



2004 STATE HEALTH CARE PRIORITIES SURVEY REPORT

DECEMBER 2003

Health Policy Tracking Service

Acknowledgements

The survey was conducted by the Health Policy Tracking Service analysts, with the cooperation and participation of key state legislators involved in health legislation and principal health committee staffers. HPTS staff contributors include Lee Dixon, Deirdre Byrne, Allison Colker, Patrick Johnson, Claire Kammer, Lillian MacEachern, Andrew McKinley, Carla Plaza, and Rachel Tanner.

Carla Plaza and Rachel Tanner, the project managers who coordinated survey activities, would like to thank the HPTS Staff, Lee Dixon, Helen Narvasa, Sarika Rane, Carl Tubbesing, and Laura Miller.

Additionally, HPTS would like to thank all survey respondents and state contacts for their support and participation throughout the survey process.

Overview

Since 1997, the Health Policy Tracking Services (HPTS) at the National Conference of State Legislatures (NCSL) has conducted an annual survey of state health policymakers to anticipate the issues, priorities and initiatives that may be addressed in the upcoming legislative sessions. HPTS researchers survey state legislators, legislative staff, and executive agencies to identify their legislative priorities. As predicted in the 2003 HPTS State Health Care Priorities Survey, the continuing fiscal crises in the states cast a giant shadow over 2003 legislative activity. The primary factors influencing the situation were the state revenue shortfalls, rapidly rising health care costs and growing Medicaid enrollments. As most states are required by law to balance their budgets, a large portion of 2003 legislative activity focused around fiscal matters.

However, activity in 2004 could be a different story. According to a recent NCSL report, state fiscal officers are predicting that revenues will rebound next year. Currently, no state is predicting an overall deficit at the end of this fiscal year. This is evident in the survey results as well. The Medicaid budget shortfall dropped from the top priority in 2003 to the fourth priority in 2004.

Due to the biennial nature of state legislatures, some legislative bodies are not meeting in 2004 and others have a restriction on legislation topics or the number of bills introduced. **Arkansas, Montana, Nevada, North Dakota, Oregon and Texas** will not hold a regular legislative session in 2004, although they will hold interim meetings throughout the year.

State Health Care Priorities – 2004

Despite it being an off year, the HPTS survey indicates that the top five health care issues in 2004 will be:

Access to Health Insurance

As the number of uninsured Americans continue to climb, states are experimenting with how to best assist this group.

- ❖ 43 states will likely address access to health insurance.
- ❖ Of the 43 states, 29 may consider lower cost plans targeting small employers.
- ❖ Of the 43 states, 28 indicate medical savings accounts may be a priority.

Medicaid and SCHIP

Although states are beginning to recover from the past years' fiscal crisis, Medicaid and SCHIP expenses will still dominate the legislative health agenda.

- ❖ 42 states may address cost control measures concerning prescriptions drugs, including preferred drug lists (36 states), co-pays for prescriptions (30 states), and prior authorization (29 states).
- ❖ 38 states are expecting to address a Medicaid budget shortfall.
- ❖ 28 may address exempting certain drugs from prior authorization or preferred drug lists.

Pharmaceuticals

Pharmaceutical costs are a large part of every state's Medicaid budget. As states work to reduce costs and trim budgets in 2004, pharmaceuticals may be a popular avenue to explore.

- ❖ 41 states may address pharmaceutical assistance programs.
- ❖ 32 may consider creating or expanding intrastate bulk purchasing pools.

- ❖ 31 may address generic or therapeutic substitution.
- ❖ 30 may consider creating or expanding interstate bulk purchasing pools.

Long-Term Care

An ever-growing over-65 population and extended life expectancy have made long-term care a large part of state budget concerns. In 2004, states may work to make nursing homes and assisted living facilities safer for older individuals and those with disabilities, as well as address fiscal concerns associated with long-term care residences.

- ❖ 34 states may address nursing home quality and safety.
- ❖ 33 may change nursing home reimbursement rates.
- ❖ 33 may address assisted living regulation.
- ❖ 30 states may try to lower costs by using home- and community-based care services.
- ❖ 29 states may address family caregiving programs.

Health Promotion and Wellness

It is no surprise that health promotion is a top priority for lawmakers in 2004. With America's growing obesity epidemic, states are trying to educate individuals, especially children, about health promotion and wellness to prevent unnecessary medical costs before they arise.

- ❖ 34 states may address nutrition and obesity.
- ❖ 34 may also address childhood diabetes.
- ❖ 29 states plan to restrict school vending machines

Other issues worth noting, health workforce shortages (38 states), mental health parity (32 states), substance abuse treatment in lieu of incarceration (31 states), generic or therapeutic substitution for prescription drugs (31 states) and medical malpractice tort reform (30 states).

Issue Summaries

Medicaid and SCHIP

The states' fiscal crises commanded the national and local newspaper headlines during the past two years. A recent report of a growing national economy in the third quarter of 2003 is welcome news to beleaguered governors and legislators; however, this news must be tempered with the tax analysts and revenue specialists' knowledge that it will be 12 months to 18 months before any upturn in the economy has a significant effect on state treasuries.

As a result, according to the 2004 State Health Care Priorities Survey, many states expect to face similar budget problems in the 2004 legislative session. In response to the survey, 38 states indicated that they anticipate a Medicaid budget shortfall for Fiscal Year 2005, which begins July 1, 2004.

In conjunction with seeking cost savings in their pharmaceutical benefits, outlined in the Pharmaceuticals section below, states may also submit new or revise current Medicaid waivers, reduce reimbursement rates, and reduce or freeze eligibility requirements.

One avenue that may be more popular in 2004 than in previous years is using Medicaid waivers to find cost savings. More than half the states indicate they may submit or alter existing Medicaid waivers, with 22 focusing on Section 1115 waivers, 18 targeting HIFA waivers, 15 considering

SCHIP family coverage waivers, 14 examining 1915(b) waivers, 11 eyeing 1915(c) waivers, and 11 focusing on Ticket-to-Work and Medicaid/SCHIP buy-in waivers.

For further cost savings, 27 states may look to reduce provider reimbursement, with 20 states planning on reducing or freezing reimbursement rates for nursing homes and/or hospitals, 18 states targeting physician reimbursement and 22 considering reducing rates for other providers.

In terms of eligibility, 21 states indicate that they may reduce or freeze eligibility requirements, with 16 states targeting adults, 10 focusing on the elderly, nine looking to the disabled population, nine considering reducing eligibility for children, and five targeting pregnant women.

Finally, with regard to SCHIP and Medicaid outreach efforts, 33 states indicate they plan to hold steady their current outreach efforts, seven may curtail such efforts, and two may consider increasing their outreach efforts.

In short, states will be very busy in 2004 trying to find cost saving in their FY 2004-2005 Medicaid budgets, just as they have been during the past several budget cycles.

Pharmaceuticals

Pharmaceutical issues remained a priority in 2003 as states continued to face budget shortfalls. Prescription drug costs are a large part of Medicaid budgets and lawmakers aim to remedy ailing budgets by expanding the type of mechanisms that could limit state pharmaceutical expenditures. The trend is likely to continue into the 2004 sessions with 38 states identifying a Medicaid budget shortfall as a top priority.

