

2015 Maryland General Assembly A Look Back & What's Ahead

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The Coalition: Who We Are



- Collaborative Alliance: 1,800+ individual & 100 org. members
- Mission - advance health equity through access to health care for all Marylanders.
- Strategic Agenda: Policy, Legislation, Education, Engagement, Advocacy & Action
- Fiscal Sponsor: National Women's Health Network
- Key Funders: Open Society Institute-Baltimore & Raising Women's Voices

Today's Agenda

2015 General Assembly Session

- The “Landscape”
 - New Administration & New Legislators
- Budget
 - Process & Status
- Health Care Reform-Related Legislation

What's Ahead – Issues of Importance

Get Engaged & Stay Engaged

Today's Presenters

- Robyn Elliott - Principal with Public Policy Partners
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2015: General Assembly

The Political Landscape

- With the election, we have a new Governor who has put in place top-level leadership, including Secretary Mitchell of DHMH and Commissioner Redmer of the MIA.
- On the Legislative Branch, about 1/3 of the General Assembly was new. In the health legislative committees, almost 50% of the membership was new.

2015 General Assembly: The 2017 Budget Process

- The Maryland budget process is unique because only the Governor has the authority to add money to the budget.
- As a result, we are still in the process of working on 2017 budget issues.
- The Governor submitted a budget within spending targets.
- The legislature identified \$200 million to be “fenced-off” for other purposes including health.
- What will the Governor agree fund ?

2015 General Assembly: 2017 Budget - Outstanding Issues

- The \$200 million in fenced-off funding includes: \$69M to maintain State salaries (The Governor recently agreed to fund this item), \$68 million for K-12 education, and close to \$50 million in Medicaid and provider funding. Health funding includes:
 - Maintenance of Provider Rates: \$6.5 for behavioral health, \$15.5 for physicians (92% of Medicare rates); and \$4.8 million in Community First Choice;
 - \$4.8 million to maintain coverage levels of Medicaid programs for pregnant women and family planning.
 - \$2 million in new funds related to heroin addictions programs.
 - \$3 million in funds for crisis services in developmental disabilities
- The Balancing Act: Will the Governor want to keep the monies in the General Funds for other purposes ultimately or even just save the monies?

2015 General Assembly: Selected Behavioral Health Bills

- SB074/HB739 Task Force to Study Maternal Mental Health
- SB469/HB367 Public Health- Maryland Behavioral Health Crisis Response System

Behavioral Health Parity Legislation

- Mental Health Parity and Addiction Equity Act: Report on Compliance - SB 586/HB1010
- Annual submission of private insurance plan information to allow the MIA to certify compliance with Parity Act **prior** to sale of plans
 - Non-discriminatory financial requirements, treatment limitations and medical management rules
- Opposition by insurance carriers and MIA → annual report to General Assembly's Health Committees on plan compliance

2015 General Assembly: Overdose Prevention

- Overdose Response Program – SB 516/HB 745
 - Expand access to naloxone to prevent overdose deaths
- Good Samaritan – SB 654/HB1009
 - Expand protections for 911 callers and overdose victims
- Joint Committee on Behavioral Health and Opioid Use Disorders – SB 607

Other “Coalition” Legislation

- Selection of Benchmark Plan & Required Conformity with Federal Law
- Medical Stop-Loss Insurance – Small Employers
- Nonprofit Health Services Plans – Hearing & Order

Maryland Health Benefit Exchange: What's Ahead

- 2nd Open Enrollment = 289,131 total [reported 3/17.15] plus 4,700 in Special Enrollment Period
- New Board members
- Enrollment – Consumer Issues
 - Medicaid Redeterminations
- IT Systems – On-going Enhancements
 - Automated renewals
 - Stand alone dental
- Standing Advisory Committee

What's Ahead

Essential Health Benefit

- **Selection of 2017 EHB Benchmark Benefit Plan**
 - MIA in consultation with Health Benefit Exchange
 - Small Employer Plan Models – CareFirst HMO plans and United HealthCare PPO
- **Coalition Comments**
 - BlueChoice plan – greater specificity of benefits but must ensure compliance with the Parity Act
- **Coalition Recommendations**
 - Require specificity for benefits
 - Include non-discrimination standards
 - Incorporate new definition “habilitative services”
 - Remove outdated practice restrictions on practitioners

What's Ahead

Network Adequacy

- Collection of Data and Assessment of Current Standards
 - [MHAMD Report on Access to Psychiatrists in Qualified Health Plans](#)
- NAIC Model Legislation
- Maryland Health Benefit Exchange Examining Issue
- Sub-committee process & timeline

What's Ahead

2016 Rate Review

- Maryland Review Process: (1) MIA posts proposed rates; (2) period for public comment; (3) may request hearing; (4) expect decision mid to late summer
- 2015 Recap
 - Analysis of proposed CareFirst rate increases led to MIA approval of decreases of 50% & more
- 2016 Process:
 - Anticipate 6 carriers: All Savers, CareFirst, Cigna, Evergreen, Kaiser & United
 - Analysis of proposed rates
 - Rate Review Collaborative

What's Ahead: Putting the Puzzle Together



- ACA
- Behavioral Health Integration
- Delivery & Payment System Reform
- Coordinated Care Models: ACOs, Patient-Centered Medical Homes, Health Homes
- Health Information Exchange (CRISP)

What's Ahead

Delivery System & Payment Reform

New All-Payer Model – Unique CMS/Medicare Waiver

– Opportunities

- Consumer participation in planning and implementation
- New partnerships with hospitals & community-based orgs.
- Patient-centered care with consumers, patients and families playing a lead role
- Focus on preventive care and care coordination

– Outcomes = Triple Aim with “Care Aware Consumers”

- Improve the patient experience of care (including quality and satisfaction)
- Improve the health of populations
- Reduce the per capita cost of health care.

What's Ahead

The Path to Consumer Engagement

The Path to Health Literacy

HEALTH LITERACY: A DEFINITION

"The degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions."^{**}



PHASE 1:

Health Insurance Literacy

Individuals have the ability to **understand** the complex **terms, concepts**, and financial **implications** when purchasing health insurance in order to pick the "right" plan.

PHASE 2:

Health Care Literacy

People **understand** their benefits and are **comfortable navigating** the health care system to get timely, effective care in the most appropriate setting.

PHASE 3:

Full Patient/ Consumer Engagement

Individuals have the knowledge to make **informed decisions** about their own health and to actively engage in the health of their **community**.



**Patient Protection and Affordable Care Act of 2010, Article V.

~~Can~~ You ^{can} make a difference? !

- Set an example: *own* your own health
- Know your rights & take action when necessary
- Identify opportunities to improve the health of your community
- Participate in the process
- Share your knowledge
- Share your story
- Stay informed – sign up for Alerts

www.mdhealthcarereform.org

How to ask a question:

1. Click on the speech bubble symbol at the top of your screen
2. Type out your question -
Don't forget to include your name and organization
3. Press Enter to send





We are here for you!

You are here for us – Fill out our survey

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