

# Expanding Medicaid Would Reduce Disparities in Access to Life-Saving Substance Use Disorder Treatment in Communities of Color

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April 2020

## Introduction

Communities of color are experiencing higher rates of drug overdose deaths and unmet treatment needs for substance use disorder (SUD). A disproportionate number of individuals in these communities are uninsured. Consequently, they face significant barriers accessing much-needed prevention, treatment, and recovery services.

More than half of the 391,000 Floridians in the Medicaid “coverage gap” are people of color. Individuals in the coverage gap are not eligible for Medicaid under the state's very restrictive income criteria, but they are too poor to qualify for subsidies to purchase insurance on the federal marketplace.

By gaining health insurance coverage through Medicaid expansion, Floridians of color with low income would have greater access to SUD treatment, as well as concurrent care for related physical and mental health disorders.

## The Opioid Epidemic is Increasingly Affecting Communities of Color, But Opioids Are Not Always the Leading Drug Problem

The Florida Medical Examiners Annual Report reveals that there were 5,576 opioid-related deaths during 2018 — an average of more than 15 deaths per day. This report also shows that the opioid crisis has taken a troubling new turn, interacting with non-opioid drugs such as cocaine and contributing to a growing crisis of “non-opioid substance use.” Cocaine deaths between 2011 and 2016 frequently involved opioids; about 40 percent also involved fentanyl, which is a synthetic opioid 50 times more potent than heroin and 100 times more potent than morphine.<sup>1</sup>

From 2013 to 2017, Black and Hispanic Floridians under age 64 died from drug overdoses at a rate more than two times greater than white Floridians.<sup>2</sup> Nationally,

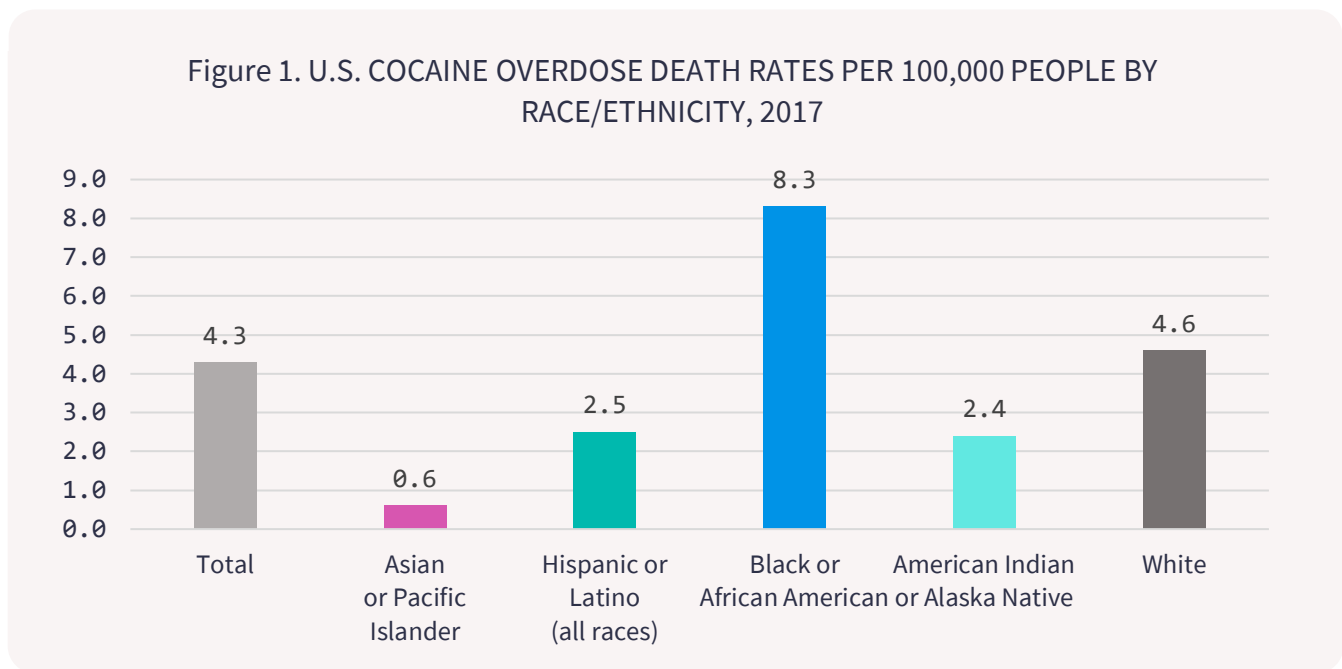
### WHAT IS SUD?

