



# ARCHI Quarterly Breakfast

June 21, 2017



Thank you for supporting  
this meeting!





# **Welcome & Introductions**

David Bayne

Director of Government Relations

Georgia Department of Public Health



# **A Healthy Atlanta**

Mayor Kasim Reed  
City of Atlanta



# Health Reform

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June 30, 2017

Health Reform Update  
ARCHI

June 21, 2017

Melissa Haberlen, JD, MPH

# Three-Pronged Approach

## **3 R's**

- **Reconciliation**
- **Regulation** (and other administrative actions)
- **Regular order**

# AHCA – Updates (as of 3.15.17)

- Market Reforms
  - State definition of essential health benefits (EHBs)
  - State waiver option for Marketplace community rating (including pre-existing conditions, EHBs, age rating, etc.)
- Patient and State Stability Fund (market stabilization)
  - Funding for maternity, mental health, etc.
  - Invisible federal high-risk pool
  - Community rating waiver funds for high-risk pools
- Medicaid
  - Block grant option for non-elderly, non-disabled groups
- Financing: Repeals most of the ACA's taxes
  - More aggressive repeal timelines

# CBO Predictions: Budget

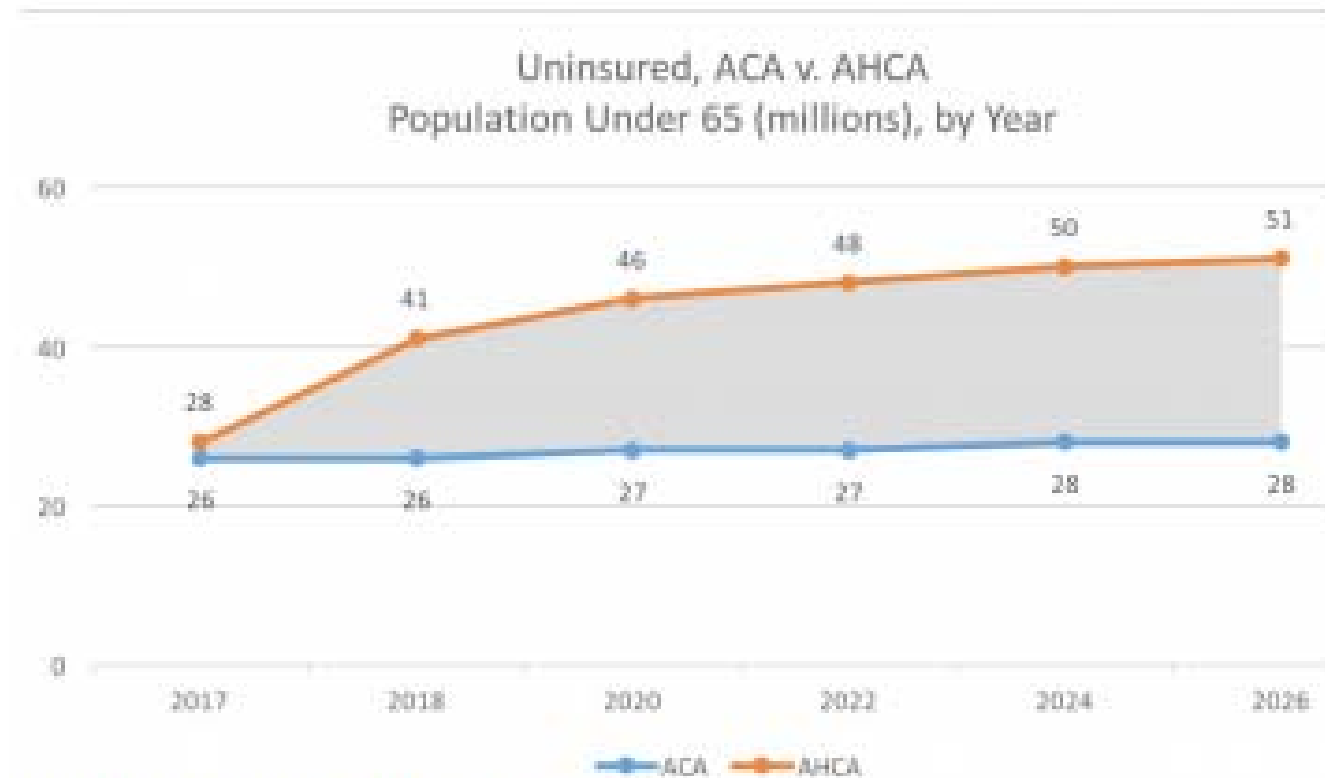
## Estimated AHCA Budgetary Effects

AHCA PROVISION	SAVINGS V. SPENDING / REVENUE REDUCTION
Medicaid cuts	\$834 billion
Insurance subsidy elimination	\$665 billion
Small employer tax credit elimination	\$6 billion
New individual tax credits	-\$375 billion
Employment-based health insurance coverage shifts	\$23 billion
Individual mandate penalty elimination	-\$210 billion
New Patient and State Stability Fund	-\$117 billion
Medicare DSH cuts elimination	-\$43 billion
Tax repeals	-\$661 billion
Other provisions	-\$3 billion
Net savings	\$119 billion

SOURCE: Congressional Budget Office. (May 24, 2017). Cost estimate: H.R. 1628, American Health Care Act, as passed by the House of Representatives on May 4, 2017. Accessed from <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr1628aspassed.pdf>.



