

Customized Briefing for Kimberly Barry-Curley

March 25, 2013

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Leading the News

Senate Budget Resolution Includes \$275 Billion In Healthcare Cuts.

[CQ](#) [f](#) [t](#) (3/23, Fuller, Holden, Subscription Publication) reported that Saturday morning, the Senate "adopted its first budget resolution in four years, a marathon process that revealed bitter political divisions on economic, environmental and health care policies." The article notes that the budget includes "\$975 billion in new tax revenue and \$975 billion in spending cuts over 10 years, including \$275 billion from health care." Importantly, "the nonbinding budget resolution does not have the force of law, and it is unlikely the Senate will reconcile its plan with House, which passed its budget 221-207 largely along party lines March 21."

Many Proposed Amendments To Senate Budget Address Healthcare. [The Hill](#) [f](#) [t](#) (3/24, Viebeck) "Healthwatch" blog reported that healthcare amendments "flooded" the Senate budget process, as "about 80 of the roughly 400 proposed amendments pertained to healthcare as of Friday afternoon, with about 30 modifying President Obama's healthcare law and three curbing abortion rights." According to the article, "the measures reveal a laundry list of healthcare priorities for both parties." These include repeal or delay of many provisions of the ACA from Republicans and increased funding, to places like the National Institutes of Health, from Democrats.

Similarly, the [Washington Times](#) [f](#) [t](#) (3/23, Howell) reported, "'Obamacare' played a dominant role in the vote-a-rama, with several amendments designed to either buttress or strip away the Affordable Care Act's taxes and mandates. Many of the measures were defeated, such as an attempt by Sen. Deb Fischer, Nebraska Republican, to do away with the mandate that requires many employers to insure contraception."

Reporting on the outcome of some of these amendments, [The Hill](#) [f](#) [t](#) (3/23, Cox) "Floor Action" blog noted that Friday, the Senate rejected "another GOP attempt to repeal President Obama's healthcare law." The amendment. Introduced by Senator Ted Cruz (R-TX), "would have repealed the Affordable Care Act and encouraged patient-centered reforms to reduce costs."

Further, [The Hill](#) [f](#) [t](#) (3/23, Cox) "Floor Action" blog reported that "the Senate rejected an amendment to the budget that would have banned illegal immigrants from qualifying for 'ObamaCare' and Medicaid during the period of legal status." Senate Budget Committee ranking member Jeff Session (R-AL) "introduced the amendment, which failed on a 43-56 vote. His amendment would have prohibited illegal immigrants, who later gain citizenship, from getting healthcare coverage under the Affordable Care Act or through Medicaid."

From NAHU

Deadline for submissions has been extended to April 30, 2013.

There have been a couple of key changes to this year's LPRT application. The first major change is that applicants have the choice of using points or income to qualify. The second change is that there is no cap on retention points.

There are many benefits for qualifying for LPRT including discounted registration to NAHU's Annual Convention and Capitol Conference, an invitation to a recognition event at Annual Convention and a certificate and/or statue. The [online application](#) is the quickest and easiest way to apply.



Questions? Contact LPRT@nahu.org.







Legislation and Policy



Affordable Care Act Celebrated, Contemplated On Third Anniversary.



Saturday was the third anniversary of the day President Obama signed the Affordable Care Act into law, and coverage over the weekend through Monday was heavy. Some outlets focused on leaders, like Obama and HHS Secretary Kathleen Sebelius, marking the occasion, while others offered analysis pieces examining the last three years and providing a look into the future of the law. Beyond that, several stakeholders wrote opinion pieces about the ACA, some highly negative, some celebratory.



Sebelius Marks Third Anniversary Of ACA. The [NPR](#)   (3/23, Rovner) "Shots" blog reported that the Affordable Care Act turned three on Saturday, "and it seems just as divisive as the day President Obama signed it." NPR also noted that the public seems "more confused than ever about the law," although HHS Secretary Sebelius finds a silver lining in that, "if knowing less means they know less of the hostile back-and-forth, that might not be a bad idea." She says the third anniversary of the act is "an opportunity to reset the stage." Sebelius notes funding challenges and adds that HHS is "in the process of redoing budgets and looking at ways we can make this effort work. Because, as the President said, this is a top priority. ... so we will figure out a way to move forward."



