



Access to Care and Medicaid State Policy Actions

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- I. NCSL 101
- II. Access to Care
 - I. Workforce
 - II. Telehealth
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Presentation Overview



Strengthening the Legislative Institution

How NCSL Strengthens Legislatures



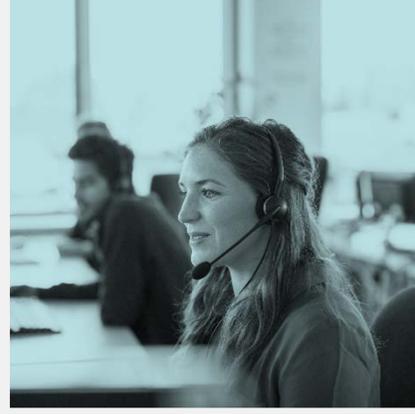
Policy Research

NCSL provides trusted, nonpartisan policy research and analysis



Connections

NCSL links legislators and staff with each other and with experts



Training

NCSL delivers training tailored specifically for legislators and staff



State Voice in D.C.

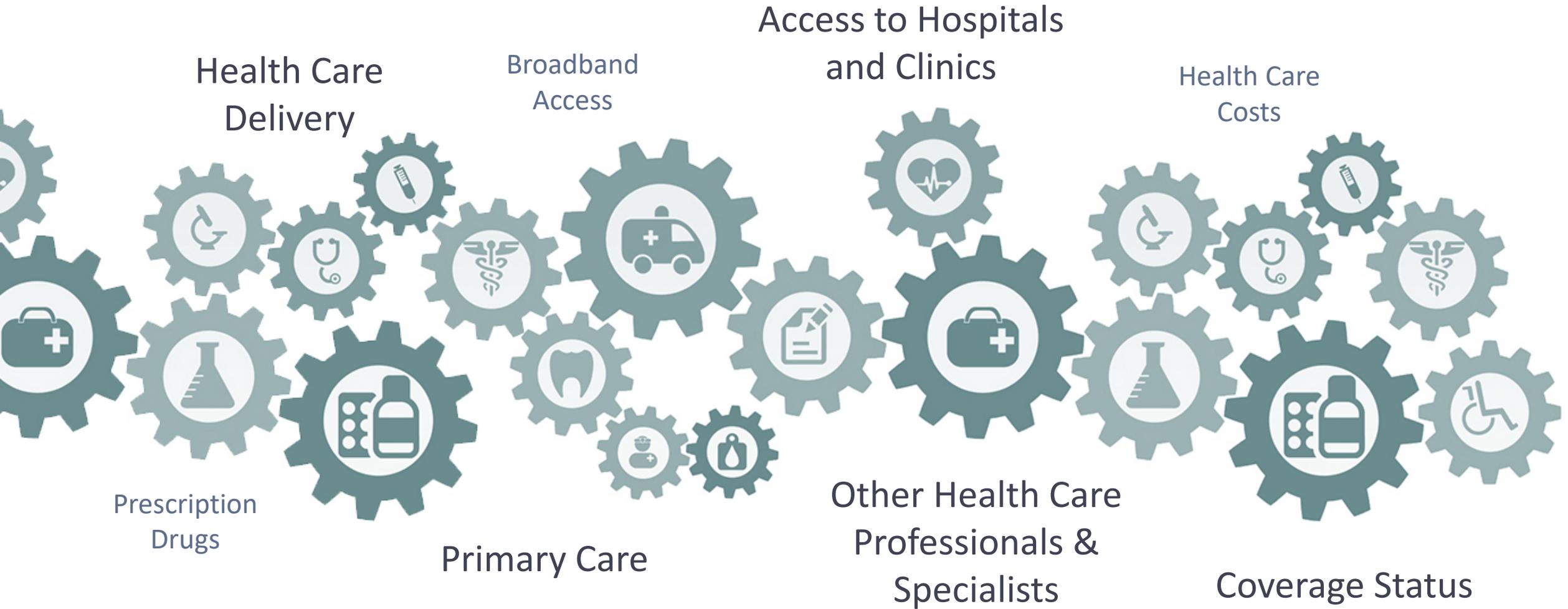
NCSL represents and advocates on behalf of states on Capitol Hill



