# DECREASING MEDICAID EXPENDITURES AND DIABETES THROUGH THE IMPLEMENTATION OF MEDICAID PLUS

by
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A capstone project submitted to Johns Hopkins University in conformity with the requirements for the degree of Master of Arts in Public Management

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## Abstract

Medicaid is spending nearly $25. 6 billion to treat diabetes, and this expenditure will continue to increase, because it is projected by 2030 diabetes will increase by 54%. In an effort to save federal dollars (potentially $244 billion) and better the lives of millions of Americans, by decreasing the diabetes rate, this capstone proposes implementation of a new policy, Medicaid Plus; which will consolidate Medicaid and the Supplemental Nutrition Assistance Program (SNAP). This initiative will ensure that Medicaid and SNAP recipients will have an adequate amount of affordable produce available as opposed to foods that are affordable but high in sugar and fats. Ensuring adequate amount of produce can be achieved by negotiating new deals that align with the Medicaid Plus recommendations.

Advisor: Professor Paul Weinstein

## Acknowledgement

I would like to express my gratitude towards my family and the Moses' Family for their continuous support throughout my entire journey of pursuing my college degrees. The encouragement and support they provided helped me complete both my associate's and bachelor's degree, which made my dream of obtaining a master's degree a possibility and now a reality! There are also numerous teachers, mentors, and tutors along the way that helped me improve as a student and succeed in my academics; without them, this journey would not have been the same.

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**MEMORANDUM**

**To:** Senator Debbie Stabenow Ranking Member on Subcommittee Health Care

**From:** Yvonne Smith, Policy Analyst

**Date:** January 28, 2020

**Subject:** Policy Proposal—Addressing the Diabetes Epidemic in the United States

## Action-Forcing Event

United States House Representative Tim Ryan, proposed amendments to H.R.1887 - National Institute of Nutrition Act, to allow research around "optimal diets to prevent and treat type 2 diabetes and prediabetes."[1] This comes at an urgent time because type 2 diabetes, a costly disease, is increasing by nearly 5% amongst children in the United States,[2] and studies have shown Medicaid expenditures for treating diabetes to be greater than $25.6 billion annually.[3]

## Statement of Problem

The problem is that Medicaid is spending nearly $25. 6 billion to treat diabetes, and this expenditure will continue to inflate, because it's projected that diabetes will increase by 54% by 2030.[4] The two predominant factors that lead to diabetes is not

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[1] Ryan, Tim. "Text - H.R.1887 - 116th Congress (2019-2020): National Institute of Nutrition Act." Congress.gov, March 26, 2019. https://www.congress.gov/bill/116th-congress/house-bill/1887/text.
[2] "Diabetes Increases in Children and Teens." National Institutes of Health. U.S. Department of Health and Human Services, September 8, 2017. https://newsinhealth.nih.gov/2017/06/diabetes-increases-children-teens
[3] Ng, Boon Peng, Sundar S. Shrestha, Andrew Lanza, Bryce Smith, and Ping Zhang. "Medical Expenditures Associated With Diabetes Among Adult Medicaid Enrollees in Eight States." *Preventing Chronic Disease* 15 (September 27, 2018). https://www.cdc.gov/pcd/issues/2018/18_0148.htm
[4] Rowley, William R., Clement Bezold, Yasemin Arikan, Erin Byrne, and Shannon Krohe. "Diabetes 2030: Insights from Yesterday, Today, and Future Trends." *Population Health Management* 20, no. 1 (2017): 6–12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5278808/

addressed adequately in our current policies. The first contributing factor to developing diabetes is a lack of exercise and the second is poor diet, in which majority consumption of food is nutrition deficient food. Impoverished communities are consuming large amounts of inexpensive and nutrition deficient foods because of food scarcity.[5] "Low cost energy-rich starches, added sugars, and vegetable fats represent the cheapest way to fill hungry stomachs".[5] In fact, it is estimated that the food stamp program spent $80 billion on junk food.[6] At the same time, farmers wasted nearly "20 billion pounds of produce".[7] This is a result of poor policies that address issues separately as opposed to collectively.

More citizens in the United States are being diagnosed with type 2 diabetes, which is costly and potentially debilitating and fatal. About one in ten people have diabetes, and of that 90 – 95% have type 2 diabetes.[8] One-third of children in America are overweight, which is one reason why the U.S. is seeing an increase in type 2 diabetes amongst children who are 10 years of age and older.[9] According to the Center for Disease

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[5] Drewnowski, Adam, and Petra Eichelsdoerfer. "Can Low-Income Americans Afford a Healthy Diet?" *US National Library of Medicine National Institutes of Health*, November 2010. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847733/

[6] Willett, Walt. "How the next U.S. President Can Stack the Deck in Favor of People's Health and Wealth in 2013." Harvard School of Public Health , February 19, 2014. https://www.hsph.harvard.edu/news/magazine/public-health-economy-election/

[7] "Food Waste Is a Massive Problem-Here's Why." FoodPrint. Accessed April 26, 2020. https://foodprint.org/issues/the-problem-of-food-waste/

[8] "Type 2 Diabetes." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, May 30, 2019. https://www.cdc.gov/diabetes/basics/type2.html

[9] "Prevent Type 2 Diabetes in Kids." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, September 28, 2017. https://www.cdc.gov/diabetes/prevent-type-2/type-2-kids.html?CDC_AA_refVal=https://www.cdc.gov/diabetes/library/features/type-2-kids.html.;%20%E2%80%9CDiabetes%20in%20the%20United%20States.%E2%80%9D%20The%20State

Control and Prevention (CDC) more than 100 million adults in America are either living with diabetes or are prediabetic,[8] 30% of those who are prediabetic will develop type 2 diabetes.[10]

The *figure 1*, below shows the diabetes rate in each state and not one state in the U.S., has a diabetes rate of 3.9% or less.[11] Colorado is the state with the lowest diabetes rate of 7.1%, while West Virginia has the highest diabetes rate of 16.2% in the country.[11] There is a correlation between poverty and diabetes, as shown in *figure 1*.[11] West Virginia is one of the most impoverished states in the country.[12, 11] In addition, to New Mexico, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, South Carolina, Kentucky, and the District of Columbia.[12] Out of all these states listed, with the exception to D.C., each state has a diabetes rate of 12% or greater.[11] Understanding the correlation between diabetes and poverty is an essential component to identifying the communities that are at greatest risk for developing diabetes. Diabetes disproportionately affects low-income individuals and families. In fact, studies have proven that individuals living below the federal poverty line are more likely to develop diabetes, and families with incomes up to 138% of the federal poverty line are eligible for state and federal

%20of%20Childhood%20Obesity,%20September%202019.; "Diabetes in the United States." The State of Childhood Obesity, September 2019. https://stateofchildhoodobesity.org/diabetes/

[10] Goldstein, Harold, and Susan Babey. "Majority of California Adults Have Prediabetes or Diabetes." UCLA. UCLA, March 10, 2016. https://newsroom.ucla.edu/releases/majority-of-california-adults-have-prediabetes-or-diabetes

[11] "Diabetes in the United States." The State of Childhood Obesity, 2018. https://stateofchildhoodobesity.org/diabetes/

[12] "Top 10 Poorest States in the U.S." Friends Committee on National Legislation, September 30, 2019. https://www.fcnl.org/updates/top-10-poorest-states-in-the-u-s-1630

programs.[3, 13] This is important to note because what this means is that poor states are at greater risk for their residents developing diabetes, and these same poor states with poor residents are eligible for Medicaid, and if poor states have a significant Medicaid population that is treated for diabetes this can potentially cause a budgetary burden, because of the significant cost to treat diabetes.

