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Health at a Crossroads

2010 Supplement to the Colorado Health Report Card



The Colorado

Health
Report
Card supplement



The Colorado Health Foundation™



President Barack Obama signed the Patient Protection and Affordable Care Act (ACA), on March 23, 2010

which enacted the most comprehensive national health care reform policy since the passage of Medicare and Medicaid legislation in 1965. The ACA makes major changes to the nation's health care system including:

- A requirement that (most) U.S. citizens and legal residents have health insurance coverage (known as the "individual mandate");
- Expanded eligibility for Medicaid to a new group of adults and children (up to 133 percent of the federal poverty level [FPL]);
- Subsidies for low- to moderate-income individuals who purchase insurance coverage through a health insurance exchange;
- A number of health insurance market reforms — such as prohibiting insurance carriers from denying coverage based on pre-existing health conditions;
- The establishment of health insurance exchanges to serve as a "marketplace" for individuals and small firms to get coverage information, compare and purchase health insurance;
- Changes to Medicare reimbursement policies intended to ensure high value and reduce waste and fraud;
- Increased regulatory flexibility for states and local communities, with federal funding, to test new models for health care delivery and reimbursement; and
- Opportunities for states to strengthen their community-based, long-term care service systems for people with disabilities and older adults with functional limitations as an alternative to nursing homes.



Key Provisions of Health Reform

Coverage Timeline

Key provisions of the Affordable Care Act (ACA) will be implemented incrementally through 2018. Many major market reforms and coverage expansions started going into effect in 2010, culminating in 2014.

In 2010:

- Insurance companies selling family policies are required to allow young adults up to age 26 to remain on their parents' health insurance.
- Insurers prohibited from rescinding coverage (except in the case of fraud), restricting annual limits on coverage and denying coverage to children because of pre-existing conditions.
- Tax credits made available to certain small businesses to cover a portion of their employees' premiums.
- All newly insured health plans must cover evidence-based preventive health services without charging a deductible or co-pay.

By 2014:

- Health insurance plans will be prohibited from denying coverage to adults because of pre-existing conditions.
- A health insurance exchange will be implemented in each state (or federally administered in those states choosing not to set up a state exchange).
- The federal government will enhance its match for statewide expansions to Medicaid and establish a primary care provider rate increase that brings reimbursements up to more generous Medicare levels.
- To offset the cost of health insurance premiums for low- to moderate-income individuals and their families, federally funded tax credits and subsidies will be made available through insurance exchanges.¹

When the coverage expansions are fully implemented in Colorado, an additional 542,000 Coloradans stand to gain insurance coverage.

About This Report

For the past five years, the Colorado Health Report Card has monitored the health of Coloradans and assigned a letter grade to each of five life stages — *Healthy Beginnings* (pregnant women, infants and toddlers through age 3 years), *Healthy Children* (ages 3 through 12 years), *Healthy Adolescents* (ages 13 through 17 years), *Healthy Adults* (ages 18 through 64 years), and *Healthy Aging* (ages 65 and older) — based on Colorado's ranking among the states and Coloradans' health status relative to national benchmarks contained in *Healthy People 2010*.ⁱ

The Report Card provides an annual snapshot of the health of Coloradans to enable state and local decision-makers to monitor the state's progress toward becoming the healthiest state in the nation. The data are updated each year to reflect the most current numbers available. Many of the health indicators contained in the Colorado Health Report Card will likely be impacted by the implementation of the ACA. Perhaps the most dramatic and immediate change will be anticipated increases in health insurance coverage between now and 2015.

The Impact of Reform

Increases in health insurance coverage will occur as a result of a number of reforms including: the individual mandate to purchase health insurance, Medicaid expansions up to 133 percent of FPL, and the subsidization of premiums for low- to moderate-income individuals and families who purchase coverage through a health insurance exchange. Under the ACA, most U.S. citizens and legal residents who have resided in the country for at least five years and have annual incomes at or below 133 percent of FPLⁱⁱ will become eligible for Medicaid. When the coverage expansions and insurance market reforms are fully implemented in Colorado by 2015, an additional 542,000 Coloradans stand to gain insurance coverage.²

The ACA also has a number of provisions designed to promote healthy lifestyles, reduce the burden of chronic disease and improve the overall health of populations. For example, one provision provides funding for the planning and implementation of a national prevention, health promotion and public education campaign to raise awareness of health improvement strategies across the life span. Businesses, communities and individuals stand to benefit from this public awareness campaign that will be structured to make personal and achievable health improvement strategies demonstrated to be effective. The campaign will promote preventive services that encourage wellness, reduce health disparities and mitigate/prevent chronic disease. Further, the ACA requires that evidence-based preventive services be a covered benefit under approved health plans offered through state health insurance exchanges. Additionally, health promotion grants will be made available for training and deploying community health workers to provide health education, outreach and enrollment assistance for health care coverage and link individuals and businesses to community resources.

