ASPE
ISSUE BRIEF

CONTINUING PROGRESS ON THE OPIOID EPIDEMIC: THE ROLE OF THE AFFORDABLE CARE ACT

January 11, 2017

The United States is experiencing an unprecedented epidemic of opioid use disorder and overdose. In 2015, more than 33,000 Americans died of an overdose involving a prescription or illicit opioid, and more than 2 million individuals had an opioid use disorder. In partnership with state and local governments, healthcare professionals, and other key stakeholders, HHS launched its Opioid Initiative in March 2015 and has taken significant steps to: 1) improve opioid prescribing practices; 2) increase the use of naloxone to reverse opioid overdoses; and 3) expand access to and the provision of medication-assisted treatment with methadone, buprenorphine, or naltrexone – in combination with appropriate psychosocial services.[1] The Department has also continued to prioritize reducing stigma and advancing prevention, treatment, and parity for people needing care for mental health and substance use disorders.

The success of these strategies – especially the third – rests on a base of health insurance coverage. What that means is that our nation's best shot at reversing the opioid epidemic and providing needed care for opioid use disorders, others substance use disorders, and mental illness depends on the continued success of the Affordable Care Act (ACA).

Key Findings

- The share of hospitalizations for substance use or mental health disorders in which the patient was uninsured fell from 22 percent in the fourth quarter of 2013 (just before the ACA's major coverage provisions took effect) to about 14 percent by the end of 2014.
    - In states that expanded Medicaid under the ACA, the uninsured share of substance use or mental health disorder hospitalizations fell from about 20 percent in the fourth quarter of 2013 to about 5 percent by mid-2015.
- Between 2010 and 2015, the share of people foregoing mental health care due to cost has fallen by about one-third for people below 400 percent of the federal poverty level.
- The states with the highest drug overdose deaths also are projected to experience dramatic increases in their uninsured rates if the ACA were repealed:
    - The top three – West Virginia, New Hampshire, and Kentucky – would see their uninsured rates nearly or more than triple if the ACA were repealed, as would Massachusetts.

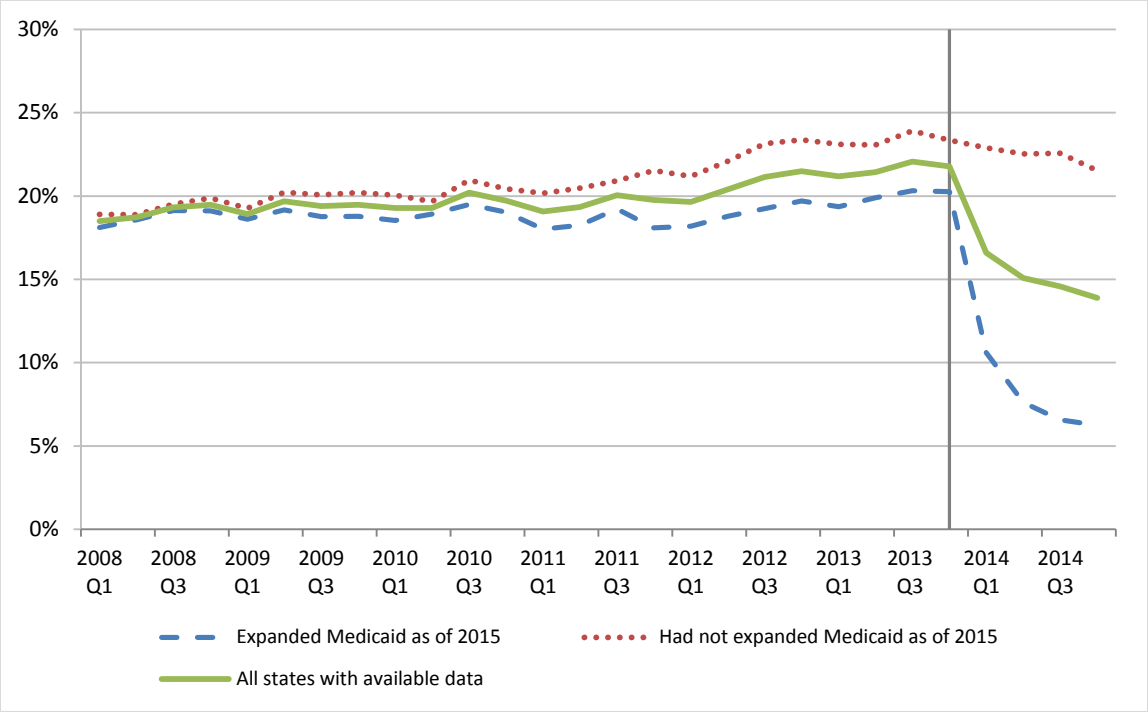
Increasing coverage, access to care

Over 20 million Americans have gained coverage as a result of the ACA, driving the share of Americans without health insurance to the lowest level in history.[2,3] Among those gaining coverage have been millions of Americans who need treatment for opioid use disorders, other substance use disorders, or other behavioral health conditions.

Evidence suggests this coverage expansion has improved access to care and outcomes for Americans with opioid or other substance use or mental health disorders. For example, hospitalization data provide strong evidence of substantial coverage gains. Figure 1a. shows that, across all states for which data are available, the share of hospitalizations for substance use or mental health disorders in which the patient was uninsured fell from 22 percent just before the ACA's major coverage provisions took effect in 2014 to about 14 percent by the end of 2014. For the subset of 17 states for which data are available through the third quarter of 2015 (2015-Q3), the uninsured share fell from 21 percent at the end of 2013 to 11 percent in 2015-Q3, as shown in Figure 1b.

