Maryland Health Care Reform Coordinating Council

Comments on Staff Recommendations – 2 December 2010

The Maryland Women's Coalition for Health Care Reform is pleased to submit these comments on behalf of its members - the 53 statewide organizations and hundreds of individuals who are committed to ensuring that every Marylander has access to high-quality, affordable and comprehensive health care.

Maryland has an exciting and challenging opportunity to make that goal a reality by leading the nation in the implementation of the Affordable Care Act (ACA). The Coalition commends Governor O'Malley for his foresight in creating the Health Care Reform Coordinating Council (HCRCC) and it is grateful for the leadership demonstrated by Lt. Governor Brown and Secretary Colmers and the HCRCC as a whole. By creating an inclusive and transparent process, and listening to the diverse and sometimes divergent voices of consumer advocates, stakeholders, and others, the HCRCC has taken a significant step towards successful implementation of the ACA. In this last phase of its initial mandate, the HCRCC must evaluate the recommendations of the staff and prepare a final report for the Governor.

The Coalition is pleased to support the staff recommendations, which illustrate the expertise and hard work it has brought to its task. However, as explained below, we believe that in some areas the recommendations do not go far enough, particularly in light of the HCRCC's goal as stated in its Interim Report, to "lead the nation in tapping the full potential of reform to improve health." Therefore, the Coalition recommends the following for the HCRCC's consideration:

1. **Exchange and Insurance Markets** – The Coalition fully endorses the recommendation that Maryland's Health Insurance Exchange be an **independent public entity**. This

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reflects the HCRCC's own goal to "develop a consumer centric approach to coverage and care" by assuring that the Exchange will be open, transparent and accountable to the public. And, that those who make purchases within the Exchange will be able to easily access affordable health insurance, both public and private. For example, adoption of a non-profit entity in lieu of the independent public entity recommended by the HCRCC would increase the complexities inherent in developing the seamless eligibility system due to such factors as the requirement that eligibility workers must be public employees. An independent public entity would be better positioned to establish the No Wrong Door approach called for both by ACA and the staff in its recommendations.

However, the Coalition believes that the staff recommendations do not go far enough in terms of developing the Exchange. Clarification, not only of the Board composition, but also the functions of the Exchange at the outset will better serve to ensure that the Exchange is fully operational by December 31, 2013. It will also affirm at the outset what the Coalition believes are the three principal goals for the Exchange. These goals, which are based upon those articulated by the HCRCC in its Interim Report, are to:

- Serve the overarching goal of improving the health of all Marylanders, with a particular focus on health equity
- Develop a consumer-centric marketplace to help individuals and businesses to easily access affordable health insurance, both public and private, and
- Use the tools provided by reform to improve health care quality and contain costs

The attached **Proposed Standards for the Health Insurance Exchange** provides a more complete explanation of the Coalition's position regarding elements that should be included in the HCRCC's recommendations to the Governor and in legislation for the

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upcoming General Assembly. This includes recommendations on the **makeup of the Board**. The Board should be small enough to promote effective decision making. It will also benefit from technical expertise and the voices of stakeholders, small businesses, consumers and community-based health and social service organizations. Therefore, the Coalition recommends the **creation of advisory boards** for the relevant sectors with an elected representative from each to serve as a voting member of the Board.

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2. **Entry Into Coverage** – The Coalition concurs with the staff recommendations. As the discussions in the Workgroup made clear, the new system must:

