Michigan Association of
COMMUNITY MENTAL HEALTH Boards

June 9, 2017

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

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WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

North Country CMH hosts successful 20th annual Color Run/Walk

For the 20th year, North Country CMH conducted its annual 5K Fun Run/1-Mile Walk for mental health awareness. The race involved a Splash of Color, with splash stations along the course. Using Mental Health America's 2017 theme, "Risky Business," North Country CMH educated people about habits and behaviors that increase the risk of developing or exacerbating mental illness. Several hundred participated and funds were raised for the North Country Consumer Council.

See more at: http://www.petoskeynews.com/featured-pnr/mental-health-month-fun-run-walk-to-celebrate-th-anniversary/article_fdf84186-dd12-5c5f-a87e-0f737e5397d6.html. And: http://upnorthlive.com/news/local/hundreds-participate-in-annual-mental-health-awareness-5k

Bravo to North Country for this very successful event.

Centra Wellness Network receives 3 year CARF accreditation

Centra Wellness recently received full accreditation from CARF as a result of the recently completed CARF site visit. Below are excerpts from the CARF accreditation report.

> Manistee- Benzie Community Mental Health Organization (MBCMHO) (aka Centra Wellness Network (CWN)) demonstrates substantial conformance to the CARF International standards. It is evident that the organization provides an excellent array of behavioral health and intellectual disability services to the persons served and is dedicated to ongoing quality improvement. The organization is highly respected in the community. Persons served and referral sources have all expressed satisfaction with the services provided.
>
> In addition to the programs and services highlighted in this report, the organization offers other services in its continuum to include: court services, jail diversion program, supported living services, intensive family-based services, supported employment, organizational employment, and respite services.
>
> SafeNet prevention services are offered in all schools in both counties served. The program provides multiple evidenced-based curricula and include screening, education, and services within the family, the school, and the community.
>
> MBCMHO is commended for its commitment to offering full-time employment to persons who had previously served as peer support specialists. These persons provide such a valuable connection through experience and a desire to be of service to others.
>
> MBCMHO strives to form and maintain high-quality, collaborative relationships with community partners. Community partner meetings offer opportunities to collaborate, communicate, and provide quarterly trainings. Documented meeting minutes demonstrate a variety of community partners and strategies for collaborative services and activities. MBCMHO strives to highlight external stakeholders for their collaborative activities through awards and other recognition activities. The organization is well known and respected in the communities it serves, and stakeholders are highly complimentary of its board and leadership staff.

Congratulations to Centra Wellness.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Voices of parents advocating against privatization/profitization

Earlier this week, Michigan Radio ran a story containing interviews with a number of family members of persons served through the state's public mental health system. The voice of these families are powerful as they outline their concerns over the proposed privatization of the state's behavioral health and intellectual/developmental disability services and supports system – the state's CMH, PIHP, and provider network system. The interview can be found at:

http://michiganradio.org/post/parents-afraid-die-because-fear-mental-health-care-system-won-t-take-care-their-children

Governor and budget director underscore cost savings resulting from Healthy Michigan

Below is an excerpt from a recent Detroit News article on the fiscal success of the Healthy Michigan Plan.

> Gov. Rick Snyder's administration wants to broaden the equation used to calculate state savings from expanded Medicaid eligibility as it works to protect the Healthy Michigan plan from a potential demise.
>
> The 2013 Michigan law includes a trigger that would end expanded eligibility for the low-income health insurance coverage if state costs outweigh savings that result from federal funding.
>
> That could happen by fiscal year 2021, according to the nonpartisan Senate Fiscal agency — and even sooner if Congress cuts Medicaid funding as part of the national health care overhaul legislation approved last month by the U.S. House.
>
> The federal proposal would leave Michigan with an $800 million a year hole it could not afford, state Budget Director Al Pscholka and Health and Human Services Director Nick Lyon said in a Monday press conference organized by the Modern Medicaid Alliance.
>
> But the administration is disputing projections that the cost-savings trigger could put the program on the chopping block regardless of what happens at the federal level, arguing state savings go beyond traditional budget lines.
>
> "If you look at savings in uncompensated care and other savings that are out there, I don't think that would sunset this particular plan," Pscholka said. "I think you have to look at all the savings that are taking place with hospitals and everywhere else. That number is pretty large."
>
> Caring for individuals without health insurance cost state hospitals and health care providers $1 billion a year prior to the Healthy Michigan plan, according to the Michigan Health and Hospitals Association, which says the cost has been roughly halved under the new law.