As indicated by the 2004 State Health Care Priorities Survey, 42 states may consider pharmaceutical cost control measures to be a high priority for the coming session. Pharmaceutical costs will be addressed in many different ways:

- 36 states intend to look at Medicaid preferred drug lists, with nine—**Colorado, Delaware, Idaho, Nebraska, New Hampshire, New Jersey, Oklahoma, Pennsylvania and South Dakota**—likely to establish new preferred drug list programs under Medicaid;
- 30 states may establish or increase prescription drug co-payments, including six states—**Delaware, Florida, Idaho, New Mexico, New Jersey and Oklahoma**—that currently have no Medicaid prescription drug co-pay.
- 29 states are expected to expand prior authorization programs; and

Cost reduction through bulk purchasing is also high on the 2004 agenda. To this end, 32 states identify intrastate aggregate purchasing pools (purchasing among state agencies) as a likely focus in 2004, while 30 identify interstate purchasing pools (combining purchasing efforts with other states) as a priority.

State pharmaceutical assistance programs are expected to emerge as a possible priority in 2004. With recent federal action adding a prescription benefit to the Medicare program, many states will look to establish or amend their own program. At least 41 states identify pharmaceutical assistance programs as a priority for 2004, with four states—**Kentucky, New Hampshire, Ohio and Utah**—indicating focus will be on the creation of a new pharmaceutical assistance program.

Health Promotion and Wellness

Increasing media attention coupled with alarming figures on the number of obese and overweight individuals has motivated state lawmakers to make health promotion and wellness a top health priority in the 2004 legislative session.

Health promotion and wellness legislation includes bills aimed at not only improving citizens' quality of life but also stemming rising health care costs associated with diseases resulting from an unhealthy lifestyle. These diseases include cardiovascular disease, cancer, diabetes, obesity and other related chronic conditions that pose great financial strain on medical assistance programs.

According to the survey, 34 states identify childhood diabetes as a priority while 28 states identify heart disease prevention and 26 single out stroke prevention. Childhood diabetes is the most common health risk associated with childhood obesity. Type II diabetes, previously an affliction only affecting adults, is now rising in prevalence among overweight children. Hypertension prevention and screening may be explored by 27 states.

Nutrition and obesity policy, identified by 34 states as a priority, is a broad category and may include many different approaches. The focus on school-aged children will continue to be a trend carried over from the 2003 session, with 27 states intending to address improved school lunch nutrition. Nearly 29 states may see legislation to restrict school vending machines, whether through restricted access, contractual restrictions, or narrowed selection of snacks and soda. School physical education programs may come under the scrutiny of lawmakers in 27 states.

Access to Health Insurance/The Uninsured

With small employer premiums skyrocketing at double digit rates, individual spending increasing through higher cost-sharing mechanisms, and the continued growth of the number of uninsured, state legislators will continue to seek solutions for making health insurance coverage more accessible and affordable in 2004. According to the 2004 State Health Care Priorities Survey, 43 states indicate that the following issues might be address in the 2004 sessions:

- Lower-cost health insurance policies targeting small employers (29 states)
- Medical savings accounts (28 states)
- Purchasing alliances (25 states)
- Tax credits or deductions (22 states)
- High-risk pools (19 states)
- State premium assistance programs (17 states)

In 2003, several states introduced legislation that would have established a single-payer or an employer-based health care coverage system, but only **Maine** and **California** enacted significant legislation. For the upcoming year, 16 states may address employer-based reform measures and 12 states might consider single payer reform measures.

Mandated Benefits

Similar to previous years, few states enacted new benefit requirements in 2003. Most of the mandated benefit legislation amended existing coverage requirements or required state lawmakers to study the cost implications of proposed mandates. For the 2004 sessions, 22 states may consider legislation that calls for a cost study of current and/or existing mandated benefit requirements. Mandated benefit requirements that may be addressed include:

- Coverage for morbid obesity treatment (16 states)
- Coverage for off-label drugs (15 states)
- Coverage for cancer screenings, e.g. breast, cervical, colorectal, prostate and/or ovarian (15 states)
- Coverage for osteoporosis treatment (11 states)
- Coverage for contraceptives (11 states)
- Coverage for infertility treatment (7 states)

With premiums continuing to increase, legislators may also consider placing a moratorium on all mandated benefit coverage requirements. In 2003, **Louisiana** enacted a measure stating that health insurance carriers and HMOs would not be required to deliver, issue, or renew a health benefit plan that includes coverage for any additional mandated benefit beyond those already in effect.

Mental Illness and Addiction

Mental health and substance abuse issues are increasingly becoming a top priority across the country. Due to the cost implications associated with providing services for the mentally ill and those with addictions, state legislators are seeking out alternatives to ensure that proper services are provided to those who need them.

Recently, a General Accounting Office report identified that at least 12,700 children are in states' public welfare systems because parents had to relinquish their custodial rights in order for their children to receive mental health services. To ensure that children are receiving adequate mental health services, 33 states identified that they would address children's mental health issues in 2004.

Additionally, an increasing number of mentally ill people who commit a misdemeanor or minor felony are entering the criminal justice system. Due to budget constraints, city and county jails are unable to provide the depth of services need by this population. State policymakers and advocacy organization are seeking to divert these individuals into their state's mental health system to ensure that they receive sustained and proper treatment. Legislators in 26 states identified that they may address bills that provide treatment for the mentally ill in lieu of jail sentences.

Substance abuse treatment in lieu of incarceration (i.e., drug courts, diversion, and sentencing reform) may likely be a priority issue for 31 states in the 2004 session. Drug courts are active or being planned in all 50 states, and are reportedly very successful; however, some states are cutting back their drug courts due to fiscal constraints. Lawmakers hope to reign in criminal justice costs by enacting front-end diversion legislation, sentencing reform, or a combined approach during this budget crisis. Last year, only 17 states highlighted treatment in lieu of incarceration as a priority area.

Because of the costs associated with providing mental health services, the lack of health insurance coverage for mental health treatment weighs heavy on state general fund expenses, i.e. the public

welfare system. According to the 2004 State Health Care Priorities Survey, 32 states identified that they may consider legislation providing for equal reimbursement in health insurance for mental health treatments.

Tobacco

Public place smoking has become a priority in recent years as state lawmakers respond to medical studies exposing the negative health effects of secondhand smoke. In addition, lawmakers are responding to studies that indicate smoke-free regulations are effective. The 2004 State Health Care Priorities Survey illustrates the increased priority of public place smoking legislation among state lawmakers. Twenty-four states identified public place smoking legislation as a priority for the upcoming sessions. A number of state legislatures – **Connecticut, Florida and New York** – may revisit legislation enacted in the 2003 legislative sessions because of the ambiguity of certain provisions in the enacted language.

As states continue to face economic straits, lawmakers considered increasing cigarette excise taxes as a means of addressing substantial budget shortfalls in past years. In the 2004 survey, 11 state legislatures indicate that increasing cigarette excise taxes may be a legislative priority. These responses mirror a decline in the number of state legislatures that enacted excise tax increases. In 2002, 20 states enacted excise tax increases compared to 13 states in the 2003 legislative sessions.

