

August 6, 2018

The Honorable Four Price  
Select House Committee on Opioids & Substance Abuse Chairman  
Texas House of Representatives, EXT E2.1010  
P.O. Box 2910  
Austin, TX 78768

**Dear Chairman Four Price and members of the Select House Committee on Opioids & Substance Abuse:**

As the committee explores how best to address the growing opioid crisis in Texas and the long standing problem of substance use disorders (SUD) in our state, we respectfully ask the committee to consider the impact high uninsured rates have on our state's ability to meet these challenges. The undersigned organizations believe that in order to make real strides in ensuring affected Texans obtain necessary treatment and recovery services to lead healthy lives, access to affordable healthcare coverage is key. We urge the Committee to recommend the Legislature take steps to reduce the state's high uninsured rates as part of its effort to address substance use disorders.

The opioid crisis and challenges with other substance use disorders have devastated children, families and communities across Texas and the nation. Drug overdose deaths rose by over 7% in 2016, with many deaths due to opioids. The [leading cause of maternal mortality](#) in Texas is drug overdose, with the Panhandle and Dallas/Fort Worth regions facing the greatest risk of maternal death due to overdose.<sup>1</sup> Texarkana, Amarillo, Odessa, and Longview are among the 25 American cities with the [highest opioid abuse rates](#), but every corner of the state faces substance use

---

<sup>1</sup>file:///C:/Users/ruizz/AppData/Local/Packages/Microsoft.MicrosoftEdge\_8wekyb3d8bbwe/TempState/Downloads/Role%20of%20Opioid%20verdoes%20in%20Confirmed%20Maternal%20Deaths\_Dec2017\_FINAL%20(7).pdf

challenges.<sup>2</sup> Substance use disorders add significant costs to our state budget for health care, public safety, criminal justice, domestic violence, and foster care. Overdose deaths, [CPS removals](#) of children from parents struggling with addiction, and other tragic results have spurred state leaders to action, and we appreciate both the Texas House and Senate holding hearings on the subject this year to prepare for the next legislative session.<sup>3</sup>

To address this crisis, state leaders, including the Select House Committee on Opioids and Substance Abuse, must take action to ensure that Texans with substance use disorders have access to effective treatments, like residential treatment, counseling, medication assisted treatment, and long-term recovery supports.

Unfortunately, many Texans with substance use disorders do not have insurance and therefore face significant barriers accessing treatment services. Texas has the [highest uninsured rate](#) in America, and is the state with the most uninsured adults and children.<sup>4</sup> One result of this pervasive lack of coverage is—according to the U.S. Department of Health and Human Services—in a given year [about one million](#) Texas adults face mental illness or a substance use disorder without the benefit of health insurance.<sup>5</sup>

Those uninsured Texans are left with few, if any, options. A small number of low-income, uninsured Texans are treated through community-based providers relying in part on limited federal block grants. These safety-net programs are stretched thin and significant unmet needs remain. In fact, in 2017 community-based substance use providers were able to serve only [5.8 percent](#) of uninsured, low-income Texas adults with a substance use disorder.<sup>6</sup> Lack of coverage, and with it, the inability to afford treatment, creates an insurmountable barrier for most uninsured Texans in need of SUD care.

Under Medicaid policies set by the Legislature, low-income workers in Texas generally do not have access to health insurance. Many construction workers, cooks, child care providers, and

---

<sup>2</sup> <http://bettertexasblog.org/2017/11/measuring-and-responding-to-the-texas-opioid-crisis/>

<sup>3</sup> <http://thehill.com/policy/healthcare/393129-opioid-crisis-sending-thousands-of-children-into-foster-care>

<sup>4</sup> [bettertexasblog.org/2017/09/gap-texas-u-s-health-coverage-continues-widen-census-shows/](http://bettertexasblog.org/2017/09/gap-texas-u-s-health-coverage-continues-widen-census-shows/)

<sup>5</sup> <https://aspe.hhs.gov/system/files/pdf/190506/BHMedicaidExpansion.pdf>

<sup>6</sup> [https://forabettertexas.org/images/HW\\_2018\\_SubstanceUse\\_Medicaid.pdf](https://forabettertexas.org/images/HW_2018_SubstanceUse_Medicaid.pdf)

other low-wage earners don't receive insurance from their employers and don't make enough to buy insurance. Spouses also miss out on insurance if they stay home to take care of a baby or other family members. In states that have accepted Medicaid expansion funding from the federal government, those workers can enroll in health insurance through Medicaid. Texas has not accepted Medicaid expansion funds yet, so the only low-wage Texas workers that can enroll in Medicaid health insurance are seniors, pregnant women, and Texans with severe disabilities or near-death illnesses, and parents who earn less than \$320 a month.

