



# CODE BLUE

*What Trumpcare Would  
Mean in the Fight against the  
Opioid Epidemic in Connecticut*

# **Code Blue: What Trumpcare Would Mean in the Fight against the Opioid Epidemic in Connecticut**

America is in the grip of an opioid addiction crisis, and Connecticut families are on the front-line. Opioid addiction – including addiction to prescription opioid pain medication, heroin, and fentanyl – is devastating families across our nation and our state while putting a tremendous strain on first responders, health systems, law enforcement, and social services.

Unfortunately, instead of building on the positive and bipartisan work from 2016, Congressional Republicans are looking to make this fight harder by repealing the Affordable Care Act (ACA). Both the House and Senate health care plans would take major steps backwards in the fight against opioid addiction at the height of the epidemic. These bills would make it harder to get much-needed treatment by effectively ending the expansion of Medicaid, cutting traditional Medicaid by billions, slashing the tax credits that help make insurance premiums affordable, and allowing states to waive treatment coverage requirements.

In 2015, more than 52,000 people died in the United States from a drug overdose, exceeding the number of people who died in car crashes.<sup>iii</sup> More than 33,000 of these deaths were from opioids, more than any year on record.<sup>iii</sup> Since 2000, more than 300,000 Americans have died due to an opioid overdose.<sup>i</sup> The crisis shows no sign of abating.

- **In Connecticut, more than 917 people died of a drug overdose in 2016, a 25 percent increase over 2015.<sup>iv</sup> Heroin accounted for 508 deaths in 2016 – a 22 percent increase from the previous year.**
- **The steepest increase was due to fentanyl, a powerful synthetic drug that is similar to morphine but is 50 to 100 times more potent. In 2014, 75 Connecticut residents died from an overdose that involved fentanyl. In 2016, there was a 544 percent increase when 483 people died of a fentanyl related overdose.<sup>iv</sup>**

A key tool in combatting the opioid epidemic is getting into treatment. Health care coverage is vital to accessing treatment.

- **Today, 20 million more Americans have health insurance, including more than 300,000 in Connecticut who have gained health care coverage through premium tax credits and Medicaid expansion.**

Coverage expansion has helped individuals in Connecticut get the treatment they need. It also helps support prevention and recovery by providing counseling and care for other conditions that often accompany drug use disorders.

But these gains are in jeopardy because of the continued threat by Congressional Republicans to repeal the Affordable Care Act.

- **Under the House Republicans' American Health Care Act, 14 million people would lose coverage next year, the largest single decline in coverage in our country's history. A total of 23 million would lose coverage by 2026.<sup>v</sup>**
- **Similarly, the Senate Republicans' Better Care Reconciliation Act would mean that 15 million more Americans would be uninsured in 2018. By 2026, the Congressional Budget Office (CBO) estimates that 22 million would be uninsured.<sup>vi</sup>**
- **Even worse, President Trump and some Republicans have entertained the idea of repealing the ACA without any kind of replacement. This approach would mean 18 million people would lose coverage in the first year and 32 million people would be uninsured by 2026.<sup>vii</sup>**

These bills would be devastating to families fighting the scourge of opioid addiction.

- **Researchers estimate that repealing the mental health and substance use disorder coverage provisions of the Affordable Care Act would result in an annual \$5.5 billion cut in behavioral health treatment services.<sup>viii</sup>**