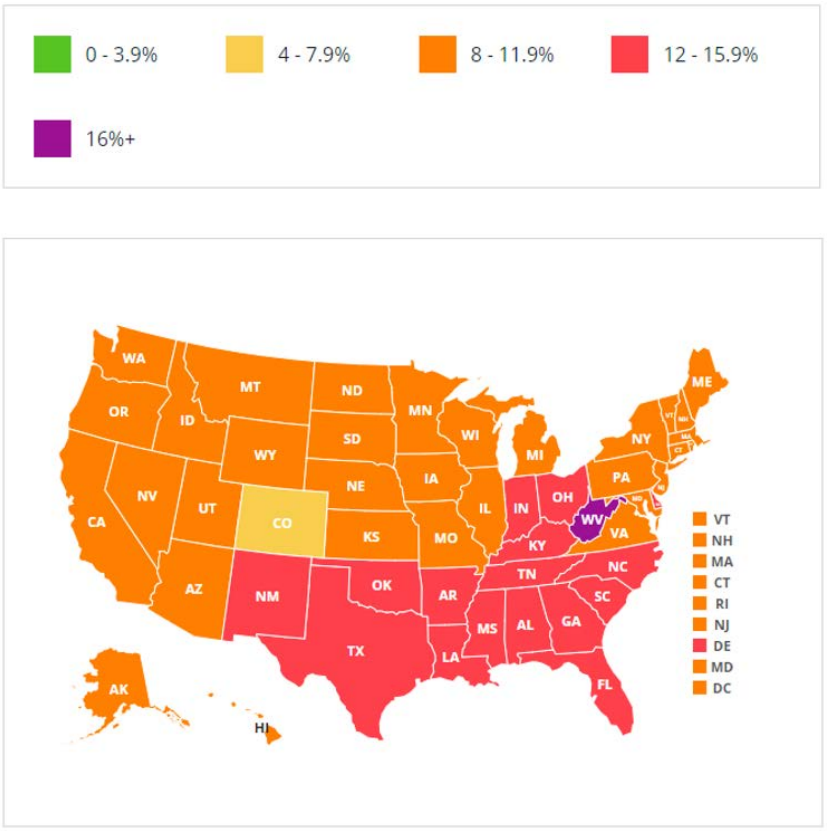



*Figure 1: Diabetes Rate in All States*

Another important relationship to understand is between the Medicaid and supplemental nutritional program (SNAP), also known as food stamps. Individuals and

[13] "Federal Poverty Level (FPL) - HealthCare.gov Glossary." HealthCare.gov. Accessed April 28, 2020. https://www.healthcare.gov/glossary/federal-poverty-level-FPL/

families who receive Medicaid also receive SNAP. In order to qualify for SNAP recipients incomes cannot be more than 130% of the federal poverty line, which means that individuals receiving SNAP also receive Medicaid, because Medicaid will enroll applicants into the Medicaid program if their income does not exceed 138% (for states that participate in Medicaid expansion under the ACA) of the federal poverty line.[13] For those beneficiaries SNAP is their primary source for food, but unfortunately, a significant amount of food purchased with SNAP benefits is junk food. As stated previously, $80 billion was spent on junk food.[6] This is alarming because foods that are high in calories from primarily sugar and fat, contributes to obesity; and obesity and a lack of exercise can lead to diabetes.[14]

In 2012, Medicaid insured 12.9 million "low-income" adults in addition to another 9.8 million disabled adults, and of the 22.7 million adults covered under Medicaid, in 2012, 14% of adults under the age of 65 had diabetes.[3] Of the 14% that had diabetes, Medicaid spent more than $9,400 per beneficiary, which is three times higher than recipients who did not have diabetes.[3] The $9,400 per beneficiary is a national average, so this number is less in some states and higher in others. According to the Kaiser Family Foundation, estimated expenditures were as low as $4,010 in the state of Nevada and " a high of $11,091 in Massachusetts."[15] In *figure 2* below it shows that the

[14] Radcliffe, Shawn. "Four Food Choices That Greatly Increase Your Diabetes Risk." Healthline, November 13, 2013. https://www.healthline.com/health-news/food-four-food-groups-that-raise-diabetes-risk-111313#1

[15] "Total Medicaid Spending." The Henry J. Kaiser Family Foundation, September 12, 2019. https://www.kff.org/state-category/medicaid-chip/medicaid-spending/.

government has identified four different types of payers for diabetes treatment.[16] Although Medicaid is not the largest payer of the four categories, it is still paying a significant amount.[16]

| Payer | Per Person with Diabetes ($) | Total Cost ($ in Millions) |
|---|---|---|
| Medicare | 6,238 | 2,383.9 |
| Medicaid | 4,031 | 713.8 |
| Other | 4,015 | 3,223.7 |
| All Payers | 7,861 | 6,321.4 |

*Figure 2: 4 Largest National Diabetes Payers*

Currently, Michigan is experiencing a diabetes epidemic. According to the Michigan Department of Health and Human Services nearly 1 million people have diabetes "and another 2.6 million have prediabetes".[17] Michigan is also above the national median average for adults with diabetes, as shown below in *figure 3*.[18]

[16] "Diabetes State Burden Toolkit." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention. Accessed February 17, 2020. https://nccd.cdc.gov/Toolkit/DiabetesBurden
[17] "You Are HereMDHHS Keeping Michigan Healthy Primary Care & Public Health Diabetes." MDHHS - Diabetes. Accessed February 17, 2020. https://www.michigan.gov/mdhhs/0,5885,7-339-71550_63445_82468---,00.html
[18] "Diabetes in Michigan Update-2019." MDHHS - Michigan Diabetes Statistics and Reports, 2019. https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2980_70033-272544--,00.html

According to the state of Michigan, the Medicaid program spends $4,031 per diabetic beneficiary which is equivalent to $713.8 million dollars a year.[18]

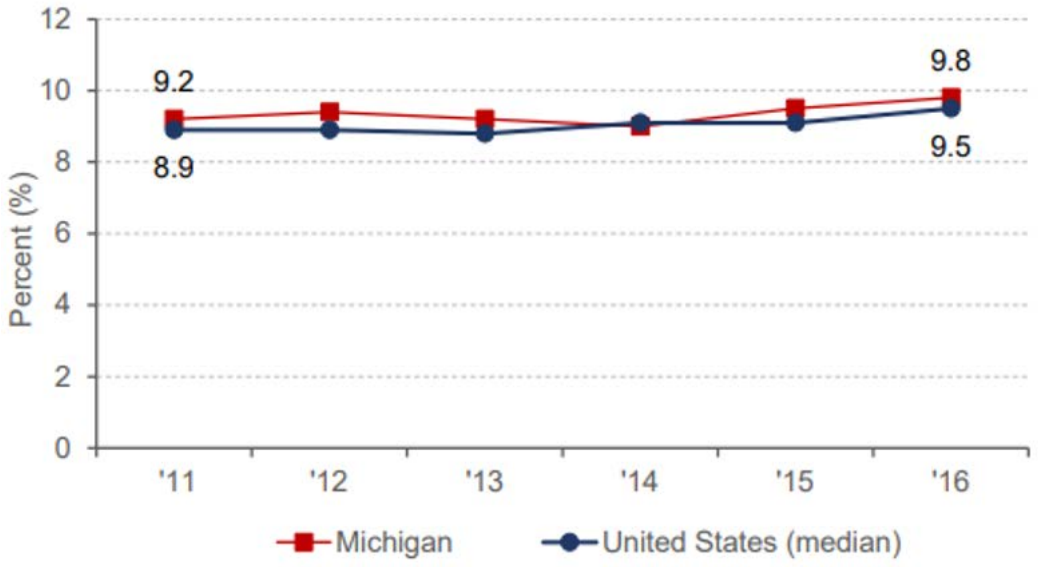



*Figure 3: Michigan Diabetes Expenditures vs. U.S.*

In 2013, the state of West Virginia, where diabetes is the highest, the Medicaid program paid $4,430 per diabetic recipient which is about $226.3 million a year, and per 100,000 people there were 54 diabetes-attributable deaths with an estimated 192,000 diabetes case in 2013.[16] This data is from seven years ago when the diabetes rate was lower. Since 2013 the percentage of diabetes has increased to more than 16%, it would not be farfetched to assume based of this data the state of WV, in actuality, is paying more than $226.3 million a year now than in 2013.[16]

To provide additional information on the total expenditures in the poorest states reference *table 1*.[16] The data in this table is the most recent public information available from the CDC dashboard,[16] which is from 2013 so these numbers, most likely, are even higher now. In 2013, Alabama accounted for the most newly reported diabetic patients. Mississippi had the highest amounts of deaths that were attributable to diabetes.[16] Medicaid expenditures overall for the, fiscal year, was greatest in Louisiana, while New Mexico paid the highest per diabetic patient.[16]

| State | Medicaid Cost Per Person with Diabetes | Medicaid Total Cost In $ Millions | Diabetes-Attributable Deaths Per 100,000 | Estimated of New Diabetic Cases In 2013 (In Thousands) |
|---|---|---|---|---|
| **Alabama** | $2,963 | $395.9 | 34 | 515.0 |
| **South Carolina** | $3,071 | $348.1 | 32 | 462.0 |
| **Louisiana** | $3,267 | $427.2 | 36 | 409.0 |
| **Kentucky** | $3,448 | $282.9 | 34 | 360.0 |
| **Oklahoma** | $3,144 | $302.9 | 42 | 321.0 |
| **Mississippi** | $3,496 | $274.1 | 45 | 289.0 |
| **Arkansas** | $2,974 | $171.1 | 39 | 259.0 |
| **New Mexico** | $3,780 | $190.1 | 39 | 170.0 |

