



**FOR IMMEDIATE RELEASE**

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## **Consensus Statement from the National Association of Medicaid Directors (NAMD) Board of Directors on the Better Care Reconciliation Act of 2017**

**This statement represents the overwhelming consensus of the NAMD Board of Directors, but is not intended to communicate the unanimous position of all 56 members.**

**Washington, DC** - Medicaid is a successful, efficient, and cost-effective federal-state partnership. It has a record of innovation and improvement of outcomes for the nation's most vulnerable citizens.

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Medicaid plays a prominent role in the provision of long-term services and supports for the nation's elderly and disabled populations, as well as behavioral health services, including comprehensive and effective treatment for individuals struggling with opioid dependency.

Medicaid is complex and therefore demands thoughtful and deliberate discussion about how to improve it.

Medicaid Directors have long advocated for meaningful reform of the program. States continue to innovate with the tools they have, but federal changes are necessary to improve effectiveness and efficiency of the program. However, these changes must be made thoughtfully and deliberately to ensure the continued provision of quality, cost-effective care.

Medicaid Directors have asked for, and are appreciative of, improved working relationships with HHS and are working hard to streamline and improve the administration of the program. The Senate bill does formalize several critical administrative and regulatory improvements,



such as giving Medicaid Directors a seat at the table in the development of regulations that impact how the program is run, and the pathway to permanency for certain waiver programs.

However, no amount of administrative or regulatory flexibility can compensate for the federal spending reductions that would occur as a result of this bill.

Changes in the federal responsibility for financing the program must be accompanied by clearly articulated statutory changes to Medicaid to enable states to operate effectively under a cap. The Senate bill does not accomplish that. It would be a transfer of risk, responsibility, and cost to the states of historic proportions.

While NAMD does not have consensus on the mandatory conversion of Medicaid financing to a per capita cap or block grant, the per capita cap growth rates for Medicaid in the Senate bill are insufficient and unworkable.

Medicaid - or other forms of comprehensive, accessible and affordable health coverage - in coordination with public health and law enforcement entities, is the most comprehensive and effective way address the opioid epidemic in this country. Earmarking funding for grants for the exclusive purpose of treating addiction, in the absence of preventative medical and behavioral health coverage, is likely to be ineffective in solving the problem and would divert critical resources away from what we know is working today.

Medicaid Directors recommend prioritizing the stabilization of marketplace coverage. Medicaid reform should be undertaken when it can be accomplished thoughtfully and deliberately.

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*The National Association of Medicaid Directors (NAMD) is a bipartisan, nonprofit, professional organization representing leaders of state Medicaid agencies across the country. NAMD members drive major innovations in health care while overseeing Medicaid, the nation's most important health care program. NAMD serves as the voice for state Medicaid directors in national policy discussions, supports state-driven policies and practices that strengthen the efficiency and effectiveness of Medicaid and actively monitors emerging issues in Medicaid and health care policy. Learn more at <http://www.medicaidirectors.org> and follow NAMD on Twitter @statemedicaid.*