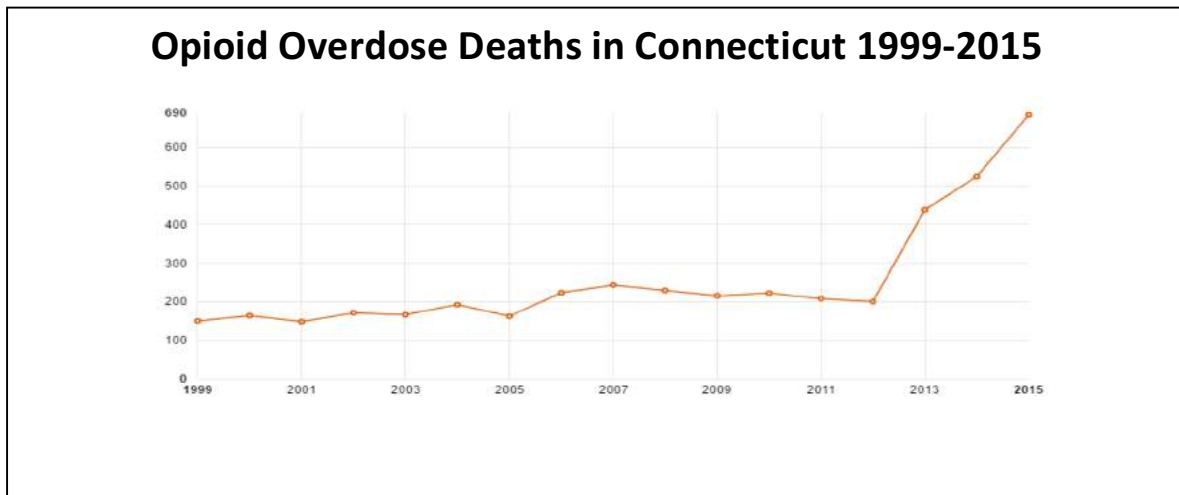
Rolling back the Medicaid expansion at the height of a drug epidemic is tragically shortsighted and threatens the treatment services that are helping individuals struggling with this devastating addiction, their families, and our communities.

However, the Republican plan would not stop there. Republicans would end Medicaid as we know it by capping federal Medicaid dollars and radically restructuring the program.

- **The Medicaid expansion helped nearly 1.3 million people, including 220,000 with an opioid disorder,<sup>viii</sup> access behavioral health care services and decreased the unmet need for substance use disorder treatment among low-income adults by 18 percent.<sup>ix</sup>**
- **Medicaid provides health care coverage for more than one-third of people with opioid use disorders.<sup>x</sup>**
- **Medicaid beneficiaries with opioid use disorders are more likely to receive treatment (both inpatient and outpatient treatment) than privately insured adults with the disorder.<sup>xi</sup>**
- **Nationally, Medicaid pays for nearly a quarter of all prescriptions for the opioid use disorder treatment buprenorphine. In Connecticut, Medicaid funding is used to pay for 44 percent of buprenorphine prescriptions.<sup>xii</sup>**

The Republican plan would be a disaster for Connecticut families. It would undercut the efforts of Connecticut health care leaders, law enforcement, social service agencies, people in recovery, families of those struggling with addiction, and individuals with opioid use disorder

to fight this epidemic. And it does all of that in order to finance a massive tax cut for the wealthy.



Kaiser Family Foundation. State Health Facts. [Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths](#)

## What is at Stake for Connecticut Families Affected by the Opioid Epidemic

Over 20 million Americans have gained coverage nationally, causing the share of Americans without health insurance to reach the lowest level in history. More than 300,000 Connecticut residents have gained coverage through the ACA, particularly from the tax credits that make premiums affordable and Medicaid expansion. This unprecedented increase in health coverage has led Connecticut's uninsured rate to drop to a mere 3.5 percent.<sup>xiii</sup>

Among those gaining coverage are those who need treatment for opioid use disorders, other substance use disorders, or other behavioral health conditions.

The Republican health care bills would undermine these gains:

- *Connecticut residents who gained opioid treatment coverage through Medicaid expansion could be left without care.* Nutmeggers in treatment thanks to coverage expansion could lose substance use disorder services under the Republican plan to end the Medicaid expansion. Nationwide, one in three people covered through the Medicaid expansion have a mental illness, substance use disorder, or both. The Senate bill attempts to address this by including a paltry \$2 billion in 2018 for grants to states to support treatment and recovery services. One expert has estimated that it would cost more than \$183 billion over 10 years to treat addiction and other illnesses for low-income Americans who would lose coverage under the Republican plan. Put another way, the Senate bill would currently provide less than 2 percent of that projected cost.

