

Janice K. Brewer, Governor
Thomas J. Betlach, Director

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PO Box 25520, Phoenix, AZ 85002
Phone: 602-417-4000
www.azahcccs.gov



Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Date: November 19, 2012

To: Interested Parties

From: AHCCCS Administration

Re: Summary of Written Comments re the “Future of Medicaid in Arizona”

Over the last few months, AHCCCS has been involved in a variety of stakeholder efforts to inform and accept comments from the public on the topics of the “Childless Adult DRAFT Waiver Amendment” (Childless Adults) and “Future of Arizona’s Medicaid Program” (AZ Future). Efforts include creating a page dedicated to these topics on the AHCCCS website, hosting a number of public meetings across the State and accepting public comments.

This document includes a total of 85 written comments received specific to the Future of Medicaid in Arizona, organized in the order they were received. Comments originated from a variety of sources including individuals, family members, healthcare organizations, healthcare providers and advocacy groups¹. Comments that were submitted on an organization’s formal letterhead are included as a separate section beginning on page 91 of the PDF document. Additional information about AZ Future can be found at the following link: <http://www.azahcccs.gov/publicnotices/FutureOptions.aspx>.

[Comments from Individuals](#)

[Comments from Organizations on Official Letterhead](#)

[Referenced Attachments](#)

¹ All personal information such as names and e-mail addresses has been redacted for privacy purposes.

From:
Sent: Tuesday, August 28, 2012 6:42 PM
To: AZ Future
Subject: Request ability of Attending 9/10/2012 Session Of AHCCCS

Dear sir, or Madam,

This is to notify you you that I am requesting attendance of the Community Forum regarding the future and current state of Medicaid in Arizona , And Maricopa County on, 9/10/2012. Rest assured; I will have my research completed and have relevant questions or opinions to offer.

Further , as a long-time Tax-paying citizen of Arizona, and Maricopa County, as well as a registered voter; and having been recently been denied Medicare by the policies in effect as a result of laws passed by The Sate of Arizona, I believe I will have a valuable point of view, and direct experience to offer those questioning the State 's , Governor's, as well as the US SUPREME Court's decisions'. The question of Medicaid for adults under 65 in Arizona must be addressed.

I will be there. If you cannot accommodate me; please inform me in advance. Also; If the Location or time is changed...I expect to be notified. I will be monitoring your website.

Thank You,

Not present

From:
Sent: Wednesday, August 29, 2012 12:31 PM
To: AZ Future
Subject: AHCCCS COVERAGE

It is my opinion that you should go back to what the voters have already authorized, and that is that all single adults with no or low income be included in the ahcccs program. These people are destitute as it is, they should not have to worry about getting health care also. Plus it would take a lot of the extra expense off our hospitals, who are also carrying the burden of healthcare for all the illegals in our state. The Federal Government has offered to pay the bulk of the expense for this. Let's be a state that takes care of our poor people!!

Please, please reinstate ahcccs for our children!!!! These are helpless individuals who have no choices in life, and they are our future. Let's keep them healthy so they can progress.

Thank you,

From:
Sent: Thursday, August 30, 2012 1:15 PM
To: AZ Future
Subject: A Very Concerned Member
Attachments:

As a member, I would like to say that I do not believe you provide the services needed for adults. For example, you will not pay 1 penny for orthotic braces if needed. My husband has Phoenix Health and is on Medicare Advantage thru Humana. He was born disabled and is in need of braces for his ankles so he can walk without his ankles swelling and him being in major pain. Humana will cover 80% leaving a balance of \$375 or so. We are currently living on his SS and my daughters Child Support due to me having health issues that caused me to lose my job. We have appealed the decision and now we would like to take this in front of a judge, but what I read states that if we do this and lose we are responsible for paying the court costs.

We were told by PHP that they would cover surgery or a wheel chair, so why wouldn't they pay the cheaper solution? If needed I can get 2nd and 3rd opinions, but at this point there isn't a surgery that can correct his feet and confining him to a wheel chair takes away his self esteem and ability to care for himself. I know what being in a wheel chair feels like, since I am currently in one and it is very depressing to have to depend on my family to help me do everything. I can not even go to the bathroom without help.

Attached you will find photos of his feet. This is why he needs the braces. When he walks his ankles collapse causing him to walk on his ankles not his feet.

If there is anything you can do to give us advice please feel free to call either myself

not present



From:
Sent: Saturday, September 01, 2012 7:10 AM
To: AZ Future; HIX@az.gov

I would like information on how to be a voice for members of the AHCCCS program. Can you please send me information on how I can help AZ members and their families. My telephone number is _____ There are plenty of people in the society who either dont know how or simply can not stand up for themselves when they need something. I would like to help these people. I do not believe the governor or the AHCCCS administrators fully understand what members go thru.

I do understand the fact that there are people who abuse the system, but I also know there are people out there who rightly need the help and get turned down for eithers benefits in general, or services they need. As a citizen I want to be heard. It may not help, but at least I can say that I did everything I could do to help in this fight. Please contact me so I can do all I can to help.

D speak

From:
Sent: Tuesday, September 04, 2012 1:38 PM
To: AZ Future
Cc:
Subject: CASE Coalition
Attachments: CASEGovFinalMASTER[3].pdf; Health Exchange Poll[1].pdf

To whom it may concern:

The CASE Coalition would like to thank the Arizona Health Care Cost Containment System (AHCCCS) for hosting a series of community meetings across the state during September to discuss the future of Medicaid in Arizona. We understand that you are collecting feedback from attendees on various options the state might consider concerning, among other things, the State based insurance exchange.

As you will see, CASE is an organization that is dedicated to keeping healthcare decisions local. The attached letter and supporting documentation has been delivered to Arizona Governor Janice K. Brewer. We would like to provide it to you as well, in order to become part of the record that AHCCCS is creating as it relates to the U.S. Supreme Court Decision on the *Affordable Care Act*. Please let this letter serve as a recommendation to AHCCCS and our decision makers. We will attend the September 10, 2012 Community Meeting that you are hosting.

Sincerely,

on behalf of CASE

CASE

Making the case for an Arizona exchange

The Coalition for an Arizona State Exchange
5330 N. 12th Street
Phoenix, Arizona 85014

August 31, 2012

The Honorable Janice K. Brewer
Governor of Arizona
Executive Office Tower
1700 West Washington
Phoenix, AZ 85007

***Re: State Health Insurance Exchange
HAND DELIVERED***

Dear Governor Brewer:

On behalf of a coalition of health care and business stakeholders, we thank you for your thoughtful and inclusive approach to the complex issues related to the Patient Protection and Affordable Care Act (PPACA). We stand ready to work in partnership with you and your staff to create the best health care system for Arizona.

The importance and magnitude of the decisions the state must make over the coming months and years cannot be overstated. The decisions will have long-lasting implications for access, quality and affordability of health care as well as the fiscal sustainability of our state. To this end, we urge your continued leadership in building a health insurance exchange that meets Arizona's unique needs while maximizing coverage and consumer choice.

We recognize there is enormous pressure not to implement any portion of the federal law. To those critics who would advocate a do-nothing approach to the new law, we would offer the following:

- The most effective way for the state to inject free market principles into the insurance exchange is to develop its own exchange rather than relinquish its design to the federal government.
- States that refuse to implement their own exchange invite additional federal intrusion into their markets.
- Arizonans will pay for the exchange whether it is run by the state or federal government. We believe a state exchange would be far more frugal, not to mention responsive, than a federal exchange.

The federal health care law is the law of the land. Our obligation as leaders in government, business and health care, is to provide the best Arizona health care market we can under the circumstances.

The Arizona Chamber of Commerce and Industry and the Greater Phoenix Chamber of Commerce have provided the attached public opinion survey information. The data demonstrate that Arizonans recognize the importance of a state exchange in preserving the Arizona marketplace. Additionally, the poll confirms that voters overwhelmingly support a state exchange over a federal exchange.

We urge you to continue your work on a state-based exchange and we offer our assistance to make it a reality.

Sincerely,

C.A.S.E.

The Coalition for an Arizona State Exchange

<more>

Glenn Hammer, President and CEO
Arizona Chamber of Commerce
and Industry



Ronald E. Shoopman, President and CEO
Sothern Arizona Leadership Council



Paul Hickman, President and CEO
Arizona Bankers Association



Simon Davis, President
Arizona Fire District Association



Thomas Franz, President and CEO
Greater Phoenix Leadership



Todd Sanders, President and CEO
Greater Phoenix Chamber of Commerce



Julie Pastrick

Julie Pastrick, President and CEO
Flagstaff Chamber of Commerce



Lea Mary - Peterson

Lea Marquez Peterson, President and CEO
Tucson Hispanic Chamber of Commerce



Kathy Tilque

Kathy Tilque, President and CEO
Gilbert Chamber of Commerce



YOUR BUSINESS COMMUNITY ADVOCATE

Mary Ann Miller

Mary Ann Miller, President and CEO
Tempe Chamber of Commerce



Sharolyn Hohman

Sharolyn Hohman, President and CEO
Southwest Valley Chamber of
Commerce



Rick Kidder

Rick Kidder, President and CEO
Scottsdale Area Chamber of
Commerce



Terri Kimble

Terri Kimble, President and CEO
Chandler Chamber of Commerce



Dave Perry

Dave Perry, President and CEO
Greater Oro Valley Chamber of
Commerce



Dave Maurer

Dave Maurer, President and CEO
Prescott Chamber of Commerce



Scott Cummings

Scott Cummings, President
Care 1st Health Plan Arizona



Joe Galli

Joe Galli, President and CEO
North Scottsdale Chamber of Commerce



Richard L. Boals

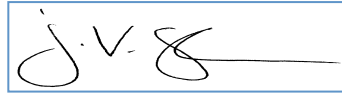
Richard L. Boals, President and CEO
Blue Cross Blue Shield of Arizona



An Independent Licensee of the Blue Cross and Blue Shield Association



Beth P. Anderson, President-West Region
Aetna



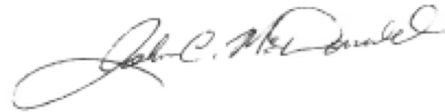
James V. Stover, President and CEO
University of Arizona Health Plans



THE UNIVERSITY OF ARIZONA
HEALTH NETWORK



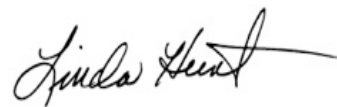
Stephanie Gorman, President and GM
Cigna Arizona



John C. MacDonald, President and CEO
AZ Assoc. of Community Health Centers



Wyatt W. Decker, Vice Pres., Mayo Clinic
CEO for Mayo Clinic in Arizona



Linda Hunt, President and CEO
Dignity Health



Reginald M. Ballantyne III, Sr. Corp. Officer
Vanguard Health Systems



Pat Walz, President and CEO
Yuma Regional Medical Center



YUMA REGIONAL MEDICAL CENTER

Peter Fine, President and CEO
Banner Health



Banner Health®

Bret A. Morris, President
Health Net of Arizona, Inc



Thomas J. Sadvary, President and CEO
Scottsdale Healthcare



SCOTTSDALE
HEALTHCARE®

Dr. Renee Haberl D.C., President
Arizona Association of Chiropractic





Jeri L. Jones, President and CEO
UnitedHealthcare



Curt Howell, President and CEO
Humana



THE TARRANCE GROUP

TO: THE ARIZONA CHAMBER OF COMMERCE AND INDUSTRY
THE GREATER PHOENIX CHAMBER OF COMMERCE

FROM: BRIAN NIENABER
ED GOEAS

RE: KEY FINDINGS FROM A STATEWIDE SURVEY OF VOTERS IN ARIZONA

METHODOLOGY

The Tarrance Group is pleased to present these key findings from a survey of voters in Arizona. All respondents interviewed in this study were part of a fully representative sample of N=600 registered voters plus an N=150 oversample of registered Republicans to bring the number of Republicans in the sample to N=439. Responses to this survey were gathered December 11-13, 2011. The confidence interval associated with a sample of this type is $\pm 4.1\%$ in 19 of 20 cases for the overall sample and $\pm 4.8\%$ for the N=439 sample of Republicans in 19 of 20 cases.

- On the issue of health insurance exchanges, voters are given a brief explanation about exchanges* and asked their preference -- a state run exchange or a federal run exchange. A majority of all voters (56%) prefer a state run exchange, including 41% of voters who indicate a strong preference for state run exchanges.

** The full language of this question appears in the addendum.*

- Among Republicans, there is an even stronger preference for having the state run these health insurance exchanges. Fully 80% of Republicans prefer a state run exchange. In addition, there is strong support for state run exchanges among key Republican demographic groups like very conservative Republicans (85%) and Republicans who are strong supporters of the Tea Party movement (83%).
- In sum, there is notable opposition to Obamacare among all voters and particularly intense opposition to Obamacare among Republicans. These concerns about federal run solutions for a locally provided and intensely personal service are certainly seen in the clear preference that voters have for state run health insurance exchanges. The state would be well served to create an exchange that both meets the needs of citizens and answers the concerns of voters.

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THE TARRANCE GROUP

Addendum

Full text of the question on health insurance exchanges appears below.

Now, thinking about the issue of health care reform...

As you may already know, the health care reform law passed in 2010 requires health insurance exchanges to be set up in each state by 2014. A state may set up its own exchange. If a state does not set up an exchange, then the federal government will do it.

Exchanges are:

- *Marketplaces created by the state where individuals and small businesses compare, shop, and enroll in a health insurance plan that meets their needs.*
- *Regulated by the state officials if they are set up by a state ,*
- *Offer a website that allows citizens to compare and contrast all aspects of health insurance plans and enroll online, and*
- *The only place where citizens with federal subsidies can use these funds to buy health insurance.*

The state legislature and the Governor are considering two main options for setting up these exchanges. These options are:

- *Setting up an exchange run by the state, OR*
- *Having an exchange set up and run by the federal government?*

Which of these options would you prefer?

From:
Sent: Wednesday, September 05, 2012 5:49 AM
To: AZ Future
Subject: meicade

i think you should expand medicade to those who need it

From:
Sent: Wednesday, September 05, 2012 7:16 AM
To: AZ Future
Subject: Affordable care Tax

I am a NP in providing care to an underserved population. Our patients pay nothing for their care. Yet, they take no responsibility for life style changes.

As a private citizen who would eventually have to foot the bill for the Affordable Care Tax and expansion of AHCCCs to 133% of federal poverty level... the first and only question I have is this... after the first 2 years with the feds picking up all the cost... can AZ opt out after that... if the feds fund for the first 2 year, yes take the money, and dump after the first 2 years

We can not afford the cost at the current AHCCCs levels so how will we fund the cost at future levels of 133% when the federal subsidies are lowered after the first 2 years.

With the obesity epidemic, the subsequent rise in diabetes, the cost of providing diabetes care alone will bankrupt this state and the federal government. Plus, due to federal guidelines yet to be written, I do not want my tax dollars paying for transgender care or some of these other alternative life style related care.

Additionally, what documentation will be required to ensure that "who" we are paying for are US citizens. As a mexian american with grandparents that came from Mexico, I can see individuals coming from Mexico not for jobs but for health care. Again, the "rules" associate with the Affordable Care Tax are yet to be written. I would opt out or wait till all the rules are written.. got to know what you are buying before signing any contract

From:
Sent: Wednesday, September 05, 2012 8:54 AM
To: AZ Future
Subject: Medicaid Expansion

I am in favor of the expansion of AHCCCS. Our granddaughter was recently hospitalized after suffering her second psychotic episode in a year and a half. A lovely young woman who is a student at UA, she is not eligible for AHCCCS because she is childless and single. She was hospitalized for nine days, also incurring ambulance and ER expenses.

If she had not been found seriously mentally ill ("SMI") by the mental health providers in Pima County, she would have incurred thousands of dollars in bills for a hospitalization she had no control over. She would likely have had to quit college to try to find a job in this down economy so as to begin paying for the bills. Single people can also become very ill and need emergency long-term care. Under these circumstances, it would have been counter-productive not to get help for her. She would likely have decompensated again and again and been locked into more and more debt.

Legislators need to understand what hard-working young people need so as to become productive members of our state.

Please do not use my name in any publication so as to not "out" our granddaughter against her wishes. Mental health issues are clearly not understood by many in the general public.

From:
Sent: Wednesday, September 05, 2012 1:16 PM
To: AZ Future
Subject: Medicaid Expansion

Gov. Brewer,

You asked for comments from stake holders concerned with Medicare Expansion under the Affordable Health Care Act.

Here are my comments.

I request that as the leader of Arizona you accept the proposals listed for expansion of Medicare in the Affordable Health Care Act.

Most of the costs will be borne by the federal government. This will help ensure better health coverage for all of the citizens of the great state of Arizona.

You would be doing a great service for all of us.

Sincerely,

From:
Sent: Wednesday, September 05, 2012 2:21 PM
To: AZ Future
Subject: Expand Medicaid

Dear Governor Brewer and elected officials,

We believe it is to the advantage of all of Arizona's people that Medicaid be expanded to include additional low-income people.

We believe the data clearly shows that people who are ill but without insurance have resulted in severe financial problems for hospitals and medical providers, even as many working people without insurance have failed to get appropriate medical attention before the problem has escalated to require more expensive care.

As a society we are our brothers and sisters keepers. We are not a strong society when some are weak and remedies exist.

Please move ahead with plans to expand Medicaid coverage.

Tempe AZ

From:
Sent: Wednesday, September 05, 2012 2:23 PM
To: AZ Future
Subject: otions for Medicaide expansion

Thank you:

Healthcare exchanges make good moral sense:

1. The US has the highest maternal death rate among Western nations, rising from 6.6 deaths in 1987 to 16 deaths per 100000. It is a useful indicator for our collective health as a nation.
2. AZ can do better and we voters have voted our approval for health care for all, taking into account the factor of women who are paid the lowest of wages as they keep our economy rolling in retail stores, child care establishments, nursing homes, cleaning office buildings, working in restaurants.
3. Healthcare exchanges that offer a choice of health care for those without health care insurance and AHCCCS provided to the medically indigent (100%+) of poverty level provides for a healthier, more productive AZ population.

Sun City

From:
Sent: Wednesday, September 05, 2012 3:10 PM
To: AZ Future
Subject: Coomments on Medicaid Expansion

This morning I read in the AZ Republic that there will be public meetings regarding the action to be taken by the State of AZ in regard to the Medicaid (AHCCCS) expansion allowed by the Affordable Care Action. The article also said that public comments could be submitted to the e-mail address above.

Ever since the most recent discussion/debate about health reform began several years ago, I have followed it with intense interest. I have also read and heard a lot about the ACA after its passage.

Therefore I'd like to add my comment to encourage the Governor, as strongly as possible, to accept the Medicaid/AHCCCS expansion allowed for by the ACA.

Accepting this expansion will be good for: AZ's finances (less money spent on emergency room and 'critical illness' care), the people of AZ who will benefit directly from the expansion, the medical community that will serve those new clients, and everyone else in AZ. The latter is true because we all come in contact with people from all walks of life on a daily basis -- in schools, grocery stores, restaurants, work places etc. -- and having more people with health care is in the best interests of the rest of us, in addition to being the humane thing to do.

