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**Update on State Health Policy**  
June 10, 2014  
for NOSORH Region D Meeting  
Laura Tobler  
Laura.tobler@ncsl.org

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**State Budget Conditions**



The outlook for state budgets is stable.

Revenue performance is positive, and expenditure overruns are relatively modest.

Challenges remain: Sluggish revenue growth, rebuilding budget reserves and long-term spending trends—especially for K-12 education and health care.

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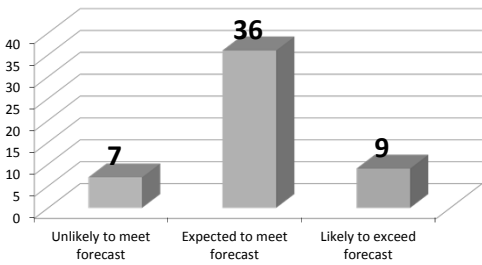
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**Revenue Outlook for the Remainder of the Fiscal Year**



Forecast Category	Percentage
Unlikely to meet forecast	7
Expected to meet forecast	36
Likely to exceed forecast	9

Includes the District of Columbia and Puerto Rico

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### Areas of Spending Over Budget in FY 2014

11  Corrections/ Public Safety

8  Education

7  Medicaid/ Health Care

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In the 2014 legislative sessions, about **HALF** of state legislators were serving their first or second term.



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



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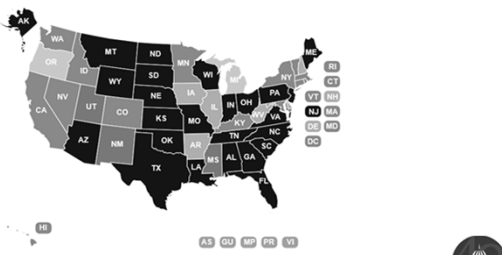
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### Health Insurance Exchanges Where States Stand

 State Run Exchange	 State-Federal Partnership	 State Run SHOP (Small Business Exchange, Federally-run Marketplace for Individuals)	 Federally Facilitated Marketplace (Exchange)	 Changing Structures State and Federal
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AS GU HI IL IN IA KS KY LA MS MD MA MI MN MO MT NE NH NJ NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WY

NCSL

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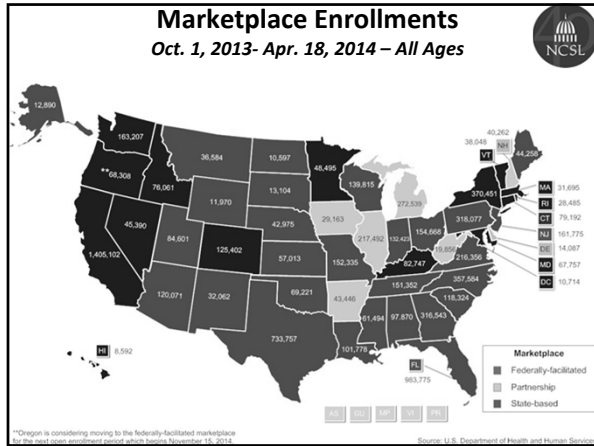
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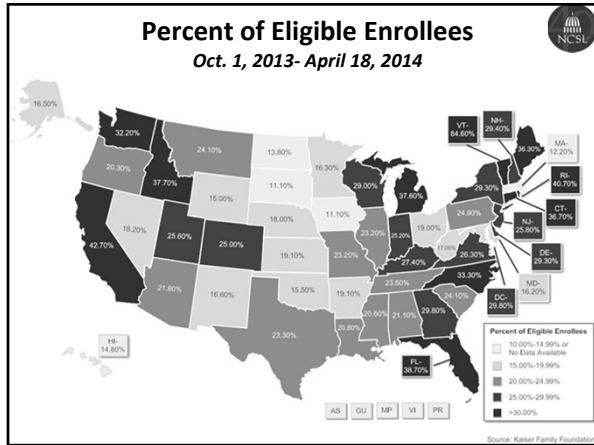
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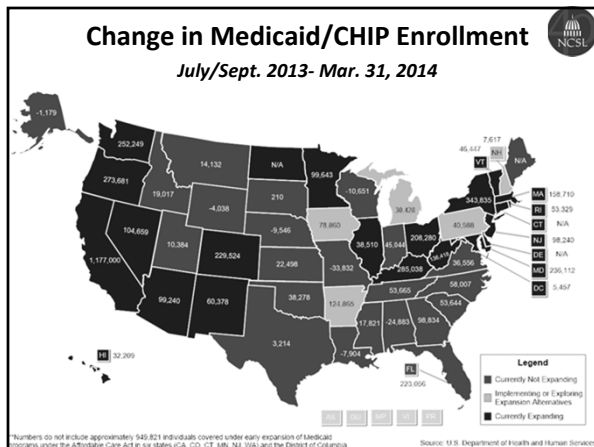
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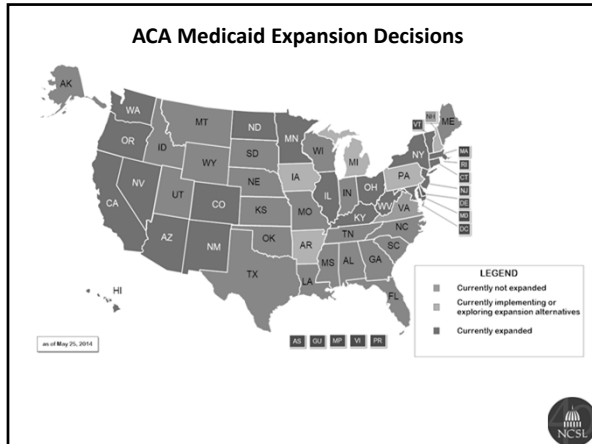
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#### States with Customized Medicaid Expansion Plans