The use of tobacco products by adolescents concerns state departments of public health and state legislatures alike. Research conducted by the Centers for Disease Control and Prevention concludes that more than half of all smokers begin smoking before the age of 14, and 90 percent begin by age 19. Evidently, early intervention is key to prevention. The 2004 survey indicates that 22 state legislatures perceive the sale of tobacco to minors as a priority. This is an increase from the 16 state legislatures that identified this issue as a priority in the 2003 Survey.

Long-Term Care

Legislators must meet the needs of an ever-growing baby boom population making long-term care a top priority in recent years. According to the survey, the coming year should be no different. An emerging issue that is expected to receive significant attention in 2004 is nursing home quality and safety. It is identified as a top priority by 34 states. The issue has gained notoriety this year due in large part to news reports of failing long-term care facilities and federal reports on quality problems. The Office of Inspector General released a report in March describing the trends in nursing home deficiencies and assessing consistency in the state implementation of the Medicare certification process. The analysis showed an increase in nursing home deficiencies since 1998.

Other long-term care issues will remain on the 2004 agenda. Similar to last year, 33 states may tackle nursing home reimbursement rates. Assisted living regulation may be addressed in 33 states, an increase over 2003. Due to rising health costs and shrinking budgets, as well as the 1999 *Olmstead* Supreme Court decision, home- and community-based care will remain a hot topic, with 30 states indicating it as a priority. In general, states are shifting money from long-term institutions to community-based services for the aged and those with disabilities. This is evident as 29 states indicated their intention to address family caregiving legislation in 2004.

Nursing home liability insurance and tax incentives for private long-term care insurance also garnered significant numbers.

Health Care Providers

The issue of health workforce shortages (with an emphasis on nurses) continues to demand focus from lawmakers. Respondents from 38 states indicate that shortages would once again be a priority for their states, as it has been since the 2000 legislative session. In addition, nurse staffing patterns in acute care facilities were identified as a priority by 28 states for the 2004 legislative session.

Medical malpractice tort reform remains one of the more frequently indicated priority issues. Respondents from 30 states feel the issue will be at the forefront of legislative activity this year. Respondents expressed that issues concerning medical errors and patient safety in health care facilities would be a priority. Over half of the states indicated that they plan to consider requirements for quality assurance programs and identified medical errors reporting requirements as a priority.

Specifically, 32 states indicate that medical errors and patient safety may be addressed in 2004. Of these, 27 states singled out quality assurance programs as a way to reduce medical errors and improve patient safety. Similarly, 26 states may address reporting requirements.

Summary Data

MEDICAID and SCHIP

TOPICS	NUMBER OF STATES
Medicaid budget shortfall	38
Welfare/TANF shortfall	21
To address the Medicaid overall revenue shortfall, the legislature may consider:	
▪ Use of tobacco settlement funds	20
▪ Securitization (bonds)	10
Reduction or freezes of provider reimbursement rates for:	27
▪ Physicians	18
▪ Other health care providers	22
▪ Hospitals	20
▪ Nursing homes	20
▪ Other	8
Enact new taxes, fees or assessments on health care providers or health care services for:	11
▪ Physicians	3
▪ Hospitals	7
▪ Nursing homes	8
▪ Medicaid managed care plans	5
▪ Others	
Reductions or freezes in eligibility for:	21
▪ Children	9
▪ Adults	16
▪ Elderly	10
▪ Disabled	9
▪ Pregnant women	5
▪ Other	
Cost control measures concerning prescriptions:	42
▪ Preferred drug lists	36
▪ Prior authorization	29
▪ Pharmacy reimbursement rates	23
▪ Number of prescriptions per individual	18
▪ Co-pays for prescriptions:	30
◆ Establish	22
◆ Increase	17
Exemptions from the prior authorization or preferred drug lists:	28
▪ Atypical anti-psychotics	24
▪ Diabetes	15
▪ HIV/AIDS	17
▪ Seizure (Epilepsy)	13
▪ Other	2
Benefit or service reductions other than prescriptions	8
Other co-pays (non-prescription)	6

Submitting or revising current Medicaid waivers:	27
▪ 1115 waiver	22
▪ 1915(b)waiver	14
▪ 1915(c) waiver	11
▪ HIFA waiver	18
▪ Ticket-to-work waiver	11
▪ Breast and cervical cancer waiver	8
▪ Medicaid/SCHIP buy-in	11
▪ SCHIP family coverage	15
SCHIP And Medicaid outreach efforts, the state will:	
▪ Decrease	7
▪ Hold steady	33
▪ Increase	2

PHARMACEUTICALS

TOPICS	NUMBER OF STATES
Pharmaceutical assistance programs:	41
▪ Establish	4
▪ Modify	15
▪ Elderly	8
▪ Disabled	6
Pharmaceutical marketing practices:	29
▪ Regulate	6
▪ Modify	2
Generic or therapeutic substitution:	31
▪ General practice	5
▪ Use in public programs	7
Bulk purchasing pools for prescriptions (interstate):	30
▪ Establish	11
▪ Modify	5
Bulk purchasing pools for prescriptions (intrastate):	32
▪ Establish	12
▪ Modify	8

HEALTH PROMOTION AND WELLNESS

TOPICS	NUMBER OF STATES
Snack or soda tax	15
Nutrition/obesity	34
School lunches	27
School physical education programs	27
Restrict school vending machines	29
Childhood diabetes	34
Hypertension screening/prevention	27
Stroke prevention	26
Heart disease prevention	28

UNINSURED

TOPICS	NUMBER OF STATES
Access to health insurance:	43
• HIFA Waiver	17
• Medicaid eligibility expansion	17
• State premium assistance program	17
• Employer-based radical reform measures (“pay or play”)	16
• Single payer reform (universal coverage)	12
• Lower cost plans targeting small employers	29
• High risk pools:	19
▪ Establish	5
▪ Expand	3
▪ Roll back	3
• Purchasing alliances	25
• Medical saving accounts	28
• Tax credits/deductions:	22
▪ Employers	7
▪ Insurers	1
▪ Individuals	8

MANDATED BENEFITS

TOPICS	NUMBER OF STATES
Mandated benefit cost studies	22
Infertility	7
Contraceptives	11
Cancer screenings:	15
▪ Breast	11
▪ Cervical	11
▪ Colorectal	13
▪ Prostate	12
▪ Ovarian	8
Osteoporosis	11
Clinical trials	8
Morbid obesity treatments	16
Off-label drugs	15

MENTAL ILLNESS AND ADDICTION

TOPICS	NUMBER OF STATES
Mental health parity and/or mandated benefits	32
Substance abuse parity and/or mandated benefits	22
Children's mental health:	33
▪ Psychotropic medications (e.g. Ritalin)	21
▪ Wrap around systems of care	29
▪ Services through SCHIP	25
Outpatient civil commitment of mentally ill	19
Substance abuse treatment in lieu of incarceration	31
TANF, women and substance abuse treatment	19
Treatment for mentally ill in jails	26
Alcohol on college campuses/underage drinking	15

TOBACCO

TOPICS	NUMBER OF STATES
Allocate more funds to tobacco prevention	16
Limit public place smoking	24
Sale of tobacco to minors	22
Excise taxes:	16
▪ Increase	11
▪ Decrease	0

