The Network for Public Health Law

Addressing Socioeconomic Barriers to Health Equity through Law: A Preview of the 2018 Public Health Law Conference

July 26, 2018

Co-sponsored by:

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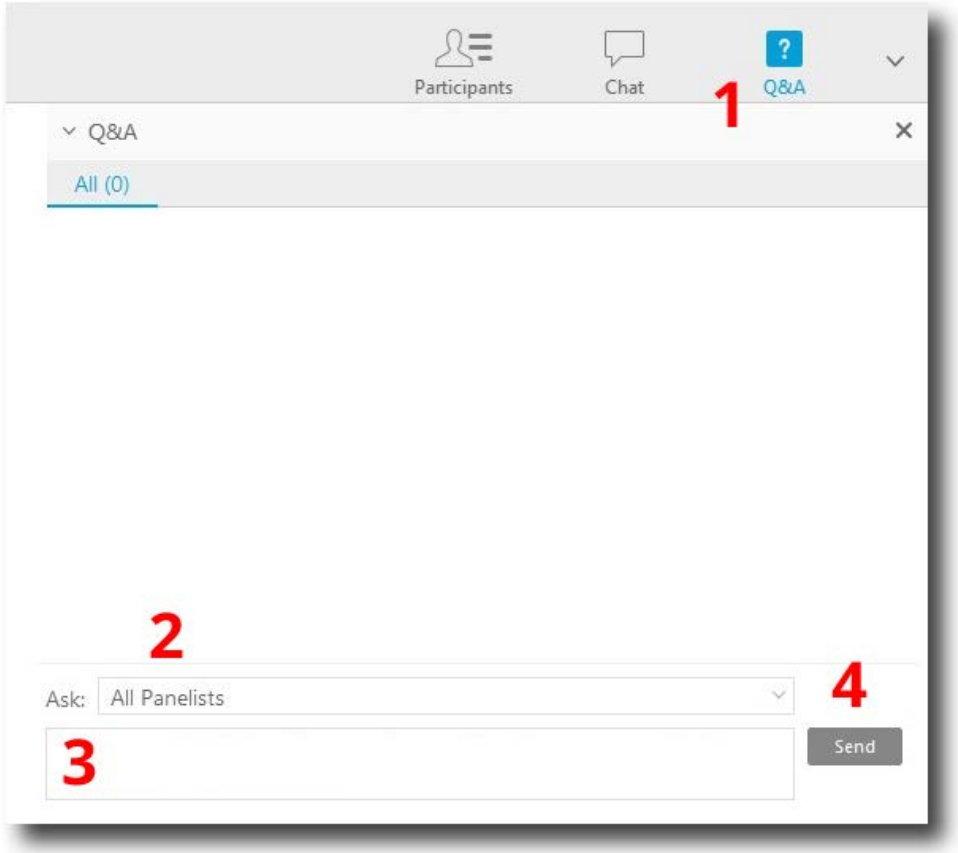

Moderator

Mellissa Sager, Senior Staff Attorney, Network for Public Health Law – Eastern Region, Senior Attorney, Legal Resource Center for Public Health Policy

- J.D., University of Maryland
- Research interests/areas of expertise:
  - State statutory research
  - Scope of practice
  - Problem gambling
  - Oral health

Presenter

Russell McCord, ORISE Public Health Law Fellow, Child Development Studies & Public Health Law Program, Centers for Disease Control and Prevention

- J.D., Georgia State University College of Law
- Research interests/areas of expertise:
  - Mental and Behavioral Health
  - Telemedicine

Presenter

Colleen Healy Boufides, Senior Attorney, Network for Public Health Law – Mid-States Region

- J.D., Duke University School of Law
- Research interests/areas of expertise:
  - Health equity
  - Medical-Legal Partnership & policy development
  - Public health statutory and regulatory authority
  - Environmental health and climate change
  - Community health workers

Presenter

Sarah Somers, Managing Attorney, Network for Public Health Law – Southeastern Office, Managing Attorney, National Health Law Program

- J.D., University of Michigan Law School
- M.P.H., University of North Carolina Gillings School of Global Public Health
- Research interests/areas of expertise:
  - Medicaid
  - Child Health
  - Managed Care in Medicaid
  - Disability Rights

50-State Legal Epidemiology Assessment of State Telehealth Laws

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CDC Center for State, Tribal, Local, and Territorial Support

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ORISE Fellow, Child Development Studies Team

CDC National Center on Birth Defects and Developmental Disabilities

PHLC Preview

CDC-PHLP Disclaimer

These course materials are for instructional use only and are not intended as a substitute for professional legal or other advice. While every effort has been made to verify the accuracy of these materials, legal authorities and requirements may vary from jurisdiction to jurisdiction. Always seek the advice of an attorney or other qualified professional with any questions you may have regarding a legal matter.

The contents of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.

PHLC Tele-Public Health Panel

Collaborators:

- Brittney Bauerly, JD (The Network for Public Health Law)
  - *Tele-Public Health: What the Legal Landscape of Telehealth Laws Means for Public Health Outcomes*

- Ariadna Vazquez – (UNM Health Sciences Center)
- Emilee Soto – (Office of University Counsel at University of New Mexico)
  - *Lessons Learned: Project ECHO's Global Outreach Mission from a Legal Perspective*

What Is Telehealth?

Telehealth:

- Broad term refers to "a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies." (Center for Connected Health Policy, 2018)

Telemedicine:

- Generally refers to clinical health care services that are delivered via telecommunications technologies.

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First Things First: Expanding Broadband Access

Broadband Access:

- Referred to as a "super-determinant" of health because it affects numerous other social determinants of health, such as education, employment and health care access.

Broadband Deserts:

- As of early 2016, approximately 34 million people lacked broadband access, including 23 million Americans in rural areas. (FCC, 2016 data)

Telehealth Examples

- **Video Directly Observed Therapy** – Tuberculosis medication monitoring
- **Family Home Visiting** – Online parent support services
- **Substance Abuse Treatment** – Telehealth tools to address the opioid crisis
- **Telemental Health** – Virtual counseling and mental health services
- **Community Paramedicine** – Connecting patients in their homes with caregivers elsewhere
- **Project ECHO** – "Extension for Community Healthcare Outcomes"

CDC's Public Health Law Program

- **What we do**
  - Advance the use and understanding of law as a public health tool
- **How we do it**
  - Training and Workforce Development
  - Communication and Partnerships
  - Legal Epidemiology
  - Research and Translation
- **Whom we serve**
  - State, tribal, local, and territorial communities and CDC programs

CDC
Centers for Disease Control and Prevention

To submit a request or learn more about public health law, visit

www.cdc.gov/phlp

50-State Legal Epidemiology Assessment of Telehealth Laws

Telehealth – Defined by Health Organizations

World Health Organization definition:

"The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment, and prevention of disease and injuries."

Health Resources and Services Administration definition:

"The use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."

Telehealth program yields significant savings for Veterans Health Administration

The Veterans Health Administration (VHA) began introducing telehealth programs in the 1990s and has pioneered the use of telehealth in the United States. The VHA uses multiple types of telehealth interventions that provide routine care and targeted care management services to veterans with diabetes, congestive heart failure (CHF), hypertension, chronic obstructive pulmonary disease (COPD), post-traumatic stress disease (PTSD) and depression. The VHA served over 150,000 beneficiaries with telehealth services in 2012.

As the VHA's program matured, it created substantial efficiencies. The annual cost to deploy the telehealth program in 2012 was $1,600 per patient per year, compared to over $13,000 for traditional home-based care and over $77,000 for nursing home care. Telehealth also was associated with a 25 percent reduction in number of bed days of care and a 19 percent reduction in hospital admissions across all VHA patients utilizing telehealth.

https://www.aha.org/system/files/content/16/16telehealthissuebrief.pdf

March 2017

Evidence Roadmap:
Telehealth and Health Care Access for Rural Populations

AcademyHealth

AcademyHealth's Evidence Roadmap series presents selected, key research studies, systematic reviews, and other rigorous evidence to help policy analysts and others explore the current state of knowledge about a topic relevant to health policy or the delivery of health services.

This Evidence Roadmap catalogs recent evidence on the use of telehealth as a strategy to mitigate health care access issues in rural areas, including the establishment of telephone or video-based consultation and training for rural health care practitioners. In two of AcademyHealth's Listening Project reports, "Improving the Evidence Base for Medicaid Policymaking" and "Improving the Evidence Base for Safety Net Health Care Delivery," policymakers, health system leaders, and other experts identified this topic as needing additional attention from health services researchers.

While primarily focused on the past six years, this Roadmap includes older resources when they represent the most recent available evidence on a topic or a seminal contribution to the evidence base. This Roadmap does not address the strength or quality of the evidence on this topic.

Telemedicine for Specialist Geriatric Care in Small Rural Hospitals: Preliminary Data
Gray LC, Fatehi F, Martin-Khan M, Peel NM, Smith AC. J Am Geriatr Society. 2016 Jun; 64(6): 1347-1351.

This paper reports findings from a prospective observational study examining the feasibility and sustainability of a telegeriatric service model for small rural hospitals. The model included videoconferencing, a geriatric assessment on a web-based clinical decision support system, multidisciplinary team support, and a trained nurse at the rural location.

