



Health Forward  
FOUNDATION

# POLICY AGENDA

2020



## PURPOSE

**Health Forward Foundation's policy agenda provides focus for Health Forward's staff and financial resources that are dedicated to advocacy each year. The policy agenda serves to target staff time and political capital. Beyond the use of our time, voice, and political capital, Health Forward will continue to offer funding support and technical assistance across a wide range of health issues through:**

- Advocacy activities in recognition that policy impacts across safety net, mental health, and healthy communities.
- Training and technical assistance for nonprofit organizations that seek to build or enhance their skills to advocate on behalf of their organization and clients.

This policy agenda does not alter our grantmaking, but is intended to build upon those activities.

## 2020 POLICY GOALS

The policy agenda is tiered to indicate the extent to which Health Forward will dedicate staff time, operating resources, and political capital to any given policy item. This reflects the fact that we cannot and do not intend to be equally engaged in all items on our policy agenda. Some of these issues are already being led by grantees, partner foundations, or other entities.

### TIER 1

Tier 1 priorities are those that Health Forward plans to support intensively, oftentimes taking a leading role. Health Forward will offer significant resources, in terms of funding, staff time, and/or political capital in support of these key policy priorities.

- Maintain and advance access to health coverage for low-income, vulnerable, and uninsured residents of Kansas and Missouri.
- Encourage the adoption and proper implementation of a statewide prescription drug monitoring program in Missouri.

### TIER 2

Tier 2 priorities warrant Health Forward involvement, but Health Forward will not be leading these efforts. Many of them are already championed by other partners and grantees. Any such issues that support Health Forward's mission would be competitive for training, technical assistance, and funding.

- Support funding of a state infrastructure that is adequate to administer, maintain, and analyze data from Medicaid programs.
- Increase political will for policies that improve health by investing in safe, affordable, and healthy housing.
- Work with partners to develop a coalition that can advocate for local public health funding.

**>>> Continue reading the following policy statements for the rationale behind priorities.**

# ACCESS TO HEALTH COVERAGE

## TIER 1 PRIORITY

**Maintain and advance access to health coverage for vulnerable and uninsured residents of Kansas and Missouri.**

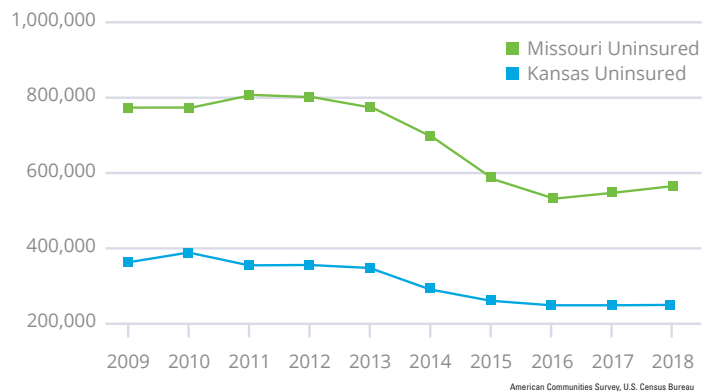
**BACKGROUND**

Since inception, Health Forward Foundation has recognized that uninsurance is a critical barrier to health for our residents most in need. The Affordable Care Act (ACA) introduced a dramatic overhaul of our nation's health care system. The ACA, while far from perfect, has resulted in substantial declines in the number of people in our community who are uninsured.

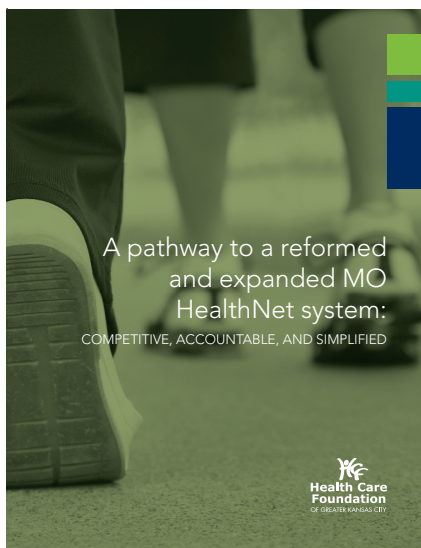
**The ACA set out to decrease the uninsured rate by:**

- Providing states with funding to increase their Medicaid eligibility levels and offer coverage to childless adults.
- Establishing health insurance marketplaces that would provide subsidies for people below 400 percent of the federal poverty level to purchase private health insurance.
- Allowing youth up to age 26 to stay on their parents' insurance coverage.
- Levying tax penalties for individuals who do not purchase insurance and for large employers that do not offer insurance to employees.
- Prohibiting insurance practices that deny coverage to those with pre-existing conditions. In addition, the ACA allows differential pricing for health insurance based only on age, tobacco use, family size, and geography.

