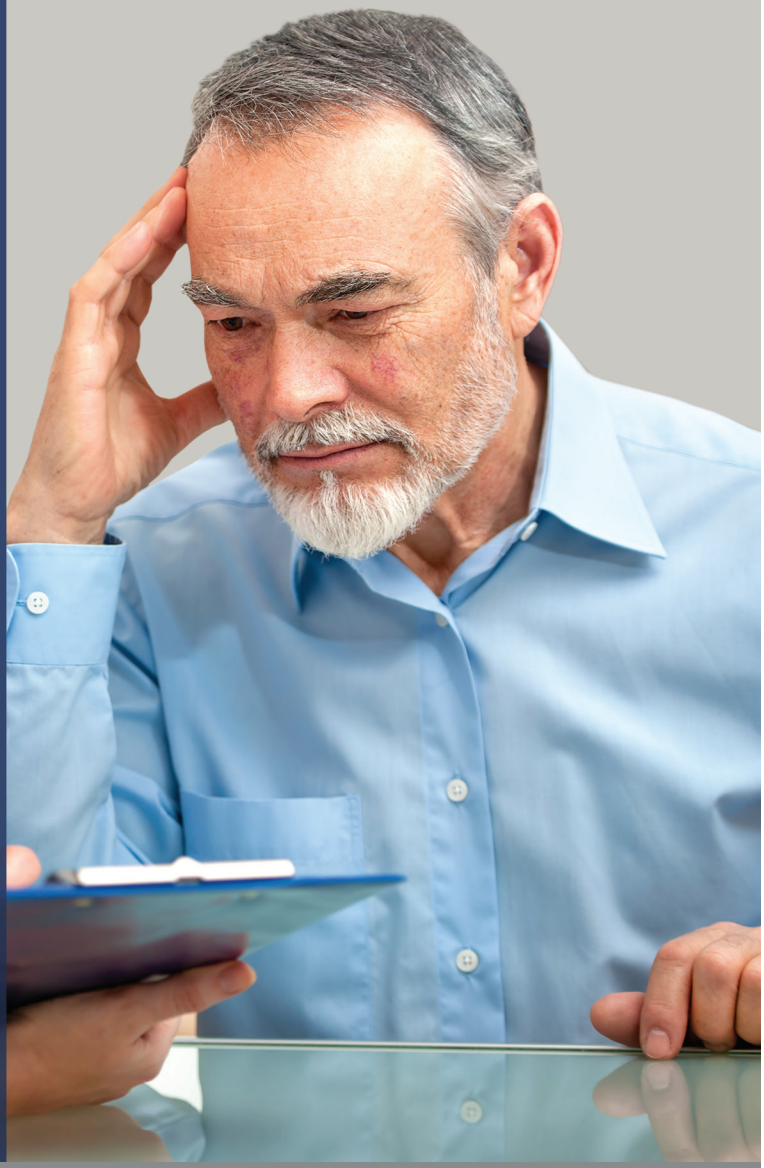
Access Denied:

Non-Medicaid Expansion States Blocked Uninsured People with Serious Mental Illness from Receiving Affordable, Needed Treatments



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AMHCA

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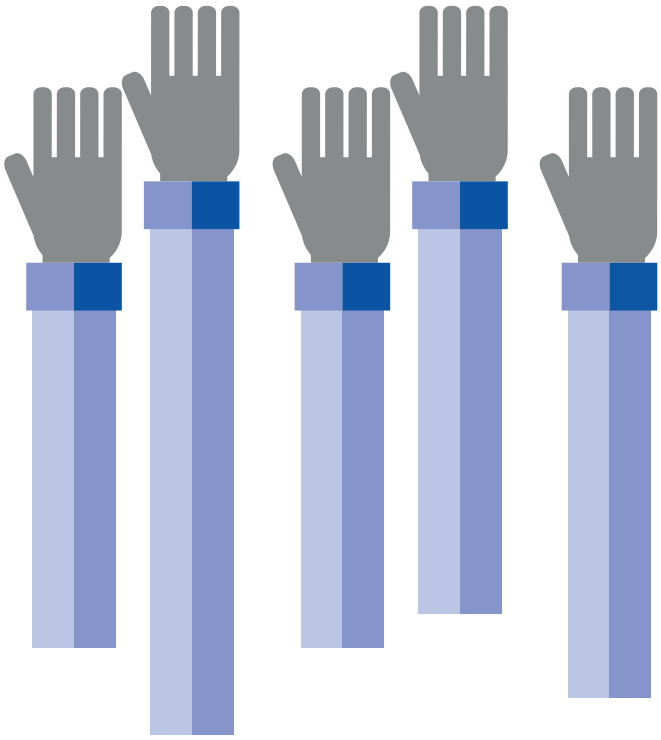
Nearly 1.1 million uninsured people who had been previously diagnosed with a serious mental health condition at the beginning of 2014 who were denied access to affordable, needed treatments—or would have had their mental illness prevented such as Major Depression—lived in the 24 states that did not participate in the new Medicaid Expansion Program (Tables 1, 2, 3, 4).

Those needed treatments that were denied would have been paid for at 100 percent by the federal government. Those federal funds have been approved and are contained in the federal budget. No new taxes are needed to pay for the care.

Despite that financial commitment by the federal government to provide health insurance and pay for needed mental health care under the Medicaid Expansion, 24 states rejected the new coverage initiative in 2014 based on ideological intransigence—not health or fiscal interests.

Health insurance is the passkey to accessing consistent, quality mental health services that promote recovery. Untreated mental illness leads to more emergency department visits, hospitalizations, school failures, incarcerations, suicides and more suffering by individuals with mental illness and their families—and increases overall health care costs. Unfortunately, 24 states voted against the interests of people with mental illness—and the overall health interests of their citizens—by rejecting the new Medicaid Expansion Program in 2014.



Not only would states address the needs of people with mental illness, they would save billions of dollars and create jobs if they expanded Medicaid.

Recently, Indiana and Pennsylvania have opted into the new program, but the other 22 states remain opposed to the expansion program despite its benefits. Now that 28 states are participating in the new Medicaid initiative, it is time for the remaining 22 states to join in this critically important health insurance program, rather than continuing down a dangerous path that denies access to affordable mental health care treatments for their citizens.

It is time to say "Yes" to Medicaid Expansion.

Nearly 1.1 million uninsured people

who had been previously diagnosed with a serious mental health condition at the beginning of 2014 who were denied access to affordable, needed treatments—or would have had their mental illness prevented such as Major Depression—lived in the 24 states that did not participate in the new Medicaid Expansion Program.

(Tables 1, 2, 3, 4)

Over 568,000 uninsured adult Americans

who were diagnosed with a mental illness at the beginning of 2014 and who were residing in the 24 states that did not voluntarily participate in the Medicaid Expansion, would have sought care but were denied access to affordable, needed mental health care.

(Tables 1, 2, 3, 4)

About 458,000 fewer adult Americans

would have experienced Major Depression if the 24 non-Medicaid Expansion states had joined the program last year.*

(Table 5)

Untreated mental illness or conditions that would have been prevented, lead to more emergency department visits, hospitalizations, school failures, incarcerations and suicides—and increases overall health care costs (Source: SAMHSA, NIMH, and NAMI). Health insurance is the passkey to accessing consistent, quality mental health services and promotes recovery.

*See page 23 for explanation.

Positive Consequences of Expanding Medicaid

As for the 27 states that did expand Medicaid in 2014, 700,000 people with mental illness received affordable, needed treatments in those states for their conditions, or did not experience a mental illness such as Major Depression due to the fact that they had health insurance coverage.

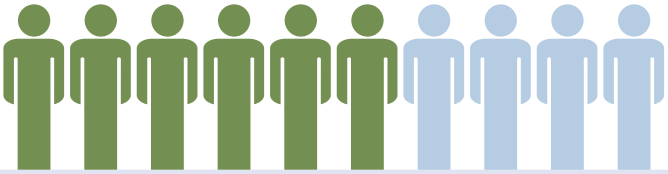
(Tables 1, 6, 7, 8)

Over 350,000 people received needed treatment

Another 348,000 fewer individuals experienced Major Depression

Characteristics of Medicaid Expansion Population

The vast majority of people with a mental illness who would have accessed needed care under the Medicaid Expansion Program in 2014 were white adults. Over 90 percent of the states (44 states) show that **over 60 percent of the uninsured adults** with mental health conditions who were eligible for Medicaid Expansion coverage and who would have sought needed care—were **white Americans and between the ages of 18 and 34** (Tables 9–10).



Medicaid Expansion Will Help Young Adults

About 2.3 million uninsured young adults—ages 18 to 34—with a serious mental health condition, were eligible for coverage under the Medicaid Expansion program in 2014 (Table 11). With most of the recent mass shootings and incidents perpetrated by younger adults with serious mental illnesses, it is incumbent that we use the health insurance system to increase coverage where the opportunities present themselves.

Medicaid Expansion will provide significant access to mental health services for young people with mental illnesses, who are currently uninsured.

Medicaid Expansion Will Help Veterans

Nearly 200,000 uninsured Veterans

with a mental illness in the U.S were eligible for coverage in the 24 states that decided not to participate in the new Medicaid Expansion Program (Table 12). Uninsured veterans and their families were less likely to get the health and mental health care they needed in the past year in the 24 non-Medicaid Expansion states.

Medicaid Expansion Helps to Reduce Out-of-Pocket Health Care and Mental Health Care Costs

Inability to afford care has been cited as the most significant barrier to receiving care for mental health services (44 percent of those surveyed who needed services).

Health insurance coverage is the passkey to accessing needed mental health treatments.

Obtaining health insurance helps people with mental illness stay healthy and shields them from high medical bills.

Medicaid Expansion Helps State Economies

In the states that have not expanded Medicaid, 6 million residents are projected to remain uninsured in 2016 as a result. These states are foregoing:

$424 billion

in federal Medicaid funds over 10 years, which will lessen economic activity and job growth. Hospitals in these 24 states are also slated to lose:

$168 billion

(31%) boost in Medicaid funding that was originally intended to offset major cuts to their Medicare and Medicaid reimbursement (Figure 1).

FIGURE 1.

Cost to Expand Medicaid Compared with State Incentive Payments to Attract Private Business in 2014 (Millions)

States not currrently expanding eligibility*.

	State Price Tags to Expand Medicaid	For States that **EXPAND** Medicaid	Consequences of NOT Expanding Medicaid	
	10-year total cost *to expand Medicaid* (millions)		*Federal Medicaid funding* LOST (billions)	*Hospital reimbursement* LOST (billions)
Alabama	$1,081		$14.4	$7.0
Alaska	$147		$1.5	$0.6
Florida	$5,364		$66.1	$22.6
Georgia	$2,541		$33.7	$12.8
Idaho	$246		$3.3	$1.5
Indiana	$1,099		$17.3	$9.2
Kansas	$525		$5.3	$2.6
Louisiana	$1,244		$15.8	$8.0
Maine	$(570)		$3.1	$0.9
Mississippi	$1,048		$14.5	$4.8
Missouri	$1,573		$17.8	$6.8
Montana	$194		$2.1	$1.1
Nebraska	$250		$3.1	$1.6
North Carolina	$3,075		$39.6	$11.3
Oklahoma	$689		$8.6	$4.1
Pennsylvania	$2,842		$37.8	$10.6
South Carolina	$1,155		$15.8	$6.2
South Dakota	$157		$2.1	$0.8
Tennessee	$1,715		$22.5	$7.7
Texas	$5,669		$65.6	$34.3
Utah	$364		$5.3	$3.1
Virginia	$1,326		$14.7	$6.2
Wisconsin	$(248)		$12.3	$3.7
Wyoming	$118		$1.4	$0.4
Total:	$31.6 BILLION		$423.6 BILLION	$167.8 BILLION

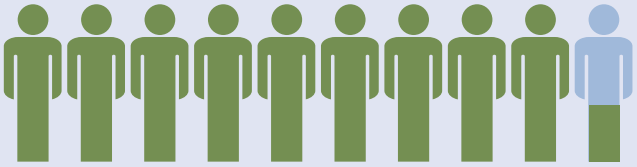
For every $1 a state invests in Medicaid expansion, $13.41 in federal funds will flow into the state. Expanding Medicaid will likely also generate state savings and revenues that exceed expansion costs.

Urban Institute | Robert Wood Johnson Foundation

Notes: Some states are shown with state Medicaid savings, indicated by placing numbers in parentheses, based on the assumed continuation of Pre-ACA Medicaid eligibility for adults. State costs do not include offsetting savings and revenues. (Urban Institute, 2012)

**Indiana and Pennsylvania are expanding Medicaid in 2015.*

Potential Overall Impact if All States Joined the New Medicaid Expansion Program



Nearly 925,000 uninsured people diagnosed with a serious mental health condition in 2014 would have accessed affordable and needed treatments if all 50 states (including DC) participated in the new Medicaid Expansion Program (Figure 2).

FIGURE 2.