[The Hill](#)   (3/22, Viebeck) "Healthwatch" blog reported that HHS Secretary Sebelius "will speak with volunteers around the country Saturday in celebration of healthcare reform's third anniversary." Sebelius "will hold a conference call with volunteers in 12 states who are preparing to enroll millions of people in the law's insurance exchanges." The Hill points out that Enroll America, a provider-insurer partnership, will lead enrollment efforts that will start in October.

Obama Marks Third Anniversary Of ACA. [Politico](#)   (3/23, Slack) reported that President Obama "marked the third anniversary of Obamacare on Saturday by touting the principle it stands for - that every American should have access to affordable healthcare." In a statement, the President said, "Three years ago today, I signed into law the principle that in the wealthiest nation on Earth, no one should go broke just because they get sick. The Affordable Care Act will give hard-working, middle class families the healthcare security they deserve and protect every American from the worst insurance company abuses." The President "noted that much more needs to be done on implementation going forward, but that soon the law will touch millions more lives" as healthcare exchanges get underway and "prohibitions take effect against canceling or denying coverage based on pre-existing conditions" take effect.



[The Hill](#)   (3/25, Mali) "Blog Briefing Room" summed it up: "President Obama on Saturday touted his landmark healthcare reform law on its third anniversary, but cautioned that there was 'more work to do to implement' its provisions."



ACA Faces Challenges As Implementation Steams Ahead. The [New York Times](#)   (3/23, A10, Pear, Subscription Publication) reported that HHS officials are "racing to set up insurance marketplaces, or exchanges, in 33 states - more than they ever expected," and with enrollment beginning in six months, "the amount of work to be done is staggering, officials say." President Obama's signing of the Affordable Care Act three years ago today was "his biggest legislative achievement," but the Administration this week "cautioned officials to be careful about suggesting that the law would drive down costs." But supporters of the ACA say the President "has done little to trumpet its benefits, educate the public or answer the critics," though HHS Secretary Sebelius did so this week.











The [Washington Post](#)   (3/24, Kliff) "Wonkblog" reported on five of "the bigger obstacles" that the Obama Administration faces with the ACA after its third year. The Post said the challenges are convincing more states to expand Medicaid, building the "backbone" of the law by having health-insurance marketplaces ready by Oct. 1, "getting the word out" about the law to close "a big knowledge gap" among the American public, convincing the public that it's a good law, and "controlling healthcare costs." The Post pointed out that the Administration's "big outreach campaign" is set to begin this summer.



In a similar piece, [Politico](#)   (3/23, Millman, Norman) reported on "five challenges that still confront the Affordable Care Act, even



three years after it became the law of the land." These challenges are: funding, raising awareness and understanding, countering the anti-ACA message, Republican "rogue states," and, finally, "a tough build-out," or setting up elaborate systems to support the law in a short period of time.









[The Hill](#)   (3/23, Baker) "Healthwatch" blog reported in a similar piece that "Health and Human Services Secretary Kathleen Sebelius spent the past week touting the law's benefits ahead of its third anniversary on Saturday." However, "HHS still faces a steep climb to fully implement the law - and sell it to a skeptical public."



[Reuters](#)   (3/25, Morgan) notes that the ACA anniversary, coupled with approaching full implementation, has brought about a surge of lobbying efforts to repeal various provisions of the law. For example, medical device makers are targeting the tax on their products, and retailers and restaurants are pushing hard against the so-called employee mandate.



Several other outlets provided analysis pieces to mark the third anniversary of the Affordable Care Act over the weekend, including the [National Journal](#)   (3/25, Subscription Publication), the [Christian Science Monitor](#)   (3/23, Feldmann), the [Boston Globe](#)   (3/25, McDonough) "Health Stew" blog, [NBC News](#)   (3/23, Fox), and the print edition of [Modern Healthcare](#)   (3/23, Daly, Subscription Publication).



Sebelius Celebrates ACA's Third Anniversary In Op-Eds. HHS Secretary Kathleen Sebelius marked the third anniversary of the Affordable Care Act in a piece for the [Huffington Post](#)   (3/22) blog. She wrote that since its passage, "more than 6.3 million seniors and people with disabilities with Medicare have saved more than \$6.1 billion dollars on prescription drugs. Nearly 71 million Americans got expanded access to preventive service at no charge through their private insurance plans, and 47 million women now have guaranteed access to additional preventive services without cost sharing." In addition, "more than 3.1 million young adults who were uninsured were able to gain coverage by being able to stay on their parents' insurance policies until they turned 26. And parents no longer have to worry about insurers denying coverage to their children because of a pre-existing condition."