# CBO Predictions: Uninsured



Source: Congressional Budget Office<sup>2</sup>

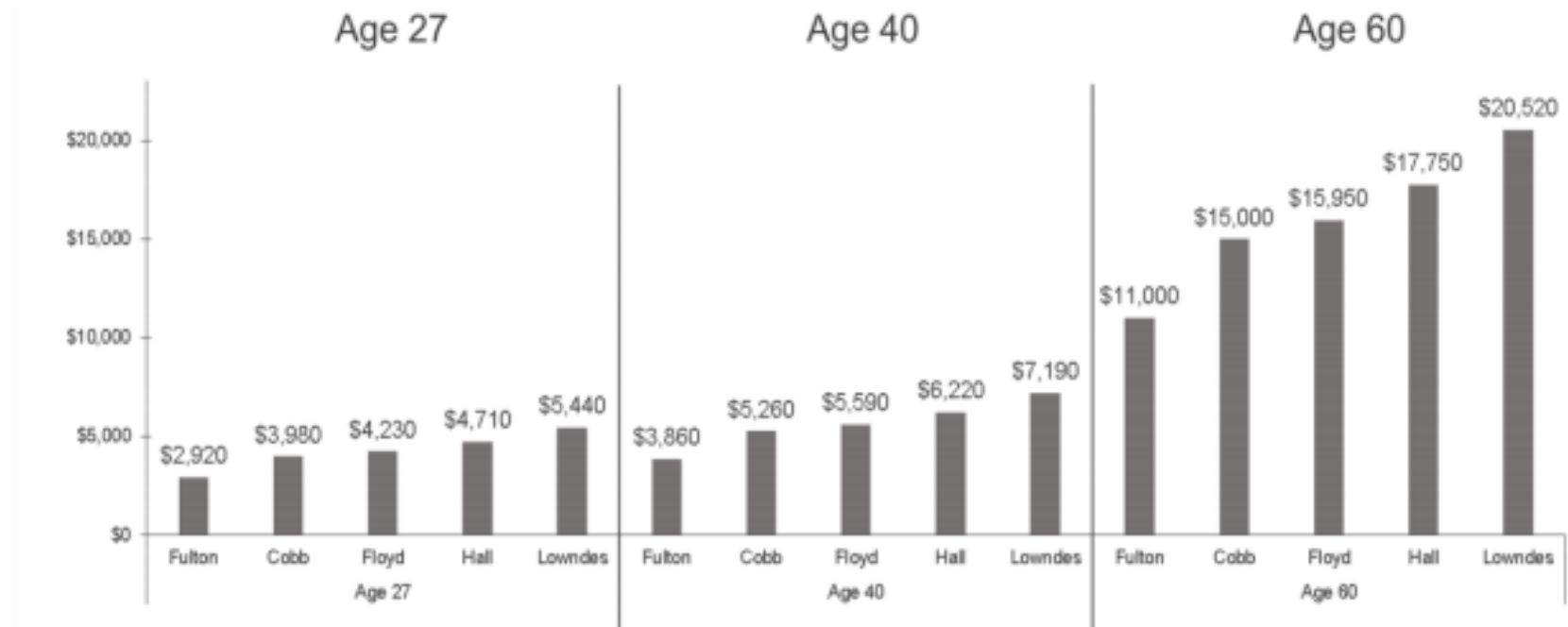
SOURCE: Congressional Budget Office. (May 24, 2017). Cost estimate: H.R. 1628, American Health Care Act, as passed by the House of Representatives on May 4, 2017. Accessed from <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr1628aspassed.pdf>.

# CBO Predictions: Marketplace Premiums

- In general, the market should be just as stable in many places
- But state waiver participation may destabilize for people with higher health care costs
- Temporary rise in premiums up until 2020 (+20% in 2018, +5% more in 2019), then
  - No waiver: -4% in 2026
  - Moderate waiver: -20% in 2026
  - Full waiver: greater decreases in premiums