, Phx, AZ

From:
Sent: Wednesday, September 05, 2012 4:04 PM
To: AZ Future
Subject: Please expand health coverage through AHCCCS

I'm sorry I can't leave work to attend the public meetings and I thank you for the opportunity to give my opinion on this. Arizona needs to take advantage of the federal match and allow health coverage for families and children. I work for a home visiting program and many families are either uninsured or underinsured. This translates into more ER visits and higher costs for all of us. Plus, many people are suffering and won't even go to the ER. It only makes good sense for the Governor to see to it that Arizonans have as much access to health care as possible. Thank you



Healthy Families



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From:
Sent: Wednesday, September 05, 2012 4:05 PM
To: AZ Future
Subject: Comments for keeping AHCCCS

Good afternoon Sirs/ Madams,

Thank you so much for taking the time out to review and hear our comments. We need to keep AHCCCS to keep our families and children healthy. We are a working family of four and are over the limit to receive benefits through our DES office. But my children do qualify for KidsCare, if every person that receives benefits would just pay some amount the system would be around for all that are in need. Please consider having some amount, even people that get DES assistance to help out with a co-pay/premium of some type to help with the issue of the state deficit.

Thank you,

From:
Sent: Wednesday, September 05, 2012 4:25 PM
To: AZ Future
Subject: AHCCCS42

I am a widow and single mom of four, with three still at home. I think it's terrible that I can't get insurance now because my sons get survivor benefits and it's counted as income! I had to sign a paper that I would not use that money for anything except for their care- which I do. It pays the rent so we're not homeless.

I was just turned down for AHCCCS because they said I don't have a deprived dependent at home...because he gets survivor benefits that my husband PAID INTO!

I HAVE TWO dependents that are 18 and under & it is just ridiculous that we can't even pay a premium to get some help on insurance (kids care)!!

Please change this so families with kids at home can get proper health care. My husband died of cancer because he didn't have insurance and we couldn't afford to have him go to the Dr. to see what the lump was in his lymph nodes.

PLEASE don't make some other family suffer because of this!!!

Change AZ healthcare laws!! PLEASE!

From:
Sent: Wednesday, September 05, 2012 6:05 PM
To: AZ Future
Subject: Obamacare: expansion of Medicaid

Arizona will benefit greatly from expanding AHCCCS so that Arizona citizens have the healthcare they need!

Sun Lakes, AZ

From:
Sent: Wednesday, September 05, 2012 9:48 PM
To: AZ Future
Subject: Medicaid expansion

Please see the op-ed piece that I had published in the Arizona Daily Star several weeks ago about Medicaid expansion. I believe it is good health policy as well as economic policy for Arizona to expand to 133% of FPL and accept the federal funds. As the chair of the Prop 204 committee that expanded AHCCCS to 100% of FPL until funds were cut last year by the legislature, I believe the state has an obligation to restore the cuts as our economic position has improved, since that was a voter mandate. In addition, as a physician, I see the effects of lack of health insurance on children, families, and adults every day. We can do better. Thanks,

http://azstarnet.com/news/opinion/expanding-health-insurance-for-the-poor-is-imperative/article_fb27f715-edf5-5d32-8be7-292555d2e571.html



Expanding health insurance for the poor is imperative

JULY 15, 2012 12:00 AM ·

SPECIAL TO THE ARIZONA DAILY STAR

One outcome of the Supreme Court decision on the Affordable Care Act was to allow the states the choice of expanding Medicaid to 133 percent of the federal poverty level without risking the loss of federal funds.

Let's review what that means for Arizona and the ramifications of the decision to participate or not that the state will have to make.

Currently, Arizona Medicaid, or AHCCCS, covers people up to about 100 percent of federal poverty level, or FPL (an annual income of about \$26,000 for a family of four) except for childless adults, for whom AHCCCS enrollment has been frozen.

For the latter group, only those making below about 33 percent of FPL, about \$4,000, are eligible, due to the state's decision to suspend Proposition 204.

What has this meant in the year since the freeze has been in effect? More than 100,000 people are no longer eligible for health insurance coverage, decreasing their access to care. Hospitals are unable to get compensation for these patients, and are seeing huge losses, especially in rural areas.

Health providers see anecdotally the difference health insurance makes in people's lives, but until recently, there has not been good evidence to prove that having insurance improved people's health and general well-being.

A recent natural experiment did just that. Due to limited funds, Oregon decided to hold a lottery to determine who of the poor would get health insurance and then followed people with and without insurance.

The study found that there were increases in hospital, outpatient and drug utilization, increases in compliance with recommended preventive care, and declines in out-of-pocket medical expenses and medical debts for those with coverage. People with insurance also had improvement in mental- and physical-health measures and overall well-being.

Another recent study found that high rates of uninsured residents within a community pulled down the quality of care for insured and uninsured residents alike.

Given this evidence, what should Arizona do?

For at least the next two years, the Affordable Care Act will pay 100 percent of the cost for insurance for those patients between 100 and 133 percent of FPL.

After that time, 90 percent of the cost will be covered.

Given the nature of the health-care system and the way a decision in one area impacts us all, it would seem to be obvious that turning down the federal funds is, in effect, harming the most vulnerable Arizonans with possible lethal consequences.

In other words, our governor and legislators would be condemning up to 100,000 people to poorer health and well-being for what? To make a point?

In addition, if Medicaid is not expanded, what will happen to those patients caught between 33 and 100 percent of FPL? Would they have to pay a penalty for not purchasing insurance? They are some of the least able to afford it, and that was not the intent of the Affordable Care Act.

It is vital that we convey in the strongest language possible how important it is that Arizona use federal funds, worth billions of dollars, to improve the lives and health of Arizonans and bring job-creating money to the state.

Let's expand Medicaid to 133 percent and restore the coverage of the Prop. 204 population. Our future depends on it.

From:
Sent: Thursday, September 06, 2012 9:55 AM
To: AZ Future
Subject: please support the Affordable Care Act

Please do not allow uncompensated medical care put more of a strain on hospitals and doctors in Arizona.

AHCCCS is a unique Arizona solution that for 30 years has provided high quality, cost-effective private health coverage that has become a national model for other states. Please continue to show a positive example.

Please take advantage of the good deal the feds are offering with the federal government chipping in \$9 for every \$1 Arizona invests and show that you care about the health care of all Arizona residents.

Thank you for your time.

From:
Sent: Thursday, September 06, 2012 10:20 AM
To: AZ Future
Subject: Extremely Grateful

To Whom It May Concern,

I want to tell you how very grateful we are for the medical care my elderly and sick mother has received through AHCCCS. We have been experiencing less and less services lately, which really hurts her small social security benefits. There is very little left for her food and expensive personal needs - diapers and such.

I hope you will consider strongly elderly people as mom and children when deciding on services. They are two groups which cannot live without this help.

--
Respectfully,

Yuma Elementary School District One

From:
Sent: Thursday, September 06, 2012 12:14 PM
To: AZ Future
Subject: Expansion of AHCCCS is a good deal!
Expires: Tuesday, March 05, 2013 12:00 AM

To Whom It May Concern,

I understand that you are accepting public comment on the prospect of expanding AHCCCS in the next state budget. I have recently been an outreach specialist in the East Valley, helping people to apply for AHCCCS through Health-e-Arizona and I have seen the need for the expansion first hand. Several of my clients were "just over" the income limit, and they are suffering the consequences. Some have even tried to reduce their income so that they could get coverage. This counter intuitive movement can be reversed, and can improve the overall health and wellness of vulnerable populations by participating in the expansion offered under ACA. A revenue source from the federal government of about \$9 for every \$1 spent by Arizona is a great deal. Even if there were no revenue attached, we must do something to catch those who are falling through the safety net. Over the past two years I have seen that number grow and grow. I have seen children with asthma being denied coverage, and also their parents have health needs that are not being met, especially mental health and work injury problems that are not addressed. Please do the right thing while the opportunity is available now.

Sincerely,

From:
Sent: Thursday, September 06, 2012 1:37 PM
To: AZ Future
Subject: AHCCCS/Medicaid coverage

To decision makers:

I encourage Arizona to expand AHCCCS extended Medicaid coverage as we will have opportunity to do so in the upcoming months. Why would we not provide medical care to those on very limited incomes to have healthy lives through the AHCCCS program? As I understand, the "Feds" will provide \$9. for every \$1. from the state through an expanded Medicaid program. Yes, for those receiving SSI or SSDI and who will not be eligible for Medicare coverage for two years, Medicaid would be a way for them to receive medical care. Yes, they have some income and they can pay the co-pays required.

As a member of a Lutheran church in the Maryvale area of Phoenix, (west side) many of the people occupying our pews are in need of health care, but they are the working poor and their jobs do not provide insurance coverage. As a church community, we can help with their "food insecurity" and perhaps part of their utility bill, but we can NOT get involved in paying for their medical needs. What an opportunity the Affordable Health Care Bill provides for these folks to have access to medical care. I would see it as being foolish if we decline the expansion.

There is no question....Arizona needs the expanded Medicaid coverage that is needed by those in our congregations and the community at large who need medical care, whether it be preventive or critical care.

Thanks for listening.

81 year old citizen who believes paying taxes is part of living in a civilized society.

From:
Sent: Thursday, September 06, 2012 2:45 PM
To: AZ Future
Subject: Future of Health Care in Arizona

- I appreciate that the governor, her staff and the AHCCCS Administration is taking a thoughtful approach in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.
- I support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognizing that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level. As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identifying enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leveraging the competitive private insurance market to promote individual choice and responsibility.
- I support collaborative efforts to build a high-quality healthcare infrastructure that is patient-centered, sustainable, accessible and affordable.
- I support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

Cochise County, AZ

From:
Sent: Thursday, September 06, 2012 6:06 PM
To: AZ Future
Subject: Medicaid attendance - public input

Serving in the Board of El Rio Community Health Center, I have had the privilege of witnessing the effects of Medicaid expansion in Arizona. I would appreciate the opportunity to share that experience, but also to hear and learn from other speakers.

Thanks for your consideration.

Sent from my iPad

From:
Sent: Friday, September 07, 2012 6:10 AM
To: AZ Future
Subject: AHCCCS INPUT

September 7, 2012

Tom Betlach, Director
AHCCCS

Dear Mr. Betlach:

As a member of the Board of Trustees Sierra Vista Regional Health Center (SVRHC) I would like to take this opportunity to share my thoughts with you as you seek input on ways to maximize coverage for the uninsured.

The thoughtful approach the governor, her staff, and the AHCCCS Administration are taking in researching and weighing the various options for maximizing Arizonans' health insurance coverage and strengthening our state's healthcare infrastructure are appreciated.

A plan that will maximize coverage for as many uninsured Arizonans as possible based upon the following principles is quite important to develop:

- Recognizing that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level. As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
- Identifying enhanced federal match rate opportunities for the restoration of Prop. 204.
- Leveraging the competitive private insurance market to promote individual choice and responsibility.

H Keeping healthcare decision-making as local as possible.

I further support collaborative efforts to build a high-quality healthcare infrastructure that is patient-centered, sustainable, accessible, and affordable.

And finally... a sustainable public payment structure that rewards quality and does not under reimburse the cost of care so as not to exacerbate cost-shifting to commercial payers and businesses needs to be established.

Again, thank you for the opportunity to share my thoughts with you.

SVRHC

From:
Sent: Friday, September 07, 2012 8:11 AM
To: AZ Future
Subject: Medicaid expansion under federal health-care reform.

Gov Brewer,

I read this in the Republic:

A U.S. Supreme Court ruling in July upheld the health-care law but gave states the option of rejecting Medicaid expansion, which in Arizona could extend health coverage to an additional 325,000 people in the first year.

Gov. Jan Brewer has said she wants to hear from stakeholders before deciding whether to push for expansion, which would require legislative approval. Most of the cost would be covered by federal funds.

Please, please accept the money, expand the program, so we can help people who really, really need this health care. I honestly cannot understand why you would even think about not doing this. I love Arizona and would love to see us in the news for something positive and altruistic.

We are our brother's (and sister's, and parents, and grandparents, and neighbor's, and those that need a hand up) keeper.

I fully support accepting this money and expanding the program.

From:
Sent: Friday, September 07, 2012 9:59 AM
To: AZ Future
Cc:
Subject: May I reserve a seat at Monday's Phoenix meeting? Thanks.

Please also consider the following input:

We in the HIV Services Community are grateful for the special provisions that were made, with the Childless Adult AHCCCS freeze, for HIV+ Arizonans whose coverage lapsed. Thus, over these past 12 months, nearly 290 Positive Adults continued to be covered medically while they were evaluated for disability. Over 130 of these Arizonans, however, have been subsequently dropped from AHCCCS, as they do not yet meet the Social Security Disability threshold.

The Federal HIV-specific safety net—our Ryan White HIV Care system—is now straining to serve these folks as well as the newly HIV diagnosed and new-to-Arizona Positive adults who are frozen out of our AHCCCS Care system.

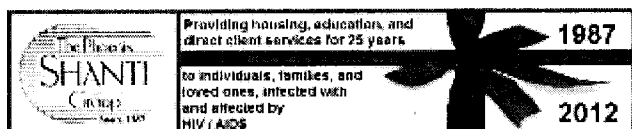
McDowell Clinic, the HIV-specific medical clinic operated by Maricopa Integrated Health Systems for the greater Phoenix/Central AZ area, is currently preparing for 494 new Ryan White funded patients in 2012/13, compared to 289 new patients in 2011/12. Our Arizona AIDS Drug Assistance Program (ADAP) has been serving an increasing number of persons thus far in 2012, including the historically highest monthly number ever of 1,600 Arizonans just this May. It appears that core medical services, including substance abuse treatment, may be defunded in 2013 locally for poor HIV+ Adults in order to provide the acute HIV medical care needed for this growing number of uninsured and uninsurable adults.

Accessible Medicaid expansion is a key component of the ACA nationally and here in AZ in ensuring that all newly identified HIV+ people also have the medical treatment necessary to stay alive. Universal medical care for all HIV+ people is not only a Health Treatment remedy—it is the most powerful HIV Prevention tool we now have to reduce new HIV infections in the short term and end HIV/AIDS in the future. This is because HIV+ people on consistent antiviral therapy have viral loads too low to infect others.

The AIDS Epidemic is at a turning point. With accessible and consistent medical and behavioral health care and HIV meds for all Positive persons, we can end AIDS. As you deliberate the expansion of AHCCCS in the coming months, consider what a miracle that would be for our future.

Phoenix Shanti Group

Phoenix, Arizona



From:
Sent: Friday, September 07, 2012 3:43 PM
To: AZ Future
Subject: Health care in Arizona

it is time that everyone in Arizona pays into health care and everyone is covered. Everyone wants access to health care when they need it and we want everyone to have it. Let's get everyone to pay into the system.

If it's only \$100 a month for a low income family of 4 it's better than nothing and we can hopefully stop the big medical bills that come with sick people not getting help. Our state can be a beacon of forward action rather than the laughing stock of the country.

Tempe, AZ

From:
Sent: Friday, September 07, 2012 4:00 PM
To: AZ Future
Subject: Medicaid in Arizona

We have been Arizona residents for almost 40 years, and most of our children and grandchildren live in Arizona. This amounts to 10 adults, (parents) and 11 grandchildren.

We see Medicaid/AHCCCS as potential coverage for these family members. At present, only one person is on AHCCCS but in this uncertain economy that could change.

We are grateful to the governor, her staff, and AHCCCS Administration for taking a careful approach, weighing the options which could provide health coverage for the many uninsured Arizonans. We would like to see a plan that provides maximum coverage for Arizonans who may need AHCCCS.

Phoenix, AZ

From:
Sent: Friday, September 07, 2012 4:22 PM
To: AZ Future
Subject: Proposition 204

Good afternoon. I am a member of the leadership team at Dignity Health's East Valley Hospitals. Please note:

- We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.
- We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identify enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leverage the competitive private insurance market to promote individual choice and responsibility.
 - Keep healthcare decision making as local as possible.
- We support collaborative efforts to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable.
- We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

Dignity Health

Chandler, AZ

Caution: This email is both proprietary and confidential, and not intended for transmission to or receipt by any unauthorized persons. If you believe that it has been received by you in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it and any attachments. Thank you.

From:
Sent: Friday, September 07, 2012 5:13 PM
To: AZ Future
Subject: Medicaid expansion in Arizona

We definitely need to support the medicaid expansion under the federal health care reform. Especially due to the recession we need to help our citizens who can no longer afford insurance. So often now this is due to job loss totally unconnected to their personal job performance or major illness - NOT due to lack of 'moral fiber' as some radical republicans would have us believe.

For there record, I am a moderate republican who ALWAYS votes and is sick of the far, far right stance of the republican party in this state. I am for tax increases if it goes to boost our education and care for our uninsured citizens. I am for tax increases if it is used to help child protective services in caring for our defenseless children. I am pro life but not to extremes. The Republican party believes in caring for the defenseless unborn but what about the defenseless children of child abuse, the defenseless worker who lost his/her job due to outsourcing or profit greediness, or the seriously sick person whose insurance company refuses care and moves the whole family into bankruptcy. I am not for the overreaching decreases in taxes for the large corporations that we want to have in our state. When that happens, the most needy suffer the most.

In 60 years, our family has NEVER had anyone lose their jobs or houses or medical insurance or go into bankruptcy. We were all raised with strong 'moral fiber' and work ethic. We have now had 2 job losses with only part time replacements and it looks like 2 more on the way. We have had 3 small business owners who lost their businesses and homes due to foreclosure. There have been 5 families in bankruptcy as a result of the recent depression brought on by wall street and large corporation greed. I am sure my family story is repeated all over Arizona.

With all of this happening to your decent, hard working citizens, as a state we must provide health care. If the Republicans in our state don't start dealing with these issues, we will vote for those Democrats who will.

Peoria AZ

Sent from my iPhone

From:
Sent: Friday, September 07, 2012 5:31 PM
To: AZ Future
Subject: AHCCCS

Thank you for accepting comments about the AHCCCS program in Arizona. I currently work for a program that has many families who qualify for AHCCCS. Without this insurance, they would not be able to obtain health care for themselves and more importantly for their children. The importance of well child checkups and immunizations as well as regular dental care is well documented. One of the top reasons for children missing school is mouth pain due to lack of dental care. Children who receive consistent health care and have health insurance are more likely to be healthier adults and disease can be caught sooner. Having insurance can also reduce the number of people using ER services which is where uninsured people tend to go. The overuse of the ER makes the cost of health insurance rise for those who are lucky enough to be insured.

AHCCCS has in the past also been available to young adults in Arizona. This population has now been dropped. While I can understand that this group could be determined to be healthier, that may not be the reality. Things like obesity and high risk behaviors of that age group (such as alcohol use) can contribute to health issues or injuries. Since I have children myself in this age group, I am aware of young adults who are uninsured and avoid accessing health care unless it is an emergency and then, again, end up in the ER.

I know that the cost to the states of providing Medicaid insurance is enormous. That is why the Federal government is helping states with the cost and is moving ahead with health care reform. However, I believe the cost of not providing insurance, especially to the poor, will in the end cost the citizens of the state more. The cost is just shifted to the insured and the hospitals.

My hope is that, some day, everyone in every state will be able to access health care at a reasonable cost and our country will move toward wellness and preventive care instead of treating illness when the cost becomes much higher. We do need reform of the Medicaid system but, in the meantime, the poor and the young should not have to pay the price.

Again, thank you for allowing citizen input.

Coconino County Public Health Services District
Healthy Families

From:
Sent: Sunday, September 09, 2012 9:36 AM
To: AZ Future
Subject: Speaker Sip
Attachments: Speaker Slip.jpeg



**Public Meeting Speaker Slip
The Future of Medicaid in Arizona**

Date (choose one):

9/5 in Flagstaff

9/10 in Phoenix

9/14 in Yuma

9/18 in Tucson

Name of Speaker: _____

Organization (if applicable): _____

Phone or Email Address: _____

Comments/Questions:

I plan to speak on the interface between systems of care and ACA for children & youth with mental health and substance use disorders & their families as I am a parent of an adult with mental illness.

