



House Committee on Health and Human Services

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NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support.

NAMI Kansas supports the expansion of KanCare as a means of providing health care access to more than 21,000 uninsured Kansas who experience mental illness. This represents approximately 13 percent of the overall uninsured population in the state.¹ With KanCare coverage, more people who experience mental illnesses will get the treatment they need. This includes identifying mental health problems earlier and improving the opportunities for recovery. Studies clearly document that effective treatment for mental illness has a positive impact on overall health care costs.

Expanding Medicaid will help people living with mental illness get back to work. Focusing on mental health recovery will help individuals to become more productive and will provide a pathway for transitioning into a health plan in the insurance marketplace. In this sense, Medicaid expansion is consistent with initiatives that the Governor has put forward to maximize employment for individuals with disabilities.

NAMI Kansas is concerned about the high cost of uncompensated care. When mental illness is not treated, costs get shifted to emergency rooms and the criminal justice system. Families break up. Taxpayers end up paying avoidable costs, including unnecessary state hospital admissions.

KanCare expansion would have a significant positive impact on our Community Mental Health Centers (CMHCs) given the level of care they are providing to the uninsured and given the cuts in state funding for the uninsured that they have experienced in the last several years. 53 percent of the people treated by CMHCs are uninsured. Many of these individuals who need ongoing care may only get attention in times of crisis. They need the essential health benefits that KanCare would

provide.

Data from the Substance Abuse & Mental Health Services Administration (SAMHSA) indicates that 19.9% of adults in the U.S. had a mental illness in 2010 and 4.8% had a serious mental illness such as schizophrenia, major depression or bipolar disorder². An estimated 95,000 adults in Kansas are affected by a serious mental illness³. Fewer than 40% of adults with a diagnosable mental disorder receive any mental health services in a given year. The annual cost burden on Kansans for untreated serious mental illness is estimated to be \$1.17 billion.⁴ More than 36% of this cost burden falls to private sector employers reflecting the loss of productivity as a result of illnesses. Untreated mental illness is also associated annually with an estimated 128 suicides and 21,000 incarcerations.

One in five people with a serious mental illness are uninsured.⁵ People with low income and no insurance are twice as likely to have a psychiatric disorder.⁶ Approximately 15 percent of the uninsured have a serious mental health condition.⁷ Without treatment, individuals with a serious mental illness are at an increased risk of hospitalization.⁸ If an individual is uninsured, they are less likely to use community-based services and more likely to rely on emergency services.⁹

The overall economic impact of expanding KanCare represents a gain for the State of Kansas. As a matter of policy, it reflects on our commitment to improve the health care of a substantial number of individuals while driving positive growth in employment in the health care sector. We urge you to move forward to authorize the expansion of KanCare.

Thank you for the opportunity to provide this information to the Committee.

¹ National Alliance on Mental Illness, *Medicaid Expansion and Mental Health Care*, 2013.

² Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings. Substance Abuse and Mental Health Services Administration. <http://oas.samhsa.gov/NSDUH/2k9NSUDH/MH/2K9MHResults.pdf>.

³ Holzer, III, C.E. and Nguyen, H.T., psy.utmb.edu.

⁴ Health Care Foundation of Greater Kansas City, *The Costs of Untreated Mental Illness* (2012). <http://hcfgkc.org/costs-untreated-mental-illness>

⁵ SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005.

⁶ Mechanic, D. (2001). *Closing Gaps in Mental Health Care*. Health Services Research 36:6.

⁷ SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005.

⁸ McAlpine, D.D. (2000). Utilization of Specialty Mental Health Care Among Persons with Severe Mental Illness: The Roles of Demographics, Need, Insurance, and Risk. Health Services Research. 35.1

⁹ Yanos, P.T., et al. Correlates of Health Insurance Among Persons with Schizophrenia in a Statewide Behavioral Health Care System. Psychiatric Services, 55(1).