

September 21, 2014

Testimony and Comments regarding Medicaid 1115 Waiver Application submission to the Centers for Medicare and Medicaid Services to create the Healthy Indiana Plan (HIP) 2.0.

The creation and implementation of the Affordable Care Act (ACA) is an extraordinarily critical policy change opportunity for persons with serious mental illnesses. It has the potential to expand access to treatment in very significant ways.

We face treatment gaps in Indiana: many families affected by serious mental illnesses—brain disorders like schizophrenia, bipolar disorder, major depression, PTSD, and borderline personality disorders—cannot access treatment for a host of reasons. Limitations to access, lack of payment options, and stigma are chief among them. However, we know that treatment often works, and that recovery is possible for many.

Indiana has the great opportunity to expand access to health care—and more specifically mental health and substance use treatment. The prevalence of mental illness and substance use disorders in this population is significant nationally--and even greater in Indiana.

The prevalence of Serious Mental Illness among adults ages 18-64 eligible for current Medicaid is almost 12% nationally. According to SAMSHA, it is almost twice that much in Indiana at almost 24%. Similarly, the SMI prevalence in the Medicaid Expansion population is 7% nationally and over twice that at 15% in Indiana. The prevalence of substance use disorders eligible for Medicaid in Indiana is comparable nationally at over 12%, but in the Expansion population, again the national prevalence is just over 14% while in Indiana it is 24%.

Indiana must take advantage of the opportunity to provide access to healthcare to the over 350,000 Hoosiers that fall within the Expansion population. NAMI Indiana joins with other mental health and health advocacy organizations and supports the proposal to use the Healthy Indiana Plan (HIP) as the model for expansion.

A significant number of Hoosiers who require treatment for serious mental illnesses will not be able to receive it without the coverage offered through the HIP 2.0 plan. Indiana must move forward to provide coverage for all Hoosiers, and our organization supports Indiana's plan to use HIP 2.0 to meet that goal.

Sincerely,



Joshua G. Sprunger
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NAMI Indiana

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