

Press Release: HHS Report Highlights Need for Medicaid Expansion for Utahns with Unmet Mental Health and Substance Use Disorders

[View this email in your browser](#)



## HHS Report Highlights Need for Medicaid Expansion for Utahns with Unmet Mental Health and Substance Use Disorders



Salt Lake City – Health and Human Services (HHS) [released a report](#) in Utah today which highlights the need for Medicaid expansion to better serve the unmet health needs of Utahns suffering from mental health (MH) and substance use disorders (SUD).

The **Utah Health Policy Project (UHPP)** is a nonpartisan, nonprofit organization advancing sustainable healthcare solutions for underserved Utahns through better access, education, and public policy.

Learn more at our [website](#)

Contact:

**RyLee Curtis, UHPP**

801-706-7831

[rylee@healthpolicyproject.org](mailto:rylee@healthpolicyproject.org)

This report is released on the heels of Gov. Herbert signing [HB437](#), the Utah legislature's bill to extend traditional Medicaid benefits to an estimated 16,300 low-income Utahns based on a series of eligibility criteria (such as chronically homeless, criminally involved, MH/SUD). The behavioral health community in Utah (MH and SUD community) recognizes the importance of getting these lives



**Mary Jo McMillen, USARA**

covered, but agree with the report that there is more that can and should be done to provide treatment options for Utahns living with mental health or substance use disorders.

**Link to the Report:** <https://aspe.hhs.gov/pdf-report/benefits-medicaid-expansion-behavioral-health>

### Key Findings:

- 42,000 uninsured Utahns living with a mental illness or substance use disorder had incomes that could qualify them for expanded Medicaid in 2014;
- Utahns with a behavioral health need made up 40% of all low-income, uninsured Utah population;
- If Utah expanded Medicaid in 2014, over 6,000 fewer Utahns would experience symptoms of depression, and 9,000 Utahns would report being in good or excellent health;

In reaction to the release of this report, RyLee Curtis, Senior Health Policy Analyst for the Utah Health Policy Project (UHPP) states: “While the recent signing of HB437 provides benefits to about 16,300 low-income Utahns who suffer from a

801-839-9950

[maryjo@myusara.com](mailto:maryjo@myusara.com)



**Jamie Justice, NAMI-UT**

801-864-1197

[jamie@namiut.org](mailto:jamie@namiut.org)



number of behavioral health issues, it's important to note that nearly 30,000 Utahns with behavioral health needs will continue to be left out. We need a solution for them too."

Mary Jo McMillen, Executive Director of the Utah Advocates for Recovery Awareness (USARA), states: "Utah has taken the first step to provide Medicaid coverage for individuals with Substance Use Disorders (SUD) and co-occurring mental health conditions. It is critical that a Medicaid plan addresses both the physical symptoms and behavioral health needs in order for a person to recover from a serious and debilitating brain disorder."

McMillen argues that, "Expanding Medicaid in Utah would provide stability for Utahns with SUDs and not take away their health insurance once they've taken the steps towards recovery. Recovery from an SUD should be treated like all other chronic illnesses, such as cancer and diabetes, where a person's health care is followed for as long as needed to achieve stable long-term recovery. Medicaid plans need to cover a broad scope of integrated medical and behavioral health services and benefits should meet Parity for QHP's and Medicaid managed care organizations."

Jamie Justice, Executive Director of the National

Alliance on Mental Illness-Utah (MAI), states: “We all experience emotional ups and downs caused by events in our lives. Mental health conditions go beyond these emotional reactions and become something longer lasting. They are medical conditions that cause changes in how we think and feel in our mood. These illnesses are not the result of personal weakness, lack of character or poor upbringing. With proper treatment, people can and do realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to the world.”

She goes on to argue that untreated mental health conditions can be devastating:

- Students with mental illness have more difficulty performing well in school;
- Depression is the leading cause of disability and unemployment in adults,
- 90% of those who die by suicide have an underlying mental illness. Utah suicide rate has been consistently higher than the U.S. rate for the past decade; and every 16 hours, a Utahn dies by suicide;
- Those suffering from addiction are twice as likely to have an underlying mental illness;
- 26% of homeless adults live with serious mental illness; and
- 24% of our jail/prison population are there

simply because they have a mental illness.

Justice says that, “It is clear that without mental health, we cannot be fully healthy. At the very core of the facts listed above, Utahns are not getting the help, treatment, and support they need to enter into recovery. We commend the state for passing HB437 and stand to say it is just not enough.

Continuing to underinvest in resources and building a strong enough systems to help our most vulnerable, yet, very treatable population is inhuman. These people are sick and need the appropriate help, treatment, and support so that they can enter on the path toward recovery and realize their full potential. It is time for Utah to do the right thing, which we know, in the long run is also the most economical thing too. Treatment works and recovery is possible, meaning people end up living as productive members of our community, no longer needing public services.”

**Link to the Report:** <https://aspe.hhs.gov/pdf-report/benefits-medicaid-expansion-behavioral-health>

*HHS gave the disclosure that due to data limitations, today's report release is not about the number of people who would gain coverage due to expansion, rather it estimates the number of people*

*with MH/SUDs who were uninsured in 2014 and had incomes below 138% FPL, the income limit for expanded Medicaid under the ACA. Not all of these people would sign up for coverage at any given time, even if their state expanded Medicaid, but they would have the option to do so. In addition, some in this group had incomes between 100-138% FPL who already had the option to pay premiums to purchase coverage through the marketplace.*

**Contacts:**

**RyLee Curtis, UHPP**

801-706-7831

[rylee@healthpolicyproject.org](mailto:rylee@healthpolicyproject.org)

**Jamie Justice, NAMI-UT**

801-864-1197

[jamie@namiut.org](mailto:jamie@namiut.org)

**Mary Jo McMillen, USARA**

801-839-9950

[maryjo@myusara.com](mailto:maryjo@myusara.com)

###

*Copyright © 2016 UHPP, All rights reserved.  
You are a member of the media in Utah. Thank you.*

**Our mailing address is:**

UHPP

1832 Research Way  
Suite 60  
Salt Lake City, UT 84119

[Add us to your address book](#)

[unsubscribe from this list](#) [update subscription preferences](#)