Number of Uninsured People Ages 18–64 with a Serious Mental Health Disorder Who Were Projected to Access Affordable Services under Medicaid Expansion in 2014

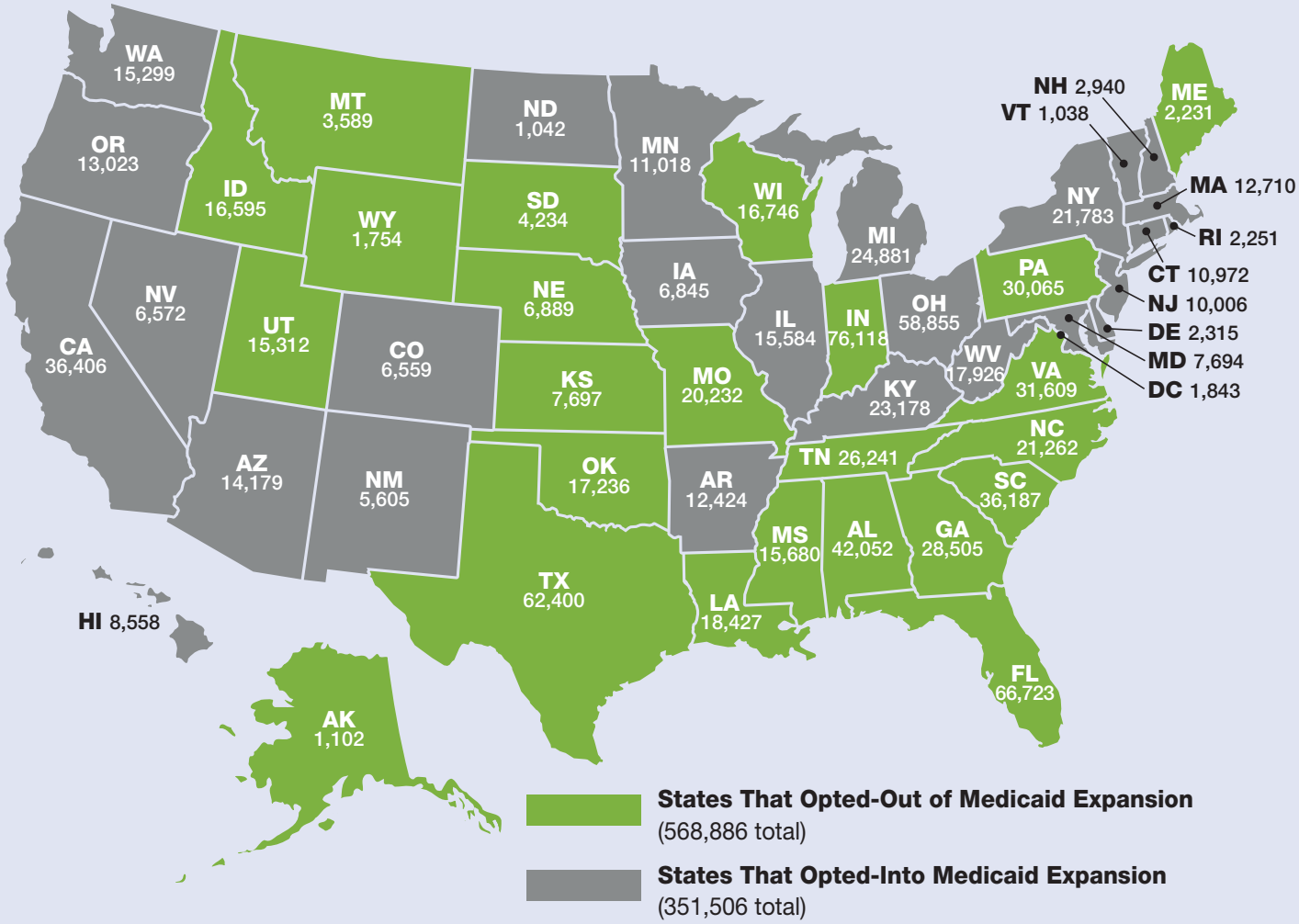
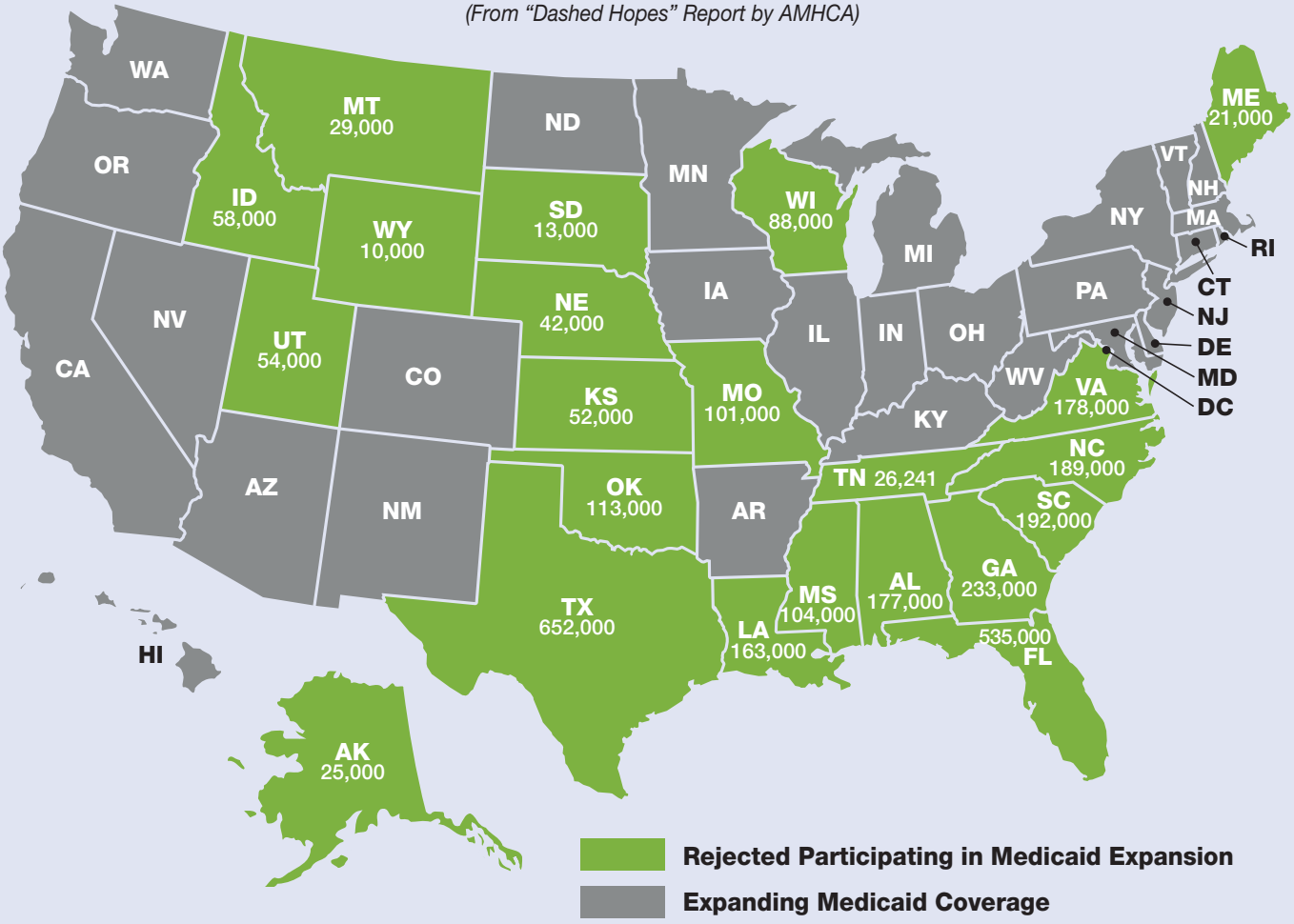


FIGURE 3.

Number of Uninsured Adults with Serious Mental Health and Substance Use Conditions Eligible for Coverage in the 24 Non-Medicaid Expansion States in 2014

(From "Dashed Hopes" Report by AMHCA)



Percentage of Uninsured Adults with Mental Health Conditions Eligible for Coverage in the 24 Non-Medicaid Expansion States in 2014

(Out of the Entire Medicaid Expansion Eligible Population in the State)*

Indiana 62%	Utah 47%	Wyoming 41%	Alaska 38%
Idaho 58%	South Dakota..... 45%	Wisconsin 41%	Florida..... 34%
Alabama 51%	Maine..... 45%	Pennsylvania 40%	Kansas..... 33%
South Carolina..... 51%	Tennessee..... 44%	Oklahoma 39%	Texas 28%
Nebraska 50%	Louisiana 43%	Mississippi..... 39%	North Carolina 28%
Virginia..... 48%	Montana 42%	Missouri..... 38%	Georgia 27%

* For example, Indiana had 398,100 people eligible for coverage in the Medicaid Expansion program and, out of that number, 247,000 people with a mental health condition were eligible for coverage. Overall, 62% of the entire eligible Medicaid Expansion population in Indiana had a mental health condition in 2014.

In the most basic sense, restricting access to mental health care and health care for so many people is truly the most severe and detrimental impact of a state's decision not to expand Medicaid, Unfortunately, the negative consequences are far-reaching and impact the general well-being of individuals, communities, and state economies, and the health of individuals living with a mental illness.

Especially in states that have opted into the new Medicaid Expansion Program, individuals living with a mental health condition have experienced the benefits of coverage and are now able to afford expensive prescription medications and see a regular mental health provider. The result: consistent engagement in their care by these individuals.

The new Medicaid Expansion Program will dramatically transform mental health care in the adult population. Although millions of people with mental illness would benefit from the new coverage initiative, several governors and state legislatures have balked at expanding Medicaid.

The program also will have a significant impact on children as studies have shown that when uninsured parents obtain health insurance, other family members—by way of promotion or attention brought about by securing health insurance—also obtain coverage *(Kaiser Commission 2007 and 2013)*.

The new Medicaid Expansion Program has the potential to afford people with mental health diagnoses greatly expanded access to *behavioral health** and treatment in an integrated and community-based setting, with a person-centered treatment focus. Medicaid Expansion—by providing people with mental illness a consistent source of health coverage—will lessen reliance on costly and traumatizing crisis and inpatient care at a cost to taxpayers, and will transition people to community-based models of care.

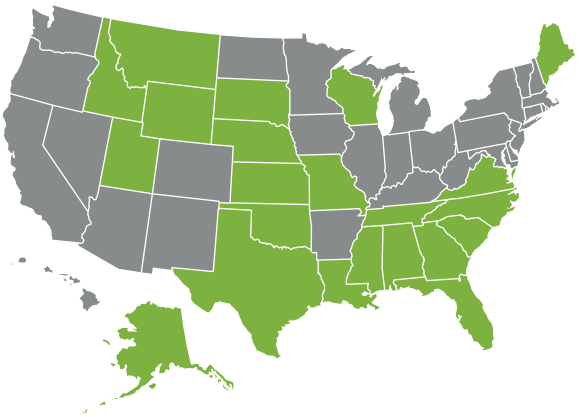
The mental health landscape is on the threshold of major opportunities and changes that include new relationships between the medical and mental health sectors that potentially can bring access and improved services for many of our most disadvantages citizens who suffer from mental illness. Medicaid Expansion provides new opportunities to bring access to evidence-based practices to more people with mental health disorders who can benefit from such practices.

Medicaid Expansion will help people with mental illness obtain affordable health insurance coverage, access needed care, and improve overall health status.

** Behavioral health care consists of mental health and substance use services.*

22 States

need to act now to participate in the new Medicaid Expansion Program



The health of millions of people with mental illness is at stake.

How Did We Get to a "Have Access and Have No Access" Situation?

Due to a Supreme Court ruling in 2012, the Medicaid Expansion provision in the Affordable Care Act (ACA) is a purely voluntary program. States can participate in the program at any time, and can opt out of the new initiative without any penalty of losing funds in the "traditional" Medicaid program—which continues as a separate program since its inception in 1966. All states participate in the older system. The new Medicaid Expansion Program was essentially a mandatory program as originally embodied in the ACA legislation passed in 2010, but that changed in July 2012 with the Court's decision to make it a voluntary program.

