

Recovery AT Work

MARRCH Position Paper: Access to Chemical Dependency Treatment

Professional treatment should be available to all individuals who are diagnosed with alcohol or drug abuse or addiction, according to the Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)

The number of enrollees accessing treatment through private insurance has declined by 23 percent nationally between 1992 and 2001 and spending on substance abuse services per covered life (in constant dollars) has dropped 82 percent to only .2 percent of total health care spending.¹ Also relevant, over the past five years Minnesota has ranked 47th in the number of people in treatment per 100,000.² At the same time, extended care treatment and halfway houses have been paid for primarily with public funds and only for extremely low income individuals. Private insurance provides only short-term acute care.

The costs of treating addiction are shifting from private to public sources and limited public funding has increasingly restricted access to treatment. The personal, family and social costs of untreated addiction are enormous and well documented. Treatment in Minnesota has been extremely successful in controlling those costs *for individuals who have had access to it*. MARRCH believes that expanded access to substance abuse and addiction treatment is vital to public health and is a fiscally proactive public policy.

MARRCH supports the following:

- Parity in funding substance abuse treatment in the same manner as other illnesses are treated
- Chemical Dependency treatment remains a requirement of private insurance policies
- Funding at a level that maintains a geographically diverse treatment system



MARRCH is the authoritative resource for input on policies and programs promoting chemical health in Minnesota. Contact MARRCH at 1000 Westgate Drive, # 252, St. Paul, MN 55114. Phone: 651-290-7462. MARRCH@Ewald.com

¹ Health Affairs, Volume 23, No. 6, December 2004

² National Survey of Substance Abuse Treatment Services, SAMHSA, U.S. Dept. of Health and Human Services