

**From:** NASHP News <Newsletter@nashp.org>  
**To:** Kester, Tonykester@aging.sc.gov  
**Date:** 1/24/2017 1:19:26 PM  
**Subject:** An Overview of ACA Provisions and Their Repeal Implications for States

---

**Newsletter**

January 24, 2017

---

### [An Overview of ACA Provisions and Their Repeal Implications for States](#)

Much has been written about the impact of ACA repeal on consumers and health insurance markets. With this [chart](#) NASHP provides an overview of ACA provisions and snapshot of the implications to states if the ACA is repealed. States are the primary

regulator of insurance and as such had laws in place prior to the enactment of ACA. Some states repealed those laws and replaced them with ACA provisions, while other states revised their laws but left other old, preempted laws on the books. Sorting through these laws and regulations to have a coherent system of insurance regulation after an ACA repeal will be a complex undertaking in every state. There is a need to proceed thoughtfully with enough predictability to enable insurance carriers to develop rates and plan designs in a timely fashion. This [chart](#) looks at what states would likely need to do to comply if the ACA is repealed. Because no clear agreement exists on what a replacement strategy would look like, this [chart](#) makes no assumptions about the impact of possible replacement that might address state challenges. Also important to note, the budget reconciliation process can repeal only provisions that directly impact the federal budget. So, using budget reconciliation to repeal ACA could leave other provisions intact, particularly those related to insurance regulation. As a result, the timing of when any ACA provisions are repealed is important to states. [See the chart](#).

---

### [Latest ACA Coverage](#)

- Senators Bill Cassidy (R-LA) and Susan Collins (R-ME) unveiled a bill designed to let states keep the ACA if they so choose. The New York Times has the summary [here](#). The bill, which is largely based on [Patient Freedom Act](#) which was authored by Collins, has already received a sharp rebuke from Minority Leader Schumer calling it, “an empty facade that would create chaos—not care—for millions of Americans.”
- Kellyanne Conway, and advisor to President Trump, has stated that the White House ACA

- replacement plan will include transitioning the Medicaid program to block grants [reports](#) CNN. This may cause a fight on Capitol Hill as House Republicans, including Speaker Ryan, have been coalescing on transitioning Medicaid to a per capita cap as outlined in their [A Better Way](#) white paper.
- A federal judge [sided](#) with the Department of Justice in blocking the proposed Aetna and Humana merger citing less competition in the Medicare Advantage and individual marketplaces. In addition the ruling states, "Because Aetna's withdrawal from the public exchanges in the 17 complaint counties was to avoid antitrust scrutiny, the Court gives that evidence little weight in predicting whether Aetna will continue to compete on the exchanges in the future." The full text of the decision is available [here](#).
- On Friday, January 20th, the White House released an [Executive Order](#) to minimize the "economic burden of the Patient Protection and Affordable Care Act." The order is quite vague in nature and doesn't specifically state what will be done to minimize the economic burden. When asked by the White Press on Monday, January 23rd if this would include stopping the enforcement of the individual mandate, White House Press Secretary Sean Spicer did not answer.

---

### [Sharing Accountability: State and Local Collaborations to Address the Behavioral Health Needs of Justice-Involved Individuals](#)

Collaborations among a wide range of healthcare, law enforcement and other stakeholders at both the state and local level are essential to effectively address the behavioral health needs of the justice-involved population. This [blog](#) highlights Utah's efforts to reduce the number of individuals cycling in and out of incarceration and expand mental health and substance use disorder treatment services. Many other states and localities are implementing similar initiatives to strengthen partnerships between behavioral health and criminal justice entities and improve outcomes for both individuals and communities.

This [blog](#) is a continuation of the discussion held during "Spark: New Community Responses to the Healthcare Needs of Justice-Involved Populations," a roundtable hosted by Optum at NASHP's 29th Annual State Health Policy Conference in October 2016.

---

### [New Blog looks at Public Health Crises in States](#)

When it comes to prevention, identification, and mitigation of public health crises states are at the forefront. These crises require a multi-sector state agency approach as often they disproportionately impact disadvantaged communities and are linked with challenging social determinants of health. The conversation regarding preparation and mitigation of these disasters has received increased national attention in the wake of the Flint water crisis. NASHP recently brought together state leaders from Michigan, Rhode Island, and West Virginia to share their perspectives on the

role of states, policy implications, interagency collaboration, and lessons learned. [Read the full blog here](#).

---

## Healthy Child Development State Resource Center's 'Resource of the Month'!

This month's feature is NASHP's publication [The Role of Title V in Developmental Screening](#). As a program funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration, the Title V Maternal and Child Health Program is well positioned to support children's healthy growth and development. This [piece](#) highlights ways Title V can support children in leading healthy lives by promoting developmental screening through interagency collaborations, coordinated systems, and improved measurement and data sharing.