The full article can be found at:
http://www.detroitnews.com/story/news/politics/2017/06/05/medicaid-expansion/102520314/
Good Afternoon,

MHEF and BCBS Taking Action on Opioid and Prescription Drug Abuse in Michigan by Supporting Community Responses

Taking Action on Opioid and Prescription Drug Abuse in Michigan by Supporting Community Responses provides one-time grants to begin new projects, enhance or expand existing projects to reduce opioid and prescription drug abuse and harm. The intent of the grants is to help established multisector coalitions establish effective and evidence-based projects that will be sustained after the grant period ends. We expect that funded communities will share the results from this initiative with other communities for possible replication.

Together, the funders (Blue Cross and Blue Shield of Michigan, the Michigan Health Endowment Fund, and other partners) created this initiative as part of our commitment to supporting Michigan communities as they act to address the opioid epidemic through prevention, harm reduction and treatment provision. This program provides grant support to established multisector community coalitions with documented action plans to combat the effect of opioid and prescription drug abuse in their community.

The funders have jointly allocated $455,000 for this initiative. Projects will be funded up to a maximum of $75,000 each for up to 18 months. The lead organization will disburse funds to support proposed project development and implementation.

Timeline

Letter of Interest announced	May 31
Letter of Interest due	June 28
Request for full proposal	Aug. 2
Full proposals due	Aug. 30
Awards announced	Nov. 30
Projects begin	Jan. 1, 2018

For information on coalition eligibility, project selection criteria and application materials, visit http://www.bcbsm.com/index/about-us/why-choose-us/healthy-communities/grants-and-contributions/taking-action-opioid-prescription-drug-abuse.html

Michigan Pharmacy Foundation announces leadership Academy – open to MACMHB members and allies

Below is a recently received invitation to MACMHB members and allies to participate in the highly recommended leadership academy hosted by the Michigan Pharmacy Foundation:

The Michigan Pharmacy Foundation has been operating a Health Professional Leadership Academy for over five years. The Academy is now a nine month program consisting of 4 daylong seminars and approximately 6 webinars.

The facilitator of the Academy helps leaders, managers, and teams achieve their goals, shape and seize new opportunities, and create and implement practical and effective responses to widespread change and ongoing challenges. Her clients have included: the National Alliance of State Pharmacy Associations; Boston University, School of Public Health; Michigan and Colorado Health Information Exchange Networks; Longmont United and Exempla Saint Joseph Hospitals (CO); Massachusetts Dept. of Public Health; Colorado Dept. of Public Health and Environment – Laboratory Services Division; First and Fifth Judicial Districts of Pennsylvania; Santa Barbara Superior Court; Judiciary of Guam and others.

Academy participants have included a physician, physician assistant, pharmacists, technicians and healthcare administrators but we are hoping to expand our diversity and include other health professionals. With more than 50 successful participants graduating from the Leadership Academy, we hope to continue to develop more healthcare professionals to help advance their disciplines to provide better care for their patients. By conducting the Leadership Academy with a variety of healthcare disciplines, the experience for all participants is improved.

Membership in a professional organization is not a requirement for selection, but it is preferred. A copy of the Academy application is also available online at http://www.MichiganPharmacists.org/foundation/initiatives.

SAMHSA offers 42 CRF Part 2 seminar

42 CFR PART 2: What has changed under the Final Rule?

A Comprehensive, 2-Hour Webinar
Taught by Top Confidentiality Attorneys: Karla Lopez & Anita Marton
Thursday, June 22nd at 2:00 p.m. EST
Registration is limited to 250 participants.

Earlier this year, the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) released changes to 42 CFR Part 2, the federal regulations governing the confidentiality of substance use disorder patient records. The changes, released in a Final Rule, took effect on March 21, 2017. Programs covered by 42 CFR Part 2, as well as people and organizations who receive information from such programs,

are required to comply with the Rule. This webinar is designed to educate participants about the changes in the Final Rule and to help substance use disorder treatment programs comply with the new rules.

Learning Objectives. The webinar will cover topics such as:

- What did the Final Rule change about 42 CFR Part 2?
- What has not changed about 42 CFR Part 2?
- How does 42 CFR Part 2 differ from HIPAA?
- Who is a "lawful holder" of information protected by 42 CFR Part 2, and what do lawful holders need to know about the law?
- How to comply with the Final Rule's consent requirements?
- How to comply with the Final Rule's Qualified Service Organization Agreement requirements?

