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Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, hard to believe we are watching the summer wind down rather quickly it seems which means we are gearing up for the changes that autumn brings and it's also a time when families need to be hyper-alert to immunization regulations for their school age children heading back to the classroom.

Margaret Flinter: Kind of a seasonal ritual, as the summer winds down and school begins, families often find themselves caught unaware of the important immunizations that are required for their children as they return to school. The issue has become more pronounced off late as more families have actually opted out of immunizations for personal reasons.

Mark Masselli: A number of state health departments have become much more vigilant on the matter as we're seeing the serious uptake diseases like measles and pertussis, all vaccine preventable, but highly contagious and potentially deadly in young children especially.

Margaret Flinter: You know, Mark, I am not sure everybody realizes this, but immunizations might just be one of the singular public health achievements of 20th Century healthcare. If anyone has any questions about vaccine protocols, we would encourage them to checkout this terrific resource from the Centers for Disease Control and Prevention, that www.cdc.gov/features/catchupimmunizations, there is a lot of great information at that site as there is on the entire CDC website. And the long-term empirical data are pretty clear, Mark. Vaccinations save lives.

Mark Masselli: They certainly do, Margaret. Roughly, one-third of the nations children are covered by Medicaid in this country which brings us to our guest today, Matt Salo, is the Executive Director of the National Association of Medicaid Directors.

Margaret Flinter: Well, the expansion of Medicaid under the Affordable Care Act led to millions of Americans gaining coverage, but there is a lot of certainty over what might happen next to this program that covers some 76 million Americans. Matt Salo is one of the nation's leading experts on this subject, Mark, so really looking forward to this conversation.

Mark Masselli: Lori Robertson also checks in with us, the Managing Editor of FactCheck.org, looks at misstatements spoken about health policy in the public

domain, but no matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Margaret Flinter: And as always if you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook or Twitter, we love to hear from you. Now we will get to our interview with Matt Salo in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. HHS Secretary Tom Price has traveled to Southeast Asia to meet with leading health officials from the region. The trip aimed at shoring up the world's readiness to combat disease outbreaks and how best to support global health security. He met with officials from Japan, China and Vietnam.

Roughly, one in eight women will be diagnosed with invasive breast cancer in this country, and now there is more fodder for confusion on the mammogram front. Recently the recommendations for annual mammograms after age 40 had been relaxed somewhat, suggesting instead that after a baseline mammogram regular screenings should commence after age 45 and even less frequently depending upon what both patient and clinician decide. Now a study out of Cornell Weill Medical Center suggests regular annual screenings between age 40 and 80 would eliminate almost 40% of invasive breast cancer deaths. While American Cancer Society President Dr. Otis Brawley amidst of those earlier screenings catch more cancers the likelihood of false positives are much higher at those younger ages. The risk benefit ratio begins to change around age 47 and 48, and the benefits of screening outweigh the risks of over diagnoses. The researcher conducting this study found yearly mammogram starting at age 40 reduced breast cancer deaths by 40% compared to 23% reduction with the least stringent recommendations.

World Hepatitis C Day has come and gone, a growing health threat in this country, 3.5 million Americans currently have the disease which affects the liver and is caused by a virus spread through blood to blood contact. And the number of infections is rising along with the opioid crisis with so many users sharing needles. There is a cure, but the cost is high about $80,000 per patient for a three-month course of daily pills. State public health officials are having a hard time securing the funds to treat more than a fraction of those who've been diagnosed. I am Marianne O'Hare with these Healthcare Headlines.

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Matt Salo – CEO of the National Association of Medicaid Directors

Mark Masselli: We are speaking today with Matt Salo, Executive Director of the National Association of Medicaid Directors which represents all 56 of the nation's states and territorial Medicaid Directors. Mr. Salo previously served for 12 years at the National Governors Association where, he worked on the governors' health care and human service reform agenda. Prior to that, he was a health policy analyst for State Medicaid Directors as part of the American Public Human Service Association. He earned his BA in Eastern Religious Studies at the University of Virginia. Matt, welcome to Conversations on Healthcare.

Matt Salo: Thanks so much. Thanks for having me.

