



October 2019

## SHADAC Announcements

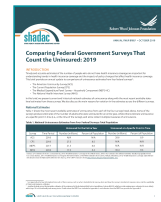
### SHADAC Analysis Examines Rising Suicide Rates Nationwide and in the States



As part of a new analysis aiming to shed more light on a growing public health concern, SHADAC researchers have produced [two issue briefs](#) that provide high-level information on trends in suicide deaths across the country. The briefs present historical context for the recent acceleration in the rise of suicide rates and examine trends in suicide-related mortality across the [nation](#) and [states](#), and among population subgroups, from 2000 to 2017. Data used to produce the briefs is also now available on [State Health Compare](#).

### Annual Issue Brief Release: Comparing Federal Surveys that Count the Uninsured

After the final release of new health insurance coverage estimates from the U.S. Census Bureau, the Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention, SHADAC has updated and published our annual brief, "[Comparing Federal Surveys that Count the Uninsured](#)." The brief contains the latest national and state uninsurance estimates from four major federal surveys—the American Community Survey (ACS), the Current Population Survey (CPS), the Medical Expenditure Panel Survey – Household Component (MEPS-HC), and the National Health Interview Survey (NHIS)—and also provides guidance on understanding variations between estimates across the different surveys.



### SHADAC Resource: Evaluation Plans for DSRIP/Delivery System Reforms through 1115 Waivers



Recently, SHADAC has expanded our expertise in providing technical assistance to states in the area of [payment and delivery system reform evaluation and monitoring](#) by working with a subset of states pursuing innovative policies in this arena under the Medicaid 1115 waiver. SHADAC has reviewed publicly available evaluation plans related to one waiver type, the Delivery System Reform Incentive Payment (DSRIP) program, and created a [new resource](#) that summarizes and catalogs characteristics of current evaluation plans or reports in seven states for which these are publicly available.

## Data, Analysis, and Trends from the States

### Oregon Health Insurance Survey 2019 Early Release Results

The Oregon Health Authority has published a [new report](#) detailing early release results from the 2019 Oregon Health Insurance Survey (OHIS). The report found coverage holding steady from 2017 to 2019 across all age groups and plan types, and across the population as a whole, with an estimated 94.0% of all Oregon residents reporting having coverage in 2019—up from the 93.8% who reported having coverage in 2018.



## 2019 OHIP: Findings from the Ohio Health Issues Poll



Results from the [Ohio Health Issues Poll \(OHIP\)](#), an annual survey conducted by Interact for Health, were recently released for 2019. Data for adults age 18-64 indicated a large shift in type of health insurance coverage from the previous year, with employer-sponsored insurance (ESI) increasing significantly from 50 to 57 percent, and public insurance (Medicaid, Medicare, VA, etc.), individual plan, and uninsurance all experiencing slight decreases.

## 2019 CHIS: California Health Interview Survey

A new [policy brief](#) from the UCLA Center for Health Policy Research shows that California's rate of health insurance coverage was stable from 2017 to 2018, despite a national drop in coverage from 93.3 to 93.1 percent during this time. Uninsurance dropped from 8.5 to 8.1 percent from 2017 to 2018 among all Californians under age 65, with the biggest coverage gains seen in employer-sponsored insurance (ESI; 51.2 to 52.0 percent) and in the state's Medicaid program, Medi-Cal (29.0 to 29.5 percent).



## Payment and Delivery System Advancement in the States Health Care Safety-Net Programs After the Affordable Care Act



In a [new brief](#), authors at Penn State Leonard Davis Institute of Health Economics (LDI) and the United States of Care examine the evolving role of safety-net programs in the years since the passage of the Affordable Care Act (ACA). Previously, safety-net programs were used to serve uninsured, low-income, and other vulnerable populations, but are now increasingly used to serve patients who have insurance but are considered “underinsured” due to high deductibles and co-payments as barriers to care. The brief also provides policy recommendations for states seeking to strengthen the ability of safety-net programs to address gaps in coverage and gaps in access to care.

