Dear Health Committee Chairs:

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

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**Updates from NCSL**

- **NCSL on Federal Health Care Reform**
  - *States Checking Up on Health Reform Webinar Series*! NCSL is holding a six-part webinar series to help legislators and legislative staff navigate the labyrinthine dimensions of health reform. **Registration is free!**
  - *Health Care Reform webpage*. This resource offers the most up-to-date information on federal legislation, reports and analyses concerning health care reform.

- **New Opportunities -- New Ideas, Register Now!**
  NCSL will hold its 2009 Fall Forum December 9 - 12 in San Diego, California. Health committee activities include a health reform update, lunch with CMS Director Cindy Mann, and sessions on health information technology, cost containment and the H1N1 pandemic. View the [online agenda](#).

- **New and Updated NCSL Health Policy Webpages**
  - *Access to Health Care and the Uninsured Overview* (November 2009)
  - *Childhood Obesity Trends: State Rates* (October 2009)
  - *Children’s Health Insurance Program Overview* (October 2009)
  - *Diabetes Overview Page* (November 2009)
  - *Health Insurance and States Overview* (November 2009)
  - *Health Provider and Industry State Fees and Taxes* (October 2009)
  - *Health Reform: State Examples* (November 2009)
  - *Maternal and Child Health Overview* (November 2009)
  - *Pharmaceuticals: Facts, Policies and NCSL Resources* (October 2009)
  - *State Pharmaceutical Assistance Programs* (October 2009)

- **State Legislative Tracking Databases and Webpages**
  - *2009 State Pandemic and H1N1 (Swine) Flu Legislation* (November 2009)
  - *Access to Health Care Legislation* (November 2009)
  - *Autism Legislation Database* (November 2009)
Health Disparities

The Cost of Disparities
Researchers at the Urban Institute estimated the marginal cost of health disparities for select chronic diseases, both at the national level and individually for the ten largest states. Estimating the Cost of Racial and Ethnic Disparities discusses the finding that such disparities resulted in extra costs to the health care system in 2009 and breaks out the incremental cost of health disparities by state and condition.
Vulnerable Populations

*Migration and Health: The Children of Mexican Immigrants in the U.S.*, a report jointly produced by the National Population Council of Mexico and the University of California, outlines the barriers to health faced by children of Mexican Immigrants in the U.S. According to the authors, roughly 25 percent of children under age one has at least one migrant parent, and this group of children comprises the fastest-growing segment of the youth population. The report discusses why Mexicans’ children, when compared to other groups, are more likely to be excluded from the health system and less likely to have a place for regular medical care. The publication also includes state-by-state demographic data.

Note: 1/Excludes population born in Latin America and the Caribbean.
Source: CONAPO estimates based on National Health Interview Survey, 2006-2008
Check out the latest resources on health disparities from the Kaiser Family Foundation:

- **Putting Women’s Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level** reveals health disparities specific to women of color by state. State fact sheets and interactive data tables accompany the report.

- **Health Reform and Communities of Color: How might it affect racial and ethnic health disparities?** discusses specific provisions in the federal health reform proposals that would improve access to health care for vulnerable populations. A related resource, *The Effects of the Economic Recession on Communities of Color*, discusses how minority populations have fared in terms of employment, daily life and health care costs and coverage during the economic downturn.

- **A Profile of Native Americans and Alaskans and their Health** describes the demographic and economic factors that have limited Native Americans’ and Alaskans’ access to health care, despite the existence of the Indian Health Service (HIS), which was designed to meet the health needs of this group.

- View the archived webcast **Today’s Topics In Health Disparities: Is the Health Care System Ready for Health Reform?** to learn how Medicaid eligibility expansion could affect the health care system and health disparities.

**Connecting with Communities: Enhancing Clinical Care**

*Community Engagement and its Impact on Child Health Disparities: Building Blocks, Examples, and Resources*, an article published in the *Journal of the American Academy of Pediatrics*, discusses the successes and challenges of community partnerships that work to reduce health disparities and highlights specific initiatives that build on state Medicaid and CHIP programs. Community partnerships address issues that doctors and nurses cannot address in conventional health care settings. According to the author, projects with promise have relied on diverse partnerships and engaged non-clinical community health workers. In addition, early collaboration has been fundamental to building sustainable partnerships, establishing rapport with communities and constructing effective interventions.

**Emergency Preparedness**

**Planning for Public Health Emergencies**

*Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report*, from the Institute of Medicine, provides guidance to states as they put forward standards of care for use in situations when public health resources may become scarce. The IOM committee, which authored the report, makes several recommendations for state policymakers, including incorporating evidence-based practices, accounting for the needs of vulnerable populations, creating legal protections for practitioners and delineating clear lines of responsibility. The IOM also recommends that plans should be consistent within and across neighboring states.

**Supporting Localities**

In 2008, the Assistant Secretary for Preparedness and Response evaluated state pandemic influenza operating plans according to *HHS Guidance to States* and found that governments were relatively well-
prepared to distribute and dispense vaccines and antiviral drugs in case of a flu pandemic. When HHS’ Office of the Inspector General reviewed local emergency preparedness plans, however, it discovered that plans either were missing vital components or were not actionable. *Local Pandemic Influenza Preparedness: Vaccine and Antiviral Drug Distribution and Dispensing* summarizes these findings and recommends that states work with the CDC to prioritize areas for preparedness funding, ensure local plans are actionable and promote periodic evaluations.

