

Documentation of Estimates

1. \$1.2 billion in Behavioral Health spending under 21st Century Cures Act. \$1 billion appropriated in Title I of Cures Act. The \$200 billion represents yearly totals of new appropriations for mental health. Thus, reauthorized spending levels at prior funding levels are not counted in this estimate.
2. To obtain our estimates of people with serious mental illnesses covered in the exchanges we used tabulations from the National Household Survey of Drug Use and Health (NSDUH) for the years 2008-2010 for the income levels that qualify for subsidies the Exchanges. Those rates were then applied to the first quarter of 2016 enrollment data reported in ASPE December 2016 state data releases. We then applied the national rate for serious mental illness to the 15% of enrollees that do not qualify for subsidies. Note that this is likely to produce an underestimate since sicker people have tended to enroll in greater numbers in the exchanges. (This is suggested by tabulations of enrollment patterns in other studies).
3. The Medicaid expansion figures for serious mental disorders are based on prevalence rates for the incomes covered by expansion obtained from tabulations of the NSDUH for 2014. These were applied to estimates of enrollments attributable to Medicaid expansion reported by the Council of Economic Advisors (CEA). Those estimates of people gaining coverage through expansion were produced for the CEA by the Urban Institute's HIPSIM model. They are available in the December 2016 ASPE release of state data on insurance coverage.
4. The number of people with Substance Use Disorders in the Exchange population is based on prevalence rates for substance use disorders in 2014 and prevalence estimates of opioid use disorders for 2012-2014 from NSDUH.
5. The \$5.5 billion in spending on mental and substance use disorder care under the Exchanges and the Medicaid expansion population were obtained by multiplying the prevalence rate by utilization rates (for insured and Medicaid populations) conditional on having a disorders (28% for Exchanges; 35% in Medicaid). These data were obtained from the NSDUH for 2014. This produces the number of treatment users. We then applied average spending per user estimates from MEPS Statistical Brief #487; May 2016) for the insured population and from Medicaid claims data (SAMHSA Analysis of MAX Claims SMA-15-4908, 2015) for the Medicaid expansion population.
6. The percent of MAT that comes from Medicaid is based on estimates made by the IMSHealth (Use of Opioid Recovery Medications Report by the IMS Institute for Healthcare Informatics; June 2016).