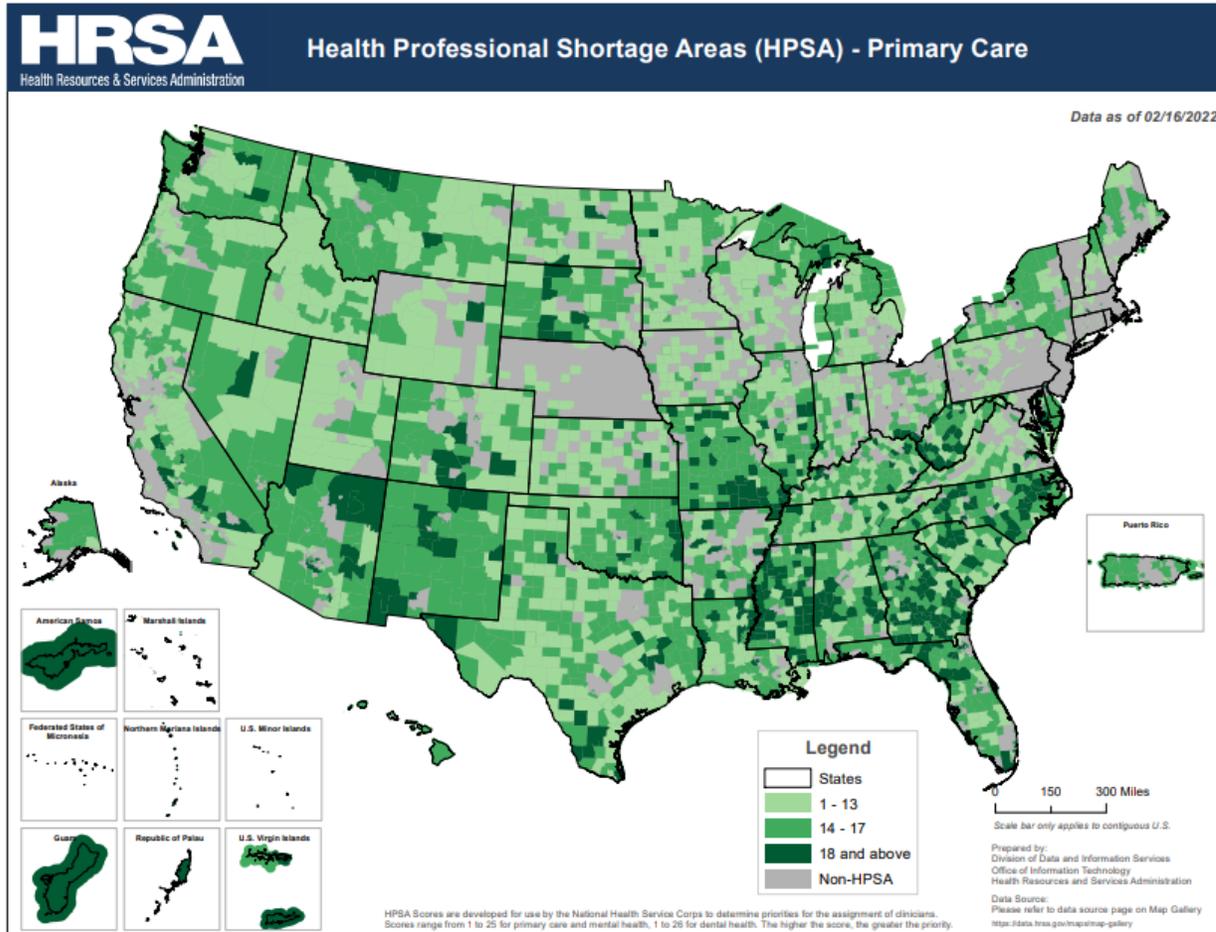
Meetings

NCSL meetings facilitate information exchange and policy discussions

Access to Care



Primary Care Health Professional Shortages

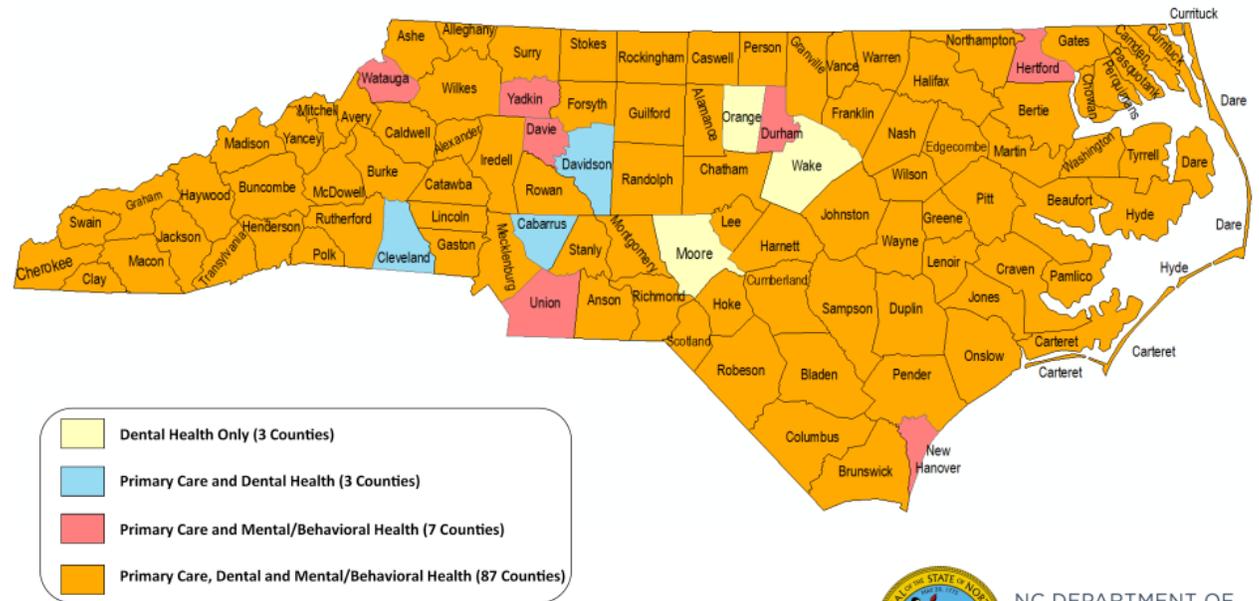


State	Primary Care HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA
California	643	46%	1402
Texas	424	58%	969
Missouri	327	10%	491
Alaska	301	17%	58
Florida	276	30%	1505
Michigan	269	51%	482
Illinois	263	50%	534
Georgia	243	37%	673
Arizona	236	37%	653
North Carolina	213	53%	416

Workforce Shortages

- Shortage designations, like HPSAs, identify an area, population, or facility experiencing a shortage of health care services.
- HPSAs have a shortage of primary, dental or mental health care providers.
- Three scoring criteria are common across all HPSA disciplines:
 - Population-to-provider ratio
 - Percent of population below 100% of the Federal Poverty Level (FPL)
 - Travel time to the nearest source of care outside the HPSA designation area

North Carolina Office of Rural Health Counties Designated Health Professional Shortage Areas



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Rural Health

-Shortage area may be a whole county, population or geographic area within a county.
-Counties in white do not have a geographic or population HPSA designation. Those counties either do not meet the criteria for HPSA designation or have not been reviewed.