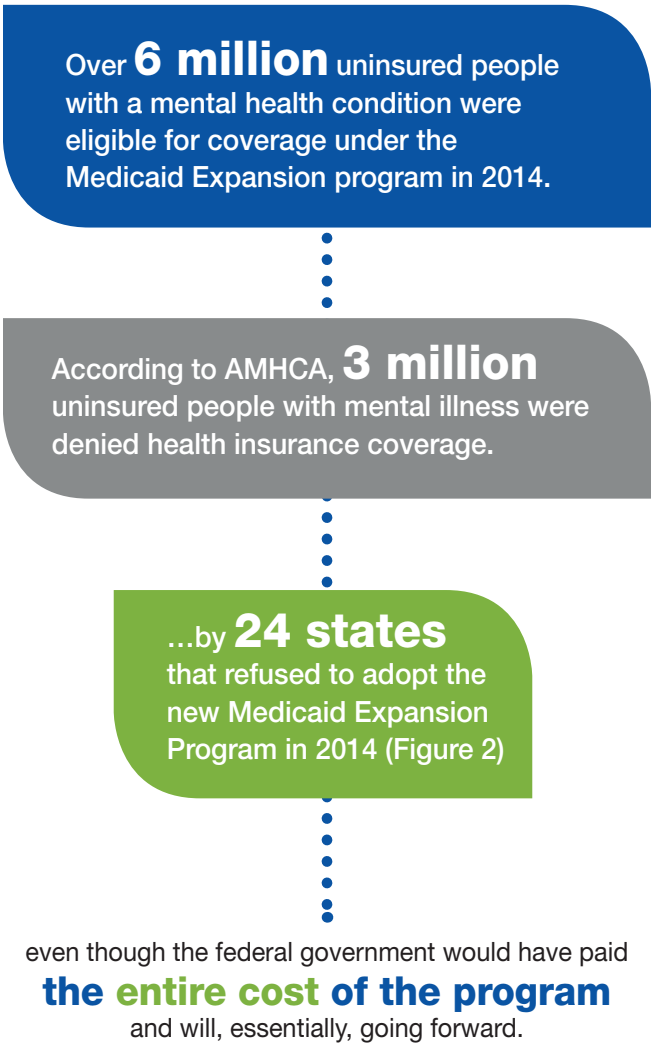
Under the new separate program, the Medicaid Expansion covers people up to 139 percent of the Federal Poverty Level (FPL) in states that choose this option ($16,100 for an individual and $33,000 for a family of four).

Under the new initiative, lower-income populations with serious and moderate mental health conditions will have better access to needed services because the new program will make coverage more affordable and open new service delivery doors for people and families who have been unable to obtain needed treatments due to its high cost. Opting out of the Medicaid expansion has harsh consequences for people with mental illness: lack of access to evidence-based practices.

The funds for the new Medicaid Expansion program have been embodied in the federal budget from 2011 to 2020 (Congress has 10 year budget windows). Due to all the cost efficiencies built into the legislation, the Congressional Budget Office (CBO) has determined that millions of previously uninsured people will gain health insurance coverage, and, the overall Affordable Care Act will reduce the federal budget deficit. Several studies have shown that states will see dramatically improved economies due to new revenues coming into the state as newly-insured people seek care.

In addition, studies shows that Medicaid Expansion will help shore up state budgets, bring new federal funds into the state, and increase jobs—and at the same time significantly reducing the number of uninsured people. It is a win on many levels.

FIGURE 4.



And the argument that some state public officials are making that we must reform the current Medicaid program before we participate in the new program makes no sense. Millions of people in the current program are receiving care they would not receive otherwise due to high costs. It would be like saying to a prospective employee coming into a new company "that we need to first fix the private health care system—which has its share of problems and inefficiencies—so we can't offer you coverage although you are eligible until we reform the entire American health care delivery system."

We cannot tell people to keep their illness and needed treatments on hold until we improve some aspects of the health care and mental health delivery and financing system.

Moreover, the argument by some states that they will not participate because they think the federal government will renege on their promise of paying 100 percent initially and 90 percent after, is a cop out. Any state that opts in can opt out of the program at any time. And the federal government has never reneged on payment promises under the Medicaid and Medicare programs.

In addition, all of the funds to pay for the Medicare Expansion are already embodied in the federal budget.

The New Geographic "Continental Divide" in Health Care

Similar to our natural continental divide where the rivers west of the Rocky Mountains flow west and southwest and everything else flows toward the east—we have our own health care divide. Most Americans in the east, mid-Atlantic and Pacific states will witness the benefits of the new Medicaid expansion states.

Approximately **11 million** adults aged 18 or older (4.9 percent of adults) reported an unmet need for mental health care in the past year including **5.2 million** adults aged 18 or older who reported an unmet need for mental health care and did not receive mental health services in the past year. *(SAMHSA)*

States in the southeast and rural and central states will see their access to health insurance and health care severely limited if they continue to not participate in the Medicaid program.

In addition, 22 states that have yet to expand Medicaid eligibility, and uninsured people, particularly in the south, have higher-than-average rates of poverty and chronic disease and the lowest health status.

The Medicaid Expansion Will Help Adults with Mental Illness

AMHCA has projected that over one in five or nearly 568,000 uninsured people with a mental illness, would have accessed affordable, needed mental health services and treatments between in 2014, out of nearly 3 million uninsured adults with serious mental health conditions who were eligible for health insurance coverage through the new Medicaid Expansion Program in the 24 states* that did not participate in the new coverage initiative (Table 2, 3, 4).

** Pennsylvania and Indiana will participate in the program in 2015.*

LOCATION, LOCATION, LOCATION.

In essence, your health and access to care hinges on **WHERE YOU LIVE** in the U.S. based on politics rather than making sure we address the health needs of all Americans.

Our data show 568,000 people who were uninsured with a mental illness were denied affordable, evidence-based practices treatments in the 24 states that rejected the Medicaid Expansion funding. Those treatment costs would have been fully reimbursed at 100 percent by the federal government in 2014 (as well as in 2015 and 2016).

Table 2–4 (alphabetized, or by region or by rank) show—by individual non-Medicaid Expansion state—the projected utilization of mental health and substance abuse services by people with a mental illness in 2014, who were previously uninsured, but were eligible for coverage under the new Medicaid Expansion Program.

In two states alone—Texas and Florida—113,000 out of 272,000 uninsured people with a mental illness who are eligible for coverage through the Medicaid Expansion effort—would have sought needed services—and will continue to suffer needlessly without timely, consistent mental health care due to political opposition to the ACA and the Medicaid Expansion Program (Table 2, 3, 4).

Due to the lack of health insurance coverage brought about by political intransigence and opposition to the Affordable Care Act and the Medicaid Expansion program in those states, millions of Americans with a mental health condition who reside in the non-Medicaid expansion states will continue to face major access and cost barriers to obtaining treatments.

These individuals, many with serious and severe mental illnesses such as major depression, bi-polar disorders and schizophrenia, are our family members, neighbors, friends and co-workers. They are our most vulnerable Americans who need access to key treatments.

In addition to addressing the needs of hundreds of thousands of uninsured people diagnosed with a mental illness, it is estimated that if the 24 states had expanded Medicaid in 2014, there would have been 460,000 fewer individuals experiencing depression disorders, due primarily to affordable coverage and early screening and intervention (White House Council of Economic Advisers, 2014—Table 1 and 5).

The 27 states that expanded Medicaid in 2014 reduced the burden of people experiencing depression by nearly 350,000 individuals (Table 1 and 5).

The Medicaid Expansion Will Especially Help YOUNG Adults with Mental Illness

About 2.3 million uninsured young adults—ages 18 to 34—with a serious mental health condition, were eligible for coverage under the Medicaid Expansion program in 2014.

With most of the recent mass shooting and incidents perpetrated by younger adults with serious mental illnesses, it is incumbent that we use the health insurance system to increase coverage where the opportunities present themselves (Table 11).

The Medicaid Expansion program would provide significant access to mental health services to young people who are currently uninsured.

The Medicaid Expansion Will Help VETERANS with Mental Illness

The Affordable Care Act and new Medicaid Expansion also offer new paths to health coverage for uninsured veterans and their families.

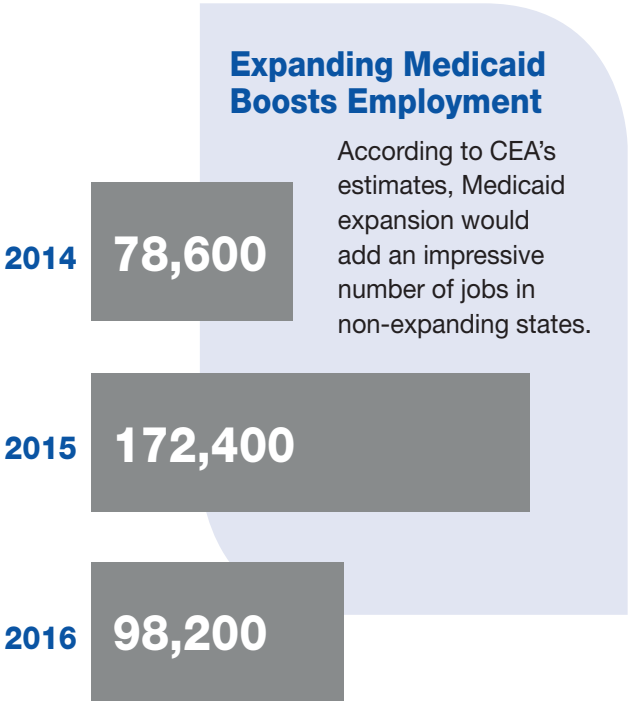
Currently, over 1.3 million U.S. veterans and nearly a million veterans' families are uninsured. Beginning in 2014, 40 percent of all uninsured veterans and their families qualified for financial help to buy a private health plan through the new health insurance marketplace.

Nearly half qualified for coverage under Medicaid based on income beginning January 1, 2014.

Nearly 200,000 uninsured veterans with a mental illness in the U.S were eligible for coverage in the 24 states that decided not to participate in the new Medicaid Expansion Program (Table 12). So for all the rhetoric about helping our military heroes, many go without health insurance and needed health and mental health care services due to political differences, not good policy.

Only one-third of all veterans under the care of the Veterans Administration (VA) received mental health treatment. Since 2006 the VA has seen a dramatic increase in demand for mental health services, yet veteran status, service related disability, income level and distance from VHA facilities leave many without proper access to needed treatments, such as post-traumatic stress disorders.

Lack of health coverage can be serious for one in five non-elderly veterans who report being in fair or poor health, including nearly one in six whose daily activity is limited due to physical, mental or emotional problems *(Urban Institute, 2012)*.



The Medicaid Expansion Will Help Financially-Troubled States

A review of state-level fiscal studies conducted by the Urban Institute found comprehensive analyses from 16 diverse states on potential budget savings brought about by the new Medicaid Expansion Program (Figure 1). Each analysis concluded that expansion helps state budgets. State savings and new state revenues significantly exceeded increased state Medicaid expenses, with the federal government paying a high share of expansion costs to implement the program *(Urban Institute, 2014)*.

The 24 non-expanding states that rejected federal Medicaid funds in 2014 were projected to receive $42.9 billion in 2016, which would have increased such states' federal Medicaid receipts by 30.3 percent. To claim those resources, states would have needed to spend $0.3 billion ($291 million), representing a 0.3 percent increase over state Medicaid costs without expansion. Each additional state dollar would thus yield an extra $147.42 in federal funds.

From 2013 to 2022, these states would forgo an estimated $423.6 billion in federal Medicaid funding, representing a 26.9 percent increase above federal Medicaid dollars received without expansion (Figure 1). The required state contribution is $31.6 billion, raising projected state Medicaid spending by 3.3 percent. Each new state dollar would accordingly draw down $13.41 in additional federal funds over this 10-year time period (Figure 1).

Hospitals in these 24 states were also slated to lose a $167.8 billion (31 percent) boost in Medicaid funding that was originally intended to offset major cuts to their Medicare and Medicaid reimbursement to pay for coverage.

The Council of Economic Advisers (CEA) recently concluded that expanding Medicaid under the ACA boosts state economic growth and employment, primarily by bringing in significant new federal funding to buy additional health care within the state *(White House CEA, 2014)*.

According to CEA's estimates, Medicaid expansion would add, in nonexpanding states, 78,600 jobs in 2014, 172,400 jobs in 2015, and 98,200 jobs in 2016.

State governments can opt out of the program any time with no financial penalty. In essence, it would be the state government reneging on a promise to address the health needs of their citizens, not the federal government. The federal government under the public insurance programs has never reduced benefits under those programs.

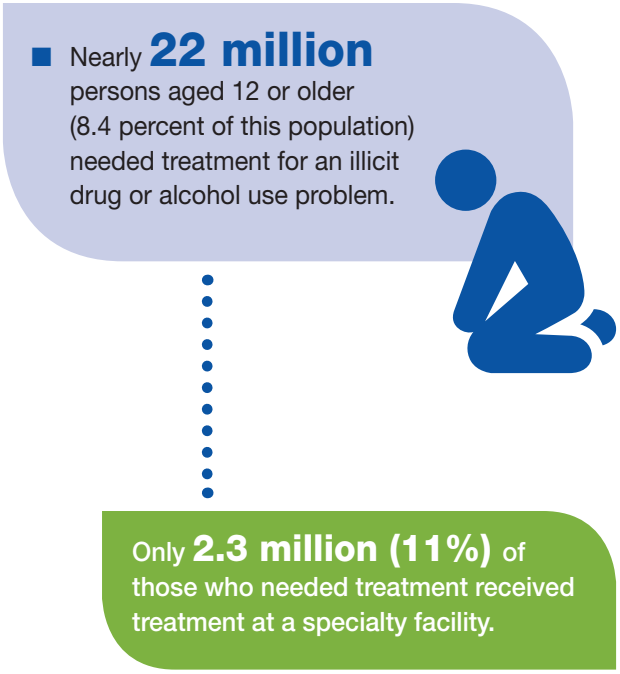
The Health and Mental Health Benefits of the Medicaid Expansion

Most uninsured people have no usual source of care and many end up in emergency departments after their conditions worsen due to postponed care. The Medicaid Expansion effort will provide better integrated and coordinated care—but only if their state opts into the new program to take advantage of these new models of care delivery that address the medical and mental health needs of this population.