*Table 1:Medicaid Diabetes Expenditures in 8 states*

More recently in Michigan there were over 300,000 hospitalizations in 2016, in addition to over 2,500 deaths and 2,081 amputations procedures performed for adults 18 years of age and older.[16] Research has shown that there are specific communities who are at a higher risk of developing diabetes; in fact, according to the Michigan government, individuals with disabilities were more likely to have diabetes then those without disabilities,[18] as shown in *figure 4*. Also, males are at a greater risk of developing diabetes then women, and amongst ethnicity groups Hispanics are at a greatest risk of developing diabetes than whites or blacks.[18]

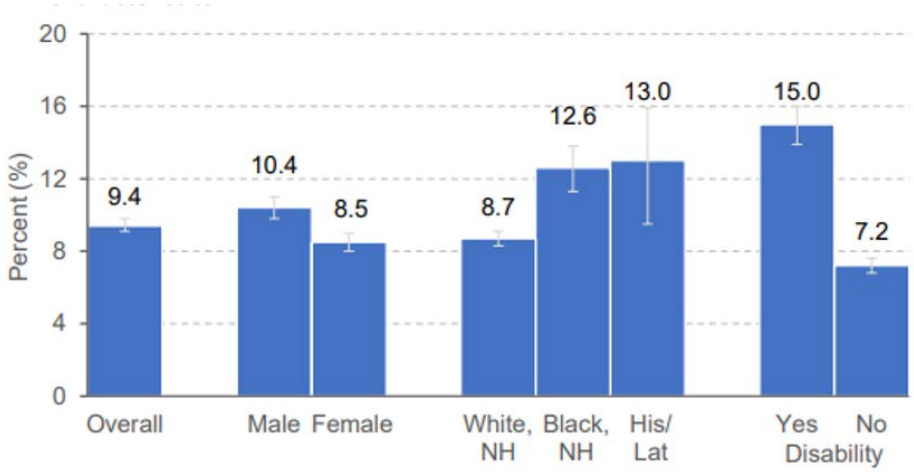



*Figure 4: Medicaid Diabetes Expenditures*

Nevertheless, the diabetes epidemic does have a financial burden on the Medicaid program, and we know from a national standpoint diabetes is costly, there is a continuous increase in diagnoses, and treatment cannot be avoided. However, unfortunately "little

information is available on state-specific financial burdens of diabetes in the Medicaid population," so the Centers for Disease Control and Prevention (CDC), conducted research on eight states to examine the financial burdens diabetes treatment imposes for those states.[3]

The research from the CDC concluded that treatment for each disabled diabetic beneficiary "ranged from $6,183 in Alabama to $15,319 in New York," while for nondisabled recipients in Alabama the estimated expenditure, per beneficiary, was $4,985 while in New York it was $15,366 per Medicaid recipient.[3] *Figure 7 and 8* below provides a visual of the Medicaid expenditures between prescription drugs, inpatient and outpatient treatment.[3] *Figure 7* is for beneficiaries with disabilities and *figure 8* is for nondisabled beneficiaries.[3]

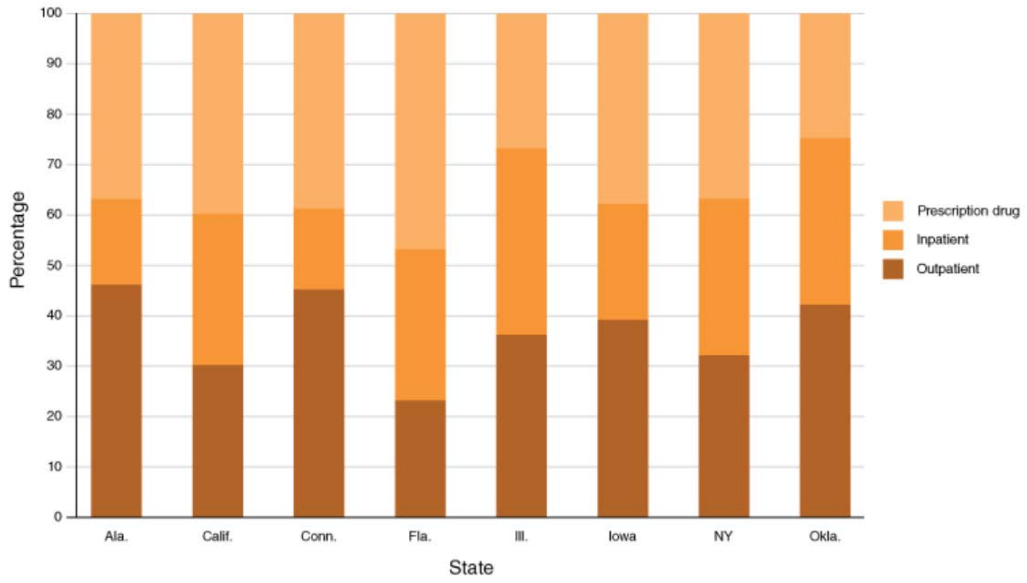



*Figure 5: Distubtion of Treatment Types for Disabled Diabtic Patients*

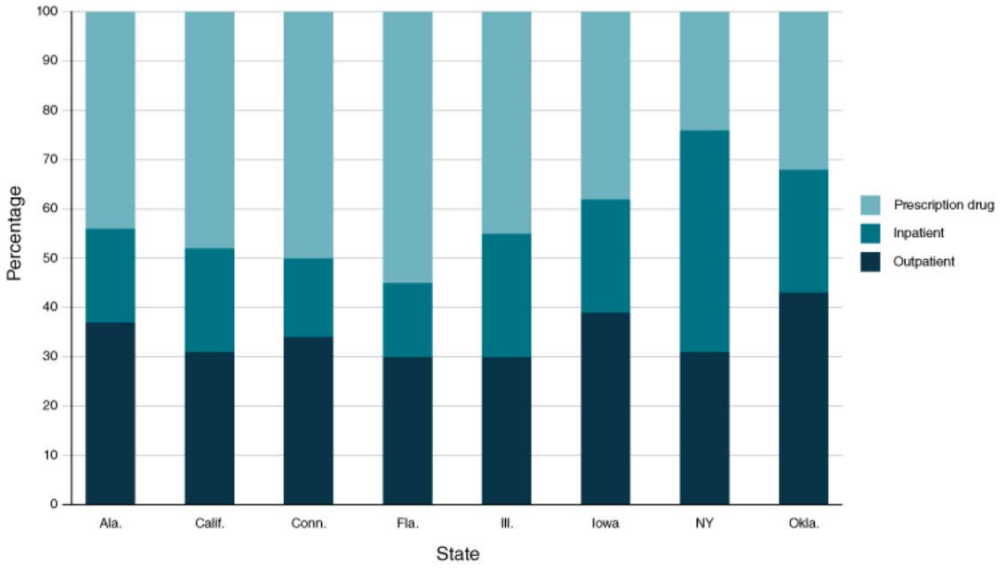
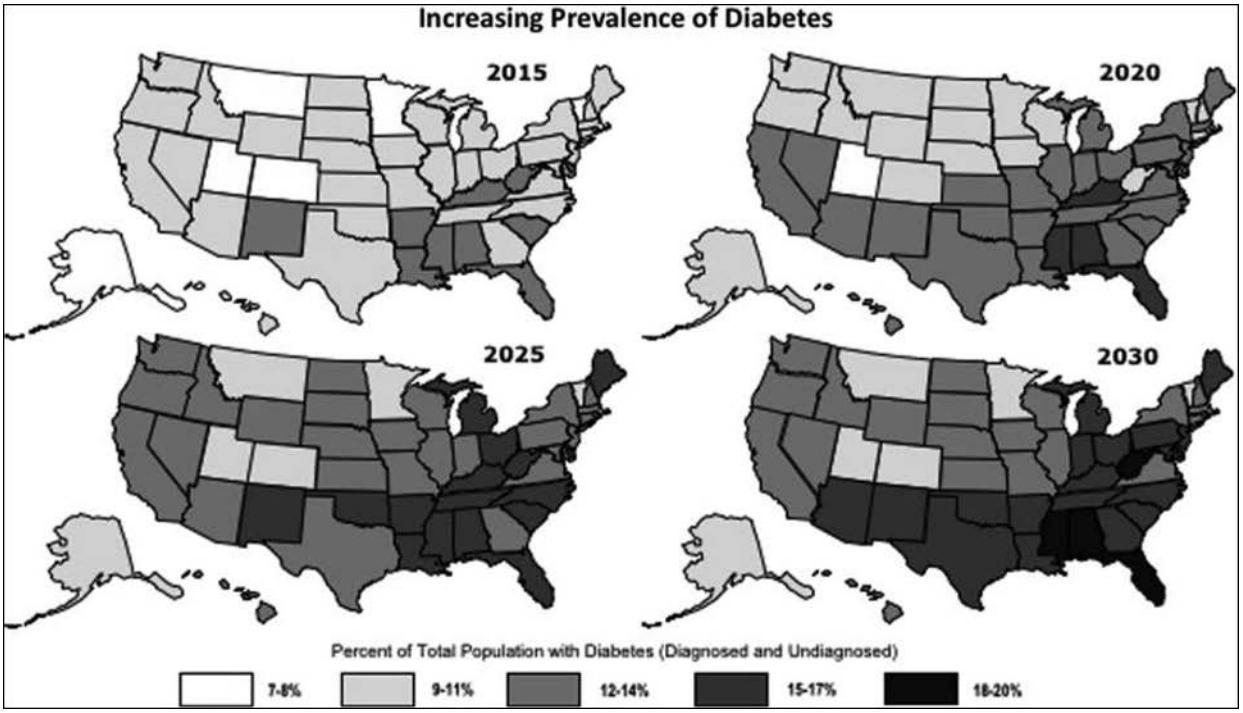