Data as of January 1, 2021

State Policy Options: Scope of Practice

Modifying Practice Agreements

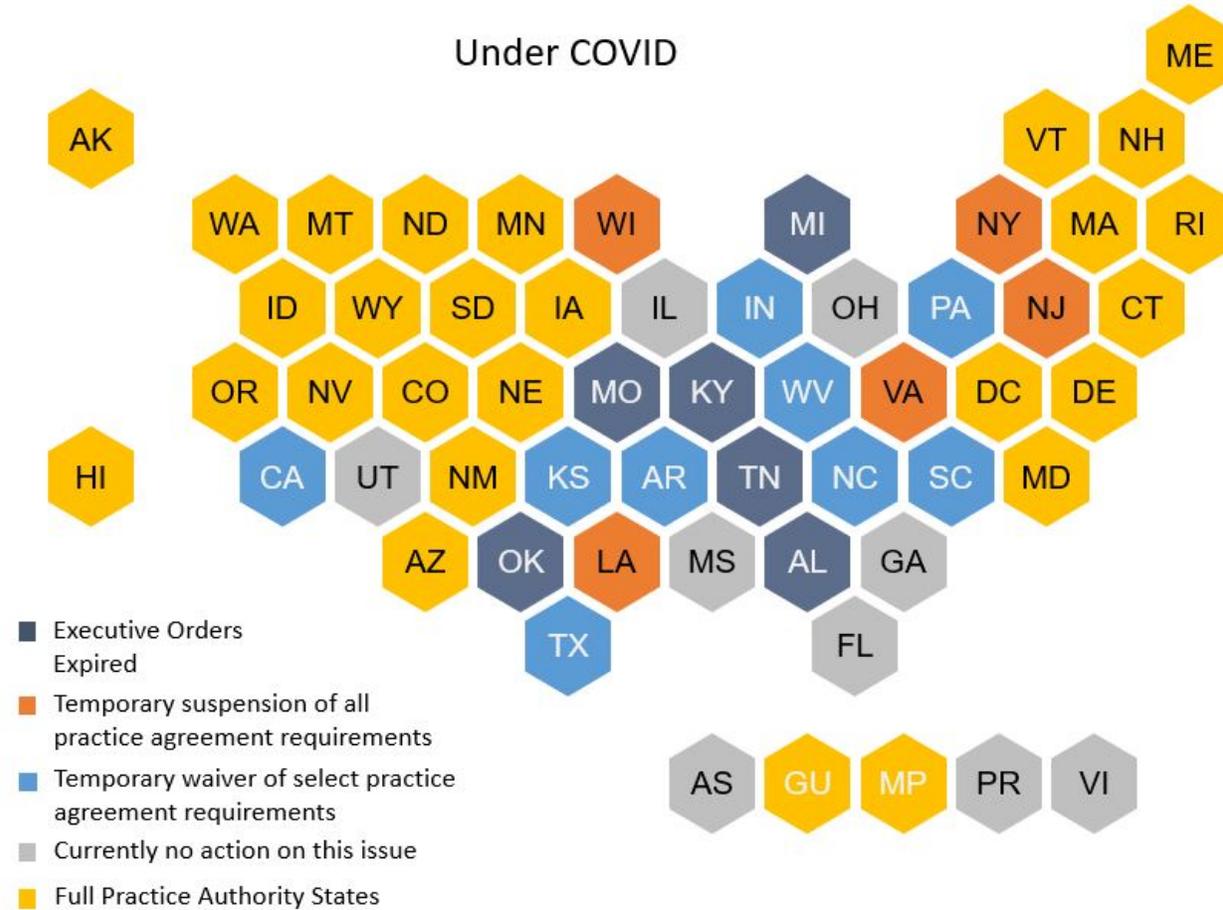
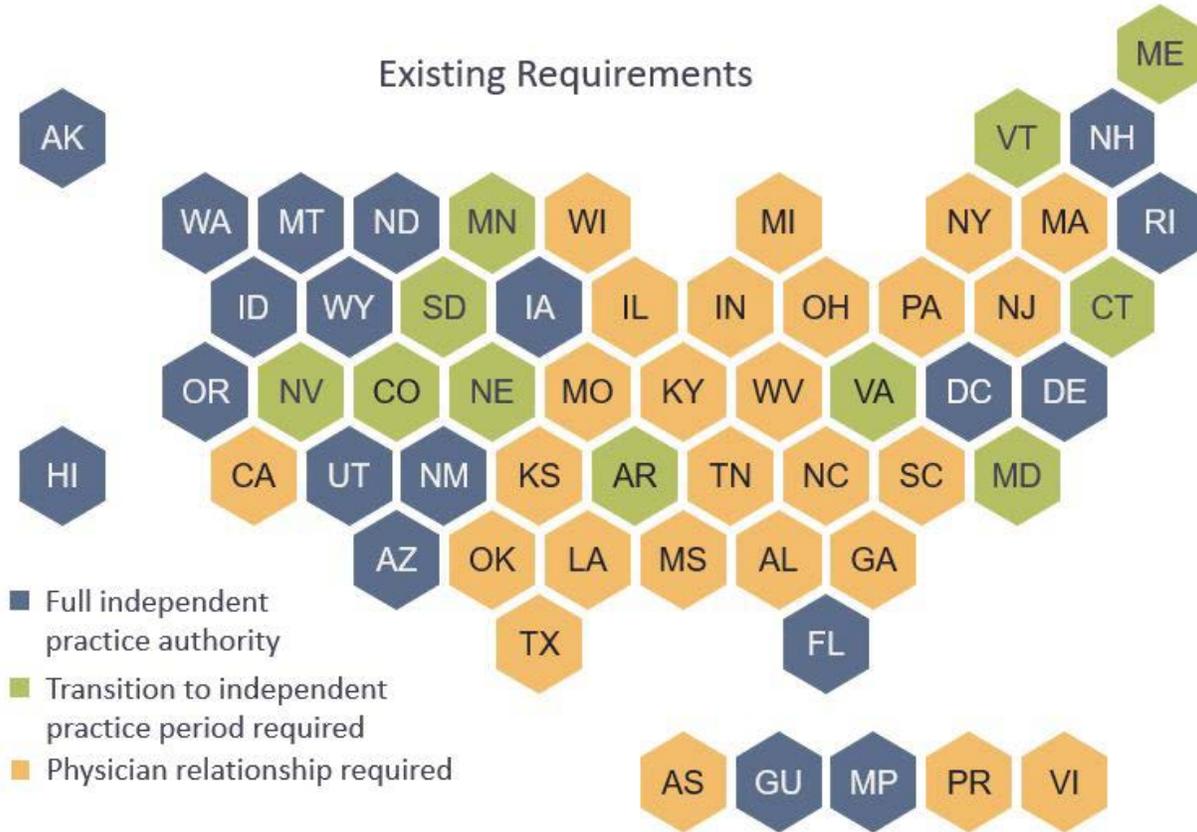
- Collaborative agreements
- Location of the physician and NP/PA
- Number of practitioners supervised by a physician

NCSL's Scope of Practice Policy Website

- Nine provider types
- 21 policy areas
- Legislative database (2015-Present)



Practice Requirements: Nurse Practitioners



Source: NCSL, www.scopeofpracticepolicy.org

Source: American Association of Nurse Practitioners

State Policy Options: Recruitment and Retention

Tax Credits and Federal Funding

- [Louisiana](#): Small Town Health Professionals Credit
- [New Mexico](#): Rural Health Professional Tax Credit
- [Maine](#): Maine Health Care Provider Loan Repayment Program Fund
- [Massachusetts](#): Funding for pandemic response and recovery efforts

Loan Forgiveness

- [Kansas](#): Loan repayment to primary care and psychiatry residents
- [Minnesota](#): Loan forgiveness for primary care providers in rural areas
- [Utah](#): Provides educational loan repayment assistance to behavioral health professionals in HPSAs

Training, Development and Licensure

- [Hawaii](#): Short-term training at University of Hawaii community colleges in recession-resistant fields
- [Kentucky](#): Authorized the board of medical licensure, board of EMS and board of nursing to reactivate the licenses of inactive and retired health care providers
- [Vermont](#): Retired residents with expired licenses to return to the workforce in a state of emergency



Pathways

- Colorado: Developed career pathways for counseling, therapy, social work, psychology, psychiatry and psychiatric nursing professions.
- Washington: Appropriated \$1.5 million to establish apprenticeship programs, compensate providers and apprentices, develop on-the-job training and provide incentives for providers.



Residencies

- Iowa: Required psychiatry residency programs to provide rural rotations as an option for residents.
- New Jersey: Appropriated \$4 million for 10 four-year psychiatry residencies focused on the treatment of lower income individuals, including those with serious mental illness and co-occurring mental health and substance misuse conditions.

