Dear Health Committee Chairs:

This is your April 2009 Health Chairs E-Bulletin with the latest state health policy resources.

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UPDATES FROM NCSL

➢ New Webinar Series for Health Chairs
  Register for the first in the series, which will take place Friday, April 17 at 2pm EDT. This briefing for Health Chairs will highlight health provisions of the American Recovery and Reinvestment Act. To better tailor the presentations and discussions to your needs, please email us with topics you would like addressed or with specific questions.

➢ Register now!
  NCSL will hold its Spring Forum April 23 - 25 in Washington, D.C. Health Committee sessions include:
  ▪ Long-term care focusing on chronic care coordination
  ▪ Health options for underserved communities
  ▪ An update on federal issues and a discussion of federal health reform

➢ New NCSL Publications
  Find three new Legisbriefs.
  ▪ Retail Store Health Clinics
  ▪ State Policies on Sex Education in Schools
  ▪ States Act to Prevent Meningitis Deaths

➢ NCSL Legislative Databases
  See what's been introduced in 2009 on:
  ▪ Elderly Falls Injury Prevention
  ▪ Healthy Community Design and Access to Healthy Food
  ▪ Environmental Health
**State Legislatures Magazine**

This monthly publication informs legislators and staff about state actions and innovations in public policy issues before they reach the mainstream. The April edition includes:

- **Managing the Medicaid Mess**
  States are facing growing numbers of people in need of medical care, and even billions from the economic recovery package will not solve all their problems.

- **Infection Correction**
  Hospital-acquired infections can be reduced significantly or even eliminated with sound preventative procedures.

- **Think Recovery**
  The economic stimulus act is one of the most complex bills ever passed. Here are some tips on how to understand the legislation.

**Other Resources Available from NCSL**

- **State Health Notes**
  Read this biweekly health policy newsletter online—or sign up [here](#) to have it emailed to you directly.

- **State Measures to Balance FY 2010 Budgets**
  Refer to this webpage for the latest updates on state approaches to closing budget gaps. These approaches include both cutting budgets and generating new revenues.

- **Youth in the News**
  Take a look at this bimonthly overview of news articles concerning youth. The most recent issue includes:
  - State-by-state report on teen dating violence
  - National teen pregnancy rates
  - Approaches to addressing child suicide

**Health Care Reform**

**State Approaches in 2008**

The Robert Wood Johnson Foundation's *State of the States* report reviews the full range of state activity on health reform during 2008. For the first time since 2004, the number of uninsured declined, dropping from 47 million in 2006 to 45.7 million in 2007. Stable employer coverage, expansion of public coverage and Massachusetts health care reform contributed to this decrease. The report includes lessons learned from state reform efforts, including various approaches to financing and how to reduce costs, improve quality and expand coverage.
RWJ also recently published *Health Savings Accounts and High-Deductible Health Insurance Plans*, which provides the pros and cons of health savings accounts and high-deductible health insurance plans. The issue brief concludes that these health plans are unlikely to significantly decrease the number of uninsured and are limited in their ability to reduce system-wide spending.

**Analysis of State Options**

In 2008, the Washington State Legislature passed **SB 6333**, requiring economic analyses of several health reform bills, and contracted with Mathematica Policy Research to perform the evaluation. *Analytic Support for Washington Citizens' Work Group on Health Care* presents the analyses, including expected costs and impact on quality of five health reform options: (1) insurance pools for small groups and young adults; (2) replication of the 2006 Massachusetts reform; (3) universal coverage through a comprehensive standardized benefit package through a Public Employees Benefits Board-like system; (4) universal coverage through a single-payer system; and (5) a guaranteed health benefit program to cover preventative services and other qualified health expenditures in excess of $10,000.
Insights from California
A recent edition of *Health Affairs* focused three articles on California's efforts to reform health care. "The Long and Winding Road" analyzes state legislation from 2007 that, if fully implemented, would have expanded health insurance coverage to approximately 3.6 uninsured residents. The article makes recommendations for successful health care reform, including forming bipartisan efforts, addressing the needs of both insured and uninsured residents, and striking a balance between specificity and flexibility. The authors of "Affording Shared Responsibility for Universal Coverage" and "Designing Health Insurance Market Constructs for Shared Responsibility" provide further recommendations based on "shared responsibility" among individuals, employers and governments and using explicit costs in the design of health care reform.

