

Transcript from AACIPM Fall Symposium

Equity in Access to Comprehensive Integrative Pain Management for People with Pain - September 24, 2020

11 minute transcript - accompanying video can be found [here](#).

Presenter: Matt Salo, Executive Director, National Association of Medicaid Directors

Current Priorities and Changes in Medicaid

Cindy Steinberg, Moderator (00:00):

Next, we're going to hear from Matt Salo, who is Executive Director of the National Association of Medicaid Directors, on the current priorities and changes in Medicaid that we'll have to take into consideration in our efforts to expand coverage to recipients. So Matt, welcome.

Matt Salo, Panelist (00:18):

All right. Thank you, Cindy. And thanks so much, everyone, for having me here. This is really a terrific panel that you've lined up, and quite frankly, every one of the other presenters has been able to really get into a lot of the detail and a lot of the substance more than I can or I'm going to. And, as you said, I'm really just going to kind of provide some framing remarks around some of the background, the context of what's going on in Medicaid programs across the country.

Matt Salo, Panelist (00:52):

And again, I really want to thank Kirk at NGA who's done phenomenal work here. He's a great resource. And I think it's really important to have the NGA perspective because clearly opioids and pain management is an issue that is much bigger than just do you have health insurance and what is your health insurance? There are much bigger issues going on that governors really are kind of uniquely poised to address.

Matt Salo, Panelist (01:21):

But clearly, having said that, Medicaid is the largest health insurer in the country. We cover more than 70 million Americans. And Medicaid directors see the devastation and destruction of addiction, all types of addiction, up very, very close, but also have a responsibility again for a program that is the second largest item in any state's budget after education. Covers 70 million people, spends \$600 billion a year. And I just wanted to lay out kind of the context.

Matt Salo, Panelist (01:57):

And so, quite frankly, prior to about six months ago, we were spending a fair amount of time thinking about alternatives to pain management, the issues of addiction, opioid addiction, how to stop it, how to prevent it, how to wean people off alternatives. But as I think everyone can appreciate, in many ways, the world has changed fundamentally over the past six months. And right now, there isn't anything that's being accomplished in state government or in Medicaid, more specifically, that isn't somehow being done through one of three different, and sometimes related, lenses, the first of which is very obvious, it's the pandemic.

Matt Salo, Panelist (02:47):

How has COVID-19 impacted society? How has it impacted the Medicaid program? The second of which, and this is in part precipitated by the pandemic, it's the economic downturn that we are all going through and is being felt on a national level, it is being felt at a state level, it is being

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felt on a local level. And then finally, an issue which, quite frankly, we have been ignoring for far too long, but because the pandemic and the economic downturn are so disproportionately impacting it, we really can't afford to avoid it any longer. And that's aggressively confronting the racial and ethnic disparities, not just in Medicaid, not just in the healthcare system writ large, but really throughout society, to the extent that we can do that.

Matt Salo, Panelist (03:45):

So, everything is being done through one of those three lenses. And just real briefly, part of our challenge is, with the pandemic, there's two things that we have to keep in mind, one of which is Medicaid has an enormous role in trying to figure out how to support those providers that are on the frontline of the surge, hospitals, ICUs. Do they have the ventilators? Do they have the personal protective equipment? The providers that are working double, triple overtime shifts and who are at risk of getting the virus and dying, and who are, nursing homes and other long-term care facilities where it's very similar.

Matt Salo, Panelist (04:28):

And this gets a lot of attention. We do need to be able to support these critical first responders. But I think the other piece that doesn't get talked about as much is how are we also paying attention to those healthcare providers that don't get as much visibility? And in fact, because of the pandemic, because people, to the extent that they're listening, because people are social distancing, staying home when necessary, and heeding that call not to go to a healthcare provider, not to go see the doctor, not to seek treatment unless it's necessary, what are we going to do with all of those providers whose business model has been upended? The rug of their business model has been pulled out from under them. And how do they go from a utilization trend one day, a month later, six months later, 18 months later, it's at 50%, 20%, 0% of that. How do we think about how do we support those providers through this challenge?

Matt Salo, Panelist (05:36):

And the problem is that both of those aspects of the pandemic quite frankly are going to require additional money, additional money for those on the front line, additional money to keep those other providers solvent and so they don't just shutter their doors, and when the pandemic is over and people go back to normal, they haven't just quit and there's no one to see those patients.

Matt Salo, Panelist (06:04):

And that kind of leads into that second challenge, which is clearly, as we're hitting this economic downturn, we've got a perfect storm of challenges hitting state government, which is kind of a microcosm of how it's impacting everybody, and that's really these economic forces which are driving the downturn. People are losing their jobs. People are being furloughed. People are being brought on at 20% of their normal hours. The economic forces that are leading to tens of million, 40 million people accessing unemployment insurance at rates completely unheard of anytime in American history.

Matt Salo, Panelist (06:52):

The economic forces that are doing that are going to drive Medicaid enrollment, because Medicaid is a poverty level program, it's going to drive Medicaid enrollment up. And it's going to drive Medicaid enrollment up at the same time that Medicaid is trying to figure out how do we spend more to accommodate, to deal with the pandemic? The challenge of course is that those economic factors, at the same time, are driving state general revenue through the floor. And state economies are challenged. And because states have to balance their budget, and

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because states cannot print money, it often drives very, very difficult budget balancing conversations in every state across the country.

Matt Salo, Panelist (07:42):

And typically, what happens in these downturns is Medicaid, again, because it's the largest or the second largest item in every state budget, Medicaid is looked to to solve some of these budget crises. So historically, what we see is at the same time that Medicaid's enrollment and costs are going up, these economic pressures are forcing states to try to bring Medicaid spending down. And those trend lines don't meet up in a nice way, and it's going to get ugly.

Matt Salo, Panelist (08:16):

And I think what's going to be really kind of uniquely challenging now is that, because we've seen this in previous economic downturns over the past 20 years, what's unique now, and I say this because I've got four kids all trying to do some kind of version of either virtual schooling or what have you, for the economy to recover, for state economies to recover, for the national economy to really recover, the schools are going to have to open, open safely, open predictably, open reliably, the schools and daycare providers. And that challenge is that education is all state and local money.

Matt Salo, Panelist (09:02):

So you're going to have the schools and daycare providers essentially coming at the state budget saying, "We need more money," competing with Medicaid saying, "We need more money," at the same time that there is no more money. That's why we need aggressive, robust, and additional federal congressional efforts to bring additional resources to the state governments, to local governments, to the Medicaid program, to education, so that we're not turning around three months from now, six months from now. And rather than having some conversations around how do we increase reimbursement rates for provider A, B or C, we're going to be talking about how are we going to be reducing reimbursement rates by, is it 20, is it 40, is it 60%?

Matt Salo, Panelist (09:56):

That's the dynamic that we're in and that's the challenge that we've got right here. And I wish that I had rosier news and more exciting things to say about advancements in pain management. I think the other presenters have talked about that. I will commend all of them. I just wanted to lay that out as here's the backdrop, here's the context. It is extraordinarily challenging, and just keep that in mind as we move forward trying to solve these really, really important problems.

Cindy Steinberg, Moderator (10:35):

Thanks very much, Matt. Thanks for the reality check on the effects of the pandemic and what's that going to mean for care for everyone. I think Matt's talk should have been directed to federal leaders right now who are fighting over whether or not there should be another rescue package.

Matt Salo, Panelist (10:57):

We're trying. We're trying.

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Cindy Steinberg, Moderator (10:59):

Yeah. We're all going to need it. Thanks a lot, Matt. So, we're now going to have an interactive discussion-