- i. *Healthy People 2010* is a compilation of disease prevention and health promotion objectives for the nation to achieve during the first decade of the 21st century. Twenty-eight indicators were selected for the 2010 Colorado Health Report Card from among the objectives included in *Healthy People 2010*. These indicators allow us to compare Colorado's performance relative to other states based on measures agreed to by experts in the public health community.
- ii. The federal poverty level for a family of four in 2010 was \$22,050 (for all states except Alaska, Hawaii and Washington, DC) and \$29,326 for 133 percent of FPL.



The health care reform law will require insurers in the small group and individual insurance markets to cover prenatal care as part of an essential health benefits package.

23%

of pregnant Colorado women initiated prenatal care after their first trimester, or not at all.

Healthy Beginnings: Key Indicators

Access to timely and appropriate prenatal care has been shown to have a significant and positive impact on birth outcomes, affecting the health of both infants and their mothers.³ Prenatal care providers monitor weight gain and assess health risk factors during pregnancy while providing guidance about diet, nutrition and exercise. The benefits of receiving prenatal care throughout pregnancy include healthier newborns, increased birth weight and decreased complications associated with pregnancy and delivery.

Colorado ranked 34th among the states for delayed or no prenatal care, with 23 percent of pregnant Colorado women initiating prenatal care after their first trimester, or not at all.⁴

Reform Elements

Prenatal Care

To increase the number of pregnant women who have access to prenatal care, the health care reform law will require insurers in the small-group and individual insurance markets to cover prenatal care as part of an essential benefit package. The ACA also provides funding to states for evidence-based maternal, infant and early childhood home visitation programs designed to improve maternal and infant health. These programs target a range of interventions including infant and child health and development, parenting related to childhood development, school readiness and interventions to reduce child abuse, neglect and injuries. Competitive grants will also be awarded to states to make funding available to high schools and colleges for providing supportive services to pregnant and parenting teens and young women.



Insurance Coverage

Insurance coverage expansions will ensure that more mothers gain access to comprehensive prenatal and postnatal care. Effective May 2010, the State of Colorado expanded eligibility for the Child Health Plan *Plus* (CHP+) up to 250 percent of FPL. CHP+ is a program that provides health insurance coverage to children and pregnant women. The state health insurance exchange (to be operational in Colorado in 2014, pending passage of state legislation in 2011) will provide subsidies to families between 134 percent and 400 percent of FPL to purchase a qualified health plan, improving access to comprehensive prenatal care for a substantially increased number of pregnant women in the process.

Childhood Immunizations

Lack of insurance coverage is a major barrier to receiving the recommended preventive care infants and toddlers need to stay healthy and achieve developmental benchmarks. Without access to adequate coverage, infants and toddlers often go unimmunized or do not complete the full recommended series of childhood immunizations before the age of 3. Colorado has had a spotty record of the numbers and rates of toddlers receiving the full immunization series. Although improvements have been achieved over the past six years, vaccination rates in Colorado dropped significantly in 2008 due to a vaccine shortage. We know from public health research, that the likelihood of infants and toddlers being fully immunized is influenced by household income and insurance coverage. In Colorado, 35,835 or 13 percent of children under the age of 3 were uninsured between 2007 and 2009. Colorado children living in households with incomes at or below 100 percent of FPL were five times more likely to be uninsured than children living at or above 400 percent of FPL.⁵

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Healthy Children: Key Indicators

Three *Healthy Children* indicators tracked by the Colorado Health Report Card that will be impacted as the implementation of the ACA unfolds include the following: rates of insurance coverage, access to preventive oral health care and prevalence of childhood obesity.

For the first time in history, children in the United States are projected to have a lower life expectancy than their parents.

23rd

Colorado's rank among the states in the category of childhood obesity.