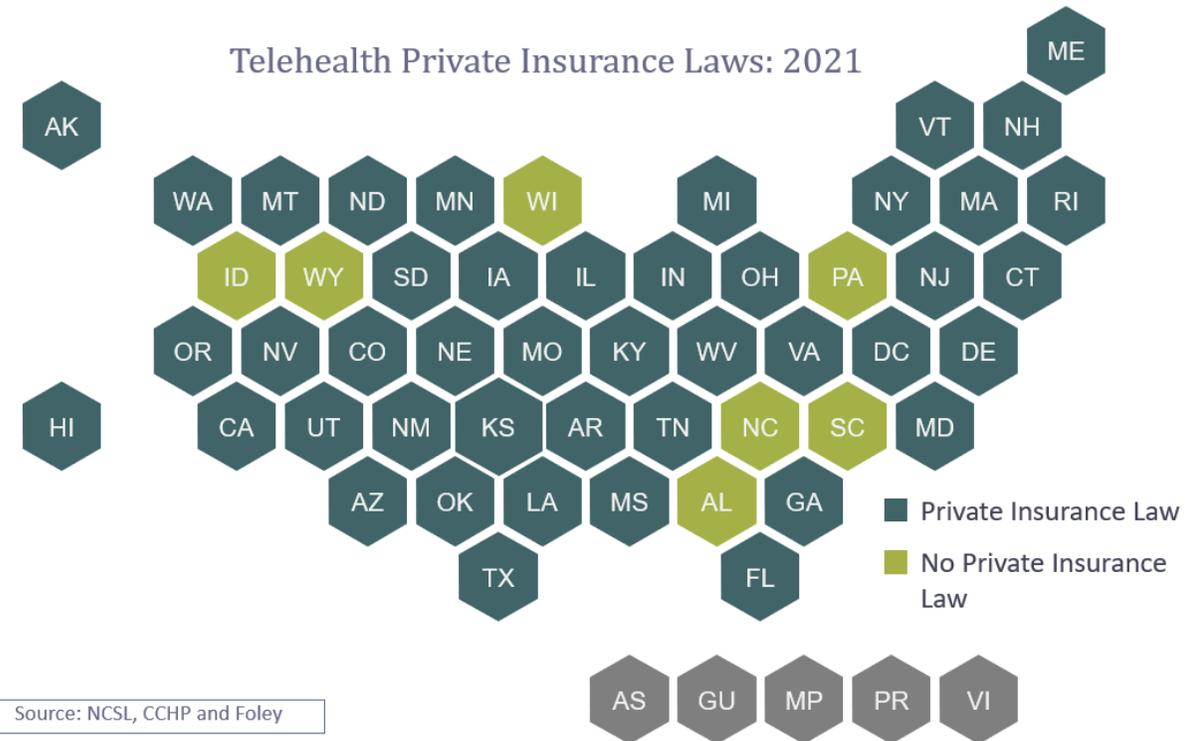
State Telehealth Policy Levers



- **Medicaid**
- **Private Insurance**
- **Cross State Licensing**
- **Telehealth Modalities**
- **Authorized Telehealth Providers**
- **Authorized Services for Telehealth**
- **Site Restrictions**
- **Teleprescribing**
- **Patient-Provider Relationship**
- **And more!**

Telehealth Coverage: Medicaid and Private Insurance

Medicaid Reimbursement		# of States
	Live Video	50 + D.C.
	Store-and-Forward	22
	Remote Patient Monitoring	29
	Audio-only	22



Interstate Licensure Compacts



Active Compacts

- Physicians
- **Nurses**
- **Physical Therapists**
- **Psychologists**
- **Audiologists and Speech Pathologists**
- Emergency Medical Personnel

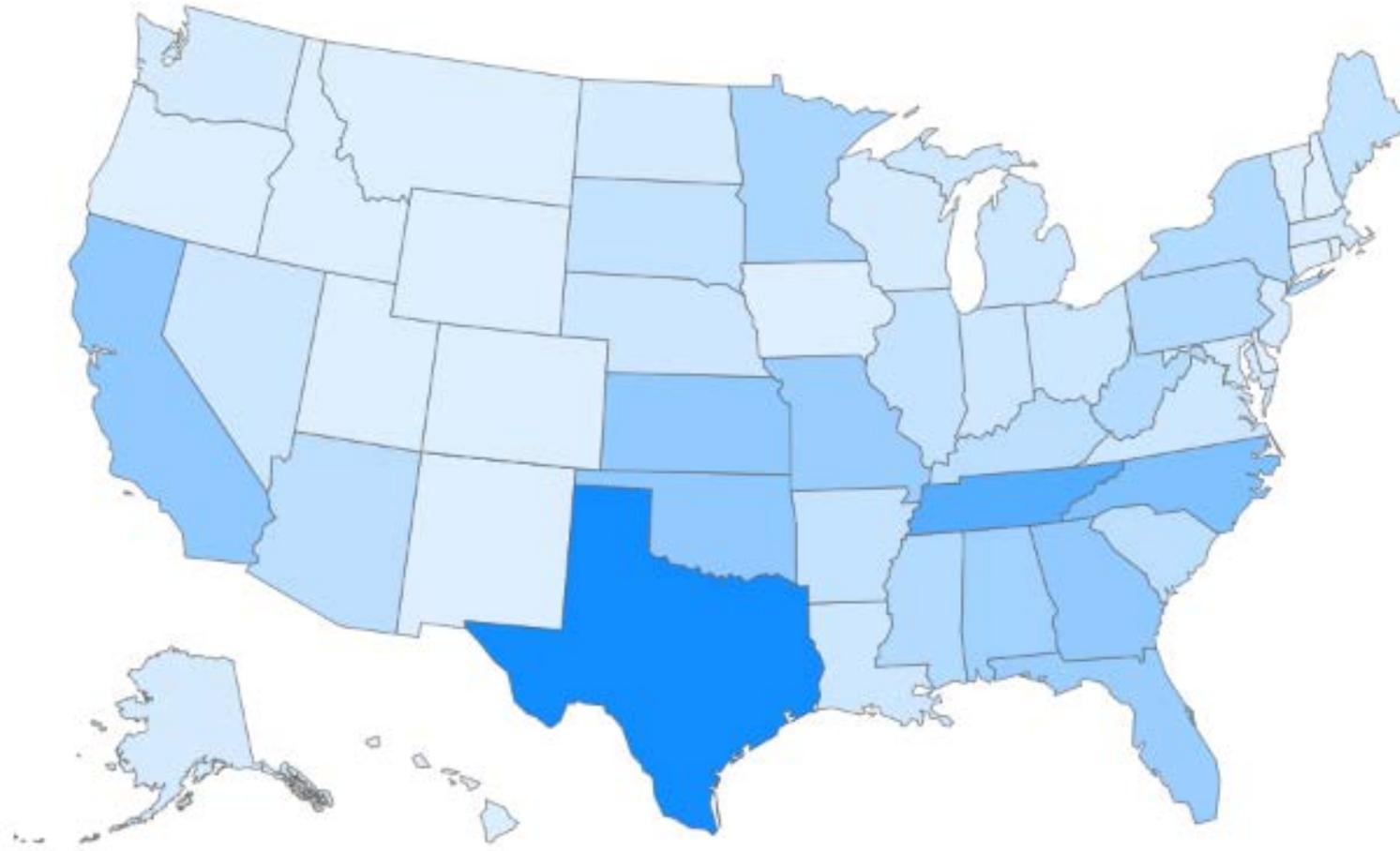


Not Yet Active

- **Occupational Therapists**
- Licensed Counselors

Bolded providers means North Carolina has enacted legislation to join that provider compact.