The preventive services—as part of the essential health benefits package—under the ACA and the Medicaid Expansion initiative will have a major impact on reducing the burden of mental illness. Several preventive services must be covered including: depression screening for adults (as well as children), screening and counseling for alcohol misuse, and related disorders.

Prevention and early identification of both mental health and health care allows for early intervention, which can effectively reduce the burden of mental illness. Over 25 percent of adults—one in four adults in the U.S.—experience a diagnosable mental health disorder each year *(CDC, 2011)*.

If the 22 states opt out of the Medicaid Expansion in 2015, the continued lack of access to covered services will result in more people with a mental illness developing severe and serious



conditions with many needing expensive, acute care crisis services. Even then, for hundreds of thousands of individuals, those intensive treatments will not be available to uninsured people with mental health conditions as they live in states that have rejected free health insurance coverage and will be turned away by most providers.

Due to the lack of timely, accessible treatments, we have seen too many tragedies in Newtown, Connecticut, Aurora, Colorado, Tucson, Arizona, and the list goes on and on, then we have reached regular episodes like the mass shooting in Santa Barbara, California last year.

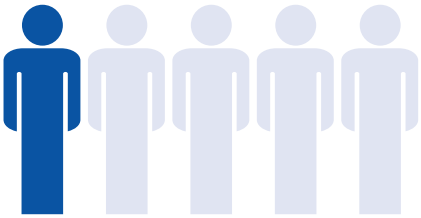
Health insurance coverage is the passkey to health care and mental health system and access to timely, effective mental health treatments.

Every day that goes by when we do not take advantage of the treatment needs of people with mental illness—especially with the recent mass shootings by people with a mental illness—we are playing Russian roulette with the lives of people with mental illness and innocent Americans. Individuals—who would receive services

that lead to recovery—are being denied those treatments simply because politicians in 22 states refuse to accept the opportunity to participate in the Medicaid Expansion.

The entire cost of the program will be essentially paid for by the federal government and bring in billions of dollars into state treasuries and economies as well. There is no economic justification for not participating in the Medicaid Program based on several economic studies and meta-analysis.

Even with the recognition that severe budget cuts have led to underfunded and inadequate services to address the needs of people with mental illnesses, 22 states are still turning their backs on their most vulnerable citizens by not opting into the new Medicaid Expansion program.



- Over **one in five** people in jail and prison live with a mental illness. Many of these individuals would not have come into contact with criminal justice systems had they received timely and effective treatment.

The Medicaid Expansion effort has the potential to afford people with mental health diagnoses greatly expanded access to mental health and substance use treatment in an integrated and community-based setting, with a person-centered treatment focus.

Medicaid Expansion will provide people with mental illness a consistent source of health coverage which will lessen reliance on costly and traumatizing crisis and inpatient care at a high cost of taxpayer dollars, and transition people to community-based models of care based on evidence-based practices.

Most importantly, the ACA requires the inclusion of mental health and substance use treatment services in the list of the ten essential benefits that health care exchanges must offer, and as a consequence provided through the Medicaid expansion. Many crisis services, as part of overall mental health services, will be included in the essential health benefits package.

The new Medicaid Expansion coverage will provide consistent and reliable coverage for this population.

Over **70 percent** of young people in juvenile facilities have a diagnosable mental health condition.

Promoting Better Delivery of Care and Saving Money

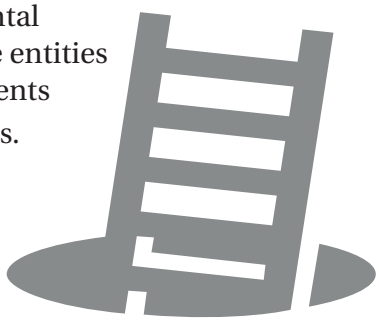
The integration of mental health and primary care services will see much greater emphasis through Medicaid Expansion due to consistent and usual sources of care. Moreover, the lack of coordinated care for individuals with mental health and substance abuse treatment has been a persistent deterrent to appropriate care, but the Medicaid Expansion provides numerous opportunities to better address this issue as well through new mechanisms like health homes, accountable care organizations and the integration of mental health and health care treatments at the point of service and contact.

Medicaid delivery systems for people with mental illness would be actively involved; accessible around the clock; and well connected to a wide array of community agencies and services, including those in the areas of housing and criminal justice. Some clients may need highly specialized health homes designed for their needs.

Medicaid Expansion also has the capacity to help states redirect funds from jails, prisons, crisis-driven services, traditional homeless shelters and hospital emergency departments into community-based programs and evidence-based treatments.

We can and must improve mental health services in our country; ensure quality, safety and adequate oversight; and improve access to recovery-based care.

Medicaid Expansion is good both for people with mental illness and for those entities that provide treatments and support services.



A Golden Opportunity to Fix our Mental Health System

The tragic shooting in Newtown, Connecticut, and others over the last few years have stimulated public discussion about the failed mental health system in America, due to a lack of funding for key programs.

After cuts of nearly $4.6 billion to public mental health programs from 2009–2012, mental health services simply are not available to many Americans who need them *(NASMHPD, 2012)*. With fewer than half of Americans who live with mental illness getting treatment, concern is growing about lack of access to mental health services. People are asking, "How can I get mental health services if I don't have health insurance and can't afford needed care and out-of-pocket expenses?"

The facts are clear: Millions of Americans living with a mental illness have no access to mental health care at all. Glaring gaps in treatment of this kind would not be tolerated for heart disease, cancer or diabetes, and they should not be tolerated for mental illness either.

States that decline to opt in to the new Medicaid Expansion Program will miss a golden opportunity as they ever had to address this shameful void in access to mental health treatment in their locales.

The *"traditional"* federal-state Medicaid program that has been in place since 1966 (not all states started Medicaid in 1966) is the most important source of financing for mental health services in America today, offering mental health services that would otherwise be out of reach for lower-income people affected by mental illness. Medicaid's role in mental health care has increased, and today the federal/state health financing program pays for nearly half of all publicly-funded mental health services. *(Kaiser Commission, 2011)*

The new Medicaid Expansion Program under the Affordable Care Act—that was rejected by 24 states in 2014—would fill critical gaps in access to health and mental health care, reduce the need for uncompensated crisis care, and pave the way to recovery and economic self-sufficiency for millions of hard-working Americans, many with a mental health condition who cannot afford health insurance.

Medicaid Mental Health Services Are Life-Changing

The current Medicaid program is a life-saving program that provides health and mental health care to lower-income children, pregnant women, families, people 65 or older, and certain people with disabilities.

A broad array of vital mental health services and supports are covered by Medicaid ranging from inpatient to ambulatory services as well as critical support services such as home and community-based programs

Medicaid is particularly important for children and adults with mental illness, offering vital services and supports that are typically not covered by private insurance. Medicaid is the most important source of funding for mental health services. Unfortunately, millions of lower-income Americans with mental illness are currently shut out of Medicaid, excluded from the care that would help them rebuild their lives due to stringent eligibility rules.

Most states have instituted tight income and categorical eligibility requirements that leave many people without access to needed mental health services and supports. The new Medicaid Expansion Program under the ACA addresses this problem by significantly expanding health insurance coverage to lower-income populations with little cost to the states.

The Cost of Mental Illness

Mental health is a central aspect of health status and serious mental illnesses have devastating effects on the well-being of individuals, families and communities. They contribute significantly to higher mortality—and severe morbidity—from the wide spectrum of causes of mortality.

Studies vary in their estimates from 8 to 30 years of life lost depending on populations studied and methodological approaches *(NASMHPD, 2006 and 2012).*

The consequences of mental health disorders **extend well beyond the affected individuals:** to their families, to the development of children, and to the welfare of the wider community.

Mental health conditions are a major cause of disability in the U.S., and can be responsible for the inability to work or reduced work performance.

From an economic perspective, such illnesses not only have high costs or reduced productivity but have been for some time the largest contributor to Social Security disability status other than musculoskeletal disorders.

Increasingly, research finds that mental health conditions, while not a direct cause of many important conditions such as diabetes and cardiovascular disease, contribute to these conditions through lifestyles and use of substances, Mental Health disorders also induce great pain and distress, which research finds are comparable to the most serious of physical disorders *(Health Affairs, 2014).*

Medicaid programs are beginning to employ many strategies to address the high rate of chronic medical conditions and early mortality among adults with serious mental illness.

Some of the current strategies include health homes, accountable care organizations, co-location of health and mental health clinics, cross-training and credentialing of mental health and primary care providers and electronic medical record sharing. These new initiatives would be included in the new program if only the 22 non-Medicaid expansion states would see fit to expand coverage.

Medicaid is fundamental to mental health care in America. Medicaid coverage allows mental illness to be treated early, before symptoms worsen. Services available through Medicaid such as home and community-based services enable people who have been disabled by mental illness to rebuild their lives.

When untreated, the human impact of mental illness is felt. It is felt not only in emergency room visits and psychiatric hospitalization, but also in school failure, reduced productivity, increased incarceration, homelessness and lost lives.

By contrast, Medicaid coverage helps people with mental illness get needed services, stay healthy and contribute to the vitality of their communities.

One key area where Medicaid plays a critically important role is in the delivery of crisis services for people who have a mental illness and potentially experiencing suicidal thoughts.

Medicaid covers a significant amount of crisis care in several states. States with Medicaid managed care tend to combine state and Medicaid funds to operate their crisis services programs. For example, Massachusetts uses two main funding streams for its emergency crisis services program: state general funds and Medicaid funds.

Medicaid coverage helps people with mental illness get needed services, stay healthy and contribute to the vitality of their communities.

Mobile crisis teams in some states are funded at a flat, per capita rate through Medicaid waiver funds and with state general funds. The crisis stabilization units are funded through state general funds, although they can also use Medicaid waiver funds.

Historically, individuals who experienced acute psychiatric or substance abuse symptoms, such as a disturbance in thought, mood, behavior, or social relations that required immediate attention, would be treated in a general hospital emergency department or admitted to a hospital. Subsequently, they would receive less intensive outpatient treatment. It has become increasingly apparent that this service mix is frequently inadequate and expensive.

Crisis services, however, include an array of services that are designed to reach individuals in their communities through telephone "hotlines" or "warm lines," and mobile outreach; and to provide alternatives to costly hospitalizations—such as short-term crisis stabilization units and 23-hour-observation beds.

Like emergency medical services, crisis services are intended to be available to the entire community. Those receiving services may include individuals with a history of severe and persistent mental illness or a substance use disorder, or those who have never before used behavioral health services. They may be children, adults, or the elderly.

The problem is that hundreds of thousands of people who reside in the 22 non-Medicaid Expansion states will not be eligible for these crisis services.

The Medicaid Expansion Will Help People Save Money on Out-of-Pocket Expenses

In the twenty-two states that have decided against expanding Medicaid under the Affordable Care Act, uninsured adults who would be eligible for Medicaid and have incomes at or above the federal poverty guidelines are generally eligible for Marketplace (insurance exchange) premium tax credits and plans with generous benefits.

A study compared estimated out-of-pocket spending for care and premiums, as well as the financial burdens they impose, for the families of these adults under two simulation scenarios: obtaining coverage through a silver plan with subsidized cost sharing and enrolling in expanded Medicaid. Compared with Marketplace coverage, Medicaid would more than halve average annual out-of-pocket spending ($938 versus $1,948), while dramatically reducing the percentage of adults in families with out-of-pocket expenses exceeding 10 percent or 20 percent of income (6.0 percent versus 17.1 percent and 0.9 percent versus 3.7 percent, respectively) *(Health Affairs, 2015)*.

Larger reductions would be seen for families with smokers, who under Medicaid would no longer be subject to Marketplace tobacco user surcharges. According to the *Health Affairs* article, Medicaid expansion may offer a greater opportunity than access to Marketplace insurance to promote the financial well-being of previously uninsured low-income adults.

It is essential that individuals who receive key mental illness prevention services and mental health care be considered as legitimate as a health concern as physical ailments and diseases.

Reducing the Burden of Mental Illness

The new Medicaid Expansion Program was put into place, in large part, in order to take steps toward resolving the underfunding for mental health care and the growing issue of mental illnesses in the United States.

Mental health conditions are the leading cause of long-term disability.

The new Medicaid Expansion under the Affordable Care Act has significantly expanded mental health coverage. In the past, mental illnesses and substance use disorders have not been of the same order of importance as physical health conditions.