These coverage gains were especially pronounced in states that expanded Medicaid under the ACA. Across all Medicaid expansion states for which data are available, the uninsured share of substance use or mental health disorder hospitalizations plummeted from about 20 percent in 2013 to around 6 percent by the end of 2014. For the 10 Medicaid expansion states with data available through the third quarter of 2015, the uninsured share fell from 20 percent at the end of 2013 to about 5 percent in 2015-Q3.

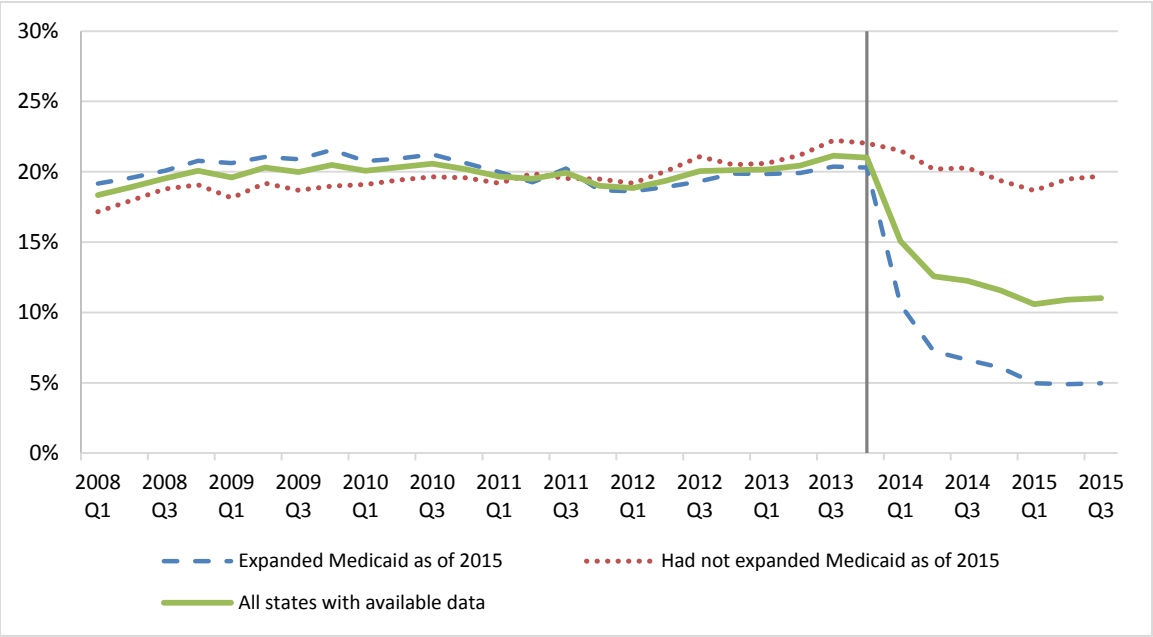
Figure 1a. Adult Uninsured Hospitalizations as a Share of Total Hospitalizations for Substance Abuse/Mental Health Disorders, 2008-2014



Source: HHS analysis of the Healthcare Cost and Utilization Project (HCUP) Fast Stats[4], 2016.

Notes: The vertical line indicates the final quarter prior to the January 1, 2014, date on which Marketplace coverage took effect and Medicaid expansion took effect in adopting states. States included here with different expansion dates are: MN (March 2010), CA (November 2010), WA (January 2011), NJ (April 2011), CO (April 2012), MO (July 2012), and MI (April 2014). For each group of states (expansion, non-expansion, and all), the share of uninsured hospitalizations in all hospitalizations was calculated as an average of individual states' percentages of uninsured hospitalizations. This analysis includes states for which complete data are available through 2014. Included as Medicaid-expansion states are: AR, AZ, CA, CO, HI, IL, IA, KY, MA, MD, MI, MN, NJ, NM, NY, NV, OR, RI, VT, WA, and WV. Included as non-expansion states are: FL, GA, IN, KS, LA, ME, MO, MT, NC, NE, OK, PA, SC, SD, TN, TX, UT, VA, WI, and WY. Data for MT begin in 2009.

Figure 1b. Adult Uninsured Hospitalizations as a Share of Total Hospitalizations for Substance Abuse/Mental Health Disorders, Subset of States with 2008-2015 Q3 Data



Notes: The vertical line indicates the final quarter prior to the January 1, 2014, date on which Marketplace coverage took effect and Medicaid expansion took effect in adopting states. States included here with different expansion dates are: MN (March 2010), CA (November 2010), NJ (April 2011), CO (April 2012), MO (July 2012), and MI (April 2014). For each group of states (expansion, non-expansion, and all), the share of uninsured hospitalizations in all hospitalizations was calculated as an average of individual states' percentages of uninsured hospitalizations. This analysis includes states for which complete data are available through 2015-Q3. Included as Medicaid-expansion states are: CA, CO, HI, IA, KY, MI, MN, NJ, NY, and OR. Included as non-expansion states are: FL, GA, MO, SD, TX, VA, and WI.

The same trends have occurred in the states that have been most affected by the opioid epidemic (see Appendix). For example, in West Virginia, the state with the highest drug overdose death rate in 2015, according to Centers for Disease Control and Prevention (CDC) data, the uninsured share of substance use and mental health disorder hospitalizations fell from 23 percent at the end of 2013 to 5 percent at the end of 2014.

These data are consistent with other evidence that the ACA's coverage expansions have been especially important to people with substance use disorders and other behavioral health conditions. For example, ASPE previously estimated that, if additional states chose to expand Medicaid, almost 30 percent[5] of those who could gain coverage have a substance use or mental health disorder. ASPE also recently estimated[6] that mental health disorders are among the most common pre-existing health conditions for which Americans might have been denied coverage or charged more for coverage prior to ACA.