- Arkansas** (approved and implemented 1/1/14)
  - Childless adults and parents to fill in the gap up to 138%
  - Uses federal funds to pay beneficiaries' premiums for QHPs
  - Up to 200,000
- Iowa** (approved and implemented 1/1/14)
  - Adults up to 138%
  - Medicaid to those up to 100% FPL, federal funds to pay premiums for QHPs for those 100 to 138%
  - Up to 150,000
- Michigan** (approved and implemented 4/1/14)
  - Adults up to 138%
  - Medicaid to those up to 138% FPL with cost-sharing using health accounts.
  - Between 300,000 and 500,000
- Pennsylvania** (under review)
  - Childless adults and parents to fill in the gap up to 138%
  - Uses federal funds to pay beneficiaries' premiums for QHPs
  - Up to 500,000
- New Hampshire** (under review)
  - Part of a larger health reform project
  - Premium assistance if approved will go into effect 1/1/16.

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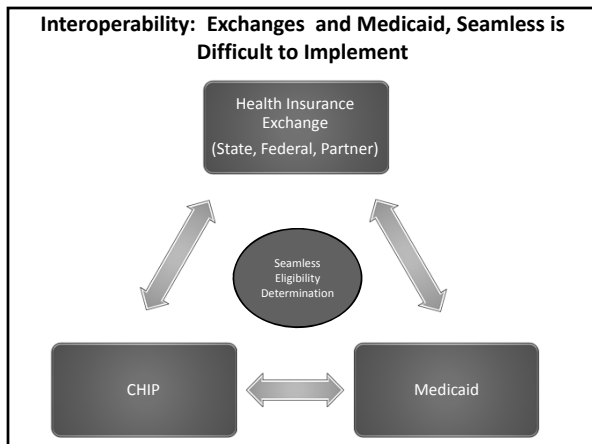
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### Medicaid Cost Containment

- Prevention and care coordination incentives
- Payment and delivery system reforms
  - Medical/health homes
  - Accountable care organizations
  - Bundled payment programs
  - Hot spotting
- Move toward managed care
- Dual eligible demonstrations
- Reduce fraud and abuse
- And more

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### Long Term Services & Supports

- Move to managed care
- Balancing Incentives Program
- Money Follows Person
- Community First Choice Option
- Integrating care for duals

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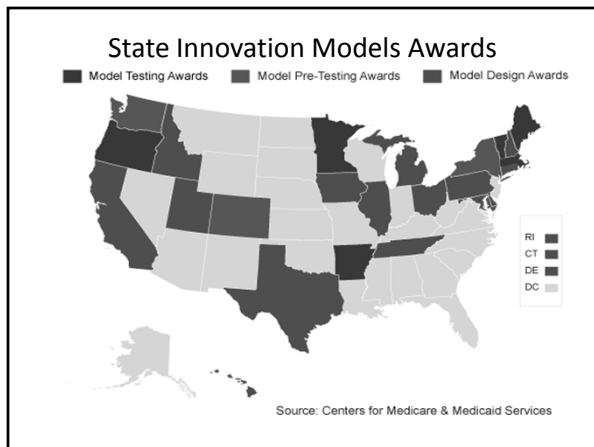
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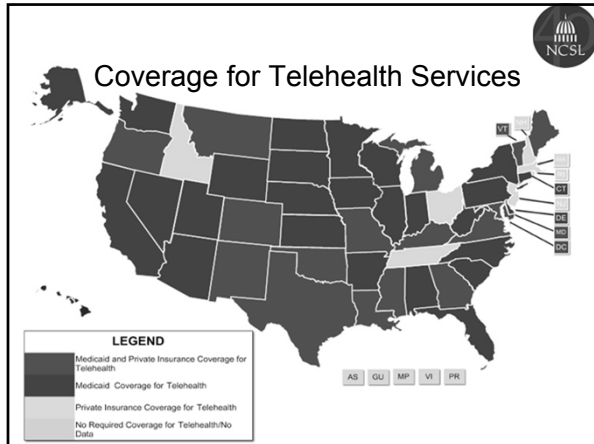
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### Issues for 2014 and beyond

- Narrow networks/network adequacy.
- Prescription drug abuse prevention.
- Community health workers and Medicaid.
- Medicaid and Corrections.
- Appropriate use of telehealth (state medical boards model policy).
- Improving health/reducing the need for health care.

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### Issues for 2014 and beyond

- E-cigarettes
- Medical marijuana
- Hepatitis C therapy

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### NCSL Resources

Health Reform home page:  
<http://www.ncsl.org/?TabID=160>

State legislation database:  
<http://www.ncsl.org/?TabId=22122>

Health Reform State Action newsletter:  
<http://www.ncsl.org/default.aspx?TabId=22281>

Cost Containment Briefs:  
<http://www.ncsl.org/default.aspx?tabid=19200>

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