Rural Hospital Closures by State: 2005 – Present



State	# Closures
Texas	24
Tennessee	16
North Carolina	11
California	9
Georgia	9
Kansas	9
Oklahoma	9
Florida	8
Missouri	8
Alabama	7

State Policy Options for Rural Health Care Facilities

1

Payment Reforms and Other Funding Opportunities

Alternative payment models and using state and federal funds for rural hospital initiatives

2

Other Health Facilities

Community health centers, rural health clinics, etc.

3

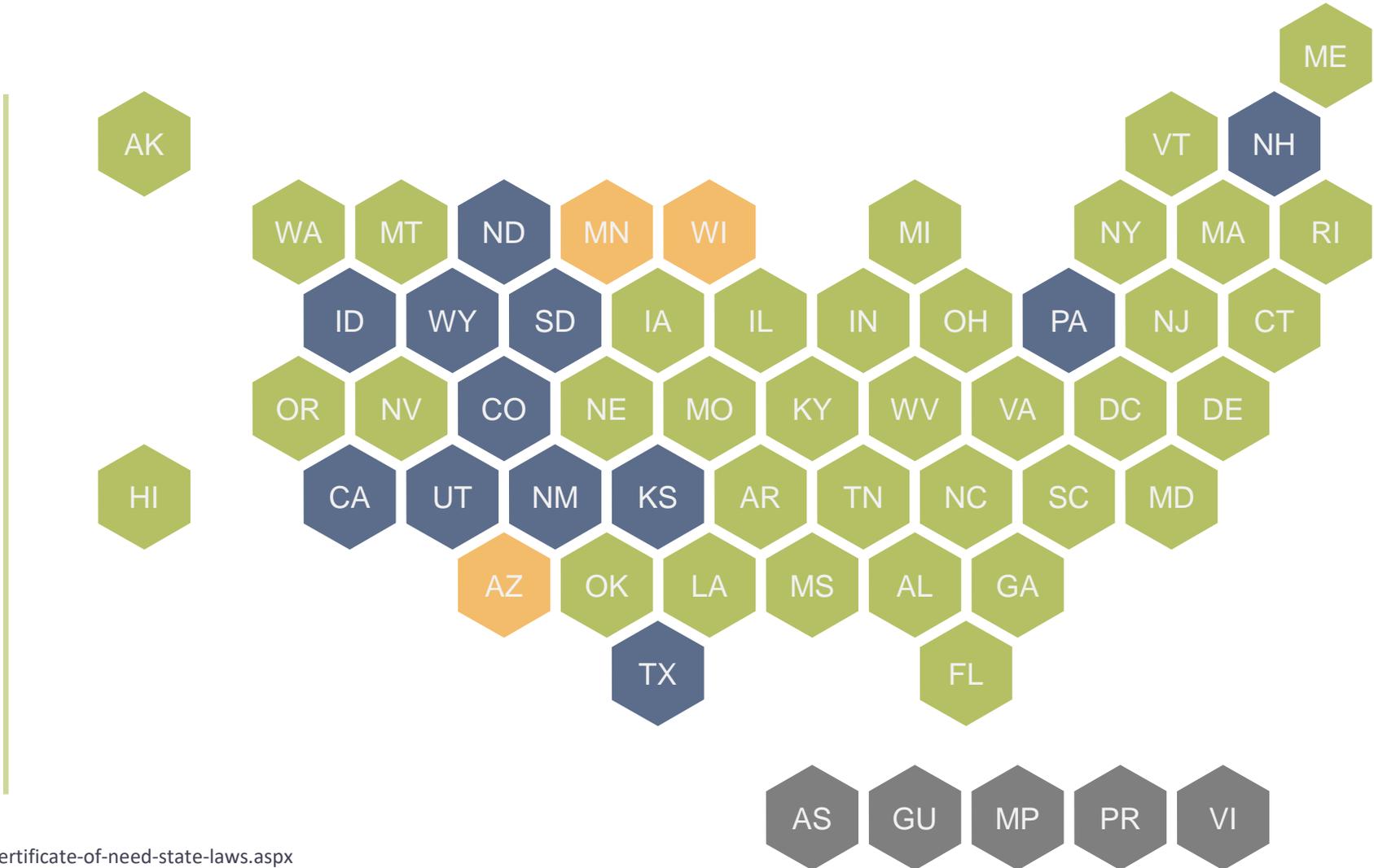
Medicaid

Coverage and eligibility

Certificate of Need State Laws: 2022

- CON Law
- Variation of CON Law
- No CON Law
- No Data

Note: Three states do not officially maintain CON oversight, but they maintain approval processes that function similarly to CON.



Source: NCSL, <https://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

Certificate of Need Legislative Examples



Substantial Reforms

- **Florida** and **Montana** enacted legislation limiting CON oversight to just long-term care facilities.



Targeted Modifications

- **Washington** enacted legislation exempting rural health clinics in home health shortage areas from CON review.