- Mental health conditions are a source of suffering for the people who have them, and often for their family members as well.
- They are the leading cause of long-term disability.
- People with co-occurring chronic physical disorders such as heart disease and mental disorders—especially depression—are at substantially elevated risk for disability and premature mortality.
- Care for people with co-occurring physical and behavioral disorders is considerably more expensive than care for people without co-occurring disorders, driving up the overall cost of health care in the United States.
- People with serious mental illness often do not receive preventive services and the physical health care—that they need for diabetes and heart conditions—for which they are at high risk, and which contribute to low life expectancy for this population. *Source: SAMHSA*

The new Medicaid Expansion Program would provide a constructive framework for addressing many of the needs for a meaningful behavioral health system that is better aligned with general medical care—or primary care—and other important services. The program promotes initiatives to improve chronic care management and services integration. Well-organized and integrated team practice can address and manage key challenges in treating individuals with serious mental health conditions. But they must have continuous, stable health insurance like Medicaid to assure access to services that are affordable.

Uninsured individuals with mental illness consistently forgo needed preventive and routine care, resulting in clinical deterioration to the point that they find themselves in crisis and need access to acute and expensive health and mental health emergency and inpatient care, currently funded through the state budgets.

Uninsured people with mental health conditions, especially those with serious, long-term conditions—and in lower-income populations—are at high risk for poor health, disability, and premature death. Many of them do not get treatment—or get meager, inconsistent care due to their uninsured status and "co-morbid" illnesses such as obesity, high blood pressure, diabetes, and heart conditions.

Numerous studies have demonstrated that people without health insurance have worse access treatment, lower quality of care, and worse outcomes than their insured peers.

Health insurance provides financial protection, particularly in case of a catastrophic illness. Recent data from the Oregon health study highlighted reduced depression rates as another potential benefit of having health insurance—possibly stemming from the sense of improved financial security that it creates.

Just Say "Yes" to Expansion

What better way to dramatically reduce stigma, discrimination and outright rejection that have kept people with a mental illness from seeking needed care and help, than opening up the "Coverage Door" to those with mental illness so it is treated like any other illness. That is exactly what the ACA's Medicaid Expansion Program will do if all states participate in the initiative.

The ACA provision to cover mental health and addiction services as an essential health benefit class in the coverage expansions, coupled with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008—which required that financial requirements and treatment limitations for mental health and addiction benefits be no more restrictive than those requirements and/or limitations for medical/surgical benefits—provides an opportunity to usher in a golden age for the coverage of mental health and addiction prevention and treatment services.

Moreover, the ACA transforms the Medicaid program from one, which had in the past targeted specific groups of people such as pregnant mothers and children living in poverty, to a much more comprehensive health insurance program open to all individuals living under 139 percent of the Federal Poverty Level (about $16,000 for an individual and $33,000 for a family of four).

The ACA provides important incentives for states to expand their Medicaid programs to cover all the safety net population, including generous Federal matching funds that begin at 100 percent in 2014 and gradually are reduced to 90 percent in 2020, far above the traditional Federal Medicaid match levels.

Dear State Official: The health and lives of many people with mental illness are in your hands.

In addition, the ACA contains many provisions that are supportive of the integration of mental health services into primary care and general medical sectors. These include support for the establishment of "patient-centered health homes", which emphasize their importance as vehicles for establishing evidence-based approaches of integrated care, as well as the establishment of Accountable Care Organizations (ACOs), which, because of their assumption of full clinical and financial risk for a defined population, elevate early screening and intervention for co-morbid mental health conditions—such as depression, anxiety and panic disorders, and risky drinking/substance abuse—to a central position.

Co-morbidity is a major driver of increased cost and poorer clinical outcomes for chronic medical conditions. Several studies show that people with mental illness die prematurely—in some cases 30 years earlier—than other health care consumers due to an increased risk of developing medical conditions like diabetes. The lack of coordination among providers who treat people with mental health conditions leads to increased premature mortality and morbidity.

There is no practical or financial argument for governors and legislators in the 22 states that have rejected the Medicaid expansion to continue on their dangerous path that denies their citizens needed health care and mental health services.

By going down this road, states will leave their most impoverished, vulnerable and sickest citizens "out in the coverage cold", when all they have to do is participate in the new Medicaid Expansion Program—with minor costs to their states—to address the needs of these individuals.

Participating in the new program will allow policymakers to place their states on a new path that will help people receive timely effective care, instead of poor citizens begging for charity care in our public and private emergency rooms, at best. So we make this plea: expand Medicaid immediately. Don't go down in history as denying people with mental illness critically important health insurance.

The health and lives of these individuals are on the line and in your hands.

The states that have rejected the Medicaid expansion are clearly attempting to make a statement in opposition of the Affordable Care Act. However, the consequences for rejecting this expansion are vast, particularly for those with mental illnesses. Government funding to provide coverage to uninsured individuals is essential for the well-being of our society. More uninsured people lead to higher taxes, less productivity and poorer health outcomes.

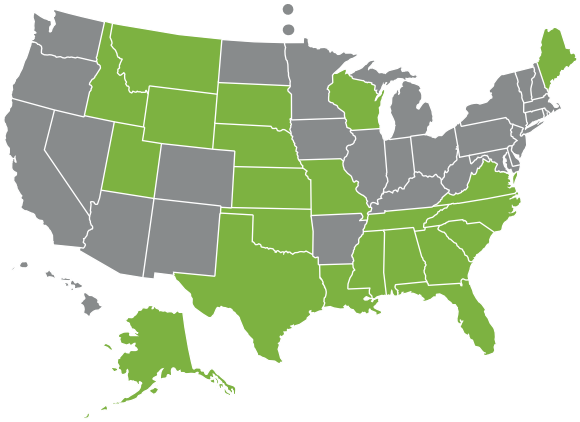
The new Medicaid Expansion effort has the potential to afford people with mental health diagnoses greatly expanded access to mental health and substance use treatment in an integrated and community-based setting, with a person-centered treatment focus.

Medicaid Expansion—due to providing people with mental illness a consistent source of health coverage —will lessen reliance on costly and traumatizing crisis and inpatient care and transition people to community-based models of care.

Medicaid expansion helps people with mental illness obtain affordable health insurance coverage and access needed care, hospitals receive funding boost, and states see increased revenues and jobs.

22 States

need to act now to participate in the new Medicaid Expansion program



The health of millions of people with mental illness is at stake.

MEDICAID EXPANSION

- Affordable Coverage and Care
- Solvent Hospitals and Other Providers
- Increased State Revenues
- More Jobs

It's a win-win-win-win.

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* The projection on page 2 is based on information from the Oregon Health Insurance Experiment, which found that Medicaid coverage in and of itself, reduced the likelihood that an individual screened positive for depression on a standardized eight-question questionnaire by 9.2 percentage points. The experiment also showed improvement in mental health as self-reported through a three question battery on the effect of mental health on quality of life.

For more information about the consequences of untreated mental illness, please click on:

www.samhsa.gov

www.nimh.nih.gov

www.nami.org

TABLE 1

Potential Total Impact on Access to Mental Health Care and Preventing Depression If All States Expanded Medicaid in 2014

	Total Number Who Would Have Accessed MH Treatment	Reduction in Number of People Experiencing Depression	TOTAL
NOT YET EXPANDING MEDICAID	**568,886**	**458,000**	**1,026,886**
Alabama	42,052	19,000	61,052
Alaska	1,102	2,000	3,102
Florida	66,723	68,000	134,723
Georgia	28,505	38,000	66,505
Idaho	16,595	4,000	20,595
Indiana	76,118	21,000	97,118
Kansas	7,697	8,000	15,697
Louisiana	18,427	21,000	39,427
Maine	2,231	2,000	4,231
Mississippi	15,680	13,000	28,680
Missouri	20,232	20,000	40,232
Montana	3,589	3,000	6,589
Nebraska	6,889	4,000	10,889
North Carolina	21,262	30,000	51,262
Oklahoma	17,236	10,000	27,236
Pennsylvania	30,065	25,000	55,065
South Carolina	36,187	16,000	52,187
South Dakota	4,234	2,000	6,234
Tennessee	26,241	19,000	45,241
Texas	62,400	97,000	159,400
Utah	15,312	6,000	21,312
Virginia	31,609	17,000	48,609
Wisconsin	16,746	10,000	26,746
Wyoming	1,754	1,000	2,754
EXPANDING MEDICAID*	**351,506***	**348,000**	**699,506**
Arizona	14,179	4,000	18,179
Arkansas	12,424	12,000	24,424
California	36,406	112,000	148,406
Colorado	6,559	12,000	18,559
Connecticut	10,972	7,000	17,972
Delaware	2,315	1,000	3,315
District of Columbia	1,843	2,000	3,843
Hawaii	8,558	3,000	11,558
Illinois	15,584	32,000	47,584
Iowa	6,845	2,000	8,845
Kentucky	23,178	14,000	37,178
Maryland	7,694	11,000	18,694
Massachusetts	12,710	<1000	12,710
Michigan	24,881	17,000	41,881
Minnesota	11,018	3,000	14,018
Nevada	6,572	8,000	14,572
New Hampshire	2,940	2,000	4,940
New Jersey	10,006	18,000	28,006
New Mexico	5,605	8,000	13,605
New York	21,783	13,000	34,783
North Dakota	1,042	2,000	3,042
Ohio	58,855	36,000	94,855
Oregon	13,023	15,000	28,023
Rhode Island	2,251	2,000	4,251
Vermont	1,038	<1000	1,038
Washington	15,299	5,000	20,299
West Virginia	17,926	6,000	23,926

** People with mental illness who actually sought and received treatment.*

Note: SAMHSA data derived from the National Survey on Drug Use and Health (NSDUH), Council of Economic Advisers and The Urban Institute.

TABLE 2

Number of Uninsured People Ages 18–64 with a Serious Mental Health Disorder Who Were Projected to Access Services Under Medicaid Expansion in 24 States that **OPTED-OUT** in 2014 *(Alphabetical)*

State	SERIOUS MENTAL ILLNESS (SMI) Any Inpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Outpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Prescription Medication for MH	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Inpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Outpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Prescription Medication for MH	ANY SUBSTANCE USE DISORDER (SUD) TREATMENT	TOTAL
Alabama	1,070	6,155	8,594	1,585	9,119	12,731	2,798	**42,052**
Alaska	18	73	64	89	356	311	191	**1,102**
Florida	1,954	7,009	10,526	3,780	13,561	20,369	9,524	**66,723**
Georgia	693	2,770	3,089	2,078	8,311	9,268	2,296	**28,505**
Idaho	558	2,234	2,480	953	3,813	4,234	2,323	**16,595**
Indiana	3,883	8,581	15,853	5,518	12,195	22,528	7,560	**76,118**
Kansas	211	845	1,220	463	1,848	2,670	440	**7,697**
Louisiana	495	1,885	2,483	1,104	4,204	5,535	2,721	**18,427**
Maine	31	124	366	59	238	704	709	**2,231**
Mississippi	416	1,665	3,113	803	3,214	6,009	460	**15,680**
Missouri	398	1,715	3,895	770	3,321	7,544	2,589	**20,232**
Montana	95	213	614	204	458	1,321	684	**3,589**
Nebraska	104	415	1,110	830	1,105	2,951	374	**6,889**
North Carolina	325	1,500	2,555	1,029	4,749	8,090	3,014	**21,262**
Oklahoma	339	1,359	2,611	814	3,256	6,259	2,598	**17,236**
Pennsylvania	833	2,979	3,193	1,996	7,140	7,651	6,273	**30,065**
South Carolina	836	3,101	7,450	1,489	5,523	13,265	4,523	**36,187**
South Dakota	108	266	494	388	959	1,775	244	**4,234**
Tennessee	590	2,363	3,639	1,365	6,404	9,860	2,020	**26,241**
Texas	1,401	6,443	10,789	2,706	12,448	20,864	7,749	**62,400**
Utah	493	1,971	2,973	846	3,386	5,108	535	**15,312**
Virginia	1,008	4,030	4,504	2,199	8,798	9,830	1,240	**31,609**
Wisconsin	483	1,933	2,696	818	3,271	4,564	2,981	**16,746**
Wyoming	53	210	409	78	310	604	90	**1,754**
GRAND TOTAL	**16,395**	**59,839**	**94,720**	**31,964**	**117,987**	**184,045**	**63,936**	**568,886**

Note: SAMHSA data derived from the National Survey on Drug Use and Health (NSDUH)

TABLE 3

Number of Uninsured People Ages 18–64 with a Serious Mental Health Disorder Who Were Projected to Access Services Under Medicaid Expansion in 24 States that **OPTED-OUT** in 2014 *(By Rank)*