Number of  
uninsured in  
Kansas and  
Missouri



In the years since the ACA's passage, Health Forward has taken a leadership role in encouraging both Kansas and Missouri to expand their Medicaid programs, which would bring approximately \$325 million into our service area each year in support of health access for our residents. The number of uninsured people in Kansas and Missouri has decreased by nearly 300,000 since the ACA passed in 2009. Had Missouri and Kansas expanded Medicaid, that number would total closer to 700,000.



Over the past few years, our federal leaders have had vigorous debates about the future of the ACA, with both state and federal leaders contemplating policies to block grant Medicaid programs. Against this backdrop, Health Forward continues to appeal to our elected leaders to leverage what has worked about the ACA and improve upon what hasn't.

Our interest is not only in advancing coverage options for the low-income and uninsured, but also ensuring that care is high quality and responsive to consumer needs. This led to our 2017 research, *A Pathway to Reformed and Expanded MO HealthNet: Competitive, Accountable, and Simplified*.

**Key findings of this research include:**

- The relationship between client and provider should be the center of care delivery.
- Provider payments should be linked to delivering high-quality care.
- Consumers should have a choice of how to receive their care.
- Missouri's Medicaid program, MO HealthNet, is overly complex with barriers to enrollment.
- Accountability should extend to all parties involved in Medicaid including consumers, providers, managed care companies, and the governmental agencies that oversee the program.

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## HEALTH FORWARD SUPPORT

**Access to quality health care is integral to our ability to achieve our mission. Health Forward will:**

- Encourage our federal Congressional delegation to work toward ACA reforms that preserve what works about the ACA and improve upon what hasn't.
- Defend against both state and federal changes to the Medicaid program that would reduce access for those in need.
- Advocate for the expansion of Medicaid in both Kansas and Missouri.
- Encourage the states of Kansas and Missouri to pass policies that will enhance quality of care in the Medicaid program.
- Emphasize that comprehensive women's health services are a wise investment at both the state and federal level.

### KEY TALKING POINT #1

The Affordable Care Act, while far from perfect, has resulted in substantial declines in the number of people in our community who are uninsured. The number of uninsured people in Kansas and Missouri has decreased by nearly 300,000 since the ACA passed in 2009. Health Forward appeals to our elected leaders to preserve what has worked about the ACA and improve upon what hasn't.

### KEY TALKING POINT #2

If both Missouri and Kansas expand Medicaid, there will be 700,000 fewer people who are uninsured. This would bring approximately \$325 million into our six-county service area each year in support of health access for our residents.

### KEY TALKING POINT #3

Health Forward has listened to Medicaid consumers, providers, insurers, and government agencies to develop a list of recommendations that will enhance the quality of care delivered through MO HealthNet.

## RESOURCES

### Infographic

[The ACA Impact in Missouri](#)

### Infographic

[Exploring Medicaid](#)

[Block Grant Financing](#)

### Report

[Kansas Medicaid: Experiences of Adults with Serious Mental Illness](#)

### Report

[A Pathway to a Reformed and Expanded MO HealthNet System: Competitive, Accountable and Simplified](#)

### Report

[Missouri Medicaid Consumer Perspectives Study](#)

# STATEWIDE PRESCRIPTION DRUG MONITORING PROGRAM

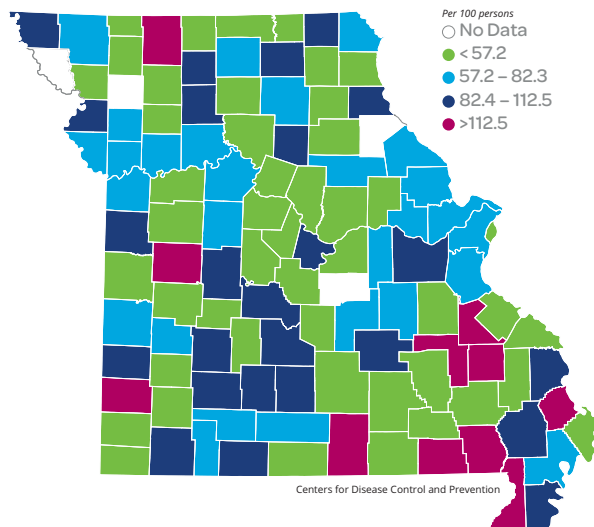
## TIER 1 PRIORITY

Encourage the adoption and proper implementation of a statewide prescription drug monitoring program in Missouri.