The U.S. Department of Health and Human Services reports that if Texas accepted Medicaid expansion funding approximately 400,000 of the one million uninsured Texas adults with mental illness or substance use disorders would be covered by health insurance and become eligible to receive treatment.

Recent reports show Medicaid plays a central role in addressing the growing SUD and opioid crisis in other states, with states that have expanded Medicaid coverage seeing significant increases in access to treatment services. A Manatt Health [report](#) emphasizes that Medicaid spending on comprehensive health care services for people with an opioid use disorder (OUD) dwarfs the other federal grants available to states for OUD treatment and prevention.<sup>7</sup> In New Hampshire, Ohio, and West Virginia, Medicaid SUD funds for people with an OUD were six to 12 times more than non-Medicaid federal grant funds available in 2017. In New Hampshire and West Virginia (both of which have expanded Medicaid), more than half of Medicaid enrollees with an OUD are in the expansion group.

A [report](#) from the Center on Budget Policy Priorities provides extensive evidence about how Medicaid helps to significantly increase SUD services.<sup>8</sup> After expanding Medicaid, Kentucky experienced a 700 percent increase in patients insured with Medicaid using substance use treatment services. Nationally, Medicaid expansion has been shown to reduce the unmet need for substance use treatment by 18.3 percent. Access to comprehensive healthcare coverage has

---

<sup>7</sup> [https://www.shvs.org/wp-content/uploads/2018/03/SHVS\\_Medicaid-Opioids\\_Final.pdf](https://www.shvs.org/wp-content/uploads/2018/03/SHVS_Medicaid-Opioids_Final.pdf)

<sup>8</sup> <https://www.cbpp.org/research/health/medicaid-expansion-dramatically-increased-coverage-for-people-with-opioid-use>

additional benefits; people with SUDs also need access to physical and mental health services which coverage expansion can provide.

Healthcare coverage is so central to our ability to address the growing SUD and opioid epidemics that public health and law enforcement officials, policymakers, and policy experts identify Medicaid expansion as a crucial solution for addressing the crisis. Mounting evidence suggests that states that do not expand coverage will lag behind when it comes to addressing SUD.

Texas Medicaid began covering treatment in 2011 for the small number of Texas adults who are eligible for the insurance program and results have been positive. Summarizing the data on the new substance use disorder benefit, [CPPP wrote](#):<sup>9</sup>

*A November 2017 [report](#) by HHSC shows that adding the benefit did not increase the per-person cost of Medicaid services for people with an SUD diagnosis.<sup>10</sup> **More importantly the limited data on outcomes show meaningful improvements in people’s lives in terms of decreased homelessness, decreased arrests, and increased employment.** Although it is hard to draw a direct link between access to SUD treatment services and improved outcomes, it is definitely a contributing factor.*

To effectively address substance use disorders in Texas, and in order to address many of the other challenges facing the state, Texas leaders must work on a plan to reduce the state’s high uninsured rates and connect more low-wage workers with insurance. **Texas voters have made clear they want the Legislature to work on this issue.** In a [recent poll](#), 87 percent said it was a “top priority” or “important” for the Legislature to work on improving access to health insurance.<sup>11</sup>

---

<sup>9</sup> <http://bettertexasblog.org/2018/02/hhsc-reports-substance-use-disorder-treatment-texas-medicaid-working/>

<sup>10</sup> <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/substance-abuse-disorder-treatment-nov-2017.pdf>

<sup>11</sup> <https://www.kff.org/report-section/texas-residents-views-on-state-and-national-health-policy-priorities-findings/>

We ask this committee, specifically selected to advise the Texas legislature, to include the need to reduce our high uninsured rates as a key solution for our state's strategy to address the opioid and substance use crisis.

Sincerely,

Center for Public Policy Priorities

Children's Defense Fund – Texas

Community Health Choice

Depression and Bipolar Support Alliance Texas G.O.

Doctor's for Social Responsibility

Easter Seals

NAMI Texas

NASW

Texans Care for Children

Texas AFL-CIO

Texas Association of Community Health Centers (TACHC)

Texas Organizing Project

United Ways of Texas

Contact: Laura Guerra-Cardus, Children's Defense Fund – Texas,  
lguerracar@childrensdefense.org; (713) 419-8422