A substance use disorder (SUD) occurs when the “recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.” Opioid use disorder (OUD) is a type of SUD defined as “a problematic pattern of opioid use leading to clinically significant impairment or distress.” Opioids include strong prescription pain relievers such as oxycodone, hydrocodone, fentanyl, and tramadol, as well as the illegal drug heroin.

Sources: U.S. Dept. of Health & Human Services, SAMHSA, Mental Health & Substance Use Disorders; U.S. Centers for Disease Control (CDC), Assessing and Addressing Opioid Use Disorder, Drug Overdose Training, Module 5; U.S. National Library of Medicine, Medline Plus Health Topics, Opioid Misuse & Addiction Treatment.

since 2000 drug overdose death rates from both opioid and non-opioid drugs (cocaine and psychostimulants) have increased significantly across all racial/ethnic groups, but have risen most steeply in communities of color.

Research also shows that opioids are not always the leading drug problem in Black communities. Black individuals had the highest death rate from cocaine nationwide — 8.3 per 100,000 deaths, compared to 4.3 across all groups.<sup>3</sup> (See Fig. 1.) Further, people who use cocaine exclusively may now be at higher risk of opioid overdose because illicitly trafficked cocaine is being mixed with fentanyl, something buyers may not know when purchasing cocaine. Older addicts using heroin or cocaine are now relapsing and are victims of more dangerous drugs due to the mixture with fentanyl.<sup>4</sup>



Adapted from: Robert Wood Johnson Foundation State Health Access Data Assistance Center, "The Opioid Epidemic: National Trends in Opioid-Related Overdose Deaths from 2000 to 2017," Fig. 4, June 2019.

## There are Greater Unmet SUD and Other Related Treatment Needs in Communities of Color

People of color are more likely to be uninsured and face barriers to accessing care.<sup>5</sup> Researchers have also documented greater unmet need for alcoholism, SUD treatment and mental health care among African American and Hispanic adults relative to Non-Hispanic adults.<sup>6</sup>

Disparities in the availability of SUD treatment have existed for decades and can be linked to key historical trends in the public response to SUD. The cocaine and crack addiction epidemics in the '70s and '80s were largely viewed as a "black inner-city" problem focused on "dangerous" drug addicts.<sup>7</sup> This led to the "War on Drugs" movement criminalizing the response to SUD and triggering mass arrests and incarceration of people of color for drug-related offenses. The inequities stemming from these biases persist today:

- Black individuals make up nearly 30 percent of all drug-related *arrests*, despite accounting for only 12.5 percent of all substance users.<sup>8</sup> They are four times more likely to be arrested for marijuana charges than their white peers.<sup>9</sup>
- Black individuals are nearly six times more likely to be *incarcerated* for drug-related offenses than their white counterparts, despite equal substance usage rates.<sup>10</sup> Almost 80 percent of people serving time for a federal drug offense are Black or Latinx.<sup>11</sup> In state prisons, people of color make up 60 percent of those serving time for drug charges.<sup>12</sup>

However, since 2001 there has been a substantial increase in opioid death rates among white rural communities. This demographic shift has changed the perception of the crisis, eliciting a more empathetic response that emphasizes public health and treatment interventions over criminalization and policing.<sup>13</sup> Millions of dollars of federal grants have been made available in large part to beef up OUD treatment resources in rural communities.



