

Where We Stand:

NAMI believes that all people with mental health conditions deserve accessible, affordable, and comprehensive health care. NAMI supports state efforts to expand Medicaid, as indicated in the Affordable Care Act (ACA), to provide important mental health services and supports to more low-income adults.

Why We Care:

Access to health insurance coverage is essential for people with mental illness to access mental health care and successfully manage their condition. Medicaid is a lifeline for tens of millions of Americans as the nation's [largest](#) payer of mental health condition and substance use disorder (MH/SUD) services, and [nearly 40%](#) of nonelderly adults covered by Medicaid have a MH/SUD. Through Medicaid coverage, people with mental health conditions can access critical services like psychotherapy, inpatient treatment, prescription medications, and crisis care.

Before the Affordable Care Act (ACA), many people with mental health conditions did not qualify for Medicaid unless they were pregnant, elderly, or qualified for disability benefits. To increase access to health insurance, the ACA expanded Medicaid eligibility to adults with incomes up to 138% of the federal poverty level, a population group that includes many people with mental illness. By allowing people to qualify for coverage based on income, rather than a disability determination, Medicaid expansion removes barriers to coverage for many people with mental illness. This expansion of Medicaid eligibility has enrolled an estimated [21 million](#) people, and nearly [30%](#) of this expanded eligibility population are individuals with a mental health condition and/or a substance use disorder.

Medicaid expansion has improved health outcomes for people with mental health conditions. Medicaid expansion has led to [more](#) people with serious mental illness using mental health services and [fewer](#) people delaying or skipping necessary care. Medicaid expansion states have seen [improvements](#) in access to medications and services for MH/SUD, as well as [decreased](#) suicide mortality. Medicaid

expansion has helped people receive the mental health services they need to thrive in their communities.

To incentivize states to accept Medicaid expansion, the ACA provided a 90% match rate on the group of people covered — a higher rate than states' regular Medicaid match rate for most other populations. This means that states only have to pay for 10% of the expansion program's costs. The increased federal support to cover the expansion population allows states to increase health insurance coverage in a cost-effective manner.

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Medicaid expansion was originally a requirement of the law, but a Supreme Court ruling in 2012 made the Medicaid expansion optional for states. To date, over [75%](#) of states have elected to expand Medicaid. However, in a few expansion states, continued coverage of this population is contingent on the ACA's enhanced federal match rate. Some states have so-called "[trigger laws](#)" that would immediately end Medicaid expansion or require reevaluation if the enhanced match rate was eliminated or reduced, putting coverage at risk for millions of Americans. NAMI remains committed to Medicaid expansion and urges policymakers to continue to build on its gains in health care coverage for people with mental health conditions.

To learn more about NAMI's work on this issue, visit www.nami.org/Advocacy/Policy-Priorities