OPIOID USE DISORDER TREATMENT UNDER THREAT:

The Better Care Reconciliation Act (BCRA) 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. At 20.7 deaths per 100,000 residents, Nevada has one of the highest overall drug overdose death rates in the country.

The Affordable Care Act (ACA) has been a vital tool in Nevada's fight against the opioid epidemic. Thanks to the Medicaid expansion and the individual marketplace, more than 50,000 Nevadans with serious mental illness and/or substance use disorders (SUD) 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.

BCRA will repeal most of the ACA's protections for people with opioid use disorders (OUD) in Nevada and will increase the risk of overdoses and other negative consequences associated with this public health emergency. The legislation purports to create a $45 billion fund for OUD treatment, but without the current funding level and protections for people with OUD, this fund would be vastly insufficient to address the epidemic.

BCRA will result in:

Fewer individuals with OUD enrolled in Medicaid – Eliminating enhanced federal funding for the Medicaid expansion and capping the amount Nevada 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 – BCRA allows states to waive the EHB requirements that have dramatically expanded access to evidence-based treatment. The legislation would also allow states to eliminate annual limits on cost-sharing. Such waivers would likely lead health plans in Nevada to scale back, eliminate, or impose high cost-sharing requirements on coverage of OUD prevention and treatment services, including the life-saving MAT medications buprenorphine and methadone, as well as naloxone.

Nevada SUD Coverage Facts

28,080 Nevadans with serious mental illness and/or SUD have gained health insurance coverage as a result of the Medicaid expansion.

12,864 Nevadans with SUD have gained health insurance coverage in the ACA's individual marketplace.

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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. Allowing states to waive key requirements of the ACA, including EHBs and cost-sharing limits, will likely lead plans in Nevada to impose limitations on other services, which would permit them to impose limitations on coverage of OUD services as well.

Effect of BCRA in Nevada

Ending the Medicaid expansion's federal funding and imposing per capita caps would cut $18 billion over 10 years from Nevada Medicaid.

Coverage for OUD services is expected to cost $560 million in 2026; Nevada would only get $59 million in federal funding from the opioid fund proposed in BCRA.

328,000 Nevadans could lose access to mental health services if BCRA is enacted.

Reduced services for pregnant women with OUD – Nevada's rate of neonatal abstinence syndrome (NAS), a condition affecting newborns caused by in utero exposure to opioids, has gradually increased since 2003. The elimination of EHBs, particularly if coupled with an ineffective parity requirement, would lead health plans in Nevada 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.

Higher uncompensated mental health and OUD care – States that expanded Medicaid, like Nevada, 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.

Increased state budget deficit – The cost of coverage for OUD treatment in Nevada is expected to be $560 million in 2026. BCRA would eliminate the enhanced federal funding for the Medicaid expansion and in its place would establish an opioid fund to be distributed among all states. It is estimated that Nevada's share of this fund would be only $59 million and the state would have to cut coverage of OUD services or significantly increase state spending.

Higher costs to Nevada'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, BCRA 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 in states that have been impacted by the opioid epidemic, like Nevada.

BCRA will harm individuals with OUDs and will worsen the opioid epidemic in Nevada.