Access and Quality of Care in Direct-to-Consumer Telemedicine
Uscher-Pines L, Mulcahy AW, Cowling D, Hunter G, Burns RM, Mehrotra A. Telemed J E Health. 2016 Apr; 22(4): 282-288.

This paper compared the care quality of Teladoc (a direct-to-consumer telemedicine company) with that of physician offices, and the quality of care of Teladoc users versus non-users.

Clinician Attitudes toward Adoption of Pediatric Emergency Telemedicine in Rural Hospitals
Ray KN, Felmet KA, Hamilton MF, Kuza CC, Saladino RA, Schultz BR, Watson RS, Kahn JM. Pediatr Emerg Care. 2016 Jan.

This study explored pediatric emergency telemedicine, including people's current attitudes towards it, barriers to its adoption in rural settings, and strategies to further its adoption and implementation by overcoming these barriers.

Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
Ray KN, Demirci JR, Bogen DL, Mehrotra A, Miller E. Telemed J E Health. 2015 Aug; 21(8): 622-629.

In this study, rural pediatricians from 17 states were interviewed and asked about their experiences with telehealth services and their preferred telehealth strategies.

Telemedicine, Telehealth, and Mobile Health Applications that Work: Opportunities and Barriers
Weinstein RS, Lopez AM, Joseph BA, Erps KA, Holcomb M, Barker GP, Krupinski EA. Am J Med. 2014 Mar; 127(3): 183-187.

This paper explored recent advances in telehealth services as well as barriers to long-term success. It also discussed issues related to mobile health, the medical app industry, and the virtualization of health care.

Lessons from Tele-emergency: Improving Care Quality and Health Outcomes by Expanding Support for Rural Care Systems.
Mueller KJ, Potter AJ, Ward MM. Health Aff (Millwood). 2014 Feb; 33(2): 228-234.

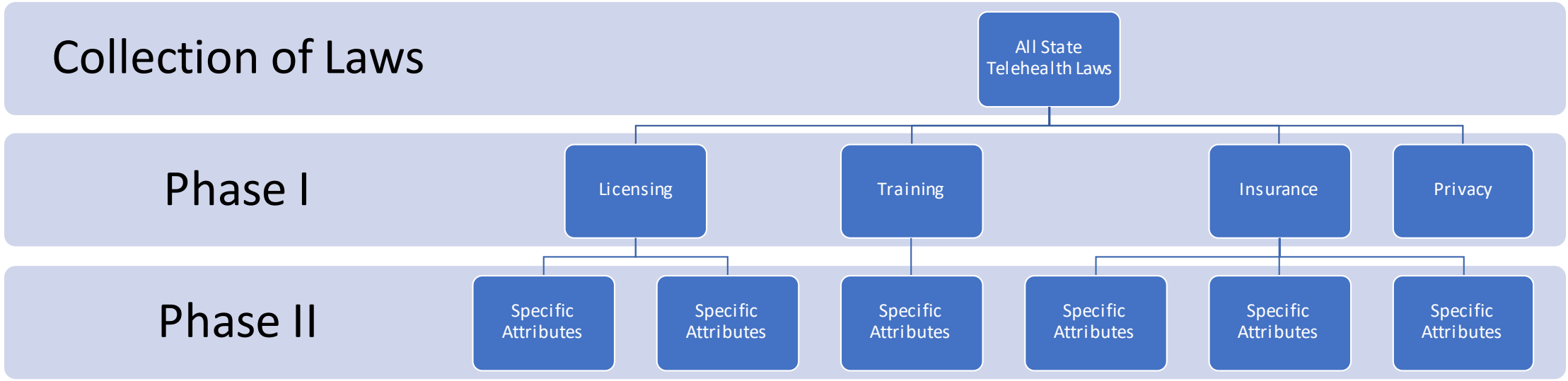
This paper included a review of tele-emergency models in rural areas and a study of a large tele-emergency service in the Midwest. The study used a survey of hospitals, followed by telephone interviews and site visits with clinicians and administrators, to assess experiences with tele-emergency, including the impact on clinical quality, wait times, care coordination, patient-centered care, and resources.

- Increases access to care
- Increases efficiency
- Potentially increases quality of care
- Potentially decreases costs

Benefits of Telehealth

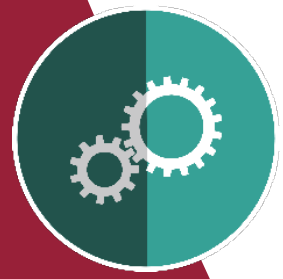
Legal Assessment of State Telehealth Laws

- Create a two-phase assessment with tiered analysis
  - Phase I:
    - Identify relevant legal provisions using Westlaw legal database
    - Categorize legal provisions by the nature of Telehealth use described in the law
  - Phase II: In-depth analysis of specific attributes within telehealth topics



Methods

Conducted literature review of telehealth law and policy topics



Developed search string for Westlaw legal database to identify telehealth statutes and regulations in each jurisdiction

Generated 20 coding categories to characterize legal attributes pertaining to telehealth

Public Health Topics

- Access to Care
- Rural Health
- Mental/Behavioral Health
- Justice System
- Health Data
- Children (Schools)
- Substance Abuse
- Veterans

Legal Topics

- Credentialing
- Reimbursement (Public and Private)
- Licensure
- State Medical Boards
- Privacy/Confidentiality
- “Face-to-Face” or In-Person Consultation Requirements
- Oversight & governance

Preliminary Results

- All 50 US states, Washington DC, the Commonwealth of Puerto Rico, the US virgin Islands, and the Territory of Guam have at least 1 law governing telehealth
  - Number and nature vary greatly by jurisdiction
- Jurisdictions used law to:
  - Designate a Rural Health Office to oversee a telehealth program
  - Set up pilot telehealth training and treatment programs
  - Establish reimbursement requirements for Medicaid
  - Set standards for telehealth training and practice
  - Facilitate broadband procurement

Designate a Rural Health Office to Oversee a Telehealth Program

North Carolina

N.C.G.S.A. § 143B-139.4B

Office of Rural Health to oversee and monitor establishment and administration of statewide telepsychiatry program

Set Up Specific Programs

Nebraska

Neb. Rev. St. 85-1414.01

Oral health care; practice of dentistry; legislative intent; Oral Health Training and Services Fund; created; use; investment; contracts authorized; duties

"(5) The plan shall include

. . . .

(c) a proposal to provide oral health services to residents of Nebraska using telehealth as defined in section 71-8503."

Neb. Rev. St. § 71-5683

Funding under act; use

"Funding under the Rural Behavioral Health Training and Placement Program Act shall support:

. . . .

(3) Training and service provision expenses, including, but not limited to, travel to rural clinic sites, equipment, clinic space, patient-record management, scheduling, and **telehealth supervision**."

Establish Who Can Be Reimbursed Under Medicaid

Mississippi

Miss. Admin. Code 23-225:1.5
Reimbursement

"B. The Division of **Medicaid** reimburses the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission.

1. The following enrolled Medicaid providers are eligible to receive the originating site facility fee for telehealth services per transmission:

. . .

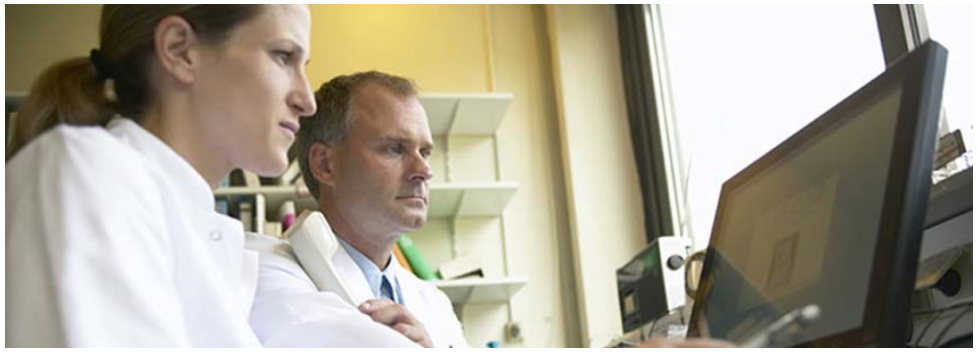
c) A **Rural Health Clinic (RHC)**"

Facilitate Broadband Procurement

Nevada

Nev. Rev. Stat. Ann. § 223.610

Duties of Director



"The Director of the Office of Science, Innovation and Technology shall:

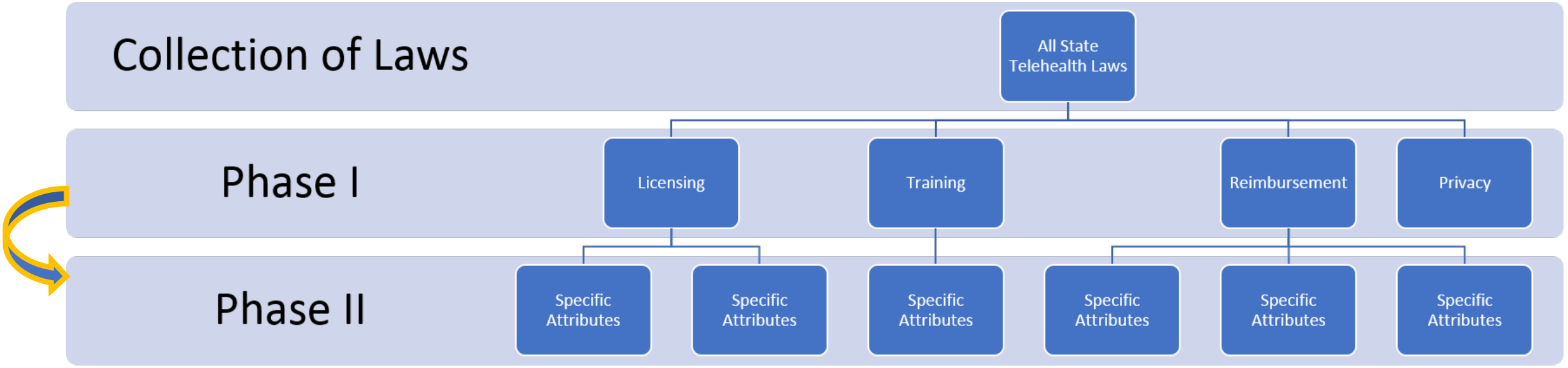
5. Coordinate activities in this State relating to the planning, mapping and **procurement of broadband** service in a competitively neutral and nondiscriminatory manner, which must include, without limitation:

. . . .

