

Investing in Pennsylvania

Medicaid and Access to Mental Health and Addiction Services

Addiction and mental illness in Pennsylvania

- Over [4.6 percent](#)¹, or nearly 590,000, people in Pennsylvania have a serious mental illness, and these individuals are among our most vulnerable citizens.
- Tragically, Pennsylvania has one of the highest rates of drug-related deaths and opioid addiction rates in the country: 3,264 Pennsylvanians lost their lives to drug overdoses in 2015, a 20 percent increase in one year.²

Opioid Epidemic and Overdose Deaths

State	Drug Overdose Deaths (rate/100,000)	Rx Opioid Use per 1000 population	Buprenorphine use per 1000 population	% Share of Bupe paid by Medicaid
Pennsylvania	3,264 (26.3)	795	75	29.2
U.S.	52,404 (16.3)	695	39	24.2

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

Pennsylvania is a Medicaid Expansion state, and currently receives a [51.78 percent](#)³ 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 **\$757 million** in federal dollars into the state economy.⁴ Pennsylvania's general fund revenue collections are projected to be lower than targeted FY 2017.⁵

- [603,300](#) Pennsylvanians are enrolled in the Medicaid Expansion.
- [2,670,400](#) Pennsylvanians are enrolled in Medicaid.⁶
- As a result of the Medicaid Expansion, Pennsylvania has treated over 80,000 individuals for mental illness substance use disorders.⁷

The Medicaid expansion has made a difference

- According to a [March 2015 ASPE Study](#), Pennsylvania has found that implementation of the Medicaid Expansion would secure as much as \$270 billion for the state by 2020.

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 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>

⁴ Families USA, <http://familiesusa.org/product/defending-health-care-2017-what-stake-pennsylvania>

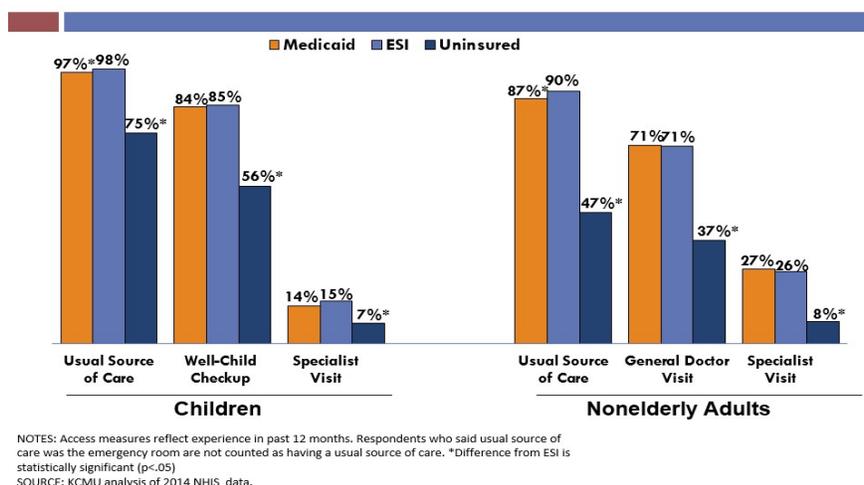
⁵ <https://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1-c943-4f1b-b750-0fca152d64c2/UploadedImages/Fiscal%20Survey/Fall%202016%20Fiscal%20Survey%20of%20States%20-%20S.pdf>

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>

- 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 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.⁸

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 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)

⁸ [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