*Figure 6: Distubtion of Treatment Types for Non-disabled Diabetic Patients*

Furthermore, the data shows that the nation is struggling to contain diabetes, and the Medicaid program is a significant insurance payer, funding the needed treatments and procedures for beneficiaries who are struggling with this severe and costly medical condition. Some states are experiencing a diabetes epidemic, like the state of Michigan; but the poorest states are dealing with this epidemic most. And all the states with the exception to Colorado have diabetic rates that are unstainable and alarming. In fact, according to *The US National Library of Medicine National Institutes of Health,* all states will continue to see an increase in diabetic cases.[19] Below in *figure 5* it shows the projected increases through 2030 for each state in the U.S.[19]




[19] Rowley, William R, Clement Bezold, Yasemin Arikan, Erin Byrne, and Shannon Krohe. "Diabetes 2030: Insights from Yesterday, Today, and Future Trends." Population health management. Mary Ann Liebert, Inc., February 1, 2017. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5278808/

*Figure 7: U.S. Projected Diabetes Rate Through 2030*

## Background/History

In 1950 diabetes in America was less than 1%.[20] Only 0.93% of the population had diabetes; however, since 1950 the diabetes rate has increased to 7.40%, as of 2015.[20] In 1958, 1.6 million people were diagnosed with diabetes; fast-forward to 2015, 23.4 million people were diagnosed with diabetes (*Figure 6*)[20]

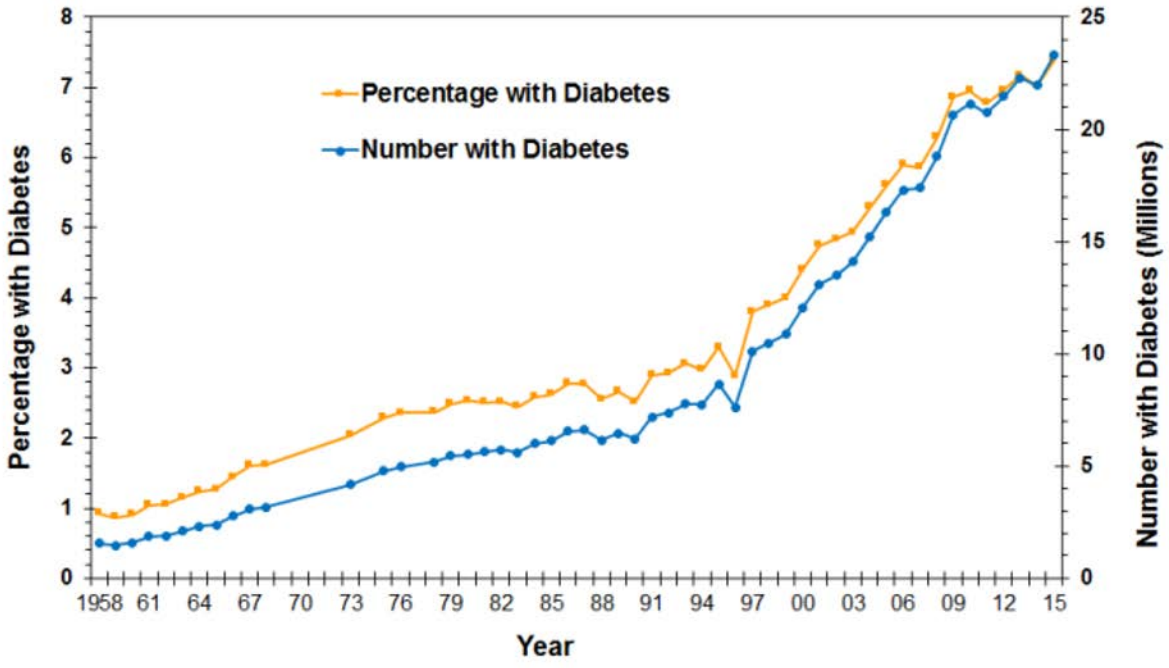



*Figure 8: National Diabetes Rate*

The data presented in *figure 6* shows that there is no new data, reported on diabetes, from 1969-1972 and again in 1974 and 1977.[20] The reason for this is because

[20] Long -term Trends in Diabetes, CDC's Division of Diabetes Translation. PDF," April 2017. https://www.cdc.gov/diabetes/statistics/slides/long_term_trends.pdf

there were periods of time diabetic-related questions were not included in surveys.[20] However, regardless of this mishap, the diabetes rate had increased, nearly every year for the years it was reported.

The diabetes epidemic is not only occurring in the United States. This epidemic is throughout the world. According to the World Health Organization (WHO), diabetes has increased "from 108 million in 1980 to 422 million in 2014."[21] We also know that from a global perspective, diabetes is more prevalent in low and middle-income countries. In 2016, diabetes was the seventh leading cause of death, with 1.6 million deaths directly caused by diabetes and another 2.2 million deaths caused by "high blood glucose in 2012."[21]

Furthermore, type 2 diabetes can be "treated and its consequences avoided or delayed with balanced diet, physical activity, medication and regular screening and treatment for complications."[21] The WHO aims to stimulate and support the adoption of effective measures for the surveillance, prevention, and control of diabetes and its complications, particularly in low and middle-income countries."[21] The measures and surveillance include: delivering guidelines around noncommunicable diseases/ diabetes, advancing "norms and standards for diabetes diagnosis and care, and providing governance and oversight of diabetes and the associated risk.[21] The WHO also aims to

[21] "Diabetes." World Health Organization. World Health Organization, October 30, 2018. https://www.who.int/news-room/fact-sheets/detail/diabetes

bringing awareness to the global diabetes epidemic, therefore, in 1991 the International Diabetes Federation and the WHO collaborated to make November 14th the World Diabetes Day.[22] Furthermore, the WHO published the *Global Strategy on Diet, Physical Activity and Health* in 2004 which focuses on "population-wide approaches to promote a healthy diet and regular physical activity, thereby reducing the growing global problem of overweight people and obesity."[21]

The population-wide approach calls for the support of all the following actors: members of state, international partners, civil society and nongovernmental organizations, and private sectors.[23] According to the WHO members of state/government are one of the most influential actors in initiating the needed change while also overseeing the implementation and monitoring the impacts.[23] According to the WHO, Government "should foster the formulation and promotion of national policies, strategies, and action plans to improve diet and encourage physical activity, by using and continuing to develop programs that focus on healthy diets and physical activities."[23]

Health ministries and government agencies should engage in needed collaboration, in addition to members of state introducing and implementing an effective policy that addresses: "appropriate infrastructure, implementation programmes, adequate

[22] "World Diabetes Day." World Health Organization. World Health Organization. Accessed March 1, 2020. https://www.who.int/news-room/events/world-diabetes-day
[23] Global Strategy on Diet, Physical Activity and Health, World Health Organization, "PDF." Geneva, May 2004. https://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

funding, monitoring and evaluation, and continuing research."[23] The government shall also take on the responsibility to "provide accurate and balanced information", through schools; starting preferably as early as primary school, in addition to "adult education programmes", including "health professionals and service providers."[23] The government can also take additional initiatives through marketing by: "influence dietary habits" and ensure labeling is "accurate, standardized and comprehensible" to address misleading health and nutritional benefits.[23]

Food and agricultural policies shall be uniform "with the protection and promotion of public health," and multisectoral policies should promote physical activity.[23] While school policies and programs should support "healthy diets and physical activity." and government should consult with stakeholders around framing policies and taking necessary measures to work on prevention aspects of diabetes, while also investing in oversight mechanisms and "research and evaluation."[23] Nonetheless, members or state are also encouraged to ensure "various sources of funding, in addition to the national budget, should be identified to assist in the implementation of the strategy."[23]

The WHO has not only outlined the responsibilities the members of state, but they also stated what their role should be in initiating and supporting this nutritional diet and physical activity change, which include: "facilitating the framing, strengthening and updating of regional and national policies," and "facilitating the drafting, updating and

implementation of national food-based dietary and physical activity guidelines".[23] These initiatives and responsibilities will be carried out globally with member states and international partners who choose to participate.