### FLORIDA'S OPPORTUNITY TO EXPAND MEDICAID

#### Who would Benefit?

##### Communities of color:

- Nearly 50% of adults in Florida's health care coverage gap are people of color.
- Nationally, 27% of poor, uninsured Hispanic adults and 14% of poor, uninsured Black adults live in Florida.

##### Florida workers:

- Working adults who are not offered coverage through their jobs or cannot afford it. Medicaid coverage makes it easier for workers to keep a job or search for one.

Sources: Artiga et al (see endnotes); Jesse Cross-Call, "More Evidence That Medicaid Expansion Improves Health, Supports Employment." Center on Budget and Policy Priorities, August 27, 2018, <https://www.cbpp.org/blog/more-evidence-that-medicare-expansion-improves-health-supports-employment>

Yet there are significant shortcomings to grant funding. It is not guaranteed from year to year so SUD treatment providers may be hesitant to expand services, have difficulty attracting high quality staff or make longer term investments in new treatment sites. Further, grant funding is narrowly targeted, leaving communities without the flexibility to respond to emerging drug misuse challenges beyond the opioid epidemic.<sup>14</sup>

In addition, opioid grant funding does not provide resources to cover treatment for other mental and physical health conditions likely to co-occur with SUD. For example, SUD is linked to greater rates of HIV, Hepatitis C, heart disease, cancer, anxiety, and depression. Experts recommend that treatment for all co-occurring disorders takes place alongside SUD treatment.<sup>15</sup>

People of color, who already have greater problems accessing care, also bear a disproportionate burden of many of the diseases linked to SUD. As of 2016, African American individuals had a more than seven times higher death rate for individuals with an HIV diagnosis and the death rate for Hispanic individuals was nearly double the rate for whites. African American individuals also have a higher risk of death from heart disease, stroke, and cancer.<sup>16</sup>

A recent study projects that from 2016 to 2018, more than 2,770 Floridians died prematurely because the state has not expanded Medicaid.<sup>17</sup> Given the demographics of uninsured Floridians with low income, it is highly likely that people of color represent a substantial portion of those dying prematurely.

State officials have also projected that there are 94,000 Floridians ages 12 and older with unmet treatment needs for opioid use, abuse or dependence (See *Table 1*). Similarly, it is highly likely that people of color represent a substantial portion of Floridians with unmet treatment needs.

	2003-2006	2007-2010	2011-2014	2015-2016
Nonmedical Opioid Use	5.2%	4.3%	3.6%	4.0%
Opioid Abuse or Dependence	0.67%	0.77%	0.78%	0.70%
Unmet Need for Treatment	92,000	105,000	101,000	<b>94,000</b>

Adapted from: Florida’s State Opioid Response Project Narrative, p. 1, Florida Department of Children and Families, <https://www.myflfamilies.com/service-programs/samh/opioidSTRP.shtml>

## Medicaid Expansion Would Help Communities of Color Access Treatment for SUD

Florida is one of just 14 states that have opted *not* to expand Medicaid to cover adults aged 19 to 64 with income at or below 138 percent of the poverty level (\$17,609 for a one-person household, \$29,974 for a family of three).<sup>18</sup> As a result, nearly 400,000 uninsured adult Floridians living below the poverty level are caught in the “coverage gap.” They do not qualify under Florida Medicaid’s stringent eligibility criteria, but they are too poor to qualify for federal premium subsidies that would help them buy private insurance through the federal marketplace.<sup>19</sup>

Florida’s Medicaid program excludes most low-income parents of minor children and adults without disabilities; adults without minor children are unable to get Medicaid no matter how low their income. Also excluded are many adults with disabilities who do not meet Social Security’s strict disability criteria. *These criteria exclude SUD as a disability.*

Under expansion, all adults with income below 138 percent of the poverty level would be able to enroll in Medicaid, allowing far more adults with SUD to get coverage.