   - Address not just the "culture of insurance" but support the more expansive and ultimate goal of a **"culture of care"** where every individual with insurance also has access to care. This will mean not only a seamless process for entry into coverage, but also a user-friendly process for identifying providers and linking patients to them. Beyond this, every effort should be made to ensure that patients can retain the same provider(s) – even as their insurance may change due to changes in income.
   - Take advantage of the 90:10 federal match to ensure that the state has a **21st century IT system** that is integrated and interoperable among all appropriate departments, including the Department of Health and Mental Hygiene (DHMH), Department of Human Resources (DHR), Department of Social Services (DSS), and the Local Health Departments (LHD).
   - Implement a **No Wrong Door approach** not just for health programs but across all social service and public assistance programs. The new Health-E-Maryland program being piloted in Howard County provides a platform for such an approach and Maryland should take advantage of this opportunity to implement such a transformative change. The state should also consider implementing **standardized eligibility rules** across public and private health programs so that consumers can move in and out of public programs as income levels change.
   - Expand the process established by the Kids First Act to **use income tax and other state data** to expedite the identification of eligible persons and help get them enrolled.
   - Consider creating **consumer friendly enrollment stations** at post offices, schools, and other community-based locations.
   - Establish standards and procedures that will **reduce health disparities** while promoting health equity.

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3. **Education and Outreach** – The Coalition concurs with the goals set forth by the staff. However, it was disappointed not to find a discussion in this workgroup, or others, of the role of the **Ombudsman's Office.** The ACA requires that this office be established to educate consumers on their rights and responsibilities, and to collect, track and quantify consumer problems and inquiries. The Health, Education and Advocacy Unit of the Attorney General's Office has received an initial planning grant. The Coalition encourages further study to determine the optimum location for this office to ensure its responsiveness to consumers.

4. **Public Health, Safety Net and Special Populations** – The Coalition is particularly pleased to see the emphasis on strategic planning as well as the recognition of the central role that Local Health Departments can and should play in health care reform efforts. When developing the **proposed strategic plan or State Health Improvement Plan (SHIP),** the Coalition would emphasize the need to address the integration and allocation of the work of the LHDs, Community Health Centers, Federally Qualified Health Centers, School-Based Health Clinics and community based organizations, as well as providers, hospitals and others that serve as a safety net. This should include identifying the core services currently provided by each entity. And, it must anticipate the delivery of services to an expanded Medicaid population and to those who remain uninsured, which is projected to be some 400,000 individuals. LHDs and other community-based providers, when provided with the necessary resources, are particularly well positioned to assist these populations in a number of areas, including education and outreach, eligibility and enrollment and a broad range of health services, including those presently mandated by the state. In the last several years, the ability of LHDs to provide Marylanders with essential core public health services has been imperiled due to budget cuts. The Coalition strongly recommends that this course be reversed, both to address their current needs as well as those that will arise from implementation of the ACA.

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5. **Workforce –** The Coalition endorses the recommendation that comprehensive workforce planning is essential. As suggested above, the Coalition encourages the participation of Local Health Departments and the other organizations and stakeholders cited.

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6. **Leadership and Oversight –** The HCRCC, as established by Executive Order, has done an outstanding job of preparing an initial blueprint to "implement health care reform effectively to improve access, quality and affordability.[1]" The continuation of this body to provide guidance in the future appears appropriate. However, the Coalition recommends that there be put in place a process to continue the **inclusive and transparent approach** that has been so successful to date. This will provide opportunities for participation by those with relevant expertise and experience, particularly in areas where decisions are yet to be made. Just a few examples are the: (a) health benefit plans; (b) location of the Ombudsman's Office; (c) education and outreach efforts, and (d) outcomes of planning efforts, such as the assessment of IT, particularly relating to No Wrong Door, and the SHIP. Therefore, the Coalition encourages a process that provides opportunities for a **broad range of consumer advocates, stakeholders, and others to participate**.

The Maryland Women's Coalition for Health Care Reform commends the Health Care Reform Coordinating Council and its staff for the manner in which it has conducted its charge from the Governor. It looks forward to working with the Governor, HCRCC's members, the Legislature, and our partners, as we join together to achieve the "transformational change" that has been identified as a goal of health care reform.

For further information or questions please contact the Coalition's Chair, Leni Preston at 301.351.9381 or lenipreston@verizon.net

[1] Interim Report, Health Care Reform Coordinating Council, p. 3