Civil society and nongovernmental organizations and the private sector are all valuable contributors to addressing the global epidemic of diabetes. In fact, WHO encourage civil society and nongovernmental organization to lead grass-roots advocacy campaigns that will promote action, highlight the responsibility of government in "promoting public health," and work to brings awareness to benefits of a healthy diet and physical activity.[23] While the private sector should also take the necessary measures to advertise and encourage healthy diets and physical activities, while also minimizing the use of, "saturated fats, trans-fatty acids, free sugars and salt in existing products," offer feasible healthy and nutritional choices to consumers, "introducing new products," engage in responsible marketing, which supports the goals around labeling, health diets, and physical activities.[23]

The World Health Organization sees this as a "unique opportunity," because by actors implementing these suggestions diabetes and the mortality rate will decrease by "improving diets and promoting physical activity."[23] Nonetheless, the WHO states the interventions and implementations of these standards by all actors could be "a reality for all populations in all countries," and the result of the implementation and intervention

"will enable people to live longer and healthier lives, reduce inequalities, and enhance development."[23]

The United States does practice some of the suggestions provided by WHO. One of the things the U.S. has implemented is public awareness. For example, in 2016, *The National Prediabetes Awareness Campaign* was launched to bring awareness to prediabetes.[24] This initiative is a result of the collaboration efforts between the American Diabetes Association, American Medical Association, and the Ad Council.[24] The Centers for Disease Control and Prevention (CDC) also has provided online learning regarding "revising prediabetes, to how to avoid diabetes complications and even what to make for healthy, family-friendly dinners."[25]

The CDC also has a National Diabetes Prevention Program (National DPP).[26] The program consists of a partnership between public and private organizations, which was another suggestion the WHO provided. The programs aim to provide an "affordable evidence-based lifestyle change program to help people with prediabetes prevent or delay type 2 diabetes."[26] Furthermore, the CDC provided funds for "10 national organizations

[24] "The National Prediabetes Awareness Campaign." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 29, 2019. https://www.cdc.gov/diabetes/campaigns/national-prediabetes-awareness-campaign.html
[25] "Your Health with Joan Lunden and CDC." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 29, 2019. https://www.cdc.gov/diabetes/campaigns/your-health-joan-lunden.html.
[26] "Addressing Health Disparities in Diabetes." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, April 15, 2019. https://www.cdc.gov/diabetes/disparities.html

to start new in-person programs in underserved areas" in order to address the cultural and language barriers that resulted in lower enrollment rates amongst at-risk populations.[26] According to the CDC, this initiative decreased participants' risk of obtaining type 2 diabetes by 50% and 71% for those over the age of 60.[26]

The U.S. government did create SNAP-Ed, a grant program, to offer nutritional education and address the obesity issue amongst other initiatives.[27] However, although this is a federal program it is not mandatory that all states have SNAP-Ed.[27] For states to receive funding for SNAP-Ed they must apply for the grant. For states that do have SNAP-Ed residents will benefit from partnerships that consist of: "social marketing campaigns and nutrition education classes."[27]

Nonetheless, the federal government has not been the sole actor in taking initiatives to address diabetes. In fact, Managed Care Organizations (MCOs) have attempted to address diabetes for their Medicaid/Medicare beneficiaries. Recently, a Managed Care Organization (MCO), Health Partners Plans (HPP) in Philadelphia, Pennsylvania partnered with local nonprofits to address diabetes by taking "nutrition intervention that combines medical nutrition therapy with medically appropriate home-delivered meals to support better health outcomes for its members and significantly reduce costs for the health care system;" this initiative is known as the *Food as Medicine*

[27] "SNAP-Ed Plan Guidance and Templates." SNAP Education Connection. Accessed April 21, 2020. https://snaped.fns.usda.gov/program-administration/guidance-and-templates

program.[28] Through the program, more than 470,000 meals were delivered to HPP members between the years of 2015-2017.[28] Furthermore, the Food as Medicine program consists of a partnership between HPP and the Metropolitan Area Neighborhood Nutrition Alliance (MANNA).[28]

The program initially worked with 200 HPP members but later expanded to 1,900 members."[28] This program was able to help diabetic members and "lower health care costs…."[28] According to HPP, Hemoglobin A1c (HbAlc) decreased within six months, for 26.15% of participants. In addition, to the HbA1c, HPP also saw a decrease in "inpatient admissions, emergency room (ER) utilization, primary care physician (PCP) and specialist visits within six months, see *table 2* below for details.[28]

| | Before | During | After | %change |
|---|---|---|---|---|
| **Admits per 1k** | 1,634 | 1,332 | 1,182 | -27.68% |
| **ER visits per1k** | 2,487 | 2,376 | 2,315 | -6.91% |
| **PCP visits per 1k** | 5,258 | 5,021 | 4,421 | -15.90% |
| **Specialist visits per 1k** | 10,944 | 12,065 | 10,169 | -7.08% |

[28] Food as Medicine Model, Health Partners Plans, "PDF". n.d., March 3, 2020. https://www.healthpartnersplans.com/media/100225194/food-as-medicine-model.pdf

*Table 2: Food as Medicine program results*

The partnership between HPP and MANNA also decreased the "stress and anxiety involved in accessing healthy food, so chronically ill members [could] focus on healing."[28] Often deciding what to eat and the best way to prepare it is a significant concern because people are not sure of healthier ways to eat or prepare their foods. Healthier foods are also more expensive than processed foods, and when individuals are living on a fixed income, they will, most likely, choose the less expensive items over another item that is more expensive, so the HPP and MANNA initiative eliminated this stressor for participants in the *Food as Medicine* program.[28]

From the background and history information provided it is obvious that diabetes is not just a national issue but a global issue. The WHO organization did make several recommendation for states to implement in order to address the increase in diabetes, and the U.S. has create some programs such as, SNAP-Ed in addition to other initiatives such as online learning, and non-government actors have taken initiative in addressing diabetes within local communities. However, the diabetes rate is still increasing at a concerning rate, so what has been done in not enough.

## Policy Proposal

Medicaid Plus (Medicaid+), a federal program that consolidates Medicaid and Supplemental Nutrition Assistance Program (SNAP) funds for beneficiaries who are up to 138% of the poverty line are the aggressive measures needed to stop the increase in diabetes by avoiding the progression of prediabetes, costly procedures and inpatient admissions, as a result of poorly managed diabetes. Medicaid Plus policy initiative could save the current Medicaid program $244 billion by implementing measures that will deter people from consuming unhealthy foods and providing them with healthier alternatives, access to healthy and economically feasible produce and education. In addition, to preventing avoidable and costly procedures and hospitalization for diabetic beneficiaries who poorly manage their diabetic condition, ultimately saving lives and saving Medicaid dollars.

Through the consolidation of Medicaid and SNAP recipients will still use the electronic benefit transfer (EBT) card to purchase food, but junk food purchases will be restricted. There are already mechanisms in place to prevent individuals from purchasing items that are not categorized as food with their EBT card, so these same measures shall be applied to foods that are high in calories from primarily sugar and fat. One way this could be achieved is by requiring manufactures to add the sugar formula, “C12H22O11” to the end of every barcode for products that are junk food, so that payments cannot be proceeded with SNAP benefits. Ensuring this mechanism is in place will ensure that SNAP recipients are unable to purchase these unhealthy foods with their EBT card.