Mark Masselli: May we live in interesting time and you certainly have lived in interesting times in terms of Medicaid and all the reforms that have happened. Going back to the Affordable Care Act, we have seen just such dramatic changes in the 60-year-old program and if the current leadership in the White House and Congress has their way, I think we will see more changes around the corner. And I think it's fair to say that I haven't really run into a healthcare person who actually can keep them right between Medicare and Medicaid. It really seems to be a problem, and you have been working on this issue Medicaid for two decades now. I am wondering if you could layout for our listeners the scope of the Medicaid program, who it covers and what makes it so complicated to understand.

Matt Salo: Sure. The way I like to describe it is that I used the bumper sticker test which is if you can describe your mission or your point succinctly on the bumper sticker, you are halfway there towards winning any kind of argument. Now what's the bumper sticker for what Medicare does? It's healthcare for old people, pretty simple, people understand that. But when you try to do that for Medicaid, you really run into a problem and the closest most people will get is healthcare for poor people, and that's not fully true. So what does Medicaid actually do? It does provide healthcare for some poor people, it provides healthcare for a lot of people who aren't poor, and there are a lot of things that Medicaid does that isn't actually healthcare in the traditional sense. If you look at any given state say Connecticut, Medicaid covers a very large number of pregnant women and kids, and in fact, Medicaid across the country covers about half the births. But when you think about say the parents, in a lot of states if you are the parents and you are making one-fifth of the federal poverty level, you are too rich to qualify for Medicaid. And prior to the ACA, if you are the single adults or married couple with no kids, it didn't matter what your income was, you didn't qualify for Medicaid. And then you sort of get into the huge role that Medicaid actually plays for people with physical intellectual developmental disabilities, and the fact that Medicaid is the de-facto long-term care program. Once you think you figured out how it works you look across at your neighboring state and you realized they are doing it completely different.

Margaret Flinter: But you know, when we look back to the dawn of the Affordable Care Act, one of the pillars was this expansion of Medicaid which was intended to be all Americans living up to 138% of the poverty line, and then the Roberts Court upheld the Affordable Care Act but refused to require states to adopt the mandatory Medicaid expansion, and that created a coverage divide, if you will, in this country. Can you talk a little bit about the coverage gains that we saw under the Medicaid program since the passage of the Affordable Care Act, and how that changed healthcare?

Matt Salo: You know, for years, we are having this debate around well is this individual mandate unconstitutional or all those other stuff, and then as you said the Roberts Court comes out, he says oh no, no, no, the whole thing is fine. The only problem with the Affordable Care Act is this Medicaid expansion and they essentially turned it into an option. And as of right now, they are about 30 states that have done the option and the rest have not. And in the states that have done it all those weird kind of silos or parents above 20% of the poverty level or childless adults in those states, they now have coverage for the first time and in the states that haven't done the expansion, in many cases, they are working, sometimes working multiple jobs, but they are working in jobs that don't provide coverage. The original intent of the ACA was to kind of smooth out some of those gaps and coverage, but I think once the court turned this into an option, it kind of threw it into the midst of a very hotly debated political discussion, and you had state legislators and governors in many parts of the country who had been running against the Affordable Care Act as a political thing, they just couldn't politically do 180 and embrace a big piece of it. We are still grappling in this country with are we lurching towards universal coverage and what's the proper role of the federal government.

Mark Masselli: Certainly, your Medicaid Directors, they are working for governors who are trying to balance their budget, we have got the uncertainty of that CHIP Reauthorization around the corner, and they have got a lot of tools at their disposal. And I am wondering what do you see out there that's exciting and creative about what people are doing?

Matt Salo: You know, I represent all 56 of the states and territories, and my members, they worked for governor, and about two-thirds are republicans. So as we were trying to figure out how are we going to engage as a bipartisan group, it was really, really challenging actually. The first week after the election I convened all the members and said okay, we weren't prepared to have a debate on the repeal of the ACA and block granting Medicaid, where do we as a group find common ground? And I had one of my members say, hey look, I just talked to my governor and my marching orders are repeal the ACA and block grant Medicaid. And one of my members said my marching orders are to stand in front of the train, and so where we kind of ended up was try to position our members as the trusted auto-mechanic and such a thing even exist anymore, it's a mix of the people understand this program before they go in and try to tinker around

with it. And we largely stayed on the sidelines until the senate finally released language of its healthcare reform bill, and when the smoke cleared, our republican members looked at that and said wow, we spent the last eight months try to educate them, they didn't listen to anything we said, this is horrible policy, this is damaging the states, and this is damaging to the people we serve. We have to come out and oppose it. But this fight isn't over, it's going to be very, very distracting, you are looking at 25% to 30% cuts over a 10-year-old period to this program, and we run a very efficient lean program, and they are just isn't waste out there to cut real people get hurt.