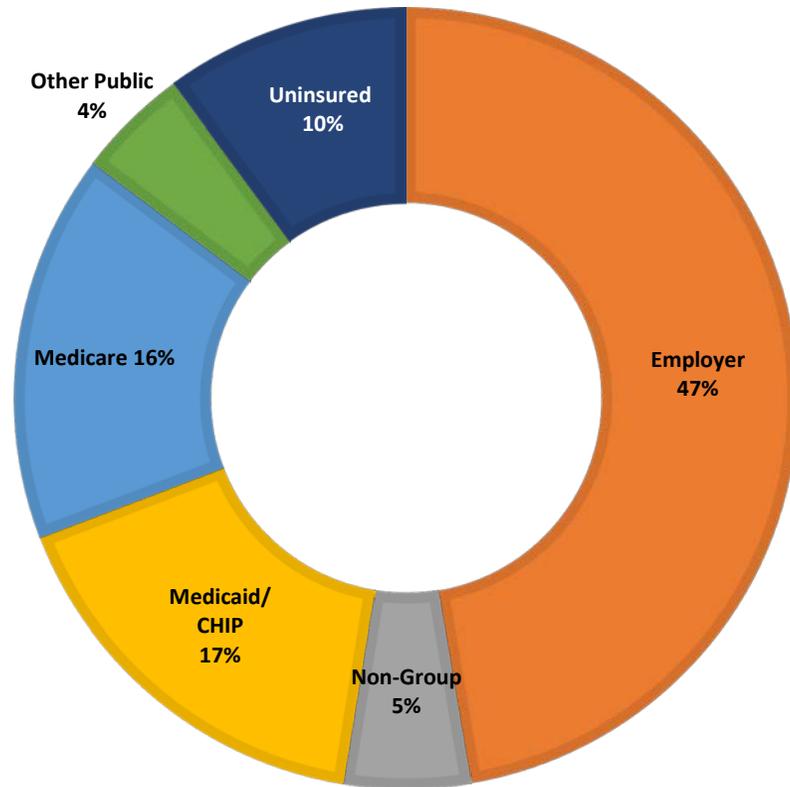


Additional Requirements

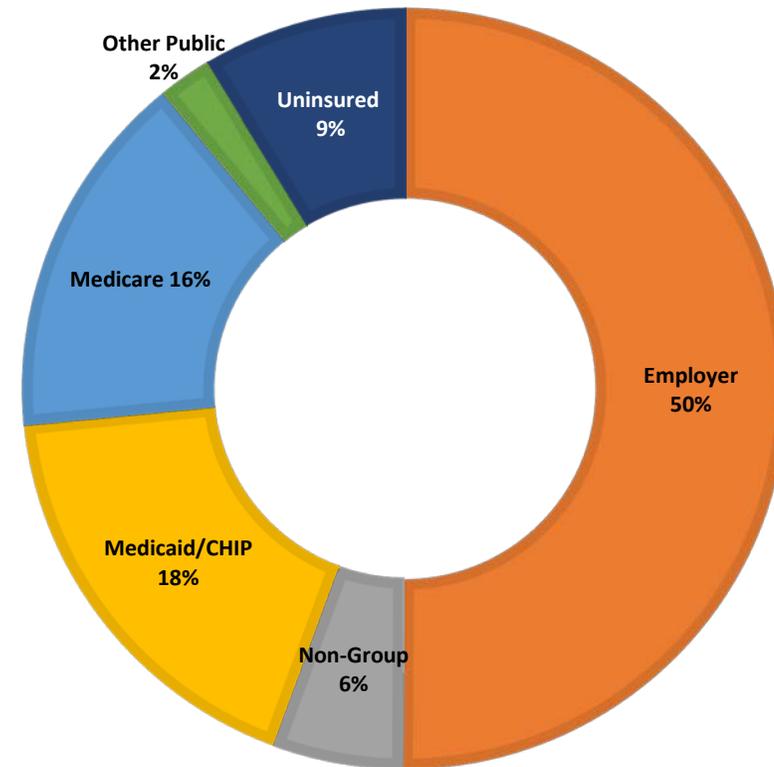
- **Illinois** enacted legislation requiring health facilities to seek CON approval prior to closing a facility.

Health Insurance Coverage of the Total Population

North Carolina



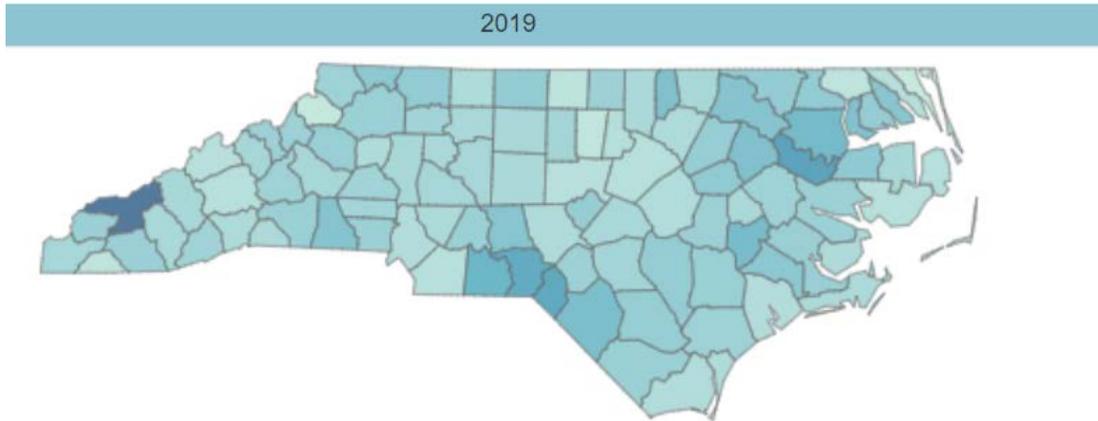
National



Source: KFF, 2020

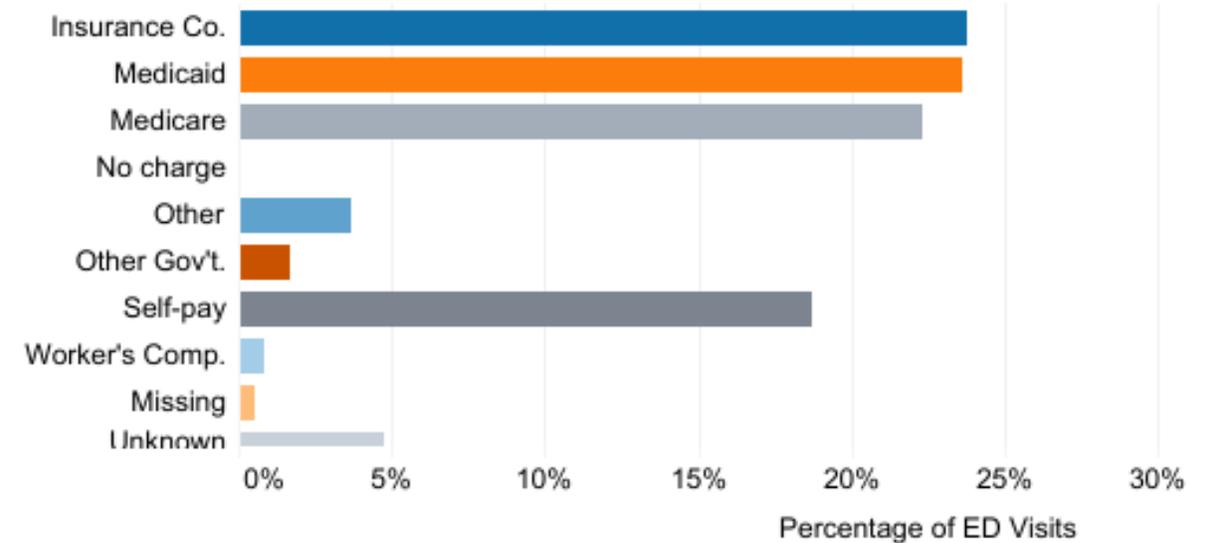
Emergency Department Visits

Counts / Population * 10,000



Insurance Coverage

Year: 2019
Statewide (NC Residents Only)