Obesity

Childhood obesity has been found to lead to chronic health problems in adolescence and adulthood including diabetes, hypertension and heart disease.⁶ For the first time in history, children in the United States are projected to have a lower life expectancy than their parents.⁷

Colorado ranks 23rd among the states in the category of childhood obesity dropping in rank from 3rd to 23rd in just four years. The current ranking signals a rapid increase in the prevalence of childhood obesity that negatively impacts the overall health and well-being of Colorado's children.⁸ Of note is that Hispanic children in Colorado are three times more likely to be obese than their white counterparts, compounding the seriousness of the problem from a health disparities perspective.⁹

Eating out has proven to be a significant contributor to high caloric intake and obesity.¹⁰ The Food and Drug Administration now requires nutrition labeling for most foods offered for sale in the United States, but restaurants were exempt from these requirements until the passage of national health reform. The ACA requires all chain restaurants with 20 or more locations to provide clear labeling of the calorie counts of standard menu items by March 2011. A study from the Center for American Progress reports that, on average, one-third of calories consumed by both adults and children come from eating out, and that children eat twice as many calories in a restaurant meal than at home.¹¹

Reform Elements

Insurance Coverage

The ACA contains several provisions to increase health insurance coverage among children — especially low-income children. Research has shown that increasing insurance coverage for parents leads to higher insurance rates for children. Therefore, portions of the ACA designed to increase adult health insurance coverage will impact children's insurance coverage as well.¹² The *Healthy Adults* section of this report provides more detail about provisions of the ACA that will affect coverage rates for parents including the expansion of Medicaid eligibility for parents up to 133 percent of FPL and the elimination of pre-existing condition clauses in health plans, including pregnancy.

Oral Health Care

By the age of 17, 78 percent of U.S. children will experience tooth decay. On average, 51 million hours of school time are lost due to dental-related illnesses each year.¹³ In Colorado, tooth decay is five times more common than asthma. Colorado ranks 38th among the 50 states for children reported to have received all preventive dental care needed in the past 12 months. A large disparity in preventive oral health care exists based on income level. Only 55 percent of children in households with incomes below the FPL received adequate preventive care, compared to 89 percent of children with incomes at or above 400 percent of FPL.¹⁴

Expanded insurance coverage through Medicaid and CHP+ and health plans purchased through the insurance exchange will increase access to preventive dental care for children as preventive pediatric oral health benefits will be required in Medicaid and CHP+, and approved health benefit packages will be sold through state exchanges.

To address the potential shortages of oral health care providers due to anticipated increased utilization, the ACA also contains provisions to increase funding for loan repayment and training programs for primary care

dentistry and mid-level oral health care providers. In Colorado, the Office of Primary Care in the state health department administers an integrated loan repayment fund with funding from the federal government and local health care foundations that includes oral health care providers as well as primary health care providers.

The Prevention and Public Health Fund provisions of the ACA will expand and sustain national investments in health improvement with the goal of reducing health care costs over time. Community transformation grants — authorized but not yet appropriated — will be awarded to eligible entities to promote community health and prevent the incidence and causes of chronic disease, particularly related to obesity, tobacco use and mental disorders. Under the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA), demonstration projects are being developed and funded around the country to reduce childhood obesity, as well as to address the overall health of children. The ACA extends the time period for these demonstration projects from 2010 to 2014 and authorizes \$25 million more for the projects.





The ACA requires qualified health plans marketed through health insurance exchanges to provide behavioral health and substance abuse services as part of an essential health benefits package.

Healthy Adolescents: Key Indicators

Insurance Coverage

Lack of insurance coverage is a major problem for low-income adolescents ages 13–17 years. Adolescents living in households with incomes at or below 100 percent of FPL in Colorado were 14 times more likely to be uninsured than those living above 400 percent of FPL.¹⁵ The same provisions that expand insurance coverage to low- to moderate-income children apply to adolescents. Further, in February 2010, Colorado and New Mexico jointly received a \$7.8 million grant through the CHIPRA expansions for a five-year period to integrate a medical home model into school-based health centers with the goal of improving access to comprehensive primary health care for underserved children and adolescents.

Depression

Another health indicator on the Colorado Health Report Card that stands to be impacted by the ACA is rates of adolescent depression, defined as high school students who report feeling sad or hopeless almost every day for two or more consecutive weeks during the past 12 months or those experiencing feelings of sadness or hopelessness that interfere with usual daily activities.