Margaret Flinter: Well Matt, I know that the Medicaid Directors are very committed to several important agendas really improving health and healthcare including embedding behavioral health in primary care really addressing better coordination of long-term care. But we would love to hear you talk about the innovations that you have seen over the years particularly utilizing Medicaid's large complex population.

Matt Salo: Yes, you know, by definition Medicaid is serving the sickest, the frailest and the most medically complex people in the country. So if any system needs to improve its Medicaid because we serve the people who need better health the most about 5% of our population drives about 50% of all of our spending. Those individuals with multiple complex conditions, substance abuse and mental health issues, how has the U.S. healthcare system really failed these people historically, pretty much every Medicaid agency is transforming the U.S. healthcare system away from a grounding in fee-for-service and towards a future where the delivery system is more holistic, coordinated, and the payment systems have to evolve as well. If all we are doing is arguing about the price of widgets, we need to reorient the healthcare system so that we are incentivizing physicians, hospitals to get and to keep people healthy. When you think about the fact that health care is now 18% of the nation's GDP, you got a massive amount of resources invested in the status quo. So Medicaid that has to drive it and I am really excited about the things that we are doing, you know, states that have gone full-on managed care like in Arizona or Tennessee, we don't need to outsource this, we can do this in-house like Connecticut where they said yeah we are going to apply the coordination and management principles but just do it in different ways.

Mark Masselli: We are speaking today with Matt Salo, Executive Director of the National Association of Medicaid Directors which represents all 56 of the nation's state and territorial Medicaid Directors. Matt, as you were speaking about that 18% of the GDP couldn't help but think about the increasing an astronomical cost of prescription drugs, and there are new drugs coming out in the field, I mean who amongst us would have thought 20 years ago that there would be actual cure for Hepatitis C but who would cost $100,000, and there are 70 million lives that the Medicaid Directors happen, why aren't we buying this on mass across the nation trying to drive some of these, control these prices?

Matt Salo: So I kind of think about the things like Hepatitis C where it is fantastic that we have a cure. This is – the CDC calls this the biggest public health crisis and it's great that we've got a cure. Our folks freaked out though when the first drug hit the market and it was a $1,000 a pill and they realized that if we were to treat every person who has got Hep C we would be spending as much on this one drug as we would on all other drugs for all other conditions combined. And if this is a real public health crisis like say I don't know polio or small pox, it deserves a dedicated unique national/federal solution and the price of some of these widgets is astronomical. There is a drug out there that treats spinal muscular atrophy and kids who have this don't live to be adults. The treatment is $750,000 a year. We got to figure out how do we make that more affordable. One of the things that Medicaid Directors want to do is how do we pay for outcomes rather than just paying for services whether or not they work. There is a problem with the Medicaid law that doesn't really seem to allow us to do that for drugs, I will go back to Hepatitis C. You've got a drug worth $1,000 a pill, how are you going to make sure that you are actually getting the product to the patient and that the patients being adherent to the medication? Is there a way that we could pay if that patient is cured? We are not quite there yet.

Margaret Flinter: Well, Matt, speaking of drugs, the opioid crisis is certainly I am sure on the minds all of the Medicaid Directors. There is some signals coming from Washington about what kind of support maybe forthcoming to battle the opioid crisis, and you have said that it looks like Medicaid is poised to become the nation's leading entity test with addressing this crisis. So talk with us about how you think this is going to play out.