(e) In consultation with providers of health care from various health care settings, **the expansion of telehealth services** to reduce health care costs and increase health care quality and access in this State, especially in rural, unserved and underserved areas of this State"

Next Steps

- Phase II: In-depth analysis of specific legal attributes within telehealth topics.
  - Rural health
  - Mental health
  - Definitions of telehealth, telemedicine



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Ideas. Experience. Practical Answers.

Addressing Socioeconomic Barriers to Health Equity Through Law: A Preview of the 2018 Public Health Law Conference

Working with Medical-Legal Partnerships to Address Social Determinants of Health through Public Health Law

Colleen Healy Boufides, JD
Network for Public Health Law – Mid-States Region
July 26, 2018
(with thanks to Donna Levin, National Director, Network for Public Health Law & Madeline Morcelle, Staff Attorney, Network for Public Health Law - Western Region)

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Objectives

What is a Medical-Legal Partnership?

How can MLPs contribute to public health legal change?

NCMLP/NPHL Initiative & Opportunities

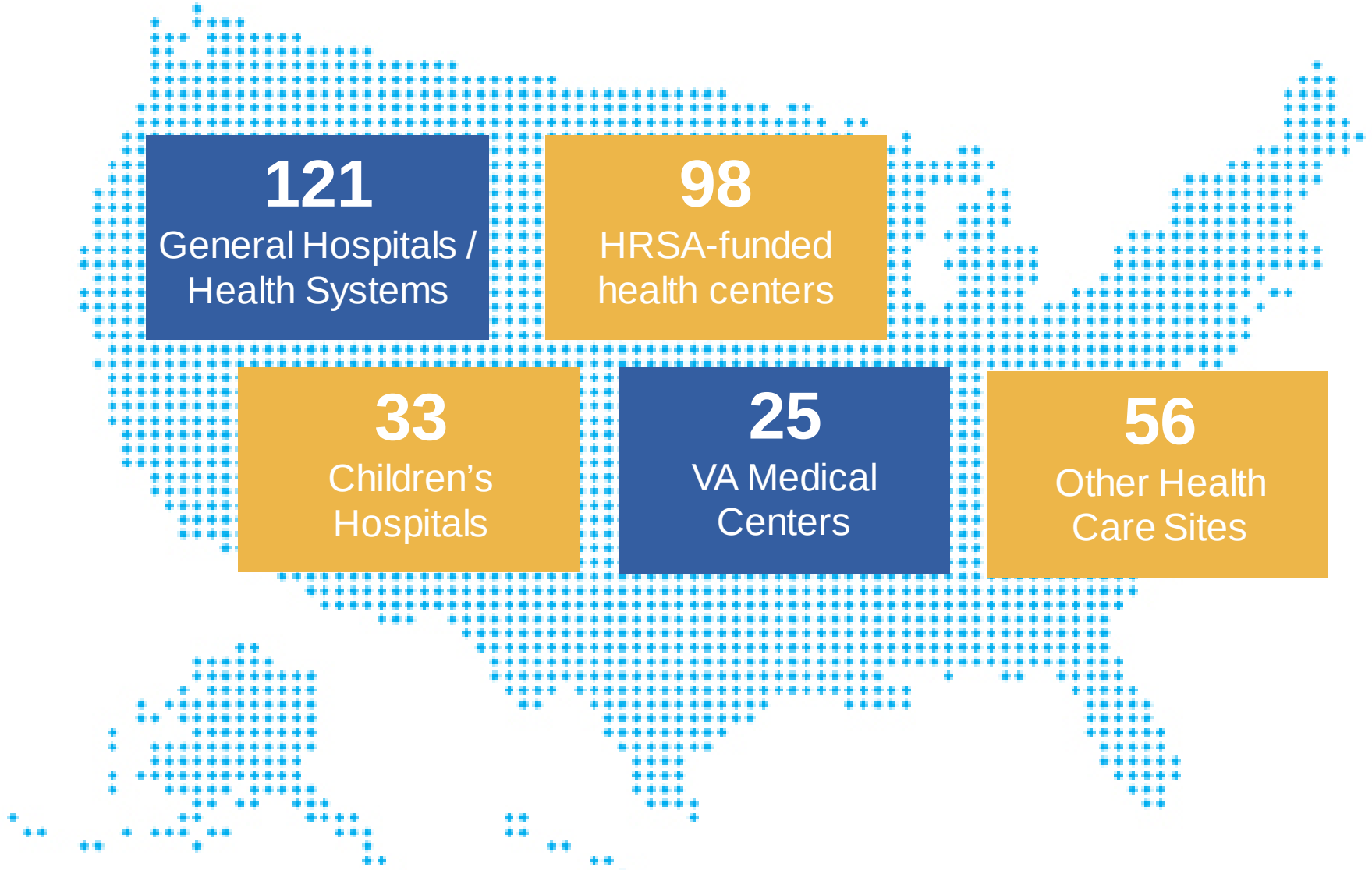
MEDICAL-LEGAL PARTNERSHIP
is an intervention where legal and health care professionals collaborate to help patients resolve
SOCIAL & ENVIRONMENTAL FACTORS
that contribute to
HEALTH DISPARITIES
and have a remedy in civil law.

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

How lawyers solve SDOH problems

I-HELP™		How Lawyers Can Help
Income & Insurance		Food stamps, disability benefits, cash assistance, health insurance
Housing & utilities		Eviction, housing conditions, housing vouchers, utility shut off
Education & Employment		Accommodation for disease and disability in education and employment settings
Legal status		Assistance with immigration status (e.g. asylum applications); Veteran discharge status upgrade; Criminal background expungement
Personal & family stability		Domestic violence, guardianship, child support, advanced directives, estate planning

MLPs at 333 health care orgs in 46 states



Studies show that with MLP services:

People with chronic illnesses are admitted to the hospital less frequently.

People more commonly take their medications as prescribed.

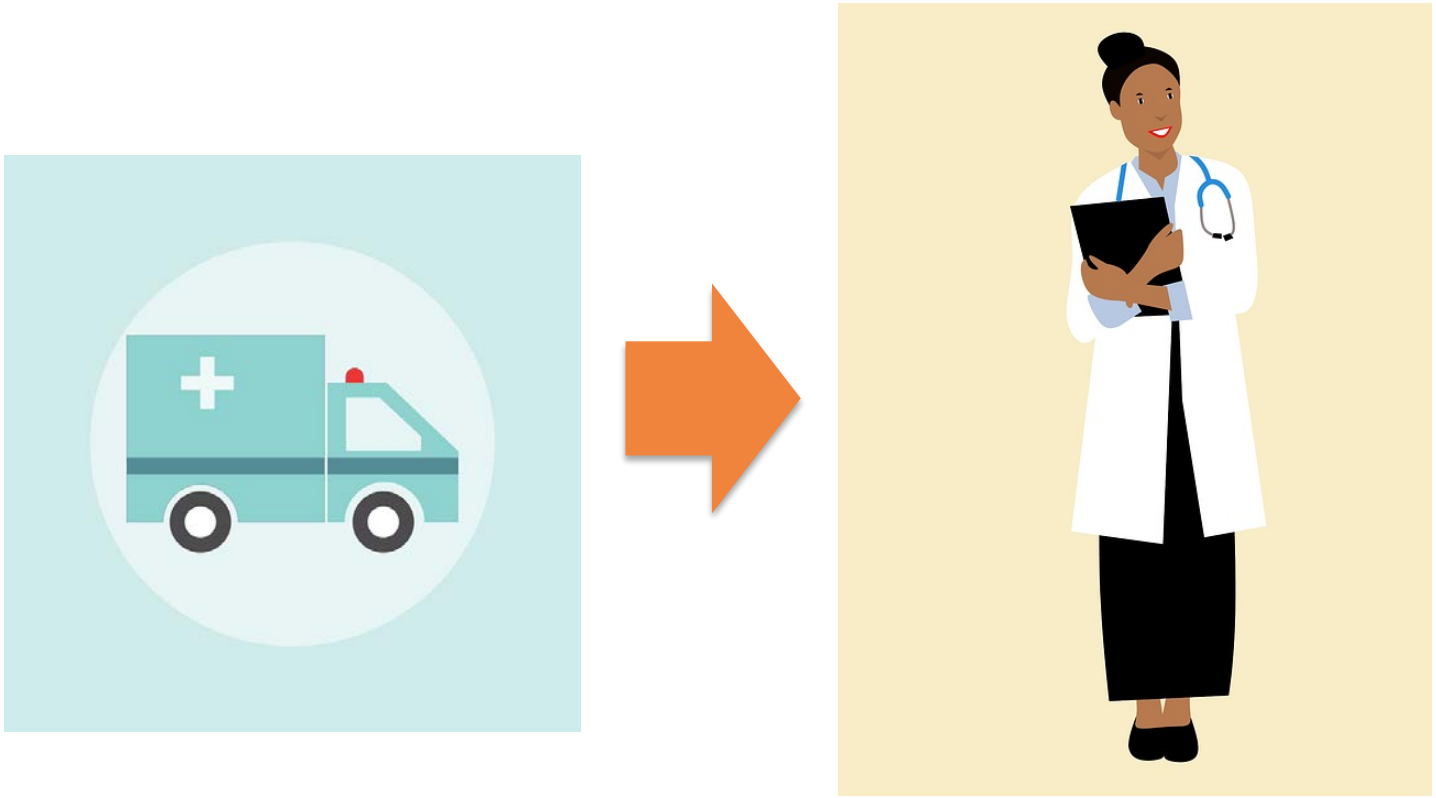
People report less stress and experience improvements in mental health.