LONG-TERM CARE

TOPICS	NUMBER OF STATES
Nursing home quality/safety	34
Nursing home liability insurance	27
Family caregiving programs	29
Tax incentives for private long-term care insurance:	24
▪ Deduction	3
▪ Credit	6
Long-term care insurance for state employees	10
Assisted living regulation:	33
▪ Increasing	8
▪ Decreasing	0
Assisted living reimbursement:	23
▪ Increase	6
▪ Decrease	1
Authorizing wage pass through programs	14
Reimbursement rates for nursing homes:	33
▪ Increase	9
▪ Decrease	5
Home- and community-based services/Olmstead-related initiatives	30

HEALTH CARE PROVIDERS – FACILITIES

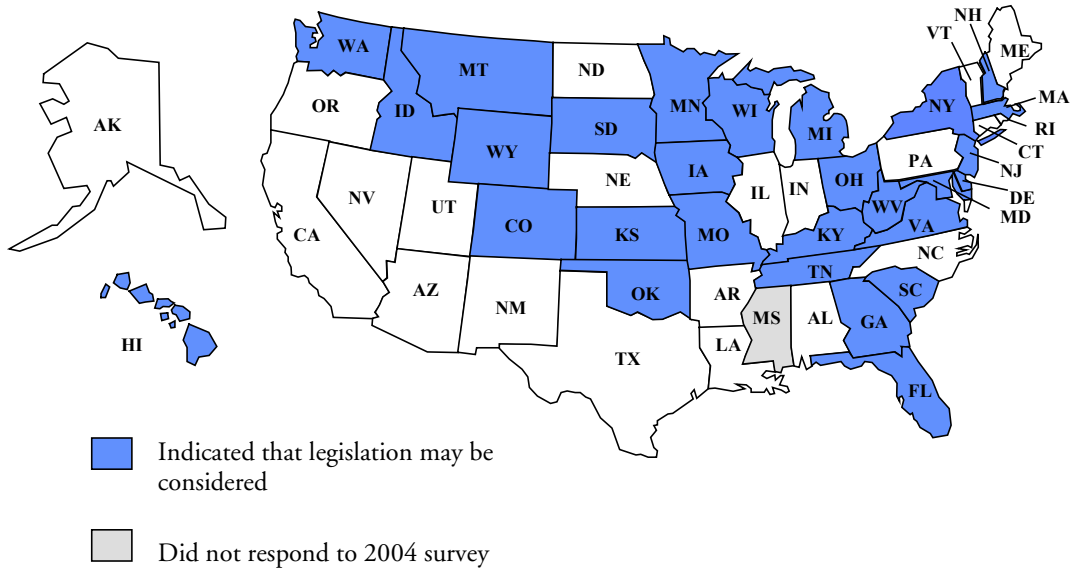
TOPICS	NUMBER OF STATES
Certificate of need:	18
▪ Establish	1
▪ Eliminate	1
▪ Modify	6
Nursing staffing ratios in acute care facilities	28
Mandatory overtime in acute care facilities	15
Medical errors and patient safety:	32
▪ Quality assurance programs	27
▪ Reporting requirements	26
▪ Pharmacist/physician collaboration on prescription treatment	22
Staffing for emergency care services	19

HEALTH CARE PROVIDERS – INDIVIDUAL PROVIDERS

TOPICS	NUMBER OF STATES
Medical malpractice tort reform:	30
▪ Caps on damages	15
▪ Statute of limitations	11
Health workforce shortages:	38
▪ Nurses	37
▪ Dentists	19
▪ Pharmacists	19
▪ Dental Hygienists	15
▪ Hospital technicians	20
▪ Certified nurse midwives	17
▪ Other providers	7
Scope of practice:	22
▪ Nurse practitioner	16
▪ Physician assistants	12
▪ Pharmacists	10
▪ Psychologists	16

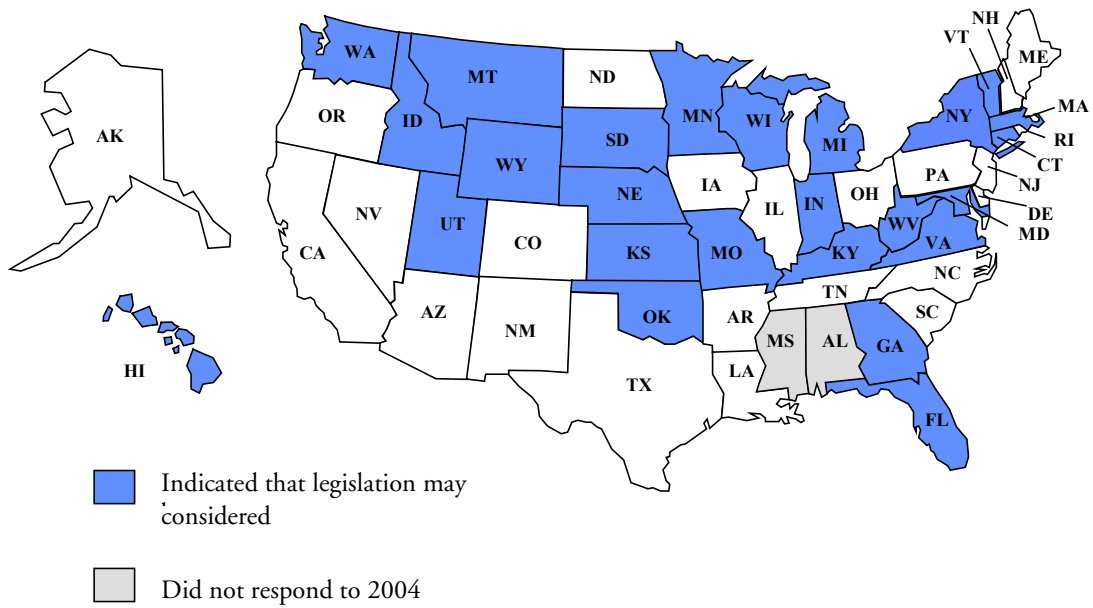
** Mississippi did not respond to the survey.

Access to Health Insurance: Medical Savings Accounts



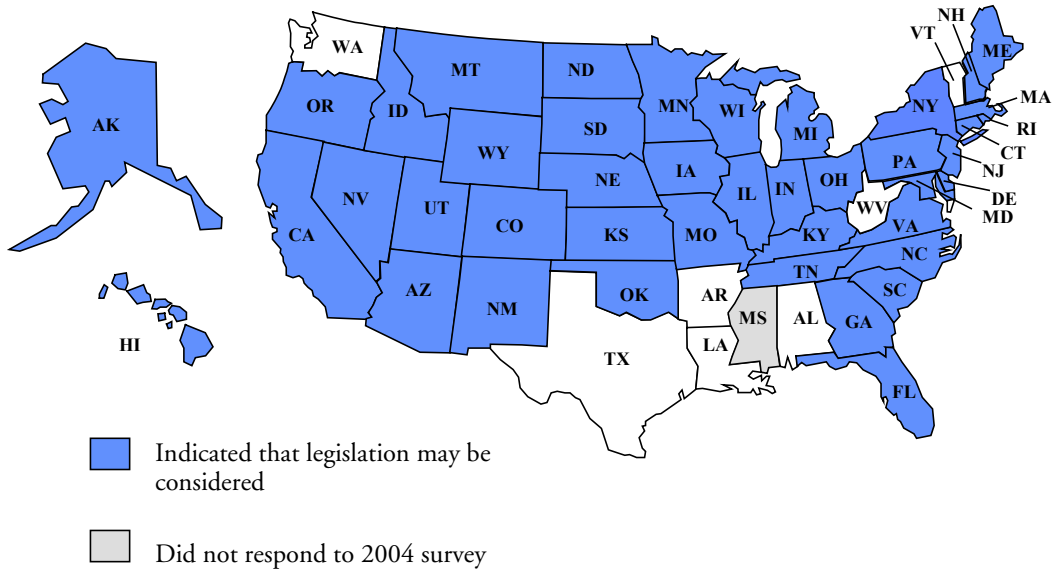
Source: NCSL's Health Policy Tracking Service, December 2003