As Ohio Governor John Kasich recently said of these efforts, “It’s anemic...it’s like spitting in the ocean. It’s not enough.”<sup>xiv</sup>

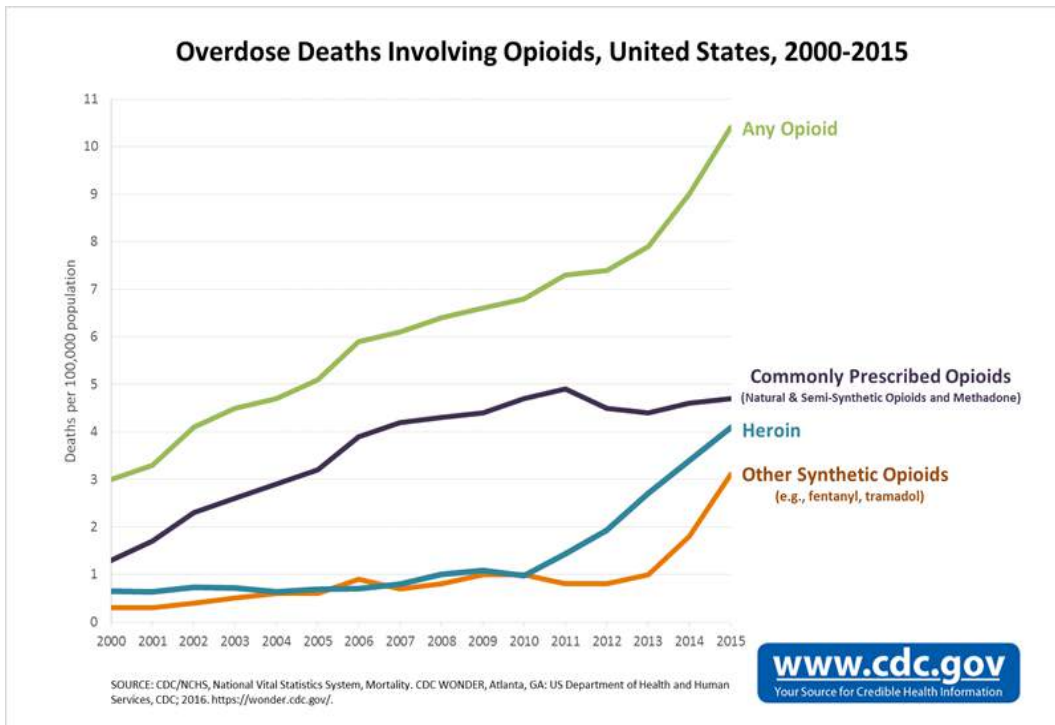
- ***The federal law prohibiting health plans from discriminating against people with substance use disorders by charging them higher premiums can now be waived.*** The House Republican bill creates a new waiver process, allowing states to override federal protections and let insurance companies charge people in treatment or in recovery unaffordable premiums for their “pre-existing” substance use disorder. These waivers undo the federal insurance protection against being discriminated against for having a pre-existing condition.
- ***The federal requirement that plans you buy in the individual insurance market have to cover substance use disorder treatment can now be waived.*** Both the House and Senate bills would allow states to opt-out of the Essential Health Benefits (EHBs) requirement to cover substance use disorder treatment in the individual and small group insurance markets. In a report on the House bill, the non-partisan, independent CBO said that, in states that waive these requirements, “In particular, out-of-pocket spending on maternity care and mental health and substance abuse services could increase by thousands of dollars in a given year for the non-group enrollees who would use those services.”<sup>v</sup> Similarly, the CBO’s estimate of the Senate bill found the following, “For example, if the EHBs were modified to drop coverage of services that have high costs and are used by few people, coverage for maternity care, mental health care, rehabilitative and habilitative treatment, and certain very expensive drugs could be at risk.” The Republican plan could increase average out-of-pocket costs for substance abuse or mental health treatment by \$1,333 for routine care and up to \$12,261 for those who require a hospital stay in waiver states.<sup>xv</sup>
- ***These state waivers could have dramatic repercussions for Connecticut residents who get health insurance through their job.*** Since the proposed bills allow corporations to pick and choose among state regulations, these waivers could result in up to 27 million people with employer coverage losing protections against high annual cost sharing and lifetime limits for services such as treatment for substance use disorders.<sup>xvi</sup>
- ***Financial assistance for middle class families to purchase affordable insurance coverage for treatment would be cut.*** Families who gained coverage because of financial assistance to help make their health care affordable face a new scheme in the House bill that in many cases would dramatically reduce the assistance available. Premium assistance would be fixed and no longer vary by income and geography and would be cut for older Americans. The CBO estimates that the Republican bill would increase premiums by about 20 percent in the individual market next year. A program to reduce cost sharing (deductibles and copays) would be repealed as well, driving up costs at the point when people need health care. These rising costs are likely to put affordable substance use disorder coverage out of reach for many.