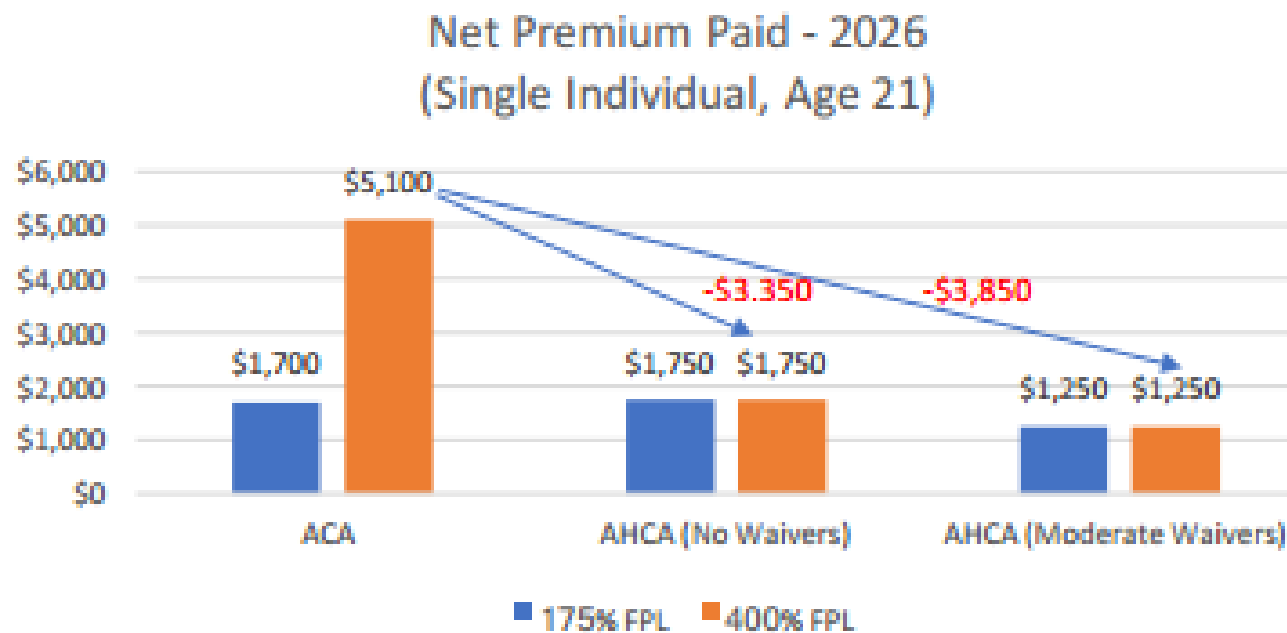
# AHCA Premiums in GA, by Age

**Figure 1 – Estimated Gross AHCA Premiums by County and Age in 2020**



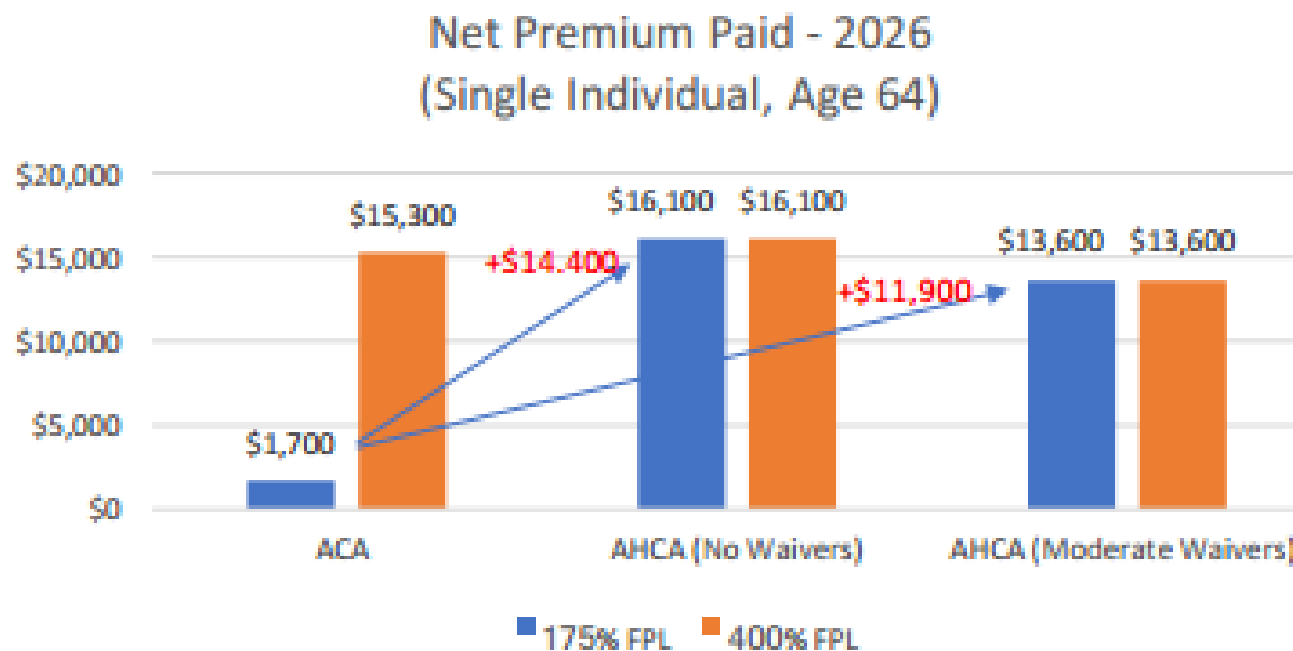
SOURCE: NASHP. <http://nashp.org/wp-content/uploads/2017/06/NASHP-Premium-Differences-ACA-v-AHCA-GA-2017.06.08.pdf>

# CBO Predictions: Premiums



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# CBO Predictions: Premiums



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# AHCA in the Senate

- “Discussion draft” to be released on Thursday
- CBO scoring next week
- Vote before July 4<sup>th</sup> recess?
- Points for consideration:
  - Reconciliation?
  - Medicaid expansion phase-out timing?
  - State definition of EHBs?
  - Community rating waiver provision?
  - Tax credit increase for low-income individuals?
  - Helping older adults in the individual markets?

# Regulation & Administrative Action – Updates

- CMS marketplace stabilization final rule (April)
- FDA nutrition labeling compliance delayed
- HHS/CMS RFI – public input on regulatory reductions that would empower patients and promote consumer choice, stabilize marketplace, enhance affordability, etc.
- HHS change to contraceptive mandate regulation?
- Cost-sharing reduction (CSR) subsidy payments

# Regular Order – Updates

- Purchase of health insurance across state lines
- Medical malpractice reform
- Association Health Plans
- Streamline FDA approval for genetic drugs
- More Medicaid flexibility / creativity
- Alter administration of individual market subsidies



# Thank you!

- <http://ghpc.gsu.edu/project/health-reform/>
- [mhaberlen2@gsu.edu](mailto:mhaberlen2@gsu.edu)



## HEALTH CARE REFORM WORK GROUP REGULATORY UPDATE

April 14, 2017

### SUMMARY OF HHS MARKET STABILIZATION FINAL RULE

On April 13, 2017, the Department of Health and Human Services (HHS) issued a final rule<sup>1</sup>, making several changes to regulations for the individual and small-group health insurance markets. The rule was created in response to the increasing number of insurers leaving the exchanges in certain states and counties, in large part due to their inability to attract and keep the healthy consumers necessary for a stable risk pool. As insurers leave markets, consumers have less choice for affordable health plans, destabilizing the risk pools even further.

The final rule seeks to stabilize risk pools for insurers in hopes of stemming their exit from the market, while increasing competition and, therefore, consumer choice and affordability. To accomplish these goals, the rule increases incentives for individuals to remain continuously enrolled, while decreasing the ability of individuals to enroll only after becoming sick. The final rule affects the regulations for individual and small-group markets located at 45 C.F.R. parts 147, 155, and 156 by:

- Shortening the open enrollment period for the 2018 plan year so that it runs from November 1, 2017 to December 15, 2017 (currently, the end date is

enrollment applicants, allowing the remaining half to verify eligibility by simply self-certifying that they were eligible. By requiring a higher level of verification, the rule seeks to make it more difficult for individuals to wait until they get sick before enrolling in health insurance.

- Allowing insurers to apply current premium payments to past-due premiums for coverage provided during the preceding 12 months by the same insurer.
- Increasing the minor variations allowed for determining actuarial value (AV) of the four "metal" levels of coverage (bronze, silver, gold, and platinum). Current regulations allow minor variation of AV (i.e., plans must be within two percentage points of 70%, 80%, or 90% to qualify as silver, gold, or platinum plans, respectively). The final rule slightly increases the variation allowed to give more flexibility to insurers in designing new plans and providing more options to keep cost sharing the same from year to year. The rule does not change the variation for silver plans with cost-sharing

Estimated AHCA Costs

PROVISION	SAVINGS V. SPENDING / REVENUE REDUCTION*
cuts	\$839 billion
subsidy elimination	\$663 billion
employer tax credit	\$6 billion
individual tax credits	-\$357 billion
market-based health coverage shifts	\$70 billion
mandate penalty	-\$210 billion
net and State Stability	-\$80 billion
DSH cuts elimination	-\$48 billion
total	-\$733 billion
offsets	\$150 billion

\*do not add up to total because of rounding. Congressional Budget Office; staff of the Joint Committee on

It is further predicted that the health insurance market would have had the same stability under the ACA as it currently does under the ACA and that the market premiums would have temporarily risen to 28% in 2018 and 2019 and then eventually approximately 10% by 2026, as compared to what would have been under the ACA. Declining premiums after 2020 were due to projections that older and sicker individuals would have dropped out, leaving



## HEALTH REFORM POLICY BRIEF

March 2017

### THE AMERICAN HEALTH CARE ACT

Representatives' Ways and Means and Energy and Commerce committees' Affordable Care Act (ACA). The plan, the American Health Care Act, is a series of ACA replacement proposals circulated among Washington. Legislation was opened to the House floor for consideration, and after four a vote. What follows is an overview of key provisions of the AHCA, as of 23, 2017, including proposed changes to Medicaid and the individual estimates.

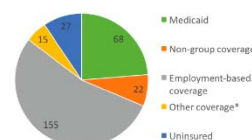
#### REMAINING PROVISIONS OF THE ACA

Despite making substantial changes to the ACA, the following insurance market provisions would remain:

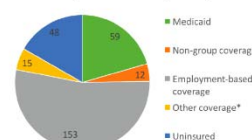
- No preexisting condition exclusions;
- No health status underwriting;
- Guaranteed issue and renewability;
- No annual or lifetime limits;
- Dependents can remain covered until age 26; and
- Caps on out-of-pocket expenses.

