



All Kids Covered Initiative Meeting Notes December 2, 2016

Population Estimates of Coloradans Who Would Benefit from Coverage Expansions – Emily Johnson, Colorado Health Institute

- The Colorado Health Institute (CHI), along with partners including the Colorado Children's Campaign and the Colorado Center on Law and Policy (CCLP), began looking into the populations and costs associated with various policy options if the state were to expand some form of health coverage to Colorado residents who do not have proper documentation. (See [handout](#).)
- The analysis looks at several populations (adults and children, just children, just pregnant women, etc.) to various income levels and the corresponding policy options available.
- CHI created models based on existing data sets, and characteristics to come up with population estimates. CHI also created models, and made some assumptions, to come up with approximate state costs for each option.
- The option available under the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 provides a state option to cover the unborn child with CHIP coverage. The coverage is conferred to the pregnant woman so she can access prenatal care, and other coverage benefits. This option, based on the enhanced CHIP federal match available today may mean the state would only need to pay 12% of the cost of coverage for this group, and as a result, CHI estimates the cost to the state would be under \$1 million per year.
- CHI has a larger data book which provides more details for each of the policy options including likely take-up rates, assumptions made for modeling, and a thorough explanation of methods. Please reach out to Erin Miller (erin@childrenscampaign.org) if you would like the data book.

Discussion:

- Cost of care for the CHIPRA option may be able to be estimated more accurately by looking at the cost of care to prenatal women in Child Health Plan *Plus* (CHP+), enrolled in the state managed care network.
- The eligibility system would need to be updated, which would also cost an additional amount. Verifications would need to be thought through carefully. If the eligibility system isn't programmed correctly, it could change the cost.
- The CHIPRA option to cover pregnant women could help alleviate uncompensated care for hospitals and federally qualified community health centers.
- Because of the upcoming changes in the federal government and uncertainty around health care and immigration policy, we will hold off on advocating for these policy changes for now, but we will revisit the discussion at a later date.

ACC Phase II Update and Plan – Erin Miller, Colorado Children's Campaign

- The request for proposal (RFP) draft for the [Accountable Care Collaborative \(ACC\) Phase II](#) has been released. It is about 170 pages, not including the appendices which also contain important information.
- The Rose Community Foundation – in partnership with AKC – hired a contractor, Kathryn Jantz, to review the RFP with kids and [AKC's ACC Phase II priorities](#) in mind.

- A small stakeholder workgroup came together earlier this week to discuss the consultant's recommendations for what areas of the RFP pertain to kids and would benefit from comments. There will be a webinar on December 12, 2016, from 2:00 to 4:00 pm. to discuss the shared talking points that have come out of this process. **Please contact Kathryn to get call-in information:** kathryn@steadmangroup.com
- The AKC leadership team will use the talking points that come out of this process to inform the AKC coalition's comments on the draft RFP. We will convene a small group of AKC advisors in early January to craft these comments. Please let Erin know if you would like to participate.
- Look for emails from AKC in the first and second weeks of January asking for sign-ons.

