

Impact of the Affordable Care Act on Mental Health in the State of Washington

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I am David Johnson, CEO of Navos. Our organization is one of the largest providers of community mental health services in Washington State. Through our inpatient, outpatient and residential treatment programs each year we serve thousands of people of all ages, from five weeks old in our infant and early childhood mental health program to people over 100 years old in our older adult program. We help them be resilient over the challenges of emotional and mental illnesses and substance use disorders.

The Affordable Care Act (ACA) has dramatically improved millions of lives. One benefit of the expansion of Medicaid is that it allows adults coverage based on income, not only based on disability. This smart change has resulted in early intervention, catching developing disease processes before they reach dangerous and expensive proportions. It is more prudent and humane to address mental illness and substance use disorders before someone escalates symptoms to a crisis state that requires costly hospitalization, incarceration or institutionalization.

Since the launch of Medicaid expansion, people in Washington who previously couldn't hope for access to treatment for physical, mental health and substance use disorders became eligible for healthcare and they have used it effectively. Upon receiving physical and behavioral healthcare they have also tapped into assistance with other social determinants of health affecting wellness: housing, employment, and care coordination.

Service providers are now able to serve many more children and adults. We have assessed, diagnosed and treated developing health conditions that would otherwise not have emerged until they became costly in both dollars and human suffering.

We have been repeatedly impressed with the dramatic improvement in the functioning of families when parents at last have a way to address their own healthcare needs as well as those of their children. The health and vitality of the parent is crucial in the parent/child relationship.

Navos has also been grateful that as we discharge patients from our 70 bed involuntary commitment psychiatric hospital we have witnessed, with Medicaid expansion, significantly increased ability to enroll clients quickly into outpatient behavioral health treatment, to obtain appropriate medications, and to refer folks to supported housing. Before Medicaid expansion the process was slow, complicated and unpredictable. The risk of recidivism back into the hospital was higher when many people were discharged from the hospital without ready access to outpatient services.

Mental illness and addiction can happen in any family at any time. It would be expensive and tragic to have to go back to a time when so many went without care until they became deeply disabled and required expensive crisis care.

Untreated behavioral health conditions are costly to individuals, families and communities. When people don't get the behavioral health services they need, they become expensive and at times they can become dangerous. We can do better and the ACA has been a critical part of our progress.

- Behavioral health professionals working in collaboration with primary care professionals substantially improve outcomes and produce savings for payers. (1)
- Researchers at Washington State's Department of Social and Health Services established that mental illness is by far the most prevalent primary disabling condition among working-age SSI recipients in Washington State. Under health care reform there is a financial incentive to invest in mental health treatment for non-disabled adults to prevent disability. (2)
- The managed care companies that I appreciate working with truly believe and champion this kind of collaboration and have joined with providers in being assertive to establish ways we can work together and leverage the benefits of addressing behavioral health needs in order to promote physical wellness as well. The logic of including behavioral healthcare in the Essential Benefits package has now been acknowledged to be wise and good practice, not just a requirement.

Treatment works. People can recover when we use evidence based practice, measure progress and change treatment plans when we are not seeing enough progress soon enough.

- An estimated 20% of non-elderly adults had a mental illness in the past year, and 10% had a substance use disorder. These conditions are more prevalent among people with low incomes and often go untreated in people who are uninsured. For example, a low-income person with a serious mental illness is 30% more likely to get treatment if enrolled in Medicaid than otherwise. (nami.org)
- The ACA provided those states that opted to expand Medicaid a critical resource for addressing the mental health and substance abuse challenges, particularly the opioid epidemic.
- Medicaid expansion has significantly benefitted individuals with mental health and substance use disorders by providing access to basic care such as screenings, assessments, behavioral health treatment, and prescription medication assisted treatment to address psychiatric symptoms and substance use disorders.

With the ACA exchange plans and Medicaid expansion, hundreds of thousands in Washington State now have medical insurance with some parity guarantees and have had access to effective treatment. Wellness has increased. Quality of life has improved.