Florida communities of color are disproportionately represented in the Medicaid coverage gap. Fifty-five percent of Floridians in the gap are people of color.<sup>20</sup> Nationally, 27 percent of uninsured Hispanic adults and 14 percent of Black adults in the coverage gap live in Florida.<sup>21</sup>

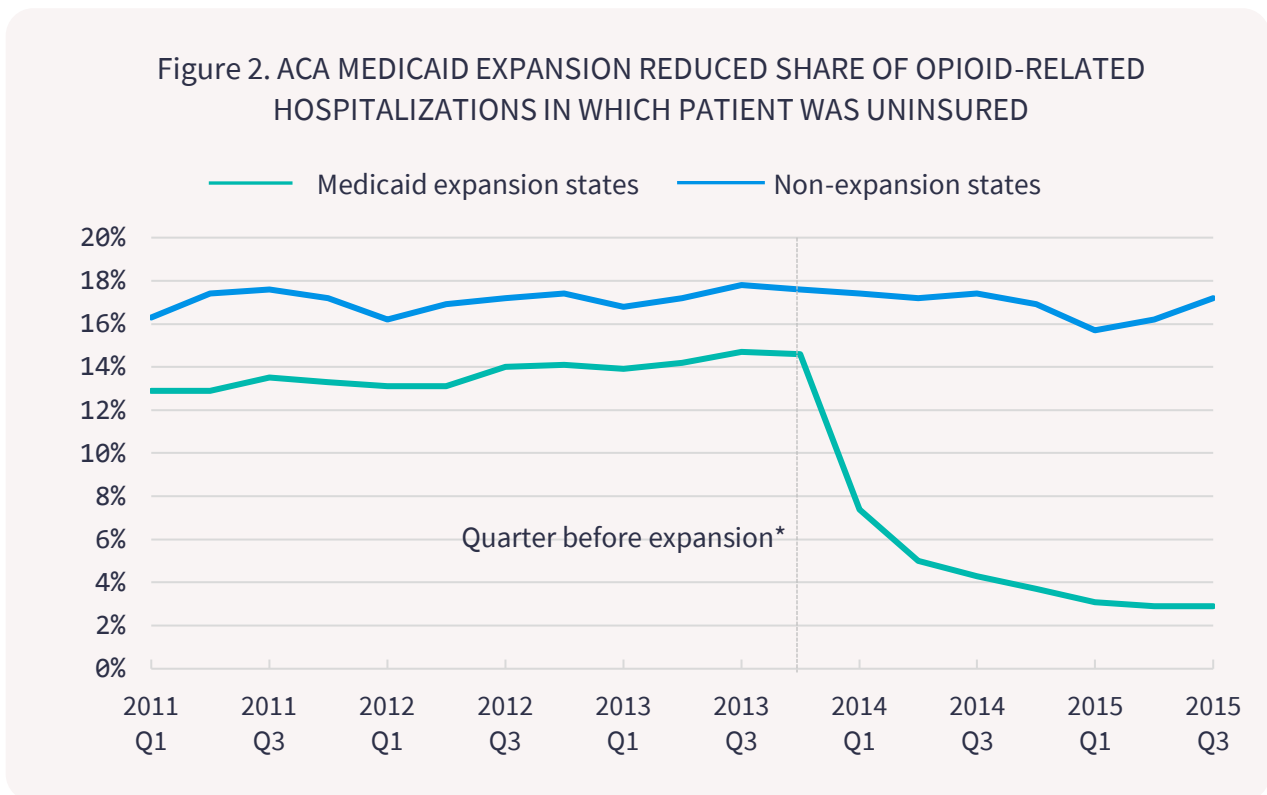
There is a growing body of research demonstrating that expansion is a proven tool for reducing disparities, particularly for Black and Hispanic adults.<sup>22</sup> One study showed that disparities between Hispanic, Black, and white adults narrowed on three key indicators:

- percentage of uninsured working aged adults;

- percentage who skipped care due to costs; and
- percentage who lacked a usual care provider.<sup>23</sup>

Multiple studies also show the substantial benefits of Medicaid expansion for treating people with SUD and saving their lives.<sup>24</sup> Medicaid expansion has been associated with:

