The Health Coverage Gap and Law Enforcement

As many as 62,000 Idahoans fall into the "health coverage gap." This means they earn too little to qualify for a tax credit to purchase health insurance on the state health exchange but make too much, even at low income levels, to qualify for Medicaid.

Currently, local law enforcement officials in Idaho are at the front lines of mental health and substance use crises in their communities because Idahoans who need help for these conditions lack health coverage for needed treatments. By closing the coverage gap, we can ensure Idahoans with substance use issues and mental illness have access to the health care treatment they need, in turn, reducing the need for law enforcement to play this role.

The Coverage Gap Makes Law Enforcement's Job Even Harder
Idaho's excellent law enforcement officers know that effective treatment of substance use or mental illness can help prevent tragedies in our communities, such car accidents, drug overdoses, suicide and homicides. Closing Idaho's coverage gap would provide thousands of Idahoans with health care to improve their lives and make our communities safer for everyone.

Closing the Coverage Gap Saves the State and Counties Millions of Dollars
Idaho currently uses county indigent funds and the state's Catastrophic Healthcare Fund to cover the costs of Idaho's uninsured. Nearly half (49.7%) of all medically indigent cases reported by Idaho counties involve a mental health diagnosis.[1] Closing the coverage gap would reduce indigent care costs and save local communities money. That money could be used for public investments in law enforcement, schools, roads and other building blocks of a strong economy.

Closing the Coverage Gap Helps Address the Opioid Crisis
In their role as first responders, law enforcement officers see first-hand the consequences of untreated addiction. Opioid addiction in Idaho is growing, but availability of treatment has not kept pace with the need. Since 2016 the number of opioid related drug-induced deaths in Idaho has increased by 69%.[2] Addiction is a health issue, and we cannot arrest our way out of the opioid crisis. States that closed the coverage gap by insuring more people through Medicaid, have seen an increase in people receiving treatment for substance use issues. In states with expanded Medicaid, the uninsured rate for opiate-related hospitalizations has plummeted by 79%.[3]

Early Mental Health Intervention Prevents Future Crime
One in four Idahoans suffer from some form of mental illness, and over half do not get any treatment.[4]

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[1] Data provided by Idaho Association of Counties.

[2] KBOI News, "What is being done about Idaho's opioid epidemic?" 2018

[3] Broadduss, Matt; Bailey, Peggy; Aviva, Aron-Dine; Medicaid Expansion Dramatically Increased Coverage for People with Opioid-Use Disorders, Latest Data Show (February 28, 2018). Available at CBPP: https://www.cbpp.org/research/health/medicaid-expansion-dramatically-increased-coverage-for-people-with-opioid-use

[4] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Idaho, Volume 4: Indicators as measured through the 2015 National Survey on Drug Use and Health, the National Survey of Substance Abuse Treatment Services, and the Uniform Reporting System*. HHS Publication No. SMA-17-Baro- 16-States-ID. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

CLOSE THE GAP
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Mental illness is treatable, and while the overwhelming number of people with mental illness are not and never will be violent, it's essential that people with mental illness are able to get the treatment they need to stay healthy and safe. In other states that closed the coverage gap, violent crime dropped by nearly 6% and property crime fell 3%.[5]

By closing the health coverage gap, Idahoans will receive screening, diagnosis and treatment of mental illnesses, which will reduce burdens on law enforcement to address untreated mental health issues in the community.

[5] Vogler, Jacob, Access to Health Care and Criminal Behavior: Short-Run Evidence from the ACA Medicaid Expansions (November 14, 2017). Available at SSRN: https://ssrn.com/abstract=3042267or http://dx.doi.org/10.2139/ssrn.3042267