

SAVE THE DATE



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Top Headlines

- [Enrollment by State in Federal and State Health Marketplaces 2018-2019](#)
- [Accountable Health Entities' Structure Promotes Community Health](#)
- [Three Samples of State Legislative Action to Curb Rx Drug Costs](#)

Featured Stories



State-Based Marketplaces Outperform Other Marketplace Models

When it comes to enrollment, affordability, and plan competition, states with state-based insurance marketplaces (SBMs) consistently outperform those using the federal platform, prompting some states to consider converting to the SBM model. This [chart](#) provides 2018-2019 state-by-state enrollment numbers by marketplace type and this [blog](#) explores why states like New Jersey are considering joining the SBM ranks.



Governing Accountable Health Entities: Examples from 12 States

More than a dozen states are developing accountable health models to improve population health and control costs by addressing community needs, such as transportation, recreation, and housing. These entities' mission -- to build healthy communities through cross-sector partnerships -- is supported by innovative and evolving governance structures. This [NASHP blog](#) and [chart](#) examine how states are structuring these entities to keep them accountable and reflective of their communities.



Three Samples of State Legislative Action to Curb Rx Drug Costs

Recent legislative committee hearings on bills designed to rein in drug costs in Maryland, Florida, and Illinois provide a snapshot of how states across the country are countering rising prescription prices. This blog reviews how these states are exploring drug affordability review boards that set price limits on drugs, wholesale importation of drugs from Canada, and creation of a special legislative committee to study strategies to curb drug costs.



Recent Court Rulings Impact Medicaid Work Requirements

Last week, a federal district court judge ruled against Medicaid work requirements in [Arkansas](#) and [Kentucky](#), both of which had been approved by the Centers for Medicare & Medicaid Services (CMS) last year. This is the second court ruling against Kentucky's work requirements, which have not been implemented because of legal appeals. Arkansas launched its work requirements last June, but must now halt implementation as a result of this decision. State policymakers may decide to appeal the rulings. For more information about state Medicaid work requirement proposals across the country, explore this [NASHP chart](#).



CMS Approves Utah's Modified Medicaid Expansion Request

Last week, the Centers for Medicare & Medicaid Services (CMS) approved Utah's request to expand Medicaid to adults earning up to 100 percent of the federal poverty level (FPL), with work requirements that align closely with Supplemental Nutrition Assistance Program's. The approval allows Utah to cap enrollment if costs exceed what the state has budgeted.



Webinars

NASHP Webinars

Webinar for State Officials Only: Balancing Value and Affordability – Lessons from New York's Medicaid Drug Cap and the Role of the Institute for Clinical and Economic Review
3:30-4:30 p.m. (ET) Tuesday, April 9, 2019

Non-NASHP Webinars

Webinar: Maximizing System-Level Data to Address Health and Social Complexity in Children – Spotlight on Oregon
2-3 p.m. (ET)
Tuesday, April 2, 2019

Webinar: Complex Care among Medicaid Beneficiaries with Comorbid Substance Use Disorders and Other Chronic Conditions
3-4 p.m. (ET) Wednesday, April 3, 2019

Resource of the Month



Resources to Help States Improve Integrated Care for Children

The [Integrated Care for Kids \(InCK\) Model](#) improves early identification and treatment of health issues that can improve children's well-being and avoid costly medical, special education, foster care, and criminal and justice expenses. Check out other resources at the [Healthy Child Development State Resource Center](#), supported by the David and Lucile Packard Foundation. Submit new resources to ehiggins@nashp.org. [Shutterstock.com](#)

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