Several of the themes from previous ACA replacement proposals were not included in the AHCA. Some of these policies may have been excluded because they

Health Insurance Coverage 2016 - ACA  
Population Under 65 (millions)



Health Insurance Coverage 2020 - AHCA  
Population Under 65 (millions)



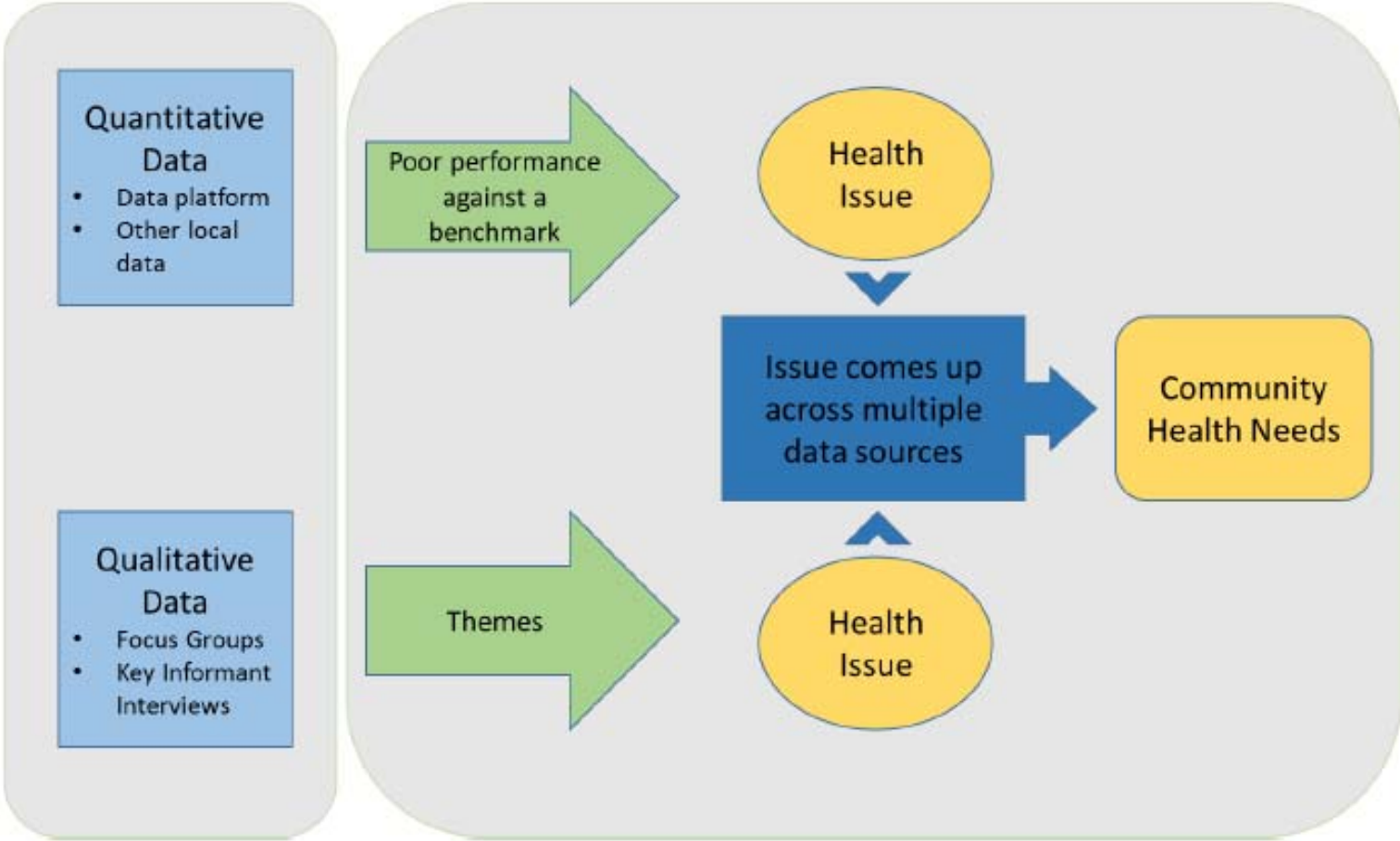
\*Other coverage includes: Medicare, Basic Health Program, and other categories such as student plans, foreign coverage, and Indian Health Service coverage.  
Source: Congressional Budget Office; staff of the Joint Committee on