Matt Salo: There is no question that a Comprehensive Affordable Health Insurance Program is part of the necessary answer in Medicaid expansion states like Kentucky, like Ohio, where the Medicaid expansion is accounting for 50% even 70% of all substance abuse treatment dollars in Medicaid, and that says to me that there is a huge unmet need. And I think about governors like Governor Kasich in Ohio as he has addressed and tried to address the opioid crisis which is hitting Ohio very, very hard. The no-brainer for him was in terms of the Medicaid expansion he looked and he says, "if this is the way I can get to address the opioid crisis, alright let's do it." He has personally made this a moral, ethical even religious test of what are we doing in government, this is what we should be doing. But just having Medicaid or just having insurance the coverage says it's going to be necessary, but it's not sufficient because the reasons that people get to this place are multi-facet. At our big annual conference last year, we had this terrific author Sam Quinones who wrote kind of the seminal book on the opioid crisis in America called Dreamland. He looked out at the audience composed of Medicaid directors and health plans and physicians and drug companies and everybody in the Medicaid system. He said, "we have a real crisis here and you are all to blame for this, but there are many answers and we are all going to have to work together to figure out how to rebuild community.

This is going to be a very, very big undertaking. Medicaid has got a huge part to play but we are not going to be alone in it."

Mark Masselli: Well said. We have been speaking today with Matt Salo, Executive Director of the National Association of Medicaid Directors which represents all 56 of the nation's states and territorial Medicaid Directors. You can learn more about their work by going to www.medicaiddirectors.org, Matt, thank you so much for the work that you do and for the Medicaid Directors around the country, and for joining us today on Conversations on Healthcare.

Matt Salo: My pleasure. Thank you both.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Well, the Trump Administration hasn't said whether it will continue cost sharing subsidies on the Affordable Care Act insurance marketplaces in 2018. These payments which go directly to insurance companies are made to reduce out-of-pocket cost for those who earn between 100% and 250% of the federal poverty level and buy their own insurance on the state and federal marketplaces. Some insurers have said uncertainty over the future of those payments has caused them to request additional premium increases for 2018 beyond what they normally would have requested. And the Congressional Budget Office has come out with a new report on what would happen on the ACA marketplaces if the cost sharing subsidies don't continue beyond the end of this year.

Let's take a look at the CBO report. It said it's expected insurers in some states would not participate in the marketplace in 2018 because of uncertainty over a policy in which the cost sharing subsidies end. But by 2020 more insurers would participate as they had time to see how markets operated under that policy. Insurers would still have to bear the cost of the subsidies by offering reduced deductibles and copays even though they wouldn't get the payments from the federal government to cover those reductions. So in response insurers would raise premiums specifically for the silver level plans. Those are the only plans for which cost sharing subsidies are available. CBO projects that premiums for single individuals would increase by about 20% in 2018 compared with current law and for 2020 and the following years the premiums would be about 25% higher. Cutting off the subsidies would also increase the federal deficit by a net

$194 billion over 10 years. CBO said that's because the tax credits offer to help lower income people pay for premiums would increase.

The Kaiser Family Foundation looks at preliminary numbers from 20 states in Washington D.C. and found that "the vast majority of insurers played policy uncertainty and their rates filings," saying that they had included an additional premium increase ranging from 2% to 23% due to an assumption that the cost sharing subsidies will continue. And that's my fact check for this, I am Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com, we will have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. September is suicide prevention month and it's a particular interest to the Veterans Administration. An estimated 22 veterans per day are taking their own lives and what's being described as a post-war suicide crisis with a lack of behavioral health clinicians available for every veteran who is experiencing difficulty, the VA has launched a campaign aimed at all Americans who know veterans who maybe struggling. It's called the Power of One campaign, the idea that one person reaching out to one veteran in a caring manner can make a difference.

Dr. Caitlin Thompson: The power of one small action, one conversation, or one phone call can make a difference in the life of a veteran going through a difficult time. For free 24x7 confidential support called the Veterans Crisis Line or the Military Crisis Line.

Margaret Flinter: According to Dr. Caitlin Thompson, Deputy Director of VA Suicide Prevention program, it takes only a moment and just one small act can start them down the path to getting the support they need. The VA has launched a new suicide prevention hotline, it's now collaborating with community groups across the country to prepare them to better address the needs of these veterans; veterans, service members and anyone concerned about them can call the Veterans Crisis Line, 1-800-273-8255. They can chat online at www.veteranscrisisline.net/chat or send a text to 838255, a dedicated program aimed at reaching out to veterans across the country empowering community groups and individuals to find ways of offering support, to getting veterans the help they need before it's too late. Now, that's a bright idea.

Matt Salo – CEO of the National Association of Medicaid Directors

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Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Healthcare broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.