Access to Health Insurance: Purchasing Alliances



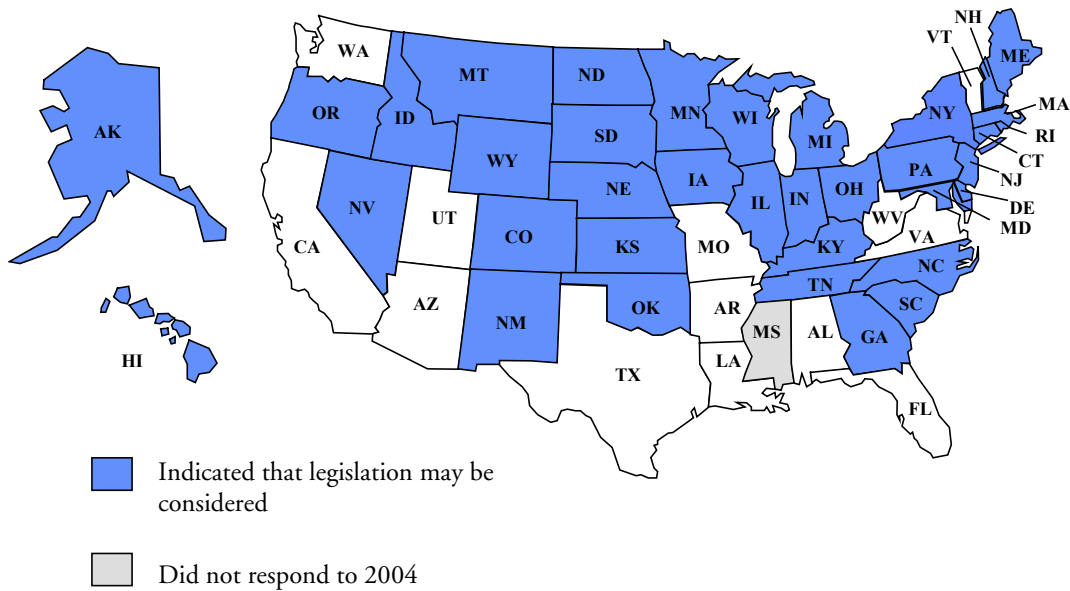
Source: NCSL's Health Policy Tracking Service, December 2003

Medicaid Cost Control Measures Concerning Prescriptions



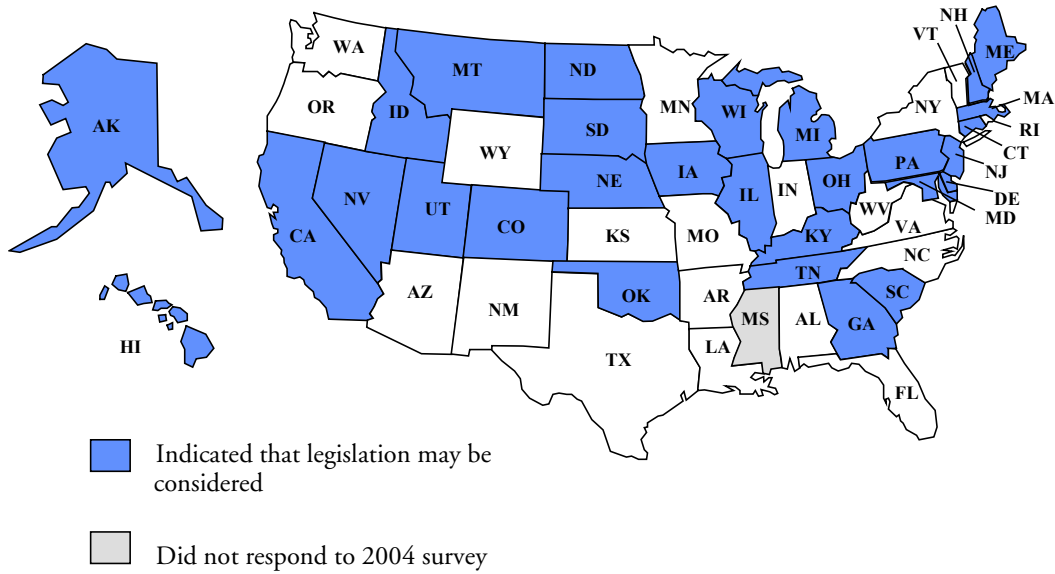
Source: NCSL's Health Policy Tracking Service, December 2003

Medicaid Cost Control Measures Concerning Prescriptions: Preferred Drug Lists



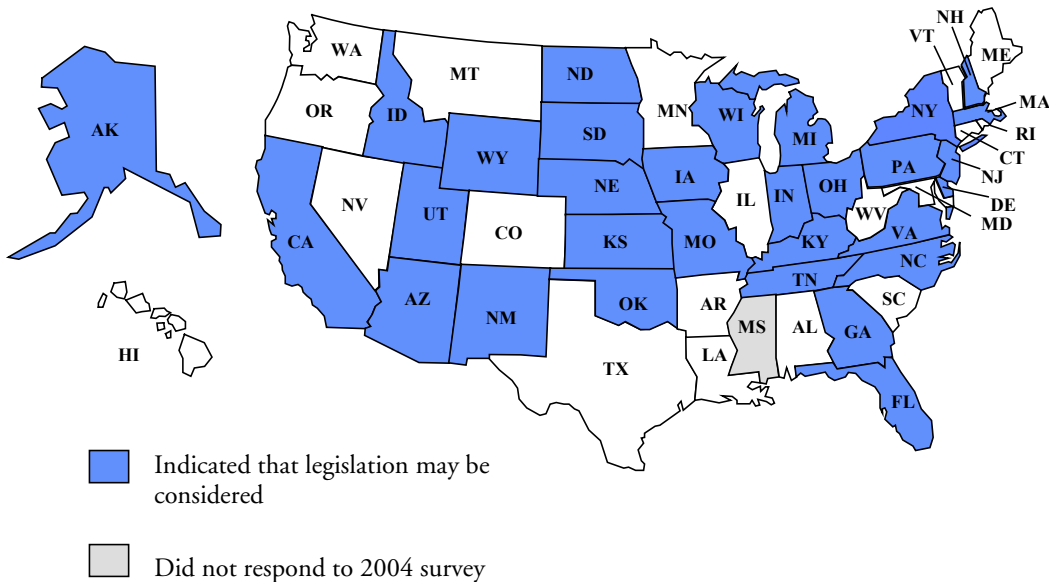
Source: NCSL's Health Policy Tracking Service, December 2003