HHS Secretary Kathleen Sebelius marked the third anniversary of the Affordable Care Act in an op-ed for the [Milwaukee Journal Sentinel](#)   (3/24). She wrote about the benefits of the Affordable Care Act for Wisconsin residents. She said "more than 63,550 Wisconsin Medicare beneficiaries with the highest prescription drug costs have saved an average of \$731 on their medications," and all residents "are now protected from some of the worst insurance industry abuses, such as lifetime coverage caps that could cut off benefits when people need them most." She illustrated more benefits and concluded that while "more work remains to be done...we are moving in the right direction."





In similar pieces, Sebelius touted the benefits of the ACA for Coloradans in the [Fort Collins \(CO\) Coloradoan](#)   (3/24), for West Virginians in the [Charleston \(WV\) Gazette](#)   (3/24), for Ohioans in the [Columbus \(OH\) Dispatch](#)   (3/23), and for Maine residents in the [Bangor \(ME\) Daily News](#)   (3/24).



Commentary Weighs ACA On Third Anniversary. In an editorial, the [New York Times](#)   (3/24, SR12, Subscription Publication) documented in detail the gains from 2010's Affordable Care Act after three years. The Times said the law "has already thrown a lifeline to people at high risk of losing insurance or being uninsured, including young adults and people with chronic health problems, and it has made a start toward reforming the costly, dysfunctional American healthcare system." The editorial also applauded the ACA's "focus on improving quality," which it says "could transform not only Medicare but the entire healthcare system."

Senator Tim Johnson (D-SD) celebrates the Affordable Care Act to mark its third anniversary in an op-ed for the [Capital Journal](#)   (3/25). He runs through a list of benefits the law has brought to his constituents, concluding, "We have begun a fundamental transition of a health care system that costs more than that of any other industrialized country and yet remains inaccessible for far too many. As we approach the next implementation milestone in 2014, I remain committed to ensuring South Dakotans, not just the healthy and wealthy, have access to meaningful, affordable health coverage."



In a piece marking its third anniversary, writer Scott Holleran called for the repeal of the Affordable Care Act in an op-ed for the [Washington Times](#)   (3/23). He wrote, "Former Speaker of the House Nancy Pelosi once infamously declared that Congress had to pass Obamacare to find out what was in it. As we reach the law's third year mark, we know what's in it - and we know it is poison. The public should reject the moral premise that health care is a right, stop the cycle and put an end to government-run medicine before it's too late."

In a similar piece for the [Washington Times](#)   (3/23), radiologist Dr. Milton R. Wolf wrote, "The foundation of Obamacare, the justification for fundamentally remaking America along socialist lines, is a framework of undeniable lies. To call them anything less is not only a betrayal of truth, it is a betrayal of America itself."



Hadley Heath, a senior policy analyst and project manager of [healthcarelawsuits.org](#)   at the Independent Women's Forum, blasts the Affordable Care Act to mark its anniversary in an opinion piece for [Forbes](#)   (3/25). She writes, "As ObamaCare's many provisions are actually kicking in, Americans are seeing how the law fails to live up to its promises." She concludes, "After three years, there is still no real 'patient protection' or 'affordable care' in this Act, and there simply isn't much to celebrate."



In an op-ed for the [Brazil \(IN\) Times](#)   (3/25). Rep. Larry Bucshon (R-IN) wrote. "Saturday, March 23, marked three years since



the Patient Protection and Affordable Care Act (PPACA) was signed into law, yet this is not an anniversary that deserves celebration."



Representative Ron DeSantis (R-FL) marks the anniversary in an op-ed for the [Daytona Beach \(FL\) News-Journal](#)   (3/24), writing, "Three years later, at a time of gargantuan budget deficits and sluggish economic growth, the last thing Florida needs is the implementation of a vast, cumbersome and costly bureaucracy that will hinder growth, exacerbate the nation's fiscal problems, cause millions of Americans to lose their employer-based plans and increase the cost of insurance for those who are lucky enough to keep their coverage."

Despite Vote, Medical Device Tax Unlikely To Be Repealed.

The [Wall Street Journal](#)   (3/23, Peterson, Weaver, Subscription Publication) reported that some \$30 billion in lost tax revenue is associated with a Senate vote Thursday night to repeal the ACA's 2.3% tax on medical devices, and now Democrats who voted for the amendment are looking for ways to replace that money. The Journal pointed out that the amendment was to the Senate Democrats' budget, which is unlikely to pass in the House. Moreover, the measure isn't likely to end up in a separate bill but more likely as an element of larger discussions about the tax code.