Less money is spent on health care services for the people who would otherwise frequently go to the hospital, and use of preventative health care increases.

Clinical services are more frequently reimbursed by public and private payers.

Read the research.

"Is Preventing Injustice Possible?"



See **Ellen Lawton**, "Is Preventing Injustice Possible?," *HuffPost* (Oct. 5, 2015), https://www.huffingtonpost.com/ellen-lawton/is-preventing-injustice-possible_b_8245208.html.

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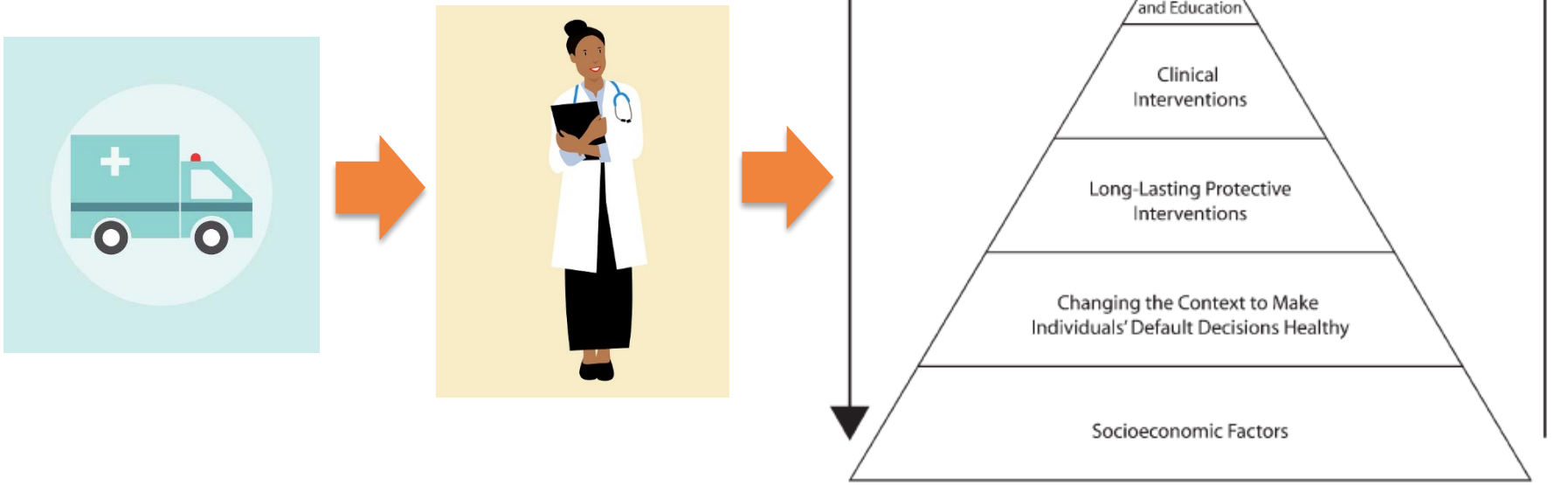
How can **medical-legal partnership** contribute to **public health legal change**?

Going further upstream…



"The Health Impact Pyramid" (Frieden, 2010)

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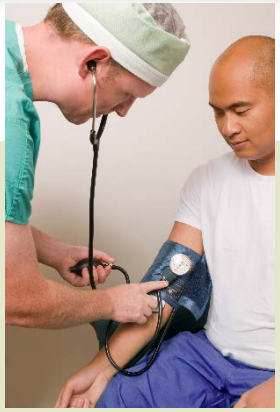
Prevention Paradigms



Individualist / Biomedical / High Risk

- Biomedical → testing, screening, early intervention
- Individualist → personal responsibility, education
- Secondary and Tertiary Prevention

Clinicians & Lawyers

Public Health / Population

- Population-based → reduce / remove exposure
- Social epidemiology → change environment / context
- Primary Prevention

Public Health Experts

See **Micah Berman**, *A Public Health Perspective on Health Care Reform*, 21 Health Matrix: J.L. & Med. 353 (2011) and Geoffrey Rose, *Sick Individuals and Sick Populations*, 14 Int'l J. Epidemiology 32 (1985). Photos: Top left - CDC/Amanda Mills (2011), https://phil.cdc.gov/phil/details.asp; Top right - CDC/ Debora Cartagena (2012), https://phil.cdc.gov/phil/details.asp

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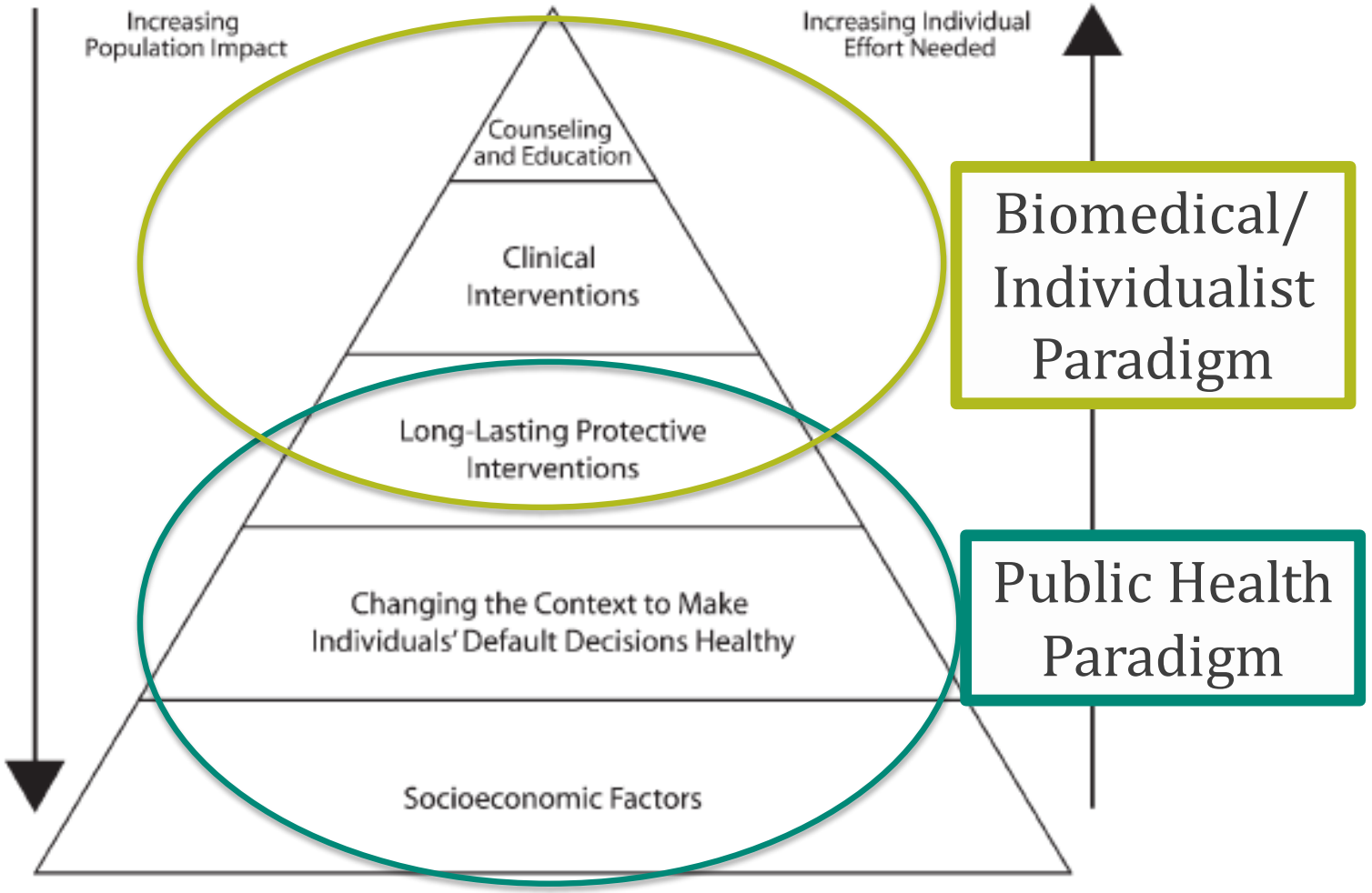
The Health Impact Pyramid



Thomas Frieden, "A Framework for Public Health Action: The Health Impact Pyramid," *American Journal of Public Health* 100 (Apr. 2010): 590-95.