Medicaid Cost Control Measures Concerning Prescriptions: Prior Authorization



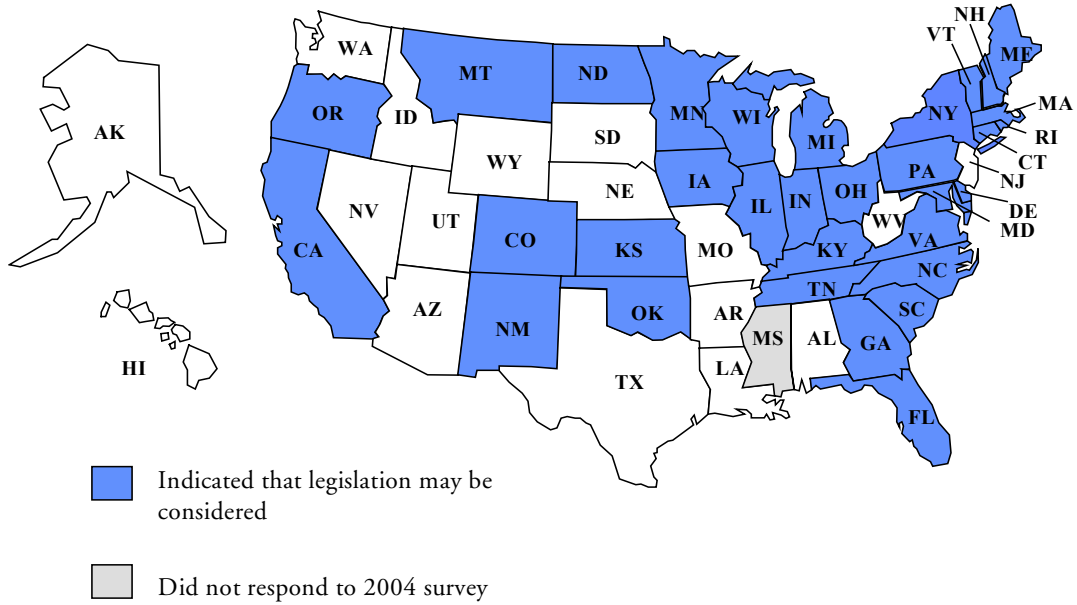
Source: NCSL's Health Policy Tracking Service, December 2003

Medicaid Cost Control Measures Concerning Prescriptions: Co-pays for Prescriptions



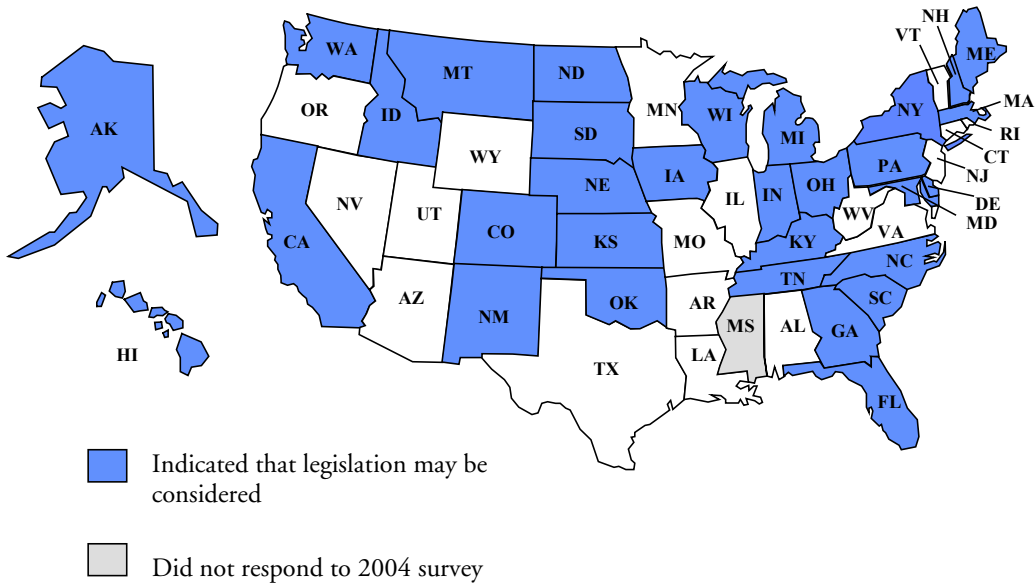
Source: NCSL's Health Policy Tracking Service, December 2003

Intrastate Bulk Purchasing Pools for Prescription Drugs



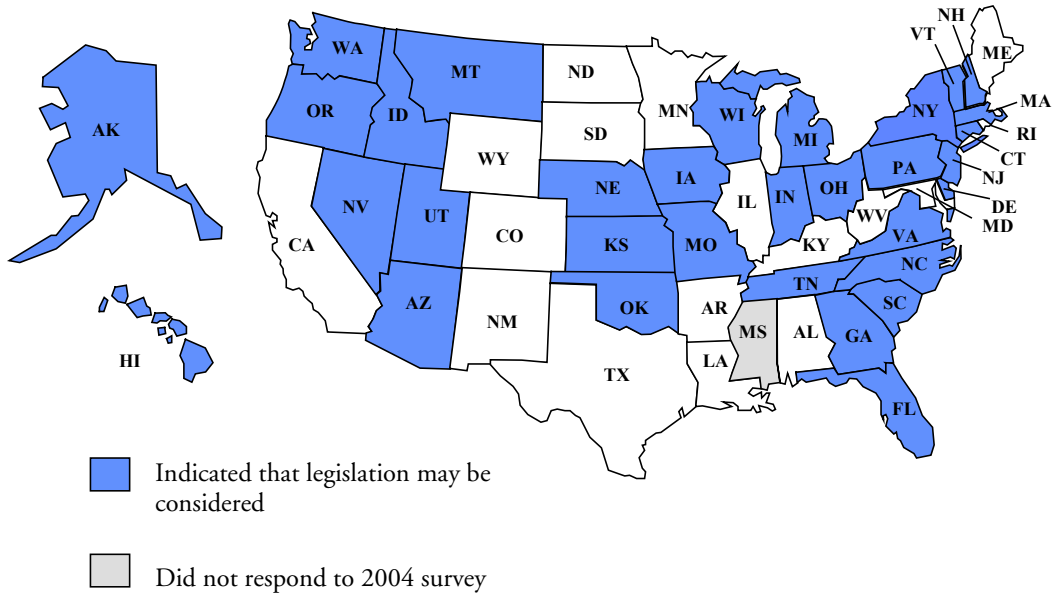
Source: NCSL's Health Policy Tracking Service, December 2003

