Health and Education Policy Update

John Hill, National Alliance for Medicaid in Education
Sasha Pudelski, AASA, The School Superintendents Association
Alex Mays, Healthy Schools Campaign
Lena O’Rourke, on behalf of Healthy Schools Campaign
Webinar Objectives

• Overview of high-level changes at ED and HHS
• Policy and regulatory direction
  • ESSA implementation
  • Medicaid waivers and state innovation
• Analysis of current legislative environment
• Understand how states are responding, and what can be done
Update on ESSA
Alex Mays, Healthy Schools Campaign
Every Student Succeeds Act
Supporting Student Health through ESSA

• Title I: funding to states and school districts with high percentages of low-income children
• Title II: professional development and literacy
• Title IV: Student Support and Academic Enrichment Grants and community support for school success
Recent Changes

• Repeal of ESSA accountability and teacher preparation regulations
• Release of new ESSA state plan template
• FY 2017 funding for Title IV, Part A
State Plans Submitted for Spring Peer Review

1. Arizona
2. Colorado
3. Connecticut
4. Delaware
5. District of Columbia
6. Illinois
7. Louisiana
8. Maine
9. Massachusetts
10. Michigan
11. Nevada
12. New Jersey
13. New Mexico
14. North Dakota
15. Oregon
16. Tennessee
17. Vermont
Trends in ESSA State Plans

• 11 states include chronic absenteeism as a measure of school quality

• Additional health related school quality measures: physical fitness/education, school climate, student engagement
State ESSA Plans to Support Student Health and Wellness: A Framework for Action

Download online: healthyschoolscampaign.org/state-essa-framework
Timeline

• 2017-2018 school year is a transition year and year for data collection
• Full ESSA implementation to take effect no later than 2018-2019 school year
Administrative Priorities on Medicaid
Lena O’Rourke on behalf of Healthy Schools Campaign
4 Stats to Remember

39% of all children have health insurance through Medicaid
46% of Medicaid beneficiaries are children
19% of the costs of Medicaid are incurred by children
1% of all federal Medicaid dollars go to schools
  • 4 billion translates to 30% of the funding for IDEA
Medicaid in Schools Today

• Schools use Medicaid to help pay for:
  • Services like vaccinations, vision and hearing screenings, and mental health care
  • Medically necessary special education services under the Individuals with Disabilities Education Act (IDEA)
• Recent federal policy changes ("the free care policy") gave state a new opportunity to expand school-based services under Medicaid.
New Administration’s Priorities

March 14: Secretary Price and CMS Administrator Verma issued a letter supporting innovative state solutions to Medicaid challenges.

Dear Governor:

We write to you to affirm our partnership in improving Medicaid and the lives of those it serves. Medicaid is a safety net program that provides life-saving medical care to millions of Americans facing some of the most challenging health circumstances. In addressing the
Medicaid Tools

- Waivers (e.g. 1115 waivers)
- State Plan Amendments
- Other state level reform
Reevaluating existing Medicaid regulations

Changing regulatory framework could impact:

• Medicaid managed care rules
• Home and community-based care rules
• Future of “free care policy”
American Health Care Act (AHCA)

- On May 4, 2017 the House Republican Leadership passed the American Health Care Act (AHCA) by a vote of 217 to 213.
  - All 193 Democrats and 20 Republicans voted against the bill
- The bill repeals the Affordable Care Act and changes Medicaid
- The Senate is now considering its next steps on health reform and the AHCA
AHCA fundamentally changes Medicaid

- AHCA cuts billions of federal dollars from the Medicaid program, shifts health care costs to states, and rations the care that beneficiaries can receive.
- AHCA converts funding to a block grant or per capita cap
AHCA cuts Medicaid coverage

- The AHCA sunsets the enhanced federal funding for the Medicaid expansion starting in 2020—putting coverage at risk for the millions of parents and other adults in 31 states and the District of Columbia who have insurance through the Medicaid expansion.
Impact of Medicaid changes on children

- Threatens the guarantee of coverage
- Undermines or eliminates guaranteed benefits for children, including EPSDT
- Jeopardizes parent coverage
- Ties states’ hands, decreasing their ability to respond to new treatments or public health crises
- Puts pressure on other parts of the state budget, including education
Impact on state budgets

• State budgets get squeezed when federal Medicaid shifts costs to states
• States will curb Medicaid payments to providers, including schools
• States may cut education services to balance budget
Implications for school-based Medicaid

- Puts Medicaid decisions in the hands of states who will have to make tough choices with finite funding
  - Medicaid funding to schools could be cut
- States may slash reimbursement for specialized instructional support personnel in school settings
  - Providers will leave schools creating even bigger access problems
- States will have too little Medicaid funding to meet student need

Bottom line: The AHCA threatens to take away critical resources from schools and students will not receive the healthcare services they need to learn.
Findings from *Medicaid Cuts: A Prescription to Hurt the Neediest Children*

January 2017 report, surveyed 1,000 school leaders in 42 states on impact of 30% cut to school-based Medicaid

- Students with disabilities and students in poverty will be harmed.
- 50% of districts have taken steps recently to increase Medicaid enrollment in their districts
- Economic consequences for Medicaid cuts: furlough or lay-offs for personnel; higher taxes
- IDEA compliance may be jeopardized if professionals can’t or won’t work in your district
Findings from AASA report (Jan 2017)

How do you utilize Medicaid reimbursement in your district?

- Direct salaries for health professionals who provide services for students: 68.6%
- Expanding health-related services: 45.2%
- Facilitating outreach and coordination to refer kids to services: 39.4%
- Other: 26.6%
Analysis of Current Environment
John Hill, National Alliance for Medicaid in Education
Transitions bring new staff and policies

- Need to fill key positions
- Identify regulatory priorities and signal policy direction
- Dig in on policy direction and chart a path forward
State reactions

- Uncertainty for the future
- Potential cost shifts to states for both health care and education
- Unease about current fiscal commitments
- Possible *opportunity* to demonstrate value and efficiency of serving kids in schools
- Commitment to better integrating Medicaid and education, despite the challenges
Key questions to consider

• What do students and schools in my state need, and what policies will help get us there?
• How can ED and Medicaid work together to advance that agenda at the state level—and what federal doors remain open?
• How can we tell the story about the role of education and health?
• What innovations and efficiencies can we demonstrate?
Position schools as essential

- Schools and school districts—and their allies—can plan an important role in seeking opportunities to innovate and to leverage existing action
- Lift up the stories of the need for health services in schools
  - Opportunities under ESSA
  - Unmet health care needs
Involve all stakeholders

A wide range of stakeholders need to be engaged and educated:

• Elected officials at all levels, such as senators, representatives, governors and state legislators
• Schools, school districts, teachers, school-based allies and providers
• Health care providers and community health centers
• Parents and advocates
• Media and social media
Get Involved!

• Connect with ongoing efforts
• Educate and advocate for state action
• Foster relationships between Medicaid and ED
• Provide technical assistance to policymakers and state teams about the importance of Medicaid on student health
• Support data collection efforts
• Develop resources and materials
Questions?
Contact

John Hill, National Alliance for Medicaid in Education, john.hill@medicaidforeducation.org
Sasha Pudelski, AASA, The School Superintendents Association, spudelski@aasa.org
Alex Mays, Healthy Schools Campaign, alex@healthyschoolscampaign.org
Lena O’Rourke, on behalf of Healthy Schools Campaign, lena@orourkestrategies.com

Healthy Schools Campaign
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