



Legislative & Policy Preview 2018: Health Program

January 11, 2018

Health care legislation

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- Assistance with Supplemental Security Income (SSI)/Social Security Disability (SSDI) Insurance applications
- Reinsurance
- Substance use disorder interim bills
- Surprise billing
- Free-standing emergency departments
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Non-legislative advocacy work, research and projects

- Regional Accountable Entities (ACC 2.0)
- Aid to the Needy Disabled
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The core work of CCLP's Health Program includes increasing access to health coverage working to reduce racial and economic disparities in health, and ensuring that individual commercial coverage is affordable and comprehensive.

In 2018, our goal will be to preserve access to Medicaid and Child Health Plan *Plus* (CHP+), which are both cost-effective public programs. In addition, we will participate in efforts to increase pricing transparency and reduce costs in the private insurance market. We anticipate continuing discussion about the impact of federal action on health care access and potential state solutions.

This year, our health care priorities include:

Health care legislation

Prescription drug transparency

We have long been concerned about pharmaceutical companies' increasing share of the health care dollar, and cost trends that outstrip most other categories of care. That's why we have joined the Colorado Consumer Health Initiative and Healthier Colorado in supporting legislation that will expand Coloradans' understanding of which drugs contribute to the rising cost of insurance premiums and the basis for those increases.

Assistance with applications for federal disability programs

Coloradans with disabilities -- especially those who lack stable housing and those with mental illness -- encounter substantial difficulties in applying for federal support that helps them survive. This session, we are working on two bills designed to improve the application process. The first will add psychologists, social workers, and licensed professional counselors to the list of health care providers that can verify that an Aid to the Needy Disabled (AND) applicant cannot work due to a disability. The second bill will provide funding for a statewide program that will help AND applicants and recipients navigate the complex process of applying for federal Social Security disability benefits.

Reinsurance

During 2017, CCLP participated in a stakeholder process led by the Division of Insurance to explore the feasibility of a reinsurance program in Colorado. We anticipate at least one bill that would give the state authority to apply for an ACA waiver. Through the waiver, Colorado would establish a fund to help defray the expense of more costly enrollees, thus allowing carriers to charge lower premiums. The fund would be composed of millions in federal premium tax credit funding

along with state funding from as-yet-undetermined sources. CCLP's position on the bill will depend on the degree of benefit and the potential impact of funding mechanisms on Colorado consumers.

Preventing and treating substance use disorders

The Opioid and Other Substance Use Disorders Interim Committee chaired by Rep. Brittany Pettersen, D-Lakewood, resulted in a set of six bipartisan bills aimed to reduce dependence on opioids and other substances and increase access to treatment. We support this broad-based approach to an epidemic of addiction both nationally and in Colorado. The slate includes bills focused on prevention and education, clinical practice, harm reduction, the shortage of treatment providers, Medicaid residential treatment and payment reform.

Health care costs

We will work to implement some of the recommendations of the Commission on Affordable Health Care created by legislation that CCLP developed during the 2014 legislative session. We are particularly interested in ensuring the availability of data that would allow communities to better understand the reasons their health care costs are high. We are also interested in exploring whether Colorado might pursue a hospital payment model similar to Maryland's efforts to control costs -- particularly in high-cost regions of the state. At this point, we do not know whether these ideas will evolve into legislation this year.

Surprise billing

Too often, Coloradans who have had surgery or other services at in-network facilities find themselves on the hook for surprise bills from out-of-network providers. These bills may far exceed in-network costs. CCLP has supported efforts over the past three years to curtail the practice of surprise billing. We anticipate introduction of a bill addressing this issue in 2018 that will include notice to consumers about their rights and the risk of out-of-network bills.

Regulating free-standing emergency departments

We anticipate a set of three bills that propose to regulate and license free-standing emergency departments (ED) and provide notice of potential costs to consumers. CCLP strongly supports these efforts, which were redesigned after similar efforts failed in 2016 and 2017. Free-standing EDs have continued to proliferate in Colorado driving up health care costs and often leaving consumers with high out-of-pocket costs.