The ACA also ensures that, when people with behavioral health needs gain insurance, their treatment is covered. Prior to the ACA, an estimated 34 percent[7] of individual market policies

did not cover substance use treatment, and an estimated 18 percent[8] did not cover treatment for mental health conditions. Today, all coverage is required to include these essential health benefits. Further, because of the ACA and the Mental Health Parity and Addiction Equity Act (MHPAEA), coverage is required to include substance use or mental health disorder benefits.

How Coverage Affects Treatment for Opioid Use Disorder

Despite ample evidence demonstrating the effectiveness of medication-assisted treatment for people with opioid use disorder, the overwhelming majority of people who need treatment do not get it. Some of the main barriers to treatment are related to cost[9], insurance coverage[10], and availability. Over the past several years, HHS has worked with state and local governments and the provider community to expand treatment capacity[11,12,13] for opioid and other substance use disorders. In addition, through funding included in the21st Century Cures Act, HHS will award close to $1 billion dollars over the next two years to substantially expand state and local capacity to provide medication-assisted treatment and other services to support people with opioid use disorders. But even when capacity exists, patients must still be able to afford the treatment they need.

Research[14] shows that health insurance coverage makes care more affordable, secure, and reliable[15], and people with insurance are more likely to get timely care and have a usual source of care. Nowhere is this more important than for people with an opioid use disorder or other substance use disorder. For these individuals, timely and affordable access to evidence-based treatment, including medication-assisted treatment can be life-saving.

Moreover, a large proportion of people with opioid use disorder are also coping with co-occurring mental illness[16], most frequently depression and anxiety[17], as well as with significant physical health needs[18]. Appropriate treatment of these co-occurring conditions is often critical to supporting an individual's long-term recovery from opioid use disorder.

With the ACA's Marketplace and Medicaid expansion entering their fourth year, evidence is mounting[19] that they are making a difference in helping people access care, including behavioral health care. For example:

- As shown in Figure 2, the share of people foregoing mental health care due to cost has fallen by 33 percent for people with incomes below 138 percent of the poverty level and by 31 percent for people with incomes above 138 and below 400 percent of the federal poverty level. These populations are eligible for the ACA's Medicaid expansion or tax credits.

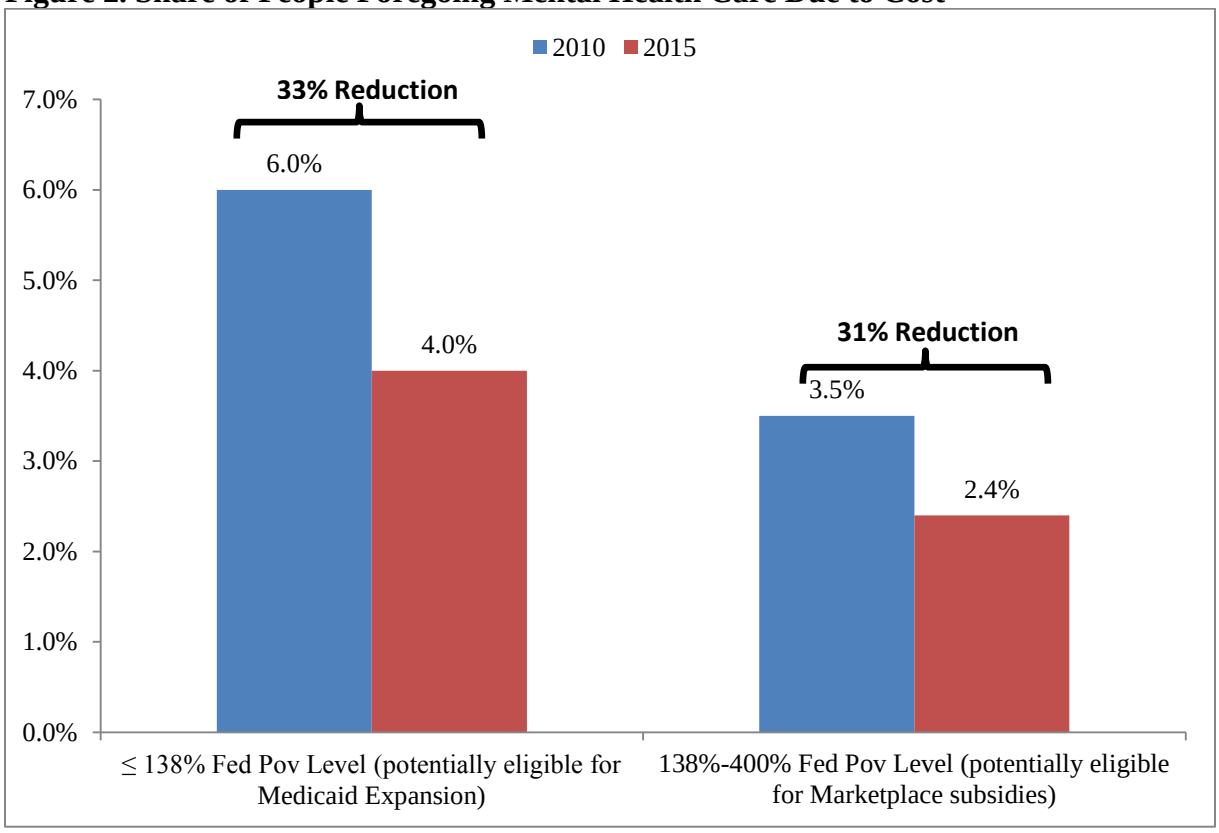
- Among low-income adults, Medicaid expansion was associated with a 7.5 percent[20] reduction in unmet need for mental health treatment and an 18.3 percent[21] reduction in unmet need for substance use disorder treatment services.

