Investing in Nevada

Medicaid and Access to Mental Health and Addiction Services

Addiction and mental illness in Nevada

- Over 3.9 percent[1], or 116,200, people in Nevada have a serious mental illness, and these individuals are among our most vulnerable citizens.
- Tragically, Nevada 619 Nevadans lost their lives to drug overdoses in 2015, and this number continues to grow.[2]

Opioid Epidemic and Overdose Deaths[3]

State	Drug Overdose Deaths (rate/100,000)	Rx Opioid Use per 1000 population	Buprenorphine use per 1000 population	% Share of Bupe paid by Medicaid
Nevada	619 (20.4)	816	24	11.9
U.S.	52,404 (16.3)	695	39	24.2

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

Nevada is a Medicaid Expansion state, and currently receives a 64.67 percent[4] 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. Over the course of a year and a half alone, Medicaid expansion brought over **$1 billion** in federal dollars into the state economy.[5] Nevada's general fund revenue collections are projecting lower than targeted FY 2017.[6]

- 187,100 Nevadans are in enrolled in the Medicaid Expansion.
- 566,400 Nevadans are enrolled in Medicaid.[7]
- As a result of the Medicaid Expansion, Nevada has treated over 28,000 individuals for mental illness substance use disorders.[8]

The Medicaid expansion has made a difference

- 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 access care. Nearly 70 percent reported an increased ability to access support services that were

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[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] Centers for Disease Control and Prevention, https://www.cdc.gov/drugoverdose/data/statedeaths.html

[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

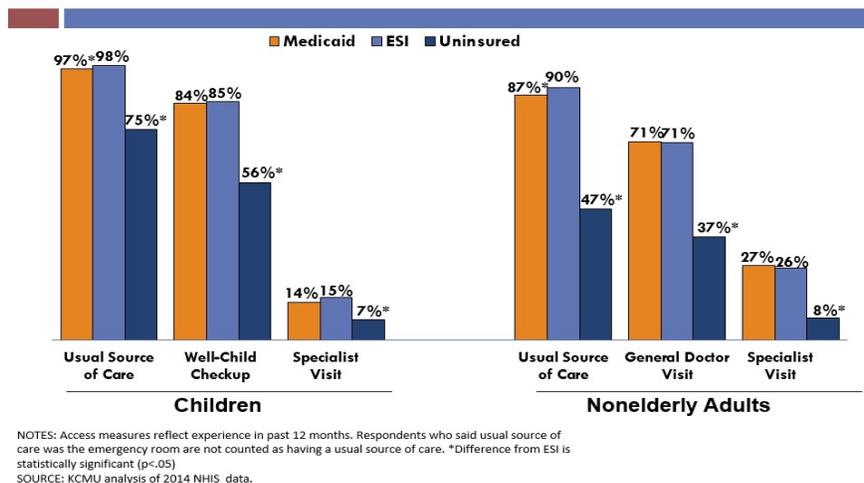[5] Families USA, http://familiesusa.org/product/defending-health-care-2017-what-stake-nevada

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

[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-OUD%20v3corrected.pdf

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.[9]

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)

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[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*