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**Subject:** Reflections on Repeal and Replace

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**Newsletter**

*January 10, 2017*

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### **Reflections on Repeal and Replace**

NASHP executive director Trish Riley takes a look at discussions surrounding repealing, delaying, and replacing the ACA in her latest [blog](#). She addresses how many state initiatives have informed federal policy as well as how advances made by one administration and legislature are rolled back or repealed by another, creating a “policy pendulum” generally driven by ideological opposition rather than

evidence of failure. [Read the full blog](#).

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### **New Poll Shows 61% Say Don't Repeal Without A Replacement**

According to a new [poll](#) released today from [POLITICO/Morning Consult](#) voters want and expect a repeal of Obamacare, but are skeptical without a plan to replace the health care law and many of its most popular aspects.

Only 41 percent of voters surveyed approve of the law, while 26 percent called repealing it their top priority. The catch: the popularity of some elements of the law.

Sixty-one percent of those surveyed say “the law should not be repealed until there is a new plan for replacing the law.” The poll shows voters want to keep large portions of the law, in in some case by a clear majority:

- 66 percent favor keeping a provision that prohibits insurance companies from denying coverage to patients with pre-existing conditions. (63 percent of Republicans want Trump and Congress to keep this provision).
- 63 percent of voters want to keep the requirement that insurance companies allow policyholders to keep their children on their plans until age 26. (56 percent of Republicans want to retain).
- 56 percent think subsidies for low-income Americans to buy insurance should stay.
- 56 percent want to keep federal funding for states to expand their Medicaid programs.

- 55 percent want to keep the requirement that businesses and companies with more than 50 full-time employees offer health insurance to those employees.
- 53 percent of voters want to keep requiring insurance companies to cover prescription birth control.

For more information visit [Politico](#) or see the results [here](#).

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## New Toolkit Highlights Work of Pharmacy Costs Workgroup

A new [toolkit](#) from the NASHP Pharmacy Costs Workgroup provides easy access to all previous workgroup products including legislative tracking, background papers on state actions on drug costs, policy proposals, webinar recordings and more! Keep an eye on this space in the upcoming months as the work of this group continues in the new year.

Also, don't forget to [register](#) for our upcoming webinar *States and the Rising Costs of Pharmaceuticals: A Call to Action*, January 11th at 3:30pm (ET).

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## Implementing the Medicaid Managed Care Rule: A View from One State

Deputy Director of the Virginia Department of Medical Assistance Services and NASHP Academy Member, Cheryl Roberts gives her thoughts on the CMS Managed Care Regulations in a [special guest blog](#) . Sharing the 15 things that make her go “Hmmm” about the Mega Regs. [Read the full blog](#) .

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## Primary Care Provider Burnout: Implications for States & Strategies for Mitigation

Provider burnout is widespread and becoming more pervasive over time. Using the experience of the [Heart of Virginia Healthcare](#) (HVH) as a lens, this brief addresses the scope and impact of provider burnout, why states should care, and what states can do about it. HVH is one of seven regional cooperatives reaching 1500 primary care practices nationwide as part of the Agency for Healthcare Research and Quality's [EvidenceNOW](#) initiative to advance evidence-based cardiovascular disease prevention. The experiences of primary care practices participating in the HVH cooperative point to a number of practice challenges contributing to burnout including issues related to scope of practice, payment reform, reporting requirements, and electronic health records. This brief outlines a range of strategies and policy options that states have for mitigating burnout, which threatens not only provider engagement, but patient outcomes. [Read the full brief](#).

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## [IAP Data Analytics Expression of Interest Extended Deadline](#)

### **Medicaid Innovation Accelerator Program: Data Analytics Support Expression of Interest deadline has been extended to January 13th**

To assist Medicaid agencies in moving toward their Medicaid delivery system reform goals, IAP is offering targeted technical support to states around a variety of data analytic activities. IAP held a program launch webinar on December 8th for the Data Analytics opportunity, and the Program Overview and the Information Session Slides are now available on the [IAP Data Analytics webpage](#). States interested in this opportunity should complete an [Expression of Interest form](#) and submit to IAP by **January 13, 2017 Midnight ET**. Selected states will be assigned a dedicated IAP Data Analytics (DA) team that will provide customized one-on-one data analytics support.

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## [CMS IAP Data Analytics - State Learning Webinar on Data Visualization](#)

**January 25, 2017 from 3:00 – 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](#)

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## [Webinar: Clinical Pathways and Payment Bundles for Medication Assisted Treatment \(MAT\)](#)

**Tuesday, January 17 from 3:30-5:00 PM ET**

We invite you to join our next national dissemination webinar on **Tuesday, January 17, 2016 from 3:30 – 5:00 PM EDT**.

The webinar will discuss several approaches related to designing episodes of care and payment bundles for MAT. We will present three bundled service and rate models representing MAT models currently in use in state Medicaid programs, describe key clinical elements and highlight planning strategies for implementation. We will explain the components of the rate models and how they can be adapted for use in states. Several state partners will discuss how they designed and implemented their clinical models of MAT delivery:

- Vermont will explain the impetus for developing their "Hub and Spoke" model for the provision of MAT and other SUD services, discuss key aspects of services, care delivery,

- staffing and reimbursement that are unique to their “spokes”; and
- Massachusetts will describe the collaborative care model through which they deliver MAT, including their focus on nurse care managers to coordinate services across different care settings, and how the model is funded.

[Register Now](#)

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## [Webinar Addresses Rising Cost of Pharmaceuticals](#)

**Wednesday, January 11, 2017 from 3:30-4:30 PM ET**

Join member’s of the National Academy for State Health Policy's Pharmacy Costs Workgroup **Wednesday, January 11** for a webinar reviewing 11 specific proposals for how states may curb the rising cost of pharmaceuticals. Annually states spend more than \$20 billion on prescription drug coverage for public employees, incarcerated individuals, higher education, and Medicaid. Don’t miss this opportunity to hear directly from state leaders on this important topic. NASHP’s work group continues to look broadly at states as purchasers, regulators, policymakers, and investors to develop the next generation of state-based reforms to address the rapid growth of prescription prices.

States and the Rising Cost of Pharmaceuticals: A Call to Action:

- **Trish Riley**  
Executive Director  
National Academy for State Health Policy
- **Nathan Johnson**  
Chief Policy Officer  
Washington State Health Care Authority
- **Norman Thurston**  
State Representative, 64th District  
Utah State Legislature
- **Ameet Sarpatwari**  
Instructor  
Brigham and Women’s Hospital/Harvard Medical School

[Register Now](#)

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## [Opportunities in the States](#)

**Associate Director – Division of Rulemaking and Policy Management, DC Medicaid**

This position is located in DC Department Health Care Finance, Health Care Policy and Research Administration. The incumbent will be responsible for ensuring that the DHCF maintains the Medicaid State Plan, which governs eligibility, scope of benefits and reimbursement policies for the District’s Medicaid; and initiates, amends, and or negotiates waivers of the Medicaid program, and represents the DHCF with federal agencies, including CMS, OMS and the Social Security Administration. [More information and to apply](#) .

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## 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).*

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