## Other Data News & SHADAC Resources

### MACPAC Report to Congress: Utilization Management of Medication-Assisted Treatment in Medicaid

A newly published [report](#) to Congress from the Medicaid and CHIP Payment Access Commission (MACPAC), one of the first public analyses to use T-MSIS data, examined trends at the national and state level in Medicaid utilization management policies regarding medication-assisted treatment (MAT) for substance use disorders (SUD). Key findings from the report indicated that while prescriptions for MAT rose dramatically from 2013 to 2017 (buprenorphine prescriptions tripled and naltrexone quadrupled), large treatment gaps remain.



### State Health Compare: New Data Added for a Measure on Deaths from Suicide



SHADAC has added a new measure on [Suicide Deaths](#) to the "Health Outcomes" category on our [State Health Compare](#) website. Data comes from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics via the CDC WONDER Database, and data can be viewed by multiple demographics including age, gender, race/ethnicity, method, and metropolitan status for years 1999 through 2017.

### Using 1115 Waivers to Fund State Uncompensated Care Pools

A new [analysis](#) from SHADAC explores one mechanism used by states in order to fund care for the uninsured and underinsured—Uncompensated Care Pools, also known as “UC pools” or “UCPs.” Seven states (California, Florida, Kansas, Massachusetts, New Mexico, Tennessee, and Texas) currently utilize provisions under Medicaid 1115 waivers to fund their uncompensated care pools, and two states (Arizona and Hawaii) formerly held the same waivers, which have now expired. Included with this analysis is a table providing descriptive and characteristic information about each state's 1115 waiver and UC pool.



## Additional Resources

### The Number of Uninsured Children is on the Rise



The Georgetown University Center for Children and Families (CCF) has released their [latest report](#) on children's health insurance coverage in the United States. Key findings include the troubling overall rise in children's uninsurance across the nation, with over 400,000 losing coverage between 2016 and 2018. Fifteen states in particular saw significant increases in uninsured children, with non-Medicaid expansion states experiencing increases three times the rate of states that have expanded Medicaid.

### Final Webinar in the State Health and Value Strategies (SHVS) Health Equity Series: The Medicaid MCO Experience

State Health and Value Strategies held its fifth and [final webinar](#) in its *Health Equity through Managed Care series*, "The Medicaid MCO Experience in Addressing Health Equity," on Tuesday, October 22. Bailit Health President Michael Bailit hosted speaker Brian Lloyd, Senior Manager of HealthPartners, who spoke about the organization's approach to and investment in health equity through data collection and monitoring, community engagement and stakeholder partnerships, and integration of equity into clinical and strategic planning. Slides from the presentation are also available for [download](#).



### UMN Carlson School Policy Forum: Combating Minnesota's Opioid Epidemic



On Thursday, October 24, the University of Minnesota's Medical Industry Leadership Institute hosted a [one-day policy forum](#) focused on highlighting efforts to curb the national opioid crisis at federal, state, and local levels from a variety of stakeholders. Along with serving as a forum sponsor, SHADAC Senior Research Fellow Colin Planalp presented a data-focused look at trends and evolutions in the opioid epidemic in Minnesota from 2000 to 2018. Slides from [Mr. Planalp](#), as well as for two related presentations from the [FDA](#) and [SAMHSA](#), are available for download.

## Recommended Reading

[Minnesota's suicide rate has jumped by 50 percent since 2000](#)

*Hannah Jones, City Pages*

[What Some Researchers Get Wrong About Medicaid's Income Eligibility Requirements](#)

*Tricia Brooks, HealthAffairs Blog*

[President Trump's Proclamation Suspending Entry for Immigrants without Health Coverage](#)

*Kaiser Family Foundation*

[Marketplace Pulse: How or Not? Volatility in the Individual Market](#)

*Kathy Hempstead, Robert Wood Johnson Foundation*

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