

Investing in Louisiana

Medicaid and Access to Mental Health and Addiction Services

“Expanding Medicaid in Louisiana was the easiest decision I’ve made since taking office in January, and I meet people from all walks of life who will be positively impacted by expansion. All the research shows that people with insurance coverage, including Medicaid, fare much better than those who are uninsured. Although my goal was to take immediate steps to get people health coverage, the more important goal is for people to have better health. Coverage is the important first step, and in the process, we are saving Louisiana taxpayers more than \$180 million in this year alone.” - Governor John Bel Edwards, July 1, 2016

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Addiction and Mental Illness in Louisiana

- Over [3.6 percent](#)², or nearly 169,000 people in Louisiana, have a serious mental illness, and these individuals are among our most vulnerable citizens.
- In 2015, there were over [860](#) drug-related deaths in Louisiana, which marked a 12 percent increase over 2014. To prevent these tragedies, Louisianans need high quality health care and access to affordable services.

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

Louisiana is a Medicaid Expansion state, and currently receives a [62.28 %](#) matching rate from the federal government for regular funding for Medicaid services. Along with the enhanced match rate for expansion populations, these federal funds provide important support to the state in a time of increasing pressure on the state budget. Louisiana’s general fund revenue collections were lower than targeted in the last 6 months of FY 2016.³

- As of September 1, 2016, over 300,000 Louisianans were enrolled in the Medicaid Expansion.⁴
- [1,462,800](#) Louisianans are enrolled in Medicaid.⁵

Expanding Medicaid has helped save lives and money

- According to a [March 2015 ASPE Study](#), implementation of the Medicaid Expansion would secure \$1.8 billion for the state and could create over 15,600 jobs between 2014 and 2016 alone.
- Over 90 percent of respondents to the December 2016 National Council Medicaid Survey reported that Medicaid Expansion in their state has increased the number of people able to

¹ Office of the Governor, Louisiana. Gov. Edwards: Medicaid Expansion is now a reality in Louisiana (July 1, 2016). <http://gov.louisiana.gov/news/medicaid-expansion-is-now-a-reality-in-louisiana>.

² State Estimates of Adult Mental Illness from the 2011 and 2012 National Surveys on Drug Use and Health (Feb 2014).

³ <https://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1-c943-4f1b-b750-0fca152d64c2/UploadedImages/Fiscal%20Survey/Fall%202016%20Fiscal%20Survey%20of%20States%20-%20S.pdf>

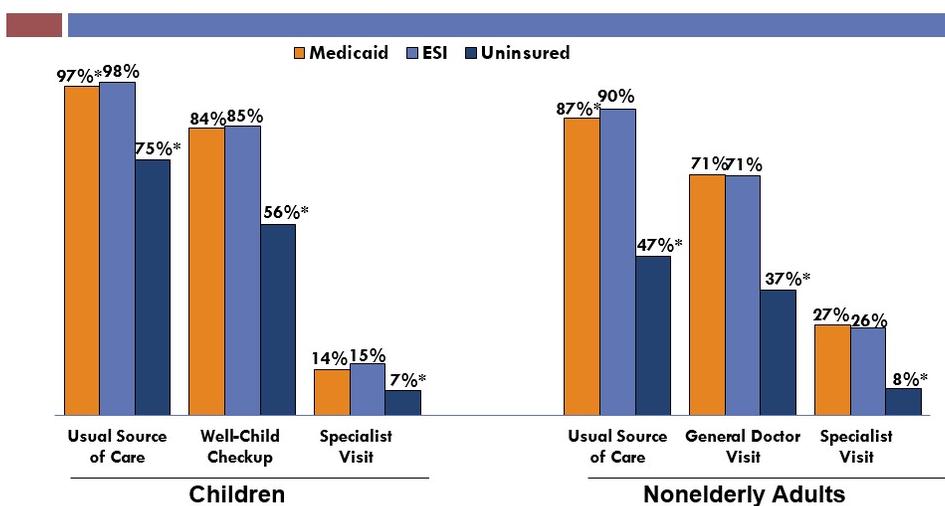
⁴ Louisiana Medicaid expansion: 10 things John Bel Edwards wants you to know (Sept 2016). Times-Picayune. http://www.nola.com/politics/index.ssf/2016/09/louisiana_medicaid_expansion_2.html

⁵ Kaiser Family Foundation. <http://kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0>

access care. Nearly 70 percent reported an increased ability to access support services that were not covered previously under Medicaid.

- The National Council Survey pointed to the real economic benefits of the Medicaid Expansion, with 33 percent of respondents from 13 states reporting increased hiring of health professionals.
- Compared to non-expansion states, 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.⁶

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



NOTES: Access measures reflect experience in past 12 months. Respondents who said usual source of care was the emergency room are not counted as having a usual source of care. *Difference from ESI is statistically significant ($p < .05$)

SOURCE: KCMU analysis of 2014 NHIS data.

“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 substance use disorder 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 Survey, 12/2016)

⁶ [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