If you have a resource you'd like NASHP to post in the Resource Center or feature in the future, please email [nmention@nashp.org](mailto:nmention@nashp.org). The Healthy Child Development State Resource Center is supported by the David and Lucile Packard Foundation.

---

## New Webinar: Primary Care Provider Burnout: What States Need to Know and What They Can Do About It

February 8, 2017, 3:00 PM - 4:00 PM ET

As primary care practices struggle to keep up with the growing demands of a constantly changing healthcare environment, states experience increasing difficulty recruiting busy practices to participate in delivery and payment reform demonstrations. This trend mirrors increasing rates of provider burnout. Using the experience of the [Heart of Virginia Healthcare](#) (HVH) as a lens, this webinar will provide an overview of the scope and impact of provider burnout, particularly as it relates to state health policy and what states can do about it. HVH is one of seven regional cooperatives reaching 1,500 primary care practices nationwide as part of the Agency for Healthcare Research and Quality's [EvidenceNOW](#) initiative. With the anticipation of more changes to our health system, it is more important than ever for state officials to have an awareness of primary care burnout and to consider a proactive response.

### Speakers :

- Anton Kuzel, MD, MHPE, Principal Investigator, Heart of Virginia Healthcare, Virginia Commonwealth University
- Cathy Kelly, FNP, Charles City Regional Health Services
- Michael Talley, Practice Coach, Physician Practice Consultant, Health Quality Innovators
- William Hazel, Jr., MD, Secretary of Health and Human Resources, Commonwealth of Virginia

For additional information on burnout, please see NASHP's recent brief [Primary Care Provider Burnout: Implications for States & Strategies for Mitigation](#).

[Register Now](#)

---

## Webinar: Data, Delivery, and Decisions as Levers for Enhancing Whole-Person Care for People Living with HIV: Lessons From the Ruth M. Rothstein CORE Center

Thursday, January 26, 3:00 PM – 4:00 PM ET (2:00 PM – 3:00 PM CT)

As states continue to focus on integrated care and delivery system reform, meaningful opportunities exist to improve care for people living with HIV (PLWH). In particular, states can use existing centers of care to promote “one-stop shopping” utilization of multidisciplinary services for PLWH and linkages to Ryan White and Medicaid. The Ruth M. Rothstein CORE Center in Chicago, Illinois – part of the Cook County Health & Hospitals System – operates just such a model. By emphasizing integrated and coordinated service delivery, using a unified data system, and making programmatic decisions that directly support the client as they navigate the integrated care system, the CORE Center and its partnerships at the state level offer multiple strategies for health systems and state agencies alike in the pursuit of improved care for PLWH.

[Register Now](#)

---

## CMS IAP Data Analytics - State Learning Webinar on Data Visualization

January 25, 2017 from 3:00 PM – 4:30 PM ET

To assist state Medicaid programs in communicating data, the Medicaid Innovation Accelerator Program’s data analytics team will host a state learning webinar on **Wednesday, January 25th from 3:00 – 4:30 PM ET** . In this interactive webinar, we will:

- Explore the integral role that technology, data visualization expertise, and healthcare knowledge each play in the effective communication of healthcare data;
- Highlight methods and approaches to communicate data correctly, clearly, and compellingly to stakeholders, including consumers, providers, legislators, regulators, and others;
- Learn the science behind how people see and understand information; and,
- Better understand simple yet powerful ways to display and communicate information so that the opportunities are clear and people are moved to action.

These visualization methods do not require specialized software or advanced training, and can benefit all data users regardless of proficiency level.

[Register Now](#)

---

## National Academy for State Health Policy

*The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers who are dedicated to helping states achieve excellence in health policy and practice. A non-profit and non-partisan organization, NASHP provides a forum for constructive work across branches and agencies of state government on critical health policy issues. For more information visit [www.nashp.org](http://www.nashp.org).*

[Newsletter Archives](#)

[Webinar Archives](#)

---

[www.nashp.org](http://www.nashp.org)

207-874-6524

[info@nashp.org](mailto:info@nashp.org)

Portland Office      Washington, DC Office  
10 Free Street, 2nd Fl    1233 20th Street, NW Suite 303  
Portland, ME 04101    Washington, DC 20036  
(207)874-6524      (202)903-0101

Share this email:

[Manage](#) your preferences | [Opt out](#) using TrueRemove™

Got this as a forward? [Sign up](#) to receive our future emails.

View this email [online](#).

1233 20th St., N.W., Suite 303  
Washington, DC | 20036 US

This email was sent to [kester@aging.sc.gov](mailto:kester@aging.sc.gov).

*To continue receiving our emails, add us to your address book.*