Similarly, [Politico](#)   (3/23, Haberkorn) reported that the largely symbolic "vote-a-rama" in the Senate on Friday night on amendments to the budget resolution left the ACA essentially the same but did offer "important test votes for lawmakers to determine which repeal measures might have enough support" later. Top candidates include repealing the tax on medical device-makers and repealing the \$2,500 cap and prescription mandate for OTC medicines related to FSAs and HSAs. A Democratic-backed measure also "would expand oral health and dental care."

[CQ](#)   (3/23, Attias, Subscription Publication) reported that opponents of the tax are "encouraged" by the vote, despite its nonbinding status. And to this point, Senator Orrin Hatch (R-UT), a well-known ACA detractor and the sponsor of the repeal amendment, said Friday, "We're going to have to find a way of making it permanent, no question about that. But I think that sends a message that it should be made permanent. And I'll do my best to do that."



WSJ: Medical Device Tax Will Be First Hit Of Many To ACA. In an editorial, the [Wall Street Journal](#)   (3/23, Subscription Publication) predicted that the Affordable Care Act underwent the first of many trimmings when the Senate voted 79-20 this week to turn back a 2.3% tax on medical device sales in an amendment attached to the budget resolution. The Journal noted that some usual supporters of the ACA were in the anti-tax crowd and argued that shows the healthcare act is far from safe as it stands, especially as it reveals itself in practice.

Contraception Mandate Regulation Drawing Record Number Of Comments.



[The Hill](#)   (3/22, Viebeck) "Healthwatch" blog reported that the Sunlight Foundation said Friday that the Obama Administration's "birth control rules for health insurance coverage have drawn more comments than any other regulation across the government," with input offered by "more than 147,000 people and groups." The foundation "attributed the flood of comments to the Catholic Church." The Hill added that "the next-most-commented rules are those governing the federal pre-existing condition insurance plan," which "drew 4,600 responses, about 30 times fewer comments than birth control rules received."

For example, [CQ](#)   (3/23, Norman, Subscription Publication) reports that "the US Conference of Catholic Bishops issued 24 pages of objections in response to a rule the Department of Health and Human Services proposed on employer coverage of contraceptive services under the health care law." The comments, "filed [last] week, are sharply critical of the proposed rule for not including some kind of exemption for private, secular employers who have religious or moral objections to covering birth control for their workers."

Doctors Optimistic, But Want More Evidence About Integrated Health Systems.



[Kaiser Health News](#)   (3/22, Rao) reported in its "Capsules" health blog that physicians "say they are finding more opportunities in the integrated health systems that have been touted in the federal health law, such as accountable care organizations," but are also "hesitant to change their practices without more evidence that these systems will work." Dr. Bob Williams, a physician and national medical leader at Deloitte, said, "There's still uncertainty about how the financial side is going to play out," but acknowledged "physicians also see the value in the ACA, and see the value in improving access to care." He said about 37 percent of doctors believe ACOs will "successfully achieve improved quality for some standards of patient care."

Debate Continues Over ACA's Effect On Premiums.



The [Atlanta Journal-Constitution](#)   (3/25, Markiewicz, Williams) reports on the debate over how full implementation of the Affordable Care Act will affect health insurance premiums across the country. According to the article, "some experts and studies predict sticker shock for people with individual coverage...though others say the fears are overblown. Workers with employer-based insurance, as well as those

on Medicare and Medicaid, are expected to feel less financial fallout."

Washington State Mulls Requiring Insurers To Cover Abortions.



Noting that Washington state is the only "state in the country to legalize elective abortions by a popular vote," the [AP](#)   (3/23, Kaminsky) adds that, "Washington is once again poised to stand out" as the state "is alone in seriously considering legislation" requiring "insurers in Washington state who cover maternity care... to also pay for abortions." The bill, called the Reproductive Parity Act, "passed the state House earlier this month by a vote of 53-43, though it faces an uncertain future in the Senate." While proponents "are careful to stress that" the abortion mandate "wouldn't lead to a dramatic uptick in abortions or require carriers with a religious bent to cover the procedure," opponents claim "that the measure would require businesses and individuals to pay for abortion coverage they'd rather not have."



