

Investing in Montana

Medicaid and Access to Mental Health and Addiction Services

“It would be grossly irresponsible to rip healthcare away from tens of thousands of Montanans and millions of Americans without presenting a real and viable alternative that patients, providers, states and insurers can all plan around.” - Montana Governor Steve Bullock¹

Addiction and mental illness in Montana

- Over [4.43 percent](#)², or over 45,000 people, in Montana have a serious mental illness, and these individuals are among our most vulnerable citizens.
- Tragically, Montana 138 Montanans lost their lives to drug overdoses in 2015, an 11 percent increase over the previous year.³

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

Montana is a Medicaid Expansion state, and currently receives a [65.38 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. In 2016 alone, Medicaid expansion brought **\$284 million** in federal dollars into the state economy.⁵

- 71,000 Montanans are enrolled in the Medicaid Expansion.⁶
- 145,844 Montanans are enrolled in Medicaid.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 recent study,² the Medicaid Expansion in Montana has already saved \$22 million in state funds. If the Medicaid Expansion is cut, Montana could lose over 10,000 jobs.

Nationally, 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.⁹ Montana has already seen a 25 percent reduction in

¹Montana Not Ready for Obamacare Repeal (Dec 2016). Billings Gazette. http://billingsgazette.com/news/montana-not-ready-for-obamacare-repeal/article_3fa40d72-6c7e-59fa-87b2-008c6264143c.html

²State 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>

³Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

⁴Federal 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[Repealing the Medicaid Expansion: Implications for Montana](#) (March 2017). Montana Healthcare Foundation.

⁶[Repealing the Medicaid Expansion: Implications for Montana](#) (March 2017). Montana Healthcare Foundation.

⁷Montana Dept. of Public Health & Human Services. <https://dphhs.mt.gov/Portals/85/Statistics/documents/Enrollments-Monthly.pdf>

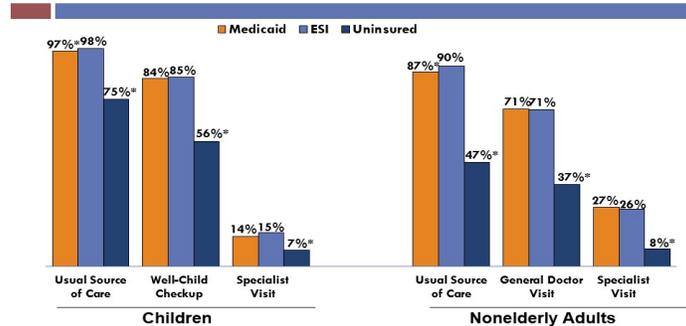
⁸Health and Economic Opportunity: Webinar Recording. Atheendar Venkatarami and Rourke O'Brien (Sept 14, 2016).

<https://www.youtube.com/watch?v=DBvmSJeTTjs>

⁹[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

uncompensated care for its hospitals.¹⁰

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 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)

¹⁰ [Repealing the Medicaid Expansion: Implications for Montana](#) (March 2017). Montana Healthcare Foundation.