Presented by:

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FEDERAL HEALTH POLICY LANDSCAPE UNDER THE NEW ADMINISTRATION:

IMPLICATIONS FOR CANCER CARE & PREVENTION AMONG VULNERABLE POPULATIONS

BRISTOL-MYERS SQUIBB FOUNDATION GRANTEE SUMMIT
ATLANTA, GA
APRIL 10, 2017
Training center for the next generation of health and food lawyers, law and policy reform think tank, advocacy leadership development and law reform advising program

**Health Law**
- Access to health care for low-income populations
- Preventive health care & chronic disease management

**Food Law**
- Access to healthy food
- Sustainable food systems

- Sustaining and scaling project innovation through policy reform
CANCER AND VULNERABLE POPULATIONS

- **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
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

Affordability
- Subsidies
- Individual Mandate

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

Medicaid
- Medicaid Expansion
AFFORDABILITY

Subsidies

- Failure to pursue appeal threatens individual market

Individual mandate

- HHS Secretary Price pledges to enforce mandate
- Could use other strategies to undermine marketplace participation
## Essential Health Benefits (Preventive Services)

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>USPSTF Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>B</td>
</tr>
<tr>
<td>Skin cancer behavioral counseling for fair-skinned children and young adults ages 10-24</td>
<td>B</td>
</tr>
<tr>
<td>BRCA risk assessment and genetic counseling/testing for women with a family history of breast, ovarian, tubal, or peritoneal cancer</td>
<td>B</td>
</tr>
<tr>
<td>Breast cancer screening for woman age 40+</td>
<td>B</td>
</tr>
<tr>
<td>Breast cancer preventive medications for women at increased risk of breast cancer</td>
<td>B</td>
</tr>
<tr>
<td>Cervical cancer screening for women 21-65</td>
<td>A</td>
</tr>
<tr>
<td>Colorectal cancer screening for individuals age 50-75</td>
<td>A</td>
</tr>
<tr>
<td>Tobacco use screening and counseling and interventions for non-pregnant smokers, including behavioral interventions and cessation medications</td>
<td>A</td>
</tr>
<tr>
<td>Tobacco use screening and behavioral interventions for pregnant smokers</td>
<td>A</td>
</tr>
<tr>
<td>Depression screening</td>
<td>B</td>
</tr>
<tr>
<td>Obesity screening and counseling for all adults with counseling for adults with a BMI of 30+</td>
<td>B</td>
</tr>
</tbody>
</table>
**CONSUMER PROTECTIONS: GUARANTEED ISSUE & COMMUNITY RATING**

Pre-Existing Conditions Protection

<table>
<thead>
<tr>
<th>Jefferson County, KY</th>
<th>Jefferson County, KY</th>
</tr>
</thead>
<tbody>
<tr>
<td>56 Years Old</td>
<td>56 Years Old</td>
</tr>
<tr>
<td>Non-smoker</td>
<td>Non-smoker</td>
</tr>
<tr>
<td>No major known health conditions</td>
<td>Abnormal LDCT lung cancer screening test</td>
</tr>
<tr>
<td></td>
<td>Obese</td>
</tr>
<tr>
<td></td>
<td>Prediabetes</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
</tbody>
</table>

- 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

- 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

- Expansion populations get access to EHB Preventive Services (incentive to expand to traditional Medicaid population)
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??**
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