

Bridging the Gap: Providing Substance Abuse Treatment for Low Income Individuals

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Summary

At the end of this year, voters will be asked to approve our proposal for increasing funding for substance abuse treatment. Currently, substance abuse costs the nation \$151 billion dollars annually. How many individuals have had a loved one struggle with addiction and could not afford treatment? Help me in combating the substance abuse crisis and improving communities and the lives of its citizens. Much of addiction starts with prescribed medication. More often than not, addiction is a result of negligence on behalf of pharma and medical professionals who prescribe the medication. Our country has come far by leaps and bounds in regard to funding for treatment of mental health and substance abuse (SA). However, we are now seeing where we need to bridge the gap. As many families struggle to make ends meet due to the Covid epidemic and rising gas prices, treatment for addiction is simply unattainable.

Recommendation

The current BHSN grant covers those at or below 138% poverty level. We need to bridge the gap for those who are just above the poverty level. These are hardworking Americans that should not have to struggle due to the negligence of pharmaceutical companies and medical professionals. We would like to allow for more funding for IOP treatment for individuals just above the income limitations for TennCare. We propose to cover individuals that are 150% of the poverty line. This policy will impact those with substance use disorder and their loved ones, insurance companies, pharmacies and those who work in the medical field. Much of the community supports the bill as many have lost a loved one to addiction. The intended consequences will be such that those fitting the income requirements will be eligible to receive financial aid towards treatment.

Policy Improvements

Legislators and stakeholders can use cost-benefit analysis to aid in understanding the necessity of SA treatment. There are many costs associated with SA that would offset the spending by far. Substance abuse is the costliest health problem in the nation. It is linked to causing 33 diseases. Stimulant abuse causes cognitive dysfunction which results in many individuals ending up drawing SSI. The combined costs of medical care, social services, and loss of productivity add up to \$33.5 billion annually. Many children are displaced into foster care due to parents' addiction inhibiting their ability to properly care for their children. There are many costs associated with the judicial process as well. Victims of SA are criminally charged when found in possession of these substances. This is an enormous cost that taxpayers endure. The existing policy already in place for persons with low income to cover treatment is as follows. The TN Together initiative which expands Tennessee's behavioral health safety net to serve an additional 3,900 individuals with substance use disorder each year, funded in the approved FY 2018-2019 budget with a \$9,250,000 recurring increase. The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) estimates about 22,500 low-income Tennesseans with SA could qualify for safety net treatment. Based on historical utilization, TDMHSAS projects reaching about 63% of these individuals with approved FY 2018-2019 funding.

Change

It is important to recognize that this grant has had a significant impact on the reduction of substance abuse and addiction. It is estimated that if effective prevention programs were implemented nationwide, there would be a decline of 1.5 million youth alone. Our country has come far by leaps and bounds in regard to funding for treatment of mental health and substance abuse. However, we are now seeing where we need to bridge the gap. As many families struggle to make ends meet due to the Covid epidemic and rising gas prices, treatment for addiction is simply unattainable. The current BHSN grant covers those at or below 138% poverty level. We propose that we bridge the gap for those who are just above the poverty level. We propose to increase the limit to 150%. Funding can be drawn from less urgent programs such as parks and recreation in order to generate more revenue. These are hardworking Americans that should not have to struggle due to the negligence of pharmaceutical companies and medical professionals. Currently, Tennessee ranks third in the nation for prescription drug abuse. 80,000 Tennesseans are addicted to opioids. Due to this, Tennessee is seeing a staggering number of deaths and overdoses. With recent funding, those numbers have dropped dramatically. Tennessee would be the first state to initiate this policy setting a precedent for other States and bringing attention to the growing need. Tennessee's funding is lower than most states. Tennessee spends \$113 million a year on SA treatment whereas Georgia spends \$185 million per year. DHS estimates the annual cost of SA to be over \$510 billion. This prevention framework provides insight to the cost-benefit analysis. Other states have heeded the Affordable Care Act's Medicaid expansion. Tennessee has yet to expand coverage. t to the cost-benefit ratio. Tennessee has approximately \$2.1 billion in surplus funds.

This proposal aims to lift our fellow Americans out of the despair of addiction. The goal of this campaign is to bridge the gap of funding coverage for those just above the poverty line in active addiction. If this proposal is passed, this will create a positive impact on the community. Join the fight for our families and community. Join the fight for our fellow Americans. We owe it to them to atone for the mistakes of the people we trusted and relied on for health care.

<https://fox17.com/news/local/tennessee-gets-3-million-grant-to-enhance-substance-abuse-resources>

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