## BACKGROUND

Missouri has had the distinction of being the only state in the country without an active statewide prescription drug monitoring program (PDMP). An estimated 180,000 individuals in Missouri are addicted to prescription painkillers, and drug overdose deaths in the Kansas City area have quadrupled over the past decade. A PDMP monitors the prescribing and dispensing of controlled substances to assist in the identification and prevention of prescription drug misuse and abuse. A PDMP is not a silver bullet, but it is one additional tool that can be used to reduce addiction and improve patient care.

Prescribing Rates by County, 2017

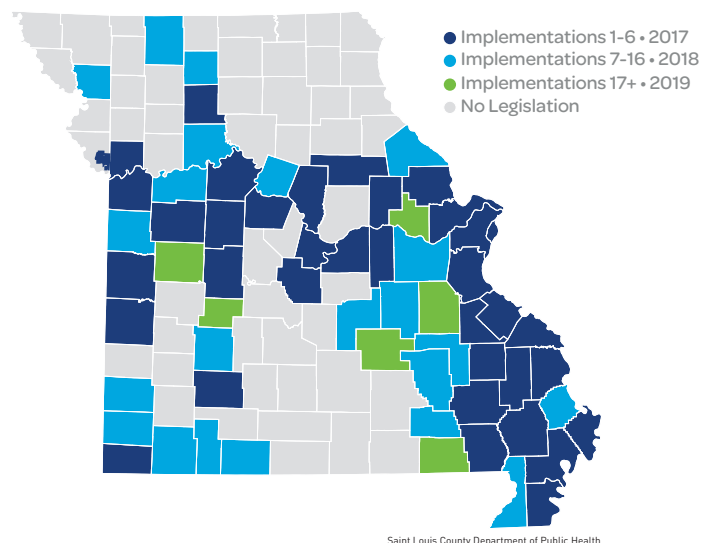


A PDMP can improve patient care and helps doctors prescribe prescription painkillers when they are truly needed. Without this tool, doctors who see a patient for the first time often do not know what medications an individual has been prescribed in the past. Unfortunately, this environment disproportionately affects the poor and individuals that seek treatment in emergency rooms or clinics where they are unable to develop a long-term relationship with their doctor. Research shows that in these cases, minority groups and the poor are less likely to get opioid medications, even when it is clinically indicated. A PDMP would allow these doctors to more confidently prescribe the best medication to a patient, without the fear of enabling an already present, yet concealed, addiction.

After six years of attempting to enact a PDMP at the state level, former Missouri Governor Eric Greitens issued an executive order in July 2017 creating a statewide PDMP, however, physicians do not have access to the registry, limiting its effectiveness as a public health tool. This PDMP does not provide the functionality and reporting that public health experts and physicians have supported.

To provide physicians and public health professionals with additional clinical data for decision-making, municipalities across Missouri have taken the lead in forming a regional PDMP. Lead by St. Louis County and quickly adopted by many KC-area municipalities, 75 jurisdictions have enacted enabling legislation to establish a regional PDMP. Participation allows prescribers in these jurisdictions to access a secure database that will contain information about controlled substances (pain medication, stimulants, sedatives, etc.). The legislation also requires all dispensers (typically pharmacies) within the jurisdiction to report data to the PDMP. Within the Health Forward service area, Independence, Kansas City, and Jackson County have signed onto this regional PDMP approach.

### PDMP Participation, 2019



### HEALTH FORWARD SUPPORT

**In partnership with public health entities, medical providers, and nonprofit entities across the state, we will advocate that the state of Missouri enact legislation that creates a statewide PDMP.**



### KEY TALKING POINT #1

Drug overdose deaths in the Kansas City area have quadrupled over the past decade. A prescription drug monitoring program is not a silver bullet, but it is one additional tool that can be used to reduce addiction and improve patient care.

### KEY TALKING POINT #2

A July 2017 executive order created a statewide PDMP, however, physicians do not have access to the registry, limiting its effectiveness as a public health tool.

### KEY TALKING POINT #3

In Missouri, 75 jurisdictions have signed on to a regional PDMP approach. Missouri should enact a statewide PDMP, which would expand our ability to help combat opioid drug abuse in our state.