From:
Sent: Sunday, September 09, 2012 9:54 AM
To: AZ Future
Subject: Medicaid comments

Honorable Governor Jan Brewer:

I think there will be a new administration in January after the election. I believe Arizona should NOT expand coverage. I think if Arizona agrees to expand it is one more federal expansion and more federal authority over our Sate and the People of Arizona. Please wait until after the November election and the future situation may look very different. Do NOT give the Obama Administration the satisfaction of Arizona "buying in"or "selling out" from my viewpoint. I commend you for all of your efforts to this point.

Healthcare costs will always be with us and likely to continue to grow. Find other ways to keep them in check. Think BIG as far as stimulating the Arizona economy to bring in more revenue that might then be used for extending coverage. DON"T take the federal money!! USA is already \$16 Trillion in the hole.....where would the \$ be coming from? Yes, from the US Treasury Printing Presses and from CHINA's LOANS.

Don't do it please!!! Find a State of Arizona solution. Retain our State Sovereignty as much as possible!!

Thank you Governor Brewer!

Phoenix, AZ

From:
Sent: Sunday, September 09, 2012 11:53 AM
To: AZ Future
Cc:
Subject: AHCCCS Future

Tom Betlach, Director
Arizona Health Care Cost Containment System

Dear Mr. Betlach;

I am writing to tell you of my support for the work that the Governor and her staff are doing as regards the decision for maximizing Arizonan's health insurance coverage as it relates to the recent US Supreme decision regarding the Affordable Care Act.

As a current member of the Sierra Vista Regional Health Center's Advocacy Committee and a previous member and chair of the University Medical Center board in Tucson, it is of grave concern to me that Arizona play a role in insuring that our citizens have the greatest opportunity for healthcare possible. Such a plan must take several issues into consideration:

1. The plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCS as a result of the enrollment freeze on the Prop 204 program.
2. Identifying enhanced federal match rate opportunities for the restoration of Prop 204.
3. Leveraging the competitive private insurance market to promote individual choice and responsibility.
4. Keeping healthcare decision-making as local as possible.
5. A sustainable public payment structure that rewards quality and does not under-reimburse the cost of care so as not to exacerbate cost-shifting to commercial payers and businesses.

Sincerely,

Sierra Vista, AZ

From:
Sent: Sunday, September 09, 2012 4:14 PM
To: AZ Future
Subject: Medicaid expansion

Dear Governor Brewer,

I wish to voice my support for the expansion of Medicaid for the state of Arizona. There is so much need in our community. The majority of the cost will be covered by the federal government. Over 325,000 people will be added to the roles of people who will have health insurance. This creates a healthier community, enabling people to live without being afraid to take care of an illness and establish preventative screening procedures.

While I understand the difficult budget pressures that this state has faced in the last few years, I believe it is time to step up as a community and care for the least among us. I feel it is immoral that the other governors around the nation have rejected these funds outright. At the very minimum Governor, please allow this to move to the Legislature so that further public input can be sought.

Thank you,

Phoenix, AZ

From:
Sent: Monday, September 10, 2012 5:49 AM
To: AZ Future
Subject: ARIZONA HEALTH CARE

To whom it may concern,

Please keep politics out of any decision made in regards to making sure no one is left out of getting health care.

If (Uncompensated-Care) costs continue to go unchecked and out of control in Arizona, then there is no chance for this State to grow and be prosperous.

We (Citizens of Arizona) have a golden opportunity to continue to get Federal dollars to tune of 90% of our expense for the unfortunate (uninsured).

I am unable to go to public meetings in regards to you wanting input in this matter.

Arizona, is heading in the right direction economically, but if Health care is not addressed now, then our future of positive growth will be undermined.

Regardless of political affiliation, We must take care of our most vulnerable and poor in this State.

I strongly encourage you to except any and all Federal Government aide, regardless of any strings attached.

From:
Sent: Monday, September 10, 2012 9:15 AM
To: AZ Future
Subject: AHCCCS

I am unable to attend the public meetings regarding the future of AHCCCS. However, I feel strongly that the low income residents of Arizona deserve health care benefits. I support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program. Let's please take advantage of federal matching funds to help our uninsured residents.

Regards,

Tempe, AZ


From:
Sent: Monday, September 10, 2012 9:39 AM
To: AZ Future
Subject: personal
Attachments: GlobalCerts Secure; GlobalCerts Secure

I am a single working mom of two kiddos... In my work I don't have any health insurance. If it wasn't for AHCCCS's help, who know where I be. Please don't take that away from those of us who actually benefit from the state subsidies insurance. I need it as bad as my kids do.

Arizona's Children Association and Its Family of Agencies

Yuma, AZ.

Protecting Children. Preserving Families.
Celebrating Our First Century of Hope 1912-2012
Across Arizona Since 1912.



From:
Sent: Monday, September 10, 2012 9:41 AM
To: AZ Future
Subject: Medicaid expansion

Hi and thank you for requesting community input about medicaid expansion. I think the best way to describe this was to recite some info from an article I read awhile back about family practitioners and other such clinics and the outrageously high rates of financial problems they are seeing. In the neighborhood of 1 in 3. If we can get 30% of our population insurance and get the reimbursement rates up or costs down a bit we'll be in good shape for the first time in my life. When you are thinking about this please keep in mind that this decision is literally a life or death one for myself and many other like me. If we can afford smart bombs and aircraft carriers there should be no reason we can't ensure and afford good health care for our citizens. Also this is going to be the single biggest stimulus effect to the AZ economy in the history of the state and in a time when we need the jobs and tax revenue. There are just no good reasons not to expand Medicaid other than ideological and we all know how well ideology has been working for us lately.

Sincerely and with hope.

From:
Sent: Monday, September 10, 2012 9:49 AM
To: AZ Future

Importance: High

- We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.
 - We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identify enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leverage the competitive private insurance market to promote individual choice and responsibility.
 - Keep healthcare decision making as local as possible.
- We support collaborative efforts to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable
- We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payers and businesses.

1, Mercy Gilbert Medical Center

From:
Sent: Monday, September 10, 2012 10:11 AM
To: AZ Future
Cc:
Subject: Public Meeting on Mon., Sept.. 10th

9/10/2012

Good Morning AHCCCS,

I realize you are having a public meeting today on the Supremem Court's recent decision to uphold AZ health reform. I am writing to stress the importance of changing the current AHCCS eligibility to include adults.

I am the mother of two adult sons, one (age 34) with a diagnosis of Schizophrenia, and one (age 31) with end stage liver disease. They are both single, and have no children.

I am writing to gain support for adults without children who need ACCESS services so desperately. My son with liver disease just received a letter that he earns too much money from disability to receive ACCESS services at the present. They will review his ACCESS insurance benefits in the near future to see if he still qualifies. He has \$15,000. in bills from doctors that he is trying to pay a little each month. The hospital wrote off all of his stay, \$225,00.00, and God bless them for that. He was released to Hospice of the Valley and lives with us, his parents.

I urge you to increase coverage for adult individuals who so desperately need it and earn only \$900. from disability. With bills, meds, food, gas, etc. it seems they never have enough to get by on. Who ends up helping is us, their parents, and we only have limited recourses. We cannot continue, we are unemployed ourselves. This is not to mention the psychological services that he needs faced with this death sentence.

Thank you for your time,

A Chandler mom of two adult disabled children.

Chandler, AZ

From:
Sent: Monday, September 10, 2012 10:40 AM
To: AZ Future
Cc:
Subject: Proposition 204 Coverage

The freeze on Prop. 204 patients has led to tens of millions of dollars in increased charity and bad debt for Dignity Health Arizona. We need this program restored.

- **We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.**
- **We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:**
 - **Recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.**
 - **Identify enhanced federal match rate opportunities for the restoration of Prop. 204.**
 - **Leverage the competitive private insurance market to promote individual choice and responsibility.**
 - **Keep healthcare decision making as local as possible.**
- **We support collaborative efforts to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable.**
- **We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.**

Thank you!

From:
Sent: Monday, September 10, 2012 10:45 AM
To: AZ Future
Subject: Medicaid Expansion under the Affordable Care Act

I strongly support the expansion of Medicaid under the Affordable Care Act.

Unfortunately, the United States health care system ties health insurance to employment. This has become an expensive and untenable construct.

Many small businesses cannot afford to provide health insurance to their employees, and many large employers 'work the system' to avoid providing health insurance benefits, thus shifting their overhead costs onto us taxpayers.

Because health insurance is tied to work, even middle class professionals who become seriously ill or injured, may need Medicaid if illness forces them from their employment.

Disabled children and adults need Medicaid. The elderly in nursing homes also need Medicaid.

At one time or another, nearly every American citizen, except for the most independently wealthy, will need some assistance from Medicaid.

The expansion of Medicaid is not a want, it is a need. And, in a civilized nation, health care is a human right, and not a privilege.

Apache Junction, AZ

From:
Sent: Monday, September 10, 2012 10:46 AM
To: AZ Future
Subject: Speakers slip 9/10 PHX meeting
Attachments: SpeakerSlip complete.doc

I would like to speak at the community meeting I read about in the paper today regarding Medicaid expansion. attached is your requested form. I would like to speak at session 2 in Phoenix. Thank you .



**Public Meeting Speaker Slip
The Future of Medicaid in Arizona**

Date (choose one):

- 9/5 in Flagstaff
 9/10 in Phoenix
 9/14 in Yuma
 9/18 in Tucson

Name of Speaker: _____

Organization (if applicable): _____

Phone or Email Address: _____

Comments/Questions:

to speak.

AN ALTERNATIVE TO THE OBAMACARE HEALTH PLAN FOR THE INDIGENT

In the past decade the U.S. has experienced the largest economic contraction since the Great Depression and possibly worse considering the long term. This is coupled with the largest population of illegal immigrants living within the country's borders. This has created a perfect storm of unpaid healthcare services in history.

One perspective is that one of the objectives of Obamacare was to see that people seeking healthcare would be provided for and not bankrupt the providers. However, all proposed methods to pay for the program would be woefully inadequate to cover the costs for those services. It would stand to reason that the proposed introduction of the indigent patients to an insurance based program would not cover the influx of old and new indigents.

WHY THE INSURANCE AND PENALTY STRUCTURE WILL NOT WORK

.The youth have the notion that they are healthy, bullet-proof and really do not need full coverage for their care. The reality is that they are more prone to accidents and mishaps than any other population. One serious motorcycle accident by a youth who took the penalty instead of the coverage will still get medical service. The issue is that the service providers will still not be paid for their services.

.In Arizona as well in many western and southern states, there is a sub-class of the population that survives under the radar. This group also includes the recent illegal immigrants that often includes pregnant women. When medical needs arise, they are the ones who gravitate to the hospital emergency rooms for service without the ability to pay for their care. This continues the lack of income for the providers and the facility, like we have today. Not the solution that Obamacare was after.

AN ALTERNATIVE HEALTH PLAN

An alternative to the extension of traditional healthcare insurance for the poor and indigent is to reestablish a network of county hospitals and clinics to serve those in need. They would be staffed by salaried professionals who would be insured by the state. Some of the hospitals could establish residency accreditation with the state medical schools and they also could be used as teaching institutions.

Clinics could be established within the hospitals and in free standing operations for ailments that are scheduled ahead of time and can be extended during seasonal conditions like the flu season. These clinics would be open to both indigent and insured patients. If some of the clinics would be aligned with the teaching institutions, would attract insured patients because of the state-of-the-art diagnostics and treatment that would be available to them at a reduced

rate. It must be noted that if a patient had a condition that was beyond the scope of the program, they would be free to access outside service providers.

The build out of service hospitals and clinics could be older facilities that have seen changes in the demographics in the neighborhood populations. Also, there are a few hospitals with trauma centers that serve a mixed population that would benefit in being a part of the state system because of the state's ability to pay for services rendered.

This concept would provide an affordable healthcare plan to all of the population who cannot afford insurance. The contracted economy has many more bumps in the road to recovery. We need to stabilize the expenditures for a growing indigent population in the out years.

INSURANCE COMPANIES

All insurance companies should be outlawed to payout net profits in the way of dividends for excess profits for a particular fiscal year. Those earnings should be held as retained earnings to cover the costs during years of more problematic diseases and to help pay for those patients that have pre-existing conditions and also ones who have contracted serious illnesses while insured by the company. This would stabilize those companies instead of creating an environment of potential fiscal scarcity.

From:
Sent: Monday, September 10, 2012 11:02 AM
To: AZ Future
Subject: Healthcare options

Dear Friends:

It is very important for Arizona to participate in the effort to increase and improve health care access and quality while controlling costs. AHCCCS has the framework and experience to move forward to address these issues.

Arizona should participate in extending coverage to those who can not afford it using federal funds that cover 90% of the cost.

In addition to the essential health services you have listed, I believe you should add hospice care. The majority of health care dollars are spent in the last six months of a patients life. Hospice is an affordable and compassionate alternative to acute care and aggressive treatment when comfort care and support are most needed.

Further, providers should be required to meet critical patient outcomes based on professional standards of practice and report their results. Provider reimbursement should be based on these outcomes. The payment structure should not provide incentives for unnecessary tests and procedures that do not comply with professional practice standards or lead to improved patient outcomes.

Mesa, AZ

Joy is my compass - I am not lost.....I am on a journey!
(Karen Drucker)

From:
Sent: Monday, September 10, 2012 12:34 PM
To: AZ Future
Subject: Healthcare

Dear AHCCCS,

I strongly believe in taking advantage of the opportunity presented by the federal government for expanding and funding Medicaid coverage through AHCCCS. By pairing the strengths of AHCCCS with federal funds our state will be able to provide health care coverage and access for those who need it. Otherwise, we face the rapidly rising costs of uncompensated care. This is the best and right thing to do for Arizona's people and economy. It moves us forward and is a key element in our state's future success.

I appreciate your presenting this venue to express my support for this innovative partnership that could be "accessed" by a strong AHCCCS and federal funding.

Sincerely,

Phoenix, AZ

From:
Sent: Monday, September 10, 2012 3:09 PM
To: AZ Future
Subject:

I agree with that people who cannot afford health care coverage should have it provided to them. I support taking federal monies for AZ to subsidize AHCCCS. Any federal money that comes into the state and is spent on health care produces more money for an Arizona economy. Not to mention a much healthier population and that really is the goal isn't it?

Uncompensated care costs are a drain on all insured individuals and compromise their care by reducing the effectiveness of the institutions that provided the uncompensated care.

Why would we not want to care for the least among us? It benefits everyone to do so.

From:
Sent: Monday, September 10, 2012 8:00 PM
To: AZ Future
Subject: Medicare expansion

What a great opportunity Arizona has to provide health care coverage for those low-income persons in our Arizona community to have access to health care through the expansion of Medicare for whom the door for health care is now closed.

It is a good thing to receive those Federal dollars of \$.90 for our state match of \$.10. How can we turn our backs on this opportunity? It makes no sense to say NO to this opportunity. Health care helps our Arizona to become more productive as healthy citizens can work, pay taxes, and better take care of our families. WE MUST ACCEPT THIS MEDICARE EXPANSION PROGRAM.

80 year-old advocate for poor people

From:
Sent: Monday, September 10, 2012 8:33 PM
To: AZ Future
Subject: AHCCCS3

I fully support giving adults and others access to Arizona's Medicaid plan.

- Uncompensated medical care is putting an enormous strain on hospitals and doctors, and is hurting Arizona's economy.
- Arizona voters have mandated better coverage and AHCCCS can deliver it. AHCCCS is a unique Arizona solution that for 30 years has provided high quality, cost-effective private health coverage that has become a national model for other states.
- Expanding health coverage through AHCCCS is a good deal for Arizona, with the federal government chipping in \$9 for every \$1 Arizona invests.
- People who cannot afford health care should not be left behind by the rest of our citizens. This is bad for our economy and bad for our communities.

It's not who you are that holds you back, it's who you think you aren't.

From:
Sent: Monday, September 10, 2012 8:41 PM
To: AZ Future
Subject: Medicaid Expansion2

Dear Governor Brewer,

I wish to voice my support for the expansion of Medicaid for the state of Arizona. There is so much need in our community. The majority of the cost will be covered by the federal government. Over **325,000** people will be added to the roles of people who will have health insurance. This creates a healthier community, enabling people to live without being afraid to take care of an illness and establish preventative screening procedures.

While I understand the difficult budget pressures that this state has faced in the last few years, I believe it is time to step up as a community and care for the least among us. I feel it is **immoral** that the other governors around the nation have rejected these funds outright. At the very minimum Governor, please allow this to move to the Legislature so that further public input can be sought.

Thank you,

Phoenix, AZ

From:
Sent: Monday, September 10, 2012 11:03 PM
To: azfuture@ahcccs.gov
Subject: Ahcccs input

I am an Arizona native that has witnessed first hand the abuses of ahcccs by patients and Drs. Me and my husband work 6 days a week to care for and raise our 2 children. I know personally a family of 7, where both parents work under the table and receive every form of public assistance. I also know a perfectly healthy 22 yr old woman on her 3rd ahcccs baby, who's had 4 ultrasounds in 3 months of her pregnancy. Ahcccs needs to start cleaning the ranks of people that choose to pro-create. As we speak my kids and myself do not have health insurance. My husband has coverage through his employer. When I go to the grocery store and see these perfectly able-bodied people whip out their EBT card, and buy better food than me I lose it. The state needs to "help" people not "raise" them. They need to open "kitchens" and have the welfare recipients work there and "feed" themselves. These people should be fed not pampered. The mother on her 3rd ahcccs baby announced at her "gender reveal" party since her 3rd govt baby is another girl, she will try again for the boy. I had 2 kids because that is what we could afford, I had Cigna insurance and had 1 ultrasound for each. These Drs are totally working the system. Every time an ahcccs person goes to the emergency room for a runny nose, they get every test known to man and get admitted. Doesnt anyone audit these costs? How many ultrasounds is this lady gonna have, just to look at her baby? I am sick of hearing how broke Arizona is, and seeing all this blatant abuses of the system. I guarantee if a stricter guideline was placed on Drs, hospitals, and The recipients you would save millions. Some of this is criminal I'm sure. Id like someone to respond and let me know what is being done,

Sent from my iPad

From:
Sent: Tuesday, September 11, 2012 8:27 AM
To: AZ Future
Subject: AHCCCS coverage

The freeze on Prop. 204 patients has led to tens of millions of dollars in increased charity and bad debt for our hospitals. We really need this program restored.

- We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.
 - We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identify enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leverage the competitive private insurance market to promote individual choice and responsibility.
 - Keep healthcare decision making as local as possible.
 - We support collaborative efforts to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable.
 - We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

If you have any questions or want more information, please call me at

Regards,

Chandler Regional Medical Center
A Dignity Health Member

Chandler, AZ

Caution: This email is both proprietary and confidential, and not intended for transmission to or receipt by any unauthorized persons. If you believe that it has been received by you in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it any any attachments. Thank you.

