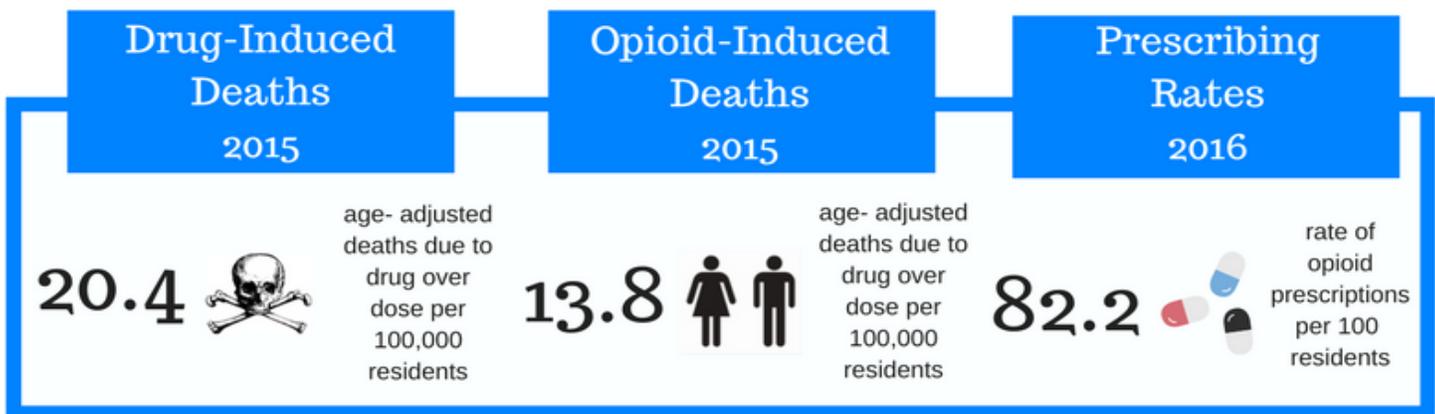


The Opioid Crisis & the Role of Medicaid

Nevada's Opioid Crisis

The opioid crisis affects more than 12.5 million Americans¹. Opioids have been the leading cause of drug overdose deaths nationally since 2010². Across the U.S., opioid-related emergency department visits increased 99% between 2000 -2014³. Nevada is no exception to the epidemic and has been one of the hardest hit states.

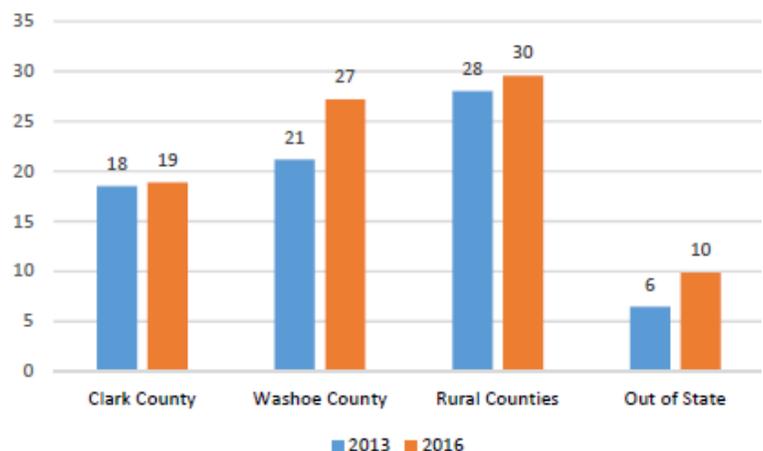
- For every 100,000 residents **13.8** die from an opioid related overdose, **over 25% higher than the national average**³.
- Opioid prescribing rates have decreased nationally from an all-time high in 2012 of 81.3 prescriptions, down to 66.5 prescriptions per 100 persons⁴. In contrast, **more than half of counties in Nevada** have a prescribing rate of 80 opioid prescriptions and **five Nevada counties report more than 100 opioid prescriptions** per 100 persons.



Medicaid Helps Nevadans with Addiction

Nationally, Medicaid provides coverage to more than 650,000 adults with opioid addiction³. This accounts for thirty percent of people with opioid use disorders⁶. In 2013, in Nevada, before the implementation of the Affordable Care Act (ACA), there were **8,843** Medicaid clients addicted to opioids.