Enrollment has been successful in decreasing the number of uninsured:

- The ACA, coupled with the Mental Health Parity Act of 2008, expanded mental health care, including treatment for substance abuse disorders, to 62 million Americans nationwide.
- The expansion of access to mental and behavioral health prevention and treatment under the ACA has been historic; while approximately 22 million gained access to health coverage through the Marketplaces and Medicaid expansion. (3) HHS estimates an even larger group – (62 million Americans in all) gained expanded mental health and substance use disorder benefits and federal parity protections through the individual, small group, and employer sponsored markets and Medicaid (4) closing treatment gaps that had left millions of Americans without access to treatments for mental health and substance use disorders. (5)
- There has been a decrease from 14% to 5.8% in the percent of uninsured in Washington from 2013 to 2015.
- By 2016, 750,000 more people in Washington now have health insurance and care including the expansion population Medicaid and others purchasing through the Healthcare Exchange.
- The 2017 enrollment is up by 25 thousand individuals over last year.

We are becoming better at addressing equity in healthcare:

- Before the ACA more than a quarter of African Americans in Seattle/King County were uninsured. Now it is less than one in ten.
- There has been a disproportionate benefit to rural Washingtonians. An average of 19% of the residents of Washington's 30 rural counties are Medicaid expansion enrollees under the ACA.
 - In Garfield County, a small Southeast Washington community and the state's least populous county, 72% of 19-24 year olds are enrolled under Medicaid expansion.
 - In rural Adams County, 50% of the population is covered by the Affordable Care Act, either through Medicaid expansion or through plans sold on the Exchange. This is higher than any other county and is more than twice the rate of King County.
- For rural health care it can be more expensive to hire staff, implement telehealth, spread care over great distances, and engaging patients in different ways such as frequent phone contact. The expansion of Medicaid funding has helped rural health clinics and hospitals.

We are becoming better at addressing the problems of the working poor:

- The ACA included mental health and substance use disorder services on its list of Ten Essential Health Benefits and required individual plans and small-group plans offered on the exchanges as well as Medicaid expansion plans to provide a mental health/substance use disorder benefit that meet parity with medical/surgical benefits.
- More than 600,000 lower-income **mostly working** Washingtonians have gained coverage through Medicaid expansion.

We are making progress in “upstream interventions” addressing wellness needs and general functioning before they become more serious and expensive:

- The populations who have become eligible for health care coverage have a variety of needs that have been addressed well through integrated care among behavioral health and primary care clinics, and medication assisted treatment for substance use disorders.

- We have seen a reduction from 15.5% to 11.1% for those who needed to see a doctor but could not because of cost. (6)
- A disproportionate (approximately 29%) share of individuals in the Medicaid expansion population have a mental health or substance use disorder need. For Washington State, this represents approximately 174,000 individuals who now have access to treatment for mental illness and/or addictions. (7) If we address that need it keeps them off long-term disability (SSI or SSA) in the future, saving federal money and supporting individual dignity.
- It is particularly important to get young men at risk for prison and substance use disorders into care in the right setting now that they have access
- We assessed several years ago that 70% of people needing assessment for involuntary commitment have never had contact with our behavioral health system. Medicaid Expansion has allowed us to find and treat people upstream, before escalating into crisis.

We are better able to target services for the opioid addiction epidemic and other substance use disorders:

- The ACA has expanded the number of people receiving substance use disorder treatment services, with 30,000 newly eligible enrollees accessing services across Washington. Without the Affordable Care Act, the system would be far less able to serve this at-risk population.
- The ACA has also played a vital role in how we treat the growing opioid addiction epidemic in Washington State. The challenge is huge: we have seen a tremendous increase in heroin-related overdoses. In Seattle/King County, fatal overdoses linked to heroin jumped 58% between 2014 and 2015, the largest rise in 17 years.
- In addition to expanded coverage, through the ACA HHS has provided specifically earmarked funds to help provide opioid treatment in Washington, with \$3 million going to community health centers in 2016, both urban and rural areas to provide opioid-related services. In 2015 alone, almost 30,000 new adult Medicaid enrollees received substance use disorder treatment services.

The total cost of all medical care per person is decreased with integrated care, a cornerstone of the ACA and Parity.

