

From: NASHP News <Newsletter@nashp.org>
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Subject: 1332 Waivers and State Leaders Talk AHCA

Newsletter

March 14, 2017

[Can Alaska's 1332 Waiver Application Be a Model for Other States?](#)

Can Alaska's 1332 waiver application be a model for other states looking to stabilize the individual insurance market? NASHP's Trish Riley and Jane Horvath [review](#) how Alaska stabilized its individual insurance market through a reinsurance program and then applied for a 1332 ACA waiver to leverage federal funds for the effort. In a letter to governors this week, the administration

highlighted the Alaska waiver application as an example of state policy innovation and potential administration flexibility. The waiver has not yet been approved but states may want to become familiar with the model approach. [Read more.](#)

Snapshot: State Leaders Talk AHCA

On March 7, NASHP issued a [chart](#) summarizing how the American Health Care Act, passed out of House committees the day before, differed from the Affordable Care Act (ACA). In addition, NASHP held a summit with state leaders to discuss those changes and how they might affect states. These leaders represented the diversity of states and the breadth of agencies and officials engaged in state health policy. Several [questions and concerns](#) emerged after a preliminary review of the bill. [Read more.](#)

The Prevention and Public Health Fund — Lessons from States; Questions for Policymakers

As Congress continues its Affordable Care Act (ACA) repeal effort, NASHP continues to track issues that appear in replacement proposals and provide state perspectives. The [American Health Care Act](#) would, among other things, dismantle the Prevention and Public Health Fund (PPHF). States stand to lose more than **\$3 billion** over five years if the PPHF fund is eliminated. This [blog](#) examines the implications for states if the fund is removed.

Latest on the ACA

- **Congressional Budget Office releases score on Republican replace proposal** . The bipartisan office's [score](#) of the American Health Care Act predicts that 14 million people will be uninsured in 2018 under the new law, before rising to 24 million in 2026. The White House has [stated](#) that the AHCA is just part one of a three step plan to replace the Affordable Care Act.
 - **Caution and optimism over proposed reforms** . AHIP President and CEO Marilyn Tavenner's [letter](#) praised the new strategies to promote continuous coverage and funding for states to stabilize risk pools. Heritage Action CEO Michael Needham [said](#) that the House Republican proposal "builds upon" the "flawed progressive premises of Obamacare" and called upon congressional Republicans to fully repeal the ACA.
 - **Kaiser Family Foundation: AHCA substantially lowers tax credits** . [Analysts](#) at the Kaiser Family Foundation [estimated](#) the amount of credits available for every county in the country. For current marketplace enrollees, the AHCA would [provide](#) substantially lower tax credits on average than the ACA. People that are older, have lower income, or live in high premium areas would be particularly disadvantaged.
 - **Avalere: Penalties on individuals would exceed those in the ACA** . The AHCA's continuous coverage requirement applies a 30 percent premium penalty to individuals who have a gap in coverage of 63 days or greater. Because premiums are age-adjusted, and not based on income, the penalty would adversely affect older and lower income individuals. The tables in [this report](#) illustrate how the proposed policy compares to the individual mandate penalties for consumers at different ages and income levels.
 - **Los Angeles Times: Abortion restrictions invalidate PTC toward most health plans** . A provision restricting use of tax credit funds to purchase a plan that [covers abortion](#) would render most of California's QHPs ineligible for PTC. Related from [New York](#) .
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Call for Ideas: NASHP 2017 State Health Policy Conference

Our Call for Ideas is now open! Submit your ideas for topics and speakers at the 2017 [NASHP Annual State Health Policy Conference](#) . This year we are celebrating 30 years of NASHP conferences, don't miss this opportunity to contribute to the conference agenda.

How to submit : All submissions must be made electronically. Your submission should be no more than 65 words and should describe your idea. Deadline for submissions is **Friday, March 17, 2017** .

Important Dates:

- Deadline for Submission - **Friday March 17**
- Registration Opens - **Spring 2017**
- 2017 State Health Policy Conference - **October 23-25**

All submissions received by the deadline will be shared with NASHP's conference planning committee. If your idea is incorporated into the agenda, NASHP staff will follow up with you by June 30, 2017.

For more information on the 2017 Annual State Health Policy Conference visit www.nashp.org.