Hospitals Focus On "Defensibility" Of Pricing Following Time Article.

[Modern Healthcare](#)   (3/22, Kutscher, Subscription Publication) reported that "healthcare systems are taking steps to address the 'defensibility' and transparency of the way they bill for services - an issue that came into the spotlight earlier this year in the wake of a controversial Time magazine cover story." However, according to the article, "it's not only uninsured patients...who are asking questions about why their hospital bills are running in the tens of thousands of dollars for short stays and simple procedures," but also insurers who are focusing hospital pricing.



Public Health and Private Healthcare Systems



Study Shows Insurers Spend Less Than 1% Of Premiums On Improvements.



[CQ](#)   (3/24, Subscription Publication) reported on a study released by the Commonwealth Fund which found that "health insurance companies spent an average of \$29 per plan enrollee on direct quality improvements in 2011." Further, the report "said that amounted to less than 1 percent of the premiums that were collected from policyholders." The focus stems from the Affordable Care Act provision which "pushes insurers to spend less on administrative expenses and profits and more on activities that directly benefit consumers."





[The Hill](#)   (3/23, Viebeck) "Healthwatch" blog reported further that the researchers "found that nonprofit health plans were more likely to meet the Affordable Care Act's requirement that at least 80 percent of premium dollars go to patient care or quality improvement."

IOM Report Expresses Doubt In Geographic Medicare Payments.

The [New York Times](#)   (3/23, B3, Abelson, Subscription Publication) reported that the Institute of Medicine issued an interim report Friday that concluded "Medicare should not adjust payments on a broad regional basis to reward hospitals and doctors that spend less to achieve high-quality care." Committee chairman Joseph P. Newhouse, of the Harvard School of Public Health, pointed out, "Areas don't make decisions; doctors, hospitals and delivery systems make decisions." The study was undertaken at the request of Secretary Sebelius, "in response to a push by some members of Congress to revisit how Medicare pays hospitals and doctors." A final report is likely this summer.



[CQ](#)   (3/23, Reichard, Subscription Publication) reported that the report also included general suggestions, like this one, written in the paper: "Seeking strategies to reduce costs, policymakers naturally wondered whether cutting payment rates to higher-cost areas would save money without adversely affecting health quality for Medicare beneficiaries."

[Modern Healthcare](#)   (3/23, Zigmond, Subscription Publication) added, "Commissioned by HHS, the interim report on geographic variation includes only observations, while a full report expected in the mid-to-late summer will provide conclusions and recommendations."



[Kaiser Health News](#)   (3/23, Rau) reported that Dr. Joseph Newhouse, a Harvard Medical School researcher who headed the panel, said, "Areas don't make decisions. Physicians and hospitals and delivery systems make decisions on how patients are treated. The incentives really need to go to the decision makers." [MedPage Today](#)   (3/23, Struck) also covered the story.



Medicaid Expansion Decisions Progress Across Country.



Over the weekend through Monday, undecided states' movement toward opting in, or out, of Medicaid expansion continued to garner coverage. On a national level, the AP reports on the trend of Republican-led states shifting away from complete opposition. At the state level, news that Tennessee Governor Bill Haslam will likely announce his decision this week made the front page of the New York Times. States including Virginia, Arizona, and Maine also receive significant attention.



State-Level Republicans Shifting On Opposition To Medicaid Expansion. The [AP](#)   (3/25, Lieb) reports that after "many Republican governors and lawmakers initially responded with an emphatic 'no'" to expanding Medicaid under the Affordable Care



Act, "now they are increasingly hedging their objections." In "GOP states," some officials "are still publicly condemning" the Medicaid expansion, "yet floating alternatives that could provide health coverage to millions of low-income adults while potentially tapping into billions of federal dollars that are to start flowing in 2014." But, "many of the Republican ideas are still more wistful than substantive," and it is unclear whether the Federal government "will allow states to deviate too greatly from the parameters" of the ACA.



Sebelius To Meet With Pennsylvania Governor About Medicaid Expansion. The [AP](#)   (3/23) reported that Pennsylvania Gov. Tom Corbett expects to meet with HHS Secretary Sebelius on April 2 to discuss Medicaid expansion. Corbett's office had no other details, but the AP notes Corbett "says he's concerned about the cost to Pennsylvania taxpayers and says the federal government can't be trusted to deliver on funding promises." In contrast, "Pennsylvania's hospitals, advocates for the poor and the AARP support it."



