

2011 National Health Law Training

Agenda At-A-Glance

July 11 – 12, 2011

Baltimore, MD

Renaissance Harborplace Hotel

Co-sponsored by



Sunday, July 10

Conference Registration 4:00 – 6:00 pm

**No sessions scheduled*

Monday, July 11

Conference Registration 7:00 am – 5:00 pm

Continental Breakfast 8:00 – 9:00 am

Opening Plenary 8:30 – 10:00 am

Morning Break 10:00 – 10:30 am

Sessions 10:30 – Noon

Lunch on your own Noon – 1:30 pm

Sessions 1:30 – 3:00 pm

Afternoon Break 3:00 – 3:30 pm

Sessions 3:30 – 5:00 pm

Opening Reception 6:00 – 8:00 pm

Tuesday, July 12

Conference Registration 7:00 am – 5:00 pm

Continental Breakfast 8:00 – 9:00 am

Plenary Session 8:30 – 10:00 am

Morning Break 10:00 – 10:30 am

Sessions 10:30 am – Noon

Lunch on your own Noon – 1:30 pm

Sessions 1:30 – 3:00 pm

*Conference ends 3:00 pm

2011 National Health Law Training – Workshop Session Offerings

(as of 5/4/11)

**Please note this list is subject to change without notice.*

- **The Affordable Care Act (ACA) and Coverage for People at Risk of Incarceration**

Many federal programs, including Medicaid, do not cover services for people who are incarcerated. And, the ACA provides for new insurance plans for qualified individuals with incomes too high to qualify for Medicaid, but specifically excludes most incarcerated individuals from eligibility. These limitations therefore pose significant barriers to health care for many low income people. This session will provide an overview of Medicaid eligibility and coverage of services for incarcerated individuals, as well as eligibility for new insurance options created by the ACA. It will also address strategies to work within these limitations to help ensure that individuals at risk of incarceration continue to qualify for coverage of necessary health services.

- **The ACA and Options for Expanding Home and Community Based Services**

The Americans with Disabilities Act requires that public programs, such as Medicaid, provide services in the most integrated setting appropriate – when possible, in the community rather than institutions. The ACA provides states with new and improved opportunities to expand community-based services for people with disabilities and to offer services and supports before people need institutional care. This session will provide an overview of the ACA options, including a discussion of proposed regulations and federal guidance, as well as information about state implementation.

- **ACA & Civil Rights law**

The Affordable Care Act includes a nondiscrimination provision that expands Title VI, Section 504 and other civil rights laws to the new Health Insurance Exchanges and other entities and programs created by the ACA or administered by federal agencies. The ACA also offers opportunities, through the implementation of new demonstration programs and other activities, to apply civil rights laws. Come learn about the opportunities and how you can get involved.

- **Navigating Private Health Insurance Practices**

The health insurance available to low income people will not solely be from Medicaid. Legally present adult noncitizens will still be subject to the five-year bar on Medicaid eligibility, but they will be eligible for subsidies to help them buy private insurance and handle the out-of-pocket costs (deductibles and co-pays). Undocumented people are never eligible for Medicaid and so may wish to buy insurance (although they will not qualify for subsidies). Many working Medicaid beneficiaries will travel back and forth across the 133% FPL eligibility line for Medicaid, and so they will come in and out of the private insurance market. And some people eligible for Medicaid will have a choice in some states to participate in private insurance instead. The private insurance industry has many practices that hurt consumers. Denying people coverage for “pre-existing conditions” is one of these, for example. Several provisions of the ACA are designed to end or regulate these practices, but much will depend on implementation in the states and enforcement on behalf of wronged consumers. This is a rare specialty for low income advocates, so legal services practitioners who know these issues are well positioned to be invited to give advice on policy questions in their states. This session will provide an introduction to these issues.

