





Good morning Steven Cosby



July 14, 2016

Leading the News

Despite Increasing Insurance Coverage, “Troubling” Healthcare Gaps Persist, Analysis Finds.

The [Houston Chronicle](#)   (7/14, Deam) reports the Commonwealth Fund’s 2016 Local Healthcare Scorecard, released today, “reviewed 306 population centers...to gauge the availability and quality of care, costs, obesity rates, repeat hospitalizations and insurance coverage.” The report found that “while access to health care and insurance coverage has improved in the United States, troubling gaps persist...that have been toughest on poor Americans.” The article highlights the report’s “puzzling” finding that many are going with a consistent primary care provider.

The [Syracuse \(NY\) Post-Standard](#)   (7/14, Mulder) says the report found “upstate New York is one of the easiest places in the nation to get health care.” The article breaks down the results of the analysis for Syracuse and Buffalo.

Many Don’t Find Healthcare Affordable Under ACA. An analysis piece in [Politico](#)   (7/13) reports on the “a new and different health care purgatory” under the Affordable Care Act: people who are insured but “can’t afford their out-of-pocket bills.” Part of the reason is that “plans have shifted more costs to consumers through deductibles,” copays, and co-insurance; these costs can “keep people out of the system entirely.” Additionally, “prescription drugs are now the fastest growing category of medical costs, and there’s nothing in the health law that allows the government to push back.” Meanwhile, some people make too much money for ACA subsidies but can’t afford health insurance on their own, or the subsidy isn’t enough to make deductibles and copays affordable. Finally, bills from out-of-network physicians aren’t covered by the caps on out-of-pocket expenses, “and many insurance plans sold on the health law’s exchanges have extraordinarily narrow networks of doctors and hospitals.”

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Legislation and Policy



States That Expanded Medicaid Under ACA Seeing Benefits.

In a 3,600-word article, [Politico](#)   (7/13, Pradhan) reports that one of the “most troubling legacies” of the Affordable Care Act is that those living in states that rejected the law’s Medicaid expansion enjoy fewer benefits of the law. “Medicaid expansion has big, consistent effects on the places that adopted it,” including greater declines in uninsured rates, increased access to routine screenings and medical treatment, citizens with less non-medical debt, and greater growth in healthcare jobs. To illustrate the differences, Politico compares Kentucky and Tennessee, “two neighboring states with many things in common”; Kentucky expanded Medicaid, while Tennessee did not.

ACA Insurers Losing Money In Many States.



A 5,000-word article in [Politico](#)   (7/13, Demko) entitled “Obamacare’s Sinking Safety Net” examines the Affordable Care Act and its cost to insurers even as the nation’s rate of uninsured drops to its lowest levels in decades. In many states “insurers are finding the Obamacare business to be a swamp,” which has become “the most acute structural threat to” the ACA, as “the system works only if insurers find Obamacare to be a desirable business.” The financial problems are partly due to “self-inflicted wounds,” such as allowing people to keep non-conforming plans, and “the handiwork of Republican saboteurs,” such as the ban on spending on risk corridors, but “the system has been weighed down by one big miscalculation”: insurers incorrectly predicting the long-term cost of customers’ healthcare. Insurers, seeing growth in Medicare and Medicaid and seeking approval for larger mergers, are sticking with the ACA, but they are also raising rates.

Republicans Say Their ACA Alternative Is A “Starting Point.”

The [Washington Times](#)   (7/13, Howell) reports that while Democrats expected Republicans “to use health care as a wedge issue this year,” they “argue the GOP alternative lacks key details and will fall short of Obamacare’s gains.” Republicans, however, say the plan “is generating enough buzz to be a springboard for legislative work in 2017, so long as the election goes their way.” They say the proposal is “a ‘starting point’ and not a shovel-ready plan.” The proposal has been “pitched as a blueprint rather than an actual bill, so it is unclear how many people it would cover or how much it would cost taxpayers.” But it has been “well-received by center-right think tanks, and members say it is enough to start the conversation with voters in the coming months.”



Public Health and Private Healthcare Systems



Healthcare Spending To Top \$10,000 Per Person This Year.

In a report published in the journal *Health Affairs*, the Centers for Medicare and Medicaid Services forecasts that for the first time, national health spending “will average more than \$10,000 a person” this year, the [New York Times](#)   (7/13, Pear, Subscription Publication) reports. The Times adds that the “milestone...heralds somewhat faster growth in health spending after several years of exceptionally low growth.” HHS predicts that by 2025, “health care will represent 20 percent of the total economy, up from 17.8 percent last year,” and that “the pace of health spending will pick up in the coming decade, driven by improvements in the economy, higher medical prices and the aging of the people born from 1946 to 1964.”

The [Wall Street Journal](#)   (7/13, Armour, Subscription Publication) says that while healthcare spending will continue to increase over the next decade, it will be at a slower pace than during the 20-year period before the recession.



Senate Finance Committee Questions CMS On Star-Rating Inequities.

[The Hill](#)   (7/13, Chacko) reports “lawmakers signaled Wednesday they expect Medicare officials to address concerns that the system puts providers who serve poor and chronically ill patients at a disadvantage.” During a Senate Finance Committee hearing, CMS Acting Administrator Andy Slavitt “pointed to recent work on the Medicare Advantage program to provide higher reimbursement for healthcare providers serving sicker patients.” Slavitt also said HHS “is studying the issue and its report is expected in September, which could provide some guidance on how to address the imbalance in patient populations between providers.”

In a separate article, [The Hill](#)   (7/13, Chacko) reports the lawmakers urged Slavitt “to move quickly” on “finalizing rules for a 2015 law – the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA – that establishes a new payment system for doctors that rewards quality instead of quantity.”

Also in the News

Survey: No Drop In Health Insurance Through Workplace Under ACA.

[CNBC](#)   (7/13, Raedle) reports that, contrary to previous fears, the Affordable Care Act “still hasn’t led to drops in the numbers of people who get health coverage through their job,” according to the Health Reform Monitoring Survey, funded by the Urban Institute and Robert Wood Johnson Foundation. The survey “also found that insured rates among people with employer-sponsored coverage ‘remained stable among workers most susceptible to declines’ if such coverage ‘were to erode under the ACA.’” Kathy Hempstead, who directs the Robert Wood Johnson Foundation’s work on health insurance coverage, said, “Time will tell if the Affordable Care Act leads to fewer people with insurance through their jobs, but as of now, the law has had little to no effect on employer-sponsored insurance.”

Wednesday's Lead Stories

- [Deductibles For Many ACA Plans Fell, CMS Says.](#)
- [Only Eight Of 23 ACA Co-Ops Will Participate In 2017 Enrollment Period.](#)
- [Many Eligible Toddlers Don't Get Medicaid Renewal At First Birthday.](#)
- [Uninsured Rate Down In Montana.](#)

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