Junk food is more economically feasible than fruits and vegetables; therefore, it is essential that the Medicaid Plus program ensure other feasible and healthy foods are available to SNAP beneficiaries. Ensuring food security can be achieved through new negotiations with American farmers. These new negotiation with farmers should incentives farmers to grow more fruits and vegetables and eliminate as much as 98% of waste on farms. Implementing these new negotiations will help decrease waste and increase the quantity of fruits and vegetables available, and ultimately reduce the price of produce and allow SNAP recipients to purchase a greater quantity of these foods. It is predicted that farmers will be more inclined to participate in the Medicaid Plus program because of the recent issues around the China and U.S. trade war.

As a result of the trade war between China and the U.S., American farmers have been forced to collect subsidy checks, from the government, because they are no longer able to sell soy to their once biggest consumer, China.[29] Therefore farmers are in search for new markets.[29] This presents a unique opportunity for government to evaluate our markets and realign processes and policies to ensure a significant amount of soy is provided to Americans, especially for those on Medicaid Plus. Soy is a healthier

[29] Tan, Huileng. "US Soybean Farmers Are Working New Markets Now That Exports to China Have Tanked." CNBC. CNBC, August 8, 2019. https://www.cnbc.com/2019/08/08/us-china-trade-war-soybean-farmers-are-working-new-markets.html; Belz, Adam. "More than a Third of U.S. Farm Income in 2019 Will Come from the Government." Star Tribune. Star Tribune, November 6, 2019. https://www.startribune.com/more-than-a-third-of-u-s-farm-income-in-2019-will-come-from-the-government/564525932/

alternative rather than large consumptions of meat and junk food, because it provides protein and other essential vitamins humans need to achieve and maintain good health.[30] Through Medicaid Plus schools should be encouraged to purchase soy from American farmers to provide school meals.

Furthermore, Medicaid Plus will also encourage the collaboration amongst Managed Care Organizations (MCOs) and local food kitchens to provide prepared fresh or frozen meals to beneficiaries who are disabled and/or diabetic, like the collaboration between HPP and MANNA.[28]

Under the Constitution, Congress has the power to create needful laws in our democracy, and under this power Congress has the authority to make new laws such as, Medicaid Plus. This can be achieved if Democrats and Republicans come together to address the growing Medicaid expenditures and the growing health concerns of many Americans who are diabetic and/or prediabetic.

The first way this can be achieved is by welcoming Republican members' feedback and attempting to incorporate their suggestions into the bill, it is critical that this

[30] Taylor, Marygrace, Kate Rockwood, Marygrace Taylor, and Marygrace Taylor. "Three Ways Soy Can Supercharge Your Diet Instantly, According to Experts." Good Housekeeping, March 3, 2020. https://www.msn.com/en-sg/lifestyle/tipsandtrickshealth/three-ways-soy-can-supercharge-your-diet-instantly-according-to-experts/ar-BBZ8g1u

bill have the support of both Democrats and Republicans to ensure it will pass not only through the Finance and Agricultural Committees, but also the Senate and House. You are the primary stakeholder needed to address this issue because you are a Congress woman in a unique position, sitting on both the Finance and Agricultural Committees. The Finance Committee oversee the Medicaid budget and program and the Senate Agriculture, Nutrition, and Forestry Committee, where you are a ranking member, provides budget review and approval of the SNAP program. Therefore, the stakeholders for Medicaid Plus will consist of secretary of the Heath and Human Services (HHS) and secretary of U.S. Department of Agriculture (USDA); in addition to your Republican and Democrat colleagues on the Finance and Agricultural committees.

## Policy Implementation

The policy proposal for Medicaid Plus will have three phases. Phase one will take place during the remaining calendar year of 2020, and during this phase Congress shall take necessary measures to ensure the bill is passed and signed by the president. This can be achieved by taking a bipartisan approach when introducing the bill to the Senate Committees. After the bill is passed it is critical that the HHS, Centers of Medicare and Medicaid Services (CMS) in addition to United States Department of Agricultural (USDA) collaborate to launch a successful campaign that will craft the messages to the public informing them of the change and highlighting the benefits of an active lifestyle and a produce rich diet; in addition, to the USDA initiating new negotiations with American famers.

Phase two shall take place as soon as the bill is signed by the president. The first component in phase two is to finalize the new negotiations with farmers and the transfer of SNAP from USDA to HHS, CMS, which will require the collaboration amongst the two bureaucracies to discuss current processes the USDA agency currently has in place for governing and issuing food stamps to ensure CMS is in the best position to takeover the responsibilities of overseeing the SNAP program by January 2021. The second component in phase two requires the build-out of anonymous longitudinal patient data (APLD).[31] This second component is critical to phase two in order to ensure personal information is protected and a firewall is put in place to protect protected health information (PHI). The APLD gathered will track physical exam reports, blood work, and items purchased using SNAP. APLD is important component because it will show the effectiveness of Medicaid Plus and the money saved for each time a person no longer has prediabetic test results.

During phase three the public implementation will take place, which requires the continuous messaging from the communications campaign, developed in phase one; in addition to the tracking and reporting on the APLD to Congress and the public. Finally, CMS should encourage MCOs to align with food banks to offer precooked meals for

[31] Packer, Sarah. "Getting the Most Out of Longitudinal Patient Data." RxDataScience Inc. – Data Science for Healthcare. Accessed March 21, 2020. https://www.rxdatascience.com/blog/getting-most-out-of-longitudinal-patient-data

Medicaid and Medicare beneficiaries, and Medicaid and Medicare recipients should be able to pay foodbanks with SNAP dollars.

## Policy Analysis

Medicaid Plus is a new policy proposal that no state or government has attempted, and because real-time data is not available, to the public, on Medicaid expenditures and diagnostic codes it is challenging to conclude the full effects and cost savings Medicaid Plus could have on federal and state budgets, but we do know, "in 2013, medical expenditures associated with diabetes paid by the Medicaid program was estimated to be $25.6 billion."[3] Also, we know that from a national standpoint Medicaid pays $9,401 per diabetic beneficiary, and 1 in 3 (approximately 88 million) adults in America have prediabetes.[32] If all 88 million were to develop diabetes Medicaid would spend $9,401 per beneficiary which is greater than $827 billion per year. However, as stated earlier data does show that only about 30% of prediabetic patients will develop diabetes, so in that case, it is certain at a minimum, Medicaid cost will increase by $244 billion per year. Furthermore, we know our current system and approach is not working at preventing the increase in diabetes and we know if new measures are not put in place Medicaid could potentially increase expenditures by $244 billion annually.

[32] "Prediabetes - Your Chance to Prevent Type 2 Diabetes." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, January 8, 2020. https://www.cdc.gov/diabetes/basics/prediabetes.html

The cost to implement Medicaid Plus will be minimal compared to the projected $244 billion Medicaid may have to pay per year if 26 million people are newly diagnosed with diabetes.[32] The only true expenditure for Medicaid Plus is the marketing campaign to promote Medicaid Plus and its initiatives to increase the soy, fruit, and vegetable daily intake as opposed to mass consumption of meats and junk food. In addition, to highlighting the benefits of living an active lifestyle. Because this campaign is encouraging social and behavioral change the frequency and longevity on the marketing campaign, needs to be extensive in order to achieve success.

This initiative to change social and behavioral habits through implementing a successful marketing campaign is not new, in fact, Rosie the Riveter, is an example of how a successful marketing campaign can have drastic change in a short amount of time. Government and industrial leaders partnered to create the Rosie the Riveter message. The message successfully increased the number of women in the workforce by 10% from 1940 through 1945.[33] Artist also participated in this effort, in fact there was even a song created; and posters and commercials advertised women working.[33] Therefore, this same initiative should be implemented to increase interest in consuming healthier foods and being physically active. In order, to successful achieve this government should allocate 1.5% of the Medicaid budget towards the Medicaid Plus marketing campaign. Most firms and businesses have a marking budget that is 5% or greater of their sales, but because

[33] "Rosie the Riveter." History.com. A&E Television Networks, April 23, 2010. https://www.history.com/topics/world-war-ii/rosie-the-riveter

Medicaid does not have sales and has a significantly larger budget it is not necessary to spend 5% of the budget on marketing.

In FY 2019 Medicaid spent $616 billion.[34] If Medicaid spends 1.5% on the FY 2019 Medicaid expenses that will allocate $9 billion for the Medicaid Plus marketing campaign. It is not necessary for government to spend $9 billion all in one year and in fact government should distribute the funds over a 5-year period.