Rate of Opioid Addiction Per 1,000 Enrolled Members by County of Residence



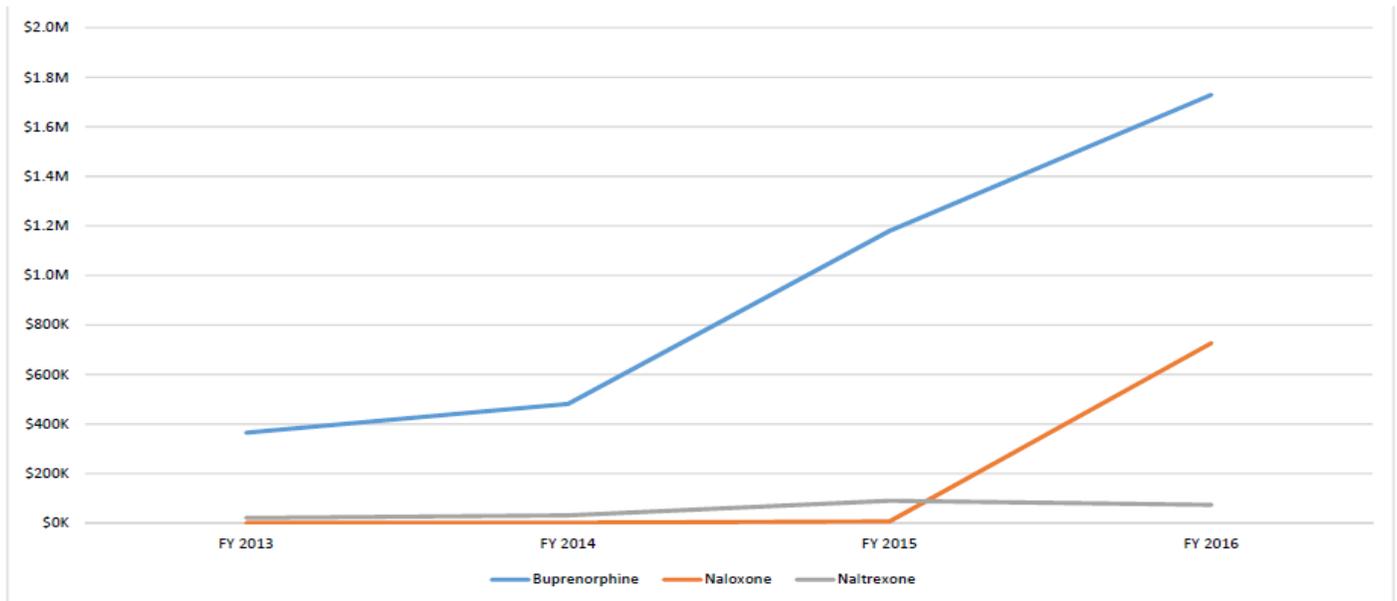
- Post the ACA, the number of those on Medicaid with an addiction problem rose to **17,134**, representing just over two percent of the Medicaid population⁷.
- The **Medicaid expansion group has a higher rate of enrollees with an opioid addiction**, at a rate of 28 enrollees per 1,000, compared to traditional Medicaid at a rate of 17 enrollees per 1,000.
- Medicaid expansion in Nevada has provided **access to substance use disorder treatment to those who need it** and would not otherwise have access. This included access for rural and urban counties.

Medicaid Spending on Addiction Treatment

Access to effective treatment modalities is essential in slowing the pace of a growing epidemic.

- This includes the use of drugs like Buprenorphine and Methadone to reduce cravings and withdrawals, Naltrexone which stops the activity of opioids, and Naloxone which can stop and reverse the effects of opioid overdose⁹.
- In 2013, Medicaid spent approximately \$9.4 billion on opioid addiction⁶. Federal spending on the opioid treatment drugs Buprenorphine, Naltrexone, and Naloxone increased by 136% between 2011 and 2016⁹.
- In Nevada, spending on medication for opioid treatment **has increased by over 400% since 2011⁹**. In 2016, spending on Buprenorphine, Naloxone, and Naltrexone **totaled more than 2 million** for Nevada⁷. The **cost of Buprenorphine and Naltrexone were driven by demand**, while the cost of Naloxone was driven by increases in prescription cost⁷. **According to the Urban Institute, states with a high growth of residents needing treatment for opioid use disorders, such as Nevada, will be hardest hit by reductions of federal Medicaid spending⁹.**

Cost of Opioid Addiction Treatment Drugs in November 2016 Dollars



- Costs are adjusted to November 2016 dollars using the consumer price index for US medical care
- There was a significant cost increase for Naloxone in January 2016, which explains the increase in 2016

What's at Stake?

Access to treatment for those seeking help would be impacted:

- Nearly **9,000** Nevadan's suffering from opioid addiction who access care through Nevada's Medicaid Expansion **could lose coverage**.
- An additional **8,000** in traditional Medicaid have an uncertain future in terms of coverage⁷.

Loss of coverage will have dramatic effects on addressing the opioid epidemic, including **societal impacts that go beyond the individual**. This includes lack of access to treatment for pregnant women, children growing up in homes with adult users, parental incarceration. All of which can lead to generational health and societal consequences¹⁰.

"No matter what, the American people will bear the cost of this epidemic—either by paying for treatment now, or by paying for the medical, economic, and social consequences of denying it later. The choice should be clear." ~ PLOS Medicine

This fact sheet was created by Erika Marquez PhD MPH & Tara Phebus MPH from the Nevada Institute for Children's Research and Policy, in collaboration with the Children's Advocacy Alliance, and the Nevadans Together for Medicaid Coalition.

For more information visit: <http://www.nvformedicaid.com/>