

# shadac NEWSLETTER

STATE HEALTH ACCESS DATA ASSISTANCE CENTER

August 2017

## Announcements

### Lynn Blewett: Public Buy-In Option Is a Feasible Way to Ensure Affordable and Accessible Coverage on the Individual Market

In [a piece on the Health Affairs Blog](#), SHADAC Director Lynn Blewett makes the case for offering a public buy-in option on the individual market in order to ensure broad access to affordable non-group coverage. Dr. Blewett emphasizes that without a public buy-in option, there is a real possibility that non-metro areas in Minnesota and in other states will have no health plan offerings on the individual market.

### National and State Trends in Opioid-Related Overdose Deaths, 2000-2015: Briefs and Maps

In [two new companion briefs](#), SHADAC researcher Colin Planalp uses vital statistics data from the [CDC WONDER](#) system to analyze differences in trends of overdose deaths nationwide and by state, type of opioid, age, race/ethnicity, and urbanicity, from 2000 to 2015. Among the states, 39 saw significant increases in overdose deaths from non-heroin opioids during this time period, and 19 saw significant increases in heroin-related overdose deaths.



Also available are [two interactive slider maps](#) that show changes in heroin-related and non-heroin opioid-related overdose deaths among the states between 2000 and 2015.

### Lynn Blewett Discusses Potential Medicaid Cuts in Minnesota Town Hall Series



Over the last two months, SHADAC Director Lynn Blewett participated in a series of three Medicaid-focused town hall events supported by ["This is Medicaid."](#) During these events, Dr. Blewett discussed the role of Medicaid in Minnesota and the potential implications of proposed Medicaid cuts for individuals in the state. Dr. Blewett was joined by U.S. Senator Al Franken for the final event in this series on June 24th in Burnsville, MN, and a recording of their conversation is available [here](#).

### Course Announcement: State Health Care Financing and Politics



Minnesota State Senator [Tony Lourey](#) (D-Kerrick, MN) will co-teach State Health Care Financing and Politics (PUBH 6744) with SHADAC Director Lynn Blewett at the University of Minnesota during the upcoming fall semester. The course will be offered through the Division of Health Policy and Management on Wednesdays from 9:05 a.m. to 11:00 a.m. and will include discussions of the Affordable Care Act, the individual health insurance market, state budgets, and public program financing. [Learn more.](#)

## News from the States

### Colorado: Economic and Budgetary Impact of Medicaid Expansion in Colorado through FY 2035



The [Colorado Health Foundation](#) released an independent [analysis](#) measuring the impact of Medicaid expansion on Colorado's state budget and on jobs, household earnings, and economic activity in the state. Findings reveal that in the two years since implementation, Medicaid expansion in Colorado has added 31,074 jobs, increased economic activity by \$3.8 billion, and raised average annual household earnings by \$643. Projections out to fiscal year 2034-2035 suggest that the significant and positive effect of expansion on

Colorado's economy will continue.

## Louisiana: Medicaid Expansion Annual Report, 2016–2017

The [Louisiana Department of Health](#) produced a [report](#) to show how Medicaid expansion has impacted lives and financial resources in Louisiana since implementation in July 2016. According to the report, more than 433,000 people in Louisiana have obtained health care coverage under the Medicaid expansion, and the state's uninsured rate has dropped from 21.7 percent in 2013 to less than 12.5 percent in 2017. Additionally, expansion has led to the creation of more than 1,000 new jobs and \$4 billion in new revenues for Louisiana health care providers.

## Michigan: Hospital Uncompensated Care Decreased in 2014 and 2015



The [Center for Healthcare Research & Transformation](#) (CHRT) recently released an [analysis](#) using 2014 and 2015 Medicare cost reports to examine the financial characteristics of 104 hospitals in Michigan, which expanded Medicaid eligibility in April 2014. The report shows that by the end of 2014, the state experienced a sharp decline in uncompensated care, dropping from \$903 million in 2013 to \$677 million in 2014. This drop continued into 2015 as uncompensated care fell to \$394 million, a decrease of 56 percent from 2013 levels.

## Minnesota: Health Insurance Coverage Transitions Held Steady in 2015

A new [brief](#) from the [Minnesota Department of Health](#) analyzes the volume and distribution of health insurance transitions for non-elderly Minnesotans using data from the 2015 [Minnesota Health Access Survey](#). According to this report, 355,000 nonelderly Minnesotans experienced some type of health insurance transition in 2015, whether shifting between coverage types (for 2.8 percent of Minnesotans), gaining health insurance coverage after being uninsured (for 3.5 percent of Minnesotans), or becoming uninsured (for 1.4 percent of Minnesotans).