From:
Sent: Tuesday, September 11, 2012 10:01 AM
To: AZ Future
Subject: Healthcare1

As co-founder and Past President of the Arizona Ambulatory and Urgent Care Association, I encourage your office to involve our growing industry in any plans regarding cost containment. Your contracts with our industry verify that the majority of providers of Urgent Care services in Arizona are in the private sector. AHCCCS has contracted with my facility in South Phoenix since 1999. 85% of my Urgent Care volume is made up of AHCCCS patients. I feel privileged to provide excellent, affordable, convenient walk-in care to this population. The various plans contract with my Urgent Care center by the all-inclusive case rate method of reimbursement. For my population, this rate has averaged \$85 per patient for the past 8-10 years. This includes care for flu, pneumonia, fractures, lacerations and all other similar illnesses and injuries. This is an extremely affordable method of delivering care at a mere fraction of what an emergency department visit costs for the same diagnosis and treatment. As an industry, we have come together to insure consistency and quality for the communities that we serve. Members of the association have worked closely with the Dept of Health Services to regulate the centers. We have come together to develop policies, procedures and care standards locally. We have worked with the national urgent care organizations to further the industry. We would like to be involved in directing patients to this affordable option to decrease unnecessary use of the emergency department for non-emergent care. In the past we had mentioned the possibility of joining forces to attempt to develop a telephone triage system to direct members to the most appropriate care when their primary care doctor is unavailable. The majority of providers who work in Urgent Care centers are boarded in primary care. We also employ many mid-level providers. These providers view the patient from a primary care perspective. Please contact me if we can provide additional information on the role of Urgent Care in improving the healthcare access and affordability for the AHCCCS membership.

Phoenix, AZ

From:
Sent: Tuesday, September 11, 2012 8:25 PM
To: AZ Future
Subject: AHCCCS needs to continue
Importance: Low

I urge our state leadership to accept the federal funds so that we can continue to provide support to those most in need in our state via AHCCCS. It is the right thing to do!

Scottsdale, AZ

From:
Sent: Friday, September 14, 2012 9:26 AM
To: AZ Future
Subject: Psychiatric Care

Hello,

I would appreciate it if AHCCCS covered psychiatric care without having to go through the RBHA. My adult child is in the State run behavioral health care system due to the severity of her illness. My hope is at some point her illness will improve to the point that she is able to voluntarily receive psychiatric care. She is dual eligible, so she will have that opportunity through Medicare. But those that are not dual eligible and only have AHCCCS have no choice but to stay in the public system which most often provides less than optimal care. For one, the messaging that comes from the State run behavioral health care system is just plain inaccurate. They are operating off of a recovery model taken from 12 step programs for drug and alcohol abuse. Mental illness such as schizophrenia, bipolar disorder and major depression are biologically based illnesses like heart disease, diabetes or any other illness. To add insult to injury, the State run behavioral health care department is going more towards a peer operated system, meaning other people who are mentally ill are making more and more of the decisions about how to deliver care. In fact, there are more peer operated services than there are actual medical clinics. If you were to drop in to most of these peer operated services one wonders what they do and how they are providing care. And it's incredibly discriminatory and prejudicial to our most ill and vulnerable residents. My husband recently had a skin cancer scare. Thank God he was able to get all of his medical advice from a medical professional with medical training who wasn't mandated to be influenced by what other people with skin cancer thought treatment should be! We have organizations that are blatantly anti psychiatry in AZ receiving funds from SAMHSA who are also part of our State behavioral health care system as peer providers. There is a catch 22 within those peer operated services as they don't take people who are symptomatic. They call their centers wellness centers but one has to be well to go to their centers. So a patient has to become well by seeing a doctor and usually getting on medication to tame psychosis and delusions, then they go to a peer operated service only to be told that the psychiatric care they are receiving is somehow abusive. So please, consider allowing psychiatric patients true choice in care by seeing psychiatrists that are not part of the State run behavioral health care system.

Thank you,

From:
Sent: Friday, September 14, 2012 1:31 PM
To: AZ Future
Subject: Medicaid Expansion

Dear AHCCCS,

I provide services to patients at a public mental health agency in Tucson Arizona. As a medical provider I have witnessed the impact that availability vs lack of medical coverage has had on the lives of so many people over the years. I was interested to read the recently published Harvard School of Public Health study that concluded that expanding Medicaid to low-income adults leads to widespread gains in coverage, increased access to care, and most importantly, improved health and reduced mortality. It is the first published study to look specifically at the effect of recent state Medicaid expansions on mortality among low-income adults, and the findings suggest that expanding coverage to the uninsured will save lives.

Now the Affordable Care Act offers Arizona the opportunity to expand Medicaid to a wider range of her poorest citizens. How can we turn down this opportunity? The federal government covers the full cost of Medicaid for the first several years. After that Arizona only pays 1/10th of the cost, the federal government will pay for 90% of these costs. Expanding Medicaid makes fiscal sense when you remember that Medicaid money goes straight into the pockets of local hospitals, doctors and other healthcare providers. In other words, the program creates jobs and sustains incomes, not to mention all the new economic activity that goes with it.

Couple this with the chance to help our poorest, most vulnerable residents get decent health care and the choice is obvious. The real question is whether Arizona finds it acceptable for residents in our communities to not be able to see a doctor just because they recently lost a job, just because they have a pre-existing condition or just because they work in a low paid job without health insurance. Of course Arizona doesn't find it acceptable.

It is critical that Arizona move forward with Medicaid expansion, our fellow residents' lives depend on it.

Many thanks,

Tucson, AZ

From:
Sent: Friday, September 14, 2012 7:04 PM
To: AZ Future

I appreciate the opportunity to weigh in on the future of public support for our uninsured citizens. I voted for Prop 204 and believe we have to restore those individuals coverage first. This is voter-approved and once our state budget recovers, we must do this to reflect the law.

I think we should also seek opportunities to secure additional funding from the federal govt by using matching funds. i also support collaborative efforts to build a high-quality healthcare infrastructure that is patient-centered, sustainable, accessible and affordable. Finally, the AHCCCS payment rates must be fair to reflect hospital costs.

Hospitals in AZ are under tremendous stress from the increased charity care and bad debt write-offs. A failed hospital is devastating for a local community and damages our fragile economy. Thank you for your help.

Chandler, Az.

From:
Sent: Friday, September 14, 2012 11:22 PM
To: AZ Future
Subject: My experience and opinion

My wife and I, childless adults, who were on AHCCCS for about two years, were dropped as of September 1 this year because I now make \$12/month too much. What kind of health insurance can we buy for \$12/month that will cover office visits with an oncologist and a rheumatologist as well as our primary family doctor? How much of the \$600/month in breast cancer and rheumatoid arthritis medications will that \$12/month pay for?

AHCCCS was the safety net for people in our financial situation, thanks to job losses and a loss of 75% of our household earning from 2006. Thanks to AHCCCS my wife is a breast cancer survivor and has her rheumatoid arthritis under control. Now what?

We are both 57 years old. I work full time with no benefits at all. My wife is unable to work at all outside the home.

Prescott Valley, AZ

From:
Sent: Saturday, September 15, 2012 4:03 PM
To: AZ Future
Subject: Extending Medicaid

I support extending Obamacare provisions to Arizona's AHCCCS program. Have a 45-year-old son with preexisting fibromyalgia condition, plus other complications, and has no insurance because he lost his job and has been unable to find employment for past year. Now getting Obamacare coverage so he can be fully evaluated by specialists to determine if he can continue working (will need retraining) or should go on disability. There are costs to Obamacare care, and I will be happy to cover them. He hid his condition while he was employed and this did not help things.

Thanks & Best Wishes

Merchants for a Better Maryvale (MBM)

West Side Town Hall Program

Society of St. Vincent de Paul
Maryvale Assn. of Churches
COPE Drug & Alcohol Prevention Program, Maryvale
Poco Jardin Block Watch Steering Committee
Knights of Columbus, St. Augustine, Maryvale

From:
Sent: Monday, September 17, 2012 3:00 PM
To: AZ Future
Cc:
Subject: Medicaid Comment
Attachments: Chris.jpg

To Whom It May Concern:

I am writing because my son is and has been on Medicaid for the last 20 years. He was injured in a car accident years ago and lives with my husband and myself.

If it was not for AHCCCS, my son would be in a nursing home and I would not wish that on anyone, especially a young person.

My son is happy and content (as content and happy as a quadriplegic can be) and I am grateful that we have been able to keep him at home. I thank the Medicaid system for that and fervently hope that he will not lose it. I can't stand to think of him in a nursing home.

Enclosed is a pic of my son.

Thank you.

If you have any questions, please feel free to write, or call me at

Sincerely,



From:
Sent: Friday, September 21, 2012 7:20 PM
To: AZ Future
Subject: RE: my access and Puplic meeting input
Attachments: govenor.wps

To Access RE: Public Meeting Input

-- Attached is a letter I wrote and sent to Gov. Brewer

It explains how I was treated and the reslut of my taking in my grandson and his turning 18 two months later and **my insuance being droped**

I was NEVER TOLD the I would ose my coverage due to my grandson turning 18 TWO months later

, Lake Havasu City A Z

Dear Governor Jan Brewer,

Sept 2012

I am writing you due to an issue I am having regarding Arizona State Access Medical Insurance and a recent change in eligibility.

I am a 61 year old divorced woman and unemployed. I have been on access and am living with a friend in Lake Havasu City who has graciously let me live with her rather than me living in my car or on the street.

In April my grandson asked if he could come live with us and finish school due to a bad situation with his stepfather at home. My friend and I agreed that he could. I went to the DES Office in Lake Havasu and got him on access. **At that time no one ever told me, I would lose my coverage when he turned 18 if I add him. (I would have never changed any thing for only two months of his being covered).** They added him onto my case, and in July he turned 18, and I received a letter that MY MEDICAL would terminate the 1st of August. He still had 2 years of school left till he could graduate due to his parent's bad parenting. So I went back into the DES office and they extended my coverage for one year. But now due to my grandsons bad choices he has had to go back to Mesa to his grandfather's till he can pass a GED and hopefully join the Army ASAP.

My problem is that now my medical insurance will be terminated due to the Fact (I no longer will have a minor child in my home.)

I can understand this rule needs to apply to parents of these children but to punish a grandparent who was only trying to help keep her grandson off the streets and help him get an education is wrong. He was only with me for 3 months. He became eligible for Access in June 2012 and left the home in August. I notified DES at that Time.

Now I have no coverage

Again, I was not ever told that by adding him to my case that when he turned 18 it would cancel my own coverage permanently. If I had known that I would never have applied for him to receive coverage. As I have no way to pay for any medical services if I were to need then. Thank God I am in good shape at this point and only have a low thyroid problem but do need my medication on a monthly basis. Blood tests to get the medication and keep it monitored. Especially in this economy and being an elderly woman with now no way to get medical help if needed till I turn 65 this is totally inhumane to say the least. I am sure that I am not the only grandparent over 50 that this has happened to.

If there is money in the state coffers that can be used to buy back state buildings that were sold just a few years ago or other wasteful spending that goes on in our government, I would ask for your compassion on the elderly population in this job market to reconsider our ability to keep medical coverage for grandparents who are only trying to help and do the right thing and for cancer victims who need medical help. **Please don't leave us without medical coverage just because a grandchild we take in turns 18 and is no longer a minor or persons with Cancer who have no coverage. Thank-you for your consideration in this dyer situation that so many of us find ourselves in today.**

From:
Sent: Friday, September 21, 2012 10:19 PM
To: AZ Future

Dear Sirs,

I would like to add my voice to the discussion regarding the future of AHCCCS relating specifically to behavioral health care. Would you please consider allowing patients another choice besides the RBHA? I have a severely mentally ill son who currently receives treatment within our state's system. I wonder if opening this up to allowing the patients the ability to choose a private provider and/or doctor would help ensure competitive, quality care.

Our experience within in the system has been brutal. It is shocking the amount of resources that are given to "choice" in wellness programs and the like for those who are higher functioning and able to participate, yet the front end care of quality hospitalization with appropriate time for evaluation and healing is dismal to put it mildly. Also, it is critical for patients to have a choice with psychiatrists and the ability to maintain a long standing relationship with them. Especially for those who lack insight and actually need COT. Everyone talks about ending the revolving door, but not one person or group will actually take the lead on this issue.

My own son has begun to heal after 5 months of psychosis, where his brain cells were damaged, all because I could not get proper hospitalization and treatment. 4 times we petitioned UPC and 3 of those times he was released unstable. Finally on the fourth time, St. Luke's kept him and helped him get the right treatments. I have fought for him to continue with the same doctor for almost 3 years now. Believe me, it was a fight. But because he knows my son and is now receiving the proper supports in a 24 hour residential placement, he is beginning to stabilize...but at a huge cost. He is not the same, and it has taken him almost a year to heal.

Please give patients a choice. Schizophrenia, bipolar, schizoaffective disorder, etc. are actual illnesses. Let's be the first state to actually recognize this and give them the same treatment options that are available for those with cancer, heart disease and the like.

Thank you,

Giibert, AZ

From:
Sent: Saturday, September 22, 2012 12:32 PM
To: AZ Future
Subject: AHCCCS future

Dear Governor Brewer,

I am writing to urge you to accept the Medicaid expansion under health care reform. It would lovely if everyone could afford to buy insurance or be helped by charity, unfortunately, many people do not have affordable options and there are not enough charity donations to cover everyone who needs help.

Sincerely

From:
Sent: Wednesday, September 26, 2012 9:38 AM
To: AZ Future
Subject: maximize coverage for the uninsured

Dear Director Betlach,

We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach you are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.

John C. Lincoln Health Network supports a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:

- Recognizing that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level. As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
- Identifying enhanced federal match rate opportunities for the restoration of Prop. 204.
- Leveraging the competitive private insurance market to promote individual choice and responsibility.
- Keep healthcare decision-making as local as possible.

We support collaborative efforts to build a high-quality healthcare infrastructure that is patient-centered, sustainable, accessible and affordable.

We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

Thank you for your consideration.

| John C. Lincoln Health Network |

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From:
Sent: Wednesday, September 26, 2012 12:10 PM
To: AZ Future
Subject: Please continue to work to strengthen health care infrastructure

Dear Director Betlach,

We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach you are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's health care infrastructure.

John C. Lincoln Health Network supports a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following ideals:

- Recognizing that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level. As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
- Identifying enhanced federal match rate opportunities for the restoration of Prop. 204.
- Leveraging the competitive private insurance market to promote individual choice and responsibility.
- Keep health care decision-making as local as possible.

Keeping the patient as the priority, we support collaborative efforts to build a high-quality health care infrastructure that is sustainable, accessible and affordable.

We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

Thank you for your consideration.

John C. Lincoln Health Network | | JCL.com

From:
Sent: Wednesday, September 26, 2012 1:49 PM
To: AZ Future
Subject: Medicaid for Arizonans

To: AHCCCS
Attn: Office of Intergovernmental Relations
801 E. Jefferson, MD 4100
Phoenix, AZ 85034

The multiple and complex opportunities now available with respect to the future the Arizona Medicaid program affords Arizona a unique opportunity. Arizona can now expand its Medicaid program to provide medical coverage/insurance to a much greater number of Arizonans -- including single adults without children. And this can be accomplished with a high percentage of federal funds paying Arizona's way in the near future.

For Arizona not to take advantage of this offer from the federal government would be foolish and costly in the long term for Arizona taxpayers and Arizona residents who now pay for their own medical insurance premiums. In addition, Arizona hospitals will continue to pass along their unpaid expenses, incurred from those who receive medical care but who have no medical insurance, to those of us who do have insurance and who pay our own way.

Recent state-wide media reports demonstrate how the state of Arizona is lagging behind other states in measured basic educational achievement and workforce development and is surpassing many other states in the rate of unemployment. To attract and retain the best possible workforce for Arizona, and to provide for the basic needs of all of its citizens, Arizona needs to provide all of its citizens with a basic safety-net of medical insurance. Otherwise Arizona's working-age population will continue to migrate to those states which provide such a safety-net for workers and their families.

It would be an obvious example of poor business sense, and demonstrably ignorant, for Arizona taxpayers to send their tax dollars to the federal government and have the federal government spend Arizona's tax money for medicaid programs in other states because of an administration in Phoenix which may attempt to make a political point by refusing the increased legislated federal Medicaid funds.

Let's take care of Arizonans with Arizonans tax dollars and accept the increased federal Medicaid funding and provide Medicaid for as many Arizonans as possible under the Affordable Care Act.

You noted on your website that Governor Brewer has started a deliberate and thoughtful process to review all options and engage with Arizona stakeholders for their valuable input. Therefore I think it is critical to put aside the obvious political animosity now existing between Governor Brewer and the Obama administration.

Accept the additional federal legislated Medicaid funds now before they are given to the citizens of other US States.

From:
Sent: Monday, October 15, 2012 8:18 AM
To: AZ Future
Subject: Pima Community Access Program Comments - In support

Good Morning,

The Pima Community Access Program a 501(c)(3) community based program serving the uninsured in Pima and Santa Cruz County is in support of continuing to build on the State of Arizona's healthcare infrastructure. We welcome the opportunity afforded by the governor to provide input. We also appreciate being invited to attend the public hearings presented by AHCCCS Administration.

PCAP feels that keeping healthcare decision making at the local level is critical in continuing the innovative approach Arizona has always taken in providing healthcare to all Arizonans.

We feel it is important to recognized that through Prop. 204 voters mandated coverage of individuals with incomes below 100% of the FPL and all future plans should focus on restoring coverage for those who are currently frozen out of programs.

We support the ability for Arizona to receive the enhanced federal match opportunities.

We agree that leveraging the competitive private insurance market allowing for individual choice and responsibility will strengthen healthcare delivery in Arizona.

Again, thank you for this opportunity to comment.

Pima Community Access Program

Tucson, AZ

List of Letters from Organizations and Advocacy Groups re:

“The Future of Arizona’s Medicaid Program”

✓ = Individual letter

(C) = Part of Coalition for an Arizona State Exchange letter

(V) = Part of Vanguard letter

The Future of Arizona’s Medicaid Program

Date	Organization Name	Origin
8/31/12	Aetna	(C)
9/20/12	America Sustainable Business Council	✓
9/22/12	Arizona Association of Chiropractic	(C) and ✓
8/31/12	Arizona Association of Community Health Centers	(C)
8/14/12	Arizona Association of Health Plans	✓
8/31/12	Arizona Bankers Association	(C)
10/1/12	Arizona Behavioral Health Planning Council	✓
8/31/12	Arizona Chamber of Commerce and Industry	(C) and ✓
8/16/12	Arizona Clinical Oncology Society	✓
7/18/12 and 9/17/12	Arizona Council of Human Service Providers (incl. 74 agencies)	✓
8/31/12	Arizona Fire District Association	(C)
10/8/12	Arizona Hospital and Healthcare Association	✓
Unknown	Arizona Public Health Association	✓
8/31/12, 9/21/12 & 9/25/12	Banner Health	(C) and (V)
8/31/12	Blue Cross Blue Shield of Arizona	(C)
8/31/12	Care 1 st Health Plan	(C)
9/21/12 & 9/25/12	Carondelet Health Network	(V)
8/31/12	Chandler Chamber of Commerce	(C)
8/31/12	Cigna Arizona	(C)
8/31/12	Coalition for an Arizona State Exchange (CASE)	✓
8/31/12, 9/21/12 & 9/25/12	Dignity Health	(C) and (V)
9/21/12 & 9/25/12	Dignity Health Arizona	(V)
8/31/12	Flagstaff Chamber of Commerce	(C)
8/31/12	Gilbert Chamber of Commerce	(C)
8/31/12	Greater Oro Valley Chamber of Commerce	(C)
8/31/12	Greater Phoenix Chamber of Commerce	(C)
8/31/12	Greater Phoenix Leadership	(C)
8/31/12	HealthNet of Arizona	(C)
8/31/12	Humana	(C)
9/21/12 & 9/25/12	Iasis Healthcare	(V)
8/1/12	Interfaith Disability Advocacy Coalition (includes 29 religious community groups also signed)	✓
9/21/12 & 9/25/12	John C. Lincoln Health Network	(V)
10/18/12	Keller, Keller & Newman	✓

9/21/12 & 9/25/12	Maricopa Integrated Health System	(V)
8/31/12	Mayo Clinic	(C)
9/29/12	National Alliance on Mental Illness	✓
9/21/12 & 9/25/12	Northern Arizona Healthcare	(V)
8/31/12	North Scottsdale Chamber of Commerce	(C)
9/21/12 & 9/25/12	Phoenix Children's Hospital	(V)
7/19/12	Pima Prevention Partnership	✓
8/31/12	Prescott Chamber of Commerce	(C)
7/30/12	Protecting Seniors.Org	✓
7/23/12	Raising Special Kids	✓
7/20/12	Red Mountain Behavioral Health Services	✓
8/31/12	Scottsdale Area Chamber of Commerce	(C)
8/31/12	Southern Arizona Leadership Council	(C)
8/31/12	Southwest Valley Chamber of Commerce	(C)
8/31/12	Tempe Chamber of Commerce	(C)
8/31/12	Tucson Hispanic Chamber of Commerce	(C)
8/31/12	United Healthcare	(C)
8/31/12	University of Arizona Health Network	(C)
9/21/12 & 9/25/12	University of Arizona Medical Center	(V)
8/31/12, 9/21/12 & 9/25/12	Vanguard Health Systems	(C) and ✓
9/21/12 & 9/25/12	Yavapai Regional Medical Center	(V)
8/31/1, 9/21/12 & 9/25/12	Yuma Regional Medical Center	(C) and (V)



Arizona Public Health Association

Affiliated with the American Public Health Association
202 E. McDowell Road, Suite 130 - Phoenix, AZ 85004
Phone: 602-258-3361 Fax: 602-258-5497 www.azpha.org

2011-2012 AzPHA
Executive Committee

Arizona Health Care Cost Containment System
ATTN: Office of Intergovernmental Relations
801 E. Jefferson St., MD 4100
Phoenix, Az 85034

President
Peter Wertheim

RE: The Future of Medicaid in Arizona

President Elect
Pat VanMaanen

Vice President
Tim Vaske

The Arizona Public Health Association appreciates the opportunity to offer our input into many decisions surrounding the implementation of the Affordable Care Act (ACA).

