

Opioids Are Destroying Utah's Health

Medicaid Presents a Life-Saving Solution for Affected Youth of All Ages

CHIP and Medicaid provide vital services for one third of our nation's opioid-addicted individuals, from critical care to newborns exposed in utero to helping addicted teenagers gain sobriety.¹

Utah experienced an average of four Neonatal Abstinence Syndrome babies per 1,000 live births in 2011, which is more than a five-fold increase since 2000.² Moreover, **almost 500 children under the age of 6 were treated for opioid ingestion in 2015**, two thirds of which received Medicaid-funded treatment.³ Additionally, the increasingly high number of youth who end up in foster care due to their parents' substance abuse often receive Medicaid-funded physical and mental health services that mitigate the trauma of growing up in a drug-affected home.⁴

Utah is one of several states that is working to improve access to care and treatment for substance use disorders, including programs to help prevent NAS. These programs provide treatment for addicted parents while also providing care to babies born with NAS, allowing for positive outcomes for both parents and children.⁵ Utah is working to help children impacted by the opioid epidemic

through the Medicaid Early Childhood Targeted Case Management, a home visiting program that makes between 3500 and 4000 visits annually in Salt Lake County. Public health nurses provide home visits to any Medicaid-eligible children from birth to age three. Nurses are able to provide a variety of services to families, including education about child development, helping parents navigate problems, and referring families and children to other programs.

To assist in reducing opioid usage among teenagers, Utah's Medicaid program provides a comprehensive array of prevention, diagnostic, and treatment services to schools, and also provides life-saving treatment to youth who have become addicted to opioids, such as Methadone, Buprenorphine and Naltrexone.⁶

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Thus, Medicaid provides a range of services to Utah youth of all ages to reduce this epidemic's ultimate impact. As law enforcement officials, we have seen firsthand how Medicaid is an indispensable tool in our fight against the opioid epidemic and getting our youth on a path to success. Limiting access to this powerful resource would

decrease the amount of services available to children and youth impacted by the epidemic, which, in turn, could potentially increase death by overdose. Utah's government should not impose additional barriers or restrict access to Medicaid to ensure that those affected by opioid addiction can access needed treatment and care.

1 Medicaid.gov. (2018, February). Medicaid and CHIP total enrollment in February 2018; The Children's Partnership. (2017). Medicaid: On the front lines of the opioid epidemic impacting children in California.

2 National Institute on Drug Abuse. (2018). Utah opioid summary.

3 Kane, J., Colvin, J., Bartlett, A., Hall, M. (2018, March). Opioid-related critical care resource use in US children's hospitals. *Pediatrics*, 141(4).

4 Medicaid and CHIP Payment Access Commission. (2015, June). The intersection of Medicaid and child welfare.

5 The Centers for Medicare and Medicaid Services. (2017). CMS leverages medicaid program to combat the opioid crisis.

6 SAMHSA. (2015, January 26). Coverage of behavioral health services for youth with substance use disorders; American Society of Addiction Medicine (2015). Medicaid Coverage of Medications for the Treatment of the Opioid Use Disorder.

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