- *Costs are shifted from the federal government to Connecticut.* Medicaid is a major payer for substance use disorder services in Connecticut, and costs have historically been shared between the state and federal government. Both the House and Senate Republican bills would take billions out of the Medicaid program by ending the expansion and fundamentally changing Medicaid to a per capita cap. The House bill would cut Medicaid by \$834 billion over 10 years and the Senate bill would slash it by \$772 billion. Collectively, these bills represent a massive cost shift to the states and could cost Connecticut between \$1 billion to up to \$2.9 billion per year when they are phased in. This massive erosion in federal support for Medicaid would leave Connecticut with several unappealing options because of the pressure it will place on the state budget. Connecticut policymakers would have to either (1) bear the additional costs with state funding, (2) limit benefits to Medicaid enrollees, (3) reduce the number of people served, or (4) reduce rates to providers.
- *The Republican bills provide billions of dollars in tax breaks to pharmaceutical companies, including those that helped fuel the opioid epidemic.* The ACA imposed an annual fee on manufacturers and importers of branded pharmaceuticals based on their market share of all branded pharmaceuticals sales. The funding generated from this fee helped finance the coverage expansions within the ACA. The CBO estimates that repealing this fee means \$25.7 billion goes back to the drug companies, including those that manufacture prescription opioids.<sup>xvii</sup>

## The Opioid Epidemic

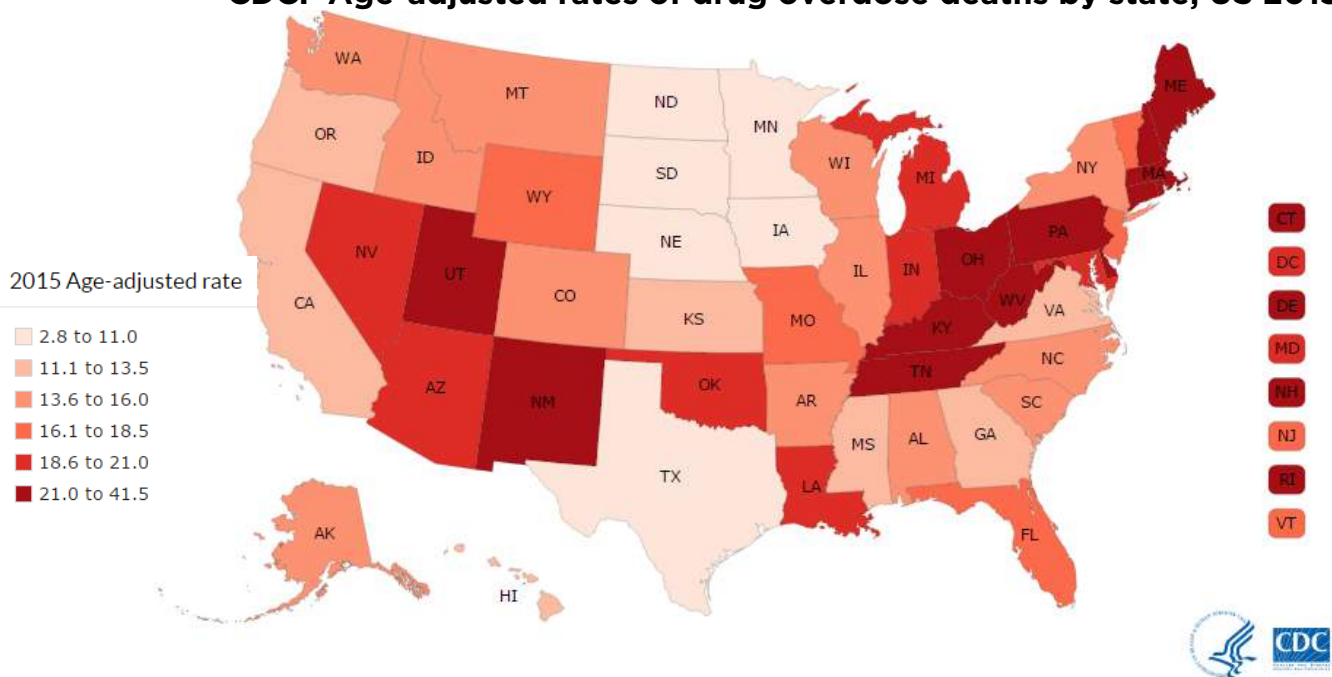
Every day, 91 Americans die from an opioid overdose.<sup>xviii</sup> Since 1999, the amount of prescription opioids sold in the United States has nearly quadrupled without a corresponding change in the amount of pain that Americans report. Sadly, deaths from prescription opioids has quadrupled as well during this time. Over 2 million people have a prescription opioid addiction and more than 590,000 have a heroin addiction.<sup>xix</sup>

