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HEALTHCARE VALUE HUB

Past Disasters Shaped Policy- Let's Prepare Now for Our Post COVID-19 World

@HealthValueHub

www.healthcarevaluehub.org

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Welcome and Introduction

Lynn Quincy
Healthcare Value Hub

Housekeeping

- Thank you for joining us today!
- All lines are muted until Q&A
- Webinar is being recorded
- Technical problems? Contact Dakota Staren at Dakota.Staren@altarum.org

Agenda

- **Welcome & Introduction**
- **Past Disasters Illustrate the Policy Opportunity and the Danger**
  - Annaliese Johnson: Policy & Communications Associate, Healthcare Value Hub
- **Lessons for Our Public Health System**
  - John Auerbach: President and CEO, Trust for America's Health
- **Ensuring Equal Protection for All**
  - Dr. Tekisha Everette: Executive Director, Health Equity Solutions
- **Universal, Quality Coverage as a Public Health Measure**
  - Joan Alker: Executive Director and Co-Founder, the Center for Children and Families
  - Sabrina Corlette: Founder and Co-Director, Center on Health Insurance Reforms
- **Maintaining Policy Gains During a Period of State Austerity**
  - Louisa Warren: Director of State Strategies & Engagement, Center on Budget and Policy Priorities
- **Q&A**

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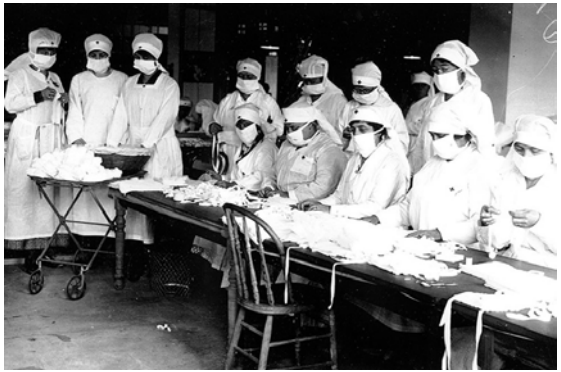
Past Disasters Illustrate the Policy Opportunity and the Danger

Annaliese Johnson, MPP
Policy & Communications Associate,
Healthcare Value Hub

1918 Flu Pandemic



Red Cross Volunteers, Boston MA

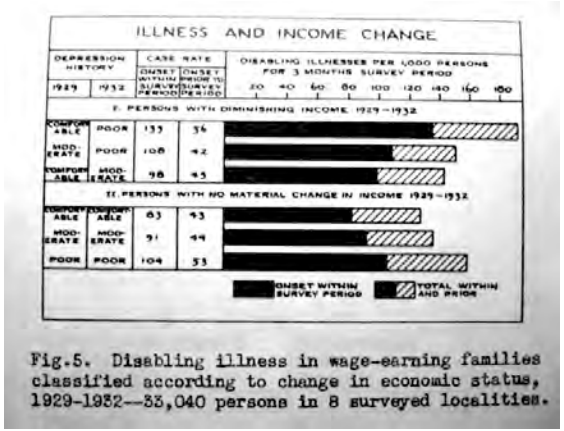
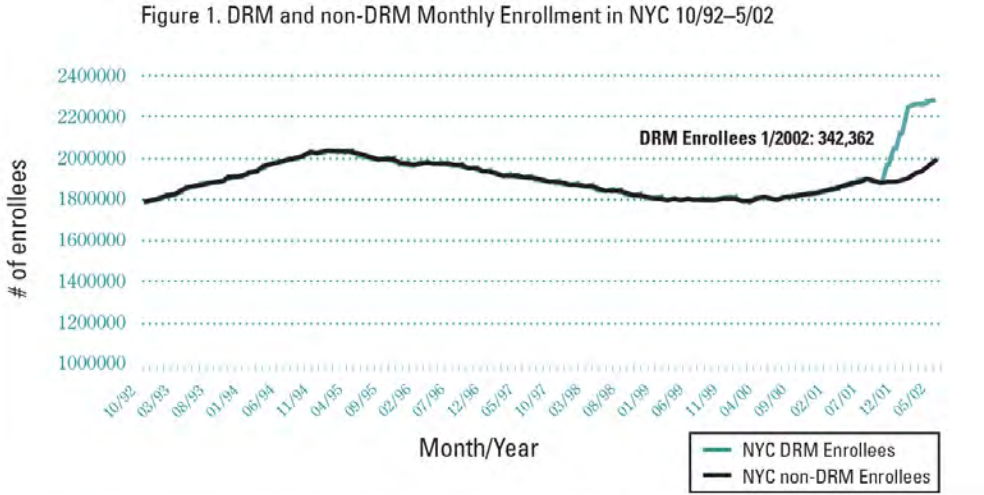


Fig.5. Disabling illness in wage-earning families classified according to change in economic status, 1929-1932--33,040 persons in 8 surveyed localities.

Original table maquette from Depression Survey, 1934-1935.

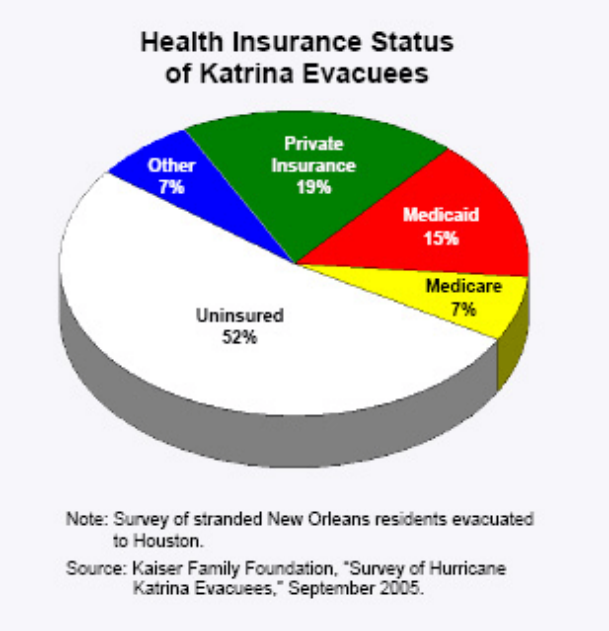
"Typhoid" Mary Mallon, New York American 1909

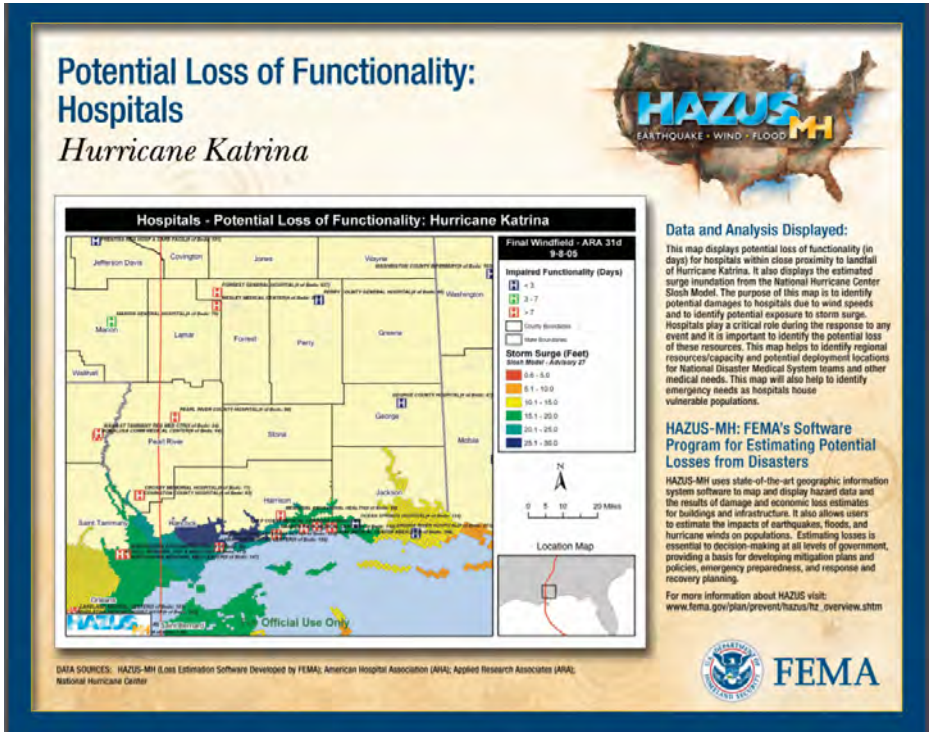
9/11



From: Calicchia, Marcia, et al., Disaster Relief Medicaid Evaluation Project, (2005).

