

NHeLP's Capital Communique JANUARY 2011

This issue is part of a series of periodic reports from the National Health Law Program's Washington office, reporting briefly on recent and forthcoming developments in federal policy of interest to NHeLP advocates and friends. We always appreciate your feedback and comments. Please send them to Deborah Reid at reid@healthlaw.org.

SUBJECTS COVERED:

New Congress Convenes with Republican Effort to Repeal ACA New Laws

- Continuing Appropriations and Surface Treatment Extensions Act, 2011
- Medicare and Medicaid Extenders Act of 2010

HHS Updates

- FMAP Adjustments for Disaster-Recovery States -- FYs 2011-12
- Pediatric Quality Measurement Program -- Comments due: January 14, 2011
- States Get Bonus Funding for Enrolling Uninsured Children in Medicaid
- New Framework on Multiple Chronic Conditions
- New Federal Coordinated Health Care Office

Resources

NEW CONGRESS CONVENES WITH REPUBLICAN EFFORT TO REPEAL ACA

On January 5, the new 111th Congress will convene with Republicans regaining control of the House and Democrats maintaining a more narrow lead in the Senate. One of the first activities for the House will be an effort to repeal the Patient Protection and Affordable Care Act (ACA). On January 3, Republican Majority Leader-elect Eric Cantor (R-Va.) announced the timeline for considering the repeal legislation. The bill to repeal the ACA was posted on January 3, the Rules Committee will meet January 6 to define the rule for debate, and the rule will be considered on the House floor on January 7. The repeal vote will follow on Wednesday, January 12. The Republican bill would restore statutes to what they were before the ACA was enacted and also repeal the health care provisions in the reconciliation act that fixed elements of the ACA. Because Democrats maintain control of the Senate, it is not expected that this legislation will move beyond the House. However, Republicans in the House are also planning a vote on a separate resolution to take steps toward creating an alternative Republican health care plan. The resolution would call on four key committees to create health care legislation that addresses 12 different goals.

Possible Action: For those of you who support provisions in the ACA, you may consider contacting your Representatives to oppose repeal and the resolution for an alternative

Republican health care plan.

NEW LAWS

Continuing Appropriations and Surface Treatment Extensions Act, 2011

On December 22, President Obama signed into law the Continuing Appropriations and Surface Treatment Extensions Act, 2011 (H.R. 3082). On December 21, the Senate approved the legislation by a vote of 79-16. The new law included a Senate amendment for a Continuing Resolution (C.R.) that would continue government operation of most federal programs through March 4, 2011, at FY 2010 funding levels, as well as other provisions.

Medicare and Medicaid Extenders Act of 2010

On December 15, the President signed into law the Medicare and Medicaid Extenders Act of 2010 (MMEA/H.R. 4994). Among other provisions, MMEA:

- extends funding for the Transitional Medical Assistance (TMA) Program through December 31, 2011, which maintains Medicaid for current low-income enrollees while they transition into employment and increase their earnings;
- prevents a scheduled 25 percent reduction in Medicare physician payments that would have taken place on January 1, 2011, and instead maintains the current payment rate through December 31, 2011; and
- extends funding for the Qualifying Individual (QI) Program through December 31, 2011, which allows Medicaid to pay the Medicare Part B premium for dually eligible Medicare beneficiaries with incomes between 120 and 135 percent FPL.

HHS UPDATES

FMAP Adjustments for Disaster-Recovery States -- FYs 2011-12

On December 22, HHS issued notice of fourth quarter FY 2011 and FY 2012 FMAP adjustments for Disaster-Recovery States. The notice explained that the ACA requires that the annual FMAP rate should be increased for a qualifying "disaster-recovery FMAP adjustment state." This is a state (or the District of Columbia) in which the President has declared a major disaster, according to federal law, that applied to all counties and parishes within the state at any time during the preceding seven fiscal years. The adjusted FMAP rate is then determined by a specific formula and criteria for FY 2011 and FY 2012. Based on these requirements, only Louisiana qualifies for disaster-recovery FMAP adjustment for the first quarter of FY 2011 and for FY 2012.

For the *Federal Register* notice, [click here](#) .