Haslam Expected To Give Tennessee Medicaid Expansion Decision This Week. On its front page, the [New York Times](#)   (3/25, A1, Goodnough, Subscription Publication) reports on a yearly "health care lottery" held by the state of Tennessee to give "medically desperate a chance to get help," through the state's Medicaid program, TennCare. In the article, the Times notes that Tennessee Gov. Bill Haslam "has indicated that he will decide this week whether to support an expansion of Medicaid to cover more low-income adults, as called for in the federal health care law." According to the article, "opponents of the health care law here, as in other states, say Washington cannot afford to keep" its promise to pay for most of expansion in the next several years. And, in Tennessee, the "debate over expansion is particularly contentious because of TennCare's tumultuous history."


The [Wall Street Journal](#)   (3/25, Radnofsky, Subscription Publication) reports that while Haslam and Republican legislative leaders oppose the expansion of the state's Medicaid program, the decision is proving difficult as the healthcare industry, which adds some \$30 billion to the Nashville area's economy each year, is urging lawmakers to accept the Federal dollars that come with an expansion. The Journal notes that Haslam has been considering a possible compromise under which the state would expand Medicaid and hospitals would agree to cut the costs of treating the newly covered.



Providing further background, the [AP](#)   (3/24, Schelzig) reported that "Tennessee is approaching the [Medicaid expansion] carrot warily partly because of its experience as a pioneer in expanding Medicaid to cover the uninsured back in the 1990s. Federal funding for that expansion was cut after the White House and governorship changed hands." According to the piece, "that history is one reason Gov. Bill Haslam is among the last Republican governors to decide whether to expand Medicaid. He has said he will make his recommendation by the end of the month - though he acknowledges that it's far from certain that lawmakers will approve his choice."



Two local papers report on organizations lending support to Medicaid expansion in Tennessee. For example, the [Kingsport \(TN\) Times-News](#)   (3/25, Hayes) reports, "Both Wellmont Health System and Mountain States Health Alliance (MSHA), the region's two major hospital groups, have been lobbying for the expansion."

And the [Bristol \(TN/VA\) Herald Courier](#)   (3/25) reports, "A study commissioned by the AARP finds that Tennessee would reap nearly \$30 for every dollar spent on expanding Medicaid."



Virginia Still Weighing Medicaid Expansion Options. The [Richmond \(VA\) Times-Dispatch](#)   (3/24, Martz) reported on Virginia's proposed pilot project to compare how some 78,000 people fare over three years in five regions when they "are eligible for both the federal Medicare program for the elderly and the federal-state Medicaid program for the poor, disabled and aged." The "duel-eligible" residents represent "the front line of a political battle" over Medicaid expansion, while the pilot project "is the linchpin in a series of pending reforms that policymakers want accomplished before allowing" the expansion. The Times-Dispatch noted that "the path to complete Medicaid reform is likely to be long" in Virginia.

Further, the [Washington Examiner](#)   (3/25, Contorno) reports, "Virginia Gov. Bob McDonnell won't rule out altering a bipartisan agreement to expand Medicaid coverage in the state, despite Democrats' insistence that McDonnell had promised not to mess with the deal."



In related Virginia news, the [Washington Post](#)   (3/23, Vozzella) reported, "The General Assembly's landmark transportation-funding overhaul and a Medicaid deal that Democrats linked to it are unconstitutional, according to two legal opinions Virginia Attorney General Ken Cuccinelli II issued Friday." Cuccinelli's opinions, "requested by a state delegate who derailed the last ambitious road-funding plan, do not necessarily doom either bill, because they are only advisory. But they could give Gov. Robert F. McDonnell (R) pause ahead of Monday's deadline to veto or propose amendments to the legislation."



The [Richmond \(VA\) Times-Dispatch](#)   (3/25, Martz) reports that "Cuccinelli emphasized that the advisory opinions are based on law rather than the policy merits, but he has strongly opposed Medicaid expansion and the taxes imposed by the transportation legislation as he prepares to run for governor while remaining attorney general."



The [Newport News \(VA\) Daily Press](#)   (3/23) also covered the story.