Cost: $89; 10% discount available for 3+ purchases

Audience: The primary focus of the webinar will be helping substance use disorder treatment programs come into compliance with the amended 42 CFR Part 2. But the webinar will also be useful for other types of health care providers, third-party payers, and others who handle substance use disorder patient information.
This webinar is geared towards individuals who have a basic understanding of 42 CFR Part 2 prior to the recent changes.

Register at: http://www.cvent.com/events/legal-action-42-cfr-part-2-what-has-changed-under-the-final-rule-6-22-17/event-summary-916e125a16234fe2985c96625aa97195.aspx

Michigan Veterans Affairs office offers workshop to assist healthcare professionals understand the VA system

The Michigan Veteran Affairs Agency healthcare subcommittee has created this event to help healthcare professionals better understand the U.S. Department of Veteran Affairs as it relates to Veteran Health Administration.

Please share the attached flyer with those in your networks that could potentially provide healthcare to veterans and who may benefit from this forum. Please reply with any questions or concerns.

Below is a direct link to sign up for the Forum.
https://www.eventbrite.com/e/community-healthcare-for-veterans-coordinating-support-tickets-34717491953

SAMHSA offers seminar on mental health services to older adults

SAMHSA sponsored webinar developed under contract by the National Council for Behavioral Health, "Preparing for the Mental Health Needs of Older Adults.", will take place Monday, June 12th at 12:00-1:30pm ET

Currently about 7.5 million Americans 65 and older are living with a mental illness such as depression, bipolar disorder or schizophrenia. This number is expected to double by 2030 as baby boomers age. Additionally, untreated mental illnesses among this population is associated with poor health outcomes, higher health care utilization, increased morbidity/mortality and increased caregiver stress.
Join the National Council to explore the impact of an aging population on mental health services, geriatric psychiatric clinical syndromes and opportunities for prevention and treatment in geriatric mental health.
Presenters:

- Brent Forester, MD, MSc, Chief, Division of Geriatric Psychiatry, Mclean Hospital and Medical Director – Behavioral Health, Center for Population Health, Partners HealthCare
- Nicole Cadovius, MBA, MSM, CAPS and FAAIDD, Director, Practice Improvement, National Council for Behavioral Health

ACE master trainer training announced

With funding from the Michigan Health Endowment Fund, the Michigan ACE initiative is offering a series of seminars on the Adverse Childhood Events (ACE) initiative and the initiative's efforts to educate Michigan communities about the impact of ACE on children, adolescents, and adults.

The next training will take place this fall:

Thursday, Sept. 21 and Friday, Sept. 22
W.K. Kellogg Biological Station Conference Center and Manor House
3700 East Gull Lake Drive
Hickory Corners, MI 49060

Michigan ACE Initiative is looking for candidates who have the following knowledge and skills:

- Demonstrated ability to train or teach; committed to complete all training, reading and practice requirements for certification
- Committed to actively pursue certification as a Master Trainer in the first six months after training
- Demonstrated ability to effectively reach into a community or audience of strategic importance to your state, county or system

Please email Lisa Farnum, Director of the Michigan Association of Health Plans Foundation at lfarnum@mahp.org with your information or contact information for your referrals.

Stay up-to-date on Michigan ACE activities at www.miace.org

Don't Forget About the 2017 PAC Campaign

Earlier this year we announced our 2017 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2017 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Boards should forward the results of their campaign and donations to the Board Association offices by May 5 (if available). The results of the campaign will be on-site at the Spring Conference in Dearborn. Final donations should be sent to MACMHB no later than June 30, 2017 in order to be in the drawing for the Detroit Tiger tickets if eligible. This year's Tiger game is Saturday, July 15 at 6:10pm vs. Toronto Blue Jays.

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Thank you. Please feel free to contact Bob or Alan with any questions.

LEGISLATIVE UPDATE

Section 298 Boilerplate Language – As Passed by Conference Committee

Sec. 298. (1) Before implementing the pilot projects and demonstration models described in subsections (2), (3), and (4), the department shall contract with an independent project facilitator with at least 10 years of project management experience to establish performance outcome metrics of the pilot projects or demonstration models, finalize each pilot project's or demonstration model's implementation milestones, determine and manage the critical path to the pilot project's or demonstration model's completion, provide independent guidance on resolving conflicts between parties, and perform other necessary oversight and implementation functions as determined by the department. These performance metrics shall evaluate how the pilot projects and demonstration models impact, at a minimum, each of the following categories:

(a) Improvement of the coordination between behavioral health and physical health.