About one in eight U.S. adolescents exhibit symptoms of depression, which put them at a higher risk for suicide and substance abuse.¹⁶ Colorado's adolescents have a lower rate of depression compared to most other states, although 25 percent show signs of depression.¹⁷ According to the 2009 Colorado Youth Risk Behavior Survey analyzed by the Colorado Department of Public Health and Environment, adolescent girls are more likely to be depressed than their male counterparts (31.7 percent versus 19.3 percent).¹⁸



Reform Elements

ACA Programs Benefitting Adolescents

The ACA requires qualified health plans marketed through health insurance exchanges to provide mental health and substance abuse services as part of an essential health benefits package. Further, a loan repayment program was authorized in the ACA for the training of pediatric subspecialists and providers of mental and behavioral health services to children and adolescents to increase the number of providers serving children and youth. School-based health centers (SBHCs), where many adolescents receive primary health care, are slated to receive increased funding through an appropriation related to the health care reform law. The ACA specifies that SBHCs now must all provide mental health services as part of the core health services offered.

During 2008–2009, 44 SBHCs were operating in Colorado. The number increased to 47 in 2010. Of all SBHC visits in Colorado during that time, mental health and substance abuse were the second most common reason for a visit, accounting for 21 percent of all visits.¹⁹

Sex Education

The ACA establishes a “Personal Responsibility” grant program for states to provide abstinence and contraception education for the prevention of pregnancy and sexually transmitted diseases as well as other education programs — such as healthy relationships, adolescent development, financial literacy, parent and child communication, educational career success and healthy life skills. In addition, the bill restores and continues funding for abstinence-only education. One in four new cases of sexually transmitted diseases occurs among teenagers.²⁰ In Colorado, fewer than two-thirds of all students who reported being sexually active in the past month also reported using a condom.²¹ If sufficient funding is made available through this federal grant program, it may be possible to move the dial on this important public health indicator for overall adolescent health and well-being.



27.4%

of adolescents were sexually active in the past three months — the lowest rate in the country.



Healthy Adults: Key Indicators

Insurance Coverage

Research documents the obvious: Adults without health insurance are less likely to seek medical care when needed.²² Almost 20 percent of adults ages 18–64 years in Colorado are uninsured. More young adults (18–34 years) are uninsured than all other adult age groups. Low-income adults make up the vast majority of uninsured in the state, regardless of age. The ACA addresses the coverage needs of both groups.

Medical Home

Another indicator on Colorado’s Health Report Card likely to be affected by the ACA is access to a medical home, that is, a regular source of care. The medical home indicator on the Report Card is defined as having access to “one or more individuals thought to be their personal doctor or health care provider.” More than three-quarters of working-age adults in Colorado report having such access. The importance of having a medical home is the access it provides to routine, continuous health care — including preventive screenings. Research has shown that having a medical home, particularly for vulnerable populations, is a cost-effective means of reducing health disparities and providing better management of chronic diseases.²³

Diabetes

Although Colorado has one of the lowest rates of diabetes in the country (4.2 percent),²⁴ the state still has a rate above the *Healthy People 2010* target of 2.5 percent.

The Affordable Care Act prohibits insurance companies from denying consumers coverage based on pre-existing medical conditions.

4.2%

of individuals living in Colorado suffer from diabetes.

Reform Elements

Uninsured

To address the large number of uninsured young adults, federal health reform requires health insurers that provide family coverage to extend coverage to young adults up to age 26 through their parent’s health plan. Further, the ACA extends Medicaid coverage to young adults through age 26 who “age out” of foster care. These young adults must have been the responsibility of the state on their 18th birthday and must have been enrolled in Medicaid while they were in foster care. Former foster care youth have a higher than average likelihood of becoming homeless, unemployed and uninsured. The planned Medicaid expansions

that will cover this group should fill an important coverage gap.²⁵ The ACA also expands Medicaid coverage to adults with and without dependent children up to 133 percent of the federal poverty level, another important coverage expansion for low-income adults.

Individual Mandate

Beginning in 2014, most U.S. citizens and legal residents will be required to purchase health insurance or pay a penalty. This individual mandate is designed to keep insurance premiums affordable by ensuring that everyone is in the insurance pool — sick and healthy alike. The individual mandate includes premium subsidies for low- to moderate-income individuals (up to 400 percent of FPL). A sliding scale tax credit also will be available for small employers (fewer than 25 employees and average annual wages of less than \$50,000) who purchase health insurance for their employees. This tax credit is meant to incent employers to provide insurance for their employees, thus increasing the number of people with employer-sponsored insurance.