Hurricane Katrina





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Lessons for Our Public Health System

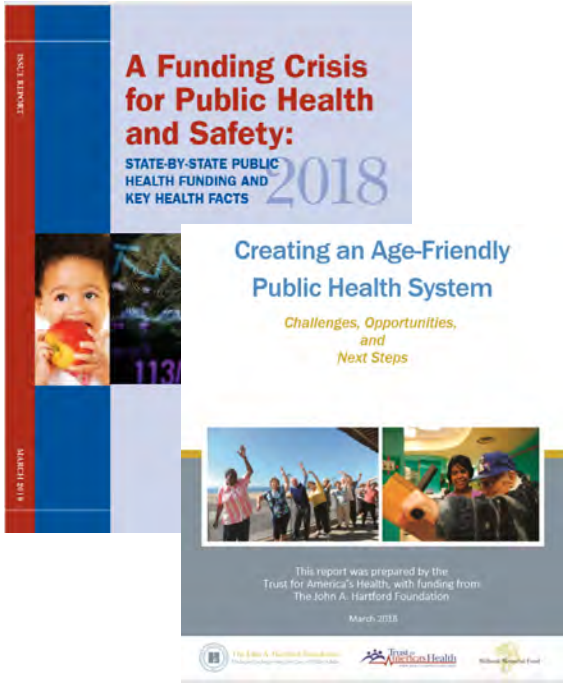
John Auerbach, MBA
President and CEO, Trust for America's Health

Responding to a Pandemic:
Lessons for Our Public Health System

John Auerbach
President and CEO
Trust for America's Health

Trust for America's Health
TFAH.ORG

Trust for America's Health (TFAH)



- Promotion of public health and prevention
- Independent, non-partisan
- Foundation-supported
- Focused on
  - Data/research for action
  - Health-promoting policies
  - Strong public health system
  - Informed policymakers

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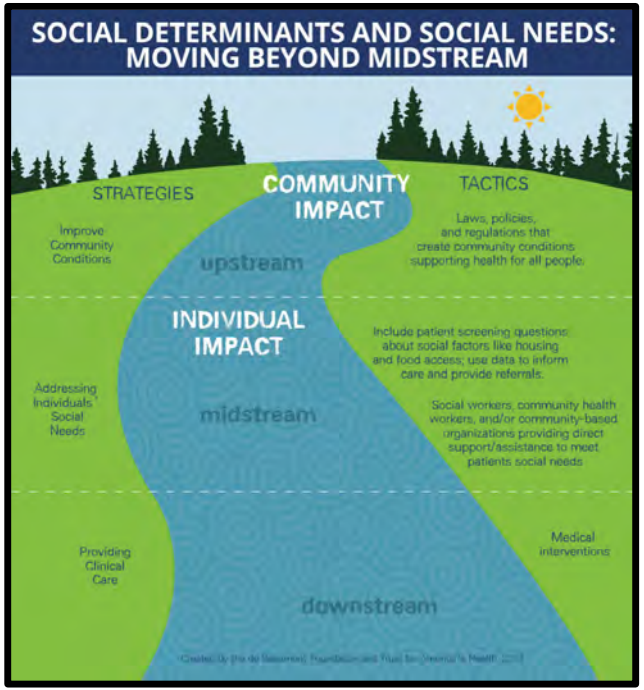
Public Health Departments Do A Lot

- **Infectious diseases** (immunizations; outbreaks/epidemics)
- **Chronic disease** programs (diabetes, obesity, tobacco)
- **Injury prevention-** (car accidents, falls, poisoning)
- **Behavioral health** – (drug/alcohol, suicide)
- **Safety-net clinical services** (STD, TB, WIC,vaccines)
- **Emergency preparedness** – (all hazards)
- **Environmental health** - (lead paint, particulate matter)
- **Regulation and safety** – (licensure, quality control of care)
- **Equity promotion** and population-specific efforts

Public Health's Focus Is Often Upstream



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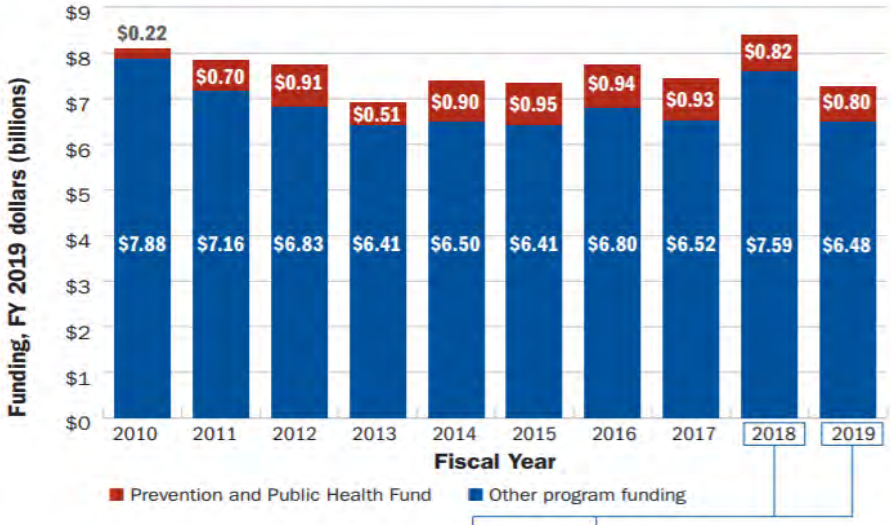
de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES.

Core Federal Funding Down

Figure 2: CDC Program Funding Fell Over Decade

CDC program funding, adjusted for inflation, FY 2010-19



Note: Appropriately comparing funding levels in FY 2018 and FY 2019 requires accounting for the transfer of funding for the Strategic National Stockpile from the CDC to the Assistant Secretary for Preparedness and Response in FY 2019, and excluding one-time lab funding in FY 2018.

Data were adjusted for inflation using the Bureau of Economic Analysis's implicit price deflators for gross domestic product

Source: CDC annual operating plans

Meanwhile - Emergencies Increasing

Number of public health emergency declarations by year:

- 2010 – 2
- 2011 – 6
- 2012 – 3
- 2013 – 1
- 2016 – 2
- 2017 – 18
- 2018 – 15
- 2019 – 12

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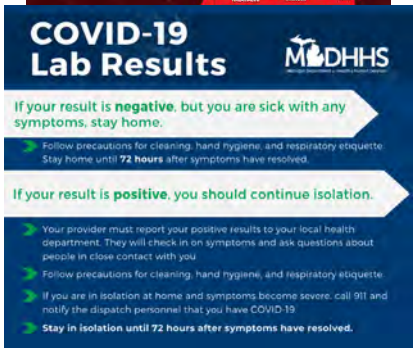
Public Health Responds to COVID - 19

- **Epidemiology** - investigating possible cases
- **Laboratory** - testing specimens to determine if positive
- **Quarantine** - setting policies/identifying locations to house people
- **Screening** - staffing at airports
- **Collaborating with clinical sites** - screening, diagnosing, treating
- **Educating** - taking steps to protect the public
- **Media** - responding to demand for information
- **Policy-making** - advising elected officials & declaring emergency