State	SERIOUS MENTAL ILLNESS (SMI) Any Inpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Outpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Prescription Medication for MH	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Inpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Outpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Prescription Medication for MH	ANY SUBSTANCE USE DISORDER (SUD) TREATMENT	TOTAL
Indiana	3,883	8,581	15,853	5,518	12,195	22,528	7,560	**76,118**
Florida	1,954	7,009	10,526	3,780	13,561	20,369	9,524	**66,723**
Texas	1,401	6,443	10,789	2,706	12,448	20,864	7,749	**62,400**
Alabama	1,070	6,155	8,594	1,585	9,119	12,731	2,798	**42,052**
South Carolina	836	3,101	7,450	1,489	5,523	13,265	4,523	**36,187**
Virginia	1,008	4,030	4,504	2,199	8,798	9,830	1,240	**31,609**
Pennsylvania	833	2,979	3,193	1,996	7,140	7,651	6,273	**30,065**
Tennessee	590	2,363	3,639	1,365	6,404	9,860	2,020	**26,241**
Georgia	693	2,770	3,089	2,078	8,311	9,268	2,296	**28,505**
North Carolina	325	1,500	2,555	1,029	4,749	8,090	3,014	**21,262**
Missouri	398	1,715	3,895	770	3,321	7,544	2,589	**20,232**
Louisiana	495	1,885	2,483	1,104	4,204	5,535	2,721	**18,427**
Oklahoma	339	1,359	2,611	814	3,256	6,259	2,598	**17,236**
Wisconsin	483	1,933	2,696	818	3,271	4,564	2,981	**16,746**
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Mississippi	416	1,665	3,113	803	3,214	6,009	460	**15,680**
Utah	493	1,971	2,973	846	3,386	5,108	535	**15,312**
Kansas	211	845	1,220	463	1,848	2,670	440	**7,697**
Nebraska	104	415	1,110	830	1,105	2,951	374	**6,889**
South Dakota	108	266	494	388	959	1,775	244	**4,234**
Montana	95	213	614	204	458	1,321	684	**3,589**
Wyoming	53	210	409	78	310	604	90	**1,754**
Maine	31	124	366	59	238	704	709	**2,231**
Alaska	18	73	64	89	356	311	191	**1,102**
GRAND TOTAL	**16,395**	**59,839**	**94,720**	**31,964**	**117,987**	**184,045**	**63,936**	**568,886**

Note: SAMHSA data derived from the National Survey on Drug Use and Health (NSDUH)

TABLE 4

Number of Uninsured People Ages 18–64 with a Serious Mental Health Disorder Who Were Projected to Access Services Under Medicaid Expansion in 24 States that **OPTED-OUT** in 2014 *(Regional)*

State	SERIOUS MENTAL ILLNESS (SMI) Any Inpatient MH Treatment	Any Outpatient MH Treatment	Any Prescription Medication for MH	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Inpatient MH Treatment	Any Outpatient MH Treatment	Any Prescription Medication for MH	ANY SUBSTANCE USE DISORDER (SUD) TREATMENT	TOTAL
Maine	31	124	366	59	238	704	709	**2,231**
Pennsylvania	833	2,979	3,193	1,996	7,140	7,651	6,273	**30,065**
Virginia	1,008	4,030	4,504	2,199	8,798	9,830	1,240	**31,609**
Alabama	1,070	6,155	8,594	1,585	9,119	12,731	2,798	**42,052**
Florida	1,954	7,009	10,526	3,780	13,561	20,369	9,524	**66,723**
Georgia	693	2,770	3,089	2,078	8,311	9,268	2,296	**28,505**
Mississippi	416	1,665	3,113	803	3,214	6,009	460	**15,680**
North Carolina	325	1,500	2,555	1,029	4,749	8,090	3,014	**21,262**
South Carolina	836	3,101	7,450	1,489	5,523	13,265	4,523	**36,187**
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Indiana	3,883	8,581	15,853	5,518	12,195	22,528	7,560	**76,118**
Wisconsin	483	1,933	2,696	818	3,271	4,564	2,981	**16,746**
Louisiana	495	1,885	2,483	1,104	4,204	5,535	2,721	**18,427**
Oklahoma	339	1,359	2,611	814	3,256	6,259	2,598	**17,236**
Texas	1,401	6,443	10,789	2,706	12,448	20,864	7,749	**62,400**
Kansas	211	845	1,220	463	1,848	2,670	440	**7,697**
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Nebraska	104	415	1,110	830	1,105	2,951	374	**6,889**
Montana	95	213	614	204	458	1,321	684	**3,589**
South Dakota	108	266	494	388	959	1,775	244	**4,234**
Utah	493	1,971	2,973	846	3,386	5,108	535	**15,312**
Wyoming	53	210	409	78	310	604	90	**1,754**
Idaho	558	2,234	2,480	953	3,813	4,234	2,323	**16,595**
Alaska	18	73	64	89	356	311	191	**1,102**
GRAND TOTAL	**16,395**	**59,839**	**94,720**	**31,964**	**117,987**	**184,045**	**63,936**	**568,886**

Note: SAMHSA data derived from the National Survey on Drug Use and Health (NSDUH)

TABLE 3

Effects on Access to Care and Health Outcomes if State Expands Medicaid in 2014

	Additional People with a Usual Source of Clinic Care	Additional People Receiving All Needed Care in the Past 12 Months	Number of Additional Physician Visits Each Year	Reduction in Number of People Experiencing Depression	Additional People Reporting Good, Very Good, or Excellent Health
NOT YET EXPANDING MEDICAID	**1,352,000**	**651,000**	**15,368,000**	**458,000**	**757,000**
Alabama	56,000	27,000	635,000	19,000	31,000
Alaska	6,000	3,000	70,000	2,000	3,000
Florida	201,000	97,000	2,290,000	68,000	113,000
Georgia	114,000	55,000	1,291,000	38,000	64,000
Idaho	13,000	6,000	149,000	4,000	7,000
Indiana	62,000	30,000	707,000	21,000	35,000
Kansas	24,000	11,000	270,000	8,000	13,000
Louisiana	63,000	30,000	716,000	21,000	35,000
Maine	7,000	3,000	76,000	2,000	4,000
Mississippi	39,000	19,000	446,000	13,000	22,000
Missouri	60,000	29,000	683,000	20,000	34,000
Montana	9,000	4,000	103,000	3,000	5,000
Nebraska	11,000	5,000	130,000	4,000	6,000
North Carolina	90,000	43,000	1,018,000	30,000	50,000
Oklahoma	29,000	14,000	332,000	10,000	16,000
Pennsylvania	72,000	35,000	824,000	25,000	41,000
South Carolina	47,000	23,000	535,000	16,000	26,000
South Dakota	6,000	3,000	70,000	2,000	3,000
Tennessee	56,000	27,000	632,000	19,000	31,000
Texas	287,000	138,000	3,262,000	97,000	161,000
Utah	18,000	8,000	200,000	6,000	10,000
Virginia	50,000	24,000	567,000	17,000	28,000
Wisconsin	29,000	14,000	324,000	10,000	16,000
Wyoming	4,000	2,000	43,000	1,000	2,000
EXPANDING MEDICAID	**1,026,000**	**494,000**	**11,667,000**	**348,000**	**575,000**
Arizona	12,000	6,000	138,000	4,000	7,000
Arkansas	34,000	16,000	386,000	12,000	19,000
California	330,000	159,000	3,753,000	112,000	185,000
Colorado	37,000	18,000	416,000	12,000	20,000
Connecticut	20,000	10,000	227,000	7,000	11,000
Delaware	2,000	1,000	19,000	1,000	1,000
District of Columbia	5,000	2,000	51,000	2,000	3,000
Hawaii	9,000	4,000	105,000	3,000	5,000
Illinois	95,000	45,000	1,075,000	32,000	53,000
Iowa	5,000	2,000	54,000	2,000	3,000
Kentucky	42,000	20,000	478,000	14,000	24,000
Maryland	32,000	15,000	365,000	11,000	18,000
Massachusetts	<1000	<1000	5,000	<1000	<1000
Michigan	50,000	24,000	572,000	17,000	28,000
Minnesota	10,000	5,000	113,000	3,000	6,000
Nevada	25,000	12,000	284,000	8,000	14,000
New Hampshire	6,000	3,000	70,000	2,000	3,000
New Jersey	54,000	26,000	613,000	18,000	30,000
New Mexico	23,000	11,000	259,000	8,000	13,000
New York	40,000	19,000	451,000	13,000	22,000
North Dakota	5,000	2,000	57,000	2,000	3,000
Ohio	106,000	51,000	1,204,000	36,000	59,000
Oregon	44,000	21,000	502,000	15,000	25,000
Rhode Island	6,000	3,000	70,000	2,000	3,000
Vermont	1,000	<1000	11,000	<1000	1,000
Washington	15,000	7,000	173,000	5,000	9,000
West Virginia	19,000	9,000	216,000	6,000	11,000

Source: White House Council of Economic Advisors

TABLE 6

Number of Uninsured People Ages 18–64 with a Serious Mental Health Disorder Who Were Projected to Access Services Under Medicaid Expansion in 27 States that **OPTED-IN** in 2014 *(Alphabetized)*

State	SERIOUS MENTAL ILLNESS (SMI) Any Inpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Outpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Prescription Medication for MH	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Inpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Outpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Prescription Medication for MH	ANY SUBSTANCE USE DISORDER (SUD) TREATMENT	TOTAL
Arizona	484	516	1,758	1,899	1,003	3,417	5,102	14,179
Arkansas	209	398	3,081	463	881	6,821	571	12,424
California	920	2,103	4,397	2,062	4,711	9,850	12,363	36,406
Colorado	185	208	870	1,286	549	2,296	1,165	6,559
Connecticut	350	968	926	1,745	1,688	1,518	3,777	10,972
Delaware	28	243	425	801	378	286	154	2,315
District of Columbia	58	280	31	355	1,008	60	51	1,843
Hawaii	125	260	945	909	831	2,455	3,033	8,558
Illinois	849	606	2,160	1,966	1,404	5,000	3,599	15,584
Iowa	98	183	1,378	1,401	356	2,672	757	6,845
Kentucky	371	2,265	4,310	713	4,349	8,276	2,894	23,178
Maryland	220	175	218	1,551	830	1,034	3,666	7,694
Massachusetts	739	1,284	892	1,846	2,113	1,008	4,828	12,710
Michigan	704	731	4,588	1,587	1,648	10,336	5,287	24,881
Minnesota	122	422	2,944	1,486	665	4,634	745	11,018
Nevada	525	141	863	1,248	402	2,459	934	6,572
New Hampshire	63	290	188	818	493	320	768	2,940
New Jersey	423	900	747	1,288	1,571	1,303	3,774	10,006
New Mexico	152	145	751	447	426	2,209	1,475	5,605
New York	470	1,775	2,080	1,422	5,371	6,291	4,374	21,783
North Dakota	40	28	105	482	57	213	117	1,042
Ohio	1,065	1,216	14,126	2,121	2,422	28,138	9,767	58,855
Oregon	368	448	2,777	484	875	5,423	2,648	13,023
Rhode Island	68	181	211	146	350	409	886	2,251
Vermont	51	169	105	74	279	173	187	1,038
Washington	366	429	2,958	767	699	4,817	5,263	15,299
West Virginia	138	1,620	3,754	276	3,253	7,539	1,346	17,926
GRAND TOTAL	**9,191**	**17,984**	**57,588**	**29,643**	**38,612**	**118,957**	**79,531**	**351,506**

Note: SAMHSA data derived from the National Survey on Drug Use and Health (NSDUH)

TABLE 7

Number of Uninsured People Ages 18–64 with a Serious Mental Health Disorder Who Were Projected to Access Services Under Medicaid Expansion in 27 States that **OPTED-IN** in 2014 *(By Rank)*

State	SERIOUS MENTAL ILLNESS (SMI) Any Inpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Outpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Prescription Medication for MH	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Inpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Outpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Prescription Medication for MH	ANY SUBSTANCE USE DISORDER (SUD) TREATMENT	TOTAL
Ohio	1,065	1,216	14,126	2,121	2,422	28,138	9,767	58,855
California	920	2,103	4,397	2,062	4,711	9,850	12,363	36,406
Michigan	704	731	4,588	1,587	1,648	10,336	5,287	24,881
Kentucky	371	2,265	4,310	713	4,349	8,276	2,894	23,178
New York	470	1,775	2,080	1,422	5,371	6,291	4,374	21,783
West Virginia	138	1,620	3,754	276	3,253	7,539	1,346	17,926
Illinois	849	606	2,160	1,966	1,404	5,000	3,599	15,584
Washington	366	429	2,958	767	699	4,817	5,263	15,299
Arizona	484	516	1,758	1,899	1,003	3,417	5,102	14,179
Oregon	368	448	2,777	484	875	5,423	2,648	13,023
Massachusetts	739	1,284	892	1,846	2,113	1,008	4,828	12,710
Arkansas	209	398	3,081	463	881	6,821	571	12,424
Minnesota	122	422	2,944	1,486	665	4,634	745	11,018
Connecticut	350	968	926	1,745	1,688	1,518	3,777	10,972
New Jersey	423	900	747	1,288	1,571	1,303	3,774	10,006
Hawaii	125	260	945	909	831	2,455	3,033	8,558
Maryland	220	175	218	1,551	830	1,034	3,666	7,694
Iowa	98	183	1,378	1,401	356	2,672	757	6,845
Nevada	525	141	863	1,248	402	2,459	934	6,572
Colorado	185	208	870	1,286	549	2,296	1,165	6,559
New Mexico	152	145	751	447	426	2,209	1,475	5,605
New Hampshire	63	290	188	818	493	320	768	2,940
Delaware	28	243	425	801	378	286	154	2,315
Rhode Island	68	181	211	146	350	409	886	2,251
District of Columbia	58	280	31	355	1,008	60	51	1,843
North Dakota	40	28	105	482	57	213	117	1,042
Vermont	51	169	105	74	279	173	187	1,038
GRAND TOTAL	**9,191**	**17,984**	**57,588**	**29,643**	**38,612**	**118,957**	**79,531**	**351,506**

