# Preparing for/Responding to: Repeal/Repair/Replace Environment February 10, 2017

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# Undeniable Threat of Health Care Changes/Disruption

Budget resolution for ACA repeal (January 2017)

Trump ACA repeal Executive Order (January 2017)

Reconciliation ACA repeal/repair/Medicaid cap? (Spring-Summer)

CHIP reauthorization/restructuring (approx July 2017?)

Tax reform/health revenues/Medicaid? (July 2017?)

Comprehensive or "one-off" replacement policies (2017/2018?) (to supplement anything Congress passes in Spring)













#### **Environmental Assessment**

- Party-wide election pledge to repeal/replace ACA; (can't ignore)
- Conflicting WH/Congressional messages that expose divisions/consequences around goals, policy and process/timing.
- ACA repeal/repair/replace could be one or multiple rounds of major, potentially disruptive reforms, BUT:
- Other priorities interact w/debate (e.g. tax reforms, CHIP, SCOTUS confirmation, infrastructure investments, etc.)
- Regardless, Medicaid inevitably "piggy bank" for numbers to work –
  just math– unless willing to live with large deficit increase
- And major health care Executive/Administrative actions are certain

#### **Break out of Expansion States**

State Name	Governor	Republican Senators	Republican House Members Out of Total
Alaska	Bill Walker (I)	2 (Murkowski, Sullivan)	1 out of 1
Arizona	Doug Ducey (R)	2 (McCain, Flake)	5 out of 9
Arkansas	Asa Hutchinson (R)	2 (Boozman, Cotton)	4 out of 4
California	Jerry Brown (D)	0	14 out of 53
Colorado	John Hickenlooper (D)	1 (Gardner)	4 out of 7
Connecticut	Dan Malloy (D)	0	0 out of 5
Delaware	John Carney (D)	0	0 out of 1
Hawaii	David Ige (D)	0	0 out of 2
Illinois	Bruce Rauner (R)	0	7 out of 18
Indiana	Eric Holcomb (R)	1 (Young)	7 out of 9
Iowa	Terry Branstad (R)	2 (Grassley, Ernst)	3 out of 4
Kentucky	Matt Bevin (R)	2 (McConnell, Paul)	5 out of 6
Louisiana	John Biel Edwards (D)	2 (Cassidy, Kennedy)	5 out of 6
Maryland	Larry Hogan (R)	0	1 out of 8
Massachusetts	Charlie Baker (R)	0	0 out of 9
Michigan	Rick Snyder (R)	0	9 out of 14
Minnesota	Mark Dayton (D)	0	3 out of 8
Montana	Steve Bullock (D)	1 (Daines)	1 out of 1
Nevada	Brian Sandoval (R)	1 (Heller)	1 out of 4
New Hampshire	Chris Sununu (R)	0	0 out of 2
New Jersey	Chris Christie (R)	0	5 out of 12
New Mexico	Susana Martinez (R)	0	1 out of 3
New York	Andrew Cuomo (D)	0	9 out of 27
North Dakota	Doug Burgum (R)	1 (Hoeven)	1 out of 1
Ohio	John Kasich (R)	1 (Portman)	12 out of 16
Oregon	Kate Brown (D)	0	1 out of 5
Pennsylvania	Tom Wolf (D)	1 (Toomey)	13 out of 18
Rhode Island	Gina Raimondo (D)	0	0 out of 2
Vermont	Phil Scott (R)	0	0 out of 1
Washington	Jay Inslee (D)	0	4 out of 10
West Virginia	Jim Justice (D)	1 (Capito)	3 out of 3
Total	16 plus 1 R leaning Ind.	20 (38%)	119 out of 269 (44%)

### **Challenges Facing Funders**

- Initial perception that immediate repeal was certain; should preserve our dollars for aftermath
- Now, uncertain how to respond to rapidly changing environment
- Lack of coordination between laudable organizations requesting support AND fear of wasteful, duplicative spending
- Lack of understanding of what investments would be value add
- Desire to be more relevant with stakeholders and question whether advocacy groups can secure

### **Challenges Facing Grantees**

- Likely reduction in federal grant and research support
- Fear that major foundation(s) are withdrawing from coverage debate all together <u>OR</u> conversely only focusing on coverage
- Allocating excessive time/resources to respond to funders desire for better organization (with little funding to help achieve)
- Insatiable demand from Congressional, state and media for timely, relevant, credible information
- Rapidly changing environment requires evolving/credible products
- Changing public and Congressional opinion/environment requires expensive ongoing polling/focus group/advertising/social media investment

#### **Investment Priorities: Overview**

- Analytics
- Advocacy
- Legal/litigation support
- Communications/messaging
- Stakeholder outreach
- Metrics and cross-cutting organizational support

