# Proactively Positioning CO on Health Policy

CO Association for School-Based Health Care Conference

May 4, 2017 Elisabeth Arenales & Cody Belzley





## Overview & Bios

#### Goals for Today

- Update on what in the heck is happening with health care policy
- Look ahead to upcoming issues
- What you can do to stay updated and get involved

#### Elisabeth Arenales, Esq.

-Health Program Director-Colorado Center on Law and Policy since 1999

#### Cody Belzley

- 15 yrs state level health policy
- Common Good Consulting
- Formerly CO Children's
  Campaign & Gov's Office





# Background



- Health care a significant part of CO's economy:
  - Health & Wellness: 16K companies; 315K jobs, 17.4B in payroll
  - BioScience products are CO's leading export
- For better or worse (depending on your perspective), CO has largely embraced Affordable Care Act
  - Connect for Health CO, state-based exchange marketplace
  - Medicaid expansion
  - State Innovation Model grant
- CO has rejected alternative proposals
  - Multiple legislative efforts to repeal Exchange & Medicaid expansion failed
  - 79 percent NO vote on Amendment 69 in 2016



# Background



### Snapshot of Colorado's Experience with ACA

- A record 93.3% of Coloradans are insured
  - 95.8% of Colorado kids insured
  - Medicaid growth largest contributor to coverage gains
- 235,000 Coloradans use Connect for Health CO to purchase coverage, access subsidies
- Uncompensated care in CO hospitals dropped from \$699M in 2013 to \$320M in 2014
- Colorado has embraced ACA demonstration projects to improve care/lower costs.



# Background

## Snapshot of Colorado's Experience with ACA

- Costs in the individual market increasing.
- 170 corridor and Eastern plains particularly hard hit.
- "Family glitch", means some cannot access subsidies.
- Providers worry about low Medicaid reimbursement.





# Major Issues In Play

- Future of Medicaid Program Eligibility & Financing
- Future of Subsidies / Tax Credits for Private Insurance
- Mandates for Coverage
- Private Insurance Market Regulations
- Public Health & Prevention Funds
- State Innovation, Delivery System Reforms





## Recent Developments

- March 6: Speaker Paul Ryan introduced the American Health Care Act with support of Trump administration
  - Was approved by 3 committees in the House despite lack of support from major stakeholder groups, comments of concern from members of the Senate, including Republicans
- March 24: Speaker Ryan withdraws the bill after failing to garner enough support to pass it; "Freedom Caucus" played key role in failure
  - Ryan: "We are going to be living with Obamacare for the foreseeable future"
- March 25: President Trump tweets: "ObamaCare will explode and we will all get together and piece together a great healthcare plan for THE PEOPLE. Do not worry!"





## Recent Developments

- April 2017: On-going negotiations between White House and Republican leaders and between moderates and conservatives in the House.
  - VP Pence tries to revive the bill in early April before Congress' Easter recess - fails
  - White House threatens to withhold Cost Sharing Reduction payments to force negotiations on AHCA – fails; CSR payments continue (for now).
  - MacArthur Amendment floated last week a way forward by allowing states to opt out of EHB and increase costs for pre-existing conditions?
- May 2017: Last ditch effort, Upton Amendment.
- Bottom Line: We're still in limbo...

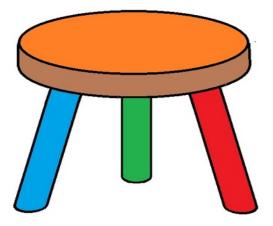




# Revisiting the Basicsstructure of the ACA

### ACA's 3 Legged Stool: the deal that was made.

- Individual Mandate- requires coverage
- Affordability- means-tested premium & cost-sharing subsidies
- Guaranteed issue- everyone can get coverage







## Major provisions in AHCA

#### Medicaid

- Financing changes- per capita cap
- Structural changes waivers
- Eligibility changes -eliminate enhanced payment for expansion

#### Private Insurance

- Age rating moves from 3-1 to 5-1
- Subsidies based on age, not income
- Flexibility on EHB and pre-existing conditions





## Medicaid- What's at Stake?

- Per Capita Cap-
  - Purpose to reduce federal expenditures
- Net federal \$ lost to Colorado under AHCA:
  - -CHI projects \$14B over 10 years (2020-2030) with 600,000 loss in enrollment
  - Avalere projects nationwide cut to Medicaid/Medicare beneficiaries of \$44 Billion over ten years.