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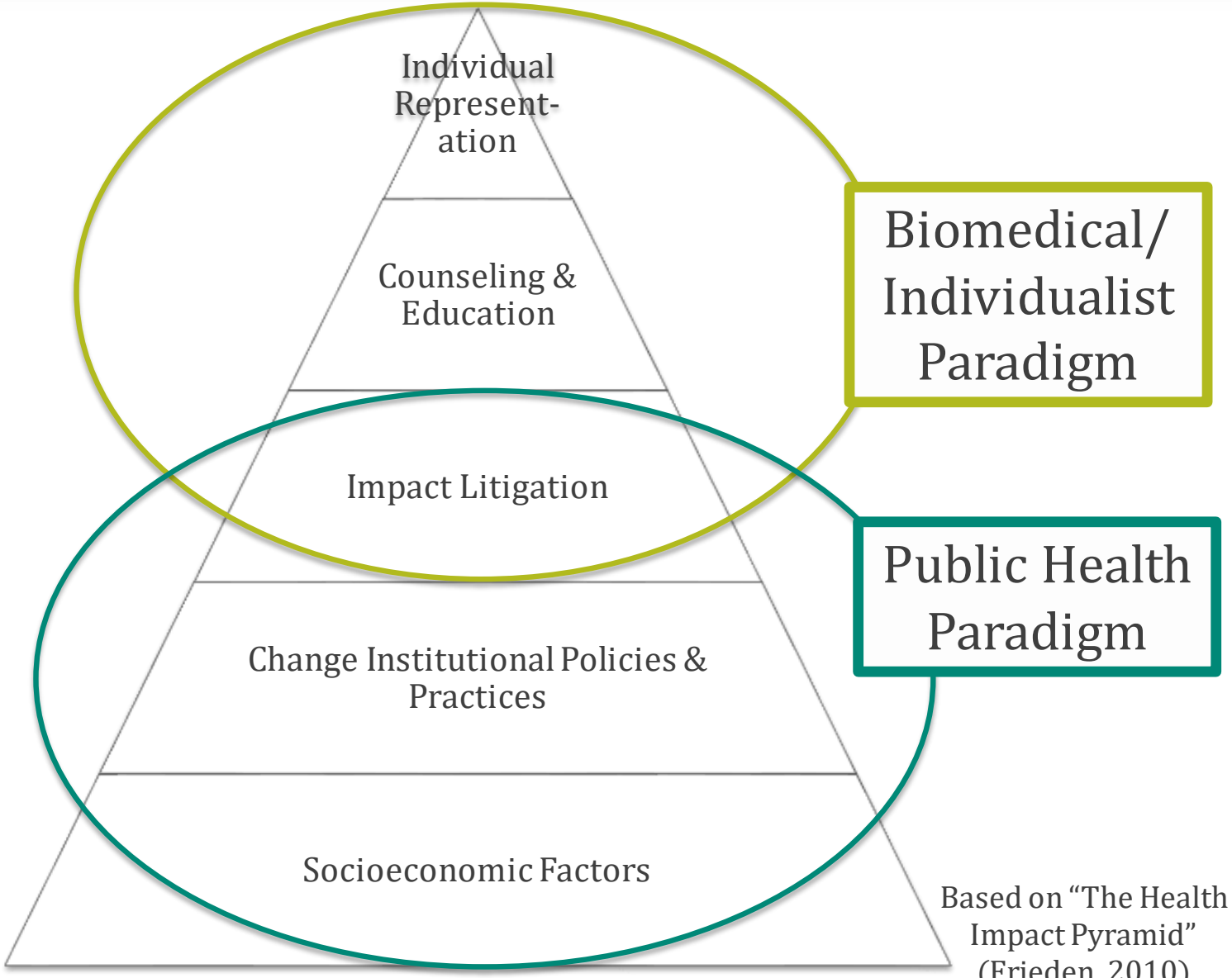
The LEGAL Impact Pyramid



Based on "The Health Impact Pyramid" (Frieden, 2010)

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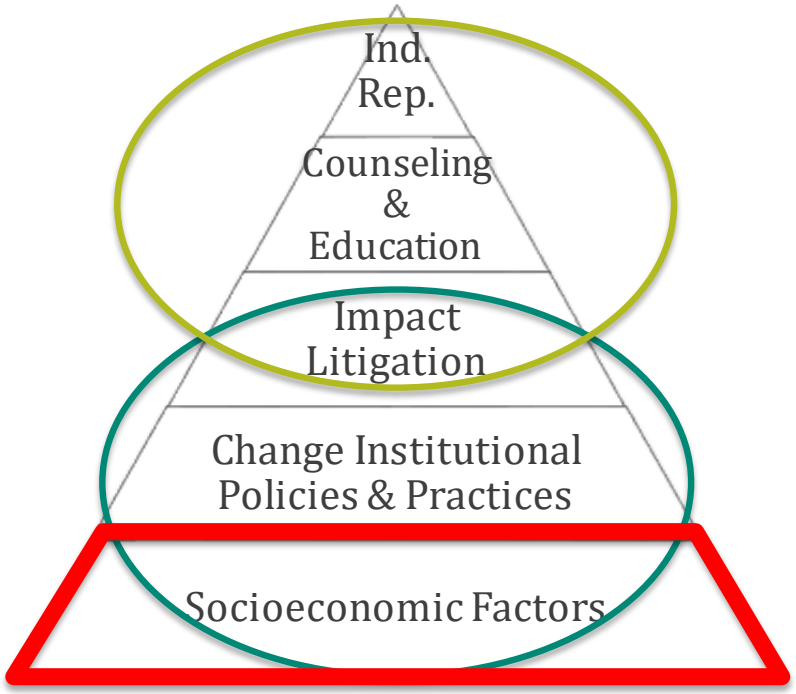
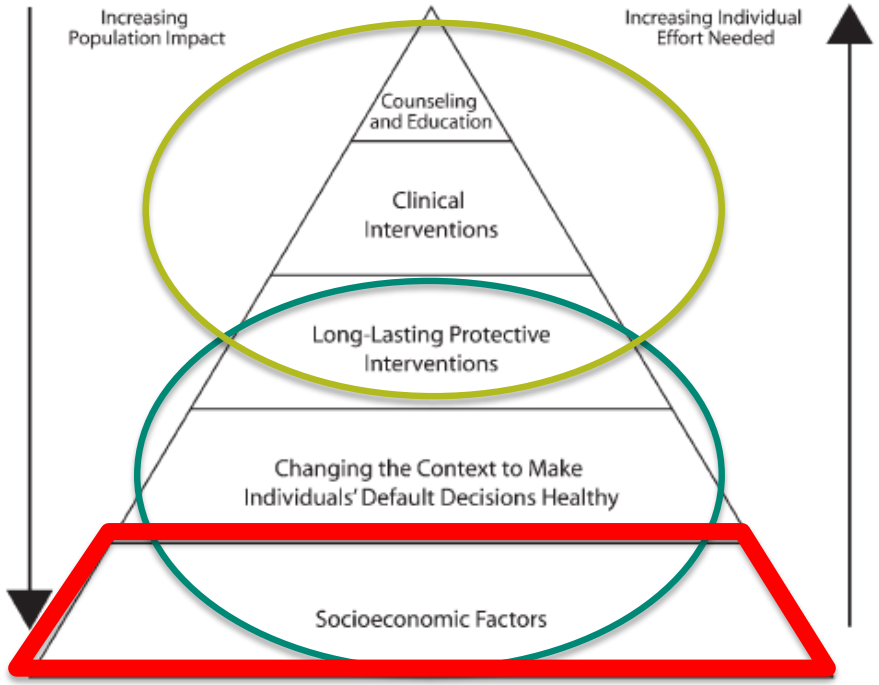
Comparing Legal Impact to Health Impact





"The Health Impact Pyramid" (Frieden, 2010)

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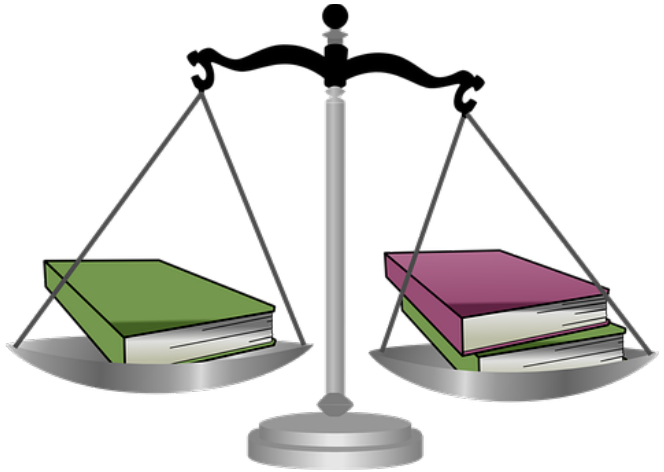
Law & Social Determinants of Health