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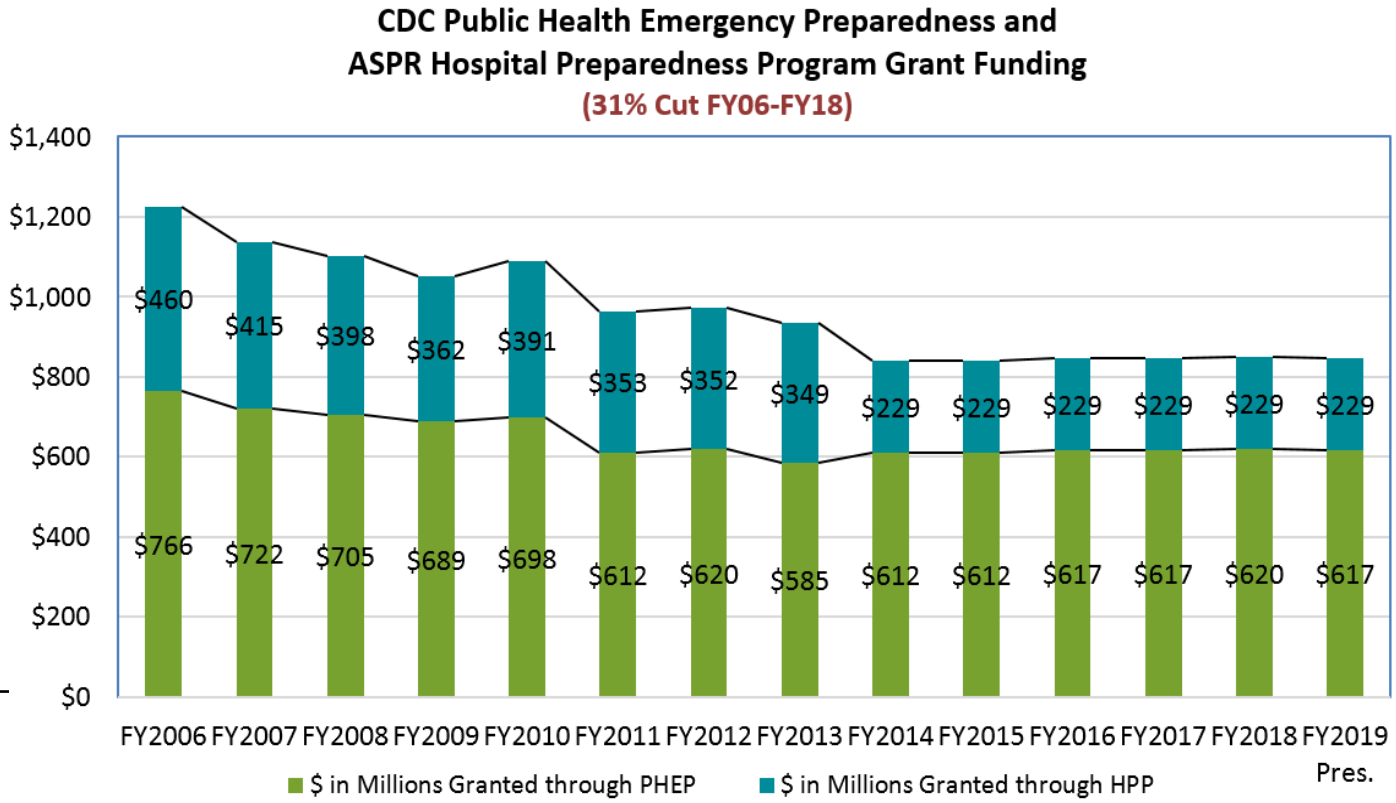
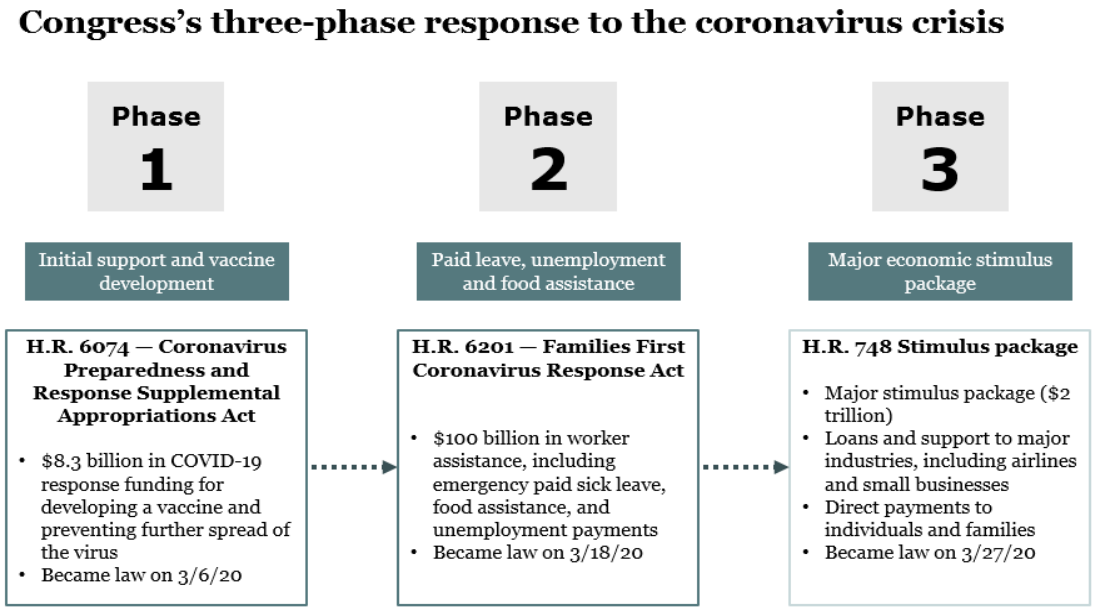
But Necessary Core Funding Has Been Decreasing



Emergency Funds Help But Come After Damage is Done & Are Short-Term



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Some Current Efforts

to drive long-term change

- Increase testing, expand contact tracing & address social/econ needs
- Strengthen public health infrastructure by $4.5 B (160 groups endorse)
- Improve data collection & analysis systems including by race/ethnicity
- Focus on promoting equity
- Change social/economic conditions to promote health including older adults

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Ensuring Equal Protection for All

Tekisha Dwan Everette, PhD
Executive Director, Health Equity Solutions

Policies to Promote Equity in the COVID-19 context

Tekisha Dwan Everette, PhD

May 8, 2020

HEALTH EQUITY SOLUTIONS

Tekisha Dwan Evertte, PhD

Executive Director

Health Equity Solutions

HEALTH EQUITY SOLUTIONS

Policy priorities for equity

1) Collect granular race/ethnicity data
2) Embed an equity lens
3) Address uninsurance
4) Streamline social services applications
5) Leverage community health workers
6) Adopt community-clinical integration
7) Guarantee accessible testing and treatment/vaccines

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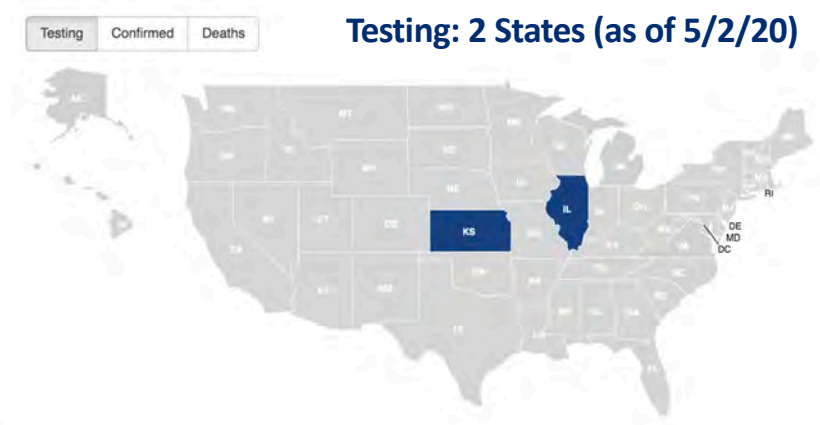
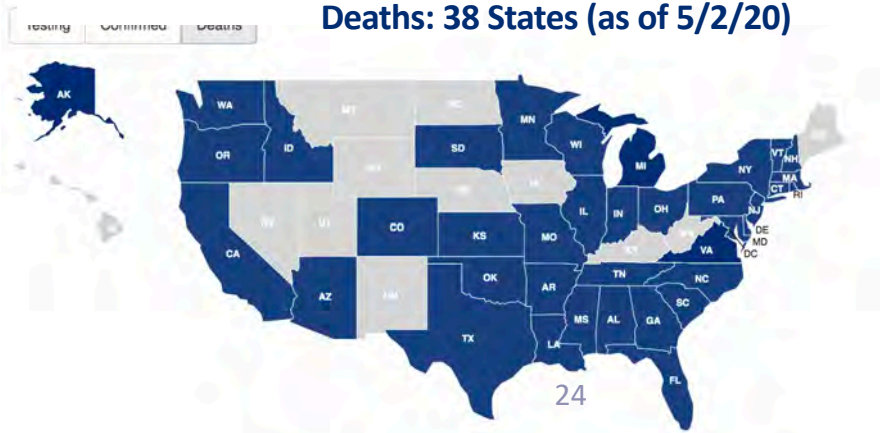
Collect granular race, ethnicity, and language data

Which States Release COVID-19 Data by Race?