Iowa Senate To Debate Medicaid Expansion Monday. On its website, [KCRG-TV](#)   Cedar Rapids, IA (3/25, Earl) reports that, on Monday, "three years to the week since the Democrat-controlled Congress passed the Affordable Care Act of 2010, the Iowa Senate will try and move ahead on the next step to expand Medicaid throughout the state." Beginning at 5pm. "the Senate will be open to



the public to listen in as Democrats and Republicans debate the state's proper role." KCRG-TV notes that Gov. Terry Branstad "has been very vocal against Medicaid expansion in the state," claiming "that Iowa taxpayers could get stuck with the cost if the federal government does not pay for its stated financial obligation."



The [Waterloo and Cedar Falls \(IA\) Courier](#)   (3/23, Jamison) reported that Iowa "Gov. Terry Branstad's Medicaid expansion alternative took a beating Friday during the session's last local legislative forum here." Although "full details of the Healthy Iowa Plan have not been released," the Courier noted that "early reports indicate it would cover roughly 89,000 uninsured Iowans, while Medicaid expansion is estimated to cover 150,000 uninsured Iowans." The Courier added that "many speakers voiced concern about the lack a bill to date given the approaching session's end."



The [Quad-City \(IA\) Times](#)   (3/25, Ickes) reports that attendees at a Davenport Community School Board meeting "were encouraged to contact Gov. Terry Branstad and express their support of the Senate Democrats' plan to pass a Medicaid expansion bill." Although "Branstad said he objects to the Medicaid expansion because he does not have faith in the federal government to follow through with promises of paying 100 percent of the cost of new enrollees for the first three years," Rep. Jim Lykam (D-IA) "said he wonders why the governor is skeptical of the Medicaid payments, given that about \$5 billion of Iowa's budget comes from the federal government."



Arizona Legislature Working Toward Medicaid Expansion Decision. The [Arizona Republic](#)   (3/24, Reinhart) reported that "the next few weeks could prove critical in determining the direction of Arizona's debate over Medicaid expansion, setting the stage for months of interparty rancor or a relatively smooth transition into a critical phase of federal health-care reform." State lawmakers "have the framework of Gov. Jan Brewer's proposal to expand eligibility for the state-federal health-insurance program for low-income and disabled people, but Republican leaders still must decide how - or whether - to amend the legislation to get the governor's top legislative priority through the House and Senate and to her desk."



Medicaid Expansion In Trouble In Michigan. The [AP](#)   (3/24) reports that Rep. Matt Lori (R-MI) "found himself in an unusual position when shepherding through a \$15.3 billion health budget that pays for Medicaid." Although Lori "favored GOP Gov. Rick Snyder's proposal to make hundreds of thousands of more residents Medicaid-eligible under the federal health overhaul," he "left Medicaid expansion out of the spending bill last week because it lacks enough backing among Republicans." Noting that Snyder and his supporters have "two months until a self-imposed June 1 budget deadline" to persuade the GOP-controlled Legislature to expand Medicaid, the AP adds that "he has his work cut out for him."



[AnnArbor](#)   (3/25, Stanton) reports that the Ann Arbor/Ypsilanti (A2Y) Regional Chamber is "calling on state lawmakers to include Medicaid expansion in the state of Michigan's fiscal year 2014 budget." In a statement, Doug McClure, chairman of the chamber's Public Policy Committee, "argued there's a strong business case to be made for the expansion." Noting that "Gov. Rick Snyder's proposal to expand Medicaid to roughly 470,000 Michigan residents hasn't been well received by Republicans in the Michigan Legislature," the chamber claimed "the benefits to business and the broader community are numerous."



Idaho Lawmakers Won't Tackle Medicaid Expansion In 2013 Session. The [AP](#)   (3/25, Miller) reports that, according to an state-financed report released this week, "expanding Medicaid to cover more low-income Idaho residents could save state and local taxpayers tens of millions over the next decade." House Speaker Scott Bedke (R-ID) revealed that "lawmakers won't tackle the issue during the 2013 session due to end next week," because "there isn't enough time left" to properly vet the issue. However, House Minority Leader John Rusche (D-ID) claimed that "politics are what's going to block it."



In the same article, the [AP](#)   (3/25, Miller) reports that, under the direction of Idaho Gov. C.L. "Butch" Otter, "the Idaho Department of Health and Welfare has been working... to secure an agreement from the federal government to allow the state to modify how its Medicaid program would cover an expanded population." The AP adds that, "among other things, Health and Welfare Director Dick Armstrong is seeking changes that promote patient responsibility and encourages providers to focus on outcomes, rather than simply providing services for which they can bill the government." On Friday, Armstrong indicated that "he's optimistic about winning an agreement from the US Department of Health and Human Services and believes he could have a new program in place during 2014."

