Health Care Reform Implementation

*Maryland State Council on Cancer Control Conference*

John M. Colmers, Secretary  
Department of Health and Mental Hygiene  

December 9, 2010
Implementing PPACA

• Patient Protection and Affordable Care Act signed into law by President Obama on March 23, 2010

• Maryland Health Care Reform Coordinating Council created through Executive Order on March 24, 2010
  – The Coordinating Council directed to make policy recommendations to the Governor and General Assembly

• Reform will do what states could not do on their own
  – Eliminate medical underwriting
  – Require health insurance coverage
  – Expand Medicaid, provide tax subsidies and create exchanges
Coordinating Council Members

- The Honorable Anthony G. Brown
  Lt. Governor
  *Council Co-Chair*
- John M. Colmers
  Secretary, DHMH
  *Council Co-Chair*
- Carolyn Quattrocki
  Deputy Legislative Officer
  *Governor’s Designee*
- T. Eloise Foster
  Secretary, DBM
- Beth Sammis
  Acting Commissioner, MIA
- Douglas F. Gansler
  Maryland Attorney General
- Brian Wilbon
  Interim Secretary, DHR
- Marilyn Moon
  Chair, MHCC
- Frederick W. Puddester
  Chair, HSCRC
- The Honorable Edward J. Kasemeyer
  Member, Maryland Senate
- The Honorable Thomas “Mac” Middletor
  Member, Maryland Senate
- The Honorable Peter Hammen
  Member, Maryland House of Delegates
- The Honorable James W. Hubbard
  Member, Maryland House of Delegates
Interim Report

- Submitted to Governor July 26, 2010
- Financial model developed - tool for analyzing costs as implementation decisions made
- Health Reform will save $829 million over 10 years and cut uninsured in half by 2017
  - Savings estimates reflect Maryland’s prior investments in improving access to care
  - State must maintain commitment to bending cost curve
- Recommends Process for Public Engagement
Cumulative Savings from Health Reform in Maryland
(State Funds Only)

<table>
<thead>
<tr>
<th>Year</th>
<th>Savings in Millions</th>
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<tbody>
<tr>
<td>FY 11</td>
<td>$15</td>
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<td>FY 12</td>
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<td>FY 20</td>
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Health Care Reform Implementation Goals

1. Improve the health of all Marylanders, focusing on health equity
2. Embrace consumer centric approach to coverage and care
3. Use new tools to improve quality, contain cost
4. Promote affordable coverage
5. Prepare and expand the health workforce
6. Lead the nation in tapping the full potential of reform to improve health
Workgroups

1. Health Insurance Exchange and Insurance Markets
2. Entry to Coverage
3. Outreach and Education
4. Public Health, Safety Net and Special Populations
5. Health Care Workforce
6. Health Care Delivery System
Health Insurance Exchange and Insurance Markets

- Overall Goals and Functions
- Structure
- Transformation role for insurance markets
- Role in promoting affordability and mitigating risk selection
- How seamless with commercial and public coverage
Entry to Coverage

• Approach to facilitate consumers’ entry into coverage
• How to simplify and integrate enrollment practices
• Policy, operating practices and system changes
• How far to go to embrace a new paradigm that welcomes consumers by minimizing barriers to entry into coverage
Outreach and Education

• Communicating significant changes to come with reform
• Plan for a coordinated and comprehensive outreach and education strategy
• Meeting the needs of different groups, including consumers, providers, insurers, employers and others
• Ensure efforts are effective and culturally and linguistically appropriate
• Plan for long term needs to provide information on the new reformed health system
Public Health, Safety Net and Special Populations

- Access for uninsured or people who have health needs not met by their coverage
- Preparing safety net for changes in benefits
- Facilitate coordination of safety net services, identifying unmet needs and coordinating care delivery
- Expectations of historic safety net providers when more people have insurance coverage
- Leverage and foster the capacity of historic safety net providers
Health Care Workforce

• Ensure capacity in the health care delivery system

• To what extent will Maryland use a broad range of tools to increase capacity
  – fostering educational programs
  – changing licensure policy
  – supporting recruitment and retention efforts;
  – changing liability policy

• Effectively compete for new federal resources to support underserved areas
Health Care Delivery System

• Coordinate with efforts on future of Medicare waiver and bundled payment

• Coordinate with Quality and Cost Council on Medical Home, Healthiest Maryland

• Maximize use of new tools in reform to improve quality and contain costs
Process for Public Input

- **Phase 1** – Assessment of Health Reform (May-mid July, for July Report)
  - *Public comments guided Interim Report*

- **Phase 2** – Discussion and Development of Recommendations (mid-July to end of October)
  - *Active workgroups focused on key implementation issues*

- **Phase 3** – Review Draft Recommendations (mid-November-early December)
  - *Public hearings about reform recommendations*
    - November 22, 23 and December 1, 2 and 8

- **Phase 4** – Finalize Recommendations and issue report (early-December – January 1)
For More Information:
www.healthreform.maryland.gov