HESCT.ORG

https://coronavirus.jhu.edu/data/racial-data-transparency

Embedding an equity lens:

A group or person focused on equity in all policies

Reduce uninsurance:

Leverage Medicaid and other options

Table 1: Estimated Impact to Health Insurance Coverage due to COVID-19 Economic Downturn

Scenario	Unemployment Rate	US Population (in millions)			
		Medicaid	Marketplace[1]	Employer-Sponsored	Uninsured
Pre-COVID	3%	71	13	163	29
Low	10%	82	12-13	151	30-31
Medium	17.5%	88	13-14	140	34-35
High	25%	94	13-15	128	39-40

Source: Health Management Associates, April 3, 2020:

https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf

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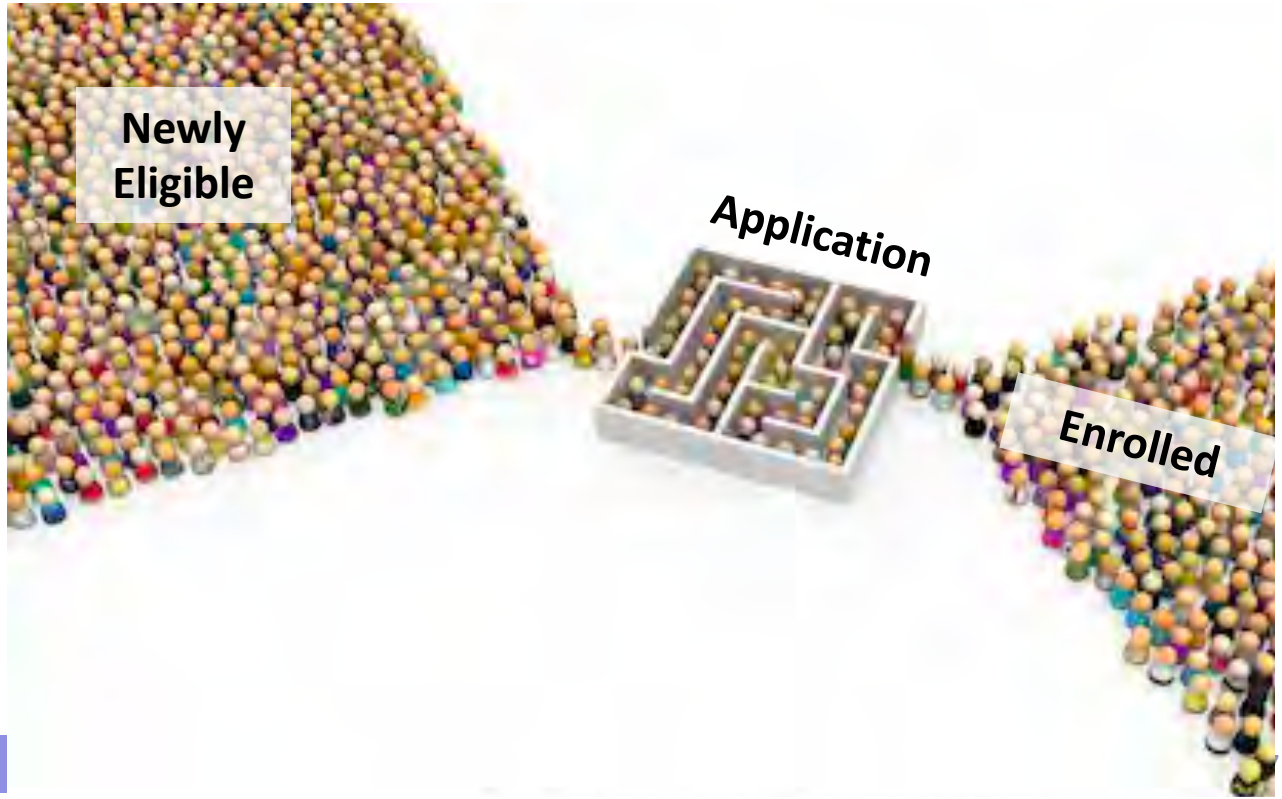
Streamline social services applications



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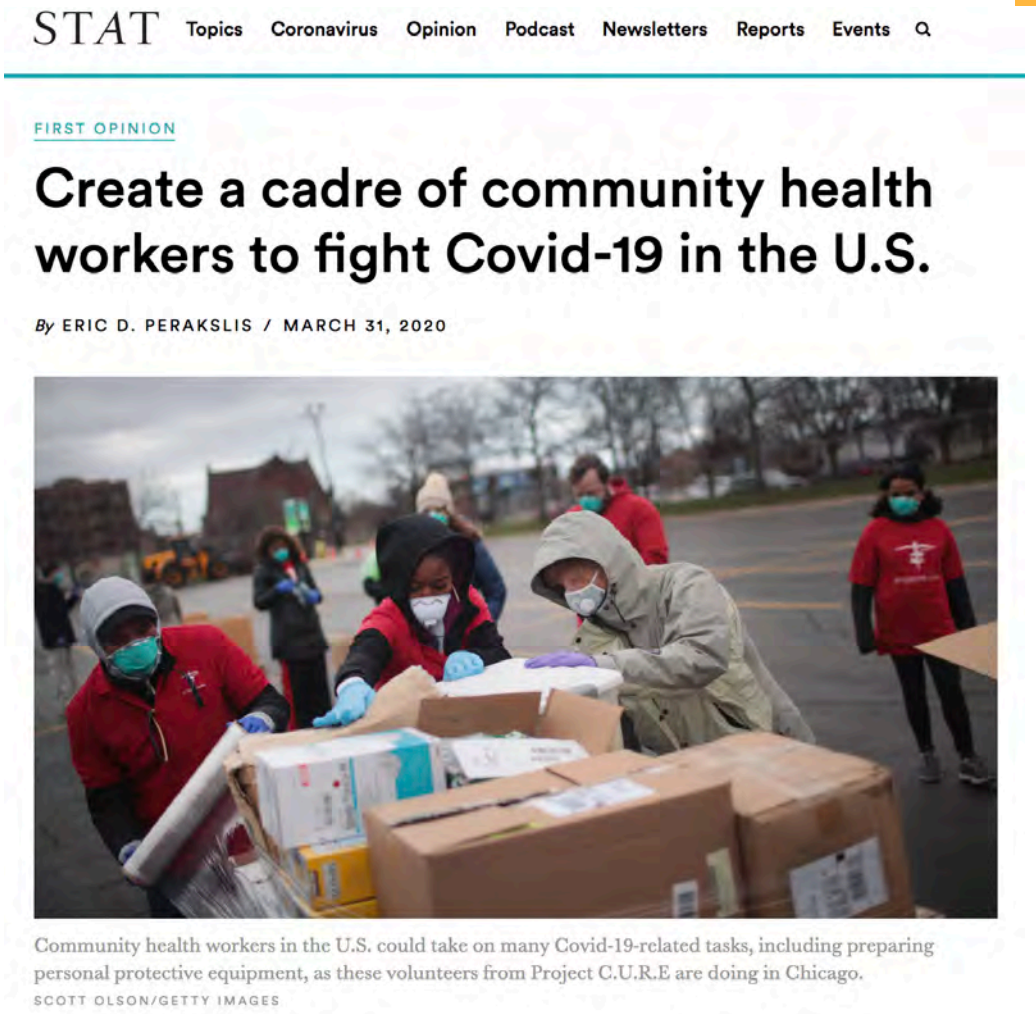
Leverage community health workers



STAT Topics Coronavirus Opinion Podcast Newsletters Reports Events

FIRST OPINION

Create a cadre of community health workers to fight Covid-19 in the U.S.