- **ACA and Consumer Involvement**

The Affordable Care Act includes a number of provisions that require providers and the state agency to be more responsive to the needs of consumers and empower consumers to better direct their own care. This workshop will provide an overview of the main ACA provisions intended to increase consumer involvement, and how such involvement can improve patient access and quality of care. It will also include discussion of the ways in which consumers can better ensure that their voices are being heard and their needs being met as the ACA is implemented.

- **Medicaid Cuts & Defenses**

Even as the Affordable Care Act promises expanded health insurance coverage to low-income people, fiscal strains at the State level are resulting in proposals to dramatically cut Medicaid. This session will provide an overview to the causes of these Medicaid stresses, describe the various legal and policy responses that can be raised on behalf of clients, and allow participants an opportunity to exchange information about their experiences with these issues.

- **Resolving complaints about health coverage**

This session will explore the various avenues for resolving disputes about health care coverage, focusing on the role of administrative complaints involving Medicaid coverage, state and federal court forums to appeal Medicaid coverage denials (highlighting private enforcement and civil pleading post-Iqbal), and provide an overview to the complaint processes that will be created to resolve complaints in 2014, after implementation of the Affordable Care Act. The role of evidence-based standards in coverage decisions will also be addressed.

- **Medicaid Delivery Models**

The Affordable Care Act contains a variety of provisions that will impact the way that health care is delivered to Medicaid beneficiaries, with significant positive and negative possibilities depending on state implementation choices and execution. One of these models is an “accountable care organization”, or network of preventive, primary and specialty providers who integrate and coordinate patient care. This could be traditional HMO-style managed care, but it could also be different in various ways. It could resolve the chronic lack of access that Medicaid patients have to specialty care, and it could bring down costs by preventing ER visits and hospital re-admissions. It could open up opportunities for medical-legal partnerships. And it could also serve to block chronically ill patients from getting needed care. This session will cover these options and address some of the opportunities for positive change as well as remedies that legal services advocates might pursue if clients are denied needed care.

- **Addressing Health Disparities: ACA opportunities & requirements**

The Patient Protection and Affordable Health Care Act (the ACA) includes many provisions with the potential to significantly reduce health care disparities among diverse populations. Some provisions will have specific impact requiring data collection by race/ethnicity, cultural competence training and specific health disparity initiatives. Other provisions such as those related to quality, cost, insurance and access while not directly targeted to reducing health disparities will still be quite relevant. This session will discuss the potential impact of the ACA on reducing minority health disparities and explore strategies for advocacy on these issues.

- **Enrollment Streamlining 2011-2014 (Exchanges & Medicaid)**

- **ACA Implementation @ State Level (Requirements & Options)**

The Affordable Care Act gives leeway to the States for implementation in many areas, such as how the Exchanges will be structured, governed and financed of the Exchanges, what roles Navigators will play, what benefits should be included as essential health benefits under the Exchanges, what will be included in the benchmark benefit package for newly eligible Medicaid beneficiaries, and how the Medicaid enrollment and eligibility determination process will mesh with enrollment and eligibility in the Exchanges. Some States are moving ahead with the planning process for implementation of the ACA provisions, others are waiting until their 2012 legislative sessions to deal with this, and some are resisting altogether in the hope that Health Reform will be repealed. This session will provide an overview of progress among the States and a discussion of areas of state implementation that most warrant involvement of advocates for low income persons.

Confirmed Faculty

(as of 5/4/11)

- John Bouman, Sargent Shriver National Center on Poverty Law
- Gene Coffey, National Senior Citizens Law Center
- Leo Cuello, National Health Law Program
- Corey Davis, National Health Law Program
- Byron Gross, National Health Law Program
- Nick Johnson, Center on Budget and Policy Priorities
- Tim Jost, Washington and Lee University School of Law
- Jane Perkins, National Health Law Program
- Deborah Reid, National Health Law Program
- Sarah Somers, National Health Law Program
- Mara Youdelman, National Health Law Program