- Medicaid expansion in Ohio led to especially large improvements[22] in access to care and financial security for expansion enrollees with opioid use disorder. 75 percent reported improved overall access to care, 83 percent reported improved access to prescription medications, and 59 percent reported improved access to mental health care.

- Medicaid expansion in Kentucky was linked to a large increase[23] in Kentuckians receiving treatment for substance use disorder.

Parity for mental health and substance use treatment has also resulted in improved access to care. Researchers found that implementation of state-level parity laws prior to the ACA increased the treatment rate for substance use disorders by 9 percent[24] among all specialty treatment facilities and by 15 percent[25] among treatment facilities accepting private insurance. Under the ACA, these types of parity protections have been expanded and strengthened.

Figure 2. Share of People Foregoing Mental Health Care Due to Cost



Source: ASPE analysis of National Health Interview Survey data, 2016.

In addition to directly addressing access and unmet need for patients, insurance expansion is motivating providers to provide treatment. A recent study[26] found that states that made an early commitment to expand Medicaid and establish insurance Marketplaces had significantly higher growth in the number of physicians with a waiver to prescribe buprenorphine for opioid use disorder treatment. This represents a critical first step to expanding access to MAT for people with opioid use disorders.

A number of states are also building on Medicaid expansion and taking advantage of other opportunities provided by the ACA to create innovative models of coverage and care for people with opioid use disorders. For example, Maryland, Rhode Island, and Vermont are using variations of the Health Home model to provide comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, individual and family support, and referral to community and social support services. These types of care coordination models are feasible and affordable for states that have expanded Medicaid because most low-income adults with behavioral health needs now have access to comprehensive health coverage, thanks to the ACA's Medicaid expansion. The models, which have now been implemented for several years, are significantly improving access to and coordination of care for people with opioid use disorders, and other substance use and mental health disorders[27].

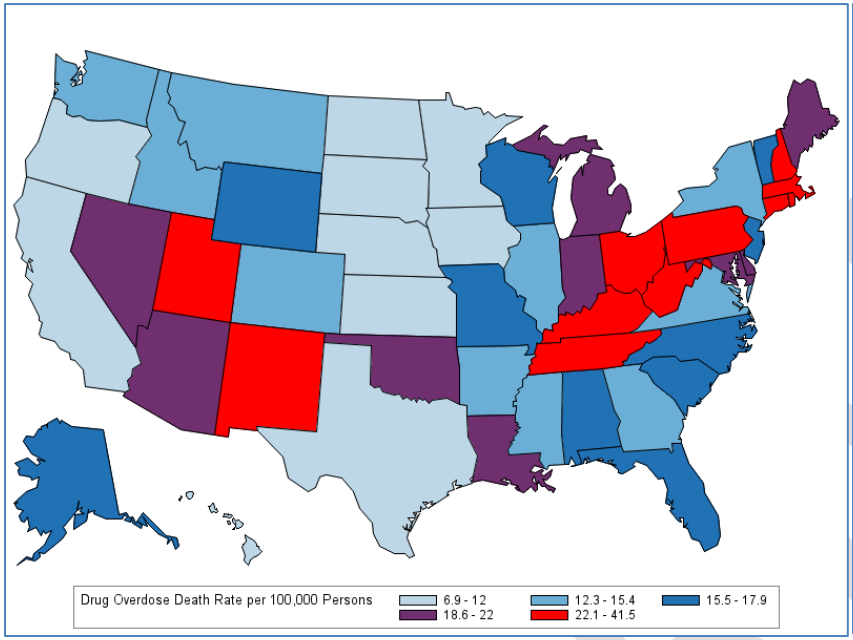
What's at Stake in the ACA for the Parts of the Country Most Affected by Opioid Use Disorder and Overdoses

While the opioid epidemic has affected all parts of the country, some areas have been hit especially hard. The states that have been hit the hardest include many of the states that would be most affected if the ACA coverage gains were rolled back.

According to Urban Institute estimates[28], four states – Massachusetts, West Virginia, Kentucky, and New Hampshire – would see their uninsured rates nearly or more than triple if the ACA were repealed. These four states ranked 7th, 1st, 3rd, and 2nd respectively in drug overdose death rates in 2015, according to CDC data[29]. Among the remaining seven states with drug overdose rates exceeding 22 deaths per 100,000 people, uninsured rates would increase by 155 percent (Ohio), 170 percent (Rhode Island), 134 percent (Pennsylvania), 136 percent (New Mexico), 83 percent (Utah), 79 percent (Tennessee), and 124 percent (Connecticut).

