LTC Discussion Group

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November 29, 2018
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Introduction
MY VIEWS!
What to Expect from a New Congress?

• I will do House side with one Senate comment: Sen. Grassley as Finance Chair ensures that health and aging issues get real attention—his history is the clue

• Leadership changes: same at top, but more slots below. Vote on Wed.

• Committee chair changes:
  • Pallone – E&C
  • Lowey – Approps
  • Scott – Ed&Workforce

• Yarmuth – Budget
  • Neal – W&M

• And of course of importance are the Subcommittee chairs in these committees
  • W&M Health subcomm: Thompson or Doggett
  • E&C Health: Eshoo
  • Approps Labor-HHS: DeLauro

• Ed&Workforce subcomms (OAA) to be determined
What to Expect?

• As reported in NY Times on Monday another potential helpful factor for an aging and LTSS agenda are the Obama alums elected

• Leading with Lauren Underwood from Illinois a former health care advisor and Haley Stevens from Michigan who handled Senate confirmations including health officials—they should be cultivated by this group and other advocates

• And let’s not forget Donna Shalala

• And maybe a return of the House Select Committee on Aging
Midterm Elections

• One of the more significant in history; some takeaways—mine and some from other analysts
• Mine include—House flip and the growing size of new majority
• Voter turnout—36 million early vote— a record and 49.3 percent turnout—highest since 1914 (when first meeting of this discussion group was held?)
• Record number of women in Congress, especially Dems in House
• Diversity of background and circumstances (official funds for day care?)
• All about Trump before, during and after election
Midterms by the Numbers

• Democrats dominated Urban (98%) and Suburban (70%) districts and those CDs with most college-educated women (90%)

• Health care dominated the airwaves for Dems with 325,000 ads; next highest were taxes with 83,000 ads
  • 48% of all voters said they trusted Democrats in Congress more on health care; only 35% trusted Republicans more

• On most important issues facing nation—health care almost 2 to 1 over immigration, 75% among Dems

• Fewer purple states than ever, from high of 27 in 1979-80 to just 9 now

• Medicaid expansion got new life: 3 states (Idaho, Nebraska and Utah) voters supported ME and in 3 other states (Maine, Kansas and Wisconsin) voters elected pro-ME governors
The Older Voter

• 56% of voters were over 50, compared with 46% in 2016

• After 5 straight elections of Republicans overwhelmingly capturing senior vote due to the ACA, the gap narrowed in 2018: according to Politico, voters over 65 went 50% for Republicans and 48% for Democrats

• The Washington Post estimates that in 67 battleground districts—older voters went 50% for Democrats and 49% for Republicans

• And now, we’re in our 3rd week of the 2020 campaign
Aging Issues

- Big three: Social Security, Medicare, Medicaid
- Social Security seems off the table
- Trump comments about walling off SS and Medicare from budget cuts seems to reaffirm
- But the fact that Social Security now officially paying out more in benefits than receiving in revenue for first time may prompt some action and ideas
- Medicare—potentially lot of action here
- Busy time just since election from MA expansion to prescription drug pricing and major new rule in Part D and B
Other Thoughts from the Administration

• HHS Secretary Azar in recent weeks has issued important statements that can provide direction for future

• First, at Hatch Foundation, a full embrace of importance of social determinants of health
  • He noted, according to press accounts, that the root cause of so much of our health spending is social determinants of health

• Also said that we need to do better job at aligning federal health investments with our investments in non-healthcare needs (noted work investment)

• Calling out Accountable Care Organizations model, where high utilizers of health care services are screened for social determinants such as food insecurity and domestic violence
Other Thoughts (cont.)