Note: SAMHSA data derived from the National Survey on Drug Use and Health (NSDUH)

Number of Uninsured People Ages 18–64 with a Serious Mental Health Disorder Who Were Projected to Access Services Under Medicaid Expansion in 27 States that **OPTED-IN** in 2014 *(Regional)*

State	SERIOUS MENTAL ILLNESS (SMI) Any Inpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Outpatient MH Treatment	SERIOUS MENTAL ILLNESS (SMI) Any Prescription Medication for MH	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Inpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Outpatient MH Treatment	SERIOUS PSYCHOLOGICAL DISTRESS (SPD) Any Prescription Medication for MH	ANY SUBSTANCE USE DISORDER (SUD) TREATMENT	TOTAL
Connecticut	350	968	926	1,745	1,688	1,518	3,777	10,972
Massachusetts	739	1,284	892	1,846	2,113	1,008	4,828	12,710
New Hampshire	63	290	188	818	493	320	768	2,940
Rhode Island	68	181	211	146	350	409	886	2,251
Vermont	51	169	105	74	279	173	187	1,038
New Jersey	423	900	747	1,288	1,571	1,303	3,774	10,006
New York	470	1,775	2,080	1,422	5,371	6,291	4,374	21,783
District of Columbia	58	280	31	355	1,008	60	51	1,843
Delaware	28	243	425	801	378	286	154	2,315
Maryland	220	175	218	1,551	830	1,034	3,666	7,694
West Virginia	138	1,620	3,754	276	3,253	7,539	1,346	17,926
Kentucky	371	2,265	4,310	713	4,349	8,276	2,894	23,178
Illinois	849	606	2,160	1,966	1,404	5,000	3,599	15,584
Michigan	704	731	4,588	1,587	1,648	10,336	5,287	24,881
Minnesota	122	422	2,944	1,486	665	4,634	745	11,018
Ohio	1,065	1,216	14,126	2,121	2,422	28,138	9,767	58,855
Arkansas	209	398	3,081	463	881	6,821	571	12,424
New Mexico	152	145	751	447	426	2,209	1,475	5,605
Iowa	98	183	1,378	1,401	356	2,672	757	6,845
Colorado	185	208	870	1,286	549	2,296	1,165	6,559
North Dakota	40	28	105	482	57	213	117	1,042
Arizona	484	516	1,758	1,899	1,003	3,417	5,102	14,179
California	920	2,103	4,397	2,062	4,711	9,850	12,363	36,406
Hawaii	125	260	945	909	831	2,455	3,033	8,558
Nevada	525	141	863	1,248	402	2,459	934	6,572
Oregon	368	448	2,777	484	875	5,423	2,648	13,023
Washington	366	429	2,958	767	699	4,817	5,263	15,299
GRAND TOTAL	**9,191**	**17,984**	**57,588**	**29,643**	**38,612**	**118,957**	**79,531**	**351,506**

Note: SAMHSA data derived from the National Survey on Drug Use and Health (NSDUH)

Characteristics of Persons with SERIOUS MENTAL ILLNESS in Medicaid Expansion Population and Health Insurance Exchange Population (2014)

State	GENDER				AGE				RACE/ETHNICITY								EDUCATION					
	Female		Male		18–34		35–64		Non-Hispanic White		Non-Hispanic Black		Other		Hispanic		<HS		HS Graduate		College	
Alabama	64	58	36	42	54	58	46	42	72	74	23	18	1	2	4	6	27	19	40	42	33	38
Alaska	60	60	40	40	53	54	47	46	65	69	2	2	30	25	3	4	17	12	40	37	43	50
Arizona	59	62	41	38	56	55	44	45	59	66	3	3	10	7	28	24	27	18	35	35	38	47
Arkansas	63	63	36	37	53	55	47	45	78	84	14	9	2	2	6	5	24	16	44	42	32	41
California	40	39	60	61	41	57	59	43	45	43	6	4	11	12	38	41	34	25	30	30	36	45
Colorado	60	62	40	38	55	59	45	41	73	77	4	3	4	3	19	17	22	14	37	35	41	51
Connecticut	41	43	59	57	53	57	47	43	67	65	12	9	7	6	14	20	22	18	37	42	40	40
Delaware	52	56	48	44	46	57	44	43	64	76	25	11	2	3	10	10	30	20	41	42	29	38
District of Columbia	61	53	39	47	54	69	46	31	43	37	42	50	4	1	12	11	19	13	34	29	47	58
Florida	61	62	39	38	49	53	51	47	62	64	18	12	3	3	18	21	24	14	40	38	37	47
Georgia	62	61	38	39	54	58	46	42	59	62	28	23	3	4	10	10	26	18	40	40	34	43
Hawaii	56	56	44	44	46	54	54	46	49	57	2	0	46	38	4	5	15	8	40	39	46	53
Idaho	63	63	37	37	54	59	46	41	89	89	1	1	3	2	8	8	20	14	41	38	40	48
Illinois	61	59	39	41	51	59	49	41	60	66	19	12	5	4	16	18	24	6	37	38	39	46
Indiana	62	61	38	39	56	57	44	43	85	88	9	6	1	1	5	4	23	16	41	43	37	41
Iowa	62	57	38	43	57	61	43	39	87	92	4	2	3	2	7	5	21	12	35	37	44	51
Kansas	62	61	38	39	57	57	43	43	81	82	6	5	4	3	9	10	22	15	37	37	41	48
Kentucky	61	62	39	38	52	56	48	44	89	92	7	4	2	1	3	3	22	13	44	48	34	39
Louisiana	65	61	35	39	52	55	48	45	60	68	34	25	2	2	3	5	26	17	42	44	32	39
Maine	61	57	39	43	49	50	51	50	95	99	1	0	4	1	0	0	8	9	49	46	49	46
Maryland	58	60	42	40	43	58	47	42	54	52	30	25	5	6	11	17	25	22	37	38	38	40
Massachusetts	53	53	47	47	57	58	43	42	72	77	9	8	7	5	13	10	20	12	40	41	40	47
Michigan	57	59	43	41	52	56	48	44	81	87	13	9	2	1	4	3	16	10	40	40	43	51
Minnesota	59	58	41	42	61	60	39	40	75	86	11	5	7	5	7	5	18	10	34	38	48	52
Mississippi	63	61	37	39	54	57	46	43	61	67	36	28	1	2	3	3	24	18	39	38	36	44
Missouri	62	63	38	37	53	56	47	44	83	87	12	9	2	2	3	2	21	14	41	43	38	43
Montana	65	60	35	40	47	49	53	51	90	88	0	0	8	10	1	1	13	8	43	43	43	49
Nebraska	66	58	34	42	58	62	42	38	82	84	5	4	3	2	10	10	20	15	38	39	42	46
Nevada	65	61	35	39	53	59	47	41	64	63	8	6	7	8	21	23	26	19	36	38	38	42
New Hampshire	65	59	35	41	45	53	55	47	95	96	1	1	3	2	1	2	11	8	45	49	44	43
New Jersey	60	59	40	41	48	57	52	43	63	53	14	12	9	8	23	27	21	16	44	42	36	42
New Mexico	62	62	38	38	55	54	45	46	40	52	2	1	22	17	36	30	32	17	34	36	34	47
New York	59	57	41	43	54	58	46	42	55	57	15	13	10	10	19	20	26	18	36	36	38	46
North Carolina	62	62	38	38	53	54	47	46	66	72	19	17	3	3	11	8	26	17	36	37	38	46
North Dakota	64	54	36	46	55	57	45	43	77	90	3	2	19	7	2	1	8	10	40	36	52	54
Ohio	59	61	41	39	50	55	50	45	85	88	12	8	1	1	3	2	20	13	42	45	37	42
Oklahoma	64	60	36	40	55	58	45	42	77	81	6	5	9	7	8	7	21	14	42	43	38	43
Oregon	61	61	39	39	55	55	45	45	85	86	2	1	4	4	10	9	21	14	33	33	46	53
Pennsylvania	57	61	43	39	51	58	49	42	78	84	14	8	3	3	5	5	19	12	46	46	36	42
Rhode Island	53	61	47	39	55	59	45	41	74	76	9	3	3	5	13	17	26	19	36	37	38	44
South Carolina	63	61	37	39	51	54	49	46	65	72	28	20	1	2	7	6	25	16	39	43	36	41
South Dakota	62	60	38	40	56	54	44	46	790	84	2	3	26	13	2	1	17	10	36	37	47	54
Tennessee	60	59	40	41	50	55	50	45	80	82	13	12	1	2	6	4	24	16	46	47	30	38
Texas	65	62	35	38	55	58	45	42	47	51	12	9	4	4	37	36	33	23	35	36	32	42
Utah	61	62	39	38	62	63	38	37	79	83	1	1	5	4	14	13	21	18	36	35	43	47
Vermont	58	51	42	49	45	57	55	43	98	98	0	0	2	2	0	1	13	7	45	52	42	41
Virginia	65	63	35	37	52	57	48	43	70	64	18	18	4	6	7	12	25	18	36	42	39	39
Washington	62	58	38	42	57	59	43	41	77	80	3	3	8	7	13	9	23	15	35	35	41	50
West Virginia	64	63	36	37	54	54	46	46	95	97	3	2	1	0	1	1	18	11	46	51	36	38
Wisconsin	53	57	47	43	57	56	43	44	81	84	8	5	4	4	7	8	19	14	45	42	36	43
Wyoming	67	58	33	42	57	60	43	40	87	92	0	0	7	2	6	6	10	9	41	40	49	51

Source: National Survey on Drug Use and Health.

Medicaid Expansion Population Percentage

Health Insurance Exchange Percentage

Characteristics of Persons with SUBSTANCE USE DISORDER in Medicaid Expansion Population and Health Insurance Exchange Population (2014)