## Minnesota: MCHA Would Have Remained an Expensive Program in 2017

The [Minnesota Department of Health](#) has released a [policy short take](#) outlining the history, costs, and policy challenges associated with the Minnesota Comprehensive Health Association (MCHA), Minnesota's high-risk health insurance pool that existed from 1976 to 2014. The piece explains that MCHA would have remained an expensive program had it continued as a pool for high-risk enrollees into 2017: Average annual premiums today would be an estimated \$5,928, which is more than four times the cost of the average premium paid by workers for employer-sponsored health insurance.

## Data News

### 2016 MEPS-IC Data on Employer Insurance Coverage Now Available



The [Agency for Healthcare Research and Quality](#) (AHRQ) has released [2016 estimates from the Medical Expenditure Panel – Insurance Component \(MEPS-IC\)](#) on private sector employer-sponsored insurance (ESI) coverage, premiums, and deductibles. The new estimates show that the percentage of employees nationwide working at establishments that offer coverage was statistically stable in 2016 at 84.3 percent (vs. 83.8 percent in 2015), as was the percentage of these employees who were eligible for the coverage offered, at 76.5 percent (vs. 76.0 percent in 2015). However, the ESI take-up rate dropped to 73.3 percent in 2016 from 75.0 percent in 2015, representing a significant decline. Highlights from the 2016 estimates are available in [AHRQ Statistical Brief #503](#).

SHADAC's [State Health Compare](#) has been updated to include 2016 MEPS data. Visit State Health Compare to explore national and state-level estimates of workers in establishments that offer coverage; average annual ESI premiums; and employee contributions to premiums for the years 2002 through 2016.

### 2016 CPS and ACS Estimates to Be Released on September 12th and 14th

The 2016 income, poverty, and health insurance coverage statistics from the [Current Population Survey](#) (CPS) [will be released](#) on Tuesday, September 12, 2017. The CPS health insurance report will include state-level coverage and trends from 2008 to 2016. The 2016 [American Community Survey](#) (ACS) 1-year estimates, including estimates of insurance coverage, will be released on Thursday, September 14, 2017. The ACS data will be available for the nation, all 50 states, the District of Columbia, Puerto Rico, metropolitan areas, and all counties and places with populations of 65,000 or more.

SHADAC will be monitoring the upcoming ACS and CPS data releases and highlighting key estimates on our blog and social media. [Sign up for our mailing list](#) to receive registration information for our annual September data release webinar featuring experts from the U.S. Census Bureau.

## 2016 NHIS Data Now Available in IPUMS NHIS (Formerly IHIS)



More than 1,500 integrated variables from the 2016 [National Health Interview Survey](#) (NHIS) are now available from [IPUMS NHIS](#) (formerly the Integrated Health Interview Series, or IHIS). [IPUMS Health Surveys](#) harmonizes annual NHIS microdata from the 1960s to the present and allows users to create custom NHIS data extracts for analyses.

Access [SHADAC's overview](#) of the 2016 NHIS health insurance coverage data.

## Recommended Reading

[MinnesotaCare Buy-In: Maybe Not a Long Shot](#)

Lynn Blewett, *Health Affairs Blog*, August 2, 2017

[Slow Nationwide Climb in Premiums for Employer Health Coverage Continued in 2016, Driven by Premium Increases in Just a Few States](#)

*SHADAC Blog*, August 1, 2017

[How to Stabilize Nongroup Insurance Markets in Four Easy Steps](#)

Linda J. Blumberg and John Holahan, *Urban Wire*, July 28, 2017

[Need Health Care? Let's Go Shopping – Or Not?](#)

Jon Christianson, *Medica Research Institute Blog*, July 24, 2017

[Medicaid and Social Determinants of Health: Adjusting Payment and Measuring Outcomes](#)

Ellen Breslin and Anissa Lambertino, *State Health and Value Strategies: Brief*, July 14, 2017

[Quality Measurement for HCBS and Behavioral Health in Medicaid: What's Happening and What's Missing](#)

*SHADAC Blog*, July 3, 2017

[State Reinsurance Proposals: Key Elements from Alaska, Iowa, and Minnesota](#)

*SHADAC Blog*, June 29, 2017

---

[Forward to a friend.](#)

[unsubscribe from this list](#) | [update subscription preferences](#)

Copyright © 2016 University of Minnesota  
SHADAC, 2221 University Avenue SE, Suite 345, Minneapolis, MN 55414