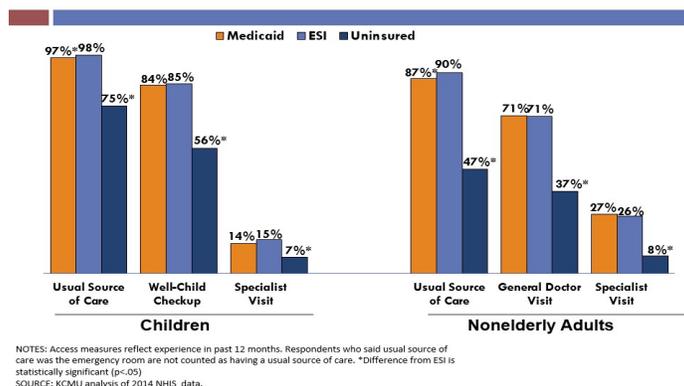
⁷ Kaiser Family Foundation. <http://kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0>

⁸ <https://www.hcp.med.harvard.edu/sites/default/files/Key%20state%20SMI-OD%20v3corrected.pdf>

Recent research has found that access to health care leads to greater economic mobility across generations. Increased access to Medicaid has led to decreased infant mortality, improved education outcomes, decreased rates of depression, and improved employment.⁹ According to a March 2015 ASPE Study, an Arizona study projected that implementation of the Medicaid Expansion would secure \$2.33-\$3.4 billion for the state and could create over 3,700 jobs between 2014 and 2019.¹⁰

States that have expanded Medicaid have seen major reductions in uncompensated care delivered by safety net institutions, significant drops in the number of uninsured, and budget savings for hospitals and community health clinics.¹¹

Medicaid and private insurance provide similar access to care – the uninsured fare far less well.



The costs do not go away if you don't fund the service. They show up in uncompensated care, increased costs to the corrections and legal system and increased disruption in the lives of individuals, families and organizations who are interacting with individuals with a mental illness or SUD who are unable to access what they need to live successfully in their community of choice -- Mental health provider in New Hampshire (National Council Medicaid Study, 12/2016)

⁹ Health and Economic Opportunity: Webinar Recording. Atheendar Venkatarami and Rourke O'Brien (Sept 14, 2016). <https://www.youtube.com/watch?v=DBvmSJeTTjs>

¹⁰ https://aspe.hhs.gov/sites/default/files/pdf/139231/ib_MedicaidExpansion.pdf

¹¹ [Beyond the Reduction in Uncompensated Care: Medicaid Expansion Is Having a Positive Impact on Safety Net Hospitals and Clinics](#), by Adam Searing, Georgetown University Center for Children and Families and Jack Hoadley, Georgetown University Health Policy Institute, June 2016