Lessons on Health Care Reform
The Kaiser Family Foundation recently released two issue briefs concerning health care reform. *How Is the Primary Care Safety Net Faring in Massachusetts?* provides lessons learned from the state's attempt to achieve universal health care coverage, which include the surge in the demand for primary health care and the need to expand capacity as well as coverage.

| Changes in the Level of Uninsured in Massachusetts, 2006 to 2007, Based on Current Population Survey Data |
|-------------------------------------------------|---------------------------------|---------------------------------|-----------------------------|
|                                                  | Uninsured All Ages # in 1,000s | Uninsured Children 0-17 Percent | Uninsured Adults 18-64 Percent |
| All Incomes                                       |                                |                                 |                             |
| 2006                                              | 657                            | 7.0%                            | 13.6%                        |
| 2007                                              | 340                            | 3.0%                            | 7.0%                         |
| Below 300 Percent of Poverty                      |                                |                                 |                             |
| 2006                                              | 408                            | 13.0%                           | 23.6%                        |
| 2007                                              | 193                            | 3.5%                            | 12.5%                        |

*Source: Massachusetts Division of Health Care Finance & Policy*

From the New Deal through President Clinton's Health Security Act, *National Health Insurance—A Brief History of Reform Efforts in the U.S.* offers reasons why national health insurance proposals have failed, such as complexity of the issues, ideological differences and the strength of special interest groups. The brief also provides background on major federal health reforms enacted in the past fifty years that expanded access to health care through Medicare, Medicaid and the Children's Health Insurance Program.

Kaiser also provides the online tutorial *A Primer on Tax Subsidies for Health Care*, which explains the different types of tax subsidies for health insurance, how they work and their role in the health reform debate. Another tutorial, *The Public and Health Care Reform*, discusses public opinion on health care reform and challenges to garnering and maintaining public support.
Employer-Financed Health Care
The National Academy for State Health Policy recently released an issue brief examining the "Pay or Play" laws in Maryland, Massachusetts, Vermont and California, as well as local initiatives. *Including Employer Financing in State Health Reform Initiatives* also discusses the implications of states' court cases concerning ERISA and makes the recommendations to: (1) not mandate employer financed health care; (2) establish a broad-based universal coverage program funded in part with employer assessments; and (3) minimize administrative impacts on ERISA plans.

Access & Quality
Spending Doesn't Equal Quality
*Health Care Spending, Quality and Outcomes*, published by the Dartmouth Institute for Health Policy & Clinical Practice, examines the relationship between access and quality of health care and concludes that higher spending on care does not always result in better health outcomes. The brief identifies the underlying causes of poor quality as lack of accountability for quality and costs of care, inadequate information on risks and benefits of common treatments, and flawed payment systems that reward more care, regardless of value.

Eliminating Infections Increases Quality
The National Health Policy Forum's *Health Care-Associated Infections: Is There an End in Sight?* discusses the problem of health care-associated infections (HAIs) and the strategies and barriers to reducing incidence. Because both public- and private-sector entities play a role in reporting, monitoring and eliminating HAIs, the issue brief considers various policy responses, including research funding, training specifications and payment adjustments.

Increasing Access to Prescriptions
As the cost of prescription drugs continue to increase, *Specialty Pharmaceuticals: Policy Options to Promote Access and Affordability* finds that integrated programs are needed to support better coordination across medical and pharmacy benefits to ensure timely treatment. The Health Industry Forum's policy brief also recommends encouraging innovative drug formulation and delivery systems to ensure reasonable cost containment.

