

SHARE Grantee Newsletter — October 15, 2009

NEWS FROM GRANTEES

SHARE Grantee David Idala Releases Issue Brief

Principal Investigator David Idala and his research team at The Hilltop Institute at the University of Maryland, Baltimore County (UMBC), have released an issue brief detailing early findings from their SHARE-sponsored evaluation of the 2008 Maryland Kids First Act. The issue brief, "Using Information from Income Tax Forms to Target Medicaid and CHIP Outreach: Preliminary Results of the Maryland Kids First Act," documents Maryland's early experience using tax information to identify children who are Medicaid/CHIP eligible. The brief identifies 10 lessons learned from the experience so far, addressing issues such as data-sharing, health literacy, inclusion/exclusion criteria, tracking mechanisms, and the circumstances under which legislation is necessary in order to implement tax-based outreach.

[Click here](#) to read the issue brief.

SHARE AND SHADAC NEWS

SHARE Releases Issue Brief Highlighting Grantee Findings Relevant to National Health Reform

As SHARE grantees begin to release preliminary findings, SHARE will be publishing a series of issue briefs, highlighting successful state reform strategies with the goal of informing the current health care debate. This week, SHARE introduced the first brief, titled "State of Reform," which provides an overview and synthesis of recent grantee findings and significant lessons learned. Specifically, the brief highlights several lessons learned about reforms involving public programs:

- Simplifying the enrollment process for public programs promotes increases in enrollment for the currently eligible.
- Keeping public programs affordable encourages enrollment.
- Expanding public program eligibility doesn't necessarily lead to a drop in employer-sponsored coverage (i.e., crowd-out).
- A significant administrative burden for employers in three-share programs can deter their participation.

[Click here](#) to view the "State of Reform" issue brief, or [click here](#) to read Lynn Blewett's RWJF blog post about how state experiences can inform the national reform debate.

SHARE Panels at APPAM

SHARE researchers will be featured on two panels at APPAM's upcoming annual research

conference in Washington, D.C. The first panel, "Using State Evidence to Inform State and National Health Policy" will take place on Thursday, November 5th, at 3:30 p.m. Elizabeth Lukanen will chair this panel, on which Jenny Kenney, Carol Gresenz, Ron Deprez, and Lindsey Leininger will present findings from their SHARE studies. The second panel, "State Health Policy: Massachusetts and More," will be led by SHARE Program Officer Brian Quinn, with Deborah Chollet as discussant. This panel will take place on Saturday, November 7th, at 10:30 a.m., and will feature SHARE grantees Sharon Long, Stan Dorn, and Anna Sommers.

[Click here](#) for more information about the 2009 Annual APPAM Research Conference.

SHADAC and NASHP Receive HRSA Contracts to Provide Technical Assistance to SHAP Grantees

SHADAC has been awarded a contract from the Health Resources and Services Administration (HRSA) to administer technical assistance to states who have received State Health Access Program (SHAP) funds to support the implementation of public insurance coverage expansions. SHADAC will provide these states with technical assistance on data collection/analysis and evaluation methodologies, helping them to perform such tasks as: correctly identify and use appropriate evaluation data, design survey instruments for data collection, determine appropriate sampling strategies, and select an appropriate evaluation design and metrics. SHADAC will be working closely with the National Academy for State Health Policy (NASHP) who was awarded a parallel HRSA contract to provide technical assistance to SHAP grantees on policy development.

To see a list of the 13 states who were awarded SHAP grants, [click here](#).

Lynn Blewett Discusses Health Reform in Minnesota Medicine

Lynn Blewett recently wrote an opinion piece about health reform for Minnesota Medicine, the journal of the Minnesota Medical Association. In light of the current national health reform debate, the journal added a new section, "Reflections on Reform," to its website. This section features commentaries from physicians and health policy leaders on the topic of federal reform and the health care proposals being debated in Congress. Dr. Blewett provides her thoughts on the issue of health care reform in her commentary, "Chipping Away at Change." In this piece, she emphasizes that any health reform bill that passes will likely be expanded upon by smaller, incremental reforms over time, as has been the historical pattern in American health policy.

[Click here](#) to read the full text of Dr. Blewett's commentary.