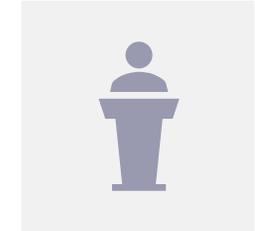


Presentation Overview

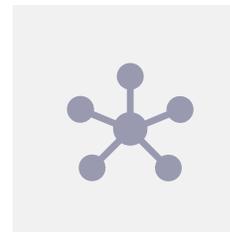
Medicaid



Medicaid Expansion



Managed Care

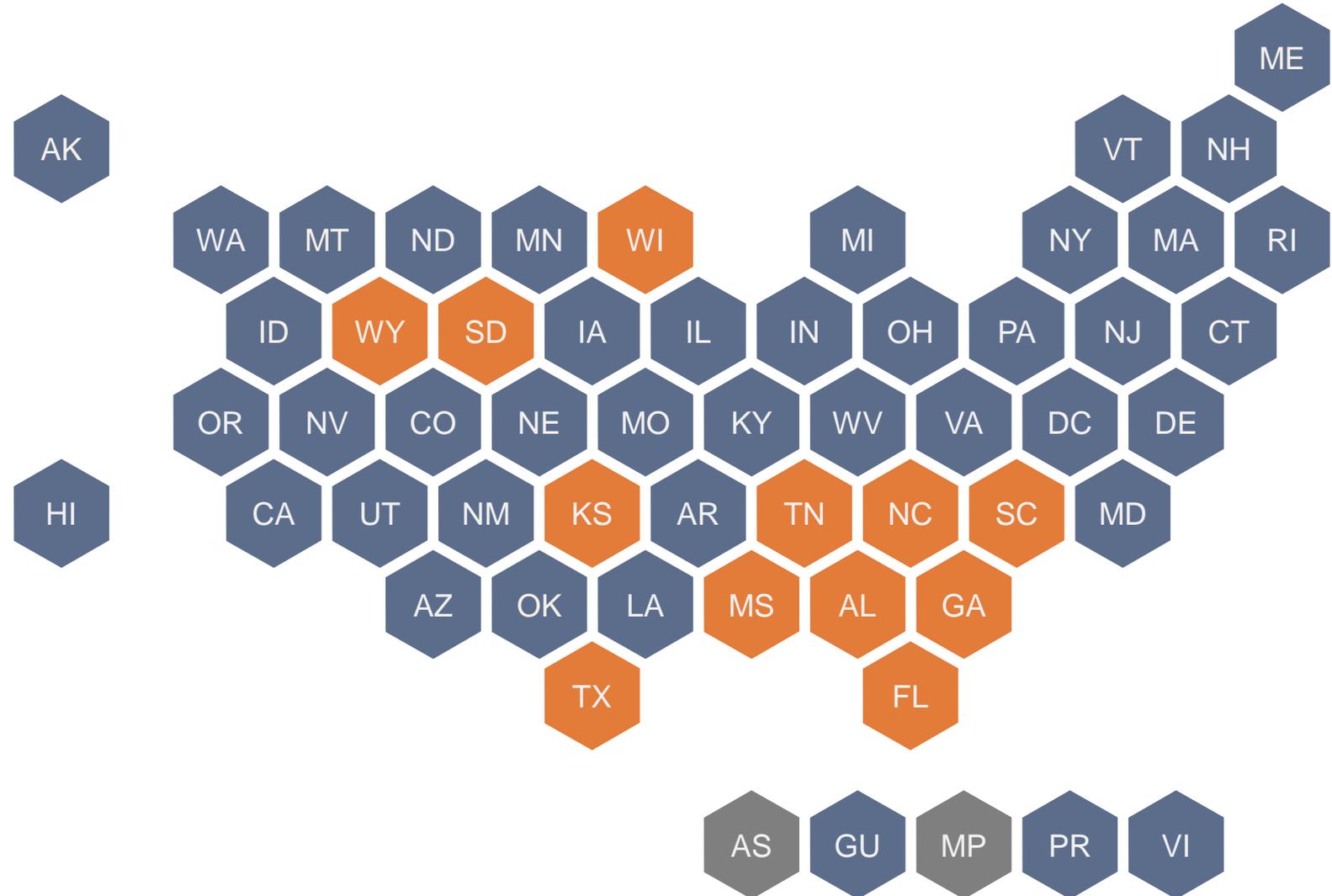


Home and Community-
Based Services



Behavioral Health

Medicaid Expansion Adoption Status



Medicaid Expansion: 1115 Waiver Strategies

Premium Assistance

- State pays premiums for coverage purchased on the marketplace
- Medicaid provides “wrap around” services for items not covered under private plans
- Arkansas saw increased access to providers through this model compared to regular Medicaid

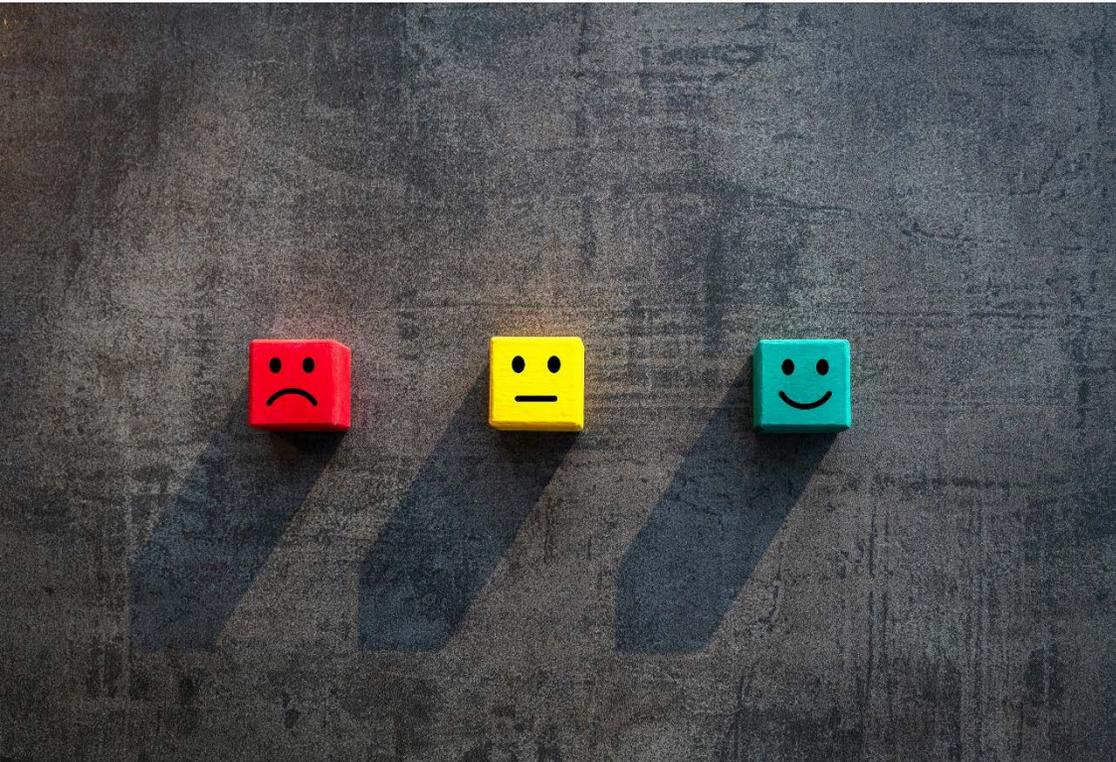
Health Savings Accounts (HSAs)

- Medicaid clients contribute to savings accounts to purchase like dental and vision services
- Arkansas implemented a new program for HSAs, but ended the program due to difficulties collecting fees
- Indiana leveraged its managed care organizations to collect fees and provide education

Healthy Behavior Strategies

- Arkansas provides additional benefits, like dental care, for people who see their primary care physician one per year
- Arizona reduced cost sharing to incentivize more use of preventive services
- States self-report that these strategies are successful aspects of their 1115 waivers

Premiums and Work Requirements



States were charging regular premiums to access services. Centers for Medicare & Medicaid Services (CMS) is moving to phase out premiums.

Several states had work requirements previously approved. Some were struck down in court.

CMS has rescinded approvals for work requirements and this issue will go back to the courts.