# ARCHI Collaboration

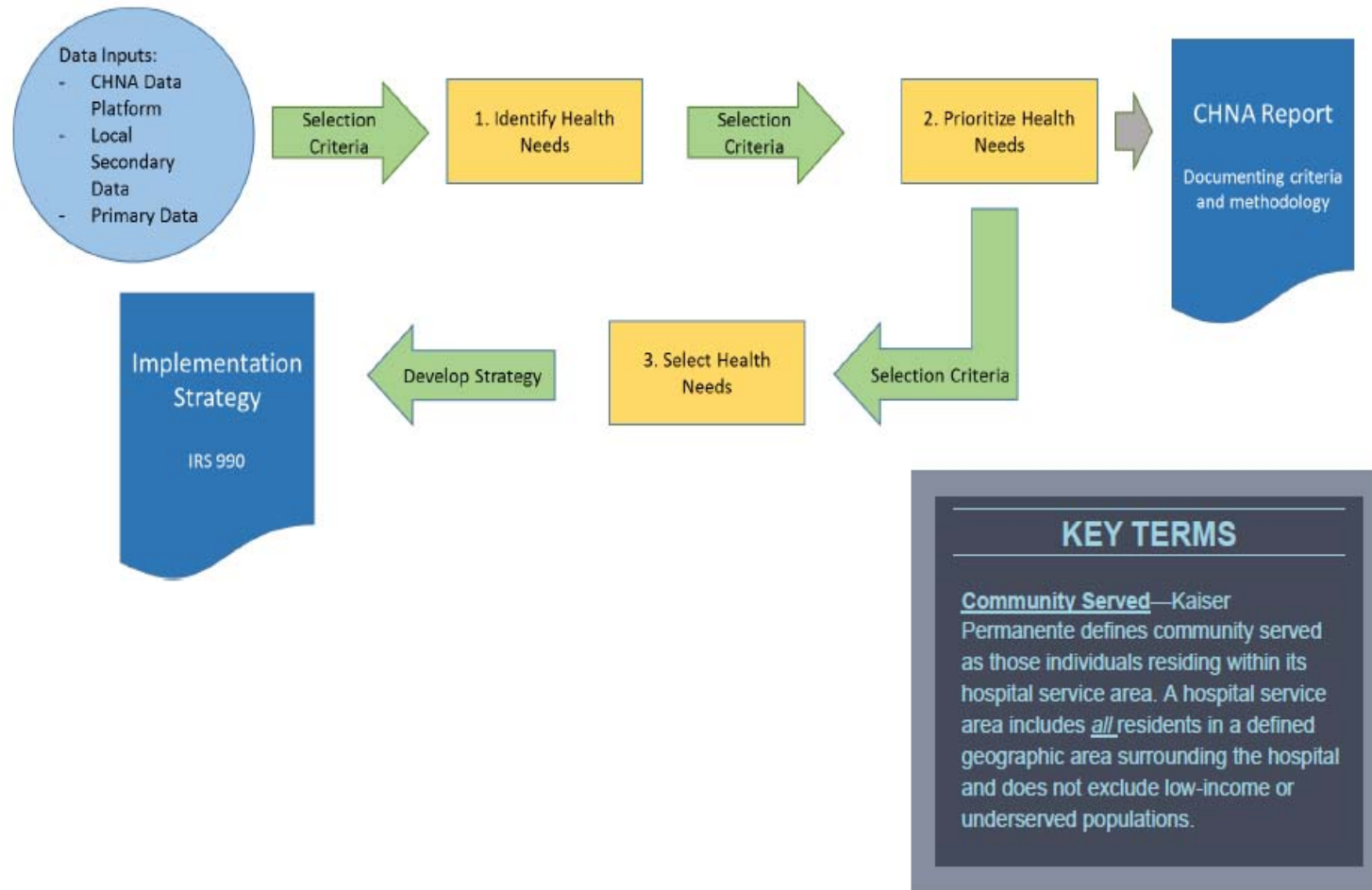
*Showcasing our Joint CHNA*

*June 21, 2017*

# CHNA Process I



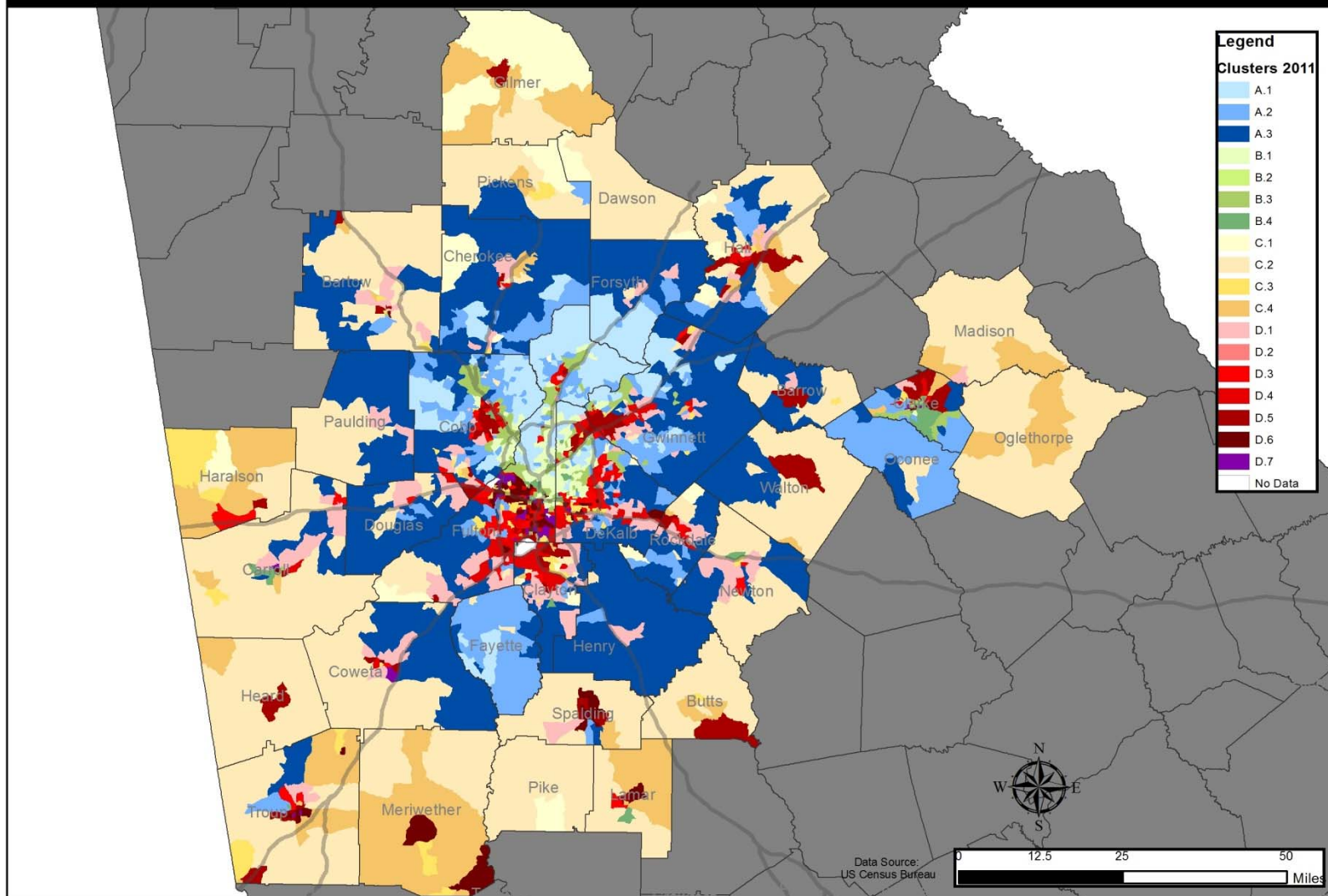
# CHNA Process II



# New Elements

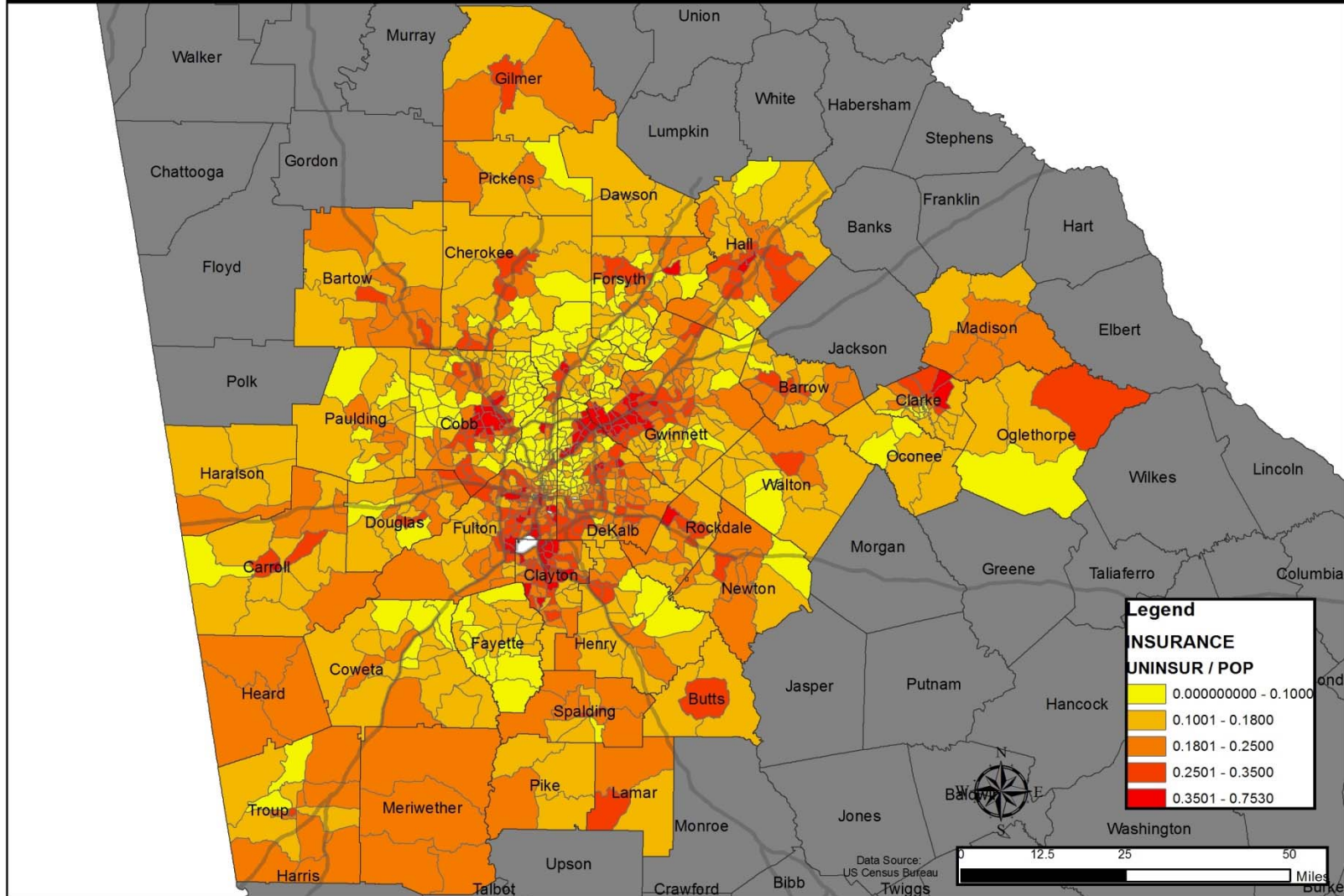
- CHNA platform with Preliminary Health Needs Identification Tool
  - Mathematical method of looking at deviation from average and then applying a numerical value to estimate importance of need