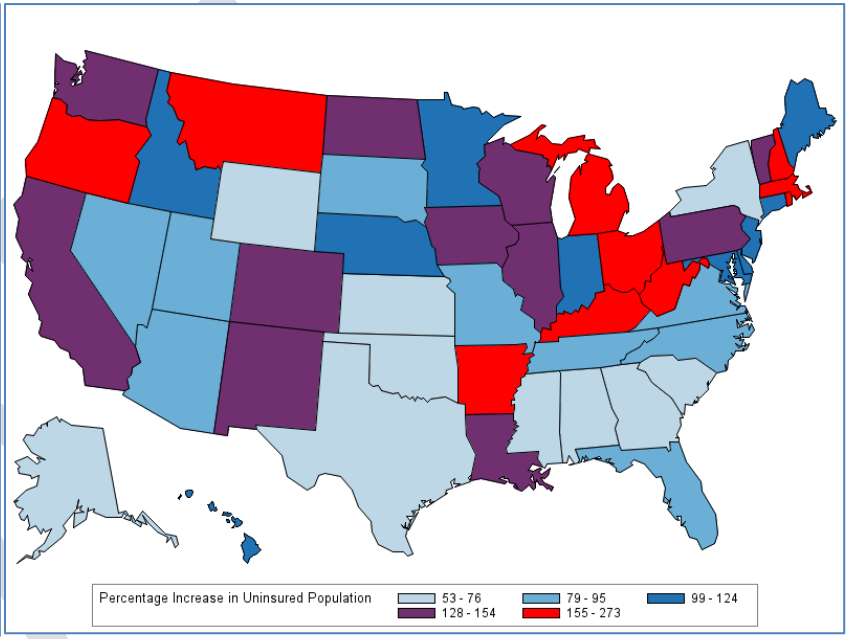
As the maps (**Figure 3** and **Figure 4**) below show, this pattern holds more broadly: many of the states most affected by drug overdose are also among the states with the most to lose if insurance coverage and associated protections under the ACA were rolled back. For the reasons discussed above, large spikes in uninsured rates could substantially worsen the opioid crisis at a time when the emergence of illicitly made fentanyl and other highly potent synthetic opioids linked to large clusters of overdoses is rapidly increasing in communities across the U.S.

Figure 3. Drug Overdose Deaths Per 100,000 Population U.S., 2015



Source: CDC, National Vital Statistics System, 2016

Figure 4. Estimated Increase in Uninsured Population , from ACA Repeal



Source: Urban Institute, 2016

The opioid epidemic is a public health crisis that will not be reversed overnight. But we are starting to see real progress at all levels of government and among communities across our nation, thanks to a shared commitment to stem the tide of the opioid epidemic. Continued insurance coverage is essential to our ability to be successful, and the crisis is far too urgent to risk undermining our progress.

APPENDIX: State-Level Changes in Adult Uninsured Hospitalizations for Substance Use and Mental Health Disorders, by Drug Overdose Death Rate

State	2015 Age-Adjusted Drug Over-dose Death Rate (per 100, 000)	Adult Uninsured Substance Use/ Mental Health Hospital Stays	% Change: 2013-Q4 Thru Most Recent Available Data	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1
WV	41.5	Number of Stays	-78.6%	550	650	650	700	150	150	100	150	N/A	N/A	N/A	N/A	N/A
		Share of Total SU/MH Stays	-78.6%	19.3%	21.3%	21.3%	23.3%	5.2%	5.0%	3.1%	5.0%	N/A	N/A	N/A	N/A	N/A
NH	34.3	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
KY	29.9	Number	-86.1%	1700	1900	2000	1800	650	350	350	250	250	250	250	N/A	N/A
		Share	-88.8%	31.8%	33.0%	34.8%	34.6%	12.4%	6.1%	6.0%	4.5%	4.5%	4.2%	3.9%	N/A	N/A
OH	29.9	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RI	28.2	Number	-75.0%	300	400	400	400	150	100	100	100	N/A	N/A	N/A	N/A	N/A
		Share	-78.6%	15.8%	21.6%	21.1%	22.2%	7.3%	4.7%	4.7%	4.8%	N/A	N/A	N/A	N/A	N/A
PA	26.3	Number	-16.7%	1650	1700	1800	1800	1500	1400	1400	1500	N/A	N/A	N/A	N/A	N/A
		Share	-19.2%	9.5%	9.4%	9.5%	10.3%	8.7%	7.6%	7.6%	8.3%	N/A	N/A	N/A	N/A	N/A
MA	25.7	Number	-76.2%	950	1100	1200	1050	450	300	250	250	N/A	N/A	N/A	N/A	N/A
		Share	-78.0%	9.6%	10.7%	11.5%	10.6%	4.4%	2.8%	2.3%	2.3%	N/A	N/A	N/A	N/A	N/A
NM	25.3	Number	-72.7%	600	600	600	550	350	200	200	150	N/A	N/A	N/A	N/A	N/A
		Share	-69.3%	30.8%	30.0%	29.3%	30.6%	23.3%	12.9%	11.1%	9.4%	N/A	N/A	N/A	N/A	N/A
UT	23.4	Number	-6.7%	700	700	750	750	700	750	700	700	N/A	N/A	N/A	N/A	N/A
		Share	-11.6%	26.4%	25.9%	25.9%	27.8%	25.0%	25.4%	22.6%	24.6%	N/A	N/A	N/A	N/A	N/A
TN	22.2	Number	-9.1%	1050	1150	1100	1100	1050	1100	1100	1000	N/A	N/A	N/A	N/A	N/A
		Share	0.0%	14.7%	15.9%	15.6%	16.7%	17.5%	17.7%	17.3%	16.7%	N/A	N/A	N/A	N/A	N/A
CT	22.1	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DE	22	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