## RESOURCES

### Blog

[Jackson County Enacts Local Prescription Drug Monitoring Program](#)

### Blog

[A Regional Approach to Prescription Drug Abuse](#)

### Website

[St. Louis County Prescription Drug Monitoring Program](#)

### News Article

[These are the Most Opioid-Soaked Counties in Kansas and Missouri](#)

# MEDICAID INFRASTRUCTURE

## TIER 2 PRIORITY

**Support funding of a state infrastructure that is adequate to administer, maintain, and analyze data from Medicaid programs.**

### BACKGROUND

State Medicaid agencies face a unique set of challenges, as they are tasked with operating a large and complex social service program, maintaining program integrity, and transforming the system toward higher quality care and lower cost. Operating the state's Medicaid program is complex, including:

- Oversight of contracts with managed care entities
- Coordination of benefits
- Processing encounter and claims data
- Enrolling providers
- Coordinating benefits
- Verifying eligibility and enrolling residents

15 percent of residents in Missouri, and 14 percent in Kansas, currently count on the state Medicaid program as their source of health coverage. It is imperative that states offer consumers simple and quick enrollment, detailed explanations of eligibility requirements, and easy access to information about their applications and benefits.

Beyond these day-to-day operations, Medicaid agencies are at the forefront of efforts to:

- Transform the health system from volume to value
- Track, measure, and analyze health information to drive innovation and enhanced coordination
- Reform the delivery of behavioral health to better integrate with physical health services

At the same time, agencies face numerous challenges that impede their efforts, including insufficient budget, staffing, and low compensation for employees. Both Missouri and Kansas Medicaid agencies face sizable resource and staff shortages, with harmful implications for ongoing operations and reform. Staff recruitment and retention is most problematic around delivery system and payment reform. Individuals with the skill sets to drive innovation are highly sought after in the private sector, which offers higher compensation.

Health Forward Foundation encourages lawmakers to adequately fund and staff state Medicaid agencies to ensure that our states have the human capital, information technology, and budget needed to oversee day-to-day Medicaid operations and to lead the program into the future. If we seek innovative outcomes from our state Medicaid agencies, we need to create the infrastructure to produce those outcomes.

## HEALTH FORWARD SUPPORT

**There is not a coordinated effort to advocate for funding state Medicaid operations and infrastructure.** Health Forward's work around this topic will take time and the engagement of partners to evolve. Making progress toward growing the operational structure for state Medicaid programs will be difficult in this political environment. Even the task of growing awareness about this issue is progress.

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### KEY TALKING POINT #1

State Medicaid agencies are tasked with operating a large and complex social service program, while also transforming the system toward higher quality care and lower cost.

### KEY TALKING POINT #2

Medicaid agencies face numerous challenges that impede their efforts, including insufficient budget, staffing, and low compensation for employees.

### KEY TALKING POINT #3

If we seek innovative outcomes from our state Medicaid agencies, we need to create the infrastructure to produce those outcomes.

# SAFE, AFFORDABLE, AND HEALTHY HOUSING

## TIER 2 PRIORITY

**Increase political will for policies that improve health by investing in safe, affordable, and healthy housing.**

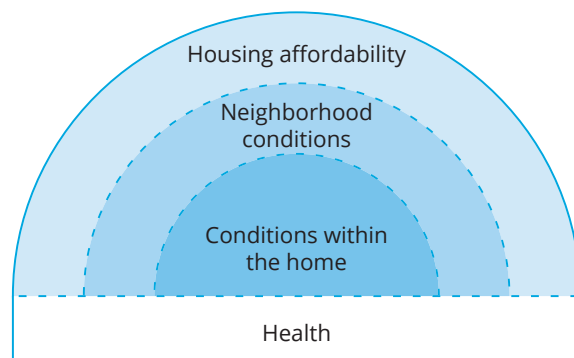
## BACKGROUND

Where we live is at the core of our daily lives. Factors related to housing have the potential to help — or harm — our health in major ways. Housing is a social determinant of health and includes many facets: the physical conditions within homes, conditions in the neighborhoods surrounding homes, and housing affordability.

Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. In this area, common issues include lead poisoning, poor ventilation, mold, and other allergens.

The social, physical, and economic characteristics of neighborhoods have been increasingly shown to affect short- and long-term health quality and longevity. A neighborhood's physical characteristics may promote health by providing safe places for children to play and for adults to exercise that are free from crime, violence, and pollution. Access to grocery stores selling fresh produce — as well as having fewer neighborhood liquor and convenience stores and fast food outlets — can make it easier for families to find and eat healthful foods. Not all neighborhoods enjoy these opportunities and resources, however, and access to neighborhoods with health-promoting conditions varies with household economic and social resources. Housing discrimination has limited the ability of many low-income and minority families to move to healthy neighborhoods. The concentration of substandard housing in less advantaged neighborhoods further compounds racial, ethnic, and socioeconomic disparities in health.