Children's Health
New Rules for States under CHIPRA
A FamiliesUSA issue brief examines new provisions under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) increasing federal funding available for children's coverage. Providing an overview of what state action is necessary to use the funding effectively, *CHIPRA 101* explains that the new plan requires states to spend the funds in two years, rather than three, prevents funding shortfalls, and rewards states that effectively cover low-income children. CHIPRA also eliminates the five-year waiting period for covering legal immigrant children and pregnant women, phases out coverage under CHIP for parents and other adults without dependent children, and provides financial incentives for states to adopt practices such as "Express Lane Eligibility" and "auto-enrollment."
CHIPRA's 5 Of 8 Requirement
The Kaiser Commission on Medicaid and the Uninsured and the Center for Children and Families at the Georgetown University Health Policy Institute jointly produced a series of implementation briefs called CHIP Tips, which examine new opportunities for covering children following the reauthorization and expansion of CHIP in February 2009. The CHIP Tips provide background information on the CHIP program, updates on the changes enacted by CHIPRA and an overview of states’ choices under the program. Such choices include the performance bonuses given to states that successfully enroll eligible children in Medicaid and meet five of eight requirements.

### CHIPRA’S 5 OF 8 REQUIREMENT

States must implement at least five of the following eight policies to be eligible for the performance bonus (except for premium assistance, they must be implemented in both Medicaid—for children—and CHIP):

- 12-month continuous coverage
- No asset test (or simplified asset verification)
- No face-to-face interview requirement
- Joint application and the same information verification process for separate Medicaid and CHIP programs
- Administrative or *ex parte* renewals
- Presumptive eligibility
- Express Lane eligibility
- Offer a premium assistance option

Helping Children by Providing Coverage for Parents and Home Visiting
The National Center for Children in Poverty recently issued two fact sheets concerning children's health. *Making Maternal and Child Health Care a Priority* assesses the national landscape and finds that low-income young children are most likely to be uninsured. The fact sheet also explains that, in most states, pregnant women have access to public health insurance but parents do not. Recommendations for states include setting the income eligibility limit for children's public health insurance at or above 200 percent of the federal poverty level, providing coverage for children and parents, and creating incentives for pediatric health practitioners to conduct comprehensive well-child visits.
**State-Based Home Visiting** considers how states can invest in home visiting programs in ways that promote improved outcomes for young children. As an alternative to center-based programs, home visiting delivers a variety of services in the home—most of which are aimed at improving parents' capacity and children's health. The authors encourage state policymakers to strengthen mechanisms for interagency and cross-program coordination, promote quality staff training, and analyze current spending on home visiting programs to blend funding where appropriate.

**Lack of Enrollment in State Programs**
The National Institute for Health Care Management's *Increasing Access to Health Insurance for Children and Families* discusses the state's role in outreach and enrollment activities for public programs and examines efforts in Florida, Pennsylvania, Massachusetts, and New Jersey. The issue brief reports that poor retention of previous program enrollees is a large contributor to preventing people who are eligible from having coverage.

![UNINSURED CHILDREN AND PARENTS BY ELIGIBILITY AND FAMILY INCOME](image)


**Addressing Underinsurance**
Because underinsurance, or insurance that exists but is inadequate, increasingly affects adolescents' access to care, the American Academy of Pediatrics released a policy statement addressing the problem. *Underinsurance of Adolescents* finds that although there are no national estimates on the extent of underinsurance among adolescents, nearly 40 percent of adolescents' health care is paid out-of-pocket. The AAP recommends that all insurance plans cover preventative health care visits without co-payments or deductibles, allow for same-day treatment of issues, and cover comprehensive mental health and substance abuse services.
ABOUT US

The National Conference of State Legislatures is a bipartisan organization that serves the legislators and staffs of the nation's 50 states, commonwealths and territories, providing research, technical assistance, and opportunities for policymakers to exchange ideas on the most pressing state issues.

Located in NCSL's Washington, DC office, the Forum for State Health Policy Leadership works with state legislators and staff to identify critical health policy issues and address the challenges in developing effective state policy.

Established by the Forum, the Health Chairs Project serves the health committee chairs of all 50 states by providing educational materials on health policy issues, direct access to policy experts and the opportunity to share information and discuss policy strategies among other health chairs.

The Health Chairs E-Bulletin is a monthly email that provides an overview of new developments concerning topics in health, resources that may be helpful in developing policy, and updates on the Health Chairs Project, the Forum, and NCSL.

Missed an issue? Visit the Chairs E-bulletins archives.

Have a great state health policy resource? Please email us to include it in the next issue.

See you in May!

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