(b) Improvement of services available to individuals with mental illness, intellectual or developmental disabilities, or substance use disorders.

(c) Benefits associated with full access to community-based services and supports.

(d) Customer health status.

(e) Customer satisfaction.

(f) Provider network stability.

(g) Treatment and service efficacies

(h) Financial efficiencies

(i) Any other relevant categories.

(2) The department shall work with a willing CMHSP in Kent County and all willing Medicaid health plans in the county to pilot a full physical and behavioral health integrated service demonstration model. The department shall ensure the pilot project described in this subsection is implemented in a manner that ensures at least all of the following:

(a) That contractually requires each willing Medicaid health plan to utilize the CMHSP in Kent County as the provider of behavioral health specialty supports and services.

(b) That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilot described in this subsection must only be in effect for the duration of the pilot described in this subsection.

(c) That is consistent with the stated core values as identified in the final report of the workgroup established in section 298 of article X of 2016 PA 268.

(d) That provides updates to the Medical Care Advisory Council, Behavioral Health Advisory Council, and Developmental Disabilities Council.

(3) The department shall reduce the number of PIHPs providing Medicaid behavioral health managed care services to ~~no fewer than~~ 4.

(a) The department shall maintain single-county PIHPs in each county that had a population greater than 800,000 according to the most recent decennial census.

(b) The department ~~may~~ SHALL create a single PIHP for those counties not included in the PIHPs described in subdivision (a).

(c) The PIHPs described in this section shall operate in a manner consistent with the core values stated by the workgroup described in subsection (2).

(4) In addition to the pilot project described in subsection (2), the department shall implement up to 3 pilot projects to achieve fully financially integrated Medicaid behavioral health and physical health benefit and financial integration demonstration models. These demonstration models shall use single contracts between the state and each licensed Medicaid health plan that is currently contracted to provide Medicaid services in the geographic area of the pilot project. The department shall ensure the pilot projects described in this subsection are implemented in a manner that ensures at least all of the following:

(a) That allows the CMHSP in the geographic area of the pilot project to be a provider of behavioral health supports and services.

(b) That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilot projects described in this subsection must only be in effect for the duration of the pilot projects described in this subsection.

(c) That is consistent with the stated core values as identified in the final report of the workgroup described in subsection (2).

(d) That provides updates to the Medical Care Advisory Council, Behavioral Health Advisory Council, and Developmental Disabilities Council.

(5) The department shall begin to implement the pilot projects and demonstration models described in subsections (2), (3), and (4) by no later than October 1, 2017 and shall implement the pilot projects and demonstration models described in subsections (2), (3), and (4) by no later than March 1, 2018. Each pilot project shall be designed to last at least 2 years.

(6) For the duration of any pilot projects and demonstration models, any and all realized benefits and cost savings of integrating the physical health and behavioral health systems shall be reinvested in services and supports for individuals having or are at risk of having a mental illness, an intellectual or developmental disability, or a substance use disorder.

(7) It is the intent of the legislature that the primary purpose of the pilot projects and demonstration models is to test how the state may better integrate behavioral and physical health delivery systems in order to improve behavioral and physical health outcomes, maximize efficiencies, minimize unnecessary costs, and achieve material increases in behavioral health services without increases in overall Medicaid spending.

(8) The department shall contract with one of the state's research universities at least 6 months before the completion of each pilot project or demonstration model to evaluate the pilot project or demonstration model. The evaluation shall include information on the pilot project or demonstration model's success in meeting the performance metrics developed in subsection (1) and information on whether the pilot project could be replicated into other geographic areas with similar performance metric outcomes. The evaluation shall also include a comparison of Michigan model outcomes with similar model outcomes in other states. The evaluation shall be completed within 6 months of the end of the pilot project or demonstration model and shall be provided to the department, the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office.

(9) By October 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on progress, a time frame for implementation, and any identified barriers to implementation and the remedies to address any identified barriers of the items described in subsections (2), (3), and (4). The report shall also include information on policy changes and any other efforts made to improve the coordination of supports and services for individuals having or are at risk of having a mental illness, an intellectual or developmental disability, a substance use disorder, or physical health need.