Generic or Therapeutic Substitution for Prescription Drugs



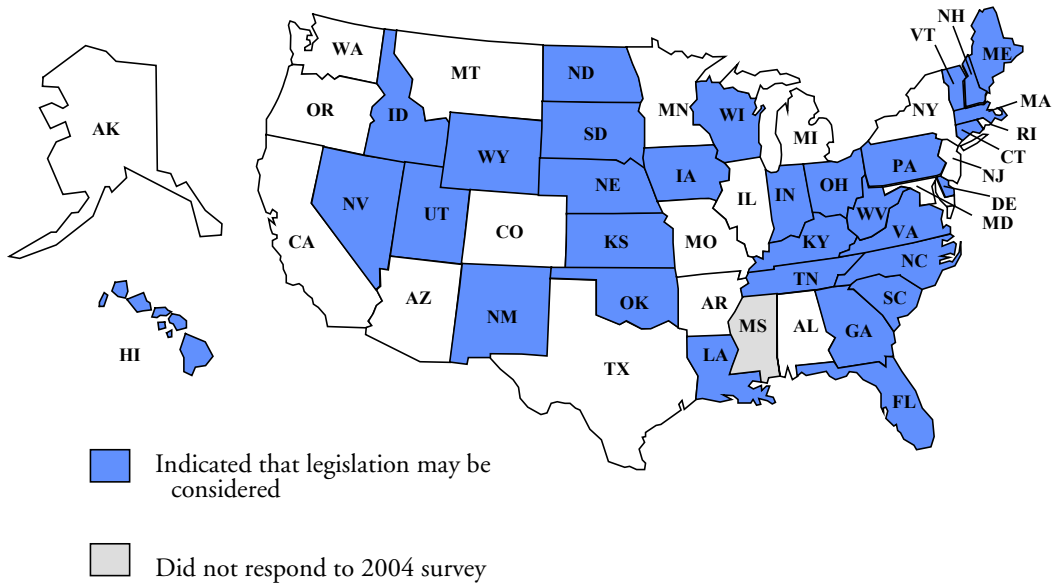
Source: NCSL's Health Policy Tracking Service, December 2003

Mental Health Parity and/or Mandated Benefits



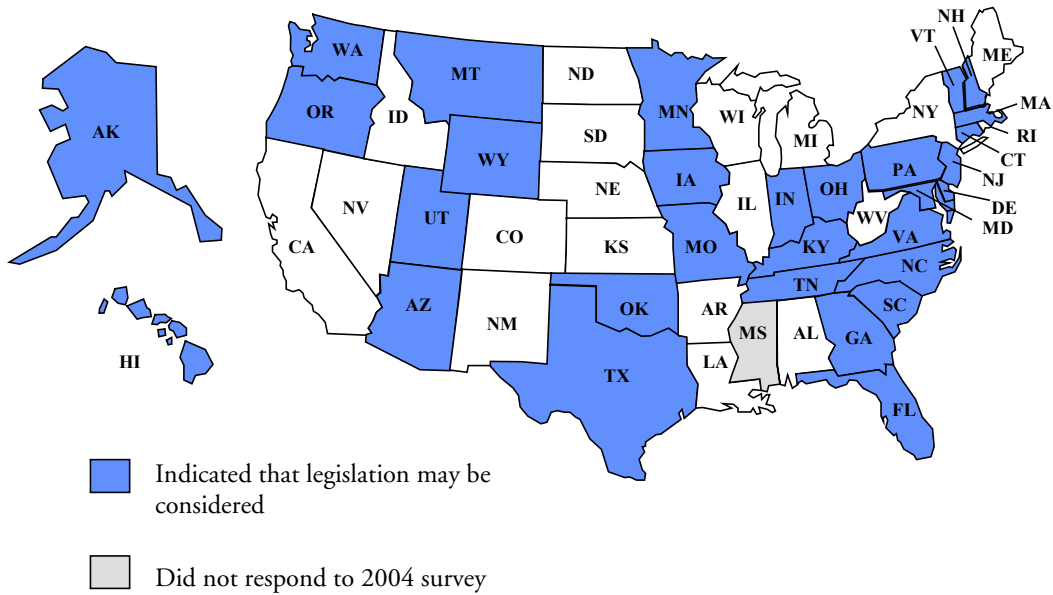
Source: NCSL's Health Policy Tracking Service, December 2003

Substance Abuse Treatment in Lieu of Incarceration



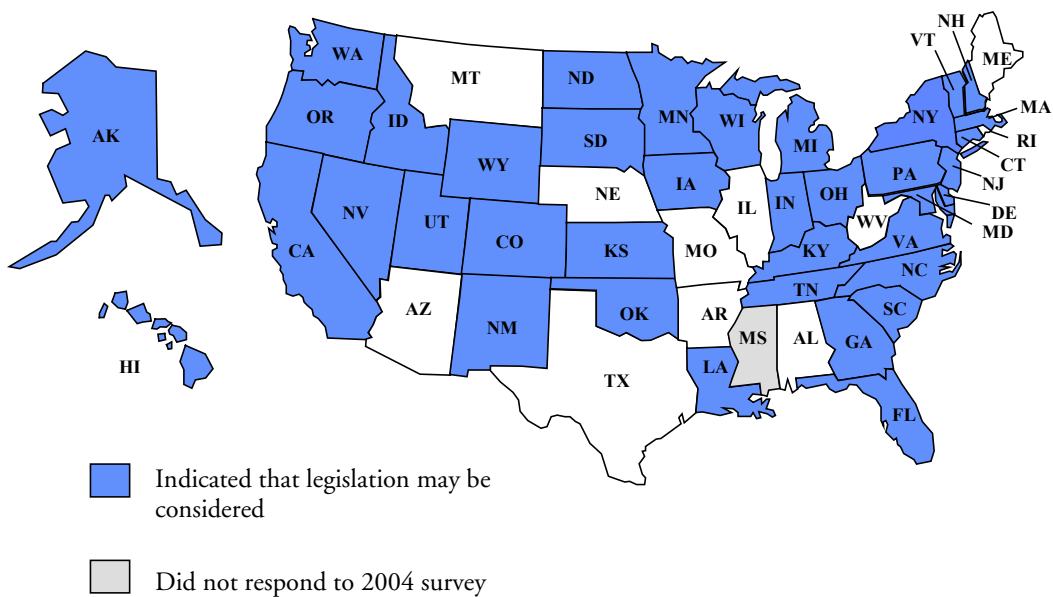
Source: NCSL's Health Policy Tracking Service, December 2003

Medical Malpractice Tort Reform



Source: NCSL's Health Policy Tracking Service, December 2003

Health Workforce Shortages



Source: NCSL's Health Policy Tracking Service, December 2003

Methodology

Since 1997, the Health Policy Tracking Service (HPTS) researchers at the National Conference of State Legislatures (NCSL) have surveyed state legislators, legislative staff, and other state health agencies to identify their legislative priorities for the upcoming legislative session.

In anticipation of which health issues, priorities or initiatives may be addressed in the upcoming 2004 state legislative sessions, each HPTS researcher evaluated emerging trends in current legislation based on information requests, previously introduced legislation and a variety of other information obtained from sources associated with their areas of expertise. The survey tool was developed based on this extensive evaluation (see survey tool).

The survey was then distributed to various state legislators, legislative staff, and state health officials via mail, fax, email, and phone.

Survey Instrument



NATIONAL CONFERENCE *of* STATE LEGISLATURES

The Forum for America's Ideas

Dear State Legislator:

The 2004 legislative sessions are right around the corner and the National Conference of State Legislatures (NCSL) once again is interested in learning what key health issues, priorities, or initiatives are planned for the upcoming year.

NCSL's Health Policy Tracking Service (HPTS) has conducted this survey each fall since 1997. The 2004 sessions will present legislatures with difficult issues and hard choices concerning Medicaid reimbursement, eligibility and services; SCHIP; prescription drugs; nursing homes; medical malpractice; hospitals; workforce shortages; and the uninsured.

