



CENTER FOR HEALTH LAW  
& POLICY INNOVATION  
Harvard Law School

Presented by:

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# FEDERAL HEALTH POLICY LANDSCAPE UNDER THE NEW ADMINISTRATION:

## IMPLICATIONS FOR CANCER CARE & PREVENTION AMONG VULNERABLE POPULATIONS

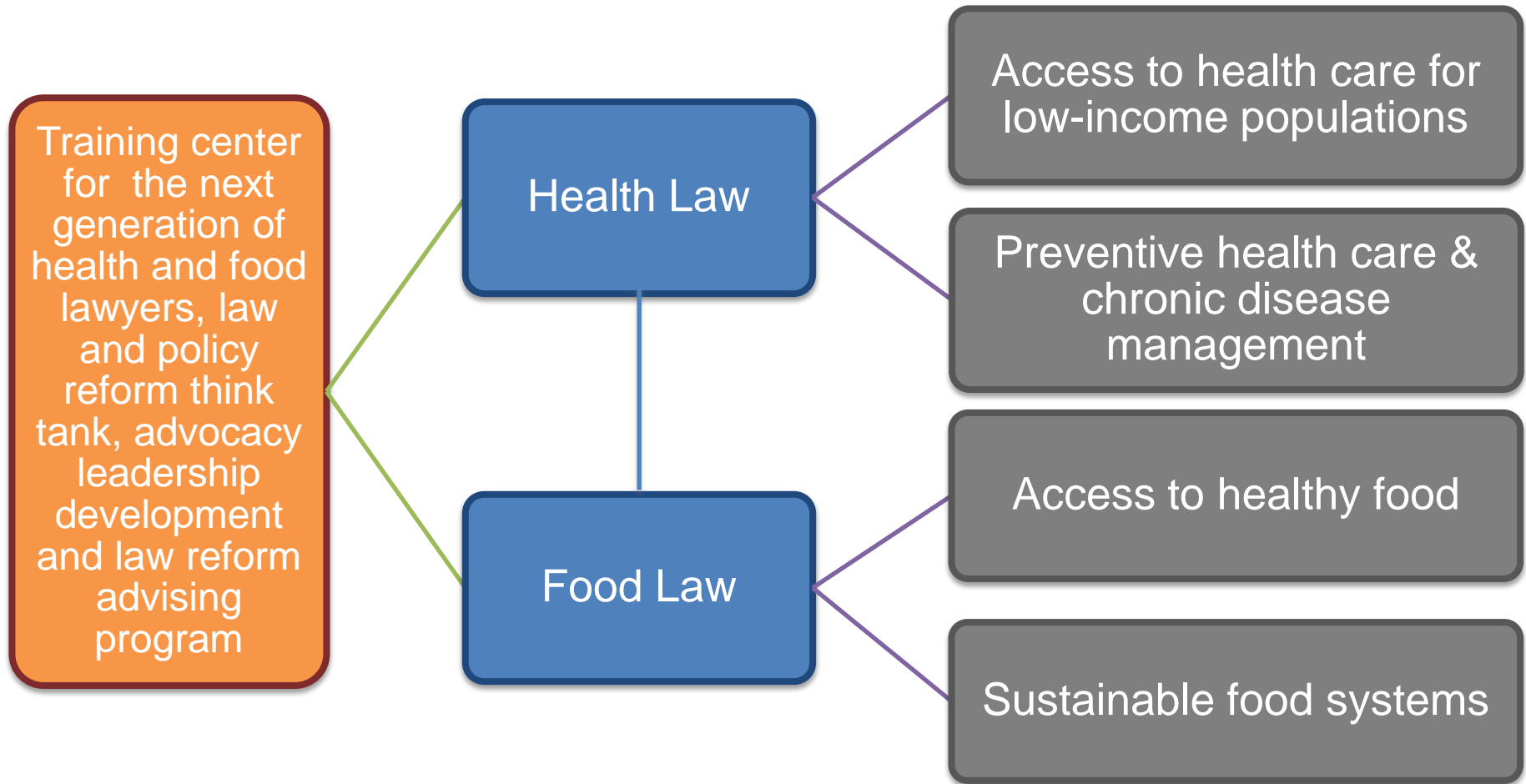
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BRISTOL-MYERS SQUIBB FOUNDATION  
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ATLANTA, GA  
APRIL 10, 2017

# CENTER FOR HEALTH LAW AND POLICY INNOVATION



❖ ***Sustaining and scaling project innovation through policy reform***

# CANCER AND VULNERABLE POPULATIONS

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- **Health equity**
  - Attainment of the highest level of health for all people
- **Services and treatment specific to cancer**
- **Points of access and points of friction across the system of care unique to vulnerable populations**
  - Access to adequate health insurance
  - Care navigation and coordination
  - Social and financial resource support

# OVERVIEW

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## 1. Where We Are

- *“Obamacare is the law of the land...for the foreseeable future.”* – Paul Ryan (Mar. 24)
- *“Obamacare is going to implode...and then explode.”* – President Donald Trump (Mar. 24)

## 2. What the Future Holds

- Shoring up Obamacare?
- Revived and Revised American Health Care Act?
  - *“It’s the Easter Season...some things rise from the dead.”* – Rep. Greg Walden (Mar. 29)
- Bipartisan deal?