- There has been a reduction in total health care expense to managed care for those served at Navos' community behavioral health center (28%) and especially those seen at the integrated healthcare clinic at Navos (35%).
- Medicaid expansion not only improved access to care, it is also saving states millions in their behavioral health programs. For example, Michigan saved \$190 million in fiscal year 2015 after enrollees in a state-funded program providing services to people with mental illnesses were transitioned into Medicaid. Kentucky saved \$30 million in its state mental and behavioral health programs in the first 18 months of expansion. (cbpp.org)
- In Washington the average annual premium increases have dropped since the ACA passed and became law, from 18.5% to 6.7% average annual increase and drop in Health Care CPI average increase from 3.1% to 1.4% (8)

If resources are decreased, fewer will receive treatment. Wellness will decrease and the ultimate increased costs will be transferred to emergency care, long term care, management of homelessness, and increased demand for incarceration and institutionalization.

- Eliminating the ACA will cripple national and Washington state efforts to address the opioid epidemic and treat serious mental health conditions. It will make treatment on demand unlikely and jeopardize the infrastructure improvements we have instituted during the era of Medicaid Expansion.
- Eliminating the ACA would strip health insurance from [an estimated 30 million Americans](#), and [nearly 800,000 Washingtonians](#), including coverage for services that help some of the [one in five Americans](#) with a mental health condition. (*Urban Institute*)
- Repealing the ACA and its behavioral health provisions [would have stark effects on those with behavioral health illnesses](#). Harvard/NYU estimate that approximately 1,253,000 people with serious mental disorders and about 2.8 million Americans with a substance use disorder, many of whom have an opioid disorder would lose some or all of their insurance coverage. (9)

Citations:

1. **Medicare Payment for Behavioral Health Integration.** The new England Journal of Medicine, February 2, 2017.
2. **Disability Caseload Trends and Mental Illness: Incentives under Health Care Reform to Invest in Mental Health Treatment for Non-Disabled Adults.** David Mancuso, PhD et. al. Washington State DSHS Planning, Performance and Accountability, Research and Data Analysis Division.
3. **Health Reform Repeal Would Double the Number of People Without Insurance in 2019,** Center on Budget and Policy Priorities
<http://www.cbpp.org/sites/default/files/atoms/files/12-7-16health-factsheets-us.pdf>
4. **Washington Healthcare Exchange**
<https://www.mentalhealth.gov/get-help/health-insurance/>
5. **Repealing the ACA Could Worsen the Opioid Epidemic**
<http://healthaffairs.org/blog/2017/01/30/repealing-the-aca-could-worsen-the-opioid-epidemic/>
6. **The Affordable Care Act Post 2016: What's at Stake for Washington State?**
Updated January 4, 2017 Chart #11
7. **CBHQs Report, SAMSHA National Survey on Drug Use and Health,** November 18, 2015.
8. **The Affordable Care Act Post 2016: What's at Stake for Washington State?**
Updated January 4, 2017 Chart #20
9. **Keep Obamacare to Keep Progress on Treating Opioid Disorders**
<http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>

Attached Documents:

- **The Affordable Care Act Post 2016: What's at Stake for Washington State?**_Updated January 4, 2017
- **Disability Caseload Trends and Mental Illness: Incentives under Health Care Reform to Invest in Mental Health Treatment for Non-Disabled Adults.**
- **Medicare Payment for Behavioral Health Integration.** The New England Journal of Medicine, February 2, 2017.
- **Covered: 1.8 million people are insured through Washington Apple Health or private insurance offered through Washington Healthplanfinder:** www.1in4WA.com
- **Repealing the ACA could worsen the Opioid Epidemic:**
<http://healthaffairs.org/blog/2017/01/30/repealing-the-aca-could-worsen-the-opioid-epidemic/>
- **Medicaid's Future: What Might ACA Repeal Mean?**
<http://www.commonwealthfund.org/publications/issue-briefs/2017/jan/medicaids-future-aca-repeal>
- **Addiction Treatment Grew Under Health Law. Now What?**
https://mobile.nytimes.com/2017/02/10/health/addiction-treatment-opioids-aca-obamacare.html?_r=0&referrer=https://www.google.com/

Links of Interest:

- **The Affordable Care Act Post 2016: What's at Stake for Washington State?**
http://ofm.wa.gov/healthcare/ACA_impact.pdf
- **Heroin epidemic, painkiller abuse targeted by new federal money for treatment**
<http://www.seattletimes.com/seattle-news/health/heroin-epidemic-painkiller-abuse-targeted-by-new-federal-money-for-treatment/>
- **Heroin deaths spike by 58% in Seattle area**
<http://www.seattletimes.com/seattle-news/health/heroin-deaths-spike-nearly-60-percent-in-seattle-area/>