Top 5 Issues for 2013: Health

By Debra Miller [1]
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CSG Director of Health Policy Debra Miller outlines the top five issues for 2013, including Medicaid funding and expanded eligibility, health insurance exchange implementation, mental health and violence prevention, promoting healthy behavior through incentives, and health workforce adequacy.

- **Medicaid: Affording Current Programs and Expanding Eligibility to 138 Percent of Federal Poverty Level**
  Medicaid has replaced K-12 education spending as the biggest budget item in almost all states. The slow recovery from the Great Recession means more people than ever are eligible for the program and the enhanced matching rates provided by the federal stimulus package have expired. Health care cost increases, though slowed somewhat in very recent years, still outpace both overall inflation and growth in state revenues. After years of budget cuts forced by the recession of 2008, state policymakers are anxious to increase spending in a number of priority policy areas and to minimize the growth of Medicaid budgets. States are looking to achieve savings in their Medicaid programs through expanded managed care, payment reforms, patient-centered health homes, and elimination of fraud and abuse.

- **Mental Health and Violence Prevention**
  Following the tragic massacre in Newtown, CT, on December 14, 2012, state legislators will be called on to examine their states’ mental health service systems and laws. In some states, this examination will occur in concert with a similar review of guns laws and in other states it may be the sole response to the Newtown shooting. Legislators also may look at legal provisions to prevent persons with mental illness from purchasing guns and commitment laws to force treatment for persons with severe mental illness who may become violent.

- **Health Insurance Exchanges**
  States that decided to run state-based exchanges made that commitment in 2012, but the heavy lifting comes in 2013 as they prepare for open enrollment in late 2013 and plan coverage beginning
Jan. 1, 2014. States will face pressure to operate a health insurance exchange in partnership with the federal government—which they can decide to do until Feb. 15, 2013—rather than deferring completely to a federally run exchange. Many states also will need to amend health insurance laws to come into compliance with guaranteed-issue, modified community rating and other ACA health insurance requirements.

- **Health Workforce Adequacy**
  The shortage of health care providers that already plagues rural areas and underserved urban neighborhoods will be exacerbated as more individuals gain health insurance coverage and seek access to services. State policymakers will be engaged in debates around scope of practice, increased professional training through new medical schools and residencies, and efficiency measures, such as telemedicine, electronic health records and networks.

- **Promoting Healthy Behaviors**
  The science is clear that certain behaviors—eating better and less, exercising some or more, and not smoking—would prevent or postpone the symptoms of chronic disease and drive down health care costs. Policymakers are increasingly interested in exploring incentive programs to promote health—both programs that incentivize positive behaviors and programs that penalize state employees and Medicaid program enrollees for unhealthy behaviors. Private-sector employers report savings from wellness programs.

For more information on these topics and for additional resources on health policy, see [www.csg.org/top5in2013](http://www.csg.org/top5in2013) [4].

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