The potential effectiveness of the Medicaid Plus program has been demonstrated on a smaller scale through HPP's *Food as Medicine* program in addition to the WHO's studies and published proposals that are provided in the memorandum.[28] It is a fact as this memorandum has outline, that healthy eating and exercising will benefits one's health and prevent the permanent diagnosis of type 2 diabetes.[28]

Medicaid Plus is proposing to shift the way we think about food and exercise, by first aligning the SNAP and Medicaid programs. Aligning these programs will require a transfer of SNAP funds and program oversight responsibilities to the office of CMS, but no funds are being added. SNAP beneficiaries will keep their current electronic benefit transfer (EBT) cards to purchase food, the only thing that will change is a restriction on

[34] "Total Medicaid Spending." The Henry J. Kaiser Family Foundation, September 12, 2019. https://www.kff.org/state-category/medicaid-chip/medicaid-spending/

the food they can purchase, just as EBT cards cannot process a payment for acholic beverages it will not be able to process payments for junk food.

The pros to the Medicaid Plus policy proposal are the potential funds the Medicaid program could save in addition to the lives. This policy will also not require a significant amount of additional funding from the federal budget. This could also benefit farmers and ensure them secure funds while simultaneously ensuring that reasonably priced produce is available to EBT recipients for purchase. Medicaid Plus will also provide the opportunity for Democrats and Republicans to work on a bipartisan bill that will benefit America as whole for the reasons mentioned above.

Although there are several pros to Medicaid Plus there are also cons. The first con is the structure element to governing the type of food being purchased with SNAP funds.[35] Experts have raised concerns about this potentially becoming a burden and having additional administrative requirements to implement and oversee the junk food ban.[35] The second con is that the junk food ban may not be as effective because SNAP recipients will find other means to fund the foods that are banned under the SNAP program since SNAP is just "supplemental" some recipients use their own cash already to cover the remaining amount of their grocery bill, and thus will buy healthier foods with

[35] Schanzenbach, Diane Whitmore. "Pros and Cons of Restricting SNAP Purchases." Brookings. Brookings, February 16, 2017. https://www.brookings.edu/testimonies/pros-and-cons-of-restricting-snap-purchases/

SNAP and junk food with their own money.[38] Furthermore, another con is that junk food bans on SNAP recipients will be unpopular amongst people, because the obesity issue in America is not only a problem for low-income families, it is a problem in all social-economic classes in America, and SNAP recipients spend proportionally about the same amount on junk food as families who do not receive SNAP benefits.[38] Therefore, to single out low-income families would be unfair because some argue diabetes is a national issue not just an issue in impoverished communities.[38]

The likelihood of Medicaid Plus being successful is relatively high because individuals who receive Medicaid will have an EBT card to purchase food, and with that card they will not be able to purchase foods that are high in sugars. They will also have the opportunity to purchase meals that are prepared for them as Metropolitan Area Neighborhood Nutrition Alliance did in the HPP *Food as Medicine* program[28]. From the *Food as Medicine* program there was a significant decrease in hospital admissions, specialist visits, and HbAlc levels for patients who were diabetic.

## Political Analysis

Banning junk food purchases with federal dollars is not a new concept, if fact a Texas State Representative, Briscoe Cain, attempted to propose a state bill, H.B. No. 4364 which would ban junk food purchases, such as sugary drinks, potato/corn chips,

cookies etc.[36] This was also attempted in the state of Florida under H.B. 593.[37] Furthermore, according to PEW there were four additional states (Arkansas, Mississippi, New Mexico, and Tennessee) who proposed bills that would ultimately prohibit the purchase of junk food using federal money, by allowing states to request a waiver to ban junk food purchases.[38]

Because SNAP is a federal program states can only request a waiver to banned junk food purchases, and thus to implement this change effectively it would require action of you to propose this policy initiative, Medicaid Plus, as an amendment to the 42 U.S. Code Chapter 7. The Finance Committee should be the vetting committee in the Senate to host all necessary hearings. Furthermore, you should also propose an amendment to the 7 U.S. Code Chapter 51to transfer funds to close out the SNAP program under the USDA and move the program to the office of CMS because according to the United States Constitution, Congress has the power to make amendments to laws and create needful laws for our democracy.

[36] Cain, Briscoe. "Texas HB4364: 2019-2020: 86th Legislature." LegiScan. Accessed March 21, 2020. https://legiscan.com/TX/bill/HB4364/2019.
[37] Massullo, Ralph. "The Florida Senate." House Bill 593 (2017) - The Florida Senate, January 31, 2017. https://www.flsenate.gov/Session/Bill/2017/593/?Tab=BillText.
[38] Fifield, Jen. "Should People Be Barred From Buying Junk Food With Food Stamps?" The Pew Charitable Trusts, February 24, 2017. https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/02/24/should-people-be-barred-from-buying-junk-food-with-food-stamps.

Prior to introducing the Medicaid Plus to the Finance Committee, consult with Senator Joni Ernst and Chuck Grassley, on the Agricultural Committee, and highlight the potential benefits the bill will have on farmers. Senator Joni Ernst and Chuck Grassley are both from Iowa and their state is the second-largest state in the country for producing agriculture, and they will be more inclined to listen to the Medicaid Plus proposal if you first start out by highlighting ways Medicaid Plus can benefit farmers.[39] Senator Grassley has been in the Senate for years and has seniority and popularity, and is undecided if he will run for reelection, but regardless Medicaid Plus presents a unique opportunity for him, to once again, work on a bill that can change things for the country by bettering lives and simultaneously saving federal dollars.[40] Senator Joni Ernst is in jeopardy of losing her seat and therefore, should be more included to sign-on to the bill in addition to another colleague of yours, Senator Jon Cornyn on the Finance Committee, who is also in jeopardy of losing his seat, and for this same reason, he should be more inclined to work with you on this bill, in hopes that he can get a win before reelection.[41]

Due to the tariff war with China and the effect of the coronavirus, it is likely that this bill will be past because it will help farmers have guaranteed funds for producing produce that is kept within the nation. Also as you may already know, farmers in

[39] "Value-Added Agriculture - Food Ingredients." Iowa Area Development Group. Accessed April 14, 2020. https://www.iadg.com/iowa-advantages/value-added-agriculture-food_ingredients/
[40] Brennan, Paul. "86-Year-Old Chuck Grassley Says He Might Run for Reelection in 2022." Little Village, February 20, 2020. https://littlevillagemag.com/86-year-old-chuck-grassley-says-he-might-run-for-reelection-in-2022/
[41] Bowman, Bridget, Simone Pathé, and Stephanie Akin. "The 10 Most Vulnerable Senators in 2020: Republicans Play Defense." Roll Call, November 4, 2019. https://www.rollcall.com/2019/11/04/the-10-most-vulnerable-senators-in-2020-republicans-play-defense/

America are struggling because of the tariff war launched with China,[42] and because of recent fear over the coronavirus and the mortality rate of those with preexisting conditions such as diabetes people may be more open to the idea of becoming healthier and being proactive in addressing the prediabetes diagnosis in order to prevent diabetes.

The likelihood of Republicans signing on and supporting this bill both through the Senate and House is high because this policy proposal will decrease Medicaid spending dollars on diabetes, increase the health of Americans, and ensure farmers receive a significant portion of federal dollars from SNAP. The President will be in a hurry to also sign the bill because of recent unpopular events, such as the coronavirus and the unforeseen market consequences and the negative reification the trade war has had on American farmers; signing the Medicaid Plus bill will show that he has been able to work across party lines; however, passing Medicaid Plus is also a win for democrats, because this program will prevent states from attempting to just restrict what SNAP recipients eat. This bill is addressing the issue as a whole by looking at Medicaid dollars and the amount spent on diabetes in addition to offering a solution to address the diabetes epidemic; in addition, to Medicaid Plus replacing unhealthy foods with healthy foods at a time when millions of Americans are suffering from diabetes and farmers searching for new markets.[42] Medicaid Plus can help these farmers acquire a new position in the domestic

[42] Plume, Karl, and P.J. Huffstutter. "U.S. Farmers See Another Bleak Year despite Phase 1 Trade Deal," January 3, 2020. https://www.reuters.com/article/us-usa-trade-china-agriculture-insight/u-s-farmers-see-another-bleak-year-despite-phase-1-trade-deal-idUSKBN1Z20CK.

market and, in return help, Americans have affordable and healthy alternatives as opposed to junk food.

