

From: NASHP News <Newsletter@nashp.org>

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Subject: What the American Health Care Act Means for States

Newsletter

March 7, 2017

[What the American Health Care Act Means for States](#)

NASHP is pleased to provide this [snapshot](#) of the provisions of the just- released American Health Care Act, summarizing where the bill will affect state health policy and how it differs from the Affordable Care Act. This [review](#) builds on our earlier [chart](#) that provided an overview of ACA provisions and a snapshot of the implications to states if the ACA is repealed. This is a preliminary review and we will provide more detail as we drill into the provisions. We encourage states to let us know your concerns as we identify opportunities and challenges that confront states as the ACA repeal and replacement plans advance. [See the latest.](#)

[The State of State Health Policy: New Chart Summarizes Main Health Themes from Governors' 2017 Speeches](#)

Each year, governors use their "State of the State" speeches to highlight recent policy successes and outline key plans and issue areas of focus for the coming year. This [new NASHP chart](#) summarizes the main health-related themes from governors' 2017 speeches, which include topics such as behavioral health, Medicaid and Medicaid expansion, state health care costs and other issues. [Click here to view the new chart.](#)

[Pharmacy Cost Workgroup: Model Drug Price Transparency Legislation](#)

Pharmaceutical prices are rising, driving up premiums and out of pocket costs. State budgets – that by law, have to be balanced – are reeling from high and unpredictable pharmaceutical increases for Corrections, state employees and retirees, K-12 and public university employees, and, of course, Medicaid. To address rapidly rising prescription drug prices, purchasers and policy makers need to know why they are so high. Transparency has become the watchword and states

are eager to advance proposals to achieve it. But transparency is not a silver bullet and laws need to be carefully constructed to give states and purchasers the information they need to fashion effective strategies to manage these budget pressures.

NASHP, with guidance from our [Pharmacy Costs Workgroup](#), has developed a model transparency bill for states that wish to take a comprehensive approach to unlock the black box of pharmacy pricing and increase consumer awareness. States interested in this model legislation will have access to a legislator's guide and additional background materials as they become available. Please contact calberts@nashp.org if you wish to receive this state-only material.

[Read the model legislation](#)

[Read NASHP's blog on transparency legislation](#)

Learn more about the [Pharmacy Cost Workgroup](#)

Latest on the ACA

- **House Republicans release legislation to repeal and replace the ACA**. Under the [Republican proposal](#), the government would switch from an insurance mandate to a system of incentives to encourage individuals to maintain continuous coverage by allowing insurers to [impose](#) a 30 percent surcharge on people who have a gap in insurance. The bill creates a new age-adjusted tax credit and [eliminates](#) many of the taxes created by the Affordable Care Act, including taxes on prescription drugs, medical devices, and tanning salons. On Medicaid- the bill would shift the program to per capita lump sum payments in 2020. Speaker Paul Ryan's Counselor Brendan Buck, [confirmed](#) via Twitter morning that the bill is part one of a three step process, with the other two steps being new legislation and what the White House can accomplish through Executive Orders.
- **House Democrats release district-by-district look at the impact of repeal**. Democrats on the House Energy and Commerce Committee last week released a [report](#) that breaks down the ACA coverage expansion and consumer protections in all 435 congressional districts. The data illustrate major gains, including in GOP member districts such as those representing Speaker Ryan, House Majority Leader McCarthy, and Representatives across Florida.
- **PA & WA Ins. Commissioners/ Washington Post examine challenges with multi-state plan proposal**. In a recent interview, Teresa Miller, Pennsylvania Insurance Commissioner, [outlines](#) the history of multi-state plans, and the challenges of navigating negotiations and regulation across state lines. The Washington Post [called](#) out the difficulties posed by variation between states, as well as how multi-state polices may ultimately limit state control. Similarly, Mike Kreidler, Washington Insurance Commissioner, released a [statement](#) that multi-state plans will weaken consumer protections.
- **Trump seeks help of insurers to smooth ACA transition**. The President [met](#) with representatives from several large issuers last week including Aetna, United, Humana, local Blue Cross plans, Anthem, Independence, and Kaiser. During the meeting, Trump [outlined](#) several of the principals also included in his address to Congress. Issuers affirmed support for the recent market stabilization regulation, with some [expressing optimism](#) toward future reforms after the meeting.
- **Avalere/ McKinsey: Coverage may significantly decline with ACA repeal**. An [analysis](#) from Avalere Health and McKinsey & Co. [presented](#) at last week's NGA meeting estimated that, in a state that expanded Medicaid, the number of people covered may drop by 30 percent, and by 51 percent in a non-expansion state under policies currently favored by Congress. The analysis was based on the 2015 bill from then Rep. Tom Price.
- **Examining enrollment projections. Could they decrease?** Doug Holtz-Eakin of the American Action Forum, [examines enrollment projections](#) conducted by the Congressional Budget Office, offering a counter-analysis that enrollment may decrease to

- 7 million, rather than plateau at 13 million, due to waning demand and collapse of insurance markets.
- **The conservative “heritage” of the ACA** . Politico’s Joanne Kenen [delves](#) into the conservative principles that underlie many key provisions of the ACA including the individual mandate and the Cadillac Tax.

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!](#)

Children’s Oral Health Initiative Value-Based Payment Technical Support Opportunity for States - Informational Webinar

Wednesday, March 8, 2017, 3:00 pm - 4:00 pm ET

This March, 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 will sustain children’s oral health care delivery models that have demonstrated success in improving children’s oral health.

IAP will select up to four state Medicaid/CHIP programs to participate in this two year opportunity. Interested states will be expected to identify, and be prepared to partner with, an established care delivery model site in their state. The technical support process is likely to involve the steps outlined below with financial simulation support available throughout the process.

1. Selecting a value-based payment approach based on the state’s children’s oral health value-based payment goals and objectives.

2. Designing the children's oral health value-based payment approach.
3. Testing the selected children's oral health value-based payment approach with the partner care delivery model site.

To learn more about this opportunity, join the informational webinar **Wednesday, March 8, 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.

More information about this technical support opportunity, including program overviews and expression of interest forms, will be posted on the [Medicaid IAP webpage](#) .

[Register Now](#)

[Parity Webinar #3: Application of Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs](#)

Thursday, March 9, from 3:00 pm - 4:30 pm ET

This third webinar in a three-part series will be held on **March 9, from 3:00 - 4:30 pm ET** . This webinar series is intended to help state Medicaid and CHIP agencies plan and implement their parity analyses by providing a detailed discussion of the Parity Compliance Toolkit and Implementation Roadmap, and by providing an opportunity for states to ask questions. Webinar #3 will provide details on the following key steps in the parity analysis:

- Identifying and Analyzing Non-Quantitative Treatment Limits (NQTs)
- Availability of Information Requirements
- Documentation of Parity Compliance (state website, MCO contracts, ABPs, and CHIP SPAs)

State Medicaid and CHIP officials with questions about the mental health and substance use disorder parity rule, the Parity Compliance Toolkit, or the Parity Implementation Roadmap can submit them to parity@cms.hhs.gov .

[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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