Housing affordability shapes home and neighborhood conditions and affects the overall ability of families to make healthy choices. The shortage of affordable housing limits families' and individuals' choices about where they live, often relegating lower-income families to substandard housing in unsafe, overcrowded neighborhoods with higher rates of poverty and fewer resources for health promotion (e.g., parks, bike paths, recreation centers, and activities). The financial burden of unaffordable housing can prevent families from meeting other basic needs including nutrition and health care, and is particularly significant for low-income families.



## HEALTH FORWARD SUPPORT

**Housing continues to be an area of exploration in our policy efforts. Additionally, we have dedicated funds in 2019-2020 grantmaking in support of housing policy initiatives.**

We continue to learn from our partners in this work, and highlight housing as an important contributor to health.

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### KEY TALKING POINT #1

Factors related to housing have the potential to help — or harm — our health in major ways.

### KEY TALKING POINT #2

When we think about housing, we must think not only about the conditions inside the home, but also in neighborhoods. The concentration of substandard housing in less advantaged neighborhoods further compounds racial, ethnic, and socioeconomic disparities in health.

### KEY TALKING POINT #3

The financial burden of unaffordable housing can prevent families from meeting other basic needs including nutrition and health care, and is particularly significant for low-income families.

# LOCAL PUBLIC HEALTH FUNDING

## TIER 2 PRIORITY

**Work with partners to develop a coalition that can advocate for local public health funding.**

### BACKGROUND

According to the State Health Access Data Assistance Center, a program of the Robert Wood Johnson Foundation at the University of Minnesota, Missouri ranks 51st out of 51 states in public health spending at \$6 per capita. Kansas fares only slightly better, ranking at 48th with \$12 per capita.

The Aid to Local Public Health appropriation is the budget line that appropriates general revenue funds to the Missouri Department of Health and Senior Services that they in turn devote to local public health agencies. That funding has declined 66 percent from around \$9.6 million in FY 2002 to its current level of \$3.2 million. To make matters worse, this funding is spread across 115 local public health agencies (LPHAs) in Missouri, which leaves little room for innovative approaches or robust data collection and analysis.

Few LPHAs in Missouri devote the necessary time for planning, and most LPHAs in Missouri do not have the capacity to properly perform all the foundational public health services. Similarly, a large portion of LPHAs in Missouri have not achieved accreditation either nationally (Public Health Accreditation Board – PHAB) or statewide (Missouri Institute for Community Health).

High levels of spending on public health programs empower states to work proactively to implement preventive and educational programs aimed at improving health. The high rate of preventable diseases is one of the biggest drivers of health care costs in the country. And, public health funding is not sufficient for local health agencies to deliver the necessary prevention programming.

The nation's public health system has been chronically underfunded for decades — leaving our community unnecessarily vulnerable to preventable health problems, ranging from major disease outbreaks and bioterrorism threats to diabetes and prescription painkiller misuse.

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### HEALTH FORWARD SUPPORT

**We are focused on continuing to provide support to the coalition of local public health agencies in Missouri that can advocate for their own resources, infrastructure, and leadership.** The existing system is fragmented across 115 local public health administrations. Missouri's public health system lacks a systematic, coordinated approach to the structure, scope, and funding of health departments. Cuts in local, state, and federal funding over the past several years threaten the protective programs and measures that public health agencies are obligated to provide. Health Forward is partnering with the Missouri Foundation for Health and the Missouri Public Health Alliance in the collaborative project, Missouri Public Health Transformation. The goal of the project is to positively impact the health of our population by moving to a new, sustainable, culturally relevant, and responsive public health system that can meet the challenges of our diverse communities.

Transforming the public health system in Missouri will allow local public health agencies in our service area to receive additional funding, create specialized centers of excellence, and share resources more effectively. The result will be a high-functioning system that provides much-needed core services, with the flexibility to address new and emerging public health threats. This change will also have a positive effect on the ability of local public health agencies and their partners to advocate for increased local public health funding.

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#### **KEY TALKING POINT #1**

Underfunding local public health agencies leaves our community unnecessarily vulnerable to preventable health problems, ranging from major disease outbreaks and bioterrorism threats to diabetes and prescription painkiller misuse.

#### **KEY TALKING POINT #2**

Missouri ranks last out of 51 states in public health spending at \$6 per capita. Kansas fares only slightly better, ranking 48th with \$12 per capita.

#### **KEY TALKING POINT #3**

Health Forward and partners are undertaking a bold project to transform Missouri's public health system, which will have a positive effect on the ability of local public health agencies and partners to advocate for increased local public health funding.



[healthforward.org](http://healthforward.org)