By ERIC D. PERAKSLIS / MARCH 31, 2020

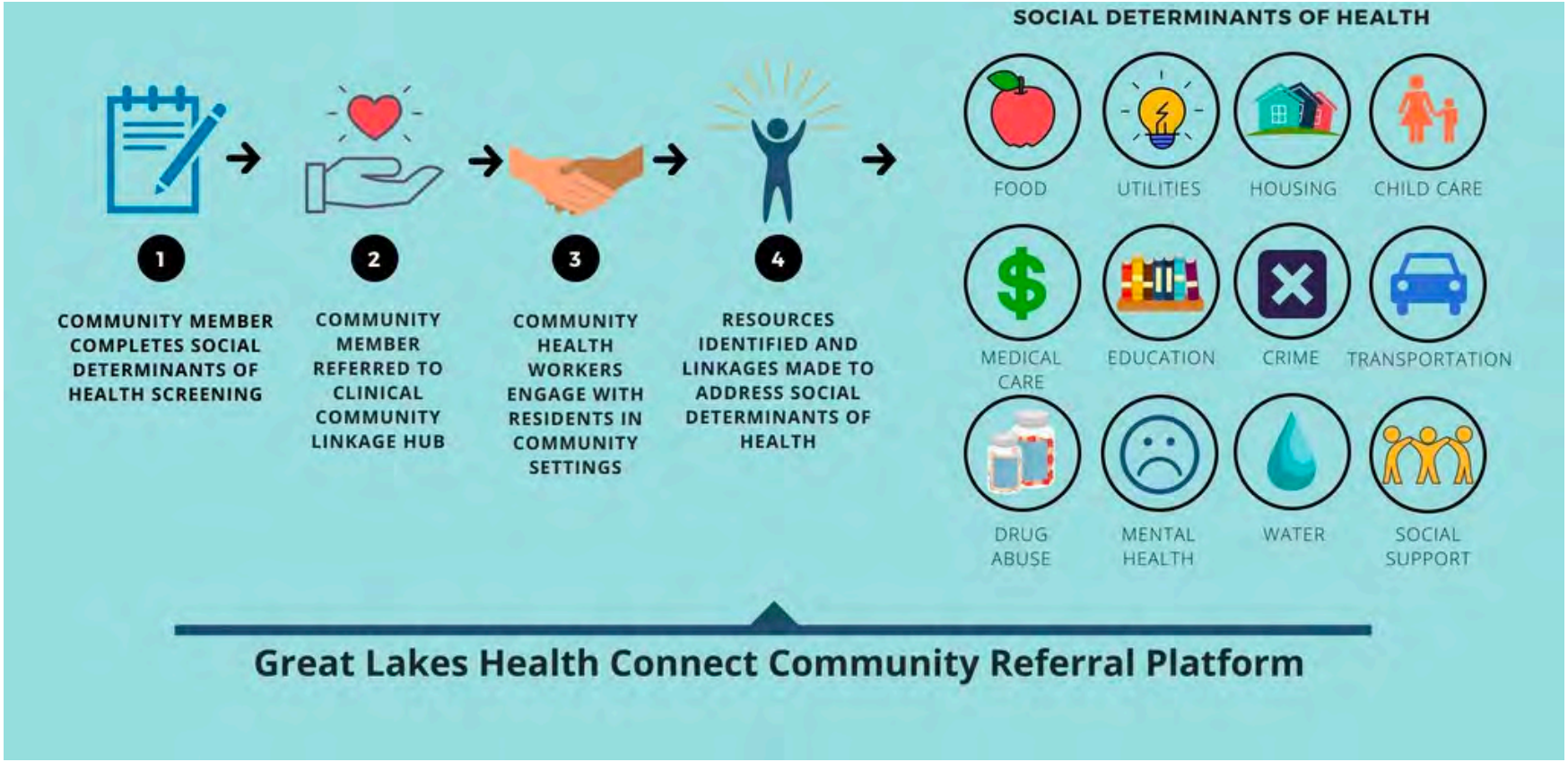
Community health workers in the U.S. could take on many Covid-19-related tasks, including preparing personal protective equipment, as these volunteers from Project C.U.R.E are doing in Chicago.

SCOTT OLSON/GETTY IMAGES

https://www.statnews.com/2020/03/31/community-health-workers-fight-covid-19-united-states/

HESCT.ORG

Community-clinical integration



https://michirlearning.org/about-chirs/in-your-community/genesee

Guarantee accessible testing and treatment/vaccines

Occupations with the Largest Numbers of Uninsured Workers, 2018

Occupation	Number of Uninsured Workers
Construction laborers	695,000
Cooks	618,000
Driver/sales workers and truck drivers	578,000
Cashiers	491,000
Waiters and waitresses	459,000
Janitors and building cleaners	444,000
Maids and housekeeping cleaners	441,000
Carpenters	432,000
Landscaping and groundskeeping workers	392,000
Retail salespersons	379,000

Note: Includes uninsured workers age 19-64
Source: KFF analysis of 2018 American Community Survey, 1-year estimates.

HEALTH EQUITY SOLUTIONS

www.hesct.org 175 Main Street | 3rd Floor | Hartford, CT @HealthEquityCT Facebook.com/HealthEquityCT

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Universal, Quality Coverage as a Public Health Measure

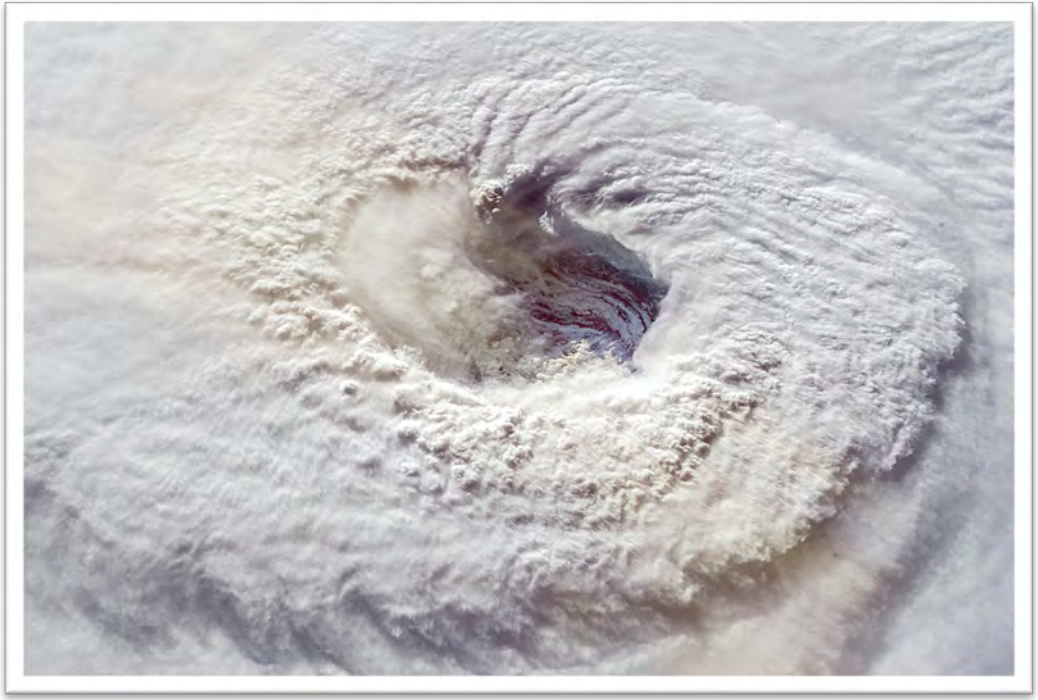
Joan Alker, MPhil
Executive Director and Co-Founder, the Center for Children and Families

Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Medicaid and COVID-19: Any Sliver Linings?