Although only state bills have proposed banning junk food purchases with SNAP dollars, the U.S. House Agriculture Committee did meet in 2017 to debate banning junk food and soda purchases with federal dollars.[43] These initiatives in 2017 were not popular, partly due to the way the issue was introduced, and the underline tone of "should the government be telling people what and how to eat?" However, the United States House Representative Tim Ryan, proposed amendments to H.R.1887 - National Institute of Nutrition Act, to allow research around "optimal diets to prevent and treat type 2 diabetes and prediabetes."[44] So the notion of treating *Food as Medicine* is not unfamiliar to The Hill.

## Recommendations

It is recommended that you approve the Medicaid Plus policy proposal because it is the mandatory requirement, we need to slow the growth rate of obesity and diabetes, which will result in deducing significant Medicaid expenditures. This proposal will save lives by educating individuals about the benefits of eating healthy and engaging in physical activities. In addition, to securing funds for farmers who produce crops and

[43] Sullivan, Bartholomew. "Congress Debates: Should Tax Dollars Be Used to Buy Junk Food?" USA Today. Gannett Satellite Information Network, February 16, 2017. https://www.usatoday.com/story/news/politics/2017/02/16/congress-debates-should-tax-dollars-used-buy-junk-food/98009390/

[44] Ryan, Tim. "Text - H.R.1887 - 116th Congress (2019-2020): National Institute of Nutrition Act." Congress.gov, March 26, 2019. https://www.congress.gov/bill/116th-congress/house-bill/1887/text.

ensuring billions of federal dollars are not spent on junk food. Nevertheless, this policy proposal will also save the Medicaid program billions of dollars by reducing the amount of newly diagnosed diabetic patients, hospital admissions, and the costly procedures that diabetes treatment requires.

You are the ideal congress member to present this bill because you are a member of both the Agriculture and Finance Committee, and Medicaid Plus requires the consolidation of the SNAP and Medicaid program. Nevertheless, Medicaid Plus also presents a unique opportunity for you to address concerns that both the Republican and Democratic members share, because of this unique opportunity you will be able to lead a bipartisan effort that will save federal dollars and better the health of millions of Americans, in addition to securing farmers a larger portion of our national market.

I advise that you and your team draft the Medicaid Plus proposal, highlighting the facts and policy implementation methods stated in this memorandum. After the policy proposal has been drafted, I suggest you send the draft proposal to the Office of Legislative Counsel to finalize the proposal. After the bill has been drafted by the Legislative Counsel, you should present the Medicaid Plus proposal to the Agricultural and Finance Committee for consideration. It is recommended that you welcome Republican members' feedback and attempt to incorporate their suggestions into the bill, it is critical that this bill have the support of both Democrats and Republicans to ensure it

will pass not only through the Finance and Agricultural Committees, but also the Senate and House.

Furthermore, as previously mentioned throughout this memorandum, several states have attempted to ban junk food purchases with SNAP funds, but neglected to present a solution for the methods of governing the ban in addition to providing a solution to ensuring alternative healthy and affordable options are available to SNAP receipts. Medicaid Plus presents a solution to all these barriers, and by the federal government taking federal action, it will address our national issue of the increase in diabetes, obesity, and Medicaid expenditures, these are not state issues. They are national issue that require national actions.

# Curriculum Vitae

## SUMMARY

I am a policy and governance professional who has worked with various institutions developing programs and improving business practices. My primary interests are: public policy, Medicaid/CHIP, HUD, and congressional relations. My areas of expertise include: innovation, SWOT analysis, public and congressional relations, health insurance policy/law, advocacy, and program development. What sets me apart is my charismatic and determined personality with the perseverance to implement positive and needed change within organizations to achieve the overall mission.

## WORK EXPERIENCE

**Fannie Mae,** Washington, DC December 2019 -Present
*Corporate Governance, Senior Associate (40+ hrs.)*

- **Leadership:**
  - Develop policies and procedures enterprise wide to ensure the organization remains compliant with laws.
  - Advise on implementation of business practices to address business gaps and potential risk.
  - Monitors and evaluates the enforcement of resolutions in response to audit findings.
  - Lead stakeholders to strategically think about succession planning, contingency strategies, and business continuity planning.
- **Technical Competence:**
  - Construct a SharePoint web page to provide and track information which pertained to the governance of the organization.

**Health Services for Children SN,** Washington, DC September 2018 – December 2019
*Policy Management Analyst (40+ hrs.)*

- **Financial Management:**
  - Analyzed and revised component documents, to ensure consistency with the Medicaid/CHIP managed care and fee-for service contract requirements and regulations.
- **Leadership:**
  - Monitored movements and discussions that pertained to healthcare coverage and reform, including emerging legislation.
  - Proposed counter arguments with the organization's long-term interests at forefront.
  - Offered one-on-one feedback to staff on ways to improve work methods in addition to developing and conducting multiple business acumen workshops.
- **Oral Communication:**
  - Chaired Policy Committee and engage with external stakeholders on business practices.

- **Technical Competence:**
    - Developed, advanced, and simplified policy program through the implementation of new cutting-edge software and organizational skills.

**Health Partners Plans**, Philadelphia, PA February 2018 – September 2018
*Policy Research Analyst (40+ hrs.)*

- **Financial Management:**
    - Increased HPP PAC profit by 69 percent and managed campaign finances.
- **Leadership:**
    - Identified health care policy concerns affecting low-income beneficiaries.
    - Provide insight and perspective on how certain policies may negatively impact beneficiaries.
- **Oral Communication:**
    - Tracked state and federal legislation to inform management of regulations and policies that may affect Health Partners Plans' lines of business and members.

**Self Employed/Entrepreneur,** Radnor, PA October 2017 – February 2018
*Independent Consultant (40+ hrs.)*

- **Leadership:**
    - Developed a strategic plan to recruit short term clients.
    - Performed a SWOT analysis and made recommendations to clients to improve weaknesses, seize opportunities, and strategically address threats.
    - Shifted business strategy to account for unforeseen setbacks and remained optimistic and focused.
- **Oral Communication:**
    - Provided clients with a flawless consulting experience through authenticity and active listening.

**GBS|CIDP Foundation International,** Conshohocken, PA December 2016 - October 2017
*Community Engagement Coordinator (40+ hrs.)*

- **Financial Management:**
    - Managed awarded grants and ensured requirements were met.
- **Leadership:**
    - Led the Foundation’s international community and grassroots advocacy program.
    - Developed strategic outreach plan and increased volunteer engagement by 55 percent globally.
    - Appointed volunteers and oversaw 200+ liaisons.

- **Oral Communication:**
    - Tracked federal legislation and insurance guidelines to provide insight and perspectives to congress on the potential impacts of legislation.

**Independence Blue Cross**, Philadelphia, PA October 2015 - November 2016

*Policy & Knowledge Specialist (40+ hrs.)*

- **Leadership:**
    - Made swift and tough decisions regarding coverage and exceptions, with limited data and time constraints.
- **Oral Communication:**
    - Advised implementation of additional compliance requirements and collaborated with staff to develop concise and informative policies and procedures.
    - Tracked state and federal legislation to inform management of laws, regulations, and policies that affect Independence Blue Cross's lines of business.
- **Technical Competence:**
    - Enhanced a robust excel dashboard and tracked mechanisms for staff development and training programs.

**Fairville Management,** North East, MD August 2014 - October 2015

*Tenant Service Coordinator (25+ hrs.)*

- **Financial Management:**
    - Managed community award grants and ensured requirements were achieved.
- **Leadership:**
    - Researched federal/state welfare and healthcare programs and guidelines.
    - Developed resource directory, program outreach, and public awareness materials.
    - Oversaw and improved the community outreach program by 33 percent.
- **Oral Communication:**
    - Served as a liaison between Fairville Management and community agencies to reach the neediest population.
    - Provided informative presentations to the public on behalf of Fairville Management.

## EDUCATION

**Johns Hopkins University** May 2020
Master of Public Management

**University of Baltimore** August 2015
Bachelor of Arts Degree Government and Public Policy

**Cecil College** December 2013
A.A.S. Business and Commerce Technology – Public Relations

## SPECIAL RECOGNITIONS

Founder, Public Service Program
Member of the Phi Theta Kappa, Honors Society and Vice President of Leadership Services
Member of Pi Sigma Alpha, Honors Society

## VOLUNTEER EXPERIENCE

Ronald McDonald House
Bay View Elementary School
Freedom Hill Therapeutic Riding