- a reduction in opioid overdose deaths, particularly from heroin and synthetic opioids;<sup>25</sup>
- greater access to medication assisted treatment (MAT) — the gold standard for treatment of OUD;<sup>26, 27</sup>
- a dramatic reduction in uninsured opioid-related hospitalizations from 13.4 percent in 2013 (the year before expansion took effect) to just 2.9 percent two years later;<sup>28</sup> and
- an 18 percent increase in opioid admissions to specialty treatment facilities, nearly all of which was driven by an increase in admissions from Medicaid beneficiaries.<sup>29</sup>



Adapted from: "Medicaid Expansion Dramatically Increased Coverage for People with Opioid-Use Disorders, Latest Data Show," Fig. 1, M. Broaddus *et al*, Center on Budget and Policy Priorities, Feb. 28, 2018.

Source: CBPP analysis of Healthcare Cost and Utilization Project data from the Agency for Healthcare Research and Quality. Population. Analysis includes 26 states for which data are available for all of 2011-2015 and which either expanded Medicaid in January 2014 or had not expanded as of October 2015.

\*The Affordable Care Act (ACA) gave states the option to expand Medicaid to adults with income up to 138% of the poverty line starting in 2014

Florida's Medicaid program already provides a comprehensive package of prevention, treatment, and recovery services for persons with SUD.<sup>30</sup> It provides a strong foundation for building out capacities to serve additional people with SUD who would gain coverage through expansion.

## Medicaid Expansion Would Help Justice-Involved Floridians with SUD

As noted above, a disproportionate share of people of color with SUD are involved with the criminal justice system. Research also shows that Medicaid expansion would benefit justice-involved individuals with SUD. Many inmates have not had regular access to any form of health care prior to being sentenced. These individuals have higher rates of SUD and other behavioral health issues.<sup>31</sup> During fiscal year 2014-15, most accidental deaths of Florida inmates were due to drug overdoses.<sup>32</sup>

Opioid overdoses are also the leading cause of death among people who were formerly incarcerated.<sup>33</sup> Their health is at extremely high risk during the period immediately following incarceration. Providing OUD treatment as they leave incarceration can help reduce these risks.

Evidence is also emerging that expansion reduces recidivism.<sup>34</sup> Currently, Florida recidivism rates show one-third of former inmates who require ongoing mental health treatment will return to prison and over one-fifth of former inmates convicted of drug offenses will return to prison.<sup>35</sup>

Medicaid expansion has served as a key impetus for states to implement new re-entry programs. In a recent study, three states that launched re-entry programs in 2014 — New Mexico, Ohio, and Rhode Island — indicated that this work was spurred by increased Medicaid coverage for formerly incarcerated individuals as they transitioned back into the community. Coverage increases for former inmates were substantially greater in expansion states compared to non-expansion states.<sup>36</sup>

There is also evidence that increases in coverage among justice-involved individuals have helped state and local budgets. In some expansion states Medicaid coverage replaced state- and locally-funded programs as well as federal grant funding. This allowed these resources to be redirected to meet other needs not covered by Medicaid such as housing, childcare, and other support services.<sup>37</sup>

In Florida, it's projected that the state could save up to \$57.5 million just for the cost of inpatient hospital care for incarcerated individuals if its Medicaid program was expanded.<sup>38</sup> Likewise, under expansion the state could save up to \$200.4 million dollars currently used for mental health and substance abuse services for uninsured Floridians with low income, including formerly incarcerated individuals, who would now be eligible for Medicaid.<sup>39</sup>

Most Floridians who have been incarcerated and re-enter their communities are now excluded from Florida's Medicaid program. Expansion would significantly broaden the pool of formerly incarcerated people who would become Medicaid eligible. With coverage, they would have greater access to treatment and recovery support services and substantially increase the likelihood of a successful transition.

## Conclusion

The crisis of drug overdose deaths is constantly evolving, encompassing multiple types of substance use — not just opioids — and distinctly affecting geographical regions across the state and diverse populations. Strategies and practices to combat this crisis must be “flexible and adaptable to the needs of specific populations.”<sup>40</sup> Medicaid expansion promotes a “health equity” approach to the crisis that will benefit all communities.<sup>41</sup>

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