(10) Upon completion of any pilot projects or demonstration models advanced under this section, the managing entity of the pilot project or demonstration model shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office within 30 days of completion of that pilot project or demonstration model detailing their experience, lessons learned, efficiencies and savings revealed, increases in investment on behavioral health services, and recommendations for extending pilots to full implementation or discontinuation.

DHHS Conference Committee Passes FY18 Budget Recommendations

Yesterday, the conference committee for the Fiscal Year 2017-2018 Department of Health and Human Services (DHHS) budget met and approved HB 4238 (H-2) CR-1. Please click here for the Conference Committee Documents including the substitute for HB 4238, analysis and comparison chart. The conference report reflects a target appropriation approved by both the House and the Senate, but in unusual fashion, does not include agreement by the

Governor. The budget process continues to remain fluid and we anticipate the possibility of further changes. Below are the main items impact behavioral health services:

Specific Mental Health/Substance Abuse Services Line items

	FY' 17 (final)	FY'18 (Exec Rec)	FY'18 (Conference)
-CMH Non-Medicaid services	$120,050,400	$120,050,400	$120,050,400
-Medicaid Mental Health Services	$2,336,960,100	$2,335,981,300	$2,300,593,100
-Medicaid Substance Abuse services	$53,392,400	$50,369,600	$52,408,500
-State disability assistance program	$2,018,800	$2,018,800	$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	$73,811,800	$77,917,400	$77,075,000
-Children's Waiver Home Care Program	$20,000,000	$20,241,100	$20,241,100
-Autism services	$61,168,400	$105,097,300	$100,097,300
-Healthy MI Plan (Behavioral health)	$247,822,900	$268,199,000	$286,465,600

Other Highlights of the FY18 Executive Budget:

- Reduces the .50 cent direct care worker wage increase to .25 cents for a full year and an additional .25 cents/hour effective June 1 for those workers making less than $10.90/hour – Total spending $27.7 million (gross) / $8.7 million (GF) by $22.5 million (gross) / $7.08 (GF), reduces total spending from executive recommendation by $17.3 million (gross)
    - Conference committee adds language to Section 1009 that outlines details and reporting provisions.

- Reduces the funding for the 72 acute care staff for the state psychiatric facilities by half and allocates 36 staff– Reduces spending by $3.58 million (Gross) / $2.4 million (GF)

- Reduces Medicaid Autism services by $5 million

- Concurs with executive budget to includes restricted medical marijuana regulatory revenue to increase access to SUD prevention, treatment and education programming – $3.2 million (gross).

- Reduces the mental health and wellness commission programming by 10% - $2.2 million (gross) / $745,000 (GF) reduction.
    - Protects funding for psychiatric transition unit for children at Hawthorn Center.

Boilerplate Sections

Section 234 – **REMOVED**

Section 928 – Local match draw down. Section 928 – Local match draw down , includes subsection (2) stating legislative intent that any lapse funds for Medicaid mental health services shall be redistributed to individual CMHSPs as a reimbursement of local funds.

Section 994 – Directs department by January 1 to seek federal approval through either a waiver request or state plan amendment to allow CMHSPs, PIHPs, or subcontracting provider agencies that are reviewed and accredited by a national accrediting entity for behavioral health care services to be considered in compliance with state program review and audit requirements that are addressed and reviewed by that national accrediting entity.

Section 1011 – Kalamazoo CMH Opioid Genomic Pilot, requires DHHS to provide $850,000 to Kalamazoo CMH to develop a genomic based demonstration program to predict opioid response and abuse and to analyze cost savings to Medicaid. (NEW)

Section 1012 – Required the department to submit a report related to spend-down issues. Average number of people who do not meet monthly spend down, how the reduced CMHSP GF has impacted those with a spend down, what counts as protected income, action plan for changes, cost estimate.

Section 1852 – Long-term services and supports pilot – Requires the Department to implement a pilot in Wayne, Macomb, Barry, Berrien, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties, and the UP to transition HCBS Waiver recipients into a long-term service and support program administered by an ICO. The pilot program must include the following: **(i)** a continuity of care protocol, **(ii)** a single point of contact for members, **(iii)** auto-assignment of members to ICOs, **(iv)** an independent appeals process for grievances, **(v)** rate structure based on acuity and residential setting, and **(vi)** development of outcome measures. **(REMOVED)**

NATIONAL UPDATE

Register for Hill Day 2017

The time to protect our nation's most vulnerable populations is now, and we know that our voices are louder together.