Pediatric Quality Measurement Program -- Comments Due: January 14, 2011

On December 3, the Agency for Healthcare Research and Quality (AHRQ) released a request for public comment on an initial core set of child health quality measures for voluntary use by Medicaid and CHIP programs, and establishment of the Pediatric Quality Measurement Program (PQMP) as authorized by the Children's Health Insurance Program Reauthorization Act (CHIPRA). The PQMP will consist of cooperative agreement awards to work on priorities for measurement methods and topics established by HHS with input from numerous stakeholders (including states, health providers who provide primary care services to underserved children and families, health care and allied health professionals who specialize in the care of children, and national organizations representing children).

Potential priorities for measurement and the development of new measures include:

- development or enhancement of methods to assess disparities in quality by race, ethnicity, socioeconomic status, geographic region and residence, and special health needs; and
- development or enhancement of measures in key topic areas, such as the availability of services, and measures of the quality of care that are currently measured in broad utilization categories (e.g., prenatal, postpartum, newborn care, well-child and adolescent well-care visits, screening services, and follow-up visits for chronic conditions).

Individuals submitting comments are encouraged to include evidence for the readiness of a topic for quality measurement and the importance of the particular topic or method.

Comments must be submitted by January 14, 2011. [Click here](#) for the *Federal Register* notice.

States Get Bonus Funding for Enrolling Uninsured Children in Medicaid

On December 27, Secretary Sebelius awarded \$206 million to 15 states as "performance bonuses" for enrolling eligible but uninsured children in Medicaid. This funding was authorized by CHIPRA. To receive the bonus, states had to simplify the enrollment and renewal processes to make it easier for families with eligible children to obtain coverage, and document a significant increase in children enrolled in Medicaid. States with enrollment increases of more than 10 percent qualified for a higher award.

The 15 states receiving the awards were: Alabama, Alaska, Colorado, Illinois, Iowa, Kansas, Louisiana, Maryland, Michigan, New Jersey, New Mexico, Ohio, Oregon, Washington, and Wisconsin.

[Click here](#) for the news release.

New Framework on Multiple Chronic Conditions

On December 14, HHS issued a new Strategic Framework on Multiple Chronic Conditions, a private and public sector collaboration to coordinate prevention and management of individuals with multiple chronic health conditions (MCC). HHS coordinated the new Strategic Framework with input from its agencies and private stakeholders. Its objectives are to reduce the risks of health complications and improve the health of individuals with MCC within health systems, assist patients and providers with better care management, and support research to improve oversight and care.

Recently, HHS has established several initiatives to improve the health of individuals with MCC, such as the:

- Centers for Disease Control and Prevention (CDC) and Institute of Medicine initiative -- the Living Well with Chronic Disease: Public Health Action to Reduce Disability and Improve Functioning and Quality of Life project that convened a committee of independent experts to analyze the implications of MCC on public health action; and
- Administration for Aging and CMS initiative to provide \$67 million in grants to support outreach activities to encourage wellness and prevention, counseling and assistance programs, and care transition programs to improve health outcomes in older Americans.

For more information on the Strategic Framework, [click here](#).

New Federal Coordinated Health Care Office

On December 30, CMS provided notice of the establishment of a new Federal Coordinated Health Care Office, as mandated by the ACA, which will have several responsibilities, including:

- ensuring more effective integration of Medicaid and Medicare benefits for dually eligible individuals;
- monitoring and reporting on total expenditures, health outcomes, and access to benefits for dually eligible enrollees;
- providing recommendations on eliminating administrative and regulatory barriers between Medicaid and Medicare; and
- developing policy and program recommendations to eliminate cost-shifting between the Medicaid and Medicare programs.

[Click here](#) for the *Federal Register* notice of the creation of the Federal Coordinated Health Care Office.

RESOURCES

Northwest Health Law Advocates and NHeLP, Issue Brief: *The Basic Health Option: Considerations for States Implementing Federal Health Reform*.

This issue brief provides an overview of the Basic Health Option under the ACA and examines a

number of issues for advocates to consider when deciding whether and how to support state implementation of the Basic Health Option.

[Click here](#)

for the issue brief.

Kaiser Family Foundation, Statehealthfacts.org. New and updated data is available on several topics, such as demographics and the economy, health status, health coverage and the uninsured, Medicaid and CHIP, women's health disparities, Medicare, and providers and service use. [Click here](#) for more details.