- Collaboration with other Health Systems
  - Using primary data collected through interviews (>90), focus groups (15), listening sessions (5) and surveys conducted on behalf of KPGA, *Piedmont*, *Grady*, *Mercy Care* and *Wellstar*.

**CHNA Region**  
**2011 Demographic Clusters**  
Georgia Department of Public Health





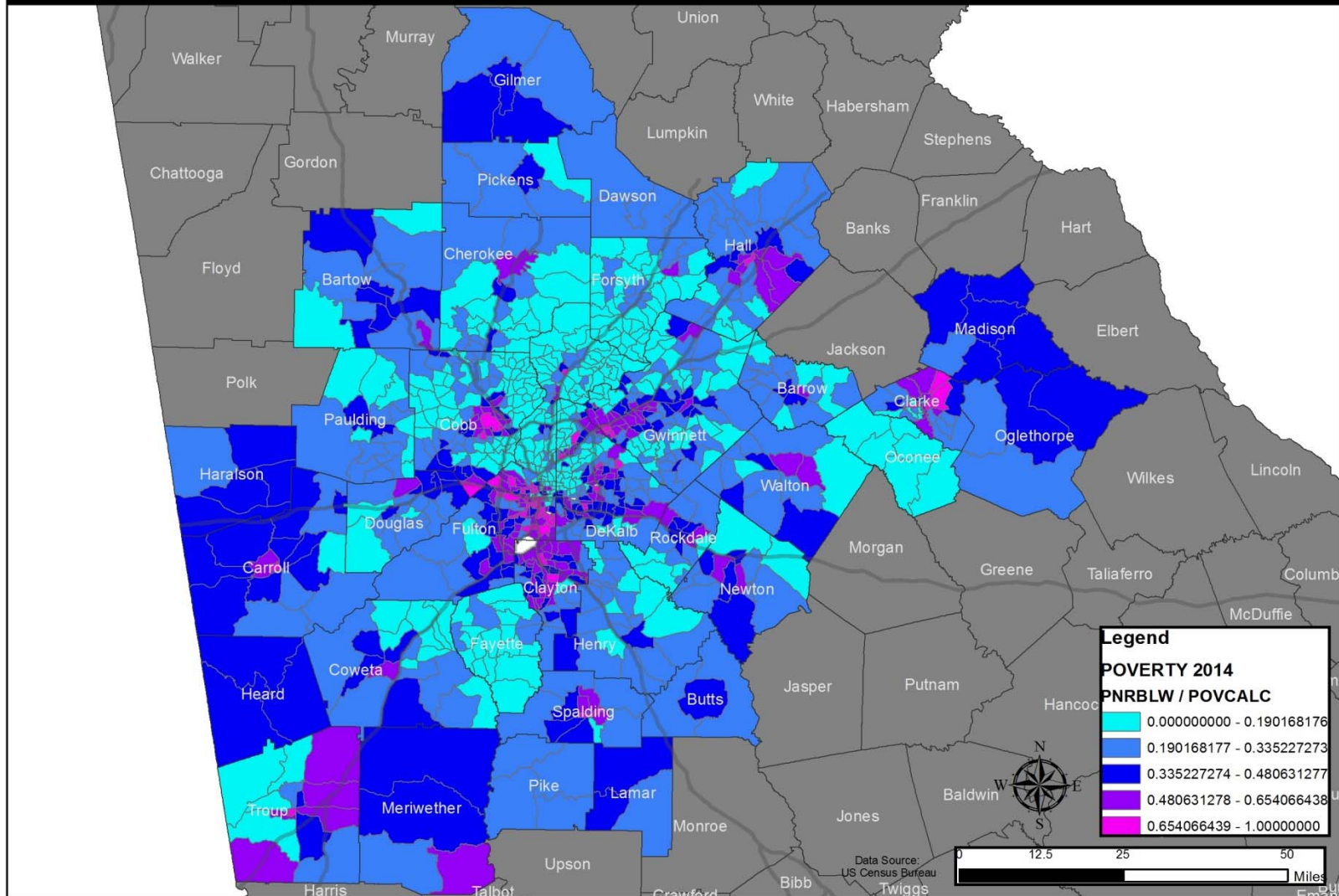
**CHNA Region**  
**Percent of Population without Health Insurance**  
American Community Survey 2009-2013