SHARE Report from NASHP Annual State Health Policy Conference

We had great attendance at the SHARE lunch round table at NASHP's Annual State Health Policy Meeting in Long Beach, CA, last week. Attendees included state representatives from Maine, staff from several national and state research centers, and state policy-makers from Alaska, California, Kentucky, Minnesota, Mississippi, North Dakota, Oregon, Rhode Island, Utah and Washington. SHARE Deputy Director Elizabeth Lukanen led the discussion and provided an overview of SHARE findings to date. A common theme that arose from the discussion was the need for researchers to work with states during all stages of the research process and to provide periodic updates to states as results are produced. SHARE is committed to supporting research conducted in collaboration with state partners and will continue to assist in the dissemination of grantee findings.

STATE HEALTH REFORM NEWS

CMS Awards 69 CHIPRA Outreach and Enrollment Grants

The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 authorized new federal funding for outreach to children who are eligible for Medicaid or CHIP but have not enrolled. This funding includes \$80 million devoted to grants to community-based organizations, States, community health centers and other health care providers, faith-based organizations, school districts and Tribal organizations. These grants will be used to develop and implement

strategies to promote enrollment and retention in Medicaid and CHIP over a two-year time period. On September 30th, CMS awarded the first \$40 million in grants to 69 applicants. 49 of the grantees are individual organizations or states, and the remaining 20 are consortiums of organizations.

For a complete list of grantees, along with their award amounts and project goals, [click here](#).

A number of SHARE-sponsored projects are investigating outreach and enrollment strategies in public programs, and three of these projects (those led by [Michael Cousineau](#), [Stan Dorn](#), and [Tom Oliver and Tom DeLeire](#)) have found preliminary evidence that working with community-based organizations--as supported by the CHIPRA grants--has a positive impact. SHARE will be releasing issue briefs in the coming weeks detailing the latest outreach and enrollment findings from each of these three projects.

[Click here](#) to view a full list of SHARE project descriptions.

New CEA Report: Impact of Health Reform on State and Local Governments

The President's Council of Economic Advisors (CEA) has released a new report detailing the likely financial impact of federal health insurance reform on governments at the state and local level. The authors of the report acknowledge widespread concern that the current reform proposals could lead to burdensome increases in state Medicaid expenditures. However, the report goes on to make the case that, in reality, state budgets will likely benefit from federal health insurance reform.

Through a detailed analysis of health spending in a sample of 16 states, the report maintains that federal reform, as currently proposed, would positively impact state budgets in three ways:

- The proposals would provide Medicaid coverage--which would be primarily federally-funded--for low-income uninsured citizens and legal residents, who currently account for billions of dollars of state spending on uncompensated care.
- Individuals who currently rely on state-funded insurance programs (like Dirigo Health in Maine or Catamount Health in Vermont) would become eligible for subsidized health insurance through an insurance exchange, at no expense to states.
- By significantly reducing uncompensated care, health reform would also reduce the "hidden tax" that this care currently imposes on insurance premiums paid by the insured and their employers. Reducing this tax would greatly benefit state and local governments, who employ some 19.4 million workers.

To view the full CEA report, "The Impact of Health Insurance Reform on State and Local Governments," [click here](#).

OTHER NEWS

State Coverage Initiatives Launches New Blog

State Coverage Initiatives (SCI), a national program of the Robert Wood Johnson Foundation administered by [AcademyHealth](#), offers an integrated array of policy and technical assistance services and products to help state leaders with coverage expansion efforts. To promote these activities, SCI has launched a new interactive blog called "Speaking of States." The goal of this interactive blog is to keep SCI's community of state officials updated on state health reform news as well as new resources available from SCI.

To access Speaking of States, [click here](#).

SEND US YOUR NEWS!

If you have news items that you would like SHARE to highlight, please send them to Caroline Au-Yeung at butle180@umn.edu.

SHARE is a National Program Office funded by the Robert Wood Johnson Foundation to fund, synthesize and disseminate evaluations of state health reform. Periodically, SHARE will send a newsletter outlining upcoming events, grantee activities and updates on our funded projects. For more information, visit SHARE's web site, www.statereformevaluation.org.

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