



All Kids Covered Initiative Meeting Notes – April 7, 2017

Protect Our Care Colorado Update – Adela Flores-Brennan, Colorado Consumer Health Initiative

- Threats to both the Affordable Care Act and the structure of the entire Medicaid program at the federal level
- Formed the Protect Our Care Colorado (POCC) coalition with a steering committee
- The coalition has planned actions, rallies, action alerts, and policy analyses
- The American Health Care Act (AHCA) failed to come up for a vote, but the U.S. House is continuing to try to revive it
- An amendment to the AHCA was introduced this week, with a market stabilization provision not unlike the “three Rs” currently under the ACA (risk corridors, reinsurance, and risk adjustment)
 - The amendment would appropriate \$15 billion for a federal invisible risk sharing program
- The AHCA is opposed by two factions – those who feel it does not go far enough, and those who want to maintain some of the coverage expansions in the ACA
- The U.S. Senate seems to be in a “wait and see” mode on health care
- Keeping the coalition alive as we monitor next steps at the federal level to plan and be prepared for what happens next
- The Colorado Cross Disability Coalition is organizing in Northeast Colorado right now, hoping to deploy more organizing in that area
- Mobilizing people during the April recess
- Rep. Coffman’s town hall is sold out
- Sen. Gardner and Rep. DeGette may also hold town halls during the recess – the coalition will share information on the website when it becomes available
- If organizations/individuals have not yet signed up for POCC updates and are interested, visit the [Protect Our Care Colorado website](#)
- The website has resources, including a toolkit with talking points, etc.
- There does not seem to be much movement on CHIP yet
 - HCPF put out a memo with proposed to move forward on CHP+ at the state level

Accountable Care Collaborative (ACC) Legislative Education

- There may be a need to share additional information with the legislature about Phase II of the ACC
- Center for Health Progress (formerly CCMU) organized an effort and developed a [handout](#) that organizations have signed onto, which gives background on the ACC to educate and show that there is support throughout the state for Phase II of the ACC
- Center for Health Progress is setting up meetings with legislators to share the handout, and encouraging other groups to set up additional meetings on their own as well
- Center for Health Progress has met with Sen. Aguilar, Rep. Singer and Rep. Landgraf so far – these legislators are already knowledgeable about the ACC and appreciated the outreach
- Center for Health Progress is hoping to reach out to additional targeted legislators to share the handout
- In addition, the Joint Budget Committee (JBC) is convening on April 11 to determine whether the JBC or other legislators should carry a bill to codify portions of the ACC
- If a bill is introduced, and any amendments are added that increase legislative oversight of ACC, Center for Health Progress will monitor that process closely
- If you are interested in being involved in the group convening around the ACC – email Aubrey Hill at aubrey.hill@centerforhealthprogress.org

General Partner Updates

- The Colorado Coalition for the Medically Underserved has a new name and website - [Center for Health Progress](#)

- The **Colorado Health Foundation** is hosting a series of receptions in their new building for grantees and partners
- The **Colorado Health Institute** will have a new website soon, and will continue to publish deep dives into health care topics, including block grants in Medicaid, high risk pools, and age-based credits
- **Children's Hospital Colorado** is working on federal health care issues, and at the state level is working on SB17-267 related to the Hospital Provider Fee
 - The bill is a hybrid of previous proposals on the Hospital Provider Fee
 - Different positions on a decrease in the TABOR cap in the bill will have to be resolved
 - Rural hospitals may be facing closure because the fees they will pay will exceed the payments they receive in the Governor's proposal – this is motivating movement on the issue
 - The hospitals have allowed statutory language on the Hospital Provider Fee to be violated because the Hospital Provider Fee also pays for the expansion population — statutory language says that payments to hospitals cannot be less than the amounts that went to hospitals before the establishment of the Hospital Provider Fee; hospitals have been paid less when taking into account caseload growth
 - If rural hospitals bring suit against the state, they could have standing due to legislative intent and the language in the statute
 - The bill also includes provisions focused on rural Colorado, budget cuts across agencies, and the ability to lease state property
 - The bill is likely to change a lot as it moves through the chambers, hope to land in a place where it helps with the state budget

State Legislative Overview – Jennifer Miles, Frontline Public Affairs

- State Budget
 - Funding for the 2017-18 fiscal year, beginning July 1
 - The JBC meets from November to late March to finalize the Long Bill – Colorado requires a balanced budget each year
 - Budget balancing measures include a large cut to the Hospital Provider Fee
 - The Long Bill started in the Senate this year and then went to the House
 - What is included in the budget:
 - Funding for school-based health centers
 - Funding for Colorado Immunization Information System
 - Funding for the Healthy Kids Colorado Survey was not included in the budget when introduced, but was added back in the Senate with Republican support and the House kept it in the budget
 - Connect for Health requested ability to draw down federal matching funds to help pay for eligibility determinations; the JBC approved the supplemental request for this year, but didn't include in the budget for FY 2017-18 – this was added back in the Senate and kept on in the House
 - Lots of discussion about the marijuana tax cash fund – must be used for mental health and substance use related activities
 - School health professionals grant program funding – received a more than \$9M increase (there is also a bill - SB17-068 - expanding access to the program to elementary schools)
 - Governor's proposal included funding for supportive housing for those with substance use disorders, coming out of corrections – lots of discussion about funds for this
 - Increase to state employee salaries (2%) and community provider rates (1.4%) included in the budget
 - Certain lowest wage Medicaid community providers got a greater increase
 - An amendment was added to the budget for NEMT and EMT reimbursements to increase more than 1.4%
- SB 267
 - May provide an alternative approach to cuts to the Hospital Provider Fee – moves the HPF into an enterprise

- Some have concerns about other provisions of the bill, including reducing the TABOR cap (in an amount greater than the Hospital Provider Fee)
- SB 003 – Would dismantle the state-based marketplace. Passed Senate Appropriations; if it passes the full Senate, will likely die in the House
- SB 004 – sent to the State Affairs Committee in the House and will die in that committee
- Governor's package of health-related bills – many are up next week: addressing transparency in costs of hospitals, pharmaceutical costs, health insurance access in highest cost areas of the state; bills to extend tax credits up to 500% FPL for certain individuals; require health plans in state employee plan to participate in the exchange, offer in high cost areas, and participate in Medicaid or CHIP; option for local government employees to participate in state benefit plans
- Medicaid client correspondence and appeals package of bills – two have passed: audit provision and for judge to review notice first for legal sufficiency during appeals process
- ACC draft bill – if introduced, will codify what is already being planned, but will need to monitor for potential amendments

NEXT MEETING: Friday, June 2, 2017