# CHNA Region

## Percent of Households with Income Below 200% Poverty Level

American Community Survey 2009-2013





# Disparities (Fulton example)

Potential Health Needs	Indicators	Report Area Benchmark	Non-Hispanic White	Non-Hispanic Black	White Alone	Black Alone	Hispanic/Latino (Any Race)
Mental Health	Mortality - Suicide	11.1	15.9	6.8			-9999
Access to Care	Insurance - Uninsured Population	17.65%	7.66%			22.50%	46.37%
CVD/Stroke	Mortality - Ischemic Heart Disease	70	60.8	84.3			30.5
	Mortality - Stroke	42.1	30.2	58.9			19.5
Violence/Injury Prevention	Mortality - Homicide	10.2	2.1	19.5			-9999
	Mortality - Motor Vehicle Accident	7.6	5.1	10.6			-9999
	Cancer Incidence - Breast	135			142.7	130.2	104.3
	Mortality - Cancer	165.2	139.3	210.8			65.6
Cancers	Cancer Incidence - Cervical	7.1			6.1	8.6	
	Cancer Incidence - Colon and Rectum	41			33.2	51.9	29.4
	Cancer Incidence - Prostate	188.4			155.7	244.4	137.9
	Cancer Incidence - Lung	56.1			48.5	66.9	32.6
HIV/AIDS/STDs	STD - HIV Prevalence	1268.7	637.87	2111.76			716.57
Maternal and Infant Health	Low Birth Weight	10.60%	7.30%	14.10%			6.50%
	Infant Mortality	7.3	3.6	10.7			4.3
	Teen Births (Age 15-19)	41.5	6.3	60.8			86.6
Economic Security	Poverty - Population Below 100% FPL	17.61%			8.46%	27.11%	26.57%
	Poverty - Children Below 100% FPL	24.21%	4.69%			37.57%	37.28%
	Education - Less than High School Diploma (or Equivalent)	9.62%			5.36%	13.93%	35.05%

# 2015 Health Needs

## Computational

- Obesity/HEAL/Diabetes
- Violence/Injury Prevention
- Cancer
- HIV
- Economic Security (*Education and Transportation*)

## Stakeholder Input

- Access to care
  - coverage, transportation, linguistic barriers, workforce
- Chronic diseases
  - Cardiovascular disorders, cancers, and diabetes
- Mental health conditions
  - Substance abuse (youth), depression and suicide
- Obesity
  - Access to healthy foods and recreational spaces
- HIV and STDs
- Teen pregnancy
  - early sexual initiation

# Prioritized Needs

TIER 1	
1.	Obesity/ Access to Healthy Eating Active Living (HEAL)
2.	Access to Care (Primary and Mental Health)
3.	Cardiovascular Disease (Heart Disease/Hypertension/Stroke)
TIER 2	
4.	Educational Attainment
5.	Cancer
6.	Diabetes
7.	Human Immunodeficiency Virus (HIV) /Sexually Transmitted Diseases (STDs)
TIER 3	
8.	Mental Health Conditions (Self-harm and Substance Abuse)
9.	Poverty
10.	Transportation

# Panelists

- **Madelyn R Adams**, Director of Community Benefit, Kaiser Permanente of Georgia
- **Kim Menefee**, Senior Vice President, Strategic Community Development, Wellstar Health System
- **Shannon Sale**, Senior Vice President, Planning and Business Development, Grady Health System
- **Tom Andrews**, President Mercy Care and CEO, St Joseph's Health System
- **Ginna Goode**, Community Benefit Specialist, Piedmont Healthcare



# United Way Child Well-Being Index

Ginneh Baugh, United Way of Greater Atlanta

Mike Carnathan, Atlanta Regional Commission

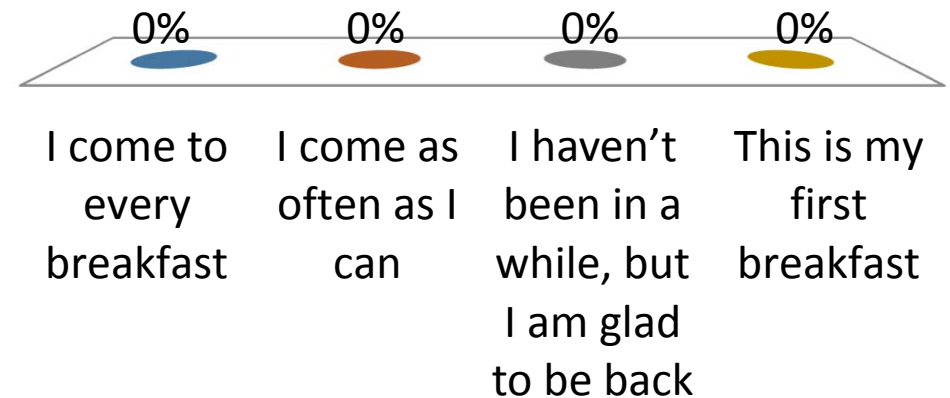


## Feedback & Closing

Kathryn Lawler  
Executive Director  
ARCHI

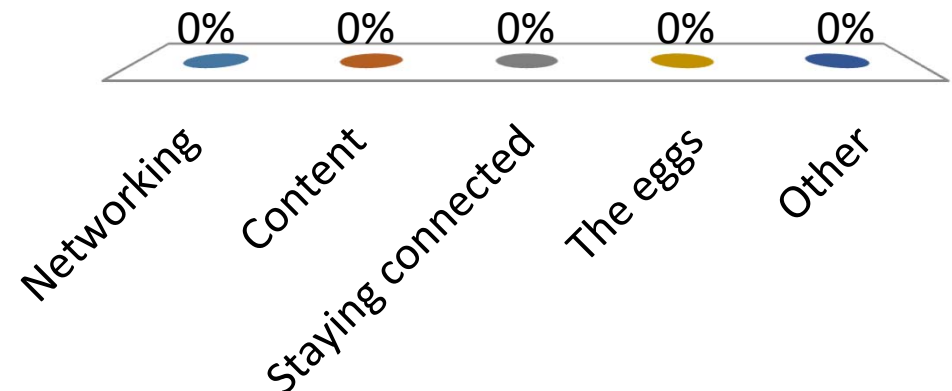
# How would you describe your attendance?