State	2015 Age-Adjusted Drug Over-dose Death Rate (per 100, 000)	Adult Uninsured Substance Use/ Mental Health Hospital Stays	% Change: 2013-Q4 Thru Most Recent Available Data	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1
ME	21.2	Number	11.1%	450	450	500	450	500	500	600	500	N/A	N/A	N/A	N/A	N/A
		Share	18.1%	25.7%	25.7%	29.4%	26.5%	32.3%	30.3%	36.4%	31.3%	N/A	N/A	N/A	N/A	N/A
MD	20.9	Number	-69.4%	2450	2550	2600	2450	950	850	850	750	N/A	N/A	N/A	N/A	N/A
		Share	-69.4%	27.7%	27.9%	27.8%	27.8%	10.7%	9.3%	9.2%	8.5%	N/A	N/A	N/A	N/A	N/A
MI	20.4	Number	-78.6%	700	700	800	700	700	250	250	200	150	150	150	N/A	N/A
		Share	-80.2%	9.0%	8.4%	9.3%	8.6%	9.2%	3.0%	2.8%	2.4%	1.9%	1.7%	1.7%	N/A	N/A
NV	20.4	Number	-57.1%	300	350	400	350	200	200	150	150	N/A	N/A	N/A	N/A	N/A
		Share	-64.9%	22.2%	24.1%	26.7%	25.9%	14.3%	12.5%	9.1%	9.1%	N/A	N/A	N/A	N/A	N/A
IN	19.5	Number	-47.2%	1950	1950	2000	1800	1800	1850	1700	1600	1500	950	N/A	N/A	N/A
		Share	-49.7%	26.0%	25.5%	25.5%	25.0%	24.3%	24.3%	21.0%	21.1%	20.3%	12.6%	N/A	N/A	N/A
AZ	19	Number	-77.8%	850	900	900	900	450	400	300	250	200	200	N/A	N/A	N/A
		Share	-76.6%	21.8%	21.7%	22.2%	22.2%	10.8%	10.8%	8.1%	7.1%	5.6%	5.2%	N/A	N/A	N/A
LA	19	Number	40.0%	1400	1550	1750	1500	1650	1750	1900	2100	N/A	N/A	N/A	N/A	N/A
		Share	17.3%	27.2%	28.7%	32.1%	30.6%	31.1%	31.5%	35.5%	35.9%	N/A	N/A	N/A	N/A	N/A
OK	19	Number	-9.1%	650	700	700	550	550	500	550	500	N/A	N/A	N/A	N/A	N/A
		Share	-5.1%	17.8%	18.9%	17.9%	15.5%	16.2%	14.7%	14.9%	14.7%	N/A	N/A	N/A	N/A	N/A
DC	18.6	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MO	17.9	Number	-13.7%	3350	3600	3750	3650	3750	3950	4000	3450	3350	3450	3300	3450	3150
		Share	-19.6%	28.8%	28.8%	30.2%	31.7%	31.8%	31.1%	30.5%	28.5%	27.8%	27.4%	26.0%	27.5%	25.5%
VT	16.7	Number	0.0%	50	50	50	50	50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	11.1%	10.0%	9.1%	9.1%	10.0%	11.1%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WY	16.4	Number	0.0%	250	200	200	150	150	200	200	150	N/A	N/A	N/A	N/A	N/A
		Share	0.0%	55.6%	44.4%	44.4%	42.9%	37.5%	40.0%	44.4%	42.9%	N/A	N/A	N/A	N/A	N/A
NJ	16.3	Number	-69.3%	4300	4550	4900	4400	2900	2250	2000	1800	1400	1350	1350	1400	1350
		Share	-71.1%	37.7%	37.6%	39.5%	38.6%	25.7%	19.0%	16.4%	15.1%	12.4%	11.5%	11.5%	11.6%	11.2%
FL	16.2	Number	32.8%	5950	6500	6950	6400	6300	6850	7100	6750	6800	7800	8500	N/A	N/A
		Share	5.8%	25.1%	26.1%	26.9%	26.4%	25.8%	26.2%	26.3%	26.2%	25.3%	26.8%	27.9%	N/A	N/A
AK	16	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

State	2015 Age-Adjusted Drug Over-dose Death Rate (per 100, 000)	Adult Uninsured Substance Use/ Mental Health Hospital Stays	% Change: 2013-Q4 Thru Most Recent Available Data	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1
NC	15.8	Number	-3.0%	1600	1900	1800	1650	1400	1650	1750	1600	N/A	N/A	N/A	N/A	N/A
		Share	-0.8%	14.5%	16.5%	15.3%	14.8%	13.7%	14.7%	15.0%	14.7%	N/A	N/A	N/A	N/A	N/A
AL	15.7	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SC	15.7	Number	-4.0%	1050	1200	1300	1250	1150	1300	1300	1200	N/A	N/A	N/A	N/A	N/A
		Share	-7.9%	32.3%	33.3%	34.7%	35.2%	32.4%	34.7%	33.8%	32.4%	N/A	N/A	N/A	N/A	N/A
WI	15.5	Number	-71.4%	700	850	900	800	800	400	300	300	250	300	300	300	N/A
		Share	-70.9%	13.5%	14.9%	15.7%	15.4%	15.5%	6.5%	4.7%	4.8%	4.0%	4.8%	4.5%	4.5%	N/A
CO	15.4	Number	-71.4%	1150	1150	1200	1050	450	350	350	350	250	300	300	300	300
		Share	-75.0%	34.3%	31.5%	32.9%	29.6%	13.2%	10.0%	9.2%	9.6%	6.9%	8.0%	7.9%	7.8%	7.4%
WA	14.7	Number	-61.5%	500	550	600	650	350	250	250	250	N/A	N/A	N/A	N/A	N/A
		Share	-60.6%	10.8%	11.3%	12.4%	15.1%	8.0%	5.4%	5.6%	6.0%	N/A	N/A	N/A	N/A	N/A
ID	14.2	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IL	14.1	Number	-68.8%	3700	3500	3700	3200	2050	1550	1300	1000	N/A	N/A	N/A	N/A	N/A
		Share	-73.7%	19.3%	18.3%	19.1%	17.8%	11.1%	7.5%	5.7%	4.7%	N/A	N/A	N/A	N/A	N/A
AR	13.8	Number	-58.3%	700	800	900	600	400	350	250	250	N/A	N/A	N/A	N/A	N/A
		Share	-58.3%	20.6%	22.5%	22.8%	16.9%	10.7%	9.0%	6.1%	7.0%	N/A	N/A	N/A	N/A	N/A
MT	13.8	Number	-20.0%	200	200	250	250	200	200	200	200	N/A	N/A	N/A	N/A	N/A
		Share	-20.0%	20.0%	20.0%	22.7%	21.7%	18.2%	17.4%	16.7%	17.4%	N/A	N/A	N/A	N/A	N/A
NY	13.6	Number	-10.4%	2750	2950	3000	3350	3050	2350	2150	1700	1400	1950	2350	2750	3000
		Share	-10.6%	7.9%	8.0%	8.0%	9.3%	8.7%	6.4%	5.7%	4.7%	4.0%	5.1%	6.2%	7.8%	8.3%
GA	12.7	Number	-8.7%	1050	1150	1350	1150	1050	1100	1150	1100	950	1150	1350	1600	1050
		Share	-14.5%	16.8%	18.0%	19.9%	19.7%	17.5%	18.0%	18.0%	18.5%	16.0%	18.0%	20.6%	24.2%	16.8%
VA	12.4	Number	16.7%	2050	2100	2350	2100	2100	2250	2500	2150	2100	2300	2450	N/A	N/A
		Share	-2.3%	26.8%	25.8%	28.3%	27.1%	26.6%	26.6%	27.6%	24.6%	23.9%	25.1%	26.5%	N/A	N/A
MS	12.3	Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OR	12	Number	-83.3%	450	600	650	600	200	100	150	100	100	100	100	100	N/A
		Share	-86.4%	19.6%	23.1%	22.8%	22.6%	7.3%	3.3%	4.8%	3.1%	3.3%	3.1%	3.1%	3.1%	N/A

