



KanCare Expansion: Just the Facts

Expanding KanCare will enhance services for mental health and substance use disorders.

Kansans who need services for mental health and substance use disorders (SUD) make up a substantial share of the uninsured who would gain coverage from KanCare expansion. Expanded coverage and financing will increase access and availability of these services.

- Expansion will reduce unmet need for mental health and SUD treatment. In Kansas, nearly one-third of uninsured individuals who would qualify for KanCare expansion experienced mental illness or SUD within the last year, but less than 14% received treatment, largely due to lack of access to affordable care. Those enrolled in Medicaid are 30% more likely to receive treatment.^{1,2}
- The share of opioid-related hospitalizations of uninsured patients fell dramatically in states that expanded Medicaid, from 13.4% in 2013 (the year before expansion took effect) to just 2.9% two years later. This steep decline – in which those with opioid-related hospitalizations are more than 4.5 times more likely to be insured – strongly suggests coverage has increased as a result of Medicaid expansion.³
- Enhancing access to mental health and SUD services will reduce long-term health care costs. Untreated co-occurring psychiatric and chronic medical conditions are associated with significantly more expensive care.⁴
- Medicaid expansion greatly enhances use of services for mental health and SUD and enables states and providers to offer new services. These are particularly critical needs in Kansas in light of care and capacity issues at Osawatomie and Larned State Hospitals and the alarming growth in opioid and other substance use disorders.^{5,6,7,8,9,10}
- Residents of expansion states report reductions in psychological distress and days of poor mental health, as well as increases in self-assessed general health.¹¹

¹ Dey et al. *Benefits of Medicaid Expansion for Behavioral Health*, U.S. Department of Health and Human Services, Assistance Secretary for Planning and Administration, March 2016.

² Han et al. *Medicaid Expansion Under the Affordable Care Act: Potential Changes in Receipt of Mental Health Treatment Among Low-Income Nonelderly Adults with Serious Mental Illness*. American Journal of Public Health 105(10), March 2015.

³ Broaddus et al. *Medicaid Expansion Dramatically Increased Coverage for People with Opioid-Use Disorders, Latest Data Show*, Center on Budget and Policy Priorities, February 28, 2018.

⁴ Cannon et al. *Adult behavioral health benefits in Medicaid and the Marketplace*. Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, June 2015.

⁵ Maclean and Saloner. *The Effect of Public Insurance Expansions on Substance Use Disorder Treatment: Evidence From the Affordable Care Act*. National Bureau of Economic Research, April 2017.

⁶ Broaddus et al.

⁷ Wen et al. *Impact of Medicaid Expansion on Medicaid-covered Utilization of Buprenorphine for Opioid Use Disorder Treatment*, Medical Care 55(4), April 2017.

⁸ Zur and Tolbert. *The Opioid Epidemic and Medicaid's Role in Facilitating Access to Treatment*, Kaiser Family Foundation, April 2018.

⁹ Lowry. *Mental health: Kansas faces tough questions about future of state hospital*, Kansas City Star, May 31, 2017.

¹⁰ Hancock. *Mental health: Kansas faces tough questions about future of state hospital*, Lawrence Journal-World, December 31, 2017.

¹¹ Mazurenko et al. *The Effects Of Medicaid Expansion Under The ACA: A Systematic Review*. Health Affairs 37(6), June 2018.