Join us at Hill Day 2017, October 2-3, the nation's largest behavioral advocacy event, to stand up and be heard on mental health and addictions.

Register today.

Fired up and ready to go now? Start honing your advocacy skills by taking action today on our Unite4BH page.

CBO Releases New AHCA Score

The Congressional Budget Office on Wednesday released an updated score for the American Health Care Act, the House GOP healthcare bill, that said it could leave millions more uninsured and undermine protections for people with preexisting conditions.

The CBO projected that 23 million more Americans would be uninsured by 2026 compared with the current healthcare system — slightly lower than the 24 million more Americans it estimated would be uninsured under the previous iteration of the bill.

"Premiums would vary significantly according to health status and the types of benefits provided, and less healthy people would face extremely high premiums," the CBO's report said.

The report, conducted in the wake of two amendments to the bill before it passed the House earlier this month, projected that the AHCA would cut the federal deficit by $119 billion — $32 billion less than the savings the CBO estimated in March.

That aspect is crucial because Republicans introduced the bill using a process known as budget reconciliation, which means it must be projected to shave at least $2 billion from the federal deficit to be able to pass with a simple majority in the Senate. House Speaker Paul Ryan had delayed sending the bill to the Senate in anticipation of the latest CBO score.

The report also confirmed one of the biggest worries of health-policy experts and constituents: that the bill could undermine protections for people with preexisting conditions.

The CBO looked at the possible effects of an amendment that would allow states to apply for a waiver to repeal the essential health benefits and community-rating protections established by the Affordable Care Act, the healthcare law also known as Obamacare.

About one-sixth of the US population lives in a state that the CBO projects would receive a waiver for community rating, which mandates insurers charge people of the same age living in the same area the same premiums. Health-policy experts have said that by repealing community rating, insurers could charge people with preexisting conditions more and price them out of the market.

That concern was echoed by the CBO and Joint Committee on Taxation's report, which projected that sick people could eventually be priced out of insurance:

"CBO and JCT expect that, as a consequence, the waivers in those states would have another effect: Community-rated premiums would rise over time, and people who are less healthy (including those with preexisting or newly acquired medical conditions) would ultimately be unable to purchase comprehensive nongroup health insurance at premiums comparable to those under current law, if they could purchase it at all — despite the additional funding that would be available under HR 1628 to help reduce premiums."

The report's conclusions run contrary to statements from Republicans leaders who had said that even with the waiver provision, the AHCA had "layers of protections" to make sure people with preexisting conditions would be covered.

The CBO said that about one-third of the population lived in states that would receive waivers for the essential health benefits, a set of procedures and care — such as maternity care and emergency-room visits — that insurers are mandated to cover. Their elimination would cause premiums to fall 20% from the current baseline in those states, according to the CBO, because "insurance policies would provide fewer benefits."

In states that waive the benefits, the CBO said, more people could have coverage but end up paying higher costs.

"Although premiums would decline, on average, in states that chose to narrow the scope of EHBs, some people enrolled in nongroup insurance would experience substantial increases in what they would spend on healthcare," the report said. "People living in states modifying the EHBs who used services or benefits no longer included in the EHBs would experience substantial increases in out-of-pocket spending on healthcare or would choose to forgo the services."

The report said out-of-pocket costs for things like maternity care, substance-abuse treatments, and mental-health care would increase substantially for some people.

In its earlier reports, the CBO said previous versions of the AHCA would not cause the ACA's individual insurance exchanges to become unstable. With the waiver provision, however, that wouldn't be the case.

"The agencies estimate that about one-sixth of the population resides in areas in which the nongroup market would start to become unstable beginning in 2020," the report said. "That instability would result from market responses to decisions by some states to waive two provisions of federal law, as would be permitted under HR 1628."

The Senate is expected to craft a healthcare bill of its own instead of using the current form of the AHCA.

The Kaiser Family Foundation released a tool to compare the recently passed American Health Care Act (AHCA) to the Affordable Care Act (ACA). This tool can be accessed at: http://kff.org/interactive/proposals-to-replace-the-affordable-care-act/?utm_source=AHCA+Post+Vote+Alert+-+May+5+2017&utm_campaign=AHCA+May+5+2017&utm_medium=email

MACMHB committee schedules, membership, minutes, and information go to our website at https://www.macmhb.org/committees

Have a Great Weekend!