- A. I come to every breakfast
- B. I come as often as I can
- C. I haven't been in a while, but I am glad to be back
- D. This is my first breakfast



# What do you like about ARCHI breakfasts?

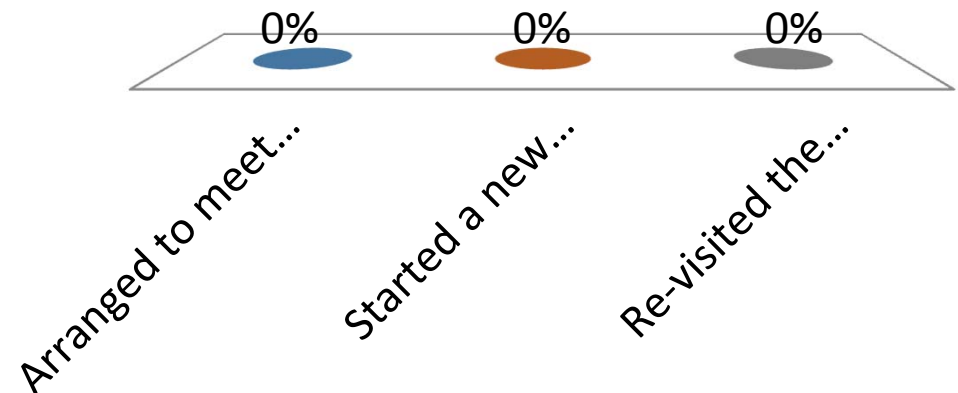
- A. Networking
- B. Content
- C. Staying connected
- D. The eggs
- E. Other





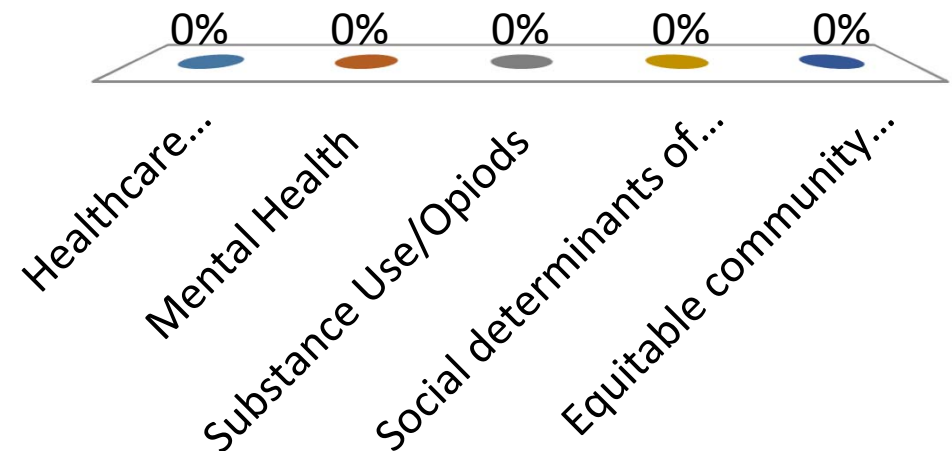
# After an ARCHI breakfast have you ever:

- A. Arranged to meet someone you met or ran into at an ARCHI breakfast
- B. Started a new partnership because of a relationship you initiated or rekindled at an ARCHI gathering
- C. Re-visited the presentations given, or googled something new you learned at the meeting?



# Topics I'd like to see covered in the future:

- A. Healthcare legislation/regulation changes
- B. Mental Health
- C. Substance Use/Opiods
- D. Social determinants of health
- E. Equitable community development





Alliant GMCF  
American Cancer Society  
American Diabetes Association  
Atlanta Community Food Bank  
Atlanta Community Health Interfaith Partners  
Atlanta Housing Authority  
Atlanta Neighborhood Development Partnership  
Atlanta Regional Commission  
Atlanta Volunteer Lawyers Foundation  
Arthur M. Blank Family Foundation  
Charitable Connections  
ChildKind  
CHRIS Kids, Inc.  
Civic League of Atlanta  
Clayton State University  
Clayton State University- School of Nursing  
Club E. Atlanta  
Community Foundation for Greater Atlanta, Inc.  
Community Health interfaith Partners  
Community of College Park  
Concerned Black Clergy  
DeKalb County Board of Health  
DeKalb County Government  
Diabetes Community Action Coalition, Inc.  
Emory Fuqua Center for Late Life Depression  
Emory Healthcare  
Emory University - Urban Health Program-Dept of Peds  
Emory Urban Health Initiative

Enterprise Community Partners  
Friends of Refugees  
Fulton County Government  
Fuqua Center/Emory Univ.  
Georgia Alliance for Health Literacy  
Georgia Dept of Public Health  
Georgia Health Policy Center  
Georgia State University  
Georgia Center for Nonprofits  
Georgia Institute of Technology  
Get Georgia Reading-the Annie E. Casey Foundation  
Global Dialogues  
Grady Health System  
Health Equity Advocacy & Resource Center  
Health Promotion Action Coalition  
Hillside  
Historic Westside Gardens Atl, Inc  
Insure Georgia  
Jesus Set the Captive Free  
Kaiser Permanente of Georgia  
Legacy Community Housing, GreenSHADES Foundation  
Live Living International Foundation  
Marcus Autism Center/Children's Healthcare of Atlanta/Emory Dept of Peds  
Metro Atlanta Urban Farm  
Metropolitan Counseling  
Muni Cares, Inc.

Oakhurst Medical Center  
Odyssey Family Counseling Center  
One Talent Inc.  
Open Hand Atlanta  
Perkins & Will  
Piedmont Healthcare  
RiteAid Pharmacy  
Saint Joseph's Health System  
Saving Our Sons & Sisters International  
South Fulton Human Services Coalition  
Southside Medical Center  
TechBridge  
The Arthur M. Blank Family Foundation  
The Carter Center  
The Common Market Georgia  
Truly Living Well  
United Way of Greater Atlanta  
Veterans Empowerment Organization  
Voices of Georgia's Children  
WellStar  
West End Medical Center Inc.  
Cathie Berger  
Gordon Meredith  
Paul Stange  
Gwen Smith  
Erica Edmond  
Evonne Yancey

**JOIN THE MOVEMENT!**



# UPCOMING QUARTERLY BREAKFASTS

September 13<sup>th</sup>  
December 6<sup>th</sup>