



Health Innovations Digest

NATIONAL CONFERENCE of STATE LEGISLATURES

AN NCSL SERVICE TO STATE LEGISLATIVE HEALTH STAFF

VOL. 1, APRIL 2018

ABOUT THIS DIGEST: The NCSL Health Program works in collaboration with professional researchers and writers across the nation. They often publish and post material on current state events that are valuable but may be hard to find for busy legislators and legislative staff. This digest pulls together a concise list that may be of interest or use for your legislative research, hearings, briefings or other events. A special thanks to The Commonwealth Fund for supporting this resource.

What Happens to Competition and Premiums in States with Just One Marketplace Insurer?

In 2017, five states had only one insurer participating in their health care marketplace: Alabama, Alaska, Oklahoma, South Carolina and Wyoming. With federal actions fueling uncertainty over the Affordable Care Act's future, there are fears that insurers may exit marketplaces in other states, leaving consumers with



diminished plan choice and higher premiums. In a new Commonwealth Fund brief, analysts with NORC at the University of Chicago examine the history, before and after the ACA's passage in 2010, of the individual insurance market in those five, mostly rural, states. [READ THE BRIEF](#)

If It Talks Like Insurance and Walks Like Insurance: The Curious Case of Direct Primary Care Arrangements

For decades, elite "concierge" practices have provided easy access to primary care in return for several thousand dollars in retainer fees. Recently, more affordable versions of this arrangement have emerged, with monthly fees that cost far less than the average ACA marketplace plan premium. At first blush, these arrangements, frequently called "direct primary care arrangements" (DPCAs), might seem like a way to ensure access to health care services in the face of rising health insurance premiums. See the [Center on Health Insurance Reforms'](#) (CHIR) article by Maanasa Kona, who maintains this is not always the case.

Is the U.S. Still Trending Toward Expanded Health Coverage?

The history of health care reform in America reflects a dynamic interaction between the two parties, write James Morone and David Blumenthal, M.D., in the new issue of *Health Affairs*. Republicans oppose Democratic plans emphasizing public insurance, countering with plans that instead rely heavily on private markets. The next wave of Democratic proposals then absorbs some elements of the latest Republican proposal, and the cycle continues. Morone, a political scientist at Brown University, and Blumenthal, the president of The Commonwealth Fund, look



back at the ACA's passage through a historical lens, beginning with Harry Truman's universal insurance plan from 1945. They note that Republicans have failed to propose an alternative model for coverage expansion. Moreover, their forceful repeal-and-replace efforts have few historical parallels in the history of U.S. health policy. [READ MORE](#)



New Survey: Three of 10 Marketplace and Medicaid Enrollees Are Concerned About Losing Coverage

Thirty-six percent of Americans who have health coverage through the Affordable Care Act's marketplaces and 27 percent of people with Medicaid are pessimistic they will be able to keep their coverage in the future, according to a new Commonwealth Fund survey. Nearly half cite actions by the Trump administration or

Congress to undermine the law as the main source of their concern. Despite federal efforts to weaken the law, 11.8 million people selected plans through the marketplaces, about 3.7 percent fewer than during the prior year. The survey also asked people whether they believe all Americans should have the right to affordable health care. Most said yes, including 99 percent of Democrats, 82 percent of Republicans and 92 percent of independent voters. [SEE MORE SURVEY RESULTS](#)

Medicaid Waivers in the States: Seven FAQs

Each state Medicaid program is unique, reflecting how states implement options and use waivers to design programs that meet their needs and priorities. States may apply to the Centers for Medicare & Medicaid Services (CMS) for formal waivers that provide additional flexibility to design and improve their Medicaid and Children's Health Insurance Programs (CHIP). States use Medicaid waivers for a variety of purposes, such as offering an alternative benefit plan to an enrollee group, requiring enrollees to use a specified provider network, or extending coverage to additional populations not defined in law. NCSL summarizes some [frequently asked questions](#) about Medicaid waivers and provides links to key resources for additional information on state use of waivers.

Insurers Remaining in Affordable Care Act Markets Prepare for Continued Uncertainty in 2018, 2019

The Urban Institute examined insurers' participation and pricing decisions for the 2018 and 2019 plan years through structured interviews with 10 insurance companies participating in the individual market in 28 states and the District of Columbia. Most insurers in the study remain committed to participating in the individual market; however, going forward, insurers will be closely watching how consumers respond to the lack of an individual mandate and the availability of new coverage options that do not have to comply with the ACA's protections for people with pre-existing conditions. Visit NCSL's page on [State Actions to Address Health Insurance Exchanges](#) for more information on health insurance policies available for sale as of Nov. 1, 2017, that took effect for coverage Jan. 1, 2018 through Dec. 31, 2018.

[READ THE BRIEF](#)

1332 Waivers Re-emerge for 2018

The "Section 1332 Innovation Waiver" provision of the Affordable Care Act was adjusted and then promoted in the first year of the Trump administration. However, when three state applications (California, Iowa and Oklahoma) were rejected by the fall, some thought the option had become less useful. Despite this, NCSL's first detailed look for 2018 shows a surprising 13 states where members are considering legislation to authorize new waivers. Read the latest in [NCSL's 1332 report](#), which includes bills in **Colorado** (S 132), **Connecticut** (H 5114), **Hawaii** (H 2146, S 2199), **Idaho**, **Indiana**, (H 1301), **Louisiana** (H 246), **Maryland** (S. 387, H 1782), **Missouri** (H 2539), **New Jersey** (S.1878), **Oklahoma** (S 1162), **Virginia** (S 964), **Wisconsin** (S 770) and **Wyoming** (S 88) as of March 15, 2018. [READ THE REPORT](#)



In the news:



CMS rejects Idaho's plan to allow sale of policies that skirt ACA rules

The Centers for Medicare & Medicaid Services rejected Idaho's plan to allow the sale of health insurance plans that do not comply with Affordable Care Act requirements, including coverage of essential health benefits and consistent rates for healthy and sick people. In a letter sent to Idaho Insurance Director Dean Cameron and Governor Butch Otter, CMS Administrator Seema Verma said it is the government's duty to enforce and uphold the ACA, and under Idaho's proposal, the state would be "failing to substantially enforce" the law. [READ](#)

[Reuters \(3/8\)](#), [The Examiner \(Washington, D.C.\) \(3/8\)](#)

At New Health Office, 'Civil Rights' Means Doctors Can Say No To Patients

The Trump administration has embarked on a sweeping effort to redefine civil rights in health care, with critics accusing the Department of Health and Human Services of sidestepping the rights of patients to soothe a far smaller constituency: conservative nurses, hospitals and other caregivers. The department's Office for Civil Rights (OCR) has strengthened and expanded protections for health care providers who have religious- or conscience-based objections to procedures such as abortion. (March 5, 2018) [Kaiser Health News](#)

The Commonwealth Fund is a national, private foundation based in New York City that supports independent research on health care issues and makes grants to improve health care practice and policy. The views presented here are those of the presenters and not necessarily those of NCSL or of The Commonwealth Fund, its directors, officers, or staff.

NCSL PROJECT STAFF -- Several Health staff based in Denver follow the topics included in this digest. This includes: Martha King, Richard Cauchi, Colleen Becker, Lisa Waugh, Samantha Scotti, Charlie Severance-Medaris and Alise Garcia. Federal health issues are covered by Haley Nicholson from the D.C. Office of NCSL.

Unless noted, NCSL takes no position on state legislation or laws mentioned in linked material.