Financing Changes and Added Flexibility to Medicaid

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24th Princeton Conference
May 24, 2017
Today’s Conversation Built on Four Themes

Theme 1: The original vision of welfare reform
Theme 2: Horizontal equity with simplicity and stability
Theme 3: The ACA’s Medicare “block grant”
Theme 4: Social determinants of health
General objectives of state flexibility to reach a national objective

- Encourage innovation through experimentation
- Share financial risks with states to provide incentive for efficiency and innovation
- Allow political adaptation (e.g. ACA Section 1332)

But the devil – and salvation – is in the details
Major issues in providing state flexibility and spending limits to Medicaid

1. **How much flexibility should states have?**

   - “What would Alabama do?” – guardrails
   - Budget neutrality across health programs? The Daschle-Gingrich agreement
   - Medicaid for housing and other social determinants?
   - Different flexibility for different parts of redesigned Medicaid?
Major issues in providing state flexibility and spending limits to Medicaid

2. **Who decides what a state can do?**

- Waiver model
- A commission? – the 2006 Baldwin-Price Health Partnership Act
- Statutory changes – e.g. the four Republican Governors letter
Major issues in providing state flexibility and spending limits to Medicaid

3. Getting the financial balance right

• Taking account of economic downturns
• Taking account of population changes
• Indexing: cost reduction, efficiency, innovation, balanced risk
• Block grants or per capita?