State	2015 Age-Adjusted Drug Over-dose Death Rate (per 100, 000)	Adult Uninsured Substance Use/ Mental Health Hospital Stays	% Change: 2013-Q4 Thru Most Recent Available Data	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1
KS	11.8	Number	N/A	800	850	950	700	750	800	650	600	N/A	N/A	N/A	N/A	N/A
		Share	N/A	27.1%	27.9%	27.1%	23.3%	25.4%	24.6%	21.0%	21.8%	N/A	N/A	N/A	N/A	N/A
CA	11.3	Number	-82.1%	6850	7250	7600	7250	3150	2450	1900	1750	1500	1400	1450	1300	N/A
		Share	-83.6%	23.2%	23.5%	24.2%	25.0%	10.6%	7.7%	5.8%	5.6%	4.9%	4.4%	4.5%	4.1%	N/A
HI	11.3	Number	-50.0%	50	50	50	100	50	50	50	50	50	50	50	N/A	N/A
		Share	-52.2%	6.7%	5.9%	5.6%	9.1%	4.5%	4.2%	4.0%	4.5%	4.5%	4.8%	4.3%	N/A	N/A
MN	10.6	Number	-20.0%	250	250	300	250	300	300	250	200	200	150	200	N/A	N/A
		Share	-23.6%	3.4%	3.2%	3.8%	3.4%	3.9%	3.7%	3.1%	2.5%	2.7%	1.9%	2.6%	N/A	N/A
IA	10.3	Number	-75.0%	250	250	250	200	100	100	100	100	50	50	50	50	50
		Share	-84.5%	25.0%	25.0%	22.7%	22.2%	10.0%	9.1%	8.3%	8.7%	4.5%	4.2%	4.0%	3.4%	3.4%
TX	9.4	Number	30.7%	3650	4100	4250	3750	3750	4000	4450	4100	4050	4500	4900	N/A	N/A
		Share	10.7%	24.2%	26.1%	26.6%	25.6%	25.1%	25.2%	26.6%	25.9%	25.6%	26.9%	28.3%	N/A	N/A
ND	8.6	Number	N/A	N/A	N/A	N/A	N/A	50	100	100	100	N/A	N/A	N/A	N/A	N/A
		Share	N/A	N/A	N/A	N/A	N/A	6.7%	11.1%	11.1%	10.5%	N/A	N/A	N/A	N/A	N/A
SD	8.4	Number	0.0%	100	100	100	100	100	100	100	100	100	100	50	100	N/A
		Share	-7.7%	9.1%	8.7%	8.0%	8.3%	8.3%	7.7%	8.3%	7.1%	8.0%	7.4%	4.0%	7.7%	N/A
NE	6.9	Number	-28.6%	350	350	400	350	500	550	500	250	N/A	N/A	N/A	N/A	N/A
		Share	-41.7%	21.2%	20.6%	22.2%	22.6%	25.0%	26.2%	23.3%	13.2%	N/A	N/A	N/A	N/A	N/A