Republican Lawmakers Mull Medicaid Expansion Bill In Missouri. The [South County \(MO\) Mail](#)   (3/25, Butler) reports that, "although Republican legislative leaders have issued statements attacking Medicaid expansion, one of their key committees has scheduled two days of hearings on a plan" proposed by Rep. Jay Barnes (R-MO) "that would expand Medicaid as well as making fundamental changes to the Medicaid system - suggesting the idea of expansion is not yet dead in Missouri's Capitol." Barnes' bill "would cut a large number of children from the program and expand Medicaid eligibility, but not to the extent set by the federal law."



Bangor Chamber Endorses Medicaid Expansion In Maine. The [AP](#)   (3/23) reported that "the Bangor Region Chamber of Commerce says it's endorsing an expansion of Medicaid in Maine." Although elected officials in Maine "have not decided yet whether the state will accept the federal offer," Gov. Paul LePage "wants the federal government to guarantee 10 years of funding at 100 percent if the state is to accept Medicaid expansion." According to the Bangor chamber, MaineCare "will help low-income workers obtain affordable health coverage and will likely reduce charitable care costs in the health care system, costs that are often shifted to other payers."

"Arkansas Plan" For Medicaid Expansion Moves Forward. The [Fort Smith \(AR\) City Wire](#)   (3/25) reports that Rep. Charlie Collins (R-AR) "told a hometown audience on Friday" that Medicaid expansion "is dead," adding that "the framework for a phoenix plan is alive, under construction, and receiving a lot of attention." Noting that Arkansas "lawmakers will have to pass an appropriations bill... to allow the money for the effort to be spent starting in 2014," the City Wire adds that "the second part of the 'Arkansas plan' equation is to draft a comprehensive bill that outlines how the state's flexibility from the feds in the exchange will be deployed." Republican lawmakers "expressed general satisfaction with the initial framework" proposed by Gov. Mike Beebe (D).

Mississippi Lawmakers Mull Fallout If Medicaid Is Not Expanded. The [Northeast Mississippi Daily Journal](#)   (3/25, Harrison) reports that, according to Gov. Phil Bryant's spokesman Mick Bullock and "key legislators," it is "too early to say for certain whether the state would provide funds to hospitals that would experience financial shortfalls if Mississippi doesn't expand its Medicaid program." Although Mississippi "leaders have not given definitive answers when asked if they would support providing additional state funds," House Appropriations Chairman Herb Frierson (R-MS) and Senate Appropriations Chairman Buck Clarke (R-MS) "indicated it is unlikely Mississippi will use state money to offset the loss of federal funds." Clarke claims that, "if additional state money were directed to hospitals to offset the loss of federal funds, it would be part of a larger overhaul of the state Medicaid program."

Study: Despite Minnesota Medicaid Expansion, Some Will Still Lack Healthcare. [Minnesota Public Radio](#)   (3/23, Stawicki) reported that, according to a University of Minnesota study, "one out of every 10 low-income people living in the state will still lack access to government health care coverage, despite the Medicaid expansion under the federal health care law." Researcher Lynn Blewett revealed that, although the Affordable Care Act expands government coverage, "there will still be low-income people without access to coverage: illegal immigrants, who are excluded from government programs, and some residents who are in the United States legally but have not been here long enough."

Michigan Officials To Hold Forum Series On Medicaid Funding Changes.

Noting that "the governmental pipeline that delivers federal Medicaid dollars to mental health and substance abuse patients in Muskegon County is shifting," [MLive](#)   (3/25, Kloosterman) reports that, in response, "Community Mental Health Services of Muskegon County is holding a series of forums to talk about the change and how it will affect the care people receive." The change is expected to affect "how the Medicaid dollars are being distributed" to Prepaid Inpatient Health Plans (PIHPs), which "receive and pass on federal Medicaid funds distributed by the Michigan Department of Community Health." MLines notes that "administrators anticipate a more standardized service and efficient operations coming from the change."

Friday's Lead Stories

- [White House Encourages States To Expand Medicaid Using Private Option.](#)
- [Sebelius: GOP Governors Will Accept Medicaid Expansion.](#)
- [Insurers Warn Premiums Will Rise For Many Next Year As ACA Kicks In.](#)
- [In 2012, 45 Million Americans Uninsured.](#)
- [HealthTap Allows Users To Post More Personal But Non-Identifying Data.](#)

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