State	GENDER				AGE				RACE/ETHNICITY								EDUCATION					
	Female		Male		18–34		35–64		Non-Hispanic White		Non-Hispanic Black		Other		Hispanic		<HS		HS Graduate		College	
Alabama	27	25	73	75	63	70	37	30	56	60	36	27	1	2	7	11	39	28	34	42	27	31
Alaska	24	26	76	74	63	67	37	33	62	61	4	3	28	28	6	9	25	19	37	39	38	42
Arizona	23	28	77	72	65	68	35	32	44	49	5	4	7	7	43	41	39	27	30	35	31	38
Arkansas	26	29	74	71	63	68	37	32	65	74	23	15	1	2	10	9	35	24	38	43	27	33
California	23	27	77	73	61	70	39	30	30	27	8	5	8	9	54	59	46	35	25	29	29	35
Colorado	24	28	76	72	65	71	35	39	58	61	7	4	3	3	32	31	33	22	33	36	35	42
Connecticut	23	24	77	76	63	69	37	31	52	48	19	12	5	6	24	34	33	27	33	61	34	32
Delaware	18	24	82	76	65	70	35	30	48	61	36	17	1	3	15	18	42	29	34	41	24	30
District of Columbia	21	21	79	79	79	79	21	21	24	24	59	59	1	1	16	16	29	20	30	31	41	49
Florida	24	28	76	72	58	66	42	34	45	46	26	17	2	3	27	34	34	22	34	39	31	39
Georgia	28	25	72	75	71	64	29	36	47	42	32	40	4	2	17	16	26	38	40	34	34	28
Hawaii	21	24	79	76	56	33	44	67	47	49	3	0	43	40	7	10	23	12	36	42	41	46
Idaho	26	29	74	71	64	71	36	29	80	80	2	1	2	2	15	17	29	21	36	39	35	40
Illinois	24	26	76	74	60	71	40	29	44	49	28	17	4	4	24	31	35	24	32	39	33	37
Indiana	25	27	75	73	65	69	35	31	74	79	16	11	1	1	9	9	33	23	35	43	31	33
Iowa	25	24	75	76	66	73	34	27	78	85	8	3	2	2	12	10	31	18	31	39	38	43
Kansas	25	28	75	72	66	69	34	31	70	70	11	8	3	3	16	20	32	22	33	38	36	40
Kentucky	24	28	76	72	62	69	38	31	82	86	12	7	1	1	5	6	33	19	38	48	29	32
Louisiana	27	28	73	72	62	68	38	32	44	53	50	36	2	2	5	8	33	25	38	44	29	31
Maine	24	25	76	75	58	64	42	36	94	98	1	0	4	1	1	1	13	13	46	48	41	39
Maryland	22	27	78	73	66	70	36	30	38	36	42	32	4	5	16	27	36	31	32	37	32	32
Massachusetts	19	22	81	78	66	71	34	29	59	64	14	12	5	5	22	19	30	18	36	43	35	39
Michigan	22	26	78	74	61	69	39	31	70	78	22	14	2	2	7	6	25	15	37	42	39	43
Minnesota	23	25	77	75	70	72	30	28	64	77	18	8	6	5	13	9	27	16	31	40	43	44
Mississippi	26	27	74	73	64	70	36	30	44	52	52	40	1	2	4	5	35	26	34	38	31	35
Missouri	25	29	75	71	62	69	38	31	72	78	21	15	1	2	6	5	32	21	36	44	33	35
Montana	28	27	72	73	57	63	43	37	89	85	0	1	8	12	3	2	21	12	40	45	39	42
Nebraska	28	25	72	75	67	74	33	26	71	72	9	6	2	2	18	19	30	22	34	40	37	38
Nevada	27	28	73	72	62	71	38	29	50	47	12	8	5	7	33	38	37	28	31	38	32	34
New Hampshire	27	25	73	75	55	66	45	34	93	92	2	1	3	2	3	5	18	13	42	51	40	36
New Jersey	24	26	76	74	58	69	42	31	38	36	20	15	7	7	35	42	31	24	39	42	31	35
New Mexico	25	29	75	71	65	67	35	33	28	36	3	1	6	15	53	48	44	25	29	37	28	38
New York	23	24	77	76	64	71	36	29	41	41	23	17	8	9	29	33	37	27	31	36	32	37
North Carolina	25	28	75	72	63	66	37	34	50	57	29	24	3	3	18	15	38	25	31	38	32	37
North Dakota	23	22	73	78	65	70	35	30	73	87	5	3	18	9	4	2	13	15	38	38	49	46
Ohio	23	27	77	73	60	68	40	32	74	80	20	14	1	1	5	5	30	19	38	46	32	35
Oklahoma	26	26	74	74	65	70	35	30	68	71	10	7	8	8	14	14	30	21	37	44	33	35
Oregon	24	27	76	73	64	67	36	33	76	77	3	2	3	4	18	17	31	21	30	34	39	45
Pennsylvania	21	27	79	73	61	71	39	29	65	61	23	4	3	5	9	30	28	28	41	37	31	35
Rhode Island	19	27	81	73	65	71	35	29	60	61	15	4	3	5	23	30	37	28	31	37	32	35
South Carolina	26	28	74	72	61	67	39	33	48	58	41	29	1	2	10	11	37	23	33	43	30	34
South Dakota	25	28	75	72	65	67	35	33	68	58	3	29	24	2	4	11	26	23	32	43	42	34
Tennessee	24	26	76	74	60	68	40	32	67	71	22	19	1	2	10	8	34	23	40	47	26	31
Texas	28	28	72	72	65	70	35	30	31	33	16	11	2	3	51	53	45	32	29	35	26	33
Utah	24	28	76	72	71	75	29	25	68	70	2	1	5	4	25	25	31	26	31	35	37	39
Vermont	22	20	78	80	55	69	45	31	97	97	1	0	2	2	1	1	20	11	41	54	38	35
Virginia	28	25	72	75	61	70	39	30	56	49	29	25	3	5	12	21	37	27	31	42	33	31
Washington	25	25	75	75	67	71	33	39	66	69	5	4	6	8	22	18	34	22	31	36	35	42
West Virginia	26	29	74	71	63	67	37	33	91	94	6	3	1	1	3	2	27	17	41	52	32	32
Wisconsin	19	25	81	75	66	69	34	31	70	73	15	8	3	4	12	16	28	21	40	43	32	36
Wyoming	29	25	71	75	66	72	34	28	81	86	0	0	6	2	12	12	15	15	39	42	45	43

Source: National Survey on Drug Use and Health.

Medicaid Expansion Population Percentage

Health Insurance Exchange Percentage

Number of Uninsured People 18–34 Years of Age With Income Below the FPL, 2014

State	With a Serious Mental Illness	With a Substance Use Disorder
Connecticut	6,023	14,320
Maine	2,099	4,755
Massachusetts	4,464	14,439
New Hampshire	1,455	4,482
Rhode Island	1,869	5,685
Vermont	716	1,260
TOTAL	**16,626**	**44,941**
New Jersey	7,489	19,362
New York	15,781	60,320
TOTAL	**23,270**	**79,682**
District of Columbia	752	3,825
Delaware	1,830	1,727
Maryland	2,346	19,932
Pennsylvania	16,133	57,889
Virginia	17,922	41,370
West Virginia	8,468	13,397
TOTAL	**47,451**	**138,140**
Alabama	2,589	23,204
Florida	59,504	103,364
Georgia	17,908	70,659
Kentucky	16,500	27,150
Mississippi	14,434	16,091
North Carolina	13,082	53,996
South Carolina	20,826	41,736
Tennessee	14,956	47,867
TOTAL	**159,799**	**384,067**
Illinois	18,510	54,848
Indiana	38,122	54,599
Michigan	22,764	52,121
Minnesota	15,423	16,128
Ohio	40,034	71,851
Wisconsin	12,506	18,659
TOTAL	**147,359**	**268,206**
Arkansas	12,623	17,045
Louisiana	14,671	44,442
New Mexico	4,768	10,026
Oklahoma	12,613	28,587
Texas	75,253	162,798
TOTAL	**119,928**	**262,898**
Iowa	6,258	9,781
Kansas	5,661	12,904
Missouri	11,081	24,285
Nebraska	4,289	9,364
TOTAL	**27,289**	**56,334**
Colorado	6,852	21,537
Montana	2,348	7,490
North Dakota	849	3,190
South Dakota	1,214	4,698
Utah	13,191	8,723
Wyoming	1,233	1,844
TOTAL	**25,687**	**47,482**
Arizona	17,293	54,847
California	64,199	148,966
Hawaii	607	3,076
Nevada	4,474	18,710
TOTAL	**86,573**	**225,599**
Alaska	669	3,180
Idaho	7,091	14,090
Oregon	13,416	25,110
Washington	14,641	53,350
TOTAL	**35,817**	**95,730**
GRAND TOTAL	**689,799**	**1,603,079**

Source: The Urban Institute.

Number of Uninsured Veterans (18–64), by State and Income Group (2014)

	Total	Below 138% FPL	Below 138% FPL with Mental Illness (33%)	Above 138% FPL	Above 138% FPL with Mental Illness (33%)
UNITED STATES	**1,311,300**	**535,200**	**176,616**	**776,500**	**256,245**
Connecticut	7,300	2,600	858	4,700	1,551
Maine	7,600	2,700	891	4,900	1,617
Massachusetts	7,800	2,600	858	5,200	1,716
New Hampshire	6,200	1,500	495	4,700	1,551
Rhode Island	3,400	1,100	363	2,300	759
Vermont	1,800	400	132	1,300	429
TOTAL	**34,100**	**10,900**	**3,597**	**23,100**	**7,623**
New Jersey	19,200	7,300	2,409	11,900	3,927
New York	38,300	14,400	4,752	23,900	7,887
TOTAL	**57,500**	**21,700**	**7,161**	**35,800**	**11,814**
District of Columbia	1,600	900	297	700	231
Delaware	3,500	1,200	396	2,300	759
Maryland	17,700	6,900	2,277	10,800	3,564
Pennsylvania	45,500	19,100	6,303	26,400	8,712
Virginia	32,100	12,300	4,059	19,800	6,534
West Virginia	11,300	5,300	1,749	6,000	1,980
TOTAL	**111,700**	**45,700**	**15,081**	**66,000**	**21,780**
Alabama	26,800	13,000	4,290	13,800	4,554
Florida	103,700	41,200	13,596	62,500	20,625
Georgia	56,300	24,900	8,217	31,400	10,362
Kentucky	20,600	9,500	3,135	11,100	3,663
Mississippi	16,200	7,100	2,343	9,000	2,970
North Carolina	52,700	23,300	7,689	29,500	9,735
South Carolina	28,900	13,000	4,290	15,900	5,247
Tennessee	35,300	15,800	5,214	19,600	6,468
TOTAL	**340,500**	**147,800**	**48,774**	**192,800**	**63,624**
Illinois	41,900	17,600	5,808	24,300	8,019
Indiana	31,000	13,700	4,521	17,300	5,709
Michigan	44,100	20,100	6,633	24,100	7,953
Minnesota	15,500	5,400	1,782	10,100	3,333
Ohio	51,600	24,600	8,118	27,100	8,943
Wisconsin	16,700	6,400	2,112	10,300	3,399
TOTAL	**200,800**	**87,800**	**28,974**	**113,200**	**37,356**
Arkansas	20,300	8,500	2,805	11,800	3,894
Louisiana	26,200	9,900	3,267	16,300	5,379
New Mexico	12,600	5,200	1,716	7,400	2,442
Oklahoma	26,400	10,000	3,300	16,500	5,445
Texas	130,300	48,900	16,137	81,400	26,862
TOTAL	**215,800**	**82,500**	**27,225**	**133,400**	**44,022**
Iowa	10,100	3,800	1,254	6,300	2,079
Kansas	14,400	5,700	1,881	8,800	2,904
Missouri	30,900	12,800	4,224	18,200	6,006
Nebraska	6,600	2,100	693	4,500	1,485
TOTAL	**62,000**	**24,400**	**8,052**	**37,800**	**12,474**
Colorado	25,500	9,500	3,135	16,000	5,280
Montana	9,200	4,000	1,320	5,200	1,716
North Dakota	1,700	700	231	1,000	330
South Dakota	4,100	1,600	528	2,600	858
Utah	9,800	3,800	1,254	6,000	1,980
Wyoming	4,200	1,200	396	2,900	957
TOTAL	**54,500**	**20,800**	**6,864**	**33,700**	**11,121**
Arizona	29,600	10,700	3,531	18,900	6,237
California	106,800	45,800	15,114	60,900	20,097
Hawaii	3,600	1,900	627	1,700	561
Nevada	15,900	6,000	1,980	9,900	3,267
TOTAL	**155,900**	**64,400**	**21,252**	**91,400**	**30,162**
Alaska	6,400	2,400	792	4,100	1,353
Idaho	10,000	3,800	1,254	6,200	2,046
Oregon	26,000	10,800	3,564	15,100	4,983
Washington	36,100	12,200	4,026	23,900	7,887
TOTAL	**78,500**	**29,200**	**9,636**	**49,300**	**16,269**

Note: SAMHSA data derived from the National Survey on Drug Use and Health (NSDUH)

Joel E. Miller, M.S. Ed.

AMHCA Executive Director and Chief Executive Officer

With over 30 years of experience in healthcare and mental health policy, Mr. Miller has advocated for the creation of federal and state policy and regulatory solutions to improve the delivery and financing of health care and mental health care in the United States.

Prior to his role at AMHCA, he led the development and implementation of NASMHPD's policy agenda and regulatory strategies designed to support State Mental Health Agencies and the state public mental health systems.

At the National Alliance on Mental Illness (NAMI), Mr. Miller led NAMI's State Policy team, dedicated to improving the financing and delivery of mental health services for people with mental illness, and addressing mental illness issues across the lifespan.

He has published over 50 articles and reports on mental health delivery and financing issues.

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Jim serves as AMHCA's Director of Public Policy and is Associate Executive Director. He is responsible for directing AMHCA's Federal legislative, policy and regulatory advocacy programs and initiatives; Medicare and Medicaid payment and coverage issues; and provider ethics issues.

Whitney Meyerhoeffer

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Whitney serves as AMHCA's Director of Communications and State Chapter Relations. She is responsible for all of AMHCA's external and internal communications and liaison with the media. She is responsible for managing AMHCA's social media platforms and website.

Rebecca Gibson

Membership Coordinator

Rebecca is responsible for several membership projects at AMHCA and works on special projects such as analysis of internal and external data bases.

American Mental Health Counselors Association

AMHCA is a growing community of 7,100 clinical mental health counselors (CMHCs). AMHCA's mission is to enhance the profession of clinical mental health counseling through licensing, advocacy, education and professional development.

Sources of Data on Mental Illness and Substance Use for the AMHCA Report

The National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S Department of Health and Human Services is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, non-institutionalized population in the United States aged 12 years or older. In recent years, it has also included information on mental health conditions and use of mental health and substance abuse services.

Data from NSDUH, the American Community Survey (ACS)—an ongoing statistical survey sponsored by the U.S. Census Bureau—and additional data sets were used to determine projections that included data from SAMHSA's report on *Behavioral Health Treatment Needs for Assessment Toolkit for States.*

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Access Denied:
How Non-Medicaid Expansion States Blocked Uninsured People With Serious Mental Illness from Receiving Affordable, Needed Treatments

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