Immediate Past President
Ellen Owens-Summo

Treasurer
George Graham

AzPHA strongly supports a plan that will cover the maximum amount of uninsured Arizonans as possible and that satisfies the will of Arizonans. Arizonans have repeatedly supported coverage for those of us unable to afford it.

Secretary
Vivian Taylor

Representative to APHA
Christine Morgan, EdD,
CHES

Uncompensated care is an issue for every Arizonan as the costs get passed on to the rest of us through higher priced services, insurance premiums and out of pocket expenses.

Executive Director
Jennifer Bonnett

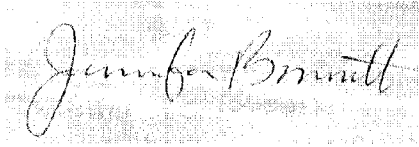
Uninsured Arizonans healthcare needs do not disappear when they are uninsured. Delayed care translates to sicker Arizonans using the emergency rooms for care rather than cost effective primary and preventive care.

AHCCCS is a national model for cost containment and effectiveness, AzPHA encourages Arizona to keep the already proven effective local control on the ACA implementation.

AzPHA also encourages the state to take advantage of the 90 cents to every one dollar match in the future to help cover as many uninsured Arizonans as possible. This federal match may be the key to a successful public/private cost containment system that helps improve the lives of all of Arizona's families.

We encourage Arizona to ensure that Arizona's federal taxes stay invested in Arizona, in our economy, on our terms under Arizona control through an Arizona Health exchange that covers as many Arizona families as possible.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Bonnett". The signature is written in black ink on a light-colored, textured background.

Jennifer Bonnett
Executive Director
Arizona Public Health Association



2100 N. Central Avenue, Suite 225 • Phoenix, Arizona 85004-1400
602-252-9363 • Fax 602-252-8664 • www.azcouncil.com

Hand delivered
GOVERNORS OFFICE 8TH FLR

2012 JUL 18 P 12:46

Robert Libberton, Chair
Arizona Counseling &
Treatment Services, LLC

Linda Scott, Chair Elect
Jewish Family &
Children's Services

Kurt Sheppard, Past Chair
Valle Del Sol

Joe Wright, Secretary
Encompass

Susie Huhn, Director
Casa De Los Ninos

Lane Barker, Director
Devereux Arizona

Gary Brennan, Director
Quality Care Network

Steve Carter, Director
NOVA

Neal Cash, Director
Community Partnership
of Southern Arizona

Timothy Dunst, Director
Touchstone Behavioral
Health

Rob Evans, Director
Superstition Mountain
Mental Health Center

Larry D. Green Jr., Director
West Yavapai
Guidance Clinic

Suzanne Legander, Director
S.T.A.R. Centers

Tomas Leon, Director
People of Color Network

Mick Pattinson, Director
NARBHA

Emily L. Jenkins
President & CEO

The Honorable Janice K. Brewer
Governor
State of Arizona
Executive Tower
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Brewer:

I am writing to you on behalf of the 80 members of the Arizona Council of Human Service Providers. The members of the Arizona Council provide behavioral health services in all parts of the state.

First, I would like to thank you for your commitment to persons with mental illness. The new funding, approved in the last legislative session, for persons with Serious Mental Illness will help many of our most vulnerable citizens to be able to live safely in their communities.

We want to commend your foresight in moving forward with the planning to date of the development of an Arizona health insurance exchange. This has enabled the state to draw down federal funds for the exchange and ensure that Arizona will have its own exchange and not one managed by the federal government.

We encourage you to continue the development of the exchange. For many persons with pre-existing behavioral health conditions, private insurance has not been available or it has not provided adequate benefits. An exchange that has insurance coverage with parity between physical and behavioral health will be of great benefit for persons with behavioral disorders.

For people who currently use the publicly funded system, recover and have the means to purchase insurance, the exchange will be the marketplace where they can select a plan that insures them continued access to the services they need to manage their behavioral health conditions.

We would also like to thank you for your willingness to take a careful look at the Medicaid expansion before making a decision. We are currently working on an analysis that will explore the various options and the impact on persons with behavioral health disorders. We plan to complete that analysis from both a financial and programmatic perspective within the next few weeks and will request a meeting with you to discuss the options.

The experience that our providers are currently having with persons with general mental health and substance use disorders who no longer have AHCCCS coverage illustrates what happens when people do not get treatment. The crisis systems, hospital emergency departments, and the jails have become the defacto treatment system. This is both costly and ineffective. Sadly, this is a population that, with treatment, is best able to recover and become productive and taxpaying citizens.

Arizona has the best managed care Medicaid program in the country with an effective partnership between the public and private sectors. We think it is important to explore how this program could leverage existing state expenditures to maximize federal monies in order to cover vulnerable populations.

There is time for a careful consideration of the costs and benefits of adding back coverage for the childless adults and considering the possible expansion of the program. We hope that we can work with you and your staff to come up with the best solution for Arizona.

Respectfully,

A handwritten signature in cursive script, appearing to read "Emily L. Jenkins".

Emily L. Jenkins
President and CEO
Arizona Council of Human
Service Providers

cc: Eileen Klein
Donald Hughes



creating conditions for change

The Partnership

July 18, 2012

GOVERNORS OFFICE 9TH FLR

2012 JUL 19 A 10:45

The Honorable Janice K. Brewer
Governor
State of Arizona
Executive Tower
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Brewer:

I am writing to you as the Executive Director of Pima Prevention Partnership and as one of the 80 members of the Arizona Council of Human Service Providers. As a member of the Arizona Council we provide behavioral health services in both Pima and Maricopa County.

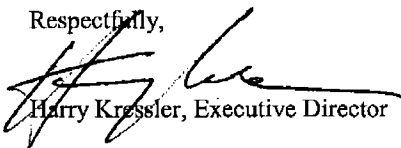
I want to commend your foresight in moving forward with the planning to date of the development of an Arizona health insurance exchange. This has enabled the state to draw down federal funds for the exchange and ensure that Arizona will have its own exchange and not one managed by the federal government. I encourage you to continue the development of the exchange. For many persons with pre-existing behavioral health conditions, private insurance has not been available or it has not provided adequate benefits. An exchange that has insurance coverage with parity between physical and behavioral health will be of great benefit for persons with behavioral disorders. For people who currently use the publicly funded system, recover and have the means to purchase insurance, the exchange will be the marketplace where they can select a plan that insures them continued access to the services they need to manage their behavioral health conditions.

I would also like to thank you for your willingness to take a careful look at the Medicaid expansion before making a decision. Our Arizona Council is currently working on an analysis that will explore the various options and the impact on persons with behavioral health disorders. The Council plans to complete that analysis from both a financial and programmatic perspective within the next few weeks and will request a meeting with you to discuss the options.

The experience that our local providers are currently having with persons with general mental health and substance use disorders who no longer have AHCCCS coverage illustrates what happens when people do not get treatment. The crisis systems, hospital emergency departments, and the jails have become the *de facto* treatment system. This is both costly and ineffective. Sadly, this is a population that, with treatment, is best able to recover and become productive and taxpaying citizens.

Arizona has the best managed care Medicaid program in the country with an effective partnership between the public and private sectors. We think it is important to explore how this program could leverage existing state expenditures to maximize federal monies in order to cover vulnerable populations. There is time for a careful consideration of the costs and benefits of adding back coverage for the childless adults and considering the possible expansion of the program. I hope that we can work with you and your staff to come up with the best solution for Arizona.

Respectfully,



Harry Kressler, Executive Director

Pima Prevention Partnership
Corporate and Program Offices
924 N. Alvernon Way, Tucson, Arizona 85711
Telephone (520) 791-2711 Fax (520) 791-2202
www.thepartnership.us

Pima Prevention Partnership
Phoenix Office
10240 N. 31st Ave., #125, Phoenix, Arizona 85051
Telephone (602) 251-3171 Fax (602) 251-3174
www.thepartnership.us



July 20, 2012

The Honorable Janice K. Brewer
Governor
State of Arizona
Executive Tower
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Brewer:

I am writing to you on behalf of Red Mountain Behavioral Health Services and the families we serve in the communities of Gila River Tribe, Pascua Yaqui Tribe, Pinal and Gila Counties, and Salt River Tribe.

First, I would like to thank you for your commitment to persons with mental illness. The new funding, approved in the last legislative session, for persons with Serious Mental Illness will help many of our most vulnerable citizens to be able to live safely in their communities.

We want to commend your foresight in moving forward with the planning to date of the development of an Arizona health insurance exchange. This has enabled the state to draw down federal funds for the exchange and ensure that Arizona will have its own exchange and not one managed by the federal government.

We would also like to thank you for your willingness to take a careful look at the Medicaid expansion before making a decision. Our experience as a provider of vulnerable populations has shown a significant decrease in the wellbeing of citizens who have lost coverage or are eligible for fewer services. There are also many other individuals who currently do qualify for AHCCCS yet do not have access to affordable health care services. As a provider, we know that a little prevention services go a long way to avoid more costly emergency and crisis services.

In addition to the health and wellness benefits to the citizens of this state, the Medicaid expansion (and the federal funds along with it) will foster much-needed economic development for our state. The expansion will create well-paying service jobs in our state. Arizona needs jobs, especially in the care industries.

Arizona has a solid foundation in our current care Medicaid program – due largely to effective partnerships between the public and private sectors. This is the time for a careful consideration of the costs and benefits of adding back coverage for the childless adults and considering the possible expansion of the program.

We hope and encourage you to support the families of Arizona and move forward to expand Medicaid coverage.

Thank you for the consideration and service to our great State.

Respectfully,

Adam Cava MPA
Chief Administrative Officer

1223 S Clearview Avenue, Suite #110
Mesa, AZ 85209
(480) 641-9552 office
(480) 981-0893 fax

July 23, 2012

The Honorable Jan Brewer
Governor of Arizona
1700 West Washington
Phoenix, Arizona 85007



Dear Governor Brewer,

I'm writing to express appreciation for your careful consideration of Medicaid expansion options, and a state-sponsored insurance exchange. These are challenging issues and a thorough assessment is needed to make the best choices for Arizona.

As a statewide organization for families of children with disabilities and special health care needs, we know this is an opportunity to create a system that is uniquely Arizona's, and to continue our state's leadership and success in designing cost-effective and innovative health care services.

Over 200,000 children in our state have special health conditions and many begin life in a very fragile condition. It is the early intervention and treatment afforded by both public and private insurance that provides access to the specialized care they need.

Access to a state insurance exchange could alleviate many of the burdens families face in raising a child with a significant and life-long disability. An Arizona insurance exchange would offer more choices, with more accountability and flexibility than one designed at the federal level. This would greatly reduce the pressure families feel in trying to understand and manage piecemeal insurance coverage.

With a state insurance exchange, parents could obtain coverage under a single plan for the entire family, find better coverage for behavioral health services, and reduce the burdens of coordination and cost.

We understand the care with which these decisions must be made, and are willing to provide information and assistance if needed. Thank you for your efforts to lead Arizona in developing a system of care for families of children with disabilities and special health needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Joyce Millard Hoie".

Joyce Millard Hoie
Executive Director



ProtectSeniors.Org

PROTECTSENIORS.ORG

...DEDICATED TO SAVING YOUR EARNED HEALTHCARE BENEFITS

601 Pennsylvania Ave. N.W. Suite 900 South Building, Washington, DC. 20004
Phone (800) 398-3044 (202) 434-8193 ** Email: info@ProtectSeniors.Org
Website: www.ProtectSeniors.Org

July 30, 2012

GOVERNOR JANICE K BREWER
1700 WEST WASHINGTON ST
PHOENIX, AZ 85007

Dear GOVERNOR JANICE K BREWER,

July 30th is the anniversary of the passage of the law creating Medicaid. With the Supreme Court upholding the Affordable Care Act, the subject of Medicaid is front and center for you and your state legislature as you will have to decide whether or not to expand Medicaid programs in your state.

Many state Medicaid programs are stressed even without expansion, and yet there is currently a population in danger of having to resort to Medicaid for assistance even though they have earned healthcare benefits: retirees. Millions of retirees spent decades at one company and agreed to lower salaries and less paid time off for the security of health benefits in retirement.

Breaking their fiduciary responsibility and to boost already healthy corporate profits, companies have already canceled the earned healthcare benefits of 22 million older Americans leaving states to pick up the tab for those unable to replace that coverage. There are another 14.3 million retirees who are next on the corporate healthcare chopping block.

We believe it is time for Washington to stop coddling CEOs and pass a law to protect federal and state taxpayers and retirees. There is a bill in Congress to protect taxpayers from having to assume the tab for millions of retirees' healthcare. In fact, the bipartisan Earned Retiree Healthcare Benefits Protection Act of 2011 (H.R. 1322) prevents employers from making post-retirement cancellations of or reductions in earned retirement benefits and has no cost to the Federal budget or to the states.

As your state looks at the future of its Medicaid program, we urge you to support H.R. 1322 and encourage your state's Congressional Delegation to get behind this important bill that will not only help millions of retirees and their dependents, but your state's fiscal health as well.

Sincerely,

John M. Brennan
Acting President, ProtectSeniors.Org
Chairman of the Board, Association of BellTel Retirees, Inc.

PAUL MILLER
Executive Director

C. WILLIAM JONES
Chairman of Board

JAMES E. CASEY, JR.
President

EILEEN T. LAWRENCE
Secretary, Treasurer

INTERFAITH DISABILITY ADVOCACY COALITION

1700 K Street, NW, 1st Floor • Washington, DC 20006

August 1, 2012

Dear Governor:

We, the undersigned members of the Interfaith Disability Advocacy Coalition (IDAC) and other religious and religiously-affiliated organizations, urge you to support participation of your State in the expanded Medicaid program authorized by Public Law 111-148, the Affordable Care Act. This program will provide many persons with disabilities, who have incomes near the poverty level, with the health and long term care services they need to live independent, productive lives in their communities.

IDAC is a nonpartisan coalition of more than 25 national faith-based organizations including representatives from the Christian, Jewish, Muslim, and Hindu traditions, with a mission of mobilizing the religious community to speak out and take action on disability policy issues. IDAC is a diverse coalition of organizations whose core spiritual values affirm the rights and dignity of people with disabilities.

The shared values of our faiths lead us to support programs such as Medicaid, which now gives more than 8 million people with disabilities the dignity and independence they need to continue contributing to their communities and congregations.

Medicaid supports essential health and long term care services that provide a vital lifeline for people with disabilities. To cite a few examples:

- For people with a variety of physical disabilities, such as spinal cord injuries, traumatic brain injuries, cerebral palsy, or amputations, Medicaid provides access to wheelchairs, prosthetic devices, and assistive technology.
- For people with epilepsy, mental illness, HIV, and a variety of other conditions, Medicaid is often the only source of access to essential prescription drug coverage.
- For many people with cognitive and other disabilities, Medicaid is an important source of long-term services and supports, which are tools to live and work in the community and to avoid costly, segregated nursing homes and institutions.
- For children with disabilities, Medicaid provides access to the Early and Periodic Screening Diagnosis and Treatment benefit, which requires screening for, and treatment of developmental, vision, dental, mental health, and other medical problems.

The Affordable Care Act extended Medicaid to approximately 17 million persons with incomes below 133% of the Federal Poverty Level, \$11,170 a year for a single person. Many of the new enrollees are people with disabilities. We know that millions of people with disabilities, and those who love them, now live with the misery of inadequate care and the fear of an unknown future. The expansion of Medicaid offers an opportunity to close gaps in access to health care and bring 17 million more Americans into a system of care that can provide positive outcomes in health and quality of life.

The mission of the Interfaith Disability Advocacy Coalition (IDAC) is to mobilize the religious community to speak out and take action on disability policy issues with Congress, the President and Administration, and society at large.

Under the Supreme Court's recent decision on the Affordable Care Act, each State must decide whether to participate in an expanded Medicaid program. We urge all States to do so.

The Affordable Care Act provides that most of the expense of expanding the Medicaid program will be borne by the federal government; 100% in the first three years, scaling down to 90% after six years. We recognize the challenges faced by public officials in making budgetary decisions. We hope that strong federal support for the Medicaid expansion will be an incentive for all States to participate and be able to provide health and long term care services to some of our nation's most vulnerable citizens. Without the Medicaid expansion, many people with disabilities will remain uninsured and rely on emergency rooms and other services, which ultimately will lead to higher health care and insurance costs for others.

Medicaid already provides vital support to more than 8 million persons with disabilities, making it possible for them to contribute to their communities and congregations. We urge you to support participation of your State in the expansion of Medicaid, an important step in strengthening our nation's capacity for leaving no person behind in achieving the promise of American opportunity.

If you or your staff would like discuss these issues in more detail, please contact
Thank you for your consideration.

Respectfully,

African Methodist Episcopal Church Connectional Health Commission

American Baptist Churches USA

American Baptist Home Mission Societies

American Muslim Health Professionals

Association of Jewish Family and Children's Agencies

Disability Concerns, Reformed Church in America

Disciples Home Missions Family and Children's Ministries

Disciples Justice Action Network

The Episcopal Church

Friends Committee on National Legislation

General Board of Church and Society, United Methodist Church

Global Deaf Muslim

Islamic Society of North America

Jewish Council for Public Affairs

(Continued on next page)

INTERFAITH DISABILITY ADVOCACY COALITION

The Jewish Federations of North America

L'Arche USA

Muslim Public Affairs Council

National Catholic Partnership on Disability

National Council of the Churches of Christ in the USA

National Council of Jewish Women

Presbyterian Church (U.S.A.)

