» Medicaid Expansion
Thirty states and the District of Columbia have expanded Medicaid eligibility to 138 percent of the federal poverty level as allowed by the Affordable Care Act, and they will be required to contribute matching funds beginning Jan. 1, 2017. The federal funding will decrease from covering 100 percent of the newly eligible enrollees’ health costs to 95 percent in calendar year 2017. The state match climbs to 6, 7 and then 10 percent in 2018, 2019 and 2020, respectively. While the expansion matching formula is significantly more favorable for states than their traditional Medicaid match, states’ economic conditions remain such that competition for revenue will be fierce. In the remaining 20 states the lure of 100 percent federal funding for expansion only remains on the table through the end of 2016, adding ammunition to the argument of those who question whether Medicaid expansion is sustainable for their state.

» Substance Use and Drug Overdoses
Deaths from overdoses, particularly prescription drug and heroin overdoses, have captured the headlines and affect families in all states. A new mortality study by Princeton economists Anne Case and Angus Deaton published in the Nov. 2015 Proceedings of the National Academy of Sciences reported an increase in mortality rates between 1999 and 2014 for white men and women ages 45-54 with less than a college education and called drugs, alcohol and suicide the proximate causes. “Half a million people are dead who should not be,” observed Deaton, a 2015 Nobel Laureate in economics. States will continue to respond with prevention and treatment efforts, including alternative sentencing, needle exchange programs and increased access to the opiate overdose antidote naloxone.

» Cost Containment
States, like the federal government, employers and families, are looking for ways to hold down health care costs. The growth of U.S. health care costs slowed during and after the Great Recession, but is expected to exceed growth in the gross domestic product by 1.1 percent over the next decade. Health care costs as a percentage of GDP are predicted to grow from 17.4 percent in 2015 to 19.6 percent in 2024. States will continue to experiment with global budgets—for hospitals in Maryland and Medicaid in New York and Rhode Island—and move away from fee-for-service payments—as Arkansas, Minnesota, New York, Oregon and Pennsylvania are trying.

» The Graying of America
Baby boomers, who are turning 65 at the rate of 8,000 a day, will transform the retirement and health landscapes just as their sheer numbers have had out-sized influence since they started coming of age in the mid-1960s. While many will remain in good health for years after retirement, as they continue to age and as their health deteriorates they will demand a new system of comprehensive and individualized services in their homes and communities. Alzheimer’s disease and other dementias correlated with age present additional challenges to families, communities and health care providers. Complicating the challenge of meeting the health care demands of more aging Americans is that their numbers also represent retiring health care providers. Many current educational and training systems will find it hard to keep up with boomers’ retirements.

» Population Health
Increasingly, policymakers are looking to data to identify health issues that disproportionately affect certain populations, be they disparate on geographic, demographic, or economic measures. These bad outcomes call for public health solutions aimed at large groups—in addition to clinical solutions applied to individuals. A population health perspective looks to reduce disparities between groups by weighing economic tradeoffs between health program investments. The challenge of reversing growing obesity rates is a case in point. Walkable communities, access to fresh fruits and vegetables and physical activities for students are all part of the solution.

For more information on these topics and for additional resources on health policy, see » www.csg.org/top5in2016.
Debra Miller joined CSG in 2007. She has more than 35 years of experience in the state public policy arena as a policy analyst, legislative lobbyist, state government employee and child advocate. Miller directs health policy activities for CSG, provides staff support to the CSG Health Public Policy Committee and spearheads the well-received CSG Medicaid Policy Academy series, now in its fifth year. Miller writes regularly on states’ implementation of health reform.

Prior to joining CSG, she worked for 23 years for Kentucky Youth Advocates, a state-level private nonprofit organization that worked to ensure decision makers created policies and made investments that were good for children and their families. Miller was the organization’s primary lobbyist, secured major national foundation grants, and served on a number of legislative and governor-appointed commissions and advisory councils. She also worked for five years in the area of developmental disabilities within state government. Miller has a master’s degree in social work from the University of Kentucky and a bachelor’s degree from Duke University.

Get Involved

CSG provides state leaders a variety of regional and national opportunities to engage actively on issues of importance to their jurisdictions and constituents. CSG’s regional and national committees and task forces are designed to encourage multi-state problem solving, the sharing of best practices, and networking among state officials and between the public and private sectors.

Over the past two years, the CSG Health Public Policy Committee has focused on several key issues, including health care reform, Medicaid, chronic disease prevention and mental health. The committee will sponsor two Medicaid policy academies in 2016. One will provide an overview of Medicaid policy issues to legislators new to health and Medicaid committees in their states. The second is designed for leaders of health committees to explore promising strategies states use to better manage their Medicaid programs, to hold down their costs and to improve health outcomes for Medicaid enrollees.

The committee will hold its next meeting as part of the 2016 CSG National Conference in Colonial Williamsburg, Va., Dec. 8-11.