[1] Press release: "HHS takes strong steps to address opioid-drug related overdose, death and dependence." Retrieved from https://www.hhs.gov/about/news/2015/03/26/hhs-takes-strong-steps-to-address-opioid-drug-related-overdose-death-and-dependence.html
[2] Uberoi et al., March 3, 2016. *Health Insurance and the Affordable Care Act, 2010-2016.* Retrieved from https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf
[3]Statement by Secretary Burwell on the Uninsured Rate, September 7, 2016. https://www.hhs.gov/about/news/2016/09/07/statement-by-secretary-burwell-on-the-uninsured-rate.html
[4] HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). October 2016. Agency for Healthcare Research and Quality, Rockville, MD. https://www.hcup-us.ahrq.gov/faststats/statepayer/states.jsp
[5] Dey et al., March 28, 2016. *Benefits of Medicaid Expansion for Behavioral Health*. Retrieved from .https://aspe.hhs.gov/sites/default/files/pdf/190506/BHMedicaidExpansion.pdf
[6] January 5, 2016. *Health Insurance Coverage for Americans with Pre-Existing Conditions: The Impact of the Affordable Care Act.* Retrieved from https://aspe.hhs.gov/sites/default/files/pdf/255396/Pre-ExistingConditions.pdf
[7] National Conference of State Legislators. *Individual Health Insurance and States: Chronologies of Change.* Retrieved from http://www.ncsl.org/research/health/individual-health-insurance-in-the-states.aspx
[8] National Conference of State Legislators. *Individual Health Insurance and States: Chronologies of Change.* Retrieved from http://www.ncsl.org/research/health/individual-health-insurance-in-the-states.aspx
[9] Park-Lee et al., September 2016. *Receipt of services for Substance Use and Mental Health Issues among Adults: Results from the 2015 National Survey on Drug Use and Health*. Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015.htm
[10] Saloner et al., June 1 2016. *Medicaid Coverage for Methadone Maintenance and Use of Opioid Agonist Therapy in Specialty Addiction Treatment*. Psychiatr Serv, 67(6): 676-9. doi: 10.1176/appi.ps.201500228. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/?term=26927578
[11] Press release: "HHS takes strong steps to address opioid-drug related overdose, death and dependence." Retrieved from https://www.hhs.gov/about/news/2015/03/26/hhs-takes-strong-steps-to-address-opioid-drug-related-overdose-death-and-dependence.html
[12] Press release: "HHS announces new actions to combat opioid epidemic." Retrieved from https://www.hhs.gov/about/news/2016/07/06/hhs-announces-new-actions-combat-opioid-epidemic.html
[13] Press release: "HHS takes additional steps to expand access to opioid treatment. Retrieved from https://www.hhs.gov/about/news/2016/11/16/additional-steps-expand-opioid-treatment.html
[14] Baicker & Finkelstein, 2011. The Effects of Medicaid Coverage – Learning from the Oregon Experiment. N Engl J Med, 365:683-685. doi: 10.1056/NEJMp1108222. Retrieved from http://www.nejm.org/doi/full/10.1056/NEJMp1108222
[15] Sommers et al., July 28, 2015. Changes in Self-reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act. JAMA, 314(4): 366-74. doi: 10.1001/jama.2015.8421. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/?term=26219054
[16] Savant et al., January 1, 2013. Prevalence of mood and substance use disorders among patients seeking primary care office-based buprenorphine/naloxone treatment. Drug Alcohol Depend, 127(1-3): 243-7. doi: 10.1016/j.drugalcdep.2012.06.020. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/?term=22771144
[17] Barry et al., October 2016. Psychiatric disorders among patients seeking treatment for co-occurring chronic pain and opioid use disorder. J Clin Psychiatry, 77(10): 1413-9. doi: 10.4088/JCP.15m09963. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/?term=27574837
[18] Weist et al. Nov-Dec 2014. Pain and emotional distress among substance-use patients beginning treatment relative to a representative comparison group. J Addict Med, 8(6): 407-14. doi: 10.1097/ADM.0000000000000072. Retrieved from .https://www.ncbi.nlm.nih.gov/pubmed/?term=25275876
[19] *The Economic Record of the Obama Administration: Reforming the Health Care System*. December 2016. Retrieved from https://www.whitehouse.gov/sites/default/files/page/files/20161213_cea_record_healh_care_reform.pdf
[20] Wen et al., December 2015.Effect of Medicaid expansions on health insurance coverage and access to care among low-income adults with behavioral health conditions. Health Serv Res, 50(6): 1787-809. doi: 10.1111/1475-6773.12411. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26551430
[21] Wen et al., December 2015.Effect of Medicaid expansions on health insurance coverage and access to care among low-income adults with behavioral health conditions. Health Serv Res, 50(6): 1787-809. doi: 10.1111/1475-6773.12411. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26551430
[22] *Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly*. Retrieved from http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf

[23] Foundation for a Healthy Kentucky, December 28, 2016. *Substance Use Treatment Services Covered by Medicaid Expansion Jumped 740 Percent over 2.5 Years*. Retrieved from https://www.healthy-ky.org/newsroom/news-releases/article/60/substance-use-treatment-services-covered-by-medicaid-expansion-jumped-740-percent-over-2.5-years?

[24] Wen et al., December 2013. State parity laws and access to treatment for substance use disorder in the United States: implications for federal parity legislation. JAMA Psychiatry, 70(12): 1355-62. doi: 10.1001/jamapsychiatry.2013.2169. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24154931

[25] Wen et al., December 2013. State parity laws and access to treatment for substance use disorder in the United States: implications for federal parity legislation. JAMA Psychiatry, 70(12): 1355-62. doi: 10.1001/jamapsychiatry.2013.2169. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24154931

[26] Wen et al., December 2013. State parity laws and access to treatment for substance use disorder in the United States: implications for federal parity legislation. JAMA Psychiatry, 70(12): 1355-62. doi: 10.1001/jamapsychiatry.2013.2169. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24154931

[27] Report to the Vermont State Legislature: The Effectiveness of Vermont's System of Opioid Addiction Treatment. January 15, 2015. Retrieved from http://legislature.vermont.gov/assets/Legislative-Reports/Opioid-system-effectiveness-1.14.15.pdf

[28] Blumberg et al., December 6, 2016. Implications of Partial Repeal of the ACA through Reconciliation. Retrieved from http://www.urban.org/research/publication/implications-partial-repeal-aca-through-reconciliation

[29] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, December 16, 2016. Drug Overdose Death Data. Retrieved from https://www.cdc.gov/drugoverdose/data/statedeaths.html