

The American Health Care Act (AHCA) Hurts Individuals Affected by the Opioid Epidemic



The opioid epidemic continues unabated. In 2015, over 33,000 Americans – more than 90 a day – died due to an unintentional opioid-related overdose, more than any year on record. Preliminary data from 2016 show that the number of Americans lost to overdose increased by nearly 20% from 2015 to 2016, due largely to the continuing opioid overdose epidemic. In 2015, West Virginia experienced the highest overall drug overdose death rate in the country.

The Affordable Care Act (ACA) has been a vital tool in West Virginia’s fight against the opioid epidemic. Thanks to the Medicaid expansion and the individual marketplace, more than 32,000 West Virginians with serious mental illness and/or substance use disorders (SUD) now have access to health insurance. Health plans in the state must also now cover mental health and substance use services as well as medication-assisted treatment (MAT) and the overdose-reversal medication naloxone as part of a package of essential health benefits (EHBs). The ACA also expanded the mental health parity requirement, under which most health insurance plans are prohibited from imposing limitations on coverage for substance use services that are greater than limitations on coverage of medical and surgical services.

AHCA will repeal most of the ACA’s protections for people with opioid use disorders (OUD) in West Virginia and will increase the risk of overdose and other negative consequences associated with this public health emergency.

AHCA will result in:

Fewer individuals with OUD enrolled in Medicaid – Eliminating enhanced federal funding for the Medicaid expansion and capping the amount West Virginia receives in federal Medicaid funding will likely lead the state to reduce Medicaid eligibility and restrict coverage for low-income adults with OUD.

Reduced OUD services coverage – AHCA allows states to waive the EHB requirements that have dramatically expanded access to evidence-based treatment. Such waivers would likely lead health plans in West Virginia to scale back or eliminate coverage of OUD prevention and treatment services, including the life-saving MAT medications buprenorphine and methadone, as well as naloxone.

West Virginia SUD Coverage Facts

32,358 West Virginians with serious mental illness and/or SUD have gained health insurance coverage as a result of the ACA.

Medicaid pays for 45% of all buprenorphine treatment in West Virginia.

Ending the Medicaid expansion’s federal funding would cut \$12 billion over 10 years from West Virginia Medicaid.

Per capita caps would cut \$4 billion over 10 years from West Virginia Medicaid.

122,800 West Virginians could lose access to mental health services if AHCA is enacted.

Gutting of mental health parity requirements – While most health plans are required by the ACA to provide OUD treatment services at the same level as medical and surgical services, this requirement is only effective if robust medical and surgical coverage remains in place. The elimination of EHBs and the imposition of per capita caps on federal Medicaid funding will likely lead plans in West Virginia to impose limitations on other services, which would permit them to impose limitations on coverage of OUD services as well.

Reduced services for pregnant women with OUD – West Virginia’s rate of neonatal abstinence syndrome (NAS), a condition affecting newborns caused by in utero exposure to opioids, is the highest in the country. The elimination of EHBs, particularly if coupled with an ineffective parity requirement, would lead health plans in West Virginia to reduce coverage for MAT with methadone and buprenorphine, the standard of care for pregnant women with OUD, and will increase the rate of NAS in the state.

Reduced ability to introduce innovative approaches to address the opioid epidemic – AHCA subjects Section 1115 demonstration spending to Medicaid funding caps. West Virginia has proposed an innovative Section 1115 demonstration to expand access to OUD treatment, but would likely be unable to implement this demonstration if federal Medicaid funding is reduced.

Higher uncompensated mental health and OUD care – States that expanded Medicaid, like West Virginia, experienced large decreases in uncompensated SUD and mental health care. Cuts to federal Medicaid funding will shift the cost of treating low-income individuals with OUD to safety-net providers and local hospitals, likely leading to higher costs for everyone.

Higher costs to West Virginia’s economy – The total cost of the opioid epidemic to the U.S. economy is estimated at over \$78.5 billion each year. By reducing access to evidence-based prevention and treatment, AHCA will likely increase the number of people with OUD and the number of people with OUD who cannot access timely, effective treatment. This will contribute to higher criminal justice costs and loss of productivity, which will continue to disproportionately affect states that have been impacted by the opioid epidemic, like West Virginia.

AHCA will harm individuals with OUDs and will worsen the opioid epidemic in West Virginia.

Additional information

- NHeLP, [Protect Medicaid Funding: Substance and Opioid Use Disorders](#) (Jan. 2017).
- NHeLP, [Medicaid and the ACA: Vital Tools in Addressing the Opioid Epidemic](#) (Feb. 2017).
- NHeLP, [Health Advocate: Medicaid Caps and the Opioid Epidemic](#) (June 2017).