• On last Monday, speaking at the Hidden Heroes Convention, he said the following:
  • “An individualized approach is especially important to supporting Americans with serious healthcare needs in their homes rather than in an inpatient facility. No American should be in a nursing home who doesn’t need or want to be but helping Americans stay in their homes is an incredibly complex challenge. We can address this through making our programs better at addressing not just needs on an individualized basis but also more holistically.”
Medicaid

• Election ensures no block grant or per capita
• More Medicaid expansion
• Also more policy by waiver approval—but how far?
• CMMI model on social determinants in Medicaid
• Only thing that might change this: FY 2020’s looming budget issues
• Medicaid not walled off by Trump and is now bigger than Medicare
Older Americans Act

• OAA up for renewal
• Changing landscape on ground—managed care in communities
• Role of OAA going forward
• Lot of action in nutrition space—largest program in Act
• Gotten $70 million in new funding in past 2 FYs
• Greater understanding of link to better health—combating isolation
• Socialization study
• Combats malnutrition
Older Americans Act (cont.)

- Rest of Act: unclear on what happens
- Role of Admin is also unclear. Seen in new light due to tie to SDOH?
- Bobby Scott as new Chair of Ed & Workforce
  - Suzanne Bonamici is a key player
- Funding formula
Elder Justice

• Growing menace

• Trump Administration doing well on some fronts, including making it a law and order issue, committing real resources to fight against scammers, conducting sweeps, and implementing new elder justice coordinators

• But concern is the scaling back of protections for nursing home residents
  • Nursing home binding arbitration ban rollback, which would reverse the Obama admin’s ban on having nursing home residents sign a contract waiving their rights to sue the facility in cases of neglect and abuse—as a condition to admission to the facility – thankfully off the table for now
  • Emergency preparedness rules potential rollback
Elder Justice (cont.)

• Oversight into things like star ratings likely, possibly through the House Elder Justice Caucus and/or Sen. Grassley’s new role on Finance
• Stamp Out Elder Abuse Act
• Renewing the Elder Justice Act
• OAA and elder justice
• New focus on guardianship
Other Health Care Issues

• Health care extenders—thanks to NCOA for this part of their analysis
• Medicare outreach and enrollment efforts need to be made permanent
FY 2020 Budget Issues—Return to the “S Word”?

• A lot happens at the end of FY 2019
  • End of two year budget agreement
  • End to PAYGO followed by a
    • Debt ceiling vote
• And what replaces the budget agreement?
• Does sequestration come back?
Long Term Care—Where Art Thou?

- Silent in 2018 election
- Confirmed by poll featured in the NEJM which noted the top issues for health care voters
- Long term care not on the list
Something Must Be Done... And Differently

- All the political elements are present with this issue
- Many important political constituencies: older adults, women, families, boomers
- Link to other issues: Medicaid and/or Medicare reform, AGAIN MA, even an expanded OAA with focus on LTSS, tax reform
- Cost of delay and denial making fiscal responsibility a factor
- Public-private partnership always the way to go here
What We Need to Do

• More than 100 new members of Congress—means new opportunity to find support—educate early and often—See their Committee assignments
• Get it on the agenda of key Committees, particularly:
  • Energy and Commerce
    • New Chair Pallone is a supporter of expanding long-term services and supports and introduced the Medicare Long-Term Care Services and Supports Act this Congress
• Ways and Means – framed as middle-class tax relief
• HELP
• Education and Workforce
• Finance
• And of course, the Special Committee on Aging
Political Imperative

• An absolute key is to put a political imperative on long term care
• Make it a political issue
• Have more than 25 candidates for President on Dem side at moment
• Work to interest them in the issue
• How to do it depends on what you seek to do
How Do We Do It?

• Incremental—start and add onto it
• Think of long-standing laws that started that way and got added to and modernized
• Start with smaller product? Home and community-based care
• Focus on the class that needs it the most—perhaps most important political class, the middle class
• The rich do private pay
• Medicaid can be improved in the LTSS space, but worth noting as Azar did in speech this week: more than half now spent on at-home LTSS
Conclusions

• Maybe it’s time to create a bipartisan LTC PAC
• With real money that is noticed—of course, provides incentive to some to move the issue
• Or put pressure on those not moving
• Might need a new coalition that represents all of the constituencies who would benefit from passage of LTC/LTSS legislation
• Discussion is good--- action is better
• LTC as an issue as a cause needs more action.
Finally...

- We have survived the more than 600 days of the Trump Presidency
- Words like unusual, unprecedented, unpredictable come to mind
- Over time, the counsel we provide is you don’t panic and you never get complacent—and you do advocate! Grab every opportunity.