A recent study from the Blue Cross Blue Shield Association<sup>xx</sup> found that from 2010 to 2016, there was a 493 percent increase in the diagnosis of opioid use. This has far outpaced the 65 percent increase in the use of medication-assisted treatment. The study also found that women age 45 and older have higher rates of opioid use disorder than men. In contrast, males younger than 45 have higher rates of opioid use disorder than females but females fill more opioid prescriptions than males across all age groups.



According to the Centers for Disease Control and Prevention, Connecticut had the 11<sup>th</sup> highest age-adjusted overdose death rate in the nation, with 22.1 deaths per 100,000 people in 2015.

### CDC: Age-adjusted rates of drug overdose deaths by state, US 2015



Nationally, between 2005 and 2014, there was a dramatic increase in hospitalizations involving opioids.<sup>xxi</sup> Unfortunately, Connecticut has been one of the leaders in this category, and hospitals across the state continue to see the effects of the opioid epidemic. Connecticut was in the top

category of opioid-related inpatient rates for individuals between the ages of 25 to over 65. Additionally, Connecticut had among the highest rates of opioid-related emergency department visits for patients ages 1 to 64.

## **Opioid Use Disorder Prevention and Treatment: Current Law**

Before the Affordable Care Act, people with substance use disorders and mental illnesses were among the most likely to be uninsured, and many plans had no coverage for substance use disorders and mental health services. According to one estimate, 34 percent of individuals who purchased insurance by themselves did not have coverage for substance abuse services, 18 percent did not have coverage for mental health services and 9 percent did not have coverage for prescription drugs<sup>xxii</sup>.

Thanks to coverage gains under current law, substance use disorder services are now being provided to an additional 47,000 Connecticut residents.<sup>xxiii</sup>

The Affordable Care Act took several steps to expand coverage of mental health and substance use disorder prevention and treatment, including:

- Expanding Medicaid with enhanced federal funding to allow states to cover many adults struggling with addiction who were previously uninsured;
- Allowing young adults to remain on their parents' coverage up to age 26;
- Increasing coverage by providing income-related financial support to make insurance premiums, deductibles and co-pays affordable;
- Making mental health and substance use disorder services part of the essential health benefits that individual and small group health plans must cover;
- Eliminating annual and lifetime dollar limits on these essential health benefits;
- Ending health insurers' ability to deny coverage or charge exorbitantly higher premiums based on pre-existing conditions, including mental health and substance use disorders;
- Requiring mental health and substance use disorder benefits to be offered on par with medical and surgical benefits; and
- Requiring plans to cover recommended mental health and substance use disorder preventive services without cost-sharing.

In 2016, Congress passed the 21<sup>st</sup> Century Cures Act, which included Senator Murphy's Mental Health Reform Act and \$1 billion in additional funding to states over two years to further



expand their opioid treatment services. Connecticut already received \$5.5 million through the Cures Act to enhance its response to the opioid epidemic.<sup>xxiv</sup>

## Conclusion

Medicaid coverage and health insurance premium assistance are vital tools in our effort to beat back the opioid epidemic. The Republican health care plan undermines affordable coverage that is a lifeline for individuals seeking treatment. Now is not the time to be losing ground in this fight – yet Trumpcare does exactly that by decimating Medicaid, gutting the Medicaid expansion, and rolling back assistance for middle class families to find affordable health care coverage.