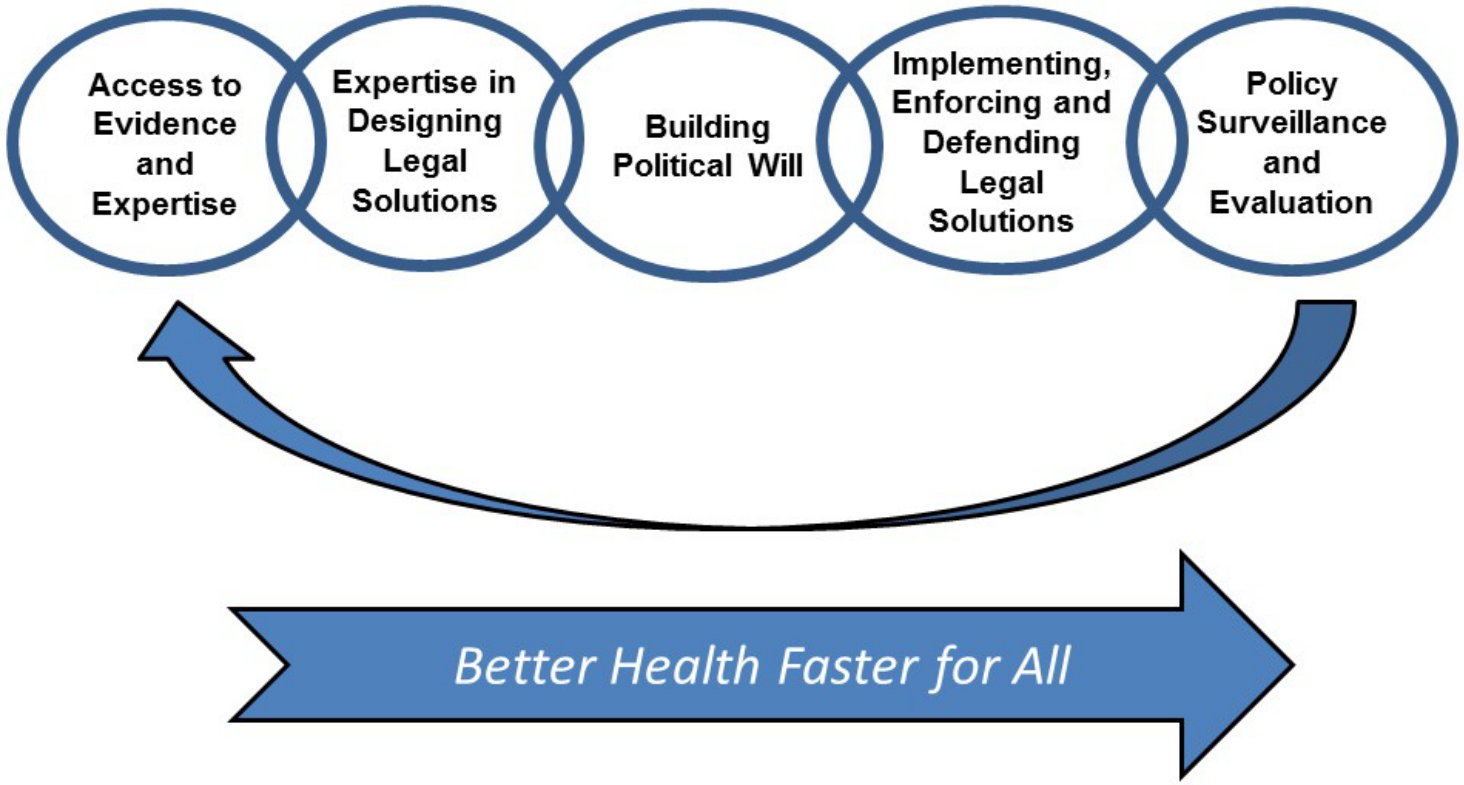
"Law of the Books"



"Law of the Streets"

Scott Burris, *Law in a Social Determinants Strategy: A Public Health Law Research Perspective*, 126 Pub. Health Rep. 22, 23 (Supp. 3 2011). *See also* **Elizabeth Tobin-Tyler,** *Aligning Public Health, Health Care, Law and Policy: Medical-Legal Partnership as a Multilevel Response to the Social Determinants of Health*, J. Health & Biomed. L. 211, 239 fig. 2 (2012).

The Five Essential Public Health Law Services



Burris S, Ashe M, Blanke D, Ibrahim J, Levin DE, Matthews G, Penn M, and Katz M. Better Health Faster: The 5 Essential Public Health Law Services. *Public Health Reports*. 2016; Nov/Dec.:1-7. doi: 10.1177/0033354916667496

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The 5 Essential Public Health Law Services

Access to Evidence + Expertise

Epidemiology; legal and policy options; local political, social, and physical context

Expertise in Designing Legal Solutions

Developing laws that are technically sound, politically feasible, and within the scope of authority

Building Political Will

Educate and mobilize to get the good idea into law

Implementing, Enforcing + Defending Legal Solutions

Ensure capacity and accountability for implementation and defense

Policy Surveillance + Evaluation

Assess impact of solution, what works

Burris, Ashe, Blanke, Ibrahim, Levin, Matthews, Penn, & Katz., *Better Health Faster: The 5 Essential Public Health Law Services*, PHR (2016)

Accessing Evidence + Expertise

Epidemiology; legal and policy options; political, social, and physical context

MLP Team:

- Interdisciplinary expertise and real-time, real-life evidence to examine population health problems

Burris, Ashe, Blanke, Ibrahim, Levin, Matthews, Penn, & Katz., *Better Health Faster: The 5 Essential Public Health Law Services*, PHR (2016)

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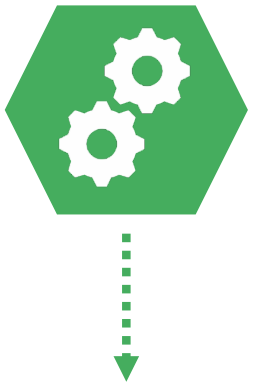

Design Legal Solutions

Developing laws that are technically sound, politically feasible, and within the scope of authority

MLP Team:

- Assess and issue-spot new law- and policy strategies
- Offer insight into the likely unintended consequences of proposed and existing policies

Burris, Ashe, Blanke, Ibrahim, Levin, Matthews, Penn, & Katz., *Better Health Faster: The 5 Essential Public Health Law Services*, PHR (2016)

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Engage Communities, Forge Partnerships, + Build Political Will

Educate and mobilize to get the good idea into law

MLP Team:

- Offer insight into the likely unintended consequences of proposed and existing policies
- Engage in allowable policy advocacy activities armed with real-time, real-life experience
  - Education and outreach
  - Coalition-building (address community issues; advance advocacy campaign)
  - Public processes (regulatory comments; testimony)
  - Lobbying

Burris, Ashe, Blanke, Ibrahim, Levin, Matthews, Penn, & Katz., *Better Health Faster: The 5 Essential Public Health Law Services*, PHR (2016)

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Implement, Enforce, + Defend Legal Solutions

Ensure capacity and accountability for implementation and defense

MLP Team:

- MLP lawyers can share valuable information from the front lines of individual advocacy; proactively file complaints, and support or challenge implementing agencies
- MLP health care and community service providers can support implementation by writing letters of support and leveraging additional legal remedies to help enforce protections

Burris, Ashe, Blanke, Ibrahim, Levin, Matthews, Penn, & Katz., *Better Health Faster: The 5 Essential Public Health Law Services*, PHR (2016)

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Policy Surveillance + Evaluation

Assess impact of solution, what works

MLP Team:

- Provide rare insight into unintended consequences, unanticipated gains, and remaining gaps in the law
- Can monitor public policy outcomes through screening and tracking MLP patient population and disseminate findings

Burris, Ashe, Blanke, Ibrahim, Levin, Matthews, Penn, & Katz., *Better Health Faster: The 5 Essential Public Health Law Services*, PHR (2016)

How can the **National Center for Medical-Legal Partnership** (NCMLP), the **Network for Public Health Law** (NPHL), and **individual MLPs work together** to promote **better public health law and policy**?

How can NCMLP, NPHL, and individual MLPs work together to promote better public health law and policy?