Joan Alker
Executive Director
Georgetown Center for Children and Families
May 8th, 2020

Medicaid will be in the eye of the storm



RWJF & Urban Institute Impact Study

- An estimated 25-43 million people could lose their employer-sponsored health insurance coverage.
- More than half of the newly jobless will obtain Medicaid coverage in states that expanded Medicaid, while only about 1/3 will receive Medicaid in the 15 states that have not expanded.

- Less than a quarter of these workers and their dependents in expansion states will become uninsured, while about 40 percent in non-expansion states will become uninsured.

Garrett B, Gangopadhyaya A. How the COVID-19 Recession Could Affect Health Insurance Coverage. Washington (DC): Urban Institute; 2020 May 4. Available from: https://www.rwjf.org/en/library/research/2020/05/how-the-covid-19-recession-could-affect-health-insurance-coverage.html?cid=xtw_rwjf_unpd_ini:quick%20strike_dte:20200504_des:flagship

Medicaid Options for Responding to the COVID-19 Pandemic

1. Section 1135 Emergency Waivers
2. Section 1115 Emergency Waivers
3. Disaster Relief SPAs

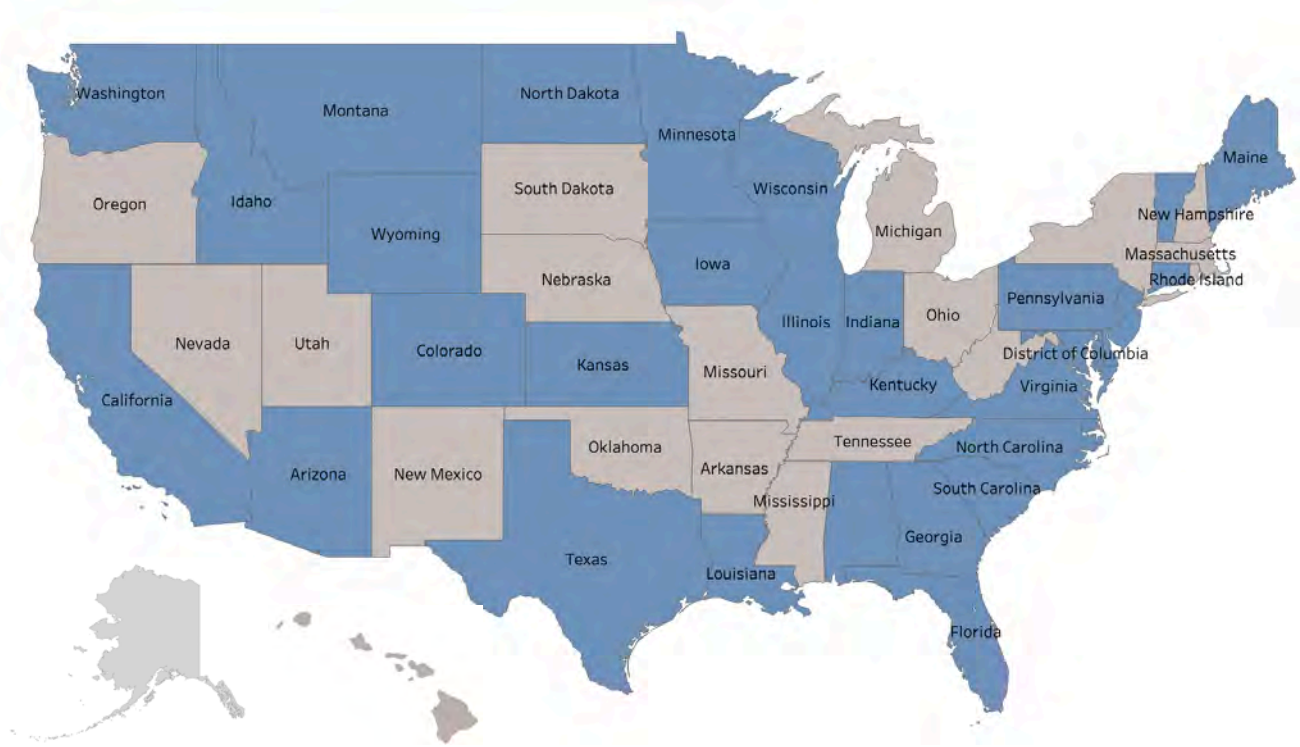
- Kaiser Family Foundation Tracker: https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/
- Center for Children and Families Tracker: https://ccf.georgetown.edu/2020/03/24/approved-1135-waivers/

What positive changes could be long term from state response?

Streamlining eligibility and enrollment

1. Waiving Premiums
2. Instituting 12-month continuous eligibility
3. Making it easier to apply and renew (self-attestation, longer time periods to provide documentation, etc...)

Emergency-related Changes to Premiums/Cost-Sharing



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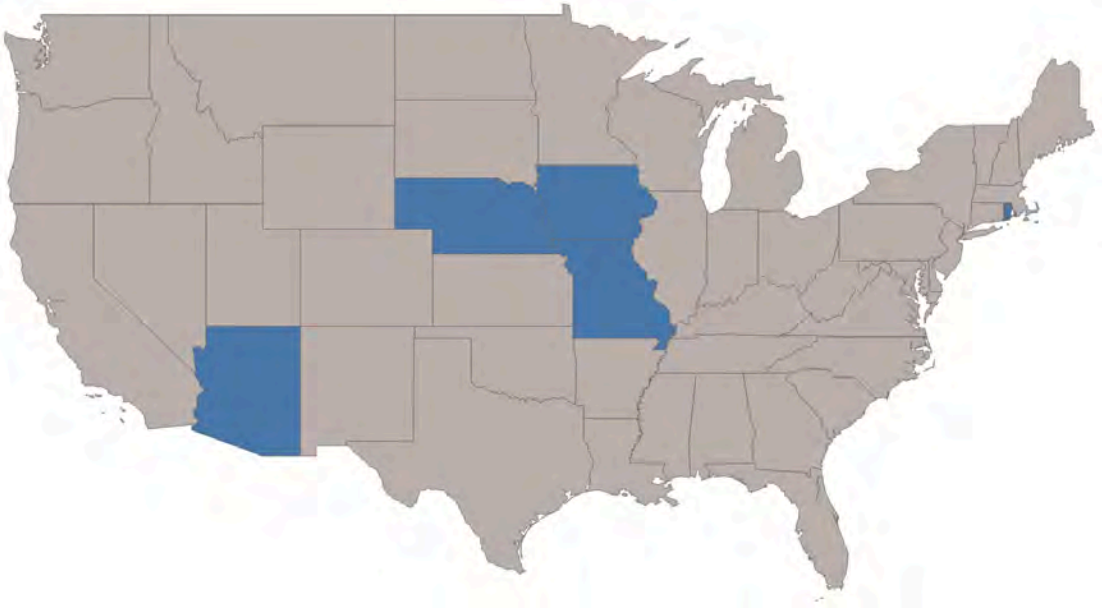
Source: CCF Analysis of KFF tracker: https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/

12 month continuous eligibility

- Adopting 12-month continuous eligibility allows children to remain enrolled on Medicaid/CHIP even with modest changes in household income or family circumstances

- Continuous eligibility reduces the likelihood of children experiencing gaps in coverage, improves child health outcomes, and provides a better ability to measure quality of care

States with newly implemented 12-month continuous eligibility



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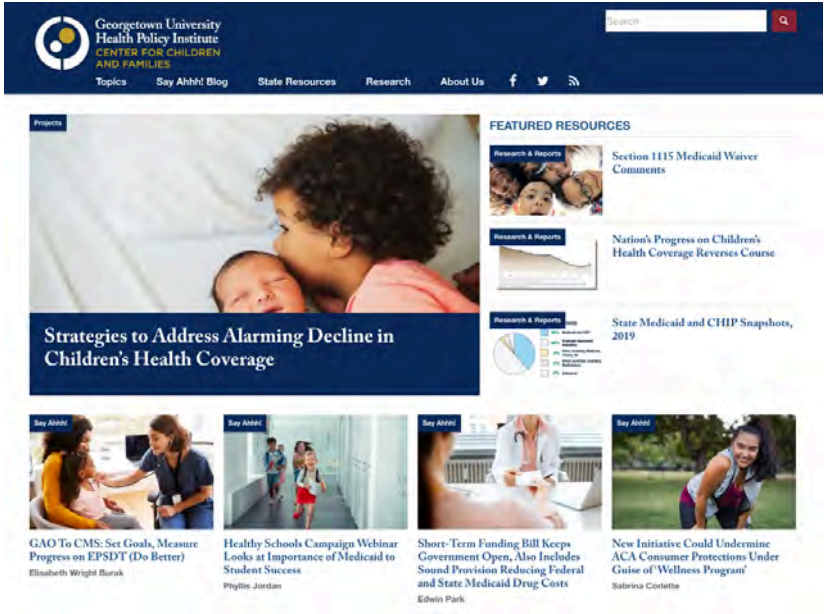
AZ, IA, MO, NE, RI. Source: CCF Analysis of KFF waiver tracker.
https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/

Want to Learn More?