Medicaid Expansion Outcomes

State Budget Impacts

- State budget impacts were minimal – vast majority of increased spending for expansion came from federal funds.
- Increased funding allowed some states to reallocate funds to address other priorities. No significant cuts to areas like education or corrections.
- Most analysis is pre-COVID, so additional analysis is needed to see what impact COVID had on state spending for expansion.

State-only Program Savings

- States saw savings by moving individuals from state-only funded programs to Medicaid.
- Savings were seen in:
 - Corrections
 - Behavioral health programs
 - Health programs for older adults and people with disabilities

Source: [Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021 \(KFF\)](#)

Medicaid Expansion Outcomes

Access and Health Outcomes

- Increased access by provided coverage and helped narrow coverage gap between urban and rural residents
- Increases in access substance use treatment services
- Earlier detection and treatment for cancer, reducing mortality rates

Provider Impacts

- Decreased the amount of uncompensated care provided by hospitals and other providers
- Helps financial stability of hospitals, particularly in rural areas
- Many providers and managed care organizations were able to increase capacity
- There remain provider shortages and expansion may have increased waiting times for some services

Medicaid Expansion Opportunity in American Rescue Plan Act (ARPA)

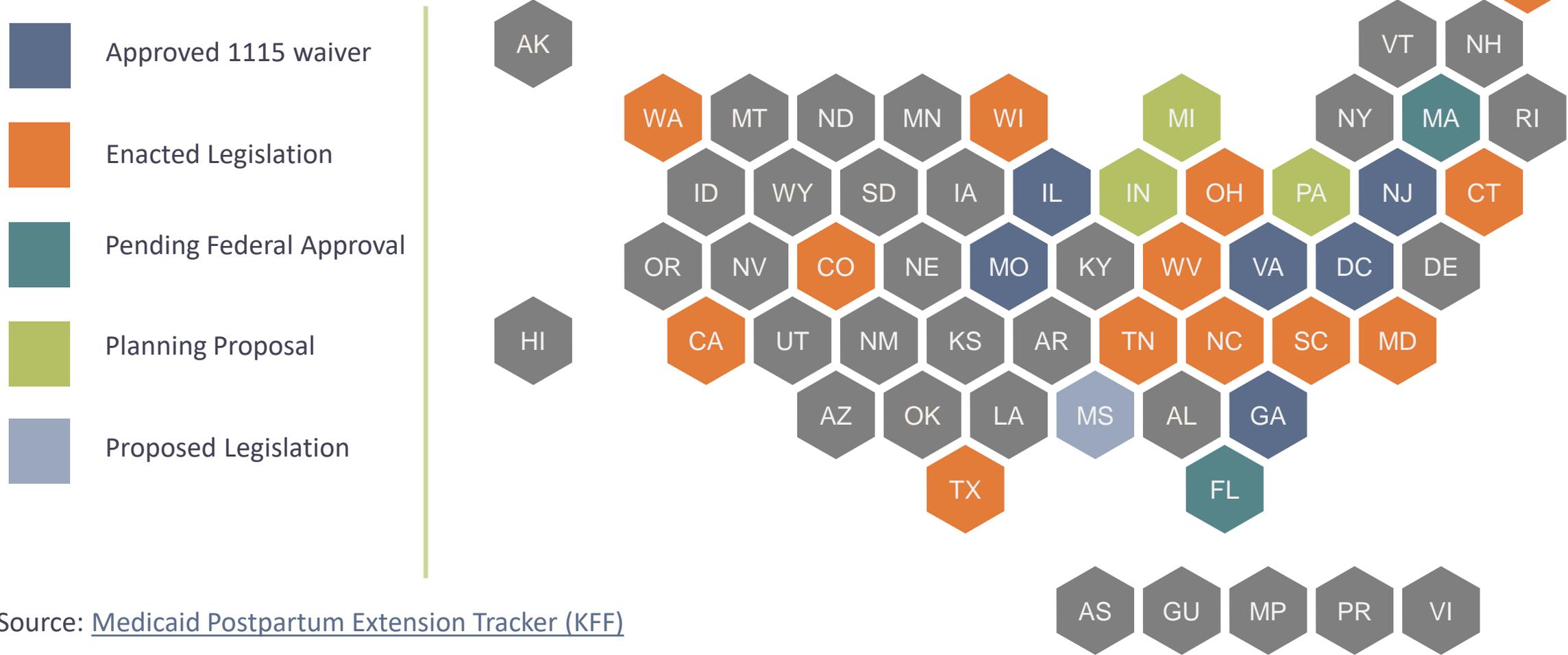


ARPA provides an additional 5% federal funding for states choosing to expand

Current North Carolina matching rate is 73.85%

Potential increased federal funding could range from range from \$1.5B to \$2B

Postpartum Coverage Option



Source: [Medicaid Postpartum Extension Tracker \(KFF\)](#)

Increasing Access through Managed Care Organizations (MCOs)



Special Populations

States are working to integrate special populations into MCOs



Services

States integrating services like behavioral and physical health



Social Determinants

Over half the states are integrating social determinants of health

Home and Community-Based Services (HCBS)

Home and Community Based Services (HCBS) Funding Opportunities in ARPA

- Increases federal funding for HCBS by 10% to enhance and strengthen HCBS
- HCBS services eligibility for the increased federal funding include:
 - HCBS waiver services
 - Home Health
 - Programs of All-Inclusive Care for the Elderly (PACE)
 - Rehabilitative and behavioral health services

HCBS Spending Plans

- One-time provider rate increases and wage pass throughs
- Workforce development and other supports
- Telehealth and supporting technology
- Caregiver supports

Behavioral Health Crisis Response



Ensure trained behavioral professionals respond to crisis situations

American Rescue Plan Act (ARPA) provides an incentive for mobile crisis intervention services

Establish specialized settings for crisis response including crisis diversion or stabilization centers

Behavioral Health Workforce



Provide resources and technical assistance to help providers fully participate in Medicaid

Ensure adequate reimbursement rates for substance use treatment services

Expanding use of non-licensed providers such as peer counselors

○ Medicaid

- [Affordable Care Act Medicaid Expansion](#) (October 2021)
- [Innovations in Health Care: A Toolkit for State Legislators](#) (July 2019)

○ Telehealth

- [The Telehealth Explainer Series: A Toolkit for State Legislators](#) (Policy Toolkit, July 2021)

○ Certificate of Need

- [Certificate of Need State Laws 50-State Map](#) (December 2021)

○ Workforce

- [Scope of Practice Policy Website](#)
- [Meeting Health Care Needs with an Emerging Workforce](#) (Policy Report, May 2020)

○ Others

- [Increasing Access to Rural Behavioral Health](#) (Webinar, June 2021)
- [Improving Rural Health: State Policy Options for Increasing Access to Care](#) (Policy Report, June 2020)
- [Health Innovations Database](#): Tracks enacted legislation across all 50 states, D.C., and territories on topics to increase access to care, control costs, and improve coverage options.
- [COVID-19 State Legislation Database](#): Tracks all introduced and enacted legislation across all 50 states, D.C. and territories related to and responding to COVID-19.

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Thank You