

Issue: Medicaid Expansion-FL

We Need Medicaid Expansion to Combat the Opioid Crisis.

1. Florida's opioid crisis is serious.

Opioids, mostly heroin and fentanyl, killed an average of 14 people a day in Florida during the first half of 2016. "It's killing more people a day than traffic accidents and guns," said Mark Fontaine, executive director of the Florida Alcohol and Drug Abuse Association.¹ More than 4,000 babies were born addicted to opioids in 2016, an increase of over 1,000 percent from a decade ago.²

2. Governor Scott's response has been abysmal.

In 2011 he [eliminated the Office of Drug Control](#) and [refused to expand Medicaid](#), which would have helped 300,000 Floridians access treatment for opioid addiction.³ Florida ranks 49th in the nation in funding for programs dedicated to combating mental health and substance abuse.⁴ He did not even mention the opioid epidemic in his 2017 opening remarks to the legislature. Immediately after that, he and legislators were urged by 250 Palm Beach County Officials, mayors, a circuit judge, various county commissions, innumerable newspaper editorials and columns to declare a public health emergency.⁵ He ignored the fact that since 2014 opioid overdosing had been rising in the state.

Finally, in May of 2017, Scott declared opioid addiction a public health emergency. That order let the state draw down \$27 million a year in federal funds for treatment. And an additional \$38.5 million was added to the state budget.⁶

3. Only criminalization legislation has been passed to address the problem instead of increased treatment.

In June 2017, Rick Scott signed HD 477, sponsored by Rep. Jim Boyd, R-Bradenton. The bill focused not on treatment, but on the law enforcement side, enhancing penalties for dealers and trackers of synthetic opioids. The bill also added fentanyl and other synthetic opioids to the list of controlled substances for which a dealer can be found guilty of murder if a user's death is caused by the drug. Senate Bill 150, sponsored by Sen. Greg Steube, R-Sarasota, would make selling, buying or manufacturing 4 grams or more of fentanyl a first-degree felony.

Scott attempted to get maximum publicity to show that he was finally doing something about the opioid epidemic. For media attention, he signed the same bill 4 times in 4 different cities!

There has been some criticism of the legislation. It does not improve availability of treatment. It mandates minimum sentences for possession of as little as 4 grams of fentanyl that could imprison small-time addicts, many of whom aren't even aware they're buying fentanyl.⁷

Also passed during the 2017 session were:⁸

HB557: The reporting time to the Prescription Drug Monitoring Program was reduced from 7 days to the close of the next business day.

HB249: All drug overdoses are required to be reported to a centralized data collecting point.

HB807: Regulations to curb unethical marketing and patient brokering for procuring and treating patients in “sober homes”, which are homes for recovering addicts.

4. We need funds from Medicaid expansion to combat our opioid crisis.

According to one study reported in the Tampa Bay Times, Florida’s per capita funding for mental health services, which includes drug abuse treatment, ranks 49th in the nation. Even if you dismiss human compassion in the argument, the strategy makes no sense economically. A report by the National Institute on Drug Abuse suggests it costs nearly 500 percent more to incarcerate a drug addict than to provide a year’s worth of methadone treatment.⁹ Florida’s opioid crisis hospital costs in 2015 were \$1.1 billion.¹⁰

There are 2.8 million people in Florida suffering from mental illness or substance abuse disorder. Of the 2.8 million, 726,000 are uninsured. Medicaid expansion would have provided services for about 309,000, or 46 percent of the uninsured. Researchers found that among low-income individuals with a serious mental illness, the likelihood of mental health treatment was 30% greater for individuals enrolled in Medicaid.¹¹

5. Medicaid expansion provides demonstrated benefits for substance use disorders.

Medicaid expansion states have seen greater improvements in access to medications and services for the treatment of behavioral and mental health conditions. This includes studies that have shown that Medicaid expansion is associated with increases in Medicaid-covered prescriptions for and Medicaid spending on medications to treat opioid use disorder and opioid overdose.¹²

If Florida were to expand Medicaid, the federal government would cover 90 cents on every dollar spent on all aspects of combating the opioid crisis: prevention, initial intervention, treatment, and recovery management. State general funds could then be “freed up” for other uses such as education. Especially important is using Medicaid for routine primary care for youths and young adults, an important avenue for detecting and treating early substance misuse or mental illness before more significant problems develop.

6. Opioid deaths increased in Sarasota County.¹³

In 2015, there were 412 deaths with opioids present in the county; 81 deaths were directly caused by opioids. In the 4 years from 2012-2015, direct cause opioid deaths increased by 39.7%. The costs of treatment were significant: public-payer, drug-related charges: \$20.3 million, Medicaid managed-care charges: \$13.4 million and neonatal-abstinence-syndrome charges: \$3.6 million.

¹ Michael Auslen, “As Florida’s opioid crisis worsens, what are state officials doing?” Tampa Bay Times, January 10, 2018.

² Dara Kam, News Service of Florida, “Opioid Crisis Taking Toll on Florida’s Children,” November 9, 2017.

³ Ibid.

⁴ Michael VanSickler, “What has Rick Scott done to address Florida’s opioid crisis?” Tampa Bay Times, October 12, 2017.

⁵ American Bridge pac.org, “Rick Scott’s Opioid Crisis,” November 1, 2017.

⁶ Auslen

⁷ American Bridge

⁸ Four Impacts of the 2017 Legislative Session; Florida Behavioral Health Association, <https://infograph.venngage.com/s/sPdKhuzp0U>

⁹ John Romano, “Ignoring drug crisis has a cost beyond life and death,” Tampa Bay Times, June 8, 2017.

¹⁰ Larisa Antonisse, Rachel Garfield, Robin Rudowitz and Samantha Artiga, “The Effects of Medicaid Expansion under the ACA: Updated Finding from a Literature Review,” The Kaiser Family Foundation, Issue Brief, September 2017.

¹¹ Romano

¹² Judith Dey, Emily Rosenoff and Kristina West, “Benefits of Medicaid Expansion for Behavioral Health,” Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, March 28, 2016.

¹³ Media Publication and Public Information Resource, Florida Behavioral Health Association, January 2017.