



ACA Enrollment: Reaching People with Substance Use Disorders

Passage of the Affordable Care Act (ACA) [expanded insurance coverage](#) for people with substance use disorders and improved the range of available treatment options and recovery support services. Many newly eligible individuals have enrolled in coverage since then, and countless others who already had insurance gained coverage for substance use disorders services for the first time. However, thousands more people living with substance use disorders or in recovery remain unenrolled.

As we enter Open Enrollment 2016, advocates and enrollment assisters are keenly aware that new and innovative strategies will be necessary to connect hard-to-reach consumers, such as those with substance use disorders to coverage that meets their health needs. Awareness of common barriers to enrollment and tailored outreach strategies to reach people with drug and alcohol problems will help enrollment assisters be more successful in enrolling these high-need health consumers.

Barriers to Enrollment

To obtain comprehensive health care benefits, the uninsured must enroll in health insurance coverage. Reaching people with substance use disorders requires targeted outreach because the illness itself can create barriers to enrollment. Massachusetts' experience with implementing a near-universal health insurance law shows the need for targeted outreach: Within four years of reforming the state's health insurance law, 97 percent of Massachusetts residents were enrolled, but about 25 percent of those seeking treatment for substance use disorders remained uninsured.¹

- **Impact of having a chronic illness.** Addiction to drugs or alcohol is a chronic illness with symptoms that can make enrollment challenging, such as an inability to concentrate or retain information. It can also create barriers to maintaining employment, securing reliable transportation, or interacting with others.² Many people with a substance use disorder also have a mental and/or physical illness, further complicating access to care.
- **Daunting application process.** The length of time needed to process applications, complexity of the process, and requirements for documentation of income, citizenship, and residence can be challenging for anyone. Individuals with severe substance use disorders are vulnerable to experiencing homelessness and may have frequent changes to their mailing address or no address at all. These factors make it exceedingly difficult to get required documentation and to find a safe place to store these important papers.
- **Sporadic encounters with the health care system.** Many people are expected to learn about ACA enrollment through their health care providers. But a number of people with substance use disorders do not have a regular health care provider or avoid seeking care.
- **Lack of health literacy.** Health insurance is complex to navigate, particularly for people who have never before had coverage. People with substance use disorders may not know

that they qualify for subsidized marketplace health plans, or that they are newly eligible for Medicaid in states that have changed eligibility under the ACA. Many also do not know about the range of treatment options available to them, including integrated primary and behavioral health care, accountable care organizations and health homes that can help them navigate the health care system and coordinate care.

- **Misinformation about eligibility.** Some formerly incarcerated people believe they are not eligible for coverage. In states where Medicaid eligibility is expanded, people leaving prison or jail who have low incomes will likely be eligible for Medicaid and subsidized private insurance plans. In all states, formerly incarcerated people who do not have health insurance coverage through a job and earn too much to qualify for traditional Medicaid can buy private insurance through the Marketplaces.³
- **Stigma.** While there is movement toward treating substance use disorders as a chronic condition, many people still blame those with substance use disorders for what they see as moral failings. Stigma contributes to people with this illness feeling shame, making it difficult to seek treatment for their illness.

Strategies for Reaching People with Substance Use Disorders

- **Create targeted outreach materials.** Create handouts that highlight the benefits of the ACA to the substance use disorders community, including those in recovery from alcohol or drug use.
- **Use trusted messengers.** Partner with substance use disorders advocacy organizations on outreach and enrollment. Create a meaningful partnership by integrating members of the substance use disorders community into all outreach activities or joining their efforts. Offer resource support and subject matter expertise to help with getting the word out. Groups that might be interested in partnering include state or local affiliates of:
 - [Community Anti-Drug Coalitions of America](#)
 - [Faces & Voices of Recovery](#)
 - [Harm Reduction Coalition](#)
 - [National Alliance on Mental Illness](#)
 - [National Council on Alcohol and Drug Dependence](#)
 - [Young People in Recovery](#)
- **Attend Recovery events.** Set up a table to distribute information. Recovery events are a celebration and are held across the country. They usually draw a large and diverse crowd. Each September, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors [National Recovery Month](#). Connect with organizers, usually affiliated with recovery organizations in the community, to find out how you can be a part of the event. Being present to distribute information and answer questions will help make a connection to the ACA.
- **Go to community locations.** Have a presence in places people with substance use disorders may visit. Connect with treatment centers, mobile health vans, homeless shelters, hospital emergency rooms, drop-in centers, needle exchanges and recovery organizations.

Conduct trainings and information sessions in these locations, if possible, or leave materials that staff can distribute or people can pick up anonymously.

- **Partner with providers.** Build a partnership with substance use disorders providers, so they can be a resource for educating and enrolling people. Try to connect with your state affiliate of the [State Association of Addiction Services](#) and local affiliates of the [National Council for Behavioral Health](#) or other provider associations.
- **Educate Navigators and assisters about outreach to people with substance use disorders.** Offer information that can be incorporated into training programs. Information should include demographics about people with substance use disorders in the area being served, barriers to accessing insurance and treatment, descriptions of types of treatment, and a reminder that people may not feel comfortable disclosing their illness.
- **Connect with federally sponsored efforts.** SAMHSA supports targeted outreach and enrollment to encourage uninsured individuals to enroll in coverage. With input from enrollment coalitions across the country, SAMHSA developed a series of toolkits for different audiences, including [consumers, peers, and recovery community organizations](#).
- **Reach out to prison and jail officials, pre-release case managers, probation officers and parole boards.** Many people in prisons and jails have histories of substance use disorders. Ensuring that they have access to health insurance at the time of release is an important part of integration back into the community. Partner with criminal justice workers to help people sign up for insurance as they leave prisons and jails.

Outreach and Enrollment Resources

From Pennsylvania Health Action Network (PHAN):

- [Enrollment and Substance Use Disorders Flyer](#)

From the Alcohol Drug Council of North Carolina (ADCNC):

- [“Increase Your Chance For Recovery” Enrollment Flyer](#)
- [Special Enrollments FAQs](#)
- [Young Adults Health Coverage FAQs](#)

From the Arkansas Health Connector

- [How to Use Health Insurance Guide](#)
- [Health Insurance Special Enrollment Guide](#)

From HealthCare Access Maryland:

- [Enrollment Flyer \(with a focus on mental health and substance use disorder services\)](#)

From MNSure:

- [Enrollment Flyer \(with a focus on mental health and substance use disorder services\)](#)

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¹ Victor A. Capoccia, Kyle L. Grazier, Christopher Toal, James H. Ford II and David H. Gustafson, Massachusetts's Experience Suggests Coverage Alone Is Insufficient To Increase Addiction Disorders Treatment. *Health Affairs*. 2012; 31(5): 1000-1008.

² National Coalition for the Homeless: Substance Abuse and Homelessness.
<http://www.nationalhomeless.org/factsheets/addiction.pdf>

³ Open Society Foundation, "Affordable Care Act (ACA) 101"
http://facesandvoicesofrecovery.org/pdf/arco/affordable_care_act_101.pdf