Identify & share systemic issues amenable to public health policy intervention

Provide legal technical assistance to support MLPs in public health policy work

Support state and local health department engagement in MLP work

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National Center for Medical Legal Partnership

The Network for Public Health Law

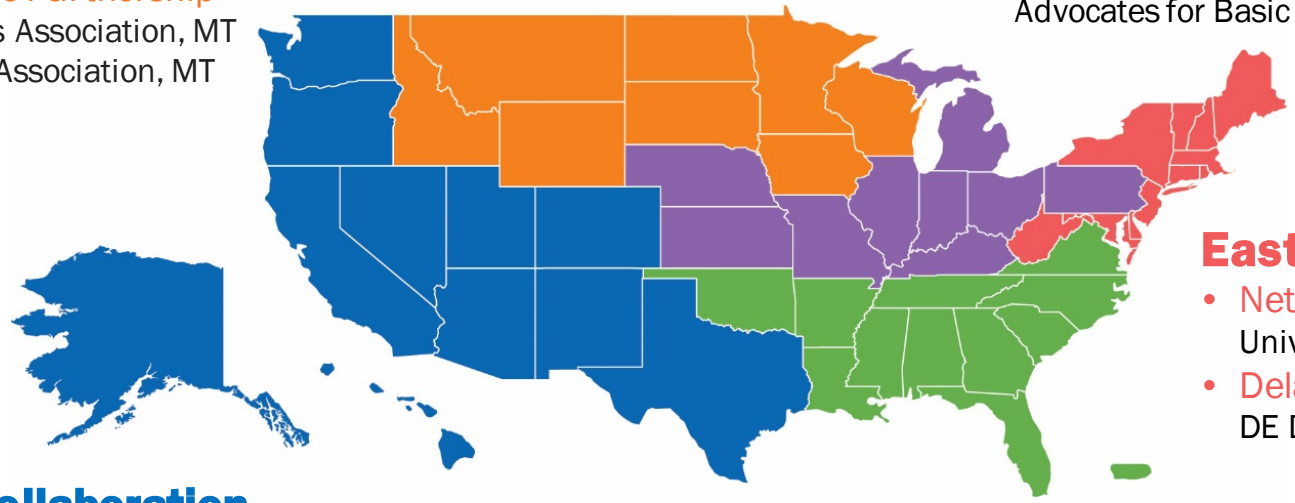
Regional Collaborations

Northern Region Collaboration

- Network—Northern Region Office
  Edina, MN
- The MT Health Justice Partnership
  Montana Legal Services Association, MT
  Montana Primary Care Association, MT

Mid-States Region Collaboration

- Network—Mid-states Region Office
  University of MI — School of Public Health, Ann Arbor, MI
- Multiple MLP Partners
  Community Legal Aid Services, Inc., Akron, OH
  LAF, Health Forward/Salud Adelante, Chicago, IL
  Advocates for Basic Legal Equality, Inc., Toledo, OH



Eastern Region Collaboration

- Network—Eastern Region Office
  University of MD—School of Law, Baltimore, MD
- Delaware Medical-Legal Partnership
  DE Division of Public Health, Newark, DE

Western Region Collaboration

- Network—Western Region Office
  AZ State University—College of Law, Phoenix, AZ
- Medical-Legal Community Partnership
  Los Angeles Department of Health Services, CA
  Neighborhood Legal Services Center of LA County, CA

Southeastern Region Collaboration

- Network—Southeastern Region Office
  UNC Gillings School of Global Public Health, Chapel Hill, NC
- Medical-Legal Partnership
  Legal Aid of North Carolina, Durham, NC

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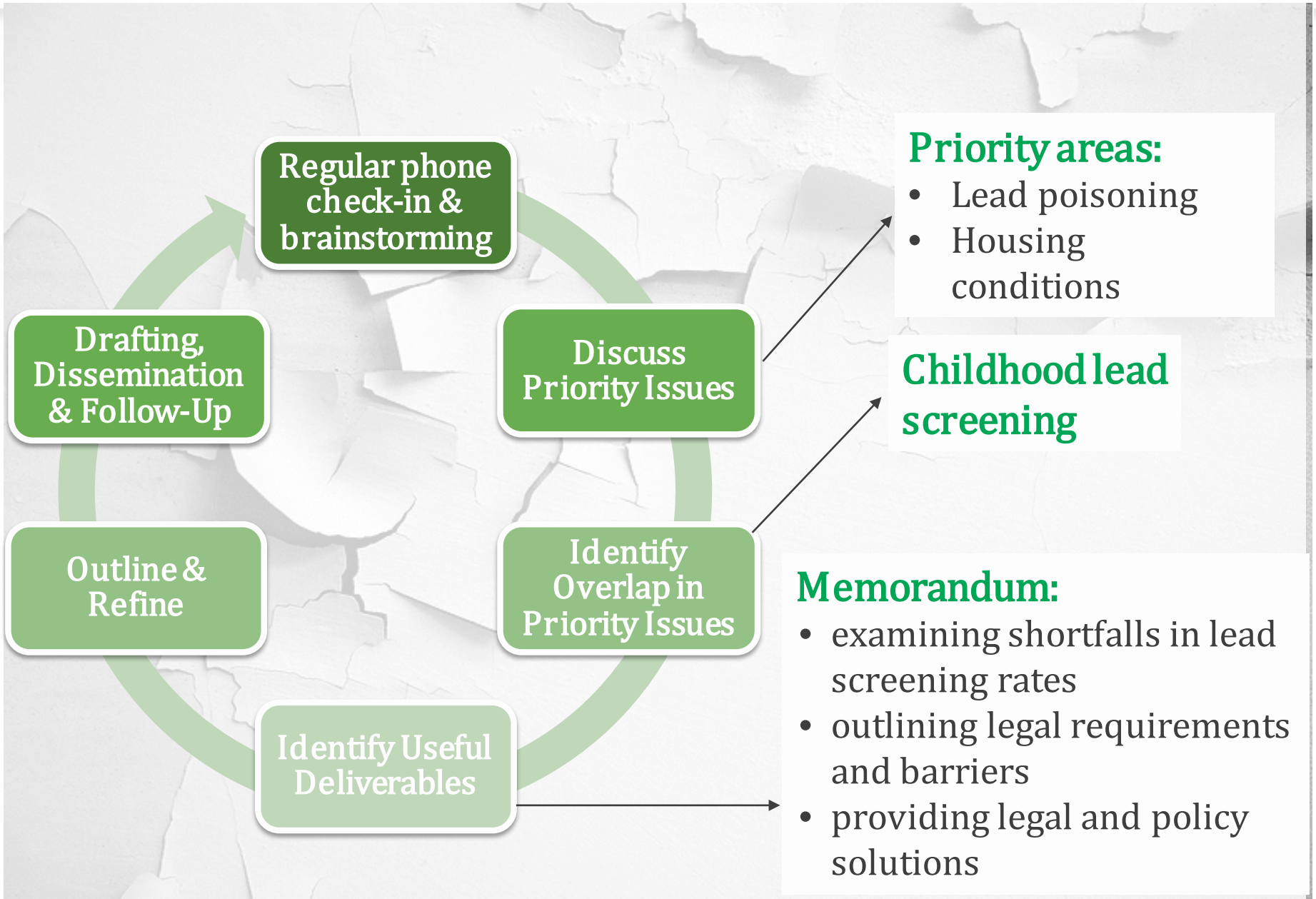

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Join us at PHLC 2018!

October 5, 3:00 – 4:15 pm

- **Joel Teitelbaum, National Center for Medical-Legal Partnership; George Washington University**
- **Dennis Hsieh, Los Angeles Department of Health Services – Whole Person Care; Harbor-UCLA Medical Center**
- **Alice Setrini, LAF Chicago, Health Forward / Salud Adelante**
- Moderator: Colleen Healy Boufides, Network for Public Health Law – Mid-States Region

The Network for Public Health Law

Thank you!

Colleen Healy Boufides, J.D.

chealyboufides@networkforphl.org

And thanks to:

Donna Levin, National Director, Network for Public Health Law

Madeline Morcelle, Staff Attorney, Network for Public Health Law - Western Region

Ellen Lawton, National Center for Medical-Legal Partnership

Kate Marple, National Center for Medical-Legal Partnership

Scott Burris, Marice Ashe, Doug Blanke, Jennifer Ibrahim, Donna Levin, Gene Matthews, Matthew Penn, and Martha Katz, Network and Public Health Law Partners.

The Network for Public Health Law

Ideas. Experience. Practical Answers.