Protecting coverage gains

We are working with colleagues in Colorado and nationally to encourage preservation of public programs, including CHP+, that keep our schools, workplaces and communities healthy and functioning.

We will continue the fight against Congressional efforts to repeal or undermine the ACA and to substantially cut funding to the Medicaid programs upon which Coloradans with disabilities, the low-income elderly, children, and adults rely upon. CHP+ remains endangered, with continuing resolutions by Congress delaying the question of long-term funding for this program that has historically enjoyed broad bipartisan support, and causing turmoil for state systems and CHP+ families.

Federal regulatory changes continue, from reducing the open-enrollment period on the health insurance exchanges to letting individual and group markets offer skimpy plans that would attract healthy customers while leaving older and sicker consumers with much higher premiums. We will continue to support innovation by Connect for Health Colorado, which as a state exchange retains flexibility that federal exchanges lack. We note that despite a somewhat shortened 2018 open enrollment period in Colorado, projected enrollment remains at

or above last year's level, signaling a general consensus among those who lack employer-based health care that they need and want health insurance.

CCLP remains concerned about the impact on Colorado's Medicaid program of possible federal efforts to increase obstacles to receiving Medicaid services. Work requirements and increased costs to enrollees have been shown to limit access and increase state bureaucracy, without improving health outcomes. We will continue to monitor Congressional proposals and send out regular updates and action alerts.

Non-legislative advocacy work, research and projects

Regional Accountable Entities (RAEs): Accountable Care Collaborative 2.0

The Department of Health Care Policy and Financing has awarded contracts to five Regional Accountable Entities (REAs) for work that includes delivery of behavioral health services and coordination of behavioral health and primary care benefits and services. CCLP is optimistic about opportunities the new structures create for better-managed and integrated care, but remains concerned about the RAEs' ability to address systemic limitations on access to behavioral care. CCLP will monitor the RAEs closely, push for better enforcement of Mental Health Parity and Addiction Equity Act regulations in Medicaid programs and access to children's Medicaid services, and work to ensure access to effective grievance and appeals processes. We are also working with partner organizations CCHI and the Colorado Cross-Disability Coalition to improve consumer engagement in Medicaid, and will continue to participate in the Program Improvement Advisory Committee.

Aid to the Needy Disabled program

After many months of working with partner organizations and the Colorado Department of Human Services (CDHS), CCLP anticipates needed changes in rules and policies that govern the Aid to the Needy Disabled (AND) program. AND is a financial-assistance program that provides just under \$200 per month to disabled individuals that have applied for federal disability programs and are unable to work. We will remain engaged with CDHS as the Department makes changes that will extend the current brief application timelines, increase the AND benefit amount and adjust the AND disability assessment process to make the process more accessible for disabled applicants.

Health equity

Access to basic needs like nutritious food, safe and affordable housing, parenting supports, and legal assistance fosters good health. Systemic racism and other forms of discrimination have resulted in disparate access to these social determinants of health. Innovative health care providers have created programs that address these disparities. As examples: one clinic provides access to legal assistance through a medical-legal partnership, another runs support groups for parents of at-risk youth, another runs a nutritious food bank for diabetes patients. Through partnerships with communities and provider groups, CCLP will look for policy levers to scale up projects that address persistent and unfair racial, ethnic and cultural disparities in Colorado.

Medicaid program system changes

Almost a year after Colorado Medicaid adopted a new billing system, payment problems are causing ongoing problems for Medicaid providers. Medicaid should not be making it harder for enrollees to access care by making it more difficult for providers to participate in the program. CCLP continues to advocate with the Colorado Department of Health Care Policy and Financing for greater transparency and accountability with

system changes. We are also closely tracking the CBMS Transformation project, which involves both a new platform and user interface for the balky Colorado Benefits Management System. This large-scale move will be effectuated in the next several months, a timeline that may create difficulties.