

Investing in Maine

Medicaid and Access to Mental Health and Addiction Services

Addiction and mental illness in Maine

- [4.38 percent](#)¹, or over 58,000 people, in Maine have a serious mental illness, and these individuals are among our most vulnerable citizens.
- Tragically, 269 Mainers lost their lives to drug overdoses in 2015, a 26.2 percent increase since 2014.²

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
Maine	269 (21.2)	705	114	37.8
U.S.	52,404 (16.3)	695	39	24.2

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

Maine is not a Medicaid Expansion state, and currently receives a [64.38 percent](#)⁴ matching rate from the federal government for regular funding for Medicaid services. These federal funds provide important support to the state in a time of increasing pressure on the state budget. Maine stands to lose **\$5 billion** in federal funding for Medicaid, CHIP, and financial assistance for marketplace coverage⁵

- [279,000](#) Mainers are enrolled in Medicaid.⁶
- As a result of the Affordable Care Act without the Medicaid Expansion, Maine has treated over 19,400 additional Mainers for mental illness and substance use disorders.⁷

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.⁸ According to a [March 2015 ASPE Study](#), implementation of the Medicaid Expansion would secure \$360 million for Maine and could

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-Maine>

⁶ Kaiser Family Foundation. <http://kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0>

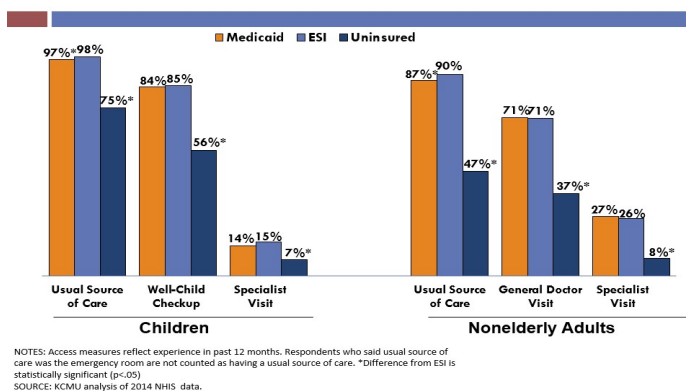
⁷ <https://www.hcp.med.harvard.edu/sites/default/files/Key%20state%20SMI-OD%20v3corrected.pdf>

⁸ Health and Economic Opportunity: Webinar Recording. Atheendar Venkatarami and Rourke O'Brien (Sept 14, 2016). <https://www.youtube.com/watch?v=DBvmSJeTTj8>

create over 3,100 jobs between 2014 and 2016 alone.⁹

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.¹⁰

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

¹⁰ [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 Hadley, Georgetown University Health Policy Institute, June 2016