The goal of the survey is to learn what health topics will be at the top of your list and what other critical health care issues will receive attention. As always, the information is published in the aggregate and no individual response is ever provided. NCSL uses this information in preparation to assist you throughout the year. In addition, NCSL is able to highlight for the media the difficult issues and decisions state legislatures are facing.

Legislators and staff from all 50 states responded to the survey last year—a success not only in the information it gathered, but also in the attention and importance legislators and staff attached to it. In the past, major national, regional and state newspapers have reported on the survey's findings.

Your participation is invaluable to the success of this NCSL effort. Please take the next 15 minutes to complete the survey and return it NCSL no later than **Friday, November 7**. Please call Rachel Tanner at (202) 624-8679 or Carla Plaza at (202) 624-3757 if you have any questions regarding this survey.

HPTS will compile the information we receive into a 50-state report that will be presented by Bill Pound, NCSL's executive director, and the NCSL Health Committee Chair at NCSL's Fall Forum in December. In addition NCSL will share a copy of the report with you and others in mid-December.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carl Tubbesing', with a stylized flourish at the end.

Carl Tubbesing
Deputy Executive Director, State-Federal Relations



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2004 LEGISLATIVE HEALTH PRIORITIES SURVEY

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We will compile the information we receive into a 50-state report and share the information with you and others in late December. Please call Rachel Tanner (202) 624-8679 or Carla Plaza at (202) 624-3575 if you have any questions regarding this survey. Thank you in advance for your assistance.

Lee Dixon
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444 North Capitol Street, NW, Suite 515
Washington, DC 20001
FAX: (202) 737-1069

STATE: _____

Party Affiliation: _____

Are you on a health-related committee? (name) _____

Are you a chair of this committee? _____

Optional:

Name _____

Telephone number _____

Email _____

1. What health-related issues are you most personally interested in?

MEDICAID AND SCHIP					
Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Will the legislature have to address a Medicaid budget short fall for the FY 2004?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will the legislature have to address a welfare/ TANF shortfall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To address the Medicaid or overall revenue shortfall will the legislature consider:					
▪ Use of tobacco settlement funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Securitization (bonds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The following questions relate to actions that may have to be taken during the upcoming legislative session: Do you expect to consider <u>Provider Reimbursement Rate</u> reductions or freezes for:					
▪ Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Other health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you expect to consider enacting new taxes, fees or assessments on health care providers or health care services? If so, for which providers and/or services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Medicaid managed care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Do you expect to consider reductions or freezes in <u>Eligibility</u>?</p> <p>If yes, for whom will reductions be made?</p> <ul style="list-style-type: none"> ▪ Children ▪ Adults ▪ Elderly ▪ Disabled ▪ Pregnant women ▪ Other <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>What <u>cost control</u> measures do you expect the legislature to consider concerning <u>prescriptions</u>?</p> <ul style="list-style-type: none"> a) Preferred drug lists b) Prior authorization c) Pharmacy reimbursement rate d) Number of prescriptions per individual e) Co-pays for prescriptions: <ul style="list-style-type: none"> ▪ Establish ▪ Increase 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>What class of pharmaceuticals might the legislature exempt from Prior Authorization or Preferred Drug Lists?</p> <ul style="list-style-type: none"> ▪ Atypical anti-psychotics? ▪ Diabetes? ▪ HIV/AIDS? ▪ Seizure (Epilepsy)? ▪ Other? <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>What other benefit or service reductions (other than prescriptions) do you expect the legislature to consider?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>What other co-pays (other than prescriptions) do you expect the legislature to consider?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you expect the legislature/state to consider submitting or revising its current Medicaid Waivers?					
<ul style="list-style-type: none"> ▪ 1115 Waiver ▪ 1915(b) Waiver ▪ 1915(c) Waiver ▪ HIFA Waiver ▪ Ticket-to-Work Waiver ▪ Breast and Cervical Cancer Waiver ▪ Medicaid/SCHIP buy-in ▪ SCHIP family coverage 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
With regard to SCHIP and Medicaid outreach efforts, do you expect the state to:					
<ul style="list-style-type: none"> ▪ Decrease ▪ Hold-steady ▪ Increase 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHARMACEUTICALS					
Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Pharmaceutical assistance programs (general):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establish <input type="checkbox"/> Modify <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled
Pharmaceutical marketing practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Regulate <input type="checkbox"/> Modify
Generic or therapeutic substitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> General practice <input type="checkbox"/> Use in public programs
Bulk purchasing pools for prescriptions:					
<ul style="list-style-type: none"> ▪ Interstate ▪ Intrastate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establish <input type="checkbox"/> Modify <input type="checkbox"/> Establish <input type="checkbox"/> Modify

HEALTH PROMOTION AND WELLNESS					
Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Snack or soda tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School lunches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School physical ed. programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restrict school vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Childhood diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension screening/ prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart disease prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

UNINSURED					
Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
HIFA Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicaid eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State premium assistance program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employer-based radical reform measures ("pay or play")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Single payer reform (universal coverage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lower cost plans targeting small employers (i.e. bare-bones or stripped down plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High risk pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establish <input type="checkbox"/> Expand <input type="checkbox"/> Roll Back
Purchasing alliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical saving accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tax credits/deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employers <input type="checkbox"/> Insurers <input type="checkbox"/> Individuals

MANDATED BENEFITS					
Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Mandated benefit cost studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer screenings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Cervical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Colorectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Ovarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Morbid obesity treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Off-label drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MENTAL ILLNESS AND ADDICTION					
Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Mental health parity and/or mandated benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance abuse parity and/or mandated benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Children's mental health:					
▪ Psychotropic medications (e.g., Ritalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Wrap around systems of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Services through SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient civil commitment of mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment in lieu of incarceration (i.e., drug courts, diversion and/or sentencing reform)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TANF, women and substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment for mentally ill in jails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol on college campuses/ underage drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TOBACCO					
Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Allocate more funds to tobacco prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limit public place smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sale of tobacco to minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excise taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease

LONG-TERM CARE					
Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Nursing home quality/safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing home liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family caregiving programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tax incentives for private long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Deduction <input type="checkbox"/> Credit
Long-term care insurance for state employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assisted living regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing
Assisted living reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing
Authorizing wage pass through programs for home care and/or nursing home workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reimbursement rates for nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing
Home and community-based services/ Olmstead-related initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH CARE PROVIDERS — FACILITIES

Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Certificate of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establish <input type="checkbox"/> Eliminate <input type="checkbox"/> Modify
Nurse staffing ratios in acute care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mandatory overtime in acute care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical errors and patient safety:					
▪ Quality assurance programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Pharmacist/physician collaboration on prescription treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staffing for emergency care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH CARE PROVIDERS — INDIVIDUAL PROVIDERS

Will these topics be considered in 2004?	Yes		No	Unknown	Additional Comments
	High Priority	Low Priority			
Medical malpractice tort reform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Caps on damages <input type="checkbox"/> Statute of limitations
Health workforce shortages:					
▪ Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Dental Hygienists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Hospital technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Certified nurse midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Other providers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specify _____					
Scope of practice for:					
▪ Nurse practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prescriptive authority only
▪ Physician assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prescriptive authority only
▪ Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prescriptive authority only