U.S. Health System Reform, Children’s Health Care and Nursing: An Integrative Policy Analysis

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Introduction
<table>
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<th>Provisions of the Patient Protection and Affordable Care Act (ACA)</th>
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<td>• Individual mandate</td>
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<td>• Employer requirements</td>
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<td>• Expansion of public programs</td>
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<td>• Premium and cost-sharing subsidies to individuals</td>
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<td>• Premium subsidies to employers</td>
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<td>• Tax changes related to health insurance or financing health reform</td>
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<td>• Health insurance exchanges (Marketplace)</td>
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<td>• Cost containment</td>
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<td>• Improving quality/system performance</td>
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<td>• Prevention/wellness</td>
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<td>• Long-term care</td>
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<td>• Other investments, including workforce and education</td>
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The major provisions of the ACA emphasized expanding health insurance coverage to previously uninsured populations, promoting new fixes for longstanding delivery system problems, and broadening prevention and population health interventions, many of which benefit children.
Expanded access to insurance:
• Expansion of Medicaid
• Access to subsidized private insurance coverage via state/federal Marketplaces
• Extension of dependent health benefits to age 26
• Elimination of pre-existing conditions exclusions
• Prohibition of lifetime dollar limits

Expanded access to care:
• Coverage of comprehensive preventive services with no cost sharing
Background: Children are NOT “little adults”

Children are characterized by their:

• Developmental vulnerability,
• Dependency on parents and other adult caregivers,
• Unique patterns of disease and disabilities,
• Growing racial and ethnic diversity, and
• Disproportionate experiences of poverty
Background: The Current U.S. “Child Health System”

Existing system is characterized by:

- **Fragmented service delivery**
  - Different sectors, (health, education, welfare) funding streams, cultures
  - Lack of coordination - operate in silos

- **Difficulty accessing services**
  - Demand greater than services available
  - Narrow programmatic criteria for eligibility
  - Socio-economic factors limit access - social gradient in treatment and outcomes

Halfon, N. (2012, April). Transforming the child health system, Child Health Policy & Comparative Effectiveness. Symposium conducted at the Pediatric Academic Societies Conference, Boston, MA.
The ACA introduces such a major disruption in health care delivery that there are likely to be some provisions that have unanticipated and unintentional consequences for the delivery of children’s health care.
The Eightfold Path:

1. Define the problem
2. Assemble some evidence
3. Construct the alternatives
4. Select the criteria
5. Project the outcomes
6. Confront the trade-offs
7. Decide!
8. Tell the story

Iteration and Integration

Review of the literature
• Research, reviews, viewpoints/editorials, “grey” literature

Interviews with stakeholders
• Pediatric health care providers
• Legislators
• Government officials
• Family advocacy organizations
• Researchers

Contextual factors
• State laws and regulations
• Federal regulations
Outcomes: Medicaid Expansion and Children’s Access to Care

Medicaid expansion waivers: A 50-state look

The Centers for Medicare and Medicaid Services (CMS) allows states to propose alternative ways to structure their own Medicaid expansion programs (extending Medicaid eligibility to all adults with incomes up to 138 percent of poverty). These proposals are known as Medicaid waivers, and they are listed here.

![Map of the United States with states color-coded to indicate Medicaid expansion status](map-image)

**States implementing expansion without waiver:**

- 22 states + DC

**States implementing expansion with waiver:**

- 7 states

**States to watch:**

- 2 states

**States not expanding at this time:**

- 19 states

Source: Families USA analysis

Note: New Hampshire’s expansion is operational and its waiver is approved but not yet operational; Montana has passed expansion legislation and will be submitting a waiver; Pennsylvania’s Governor will fully transition from the waiver to a standard expansion by fall 2015.

April 2015 FederalFamiliesUSA.org | FAMILIESUSA.org
Outcomes: Essential Health Benefits

- Pediatric services, including oral and vision care
- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Laboratory services
- Rehabilitative & habilitative services & devices
- Prescription drugs
- Mental health & substance use disorder services

10 essential health benefits categories
Outcomes: Regional Specialization
Outcomes: Children with Complex Needs
The ACA ushers in a new era of health care delivery and holds promise for fundamentally improving access to and the quality of U.S. health care services.

Specific areas of concern call for careful monitoring of implementation to avert potential negative consequences for children.

Medicaid expansion to previously ineligible adults means that the largest U.S. public insurance program may cover many individuals over their entire life course, and creates new incentives to address the early life/childhood origins of adult health and disease in the context of a longer time horizon.

Nurses, as frontline health care providers in acute care and community-based settings, are in a prime position to survey the impacts and identify challenges experienced by children and families, and introduce innovative solutions during this evolution.
Selected References

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Thank you