**Selecting Alternate Care Facilities**

The Trust for America’s Health released *H1N1 Challenges Ahead*, which predicts that 37 states will come near or exceed hospital bed capacity during the H1N1 outbreak if the pandemic reaches 35 percent of the population. In addition, the report discusses how factors such as budget cuts, staff reductions, and lack of paid sick time for employees are exacerbating the pandemic. The report presents short- and long-term strategies for policymakers as they struggle deal with H1N1 at home. An interactive map shows how the virus could affect hospital capacity in each state.

*Related Resource:* Refer to the Agency for Healthcare Research and Quality’s *Disaster Alternate Care Facility Selection Tool* for guidance on selecting alternate care sites if hospitals reach capacity.

**Tracking H1N1**

The CDC posts weekly updates on H1N1 activity. See trends in doctor visits for influenza-like illnesses, influenza-related hospitalizations and deaths, and levels of viral activity by region.

**Health Information Technology**

**Assessing the Impact of Consumer Health Informatics Applications**

HIT can play a major in health reform, particularly in fostering a system that is more consumer-driven, posits a new paper from the Brookings Institution. *Customer-Driven Medicine: How To Create A New Health Care System* lists a number of emerging technologies that allow patients more control over their own health care, such as text message and e-mail reminders about appointments and when to take prescriptions as well as home-based monitors that wirelessly transmit results to doctor's offices and reduce the need for clinic-based tests. To facilitate this shift, the author suggests policy changes such as paying providers for outcomes rather than for each test and having insurance companies and employers offer financial incentives for healthier living. The thought is that by giving patients more control and having them do more of the work, the system can save money through reduced use of expensive professionals.

The Agency for Health Care Research and Quality assessed the effectiveness of consumer health informatics (CHI) programs, which are digital applications designed to engage and empower individuals around their own health. *Impact of Consumer Health Informatics Applications* reviews the scientific literature on CHI and finds that digital health applications have improved chronic disease management, facilitated healthy lifestyles and enhanced the doctor-patient relationship.

**Health Information Technology and Medical Homes**

*Incremental Cost Estimates for the Patient-Centered Medical Home,* a report by the Commonwealth Fund, examines the marginal cost of implementing a medical home, or a primary care delivery structure that is centered on the needs of individual patients and provides comprehensive, culturally-competent and easily accessible care. Survey findings from a sample of primary care practices indicated that a rise in the level of “medical homeness” was not associated with additional costs. The lone exception was costs
associated with information technology, which rose modestly as levels of medical home activity increased.

**HIT adoption: Where do we stand?**

*Health Information Technology in the United States, 2009: On the Cusp of Change*, a joint publication of the Robert Wood Johnson Foundation, the George Washington University Medical Center and the Institute for Health Policy, provides a comprehensive overview of the status of electronic health record adoption in U.S. hospitals. Though the report finds evidence of “digital divide” between safety net hospitals that disproportionately tend to the poor and other inpatient settings, the authors conclude that safety net hospitals that have implemented EHRs may have eliminated the quality gap. In addition, the report provides an in-depth analysis of EHR implementation in the states and strategies that states and the federal government have undertaken to overcome barriers to the adoption of health information technology.

![Figure 1: HIE Initiatives Across the U.S.](image)

**HIT In the News**

An [article](#) in *HealthCare IT News* discusses how the Rhode Island Department of Health is monitoring H1N1 by capturing trends in pharmacy sales of antiviral prescriptions. The tool enhances officials’ capability to measure H1N1 prevalence and detect surges in flu activity. Rhode Island’s leadership in health information technology puts the state in unique position adopt such a practice. As of September 2009, all retail pharmacies are “e-prescribing-ready”, and 63 percent of practitioners are writing e-prescriptions, reports *Healthcare IT News.*
Medicaid & CHIP

Bridging Medicaid and Juvenile Justice

*Findings from a Survey of Juvenile Justice and Medicaid Policies Affecting Children in the Juvenile Justice System: Inter-Agency Collaboration*, an issue brief by the National Academy for State Health Policy, discusses the importance of collaboration between juvenile justice and Medicaid agencies. Although federal law prohibits states from providing care or services to inmates of public institutions, states are eligible for Medicaid funding for youth in juvenile justice settings under certain conditions. Collaboration between agencies can streamline health and juvenile justice services and facilitate youths’ successful transition back into the community. According to NASHP, 37 states practice at least one method of interagency collaboration, such as regular ad hoc meetings, shared staff or liaisons, or formal agreements.

Health reform and state insurance programs

*Medicaid & CHIP Provisions in the House Leadership Bill*, a brief by the Kaiser Family Foundation, explains how the Affordable Health Care for America Act (HR3962) would affect state Medicaid and Children’s Health Insurance Programs. Overall, the bill requires individuals to purchase health insurance, expands Medicaid to 150 percent of the poverty level and provides subsidies for low-income individuals to purchase coverage through a health insurance exchange. See how the new House and Senate bills compare using the Kaiser Family Foundation’s [side-by-side chart](#).

From the Government Accountability Office

The GAO released two reports related to Medicaid. The first, *Fraud and Abuse Related to Controlled Substances Identified in Selected States*, discusses indications of illegitimate Medicaid expenditures for pharmaceuticals. The report recommends that states implement a comprehensive fraud prevention effort that includes preventive controls, fraud detection and monitoring, and mechanisms for investigations and prosecutions. The second report, *State and Federal Actions Have Been Taken to Improve Children’s Access to Dental Services, but More Can Be Done*, looks at state efforts to track and improve children’s access to dental care through Medicaid. Though all 51 states monitor the issue in some way, some states have not set meaningful goals and incentives or tracked whether managed care organizations are meeting standards.

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 program 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 E-Bulletin archive.

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