AKC Member Policy Priorities

- **The Colorado Health Foundation** will be shifting to focus on more long term priorities to help support partners. The Foundation plans to focus on five policy priorities: 1) improve food insecurity via last session's SB-190, 2) protect coverage gains for physical and mental health services, 3) implementation of 2016's Amendment 70 (minimum wage increase) with specific interest in how it interacts with eligibility levels of other services, 4) mental health parity, 5) implementation of the federal Every Student Succeeds Act (ESSA). In 2017 the foundation will be looking to name the long term policy priorities and will be looking to AKC partners.
- **Colorado Children's Campaign** has been working with a maternal mental health stakeholder group which has been thinking about short term and longer term priorities. This legislative session, they are planning to propose legislation that would increase the number of maternal mental health screenings allowed on the child's Medicaid case from one to three. See the [fact sheet here](#).
- **CCLP** has [four bills](#) related to client noticing for public programs which came out of Diane Primavera's Interim Committee. CCLP will also be supporting bills related to transparency of cost sharing, free standing emergency departments, paid family leave, and protecting coverage gains. CCLP also plans to comment on the draft RFP for ACC Phase II, and in conjunction with the Colorado Coalition for the Medically Underserved Immigrant Health Coalition, is thinking about ways to work in solidarity with immigrant communities to protect them from any harmful policies or actions.
- The **Colorado Consumer Health Initiative** will be focusing on the high cost of prescription drugs, legislation to help provide transparency around cost sharing, free standing emergency departments, and finding a solution for surprise out-of-network bills. CCHI will also be working on a defensive strategy around roll-backs of the Affordable Care Act (ACA).
- **Children's Hospital Colorado** will provide comments on the draft RFP for ACC Phase II with a focus on behavioral health and ensuring the system addresses kids. Other focuses include children's health and safety (injury prevention and marijuana), limiting the damage of any ACA repeal/replace plans, and protecting coverage gains. Children's will also be working on Medicaid financing such as the Hospital Provider Fee and working with the federal delegation of children's hospitals to ensure that the structures that Colorado has set up do not get walked back.
- **Colorado Community Health Network** will focus work on protecting the Medicaid expansion and the adult dental benefit, addressing free-standing emergency departments, and upcoming changes to the Colorado Indigent Care Program.

- **Colorado Covering Kids and Families (CKF)** plans to work with the Colorado Department of Health Care Policy and Financing and the Connect for Health Colorado to identify recommendations from CKF's recent [report](#) that can still be prioritized and implemented given the post-election political environment.

Election results – *Jennifer Miles, Frontline Public Consulting*

- In the Colorado Legislature, House Democrats gained three seats and have a 34-31 seat majority. In the state Senate, Republicans still have a 18-17 seat majority. This means committees stay split roughly the way they were last year with a one seat majority.
- The Senate president will be Kevin Grantham, and the minority leader is Lucia Guzman.
- Joint Budget Committee (JBC) members include Senator Kevin Lundberg who tends to hold a far right stance. Other Senators on the JBS are Senator Lambert, and replacing Senator Stedman is Dominic Moreno, a newly elected Democrat from Commerce City who served in the House the last four years. Members from the House on the JBC are Representatives Hamner, Young, and Rankin.
- Senator Jim Smallwood who is a health insurance broker will chair the Senate Health and Human Services committee. He is a little more moderate and has been representing consumers as they shop for private health insurance. Other seats on the committee are Martinez-Humenik, Crowder, Aguilar, and Kefalas.
- In the House, the Speaker will be Crisanta Duran, and the Minority Leader will be Patrick Neville.
- There are two health committees in the House, which will continue. Democrat's committees have not been released yet.
 - **UPDATE on newly released committee seats:** Members of the Health, Insurance and Environment will be: Ginal (Chair), Esgar (Vice Chair), Buckner, Jackson, Kennedy, Lontine, Beckman (Ranking Member), Covarrubias, Humphrey, Landgraf, and Ransom. Members of the Public Health and Human Services Committee will be: Singer (Chair), Danielson (Vice Chair), Ginal, Hooton, Jenet, Pabon, Petterson, Landgraf (Ranking Member), Coram, Everett, Lewis, Liston, and Ransom.
- No one knows what the U.S. Congress is going to propose, and what impact those decisions will have on the state. If any decisions are made during the state legislative session, those likely won't happen until April. There are questions of how federal decisions could impact the state budget (e.g. funding for the Medicaid expansion, and federal match rate).

General Partner Updates

- CCLP recently released, *Vital Signs: The Influence of Race, Place, and Income on Colorado's Health*. The report is available online here: <http://cclpvitalsigns.org/>.
- The Colorado Health Foundation will be [moving offices](#) as of December 19, 2016. The new address will be 1780 Pennsylvania St. in Denver. The fax and phone lines will remain the same.
- AKC will not meet in January.

NEXT MEETING: Friday, February 3, 2017