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<sup>ii</sup> Michael Casey. “Drug Overdose Deaths Rise Significantly in Past 5 Years.” *AP News*. December 2016.

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<sup>iii</sup> The Henry J. Kaiser Family Foundation. *Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths*. March 2017. <http://www.kff.org/other/state-indicator/opioid-overdose-deaths/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>iv</sup> Office of the Chief Medical Examiner, Accidental Drug Intoxication Deaths statistics updated on March 21, 2017,

<http://www.ct.gov/ocme/lib/ocme/AccidentalDrugIntoxication2012-2016.pdf>

<sup>v</sup> Congressional Budget Office. *H.R. 1628, American Health Care Act of 2017 Cost Estimate*. May 2017.

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<sup>vi</sup> Congressional Budget Office. *H.R. 1628, Better Care Reconciliation Act of 2017 Cost Estimate*. June 2017.

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<sup>vii</sup> Congressional Budget Office. *How Repealing Portions of the Affordable Care Act Would Affect Health Insurance Coverage and Premiums*. January 2017. <https://www.cbo.gov/publication/52371>

<sup>viii</sup> Richard G. Frank and Sherry A. Glied. *Keep Obamacare to keep progress on treating opioid disorders and mental illnesses*. The Hill. January 2017. <http://thehill.com/blogs/pundits-blog/healthcare/313672-keep-obamacare-to-keep-progress-on-treating-opioid-disorders>

<sup>ix</sup> Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, *Continuing Progress On The Opioid Epidemic: The Role Of The Affordable Care Act*.

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<sup>x</sup> Richard G. Frank. *Testimony on Economic Aspects of the Opioid Crisis*. U.S. Congress Joint Economic Committee. June 2017. [https://www.jec.senate.gov/public/\\_cache/files/3f089ec3-3765-44e7-a612-cbfaa765232b/dr.-frank---testimony.pdf](https://www.jec.senate.gov/public/_cache/files/3f089ec3-3765-44e7-a612-cbfaa765232b/dr.-frank---testimony.pdf)

<sup>xi</sup> Medicaid and CHIP Payment and Access Commission. *Medicaid and the Opioid Epidemic*. June 2017, page 66.

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<sup>xii</sup> IMS Institute for Healthcare Informatics. *Use of Opioid Recovery Medications: Recent Evidence on State Level Buprenorphine Use and Payment Types*. September 2016.

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<sup>xiii</sup> National Center for Health Statistics, *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2016*.

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<sup>xiv</sup> Kasich: Opioid money in Obamacare bill 'like spitting in the ocean', Politico, July 2, 2017.

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<sup>xv</sup> Christine Eibner and Christopher Whaley. *Technical Appendix: Loss of Maternity Care and Mental Health Coverage Would Burden Those in Greatest Need*. The Commonwealth Fund. May 2017.

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<sup>xvi</sup> Topher Spiro and Emily Gee. *The Emerging Senate Repeal Bill Eviscerates Protections for Millions in Employer Plans Nationwide*. Center for American Progress. June 2017.

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<sup>xvii</sup> Center for American Progress, The Senate Health Care Bill Would Give Millions to Drug Companies Accused of Helping Fuel the Opioid Crisis.

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<sup>xviii</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *Understanding the Epidemic*. December 2016. <https://www.cdc.gov/drugoverdose/epidemic/>

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<sup>xxiii</sup> Joint Economic Committee, TrumpCare Reverses ACA Gains for Mental Health.

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<sup>xxiv</sup> Office of the Governor Dannel Malloy, Gov. Malloy Announces \$5.5 Million in Federal Grants for Connecticut's Efforts to Combat the Opioid Crisis, April 2017. <http://portal.ct.gov/en/Office-of-the-Governor/Press-Room/Press-Releases/2017/04-2017/Gov-Malloy-Announces-5-5-Million-in-Federal-Grants-for-CTs-Efforts-to-Combat-the-Opioid-Crisis>