[Submit Here!](#)

[Medicaid's Role in Prevention, Population Health, and Building a Culture of Health at the State Level](#)

Monday, March 20, 2017, 3:30 pm - 4:45 pm ET

Join co-sponsors the National Academy of Social Insurance, Nemours, and the National Academy for State Health Policy for an in-depth discussion of the ways in which state Medicaid policy currently supports and may evolve to more actively foster a Culture of Health. Panelists will discuss both Medicaid's direct role as a funder of health care and its broader role in helping support services and programs aimed at promoting prevention and population health. New research exploring the use of existing Medicaid authority to support state-level approaches that link clinic to community prevention to address chronic disease will be shared. Resources will include a roadmap with over 40 examples from states doing innovative work, planning tools for states, a white paper describing the accelerators and barriers to state innovations, and the final report from a study panel of experts on Medicaid and the social determinants of health.

[Register Now](#)

[IAP Maternal and Infant Health Initiative Value-Based Payment Technical Support Opportunity for States - Informational Webinar](#)

Wednesday, March 22, 2017, 3:00 pm - 4:00 pm ET

The Centers for Medicare & Medicaid Services' (CMS) Medicaid Innovation Accelerator Program (IAP) is launching a new technical support opportunity for state Medicaid/CHIP agencies to select, design, and test Value-Based Payment approaches that have demonstrated success in improving maternal and infant health. IAP will select up to seven state Medicaid/CHIP programs to participate in this two year opportunity. Interested states can partner with a provider group(s), organization(s), or collaborative(s) in their state to select, design, and test:

- Value-Based Payment approaches that sustain a care delivery model that the partner is already implementing. The care delivery model is expected to have demonstrated success in improving maternal and infant health.
- Value-Based Payment approaches related to improving maternal and infant health that are not associated with a particular care delivery model.

Selected states will have access to the types of technical support outlined below, in addition to

financial simulation support.

1. **Selecting** Value-Based Payment approaches based on the state's maternal and infant health Value-Based Payment goals and objectives.
2. **Designing** the maternal and infant health Value-Based Payment approaches.
3. **Testing** the selected maternal and infant health Value-Based Payment approaches with the partner provider group(s), organization(s) or collaborative(s).

To learn more about this opportunity, join the informational webinar **Wednesday, March 22, 2017, 3:00 pm - 4:00 pm ET**. During this webinar, participants will learn about the technical support opportunity, ask questions, and hear about the state selection process.

[Register Now](#)

Using Evidence to Achieve Effective State Health Policy

Wednesday, March 29, 2017 3:00 pm - 4:00 pm ET

Do you have to make coverage decisions, design delivery system change, and/or implement new delivery models while ensuring quality? Research evidence, including Comparative Effectiveness Research (CER) and Patient-Centered Outcomes Research (PCOR), are valuable tools for state health policymakers to achieve those goals and to increase their chances of achieving the desired outcome: advancing policies with the ability to improve the health of the population served.

Though the future of health care reforms enacted under the ACA still remains uncertain and there could potentially be changes in U.S. health care delivery and coverage systems, state officials must continue to operate these programs as efficiently as possible. At this crucial juncture in U.S. health policy, reliable sources of evidence will be critical resources for state policymakers facing important decisions regarding health care delivery system and coverage policies.

This webinar, supported by the Patient Centered Outcomes Research Institute (PCORI) will provide examples of how policymakers can, and are, using evidence including CER and PCOR to inform effective policymaking. This webinar will also highlight the important role consumers play in the evidence-based policymaking process, including strategies for improving consumer engagement.

Speakers:

- **Gary Franklin**, MD, MPH, Medical Director, Washington State Department of Labor and Industries; Research Professor, University of Washington; Co-Director, Washington Agency Medical Directors' Group
- **Kimberley Smith**, CAPM, Compliance & Stakeholder Relations Unit Manager, Colorado Department of Health Care Policy & Financing
- **Margaret Guyer**, PhD, Director, Workforce Development, Organization: Department of Mental Health
- **Rob Walker**, External Consumer Engagement Liaison, Massachusetts Department of Mental

Moderator:

- **Greg Martin**, Deputy, Chief Engagement and Dissemination Officer, Patient-Centered Outcomes Research Institute (PCORI)

Register Now

Open Position: Policy Associate – Emerging Issues Team

The National Academy for State Health Policy (NASHP) is looking for a Policy Associate to join our Emerging Issues team! Work will focus on state health insurance and exchanges; health care costs; and a wide array of health issues that confront states in today's dynamic environment. The Policy Associate is a midlevel position and applicants must have strong analytic and writing skills and ability to work closely with state officials and the NASHP team. A legal background and/or experience in state government, particularly working in a state based exchange, insurance department or legislative staff, is strongly preferred. [For more information and to apply](#) .

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.

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