Rabbinical Assembly

The Reconstructionist Rabbinical Association

Union for Reform Judaism

Unitarian Universalist Association of Congregations

United Church of Christ, Council for Health and Human Service Ministries

United Church of Christ, Disabilities Ministries Board

United Church of Christ, Justice and Witness Ministries

Women's Rabbinic Network

The mission of the Interfaith Disability Advocacy Coalition (IDAC) is to mobilize the religious community to speak out and take action on disability policy issues with Congress, the President and Administration, and society at large.



Arizona Association of Health Plans

c/o Gallagher & Kennedy, P.A.
2575 E. Camelback Rd.
Phoenix, AZ 85016
602-530-8160

August 14, 2012

VIA ELECTRONIC MAIL

Governor Janice K. Brewer
State of Arizona
1700 W. Washington St.
Phoenix, AZ 85007
Email: azgov@az.gov

Dear Governor Brewer:

On behalf of the organizations which make up the Arizona Association of Health Plans, I write to thank you for the consistent leadership you have shown in the wake of the Supreme Court's decision on the federal Affordable Care Act. We commend you for your measured, responsible, strategic approach to a very controversial issue. Taking time for the dust to settle, for the politics to play out, and to plan for all possibilities is, fundamentally, the right thing to do.

We are especially grateful to you for the countless hours your staff has put into preparing the Arizona Health Care Reform Guiding Principles. We attended a high level briefing last week led by Eileen Klein, Don Hughes and Tom Betlach; the common sense plan they outlined is as refreshing as it is realistic, and we stand ready to partner with you and your team to move our State forward.

In this rapidly changing environment, our companies contract with AHCCCS to provide affordable health care to our most vulnerable citizens efficiently and dependably. At the heart of our partnership with AHCCCS is our commitment to provide quality health care to the greatest number of people in need, in the most responsible, cost effective way possible. AHCCCS leads the nation in this; indeed, states across America are now trying

APIPA | Care First | Health Choice | Mercy Care | MIHS |
Phoenix Health Plan | Scan | The UA Health Plans

Governor Janice K. Brewer
August 14, 2012
Page 2

to emulate the model we've created. With your eight reform principles, we have an opportunity here in Arizona to lead the Nation to a new level, and we applaud the courage and commitment reflected in this most important work.

Very truly yours,

ARIZONA ASSOCIATION OF HEALTH
PLANS, INC.



By:

Deb Gullett
Executive Director

DAG/plp
23585-1/3119910

cc: Eileen Klein, Chief of Staff, Governor's Office
Tom Betlach, AHCCCS
Don Hughes, Governor's Office



2100 N. Central Avenue, Suite 225 ♦ Phoenix, Arizona 85004-1400
602-252-9363 ♦ Fax 602-252-8664 ♦ www.azcouncil.com

September 17, 2012

Mr. Don Hughes
Health Policy Advisor
Office of the Governor
1700 West Washington
Phoenix, AZ 85007

Dear Mr. Hughes:

The Arizona Council of Human Service Providers (the Council) is pleased to submit our recommendations and comments on the selection of a reference benchmark plan for use in defining the essential health benefits (EHB) for the Arizona Health Insurance Exchange (AzHIX). The Council is grateful for this opportunity and very much appreciates the difficulty of your task and is prepared to assist you in any manner that we can.

Based on our understanding of the relevant provisions of the Mental Health Parity and Addiction Equity Act (MHPAEA), the Affordable Care Act (ACA), the guidelines specified by the Center for Consumer Information and Insurance Oversight (CCIIO), the information the Governor's Office and the Arizona Department of Insurance has made available in the June 2012 Mercer report *Essential Health Benefits*, we recommend, if the selection is made from all the potential benchmark plans, that the State Employee EPO be selected as the benchmark plan for the AzHIX. However, if the State limits its choice of a benchmark plan from the three largest small group insurance products, we recommend that the United Healthcare Choice Plus – Balanced 30/2500/100% Plan A8S be selected. We also recommend that both of these plans be supplemented as appropriate to provide for:

- Parity between physical health and mental health and substance abuse disorder services including behavioral health treatment
- An expanded definition of habilitation services compared to what is commonly used in the commercial insurance market in order to ensure the provision of

habilitation services and a relative balance of this category of EHB with the nine other categories

- Parity between habilitation and rehabilitation services
- Chronic disease management and service coordination services in the prevention, wellness and chronic disease management category of EHB

The balance of this letter will expand on these recommendations after we first present our understanding of the process specified for the selection of the EHB and the qualifications and limitations associated with our recommendations.

Selecting EHBs – Federal Guidance

Section 1302 of the ACA provides that EHB include items and services in ten benefit categories:

1. ambulatory patient services
2. emergency services
3. hospitalization
4. maternity and newborn care
5. mental health and substance use disorder services, including behavioral health treatment
6. prescription drugs
7. rehabilitative and habilitative services and devices
8. laboratory services
9. preventive and wellness services and chronic disease management
10. pediatric services, including oral and vision care

The ACA charged the Secretary of Health and Human Services to define essential health benefits that were equal to the scope of benefits provided under a typical employer plan, that were balanced between benefit categories, and were not discriminatory based on age, disability or expected length of life and considered the health care needs of diverse segments of the population. The ACA also specifies that States must defray the cost of any benefits required by State law to be covered by qualified health plans beyond the EHB.

While it was originally presumed that the Secretary would in fact define EHBs, in the December 16, 2011 “Essential Health Benefits Bulletin” the CCIIO proposed that each State would define EHBs – for at least 2014 and 2015 – based on a benchmark plan. The benchmark plan could be selected from:

1. the largest plan by enrollment in any of the three largest small group insurance products in the State’s small group market
2. any of the largest three State employee health benefit plans by enrollment
3. any of the largest three national FEHBP plan options by enrollment
4. the largest insured commercial non-Medicaid Health Maintenance Organization operating in the State

The CCIIO guidance went on to specify that if a benefit category of EHB were missing in a benchmark plan, it would have to supplement that category of benefits. The guidance identified the most common non-covered categories of benefits among typical employer plans to be habilitative services, pediatric oral services, and pediatric vision services, but also noted that employer plans often do not mention “behavioral health treatment” except in the context of autism treatment.

The guidance went on to propose a procedure for any required supplementation.

With respect to habilitation, the guidance indicated there is no generally accepted definition of habilitation services but observed that the NAIC had proposed and Medicaid has a definition of these services that encompass “keeping” or “maintaining” functions. While indicating that the CCIIO would like to receive comments on these types of definitions it also indicated that in commercial insurance the “keeping” or “maintaining” functions definition is virtually unknown. As a result CCIIO outlined two options if a benchmark plan does not include coverage for habilitative services:

1. habilitative services would be offered at parity with rehabilitative services – a plan covering services such as PT, OT and ST for rehabilitation must also cover those services in similar scope, amount, and duration for habilitation; or
2. as a transitional approach, plans would decide which habilitative services to cover, and would report on that coverage to HHS. HHS would evaluate those decisions, and further define habilitative services in the future

The guidance issued by the CCIIO also noted that the ACA requires that the provisions of the Mental Health Parity and Addiction Equity Act (MHPAEA) apply to the EHB coverage offered through the exchange.

The guidance also indicated that HHS intends to allow all plans to offer benefits that are “substantially equal” to the benchmark plan’s benefits.

Under this concept issuers will have some flexibility to adjust benefits – both the specific services and any quantitative limits – provided all ten EHB categories are offered. The guidance indicated that HHS was considering allowing substitutions both within and between the ten EHB categories.

Finally, the guidance indicates that States must inform CCIIO by the end of the third quarter (September 30) of 2012 of the benchmark plan selected or the Center will select the largest plan by enrollment in the largest product in the State’s small group market as the default benchmark plan. In Arizona’s case this would be the Aetna PPO product and the Aetna AZ PPO Value Save \$10,000 100/50 plan.

Selecting EHBs – The Department of Insurance Report

In June of 2012 the Department of Insurance released a report prepared by Mercer Government Human Services Consulting entitled *Essential Health Benefits*. In that report the potential benchmark plans for Arizona were identified and summaries were prepared of the various plans’ covered services, benefit limitations and exclusions.

Of particular note in our review of the report and the formation of the Council’s recommendation were the following statements:

- *Relating to habilitative services on page 10.*
 - Because of the exclusions, limitations and lack of coverage of services within this EHB category among benchmark plan options, the State will likely need to supplement whichever benchmark plan option is selected.
 - ...the State should seek to establish parameters regarding minimum services or further define “habilitative” ...
- *From Mental Health and Substance Abuse Services and Parity*
 - MHPAEA applies by its terms to group health plans, but contains several important exceptions for “small” employers and an opt-out for self-insured plans covering state and local government employees. ACA extended MHPAEA’s reach, but its applicability to small groups (and self-employed individuals) remains generally unsettled
 - The [Congressional Research Service] report goes on to identify the potential gaps in the ACA language that may allow some small group plans to remain exempt from compliance with MHPAEA
 - It is important to note that even though MHPAEA’s small employer exemption remains, should the State select a plan that offers mental health and substance abuse at parity, those services will apply to all small group and individual plans required to offer EHB on and off the Exchange. Should the State choose a plan that does not conform to the MHPAEA, it

may be required to later modify the EHB to include an expanded scope of mental health and substance abuse services and to conform to the MHPAEA as expanded by the ACA. Mercer advises the State to seek confirmation from HHS on the issue of plan compliance with MHPAEA.

- *From Analysis and Follow-up Results/Findings on page 13.*
 - Covered benefits are fairly consistent across the benchmark plan options as shown in Appendix A. Key variations in covered services include: long term acute care (extended medical and rehabilitative care to individuals with clinically complex problems), bariatric surgery, residential treatment services, substance abuse services, ABA therapy for Autism, developmental testing and orthopedic care
 - The potential benchmark plans all offer some level of mental health and substance abuse services. Only three – all of the small group health benefit plan options – do not offer mental health and substance abuse services at parity
 - Limitations are also fairly consistent across the benchmark plan as shown in Appendix A. Key variances in limitations and exclusions are: skilled nursing facilities, substance abuse inpatient/outpatient coverage, and physical, occupational and speech therapies
 - In addition, habilitative services were both defined differently and covered at varying degrees among the benchmark plan options.
 - In addition, most, if not all, options would need to be supplemented for habilitative services depending on the final definition of habilitative services
 - Because carriers are permitted to make actuarially-equivalent substitutions within, and possibly across, each of the 10 EHB categories, the choice of benchmark plan option will not necessarily determine which specific benefits will be covered by a specific plan.
- *From Next Steps on page 14 et.seq.*
 - Seek additional clarification from HHS. The State should seek clarification from HHS on key issues, such as mental health and substance abuse services being offered at parity, defining habilitative services, and determining the extent to which actuarially-equivalent substitutions will be allowed within and across categories of service.
 - Solicit additional coverage information from the preliminary choice(s). This will include additional information gathering and analysis of covered services, limitations and exclusions. It is possible that the State will need to seek further definition of service categories from the preliminary choice(s) to enable appropriate comparison and promote eventual plan

construction in the small group and individual markets on and off the Exchange.

- Continue to monitor HHS guidance. As indicated earlier in this report, states are still waiting for specific guidance from HHS in several areas.
 - Select the final benchmark plan for 2014 and 2015. This decision must be made in time to submit the selection to HHS by the fall of 2012. We anticipate this final selection will need to incorporate a detailed review of the EHB summaries and any remaining ambiguities in definitions related to covered services, limitations and general and specific exclusions of the final benchmark plan selection.
- *From EHB Summary in Appendix A*
 - The comparison was then used to collect information from the State's small group market and HMO benchmark plan options. At this time, it is still unclear the amount of flexibility states will have to alter benefit levels and covered services while maintaining actuarial equivalency.
 - Covered Services. The analysis was completed using plan descriptions for the State employee health benefit and benefit brochures for the FEHBP plan options. Carriers offering small group and HMO benchmark plan options were asked to complete each section as they pertained to the benchmark plan options.
 - Exclusions. Mercer reviewed the general exclusions section of the State employee health benefit and benefit brochures for the FEHBP plan options in order to develop a comprehensive list of exclusions. The list of exclusions was then categorized into the benefit categories to create a comparison for the carriers to use to complete their sections. Exclusions are important to consider because whatever EHB benchmark plan the State chooses, the exclusions for the plan will also apply.

Qualifications and Limitations of Recommendations

While we very much appreciate the difficulty of the task you are confronted with i.e. the selection of the benchmark plan for the EHB along with the supplementation requirements for that plan, we want to take this opportunity to outline some of the difficulties we are confronted with in the formulation of our recommendations.

The first area of difficulty relates to federal guidance – or rather the lack of such guidance. The CCIIO issued its EHB bulletin in December of 2011 and to our knowledge no further guidance has been issued. In fact, the Secretary of HHS indicated in an interview published September 11, 2012 that the Department was still gathering information related to EHBs and that a rule would be out when it was “ready”.

We find it distressing that while states must select benchmark plans by the end of this month HHS has not issued clarifications on important issues that have been identified since the issuance of the CCIIO bulletin. Among the issues that we see as needing clarification are:

- resolving in a definitive manner the potential conflict associated with the ACA's requirement of the application of the MHPAEA to the EHB and the continuing exemption for small employers (and for plans that will experience cost increases) under MHPAEA
- the definition of behavioral health treatment services, habilitation, and chronic disease management
- the supplementation of benchmark plans and whether issuer flexibility will be allowed within or between categories of EHB
- how the ten categories of EHB are to be evaluated for "balance"
- what constitutes discrimination on the basis of age, disability or expected length of life
- what constitutes "diverse segments of the population" and how their health care needs are to be taken into consideration in the adoption of EHB

Without clarification we feel that our recommendations are to some extent based on speculation.

The second area of difficulty we faced in formulating our recommendations is in the amount of information we had available to evaluate. While we very much appreciate the information contained in the Department of Insurance report, we note that the description of covered services, limitations and exclusions are highly summarized leading us to wonder whether each of the services described are in fact the same service in each of the plans.

It would have been helpful if the Department would have made the plan documents available for review. Such documentation was not included in the report, does not appear to be available on the Department's web site, and seems to be available on some of the issuers' web sites but not on others. Without the documentation – which the report seems to have recommended be carefully reviewed before making a final benchmark plan recommendation – we are unsure of the exact service being offered, limited or excluded, nor do we know what medical necessity criteria is applied to a described benefit.

We also observe by way of example of the need to review plan documentation that the HealthCare.Gov website indicates that habilitation services are excluded benefits for two

of the three small group plans included as potential benchmark plans (Aetna and United). The Department's report did not specifically indicate this fact.

The third area of difficulty we are confronted with is the extent the State feels comfortable in extending the definition of EHBs beyond those services contained or identified as being included in the potential plans. For example, we have seen either limited or no discussion of the meaning of "behavioral health treatment" and "chronic disease management". These services together with habilitation are included in the EHB, but based on the information we have seen, were not specifically identified in the Department's report. If the services are not incorporated in the potential plans, can or will the State provide for these services through supplementation?

We similarly had difficulty understanding whether an evaluation of "balance" between the categories of benefits will be performed and if so, what criteria would be used.

The final area we had difficulty with was the criteria for assessing parity between the benefits for medical/surgical and mental health and substance use disorders. This difficulty extends across several domains:

- First, we note that the regulations implementing MHPAEA remain interim final rules although these interim final rules were promulgated in February of 2010
- Second, we are aware that several commentators (including both the Department's report and the Congressional Research Service) have pointed out the state of confusion that exists regarding whether the provisions of MHPAEA apply to EHB and/ or small employers and/ or plans that would experience more than a given threshold's increase in cost. Therefore we are left in a state of uncertainty as to whether or not the EHB will or will not be subject to MHPAEA provisions relating to parity
- Third, based on statements in the Department's report we are uncertain whether the State believes the parity requirements will apply if the selected reference benchmark plan is not at parity – the report indicates on page 11 and 12 that if a small group plan is selected, the parity requirements will not apply until sometime in the future
- Forth, we are unconvinced as to whether, as the Department's report indicates, the HealthNet HMO and the State Employee EPO plans provide mental health and substance use disorder treatments at parity. The interim final regulations only became effective – if indeed they are effective – with plan years beginning after October 3, 2009, and we have no positive knowledge whether any provisions of these plans have faced MHPAEA challenges. Additionally, we have no positive knowledge that the State Employee EPO plan has not "opted-out" of compliance, as was indicated in the Department's report as an option for self-insured plans covering state and local government employees. Lastly, we have no idea of the

criteria applied to determine whether or not these plans were in fact in a state of parity

- Finally, if parity does apply to the EHB, we are unsure as to how the State will definitively determine whether the selected reference benchmark plan is at parity and the vehicle the State will use to extend parity to the plan, if the plan is determined not to be in compliance with the parity requirements.

In the face of these uncertainties surrounding parity (as well as our limited understanding of all the relevant laws) we are assuming that parity will apply to EHB and to all qualified plans in the small group and individual markets. Additionally, we have formulated our recommendations based on our understanding of the information available as to the obvious deficiencies in the potential plans with respect to parity.

We would appreciate your consideration of our recommendations in light of these difficulties and understand our recitation of these difficulties is not intended as criticism, but rather as qualifications of the recommendations that we present below. As indicated above, the Council desires to be helpful to you with this challenging and complex task.

Recommendations

Given the mission of the Council, we have focused our recommendations on the mental health and substance use disorder, including behavioral health treatment category of EHB. We strongly urge the AzHIX to extend to the greatest degree possible the Recovery concept to the AzHIX; that is, the inclusion of services that are needed for children and adults to recover from mental illness and substance abuse disorders.

Behavioral health recovery support services such as supported employment, peer support, family support, supportive housing, living skills training, health promotion, personal assistance, respite care, and specialized case management services are often medically necessary for people who have persistent and chronic mental health conditions – conditions that can lead to high cost services such as inpatient hospitalization.

We recognize that these recovery support services are not covered by all the potential plans – and some of the services may not be covered by any of the potential plans – but urge the State to consider their inclusion in the EHB. We believe these services may be included either as habilitative services, chronic disease management services, as services required to either maintain balance between the categories of EHB or to prevent discrimination against individuals with disabling mental health or substance use disorders, or as actuarially equivalent services.

Failing any of these avenues, we urge the State to evaluate the net actuarial cost of these services to determine whether their inclusion as state mandated services would be cost effective compared to continuing the provision of these services through the behavioral health system as a “state only wrap around service”.

We believe that an actuarial evaluation of the net cost of EHB including recovery support services may prove to be favorable compared to a similar evaluation of EHB without these services.

We have organized our recommendations around six (6) topics, each of which is discussed below.

As indicated above, our fundamental recommendation for a benchmark plan – assuming all the potential plans are under consideration – is the State Employee EPO. If the State is deciding from among just the three small group plans, our recommendation for the benchmark plan is the United Healthcare Choice Plus plan.

Mental Health and Substance Use Disorder Services - Parity

Our recommendation of the State Employee EPO is based on our analysis of the covered mental health and substance abuse services offered by the potential benchmark plans. Although we do not believe any of the potential benchmark plans provide 100% parity, the State Employee EPO was the better choice due to both the number and type of non-covered services.

Our detailed review of the benefits, limitations and exclusions of the potential plans is contained in Appendix I. This review indicates that the State Employee EPO provides coverage for more evidence supported treatments and therefore requires fewer modifications than the others to achieve parity (we estimate that the State Employee EPO needs 7 modifications).

Habilitation and Rehabilitation

As is well documented, there is a major void with respect to the definition of habilitative services. The CCIIO guidance suggests that two courses of action may be available to the State: requiring parity between rehabilitative services and the undefined habilitative services, or allowing plans to define habilitative services and adopt some definition in the future.