# AHCA Impact on Medicaid expenditures:

- Proposed base year: 2016
- CPI Medical Index: growth rate: 3.7%
- Average annual growth rate, current: 4.3%
  - Kids: 4.7%
  - Adults: 4.5%
  - Disabled: 1.8%
  - Elderly: 3.5

Colorado has gone up and down





## Colorado Fiscal Picture

#### **TABOR**

- State revenue growth at 5% this year and 6% next
- 2017-18 Budget Picture
  - \$700M shortfall
- Hospital Provider Fee Enterprise
  - Hospital decline in income: \$264 million 2017-18
  - \$73 million 2016-17
  - SB17-267





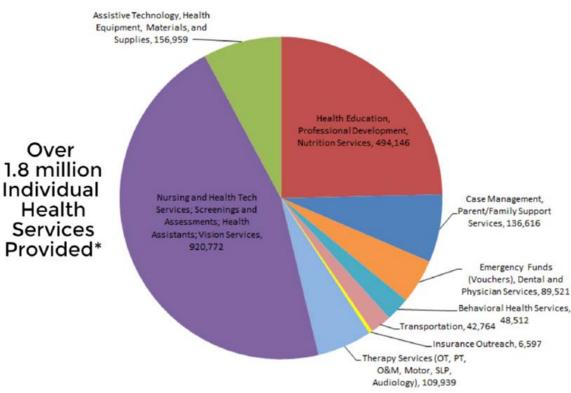
## Medicaid and Children

- EPSDT
- Mental Health Parity/SUD Treatment
- Role in schools
  - @\$35 million in Colorado
  - Reimbursement for IEP and IFSP services
  - Pays for staff to deliver services.
  - Outreach, coordination and referrals



## Medicaid and Schools

#### Colorado Medicaid School Health Services 2014-2015





\*Numbers represent individual health services provided to students



# Market changes

- New Market Stabilization Regulations
  - —Shorter open enrollment period
  - —Changes in Actuarial Value
- Uncertainty about Cost Sharing Reduction (CSR) payments





## Unique CO Considerations

 Large Rural Areas, Mtn Community Market Issues Particularly Acute

 State Budget Considerations: TABOR, Hospital Provider Fee

 Large segment of our economy / jobs are in health & health care

Purple state = opportunity





# Looking Ahead on Health Policy

 Uncertainty persists in volatile political environment

Value in continued collaboration

- Information exchange & shared learning
  - Opportunity to support individual organization advocacy
- Need to be responsive / reactive to changing environment





# **Looking Ahead**

- Can we/should we talk about making the ACA work?
- Regulatory changes? Will they hurt or help?
- Waivers and waiver requirements?
  - Will Medicaid change? Should it?
- ACA Section 1332- will it work both ways?
- Don't forget CHIP!
  - Funding set to expire Sept 30, 2017
  - Colorado would run out of \$ in February 2018
  - MACPAC report in Dec 2016 recommended 5 year funding extension with room for state innovation





## What You Can Do

- Get Informed / Get Involved
  - CO Health Policy Coalition
    http://denverchamberblog.org/tag/colorado-health-policy-coalition/
  - Protect Our Care CO: <a href="http://www.protectourcareco.org/">http://www.protectourcareco.org/</a>
  - All Kids Covered CO http://www.allkidscoveredcolorado.org/
- Partner with your schools and sponsors
- Invite Congressional Leaders to see SBHCs in action





## Q & A and Discussion

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