- Visit our website and Covid-19 resource center: ccf.georgetown.edu/2020/03/20/coronavirus-covid-19-resource-center/
- Follow us on Twitter: @GeorgetownCCF @JoanAlker1
- "Say Ahhh!" Blog: https://ccf.georgetown.edu/format/blog-posts/



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Universal, Quality Coverage as a Public Health Measure

Sabrina Corlette, JD
Founder and Co-Director, Center on Health Insurance Reforms

Georgetown University Health Policy Institute

CENTER ON HEALTH INSURANCE REFORMS

Health Care Value Hub Webinar Universal, Quality Coverage as a Public Health Measure: *Commercial Health Insurance*

May 8, 2020

Sabrina Corlette, J.D.

About Georgetown's Center on Health Insurance Reforms (CHIR)

- A team of private health insurance experts
- Conduct research and policy analysis, provide technical assistance to federal and state officials and consumer advocates
- Track action on private insurance across all 50 states + DC
- Learn more at https://chir.georgetown.edu/
- COVID-19 Resource Center https://chir.georgetown.edu/chir-covid-19-resource-center/
- Subscribe to CHIRblog: http://chirblog.org/
- Follow us on Twitter @GtownCHIR

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Nothing Like a Pandemic: Gaps, Complexity of Current System Laid Bare

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Problems With: Access, Adequacy, Affordability of Coverage

- Too many without any coverage
  - Pre-pandemic: 27.9M and growing
  - Post-pandemic: 30-40M?
- Administrative hurdles to obtaining coverage
  - "Churn": Employer → Medicaid → Marketplace → Employer
  - Special enrollment rules
  - Eligibility rules
- Inadequate coverage
  - 29% considered "underinsured"
  - Deductibles have doubled in last 10 years
- Unaffordable coverage
  - Average family premiums, employer-based insurance >$20K
  - 52% increase in per-enrollee spending in last 10 years

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Recognition of Challenges: Policy Action on Cost-sharing, Enrollment, Premium Relief and More

- States Taking the Lead
  - 35 + DC establishing new requirements for insurers
  - Coverage adequacy: cost-sharing, prescription drugs, telemedicine, provider networks
  - Enrollment: 11 + DC created special enrollment period (SEP); SBMs (and FFM) reduced paperwork
  - Premium relief: 17 + DC requiring grace periods, delayed due dates, froze cancellations
- Federal Action
  - Coverage for testing
  - Limits on surprise medical bills for COVID-19 patients
  - Encouraging extension of grace periods, use of telemedicine
  - BUT: No SEP, no enhanced ACA subsidies, no COBRA subsidies

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Where Do We Go From Here? COVID-19 and Beyond

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Access, Affordability of Widespread COVID-19 Testing Services

- Coverage Mandates Won't Cut It
  - Temporary – often under "Emergency" authority
  - Not all providers take insurance
  - Costs borne unevenly
  - Too many fall through the cracks
- Proposal: Federal or State-administered Testing Fund
  - Financed by assessments on insurers, employers, taxpayers
  - Providers reimbursed through the Fund at pre-established rate
  - Prohibited from charging patients any fees
  - Could be tapped for an eventual vaccine, too
  - Coordinate public awareness, outreach campaigns

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Future Coverage Issues: ACA Marketplaces & Insurance Adequacy, Affordability

- New Appreciation: The Value of the ACA's Marketplaces
  - Employer coverage will continue to erode
  - Even Chamber of Commerce calls for SEP, increases in subsidies!
  - Investing in Navigator programs, outreach
  - Reducing paperwork, integrating with Medicaid
  - Another look at APTCs & reconciliation?
- Improving Private Health Insurance Adequacy, Affordability
  - Revisiting enrollee cost-sharing
  - Openness to telemedicine
  - Public option plans
  - Balance billing, provider pricing

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Thank you!

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Research Professor

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202-687-3003

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Maintaining Policy Gains During a Period of State Austerity

Louisa Warren
Director of State Strategies & Engagement, Center on Budget and Policy Priorities

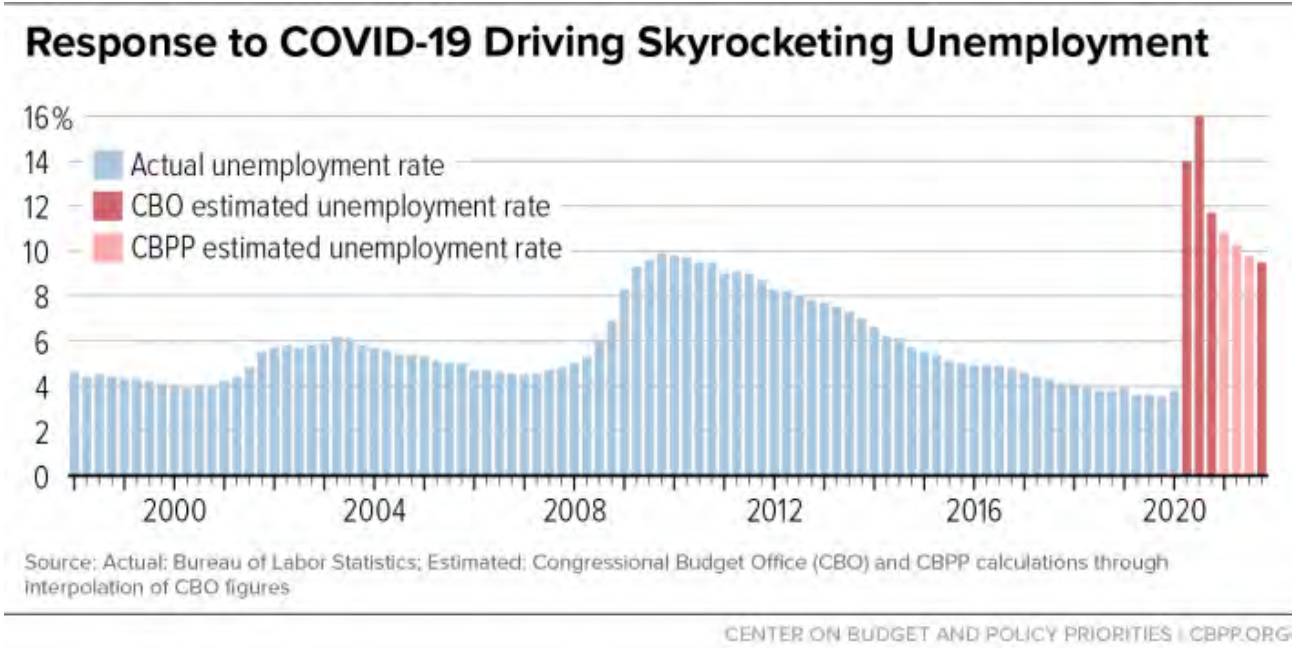
State Austerity is Not a Given: How We Can Make Policy Gains in Crisis