We find these options to be unacceptable and concur with the observation/recommendation contained in the Department's report that "habilitative services were both defined differently and covered at varying degrees among the benchmark plan options" and "most, if not all, options would need to be supplemented for habilitative services depending on the final definition of habilitative services".

Since HHS has abandoned its opportunity to provide a definition, the Council recommends that the AzHIX adopt a definition of habilitation services based on the definitions supplied by NAIC to HHS and in use by Medicaid.

The Medicaid habilitation services are an important part of the behavioral health continuum of care and are essential components of a mental health recovery model for adults and are necessary for children to ensure success in school, avoid delinquency and become stable and productive adults. Without adequate habilitation services, persons with mental illness and/or substance use disorders cannot achieve and maintain health. We believe the inclusion of the Medicaid definition of habilitation services will maximize the efficacy of mental health and substance abuse disorder treatments and therefore minimize the overall premium costs.

Prevention, Wellness, and Chronic Disease Management

The Council observed that neither the CCIIO nor the Department's report discussed chronic disease management when considering this category of benefits under the EHB. We believe the AzHIX must include chronic disease management in the EHB through a supplementation process or some other means.

We specifically believe chronic disease management should be provided to individuals suffering from mental health or substance use disorders. Services to this population for this benefit should include facilitative services such as community case management, integrative case management, transitional healthcare, and primary care/behavioral health care coordination. Variations of these services are required by Medicaid in Arizona for behavioral health services for the simple reason that they increase the cost effectiveness of the other services provided and promote integration of physical and behavioral health. Integration of physical and behavioral health reduces mortality and morbidity, most especially with respect to individuals with SMI.

Aside from providing chronic disease management for populations suffering from mental health or substance use disorders, disease management strategies should be adopted for other afflictions. We recommend management services be included for obesity/weight control counseling as well as for such chronic conditions as diabetes, hypertension, and asthma and other conditions.

Flexibility

The Secretary has not yet clarified the degree to which issuers will be permitted to make actuarially equivalent substitutions within or between the ten categories of EHB. In light of this abdication the Council recommends that the AzHIX adopt limitations to ensure that to the extent such adjustments are permitted, the adjustments do not alter the balance between the ten categories. Further, the Council recommends that the AzHIX adopt metrics to measure the balance of the EHB between the ten categories of benefits and enforces those metrics for qualified plans.

The private insurance market has since the inception of insurance limited benefits for mental health and substance use disorders. Additionally, issuers have limited to no

experience in providing services to SMI adults and SED children, particularly to individuals with low incomes. It is essential that the AzHIX install protections in the flexibility provisions (through the “balance” and “anti-discrimination” provisions) that ensure mental health and substance use disorders are not adjusted out of the EHB.

A continuum of services for mental health and substance use disorders – from prevention through treatment, rehabilitation and habilitation and recovery support including peer support (e.g., self-help, personal care, family support) is the standard of care in for public behavioral and mental health services in Arizona. The AzHIX should accept no less than this standard for the EHB.

Discrimination and Health Care Needs

In specifying the EHB the Congress extended protections against discrimination of benefit design on account of age, disability or expected length of life. It further specified that EHB be adopted in consideration of the health care needs of diverse segments of the population.

The Council strongly recommends that these provisions be kept in the forefront of consideration as the AzHIX considers the adoption and modification of a benchmark plan for EHB. This recommendation is made with particular focus towards individuals suffering from SMI and SED, but also encompasses any individual suffering from mental health or substance use disorders.

For too long there has been a stigma associated with behavioral health problems, and for too long the insurance industry has curtailed coverage through exclusion of pre-existing conditions, limited benefits, or exclusions. The EHB and the ACA more generally addresses many of these past deficiencies, but to some large extent it will fall upon the AzHIX to enforce the provisions. The Council recommends the AzHIX use the tools it has been provided to ensure adequate and appropriate coverage of mental health and substance use disorders, including behavioral health treatment.

Provider Issues

Finally, we are compelled to comment on one other aspect that the State may or may not find within the scope of recommending and/ or adopting EHB. That aspect concerns provider types that can provide mental health and substance use disorder services.

The U.S. Health Services Resources Administration (HRSA) has long recognized Arizona as a federally-certified health professional and mental health professional shortage area. The shortage of licensed physicians and other healthcare professionals has encouraged Arizona to innovate in building an alternative workforce operating under the supervision of physicians and licensed healthcare providers in order to provide mental health and substance use disorder services.

These innovations have included extending prescribing privileges to nurse practitioners, and developing behavioral health technician and peer professional employees to deliver care under a doctor's orders. To the extent feasible, the State in adopting its recommendation for EHB should endorse a model of service directed by (e.g. ordered and supervised) by physicians and other independently-licensed professionals, rather than a model of service delivery that is exclusively physician delivered.

Conclusion

The Council and its members realize that the development, implementation and fine-tuning of both the AzHIX and EHB will undoubtedly unfold and change for decades to come. We appreciate the significant number of questions that remain and the amount of work that has yet to be undertaken. In the way of a final observation and recommendation, we appreciate the State's efforts in reaching out to stakeholders and recommend continued efforts in soliciting the involvement and input from stakeholders as this very important public policy initiative unfolds.

If there is anything the Council can do to assist you in this matter please feel free to contact us.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emily Jenkins".

Emily Jenkins
President and CEO

Cc: Will Humble, Director of Arizona Department of Health Services
Members of the Council

2012-2013 Membership



A New Leaf

Amity at Circle Tree Ranch/Amity Foundation
Arizona Addiction Treatment Program, Inc.
Arizona Counseling & Treatment Services, LLC
Arizona Foundation for Behavioral Health
Arizona Health Care Contract Management Svc
Arizona Partnership for Children, LLP (AzPaC)
Arizona's Children Association
Arizona Youth & Family Services, Inc.
Calvary Addiction Recovery Center
Casa de los Niños
Cenpatico Behavioral Health of Arizona, Inc.
Center for Applied Behavioral Health Policy
CHEEERS Calvary Addiction Recovery Center
Child & Family Resources, Inc.
Child & Family Support Services, Inc.
Choices Network of AZ
CODAC Behavioral Health Services, Inc.
Community Behavioral Health Services, Inc.
Community Bridges
Community Counseling Centers, Inc.
Community Partnership of Southern Arizona
Community Provider of Enrichment Services
ComTrans
ConnectionsAZ Inc.
COPE Community Services, Inc.
CIA, Inc.
CI, Inc.
Crisis Response Network, Inc.
Delta T Group
Devereux Arizona
EMPACT Suicide Prevention Center
Empowerment Systems, Inc.
Enterprise Fleet Management
Friendship Community MHC, Inc.
Horizon Human Services, Inc.
Human Resource Training, Inc.
Jewish Family & Children's Service

La Frontera Arizona Inc.
Lifewell
Little Colorado Behavioral Health Centers
Lovitt & Touche Inc.
Magellan Health Services of Arizona
Mentally Ill Kids in Distress (MIKID)
Mingus Mountain Estate Residential Center
Mohave Mental Health Clinic, Inc.
Mountain Health & Wellness
National Council on Alcoholism and Drug
Dependence, Inc.
NARBHA
NOVA
Our Family Services
Pantano Behavioral Health Services
Parc Place
People of Color Network, Inc.
Phoenix Interfaith Counseling
Phoenix Shanti Group
Pima Prevention Partnership
Providence of Arizona, Inc.
PSA Behavioral Health Agency
Pynn & Associates
Quality Care Network
Red Mountain Behavioral Health
Salience Consulting
S.T.A.R. - Stand Together & Recover Centers
SAMHC Behavioral Health
Southwest Behavioral Health Services
Southwest Network
TERROS, Inc.
The Guidance Center
The Haven
The New Foundation
Touchstone Behavioral Health
Valle del Sol
Verde Valley Guidance Clinic
Visions of Hope Arizona
West Yavapai Guidance Clinic
Youth Advocate Programs, Inc.
Youth Development Institute
Youth ETC

Affiliated Organizations

Az Alliance for the Mentally Ill/NAMI AZ
Children's Action Alliance
Mental Health Advocates' Coalition of Arizona
PAFCO (Protecting Arizona's Family Coalition)
CWLA
National Council for Community Behavioral
Healthcare

State Assoc. of Addiction Services (SAAS)
Rocky Mountain Council of NCCBH

CASE

Making the case for an Arizona exchange

The Coalition for an Arizona State Exchange
5330 N. 12th Street
Phoenix, Arizona 85014

August 31, 2012

The Honorable Janice K. Brewer
Governor of Arizona
Executive Office Tower
1700 West Washington
Phoenix, AZ 85007

***Re: State Health Insurance Exchange
HAND DELIVERED***

Dear Governor Brewer:

On behalf of a coalition of health care and business stakeholders, we thank you for your thoughtful and inclusive approach to the complex issues related to the Patient Protection and Affordable Care Act (PPACA). We stand ready to work in partnership with you and your staff to create the best health care system for Arizona.

The importance and magnitude of the decisions the state must make over the coming months and years cannot be overstated. The decisions will have long-lasting implications for access, quality and affordability of health care as well as the fiscal sustainability of our state. To this end, we urge your continued leadership in building a health insurance exchange that meets Arizona's unique needs while maximizing coverage and consumer choice.

We recognize there is enormous pressure not to implement any portion of the federal law. To those critics who would advocate a do-nothing approach to the new law, we would offer the following:

- The most effective way for the state to inject free market principles into the insurance exchange is to develop its own exchange rather than relinquish its design to the federal government.
- States that refuse to implement their own exchange invite additional federal intrusion into their markets.
- Arizonans will pay for the exchange whether it is run by the state or federal government. We believe a state exchange would be far more frugal, not to mention responsive, than a federal exchange.

The federal health care law is the law of the land. Our obligation as leaders in government, business and health care, is to provide the best Arizona health care market we can under the circumstances.

The Arizona Chamber of Commerce and Industry and the Greater Phoenix Chamber of Commerce have provided the attached public opinion survey information. The data demonstrate that Arizonans recognize the importance of a state exchange in preserving the Arizona marketplace. Additionally, the poll confirms that voters overwhelmingly support a state exchange over a federal exchange.

We urge you to continue your work on a state-based exchange and we offer our assistance to make it a reality.

Sincerely,

C.A.S.E.

The Coalition for an Arizona State Exchange

<more>

Glenn Hammer, President and CEO
Arizona Chamber of Commerce
and Industry



Ronald E. Shoopman, President and CEO
Sothern Arizona Leadership Council



Paul Hickman, President and CEO
Arizona Bankers Association



Simon Davis, President
Arizona Fire District Association



Thomas Franz, President and CEO
Greater Phoenix Leadership



Todd Sanders, President and CEO
Greater Phoenix Chamber of Commerce



Julie Pastrick

Julie Pastrick, President and CEO
Flagstaff Chamber of Commerce



Lea Mary - Peterson

Lea Marquez Peterson, President and CEO
Tucson Hispanic Chamber of Commerce



Kathy Tilque

Kathy Tilque, President and CEO
Gilbert Chamber of Commerce



YOUR BUSINESS COMMUNITY ADVOCATE

Mary Ann Miller

Mary Ann Miller, President and CEO
Tempe Chamber of Commerce



Sharolyn Hohman

Sharolyn Hohman, President and CEO
Southwest Valley Chamber of
Commerce



Rick Kidder

Rick Kidder, President and CEO
Scottsdale Area Chamber of
Commerce



Terri Kimble

Terri Kimble, President and CEO
Chandler Chamber of Commerce



Dave Perry

Dave Perry, President and CEO
Greater Oro Valley Chamber of
Commerce



Dave Maurer

Dave Maurer, President and CEO
Prescott Chamber of Commerce



Scott Cummings

Scott Cummings, President
Care 1st Health Plan Arizona



Joe Galli

Joe Galli, President and CEO
North Scottsdale Chamber of Commerce



Richard L. Boals

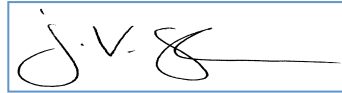
Richard L. Boals, President and CEO
Blue Cross Blue Shield of Arizona



An Independent Licensee of the Blue Cross and Blue Shield Association



Beth P. Anderson, President-West Region
Aetna



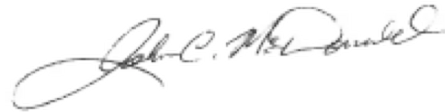
James V. Stover, President and CEO
University of Arizona Health Plans



THE UNIVERSITY OF ARIZONA
HEALTH NETWORK



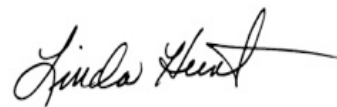
Stephanie Gorman, President and GM
Cigna Arizona



John C. MacDonald, President and CEO
AZ Assoc. of Community Health Centers



Wyatt W. Decker, Vice Pres., Mayo Clinic
CEO for Mayo Clinic in Arizona



Linda Hunt, President and CEO
Dignity Health



Reginald M. Ballantyne III, Sr. Corp. Officer
Vanguard Health Systems



Pat Walz, President and CEO
Yuma Regional Medical Center



YUMA REGIONAL MEDICAL CENTER

Peter Fine, President and CEO
Banner Health



Banner Health®

Bret A. Morris, President
Health Net of Arizona, Inc



Thomas J. Sadvary, President and CEO
Scottsdale Healthcare



SCOTTSDALE
HEALTHCARE®

Dr. Renee Haberl D.C., President
Arizona Association of Chiropractic



Jeri L. Jones, President and CEO
UnitedHealthcare



Curt Howell, President and CEO
Humana



THE TARRANCE GROUP

TO: THE ARIZONA CHAMBER OF COMMERCE AND INDUSTRY
THE GREATER PHOENIX CHAMBER OF COMMERCE

FROM: BRIAN NIENABER
ED GOEAS

RE: KEY FINDINGS FROM A STATEWIDE SURVEY OF VOTERS IN ARIZONA

METHODOLOGY

The Tarrance Group is pleased to present these key findings from a survey of voters in Arizona. All respondents interviewed in this study were part of a fully representative sample of N=600 registered voters plus an N=150 oversample of registered Republicans to bring the number of Republicans in the sample to N=439. Responses to this survey were gathered December 11-13, 2011. The confidence interval associated with a sample of this type is $\pm 4.1\%$ in 19 of 20 cases for the overall sample and $\pm 4.8\%$ for the N=439 sample of Republicans in 19 of 20 cases.

- On the issue of health insurance exchanges, voters are given a brief explanation about exchanges* and asked their preference -- a state run exchange or a federal run exchange. A majority of all voters (56%) prefer a state run exchange, including 41% of voters who indicate a strong preference for state run exchanges.

** The full language of this question appears in the addendum.*

- Among Republicans, there is an even stronger preference for having the state run these health insurance exchanges. Fully 80% of Republicans prefer a state run exchange. In addition, there is strong support for state run exchanges among key Republican demographic groups like very conservative Republicans (85%) and Republicans who are strong supporters of the Tea Party movement (83%).
- In sum, there is notable opposition to Obamacare among all voters and particularly intense opposition to Obamacare among Republicans. These concerns about federal run solutions for a locally provided and intensely personal service are certainly seen in the clear preference that voters have for state run health insurance exchanges. The state would be well served to create an exchange that both meets the needs of citizens and answers the concerns of voters.

###

THE TARRANCE GROUP

Addendum

Full text of the question on health insurance exchanges appears below.

Now, thinking about the issue of health care reform...

As you may already know, the health care reform law passed in 2010 requires health insurance exchanges to be set up in each state by 2014. A state may set up its own exchange. If a state does not set up an exchange, then the federal government will do it.

Exchanges are:

- *Marketplaces created by the state where individuals and small businesses compare, shop, and enroll in a health insurance plan that meets their needs.*
- *Regulated by the state officials if they are set up by a state ,*
- *Offer a website that allows citizens to compare and contrast all aspects of health insurance plans and enroll online, and*
- *The only place where citizens with federal subsidies can use these funds to buy health insurance.*

The state legislature and the Governor are considering two main options for setting up these exchanges. These options are:

- *Setting up an exchange run by the state, OR*
- *Having an exchange set up and run by the federal government?*

Which of these options would you prefer?



1401 New York Ave., N.W., Suite 1225
Washington, D.C. 20005
202-595-9302
www.asbcouncil.org

Dear Governor,

September 20, 2012

We respectfully write regarding the positive impact the Affordable Care Act will have for American's small businesses. The American Sustainable Business Council is a network of business organizations committed to a vibrant and sustainable economy. The Council and our member organizations consist of more than 150,000 companies, many of which are struggling with growing health insurance costs.

America's small businesses know the value of providing health insurance to employees – and they know the cost. Because small businesses lack the purchasing power of larger employers, these companies pay an average of 18% more than larger firms. Meanwhile, the cost of health insurance continues to grow, placing a burden on our companies and making it harder to compete.

We urge you to use your position as Governor to fully implement the Affordable Care Act now that the U.S. Supreme Court has ruled the law constitutional. ASBC believes that many aspects of the law will benefit small businesses and make insurance more affordable and accessible.

Unfortunately, many organizations and interests opposed to health care reform have spread misinformation about what the ACA actually does to make insurance more affordable for small businesses. The truth is that:

- **The ACA exempts small business from the requirement to provide employee health insurance:** Companies with less than 25 employees can receive tax credits of up to 35% (the credit increases to 50% in 2014) to make health insurance more affordable.
- **The ACA provides tax credits to small business that lower their cost of providing insurance:** Starting in 2014, many businesses can purchase insurance through state-run health insurance Exchanges, a marketplace that will make it easier and more affordable for businesses to access health insurance for employees.
- **The ACA levels the playing field by letting small business get big-business discounts:** Under the ACA, businesses with fewer than 50 employees are exempt from the employer responsibility to provide health insurance. The employees of these companies can access tax credits through the Exchange to make insurance more affordable.

States have an unprecedented opportunity to take an active role in implementing key components of the ACA, including setting up the Exchanges in a form and fashion that will work best for their communities. If states fail to prepare for the Exchanges, the federal government will step in to make these decisions. We believe state governments should structure their exchanges, as they better understand the needs of their citizens.

To see health care reform succeed in your state, local and state policy-makers need to be involved in these decisions. For the sake of the small businesses in your state, we urge you begin participating in this process to make health insurance more affordable and available.

Thank you for your time and we look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Eidlin', written in a cursive style.

Richard Eidlin
Public Policy Director
American Sustainable Business Council



THE UNIVERSITY OF ARIZONA
MEDICAL CENTER



MARICOPA
INTEGRATED
HEALTH SYSTEM



Northern Arizona
Healthcare



Dignity Health



CARONDELET
HEALTH NETWORK



Banner Health



YAVAPAI REGIONAL
MEDICAL CENTER

Two Great Hospitals ... One Caring Spirit



PHOENIX
CHILDREN'S
Hospital



September 21, 2012

The Honorable Janice Brewer
Office of the Governor
State of Arizona
1700 West Washington
Phoenix, Arizona 85007

Dear Governor Brewer:

We would like to take this opportunity to thank you for your thoughtful approach to developing a health care policy for Arizona that is sustainable, contributes to our economic recovery and makes fiscal sense for Arizona.

We know there are a variety of options policymakers can choose to adequately fund health care, but one thing is certain – we cannot continue to be economically viable with the current situation.

Hospitals throughout Arizona have developed innovative approaches to provide quality health care while, simultaneously, facing multiple reductions in Medicaid reimbursement rates and huge increases in the number of uninsured patients. As a result, hospitals are experiencing unprecedented increases of uncompensated care that cannot be sustained without severe, long-term adverse ramifications.