### **Analytics Sampling**

- Block grant and per-capita cap impact analysis by state
- Impact of large savings on other popular state programs e.g. education and nurse family partnership
- Detailed policy impact analysis by population and state for:
  - ✓ Near elderly, elderly, "old old" elderly
  - ✓ People with disabilities
  - √ Children
  - ✓ Other key pops. (women, children, veterans, minorities etc.)
  - ✓ Rural, middle class, etc.
- Other important analysis: economic, job, hospital and other stakeholder impact

### **Advocacy Sampling**

- Relevant and timely analytics that are population specific (income, age etc.), state specific, issue specific (pre-existing condition, opioid, rural etc.)
- Mobilization of affected "people" constituencies children, seniors, people with disabilities etc.
- Vetted, "real life" stories that are particularly compelling (working populations, near elderly, business starters etc.)
- Paid/earned media
- Support for state based activity (e.g. rapid response, ongoing capacity and staff building etc.)
- Direct funds for 501c3 and c4 activities at federal and state level
- Organization across different entities key

### **Legal/Litigation Support Sampling**

#### Challenging legislative and in particular executive branch overreach:

- Dedicated staff to coordinate:
  - ✓ Developing overall strategy
  - ✓ Responding to emerging events
  - ✓ Ensuring appropriate cooperation/collaboration amongst diverse legal teams
- Provide substantive analytical expertise to help make case on impacted ACA provisions
- Preparing complaints on top-tier risks for immediate filing
- Identifying potential plaintiffs
- Covering court costs, printing, and other litigation expenses

### **Communications/Messaging Sampling**

- Quantitative and qualitative focus groups and polling to understand public perceptions and effective messaging
- Direct advertising buys to educate Congress and public
- Use social media to engage and expand audiences and bring messages directly to user platforms for recruitment, petition efforts and events
- Amplifying real life stories through targeting, vetting, and helping message impactful cases

#### **Stakeholder Outreach**

- Brand consumer groups (AARP, Cancer, Diabetes, Heart etc.)
- Hospitals
- Physicians, nurses and other health care providers
- Health plans/insurers
- Other key populations (children's groups, women, people with disabilities, minorities etc.)

#### **AARP/Senior Groups**

- Medicare restructuring/beneficiary cuts
- Medicaid cuts: block grants/per-capita policy that caps/shifts/cuts
- Age rating changes that expand to 5:1
- Pre-existing condition protections v. continuous coverage v. high risk pools

**Foundation Response:** Creative analysis that empowers AARP and other brand organizations on a wide array of policies that could increase beneficiary cost and undermine access/quality

#### **Children's Groups**

- Medicaid cuts and flexibility reforms that undermine benefit/access protections
- CHIP reauthorization getting caught up in politics/process of ACA repeal/repair:
  - ✓ Delaying legislative action
  - ✓ Limiting number of years of authorization and/or
  - ✓ Eliminating/reducing financing protections (MOE and the "bump")
- Reduction in funding and/or attention for delivery reforms that improve "health"

**Foundation Response:** Additional impact analysis on coverage/care for children, for parents, for access to needed services and for delivery reforms that are population specific; polling/focus group to illustrate popularity

#### **Hospitals**

- Ongoing Medicare cuts with decreases in insured population
- Increasing uncompensated care from increasing uninsured
- High deductible plans that create compensation challenges
- Medicaid block grants/per-capita policy that caps/shifts/cuts

**Foundation Response:** Creatively documenting—at state and local specific levels—impact of uninsured increases, Medicaid cap policy and high deductible policies on providers

Strategically collaborate to convey impact of these policies

#### **Insurers/Health Plans**

- Keeping cost sharing subsidies
- Securing reinsurance/high risk pools/continuous coverage (to moderate selection problems)
- Repealing health insurance tax
- Securing administrative and age-rating changes (to address perception of enrollment gaming/selection problems)

Foundation Response: Impact analysis and support/oppose as needed

#### **State and Local**

- Medicaid policies that cap/shift/cut federal matching dollars to states
- Flexibility that allows for creative and innovative delivery reforms and even benefit designs
- HHS/CMS/CMMI funding for innovative state/local health demos being threatened by limits on discretionary funding/ACA reforms

**Foundation Response:** Impact analysis on how reductions in funding impact coverage, cost shifting, jobs, economies, and innovations with great potential for improved care and reduced cost growth

### **Metrics and Cross-Cutting Organization**

#### **Metrics**

- Contacts with key decision-makers (both quantity and quality)
- Engagement of key stakeholders, not just consumer advocates
- Earned media: e.g., news stories, op-ed (quantity and quality)
- Public engagement increasing in terms of numbers at events
- Assessment of movement towards a bipartisan approach that protects policy priorities

#### **Organizational**

- Need additional staff to streamline coordination and buy-in of disparate grantees
- Need better coordination between these national and state groups as well as amongst individual state groups
- Need better coordination of overall messaging, analytical, and advocacy strategy and work