Louisa Warren

May 8, 2020

Economic and Fiscal Crisis Setting In

- This recession likely deeper but shorter than the Great Recession, though strength of recovery very TBD
- Rising costs due to public health emergency, combined with collapsing tax revenue due to shutdowns
- Intense pressure on state finances due to balanced budget requirements = large-scale & harmful cuts


Response to COVID-19 Driving Skyrocketing Unemployment
16%
14
12
10
8
6
4
2
0
Actual unemployment rate
CBO estimated unemployment rate
CBPP estimated unemployment rate
2000
2004
2008
2012
2016
2020
Source: Actual: Bureau of Labor Statistics; Estimated: Congressional Budget Office (CBO) and CBPP calculations through interpolation of CBO figures
CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

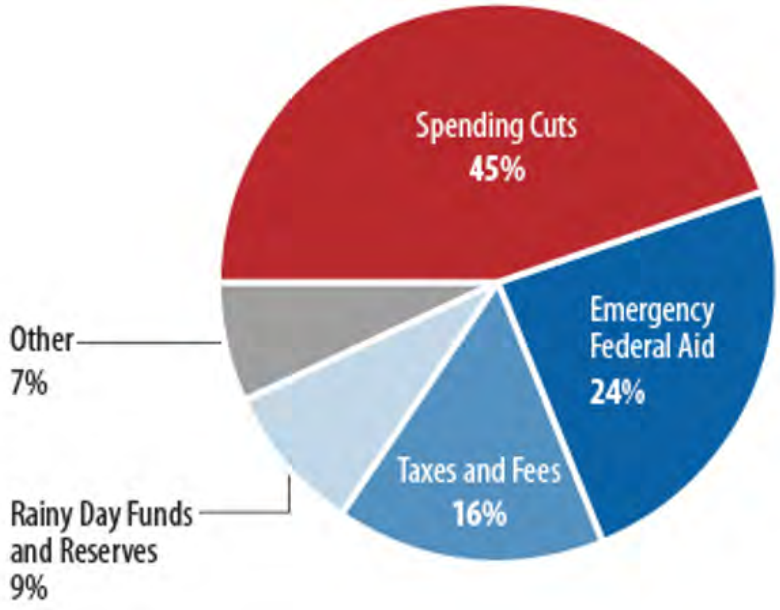
COVID-19 State Budget Shortfalls Could Be Largest on Record

Total shortfall in each fiscal year, in billions of 2020 dollars

* Estimates based on CBPP calculations using Congressional Budget Office and Goldman Sachs unemployment estimates. Does not reflect use of rainy day funds or federal aid already enacted.

Source: CBPP survey of state budget offices (through 2013); CBPP calculations (2020-2022)

States Relied Most on Spending Cuts During the Great Recession



Why more federal relief is needed

- Unemployment projected to remain high through at least 2021
- Some of the aid provided thus far is too limited
  - Aid tied to public health emergency instead of economic downturn
  - Limited uses of Coronavirus Relief Fund for states and localities
  - Projecting $500B state budget shortfalls ($105b fy20, $290b fy21, $105b fy22)
- Nothing to expand health coverage or boost SNAP benefits
- Many people left out of aid provided thus far

Priorities for the next federal relief package

Overarching:

- ✓ Continue aid until the economy has recovered
- ✓ Include people left out from enacted measures

Specific priorities:

- ✓ More state fiscal relief, including through enhanced FMAP
- ✓ More inclusive, adequate stimulus payments and better delivery mechanisms
- ✓ Preserve and strengthen health coverage programs
- ✓ Increase food assistance
- ✓ Create an emergency fund
- ✓ More aid for housing and homelessness programs

Principles for State Policy Response for an Equitable Recovery

- Lead with equity and target relief to people and communities most vulnerable by current crisis and/or struggling before it due to structural racism and other historic inequities
- Make structural fixes and reject short-term solutions, particularly when it comes to state tax codes and public employees
- Act swiftly to provide relief to people laid off, struggling to make ends meet—boost Medicaid, strengthen UI and paid leave programs, maximize SNAP, TANF, boost student aid programs
- Reject a scarcity mindset and advance a vision for an economy that offers prosperity for everyone in the recovery

Hardship is not inevitable. Policymakers can shape the arc of the recession and the harm.

To learn more

- CBPP COVID resources: https://www.cbpp.org/covid-19-responding-to-the-health-and-economic-crisis
- Resource library for state advocates: bit.ly/CBPPCOVID
  - Includes talking points, graphics, materials from other states
- Sign up for updates from CBPP via The Federal Scoop: bit.ly/cbppscoop

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Questions for our Speakers?

- Use the chat box or to unmute, press *6
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Resources from the Hub

Easy Explainer: Healthcare Cost Drivers – High and Rising Unit Prices

Healthcare Cost Drivers: High and Rising Unit Prices

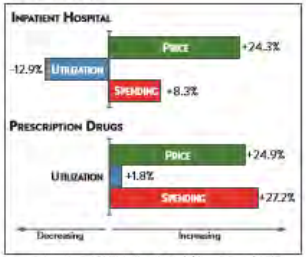
Survey data consistently shows that healthcare costs are a top consumer concern. Not only do high prices make it difficult for people to fill prescriptions and schedule doctors' appointments, but they may also force them to make deep financial and personal sacrifices, affecting their housing, employment, credit and daily lives.

While many attribute high national healthcare spending to unnecessary use of services, strong evidence suggests that spending more per unit (as opposed to consuming too many units) of healthcare is the leading driver of high spending in the U.S. In fact, analyses show that rising unit prices have driven year-over-year increases in overall healthcare spending, despite the fact that service use has generally declined (see Figure 1). Rising unit prices also outweigh other drivers of per person spending growth, such as increasing prevalence of chronic disease and the aging of the population.

Spending Drivers: Private vs. Public Coverage

In the employer-sponsored (or private) insurance market—which covered over 67 percent of U.S. residents in 2016—price

Figure 1
Change in Price, Utilization and Spending (2012-2016)



Source: Adapted from 2016 Health Care Cost and Utilization Report, Health Care Cost Institute (January 2018).

elderly patients who qualify for both Medicaid and Medicare.

Blog: More Than a Coverage Law, the ACA is integral to Creating a High-Value Healthcare System

ALTARUM
HEALTHCARE VALUE HUB

BLOG POST | MARCH 2020

More Than a Coverage Law, The ACA is Integral to Creating a High-Value Healthcare System

BY SABAH BHATNAGAR, POLICY ANALYST

As we reflect on the 10 years since the passage of the Affordable Care Act (ACA), one key attribute that is critical to acknowledge is that the impact of the ACA extends well beyond the 24 million people who get their coverage through provisions created under the law. The ACA established a number of pilot programs, rules and other initiatives that have benefitted all Americans by encouraging high-value, patient-centered care. And, while under-acknowledged, the fact is that broadening access to coverage and getting better value out of our healthcare system are intertwined policy objectives.[1]

Let's remind ourselves of the ACA's contributions towards this critical policy partnership.

Coverage is an Essential Part of Affordable Access to Care

Insurance coverage is the number one determinant of access to care, care coordination and improved health outcomes—all goals associated with health system transformation. Without healthcare coverage, very few of us can afford the medical bills associated with a serious illness or accident.

The best known feature of the ACA is its coverage expansion using three mechanisms: allowing people to stay on their parents' insurance plan until age 26; providing federal funds for states to expand Medicaid to adults with incomes under 138 percent of the federal poverty level (FPL); and creating a health insurance marketplace that allows people without employer-sponsored insurance to shop for health plans, featuring premium subsidies for those with incomes under 400 percent of the FPL. In 2018, 87 percent of those enrolled in marketplace plans qualified for this premium assistance. Without it, many could not afford their health coverage.[2]

While coverage is essential, it is important to note that not just any coverage will suffice. The coverage must be protective in order to be meaningful to consumers. The ACA requires all insurers selling plans in the small-group and individual markets to cover certain important medical services, known

Thank you!

Robert Wood Johnson Foundation

- To our Speakers: Annaliese Johnson, John Auerbach, Tekisha Everette, Joan Alker, Sabrina Corlette, and Louisa Warren!
- To the Robert Wood Johnson Foundation!

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