We welcome the opportunity to support you as you pursue a health care policy that will effectively maximize the number of individuals who have access to health insurance through both public and private mechanisms. From our perspective, maximizing coverage will reflect Arizona's commitment to ensuring that hospitals remain financially solvent in order to carry out the mission of providing quality health care.

We look forward to working with you and your Administration in developing a comprehensive approach to increasing the number of insured residents and providing effective tools that will increase accessibility to such coverage.

Thank you in advance for your consideration.

Sincerely,

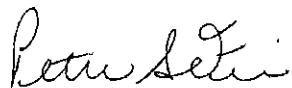
Reginald M. Ballantyne III
Senior Corporate Officer
Vanguard Health Systems

Timothy J. Barnett
President & CEO
Yavapai Regional Medical Center

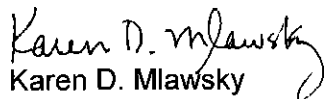
Betsey Bayless
President & CEO
Maricopa Integrated Health
Systems

James K. Beckmann

President & CEO
Carondelet Health Network



Peter S. Fine
President & CEO
Banner Health

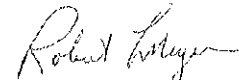


Karen D. Mlawsky
CEO
The University of Arizona Medical
Center

President & CEO
Northern Arizona Healthcare

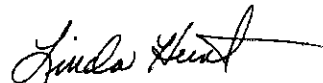


Rhonda Forsyth
President & CEO
John C. Lincoln Health Network



Bob Meyer
President & CEO
Phoenix Children's Hospital

Chief Operations Officer
Iasis Healthcare



Linda Hunt
President & CEO
Dignity Health Arizona



Pat Walz
CEO
Yuma Regional Medical Center



David Covert

Bill Bradel



Arizona Association of Chiropractic
4315 North 12th Street, Suite 200
Phoenix, Arizona 85014

TO: The Honorable Jan Brewer
Governor of Arizona
1700 West Washington
Phoenix, Arizona 85007

September 22, 2012

The Honorable Jan Brewer:

First and foremost the Arizona Association of Chiropractic would like to thank you for your leadership and service and to express our support for a State Health Insurance Exchange.

Establishing a State Exchange option provides Arizona with the opportunity to create a more efficient, affordable and patient and family friendly health care system. We assure you that AAC is ready to work alongside you and your staff to help get the needed legislation passed and promote the policy benefits.

We have reviewed the Mercer Study on Essential Health Benefits and all of the benchmark plan options to determine which of these options would be best for the Chiropractic profession and our patients. It is our strong recommendation that you not select any of Federal Employee Plan options as they have the most limited coverage, which results in the biggest impact to the State General Fund.

We would recommend that the best options for a benchmark plan would be either:

- UHC; Small Group Plan, POS
- UHC, AmeriBen, CIGNA; State Employee Plan, EPO

We thank you for your time and consideration as well as the time of your staff. Don Hughes has been especially helpful to us as we navigate through the Affordable Care Act and our options as a State and a profession. We appreciate your leadership and look forward to working on this at your side.

Sincerely,

A handwritten signature in black ink, appearing to read "Renee Haberl, D.C.", written over a horizontal line.

Renee Haberl, D.C., President

CC: Don Hughes, Director of Health Care Policy



THE UNIVERSITY OF ARIZONA
MEDICAL CENTER



MARICOPA
INTEGRATED
HEALTH SYSTEM



Northern Arizona
Healthcare



Dignity Health



CARONDELET
HEALTH NETWORK



Banner Health



YAVAPAI REGIONAL
MEDICAL CENTER

Two Great Hospitals ... One Caring Spirit



PHOENIX
CHILDREN'S
Hospital



September 25, 2012

The Honorable Janice Brewer
Office of the Governor
State of Arizona
1700 West Washington
Phoenix, Arizona 85007

Dear Governor Brewer:

We would like to take this opportunity to thank you for your thoughtful approach to developing a health care policy for Arizona that is sustainable, contributes to our economic recovery and makes fiscal sense for Arizona.

We know there are a variety of options policymakers can choose to adequately fund health care, but one thing is certain – we cannot continue to be economically viable with the current situation.

Hospitals throughout Arizona have developed innovative approaches to provide quality health care while, simultaneously, facing multiple reductions in Medicaid reimbursement rates and huge increases in the number of uninsured patients. As a result, hospitals are experiencing unprecedented increases of uncompensated care that cannot be sustained without severe, long-term adverse ramifications.

We welcome the opportunity to support you as you pursue a health care policy that will effectively maximize the number of individuals who have access to health insurance through both public and private mechanisms. From our perspective, maximizing coverage will reflect Arizona's commitment to ensuring that hospitals remain financially solvent in order to carry out the mission of providing quality health care.

We look forward to working with you and your Administration in developing a comprehensive approach to increasing the number of insured residents and providing effective tools that will increase accessibility to such coverage.

Thank you in advance for your consideration.

Sincerely,

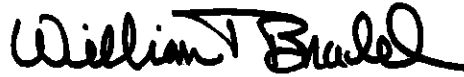
Reginald M. Ballantyne III
Senior Corporate Officer
Vanguard Health Systems

Timothy J. Barnett
President & CEO
Yavapai Regional Medical Center

Betsey Bayless
President & CEO
Maricopa Integrated Health
Systems



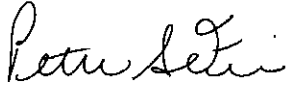
James K. Beckmann
President & CEO
Carondelet Health Network



Bill Bradel
President & CEO
Northern Arizona Healthcare



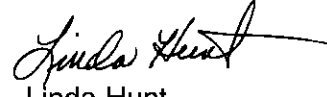
David Covert
Chief Operations Officer
Iasis Healthcare



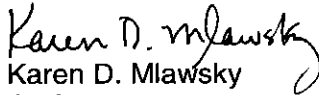
Peter S. Fine
President & CEO
Banner Health



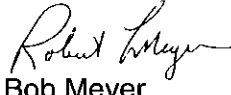
Rhonda Forsyth
President & CEO
John C. Lincoln Health Network



Linda Hunt
President & CEO
Dignity Health Arizona



Karen D. Mlawsky
CEO
The University of Arizona Medical
Center



Bob Meyer
President & CEO
Phoenix Children's Hospital



Pat Walz
CEO
Yuma Regional Medical Center



NAMI | Arizona

National Alliance on Mental Illness

5025 E. Washington St., Ste. 112, Phoenix, AZ 85034 *www.namiaz.org * 602.244.8166

Honorable Jan Brewer
Office of the Governor
1700 West Washington
Phoenix, AZ 85007

September 29, 2012

NAMI Arizona
Is a grassroots organization of individuals and families whose lives are affected by mental illness. Its mission is to serve as an alliance of local Arizona Affiliates of NAMI and their Members who are dedicated to the eradication of mental illnesses and to the improvement of the quality of life of persons whose lives are affected by these diseases.

NAMI Arizona
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CPRP
Governor

Executive Director/CEO:

- **Jim Dunn, M.Ed/C. CPRP**

Dear Mr. Hughes,

NAMI Arizona has a 29 year history as Arizona's only state-wide Peer and Family Support and Advocacy Organization dedicated to supporting persons affected by Mental Illness and working to improve the system that serves them. Enclosed you will find an information sheet that tells you more about our organization.

We are writing to you to express NAMI's concern about two topics that relate to Arizona's implementation of the Affordable Care Act:

1. Arizona's implementation of Medicaid Expansion; and
2. Arizona's response to the need for parity and comparability between the Medicaid funded behavioral health services and behavioral health services that will be funded by private insurance as defined through essential health benefits (EHB) for the Arizona Health Insurance Exchange.

Medicaid Expansion

In October 2011, Arizona froze enrollment in the Childless Adult program. Since that time, the impact on persons with behavioral health challenges who could not otherwise qualify for AHCCCS has been harmful.

For persons with Serious Mental Illness who were affected, state dollars were available for limited services and resources but the changes in support and medication have resulted in a range of hardships to the individual and to the health care and criminal justice systems.

Use of emergency care during behavioral health crises has increased along with incarcerations of SMI adults as well.

We now face an opportunity to remediate the current situation.

The decision by the U.S. Supreme Court affirming the majority of the Affordable Care Act gave the states the option about whether they would implement Medicaid Expansion to 138% of poverty. NAMI is aware that there is considerable discussion within the Executive Branch about setting maximum eligibility at 100% of poverty and allowing persons above that level to seek health care through private coverage. NAMI is writing to encourage you to set maximum eligibility at 138% of poverty.

Persons with behavioral health challenges have difficulties managing the stresses related to poverty. A person who is just above the FPL does not have excess cash for the various needs and demands that typically present a person who obtains medical care through private insurance. Examples of the extra expense a person would likely experience include insurance premiums, transportation expenses to obtain medical care and prescription co-pays.

Further, NAMI is concerned that the system of services a person with Serious Mental Illness will encounter in the private insurance world will lack the supportive services they may have known in the Medicaid funded system. These include: employment assistance, peer or family support, a range of medication options that meet their needs and many other services.

Because of the vulnerability of this population, we are concerned that the 100 FPL demarcation may result in persons experiencing behavioral health difficulties that otherwise could have been avoided.

Behavioral Health Services Defined through Essential Health Benefits

The above concern about the limited services that may be available to a person with behavioral health challenges through private insurance relates to Arizona's definition of Essential Health Benefits for the Health Insurance Exchange.

There is a long history within the private insurance market of restriction against treatment and service benefits for the mentally ill. For years, Arizona NAMI partnered with other NAMI state chapters and with the National NAMI organization to advocate for mental health parity in the private insurance market.

We have achieved legislative success but the market itself continues to make resistant and slow progress to offer comparable level of behavioral health care to the primary health area of medicine. The full range of rehabilitation, habilitation and recovery support that has made Arizona's public behavioral health system the envy of the country needs to be offered within the private insurance realm as well.

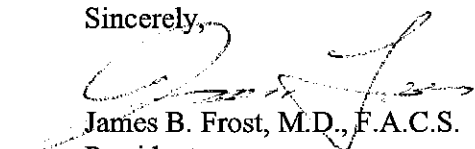
We can accept no less.

When both Medicaid and Private Insurance funded behavioral health services are comparable, Arizona citizens who have behavioral health challenges will make the most successful adjustments in the community. They will be more successful in holding employment and becoming tax paying members of our society.

NAMI Arizona appreciates the effective role that our Medicaid System, AHCCCS, has had in building a behavioral health system that offers some of the most effective and innovative care in the United States. We hope that this progressive history can continue in the role Arizona will play to build an effective overall health care system in our state. There are opportunities here that we must not miss.

Thank you for your consideration of our recommendations.

Sincerely,



James B. Frost, M.D., F.A.C.S.

President,

NAMI Arizona

5025 E. Washington St., Ste 112

Phoenix, AZ 85034

928-830-7847

jimfrost.nami@yahoo.org



Jim Dunn, M.Ed/C, CPRP

Interim Executive Director/CEO

NAMI Arizona

5025 E. Washington St., Ste 112

Phoenix, AZ 85034

602.885.4166

jimdunnaz@msn.com

ARIZONA BEHAVIORAL HEALTH PLANNING COUNCIL

150 North 18th Avenue, 2nd Floor
Phoenix, Arizona 85007

October 1, 2012

Governor Jan Brewer
Office of the Governor
1700 West Washington
Phoenix, AZ 85007

Dear Governor Brewer:

The Arizona Behavioral Health Planning Council serves in an advisory role to the Arizona Department of Health Services in "planning and implementing a comprehensive community based system of behavioral health." The Planning Council is mandated by the U.S. Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to review and advise the State regarding the use of the Community Mental Health Services and for Substance Abuse Prevention and Treatment Block Grant Funding.

The Council has a tradition of advocating for a better behavioral health service system and out of that tradition, I am writing to express the Council's concern about two topics related to our state's implementation of the Affordable Care Act:

1. Implementation of Medicaid Expansion; and
2. The need for a continuum of behavioral health services between the Medicaid funded system and the system that will be available through private insurance as defined by essential health benefits (EHB) for the Arizona Health Insurance Exchange.

Medicaid Expansion

As a result of the AHCCCS Childless Adult program being frozen in October, 2011, persons with behavioral health challenges who could not otherwise qualify for AHCCCS have suffered. Persons with a Serious Mental Illness (SMI) have received some minimal services and persons who are not SMI have become ineligible for any behavioral health services. With minimal services, these persons have experienced isolation and dislocation in our communities resulting in increased use of emergency departments for behavioral health crises and increased criminal incarceration of persons with mental illness.

We will soon have an opportunity to bring resources back to this needy population and to eliminate the disruption they have experienced. The decision by the U.S. Supreme Court affirming the majority of the Affordable Care Act gave the states the option about whether they would implement Medicaid Expansion to a maximum of 138% of poverty (133 percent-plus a standard 5 percent point income disregard). **The Arizona Behavioral Health Planning Council encourages you to raise the Medicaid eligibility to this 138% level.** Even though the Affordable Care Act will provide private insurance coverage for low income persons at a very low premium, we also anticipate that there will be co-pays and the premium itself that may be difficult for a person who is just slightly above the federal poverty level to pay. These are vulnerable persons who need the support

of our community and government to help them maintain stability in the community. When we place too many pressures on them, we risk that they may not handle the choices well and the result will be relapse at a cost to all of us. We believe that an income level above 138% of poverty will better equip persons to handle these extra aspects of their health care.

Continuum of Behavioral Health Services

One of the great advances in behavioral health is the Recovery Movement. Persons with behavioral health challenges get better. They learn to obtain the support they need from formal services and from their friends, family and community. They gain employment, become tax payers and contribute to society. That means that the folks we serve today may someday leave our system and move out of the Medicaid funded system into the Private Insurance funded system. This is the progress we hope to achieve for the persons we serve and for the community as a whole. However, the Council is concerned about how this transition will happen in terms of the behavioral health services that are available through private insurance.

Most people establish their Recovery Plan based on the resources they can rely on within the Medicaid funded system. They learn to access these services when needed and to become more self-sufficient as they are able. However, the process is not constantly upward. A person with a behavioral health challenge can experience disruption in their life, over time their medication may not be effective any more and life changes may happen. Under these circumstances, the individual needs to have supports they can rely on.

The Behavioral Health Planning Council is asking you to work to construct a health system that offers continuity for these individuals. **We are asking either:**

- 1. That the Essential Benefits Package call for services provided through private insurance to offer an array of services comparable to those offered through AHCCCS; or**
- 2. That Arizona offer continuity of services by providing a "Recovery Rider" which would provide behavioral health services specifically for persons transitioning out of the Medicaid funded behavioral health system.**

The Arizona Behavioral Health Planning Council appreciates this opportunity to communicate with you about our concerns. We value the success the Arizona behavioral health system has had. In many respects, our system is envied by many other states. We hope that the changes that are coming with health care reform will continue our record of success.

Sincerely,



Vicki L. Johnson

Chair

cc: Don Hughes, Office of the Governor
Tom Betlach, AHCCCS



Arizona Hospital and Healthcare Association

October 8, 2012

The Honorable Janice K. Brewer
Governor of Arizona
Executive Office Tower
1700 West Washington
Phoenix, AZ 85007

Dear Governor Brewer:

On behalf of the Arizona Hospital and Healthcare Association (AZHHA) and our 79 member hospitals, thank you for the thoughtful and inclusive approach you are taking to evaluate the complex issues surrounding the *Affordable Care Act (ACA)*. We appreciate the work you and your staff are doing as you weigh various options regarding covering the uninsured and implementation of a health insurance exchange.

The decisions facing Arizona in the coming months and years are vitally important to its citizens. Whichever path is chosen, there will be long-lasting implications for access, quality and affordability of healthcare as well as the financial sustainability of our state. We appreciate the hard work your staff has done to analyze the myriad issues involved in operationalizing a health insurance exchange and to lay the potential foundations for such an endeavor. We urge your continued leadership in building an exchange that meets Arizona's unique needs while maximizing coverage and consumer choice.

We understand that the *ACA* is extremely controversial and that there is enormous pressure on policymakers not to implement any portion of the law. In response to those who advocate that the state sit on the sidelines and do nothing at this point, we echo the comments that other members of the Coalition for an Arizona State Exchange (CASE) have made:

- The most effective way for Arizona to inject free-market principles into the insurance exchange is to develop its own exchange rather than relinquish its design to the federal government.
- States that refuse to implement their own exchange invite additional federal intrusion into their markets.
- Arizonans will pay for the exchange whether it is run by the state or federal government. We believe a state exchange would be far more frugal, not to mention responsive, than a federal exchange.

The Honorable Janice K. Brewer/2

October 8, 2012

We agree with CASE that the *ACA* is the law of the land. The AZHHA Board of Directors believes it is our obligation as healthcare leaders to advocate for and help build the best Arizona healthcare market we can under the circumstances. We urge you to continue your work on a state-based exchange and we offer our full support and assistance to make it a reality.

Sincerely,



Laurie Liles
President and Chief Executive Officer

cc: Monica Coury, Assistant Director, AHCCCS
Don Hughes, Policy Advisor for Health Care, Governor's Office

LAW OFFICE
7330 North 16th Street, Suite C-117 • Phoenix, Arizona 85020
Telephone 602-258-2614 • Fax 602-258-2013

Eugene E. Keller *Licensed in Arizona and Kansas*
Eugene E. Keller II *Licensed in Arizona and California*
Donald J. Newman *Licensed in Arizona and Ohio*
E-mail: djn@kknlegal.com

October 18, 2012

AHCCCS
Attn: Office of Intergovernmental Relations
801 E. Jefferson, MD 4100
Phoenix, AZ 85034

Re: Childless Adult Coverage

To Whom it May Concern:

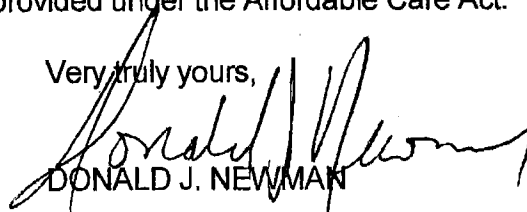
Please count me as an Arizona citizen (and registered voter – Republican) in favor of restoring AHCCCS eligibility to the more than 124,000 individuals who were eliminated from coverage last year by our Legislature. These individuals were childless adults with income below the federal poverty level.

I have been a resident of Arizona since 1972. For the past ten years, I have had the privilege of serving on the Board of Directors of TERROS, Inc., a nonprofit charitable organization, which provides an array of behavioral health services to the AHCCCS-eligible population. The removal of childless adults from this population has resulted in the delay or loss of primary and preventive care for these individuals. The ultimate cost of attending to these persons at a later date (emergency rooms, etc.) will far exceed the “budget savings” contemplated by our Legislature.

Restoring coverage to childless adults should be a no-brainer for our state. It is consistent with the voter mandate of 2000. Moreover, if AHCCCS eligibility is expanded to 133% of the federal poverty level, the costs of this coverage would substantially be borne by the federal government, not our state.

For all of the foregoing reasons, plus my conviction that we (Arizonans) need to reexamine our priorities as a state to ensure that we are sensitive to the needs of less fortunate and more vulnerable citizens, I urge you to expand AHCCCS coverage to 133% of the federal poverty level, restore eligibility to childless adults, and take advantage of the compensation being provided under the Affordable Care Act.

Very truly yours,


DONALD J. NEWMAN

DJN:lp

October 18, 2012
Page 2

cc: Governor Jan Brewer
Senator Andrew Driggs
Representative Eric Meyer
Representative Kate Brophy McGee