# AFFORDABLE CARE ACT

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## Affordability

- Subsidies
- Individual Mandate

## Consumer Protections

- Essential Health Benefits
- Guaranteed Issue/Community Rating
- Non-Discrimination

## Medicaid

- Medicaid Expansion

# AFFORDABILITY

## Subsidies

- Administration silent on subsidy lawsuit (*House of Representatives v. Burwell*, 185 F.Supp.3d 165 (2016))
- Failure to pursue appeal threatens individual market

## Individual mandate

- HHS Secretary Price pledges to enforce mandate
- Could use other strategies to undermine marketplace participation

# CONSUMER PROTECTIONS

## Essential Health Benefits (Preventive Services)

Preventive Service	USPSTF Rating
Lung cancer screening for adults 55-80 who have a 30 pack-year smoking history and currently smoke or have quit within the last 15 years	B
Skin cancer behavioral counseling for fair-skinned children and young adults ages 10-24	B
BRCA risk assessment and genetic counseling/testing for women with a family history of breast, ovarian, tubal, or peritoneal cancer	B
Breast cancer screening for woman age 40+	B
Breast cancer preventive medications for women at increased risk of breast cancer	B
Cervical cancer screening for women 21-65	A
Colorectal cancer screening for individuals age 50-75	A
Tobacco use screening and counseling and interventions for non-pregnant smokers, including behavioral interventions and cessation medications	A
Tobacco use screening and behavioral interventions for pregnant smokers	A
Depression screening	B
Obesity screening and counseling for all adults with counseling for adults with a BMI of 30+	B

# CONSUMER PROTECTIONS: GUARANTEED ISSUE & COMMUNITY RATING

## Pre-Existing Conditions Protection

### Jefferson County, KY

- 56 Years Old
- Non-smoker
- No major known health conditions

### Jefferson County, KY

- 56 Years Old
- Non-smoker
- Abnormal LDCT lung cancer screening test
- Obese
- Prediabetes
- High blood pressure

- ❖ Need **both** Guaranteed Issue & Community Rating protections to fully protect individuals with pre-existing conditions in the marketplace



# CONSUMER PROTECTIONS: NON-DISCRIMINATION

## Affordable Care Act, s. 1557

- Non-discrimination clause
- Legal hook to challenge discriminatory insurance plan design

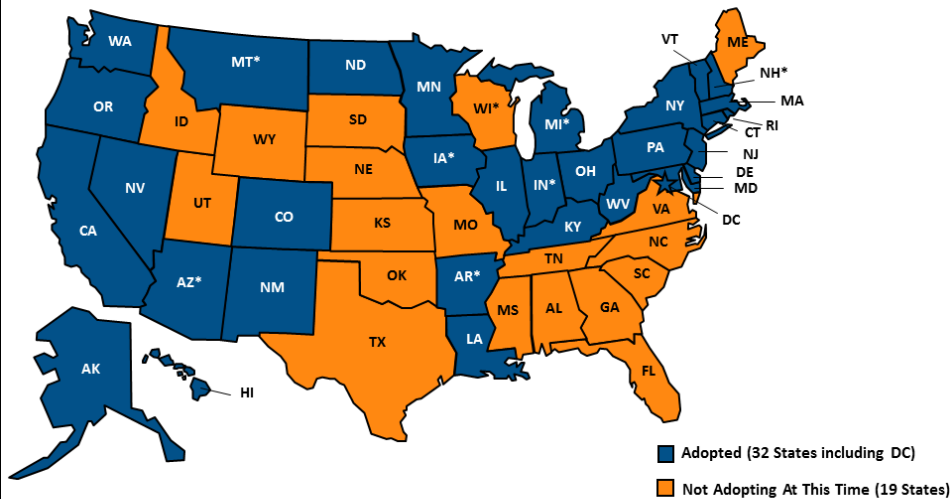


**Roger Severino**

Director of the HHS Office for Civil Rights

# MEDICAID

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. \*AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.  
SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated January 1, 2017.  
<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



➤ Expansion populations get access to EHB Preventive Services (incentive to expand to traditional Medicaid population)

➤ Medicaid Waivers (1115) can be used:

➤ to create innovative programs that target specific populations and health conditions

➤ To impose work requirements, premiums, cost-sharing, force the use of Health Savings Accounts, and institute lock-out periods

# HEALTH CARE OUTLOOK

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1. **Shore up Obamacare = Stabilize the individual marketplace**
2. **Revived and Revised American Health Care Act**
  - ❖ **Gradual elimination of Medicaid expansion**
  - ❖ **Transformation of Medicaid funding system to per capita caps or block grants (major loss of federal dollars for states)**
  - ❖ **Legislative blessing to impose work requirements in Medicaid**
  - ❖ **Repeal of EHBs**
  - ❖ **Imposed tax credits pegged to age instead of income**
  - ❖ **Repealed cost-sharing subsidies**
  - ❖ **Modified the age rating limit (from 3:1 to 5:1)**
  - ❖ **Imposed financial penalties for breaks in coverage**
3. **Bipartisan deal???**

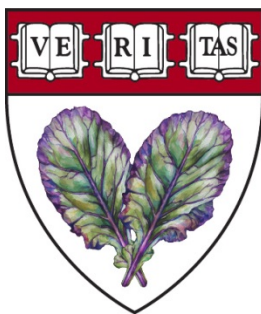
# OTHER CONCERNS

## President's 2017 Spending Legislation Wish- List

- \$65 million CDC cut → Prevention Research Ctrs, Cancer Registries, Tobacco Prevention Research
- \$1.2 billion NIH cut → IDeA grants and research funding

## 2018 “America First” Budget

- \$15.1 billion (17.9% decrease) cut to HHS
- Silent on CMS
- \$5.8 billion (19%) cut to NIH



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