To help individuals and families navigate the health insurance market, including the purchase of qualified health plans, health insurance exchanges will be established in each state. A person may enter the exchange and choose from a variety of health plan providers. The exchanges are intended to ensure consumer protection and maintain a minimum standard health benefits package for all individual and family health plans. Individuals and families with household incomes between 134 and 400 percent of FPL, who purchase insurance through an exchange, will have access to the tax subsidies described above. The Governor's Office in Colorado received a one-year federal planning grant to consider the most appropriate exchange infrastructure for the state and has held community meetings around the state to solicit citizen input into the planning process.

Beginning in 2014, the Affordable Care Act prohibits insurance companies from denying consumers coverage based on pre-existing medical conditions. A temporary high-risk pool has been established in Colorado to ensure that people who have been denied private coverage based on a pre-existing condition can purchase health insurance until 2014 when insurers are required to provide it to all individuals who apply.

Medical Home

The ACA includes a number of opportunities for testing new medical home strategies. Qualified health plans will be encouraged to ensure their providers deliver care through a primary care medical home that meets criteria to be established by the Department of Health and Human Services (HHS). Further, HHS will provide grants and contracts to eligible entities to establish interdisciplinary teams designed to provide integrated primary health care.

Through the ACA, states are authorized to ensure the availability of medical homes for Medicaid enrollees with chronic conditions. Funds will be made available to enhance the training of primary care providers, with priority given to programs that educate health professions students in team-based collaborative approaches to primary care. Increased funding to federally qualified health centers will help increase the number of interdisciplinary medical homes in Colorado. Many of these practice initiatives are well underway in Colorado, supported by Colorado health foundations with leadership from the current administration.

Reform Promotes Wellness

Several grant opportunities are available through the ACA to promote wellness, including grants to small businesses to provide comprehensive employee wellness programs and grants to states, local public health agencies and nonprofit community organizations to provide community health screening and referral services for pre-Medicare adults between the ages of 55 and 64.

With authorization from the ACA, the Centers for Disease Control and Prevention will develop a national diabetes prevention program to be used by state and local health departments and nonprofits to conduct community-based prevention activities including training, outreach and health risk evaluations.

Another grant program authorized by the ACA and available to state Medicaid agencies is specifically targeted at disease prevention and chronic care management. These grants must address the needs of Medicaid enrollees and have demonstrated success in lowering and controlling cholesterol and blood pressure, weight loss, smoking cessation and diabetes management.



Colorado's older adult vaccination rate remains far below the *Healthy People 2010* target of 90 percent.

60.1%

of older Colorado adults reported having a flu shot and vaccination for pneumonia within the past year.

Healthy Aging: Key Indicators

Among states, older Coloradans as a group ranked 7th in number of days of poor physical health (18 percent) — a favorable rating. Within the state, low-income older adults in Colorado had the highest reported rate of eight or more days of poor physical health in the past month.²⁶

The sixth leading cause of death among older adults is complications from influenza and pneumonia, with more than 60,000 adults ages 65 and older dying each year from such complications nationwide.²⁷ Vaccines can protect older adults from contracting these diseases. Although Colorado ranks No. 2 among the states for older adults who report having a flu shot and vaccination for pneumonia within the past year (60.1 percent), Colorado's adult vaccination rate remains far below the *Healthy People 2010* target of 90 percent.²⁸

Reform Elements

Immunizations

The ACA contains several provisions related to Medicare beneficiaries aimed to improve the health of older adults. Included among these are financial incentives to increase access to and utilization of recommended adult immunizations. The ACA features other financial and coverage enhancements that should contribute to a reduction in the number of reported days of poor physical health, an important health indicator on the Colorado Health Report Card for older adults.

The ACA eliminates co-payments and deductibles for Medicare beneficiaries receiving preventive services recommended by the U.S. Preventive Services Task Force. Adult immunizations — including influenza and pneumococcal vaccines — are already covered by Medicare without any additional out-of-pocket cost.

Another Medicare modification made through the ACA that can influence the number of reported days of poor physical health for older adults is the elimination of co-payments and deductibles for annual wellness visits and personalized prevention plan services. Improvements in access to preventive health care and comprehensive health risk assessments also increase the likelihood for health and well-being, including promoting physical activity.

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