Integrating Clinical and Community Health Using Medicaid's Child Health Benefit

Sarah Somers, Network for Public Health Law – Southeastern Region

Project Introduction

Goals

- **Promote implementation and understanding of EPSDT benefit**
- **Achieve cross-sector understanding of EPSDT's role in the social safety net.**

Engage diverse stakeholders in target states (NC, SC, VA)

- Develop local action plans to improve child health

Engage national legal experts (e.g. housing, food and nutrition, education, environmental, consumer, and disability program)

- Create federal legal safety net scan

EPSDT education efforts

- Child advocate and stakeholder training

Project Introduction

State Focus

» **State Partner Organizations**

North Carolina Justice Center

South Carolina Appleseed Legal Justice Center

Virginia Poverty Law Center

» **Stakeholders**

Health care, public health, advocacy, school, faith-based, governments

» **Two stakeholder convenings**

» **Identification of state-specific child health indicators to target for improvement**

Project Introduction

What we will produce:

- **Comprehensive scans:**
  - federal safety net benefits and rights
  - State-specific rights and benefits
- **EPSDT training materials**
- **Final state blueprint for child health improvement**
  - specific federal and state policies and benefits to be targeted
  - stakeholder responsibilities
  - specific data for measuring success

Medicaid Basics

Entitlement*

- **Covered population groups, *e.g.***

  Children, foster and adopted children, pregnant women, aged, blind, disability

- **Covered services**

  Mandatory and optional

  e.g., Hospital, physician, home health, behavioral health

- **Due process notice and hearing rights if eligibility/services are denied/terminated**

***Watching Congress, tbd**

Medicaid's Benefit for Children & Youth

E* = *Early

P*= *Periodic

S* = *Screening

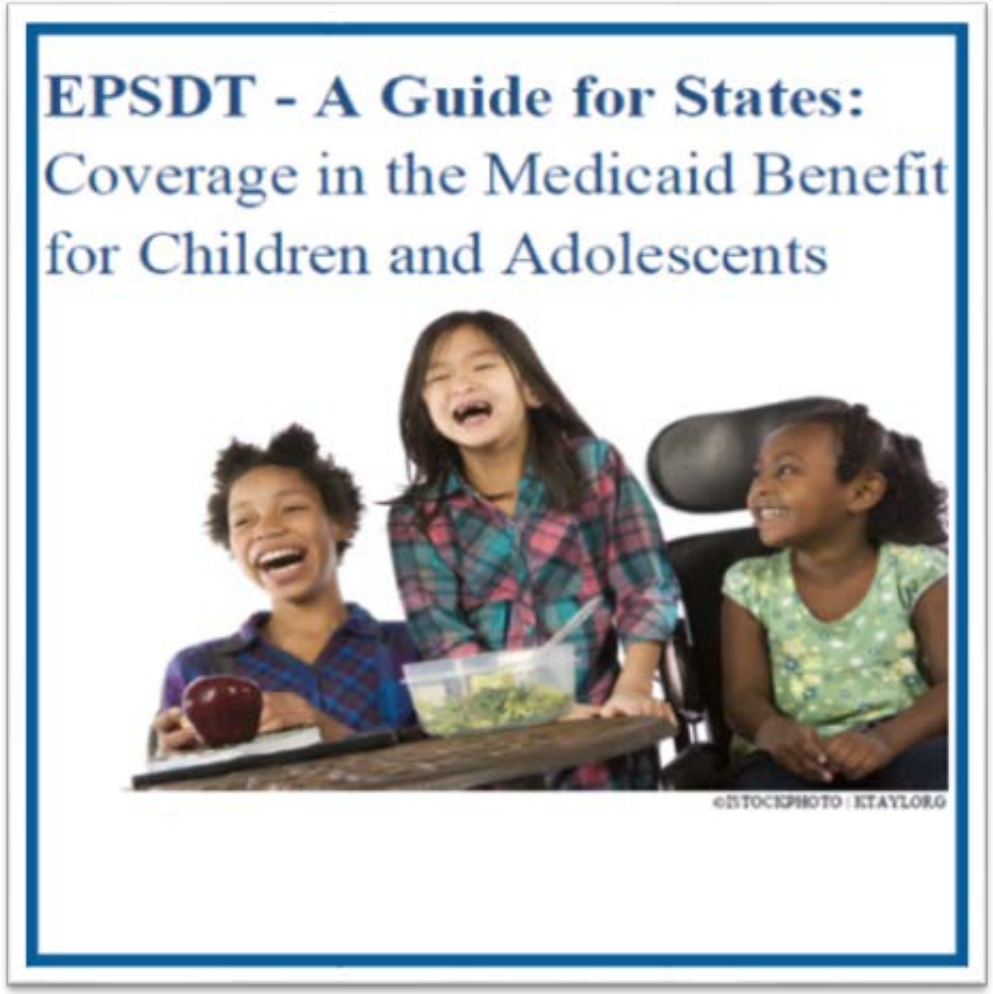
D* = *Diagnostic

T* = *Treatment

Why a separate benefit?

Poor children are more likely to have:

- ✓ **Vision, hearing and speech problems**
- ✓ **Untreated tooth decay**
- ✓ **Elevated lead blood levels**
- ✓ **Asthma**
- ✓ **Behavioral health problems**



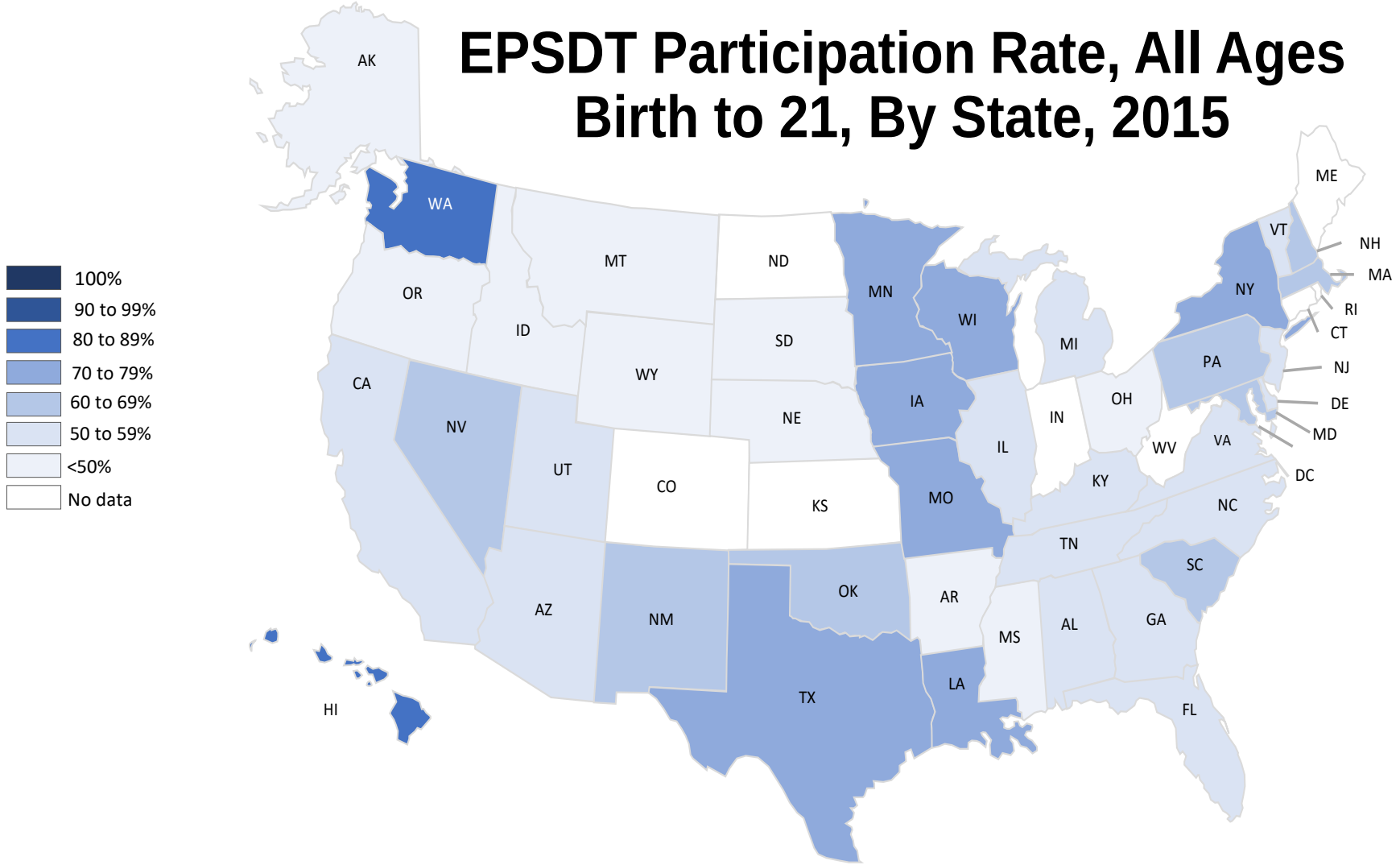
Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html (June 2014)

EPSDT Guidance

"The EPSDT benefit is *more robust* than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated *as early as* possible, The goal of EPSDT is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting."

CMS, *EPSDT – A GUIDE FOR STATES: COVERAGE IN THE MEDICAID BENEFIT FOR CHILDREN AND ADOLESCENTS* (June 2014)

EPSDT Participation Rate, All Ages Birth to 21, By State, 2015



EPSDT Screening

Medical

» **Developmental history**

» **Unclothed physical exam**

» **Immunizations**

» **Lab testing**

» **Health education**

Vision

Hearing

Dental

» **Periodic – pre-set intervals**

» **Interperiodic – as needed**

Any encounter with a treating provider is a screen

EPSDT Treatment Requirements

States must arrange (directly or through referral) for corrective treatment needed as a result of a screen

- **Federal scope of benefits**
- **Federal definition of medical necessity**

EPSDT settings

- *Services in schools* can be covered, e.g., service provided through an IEP, basic health services such as vaccinations
- *Most integrated setting appropriate*, if necessary to comply with Title II of the ADA
- *Transportation* covered

EPSDT Informing Requirements

States must inform Medicaid families & children about EPSDT

Informing must be effective

- Oral and written
- Translated for Limited English Proficiency (LEP)
- Accessible for hearing/vision impaired
- Targeted (e.g. pregnant teens, non-users)

Appointment scheduling assistance (prior to due date of each periodic screen)

Coordination with other entities

EPSDT Coordinating Responsibilities

Maternal and Child Health Agencies

WIC

Head Start

Schools

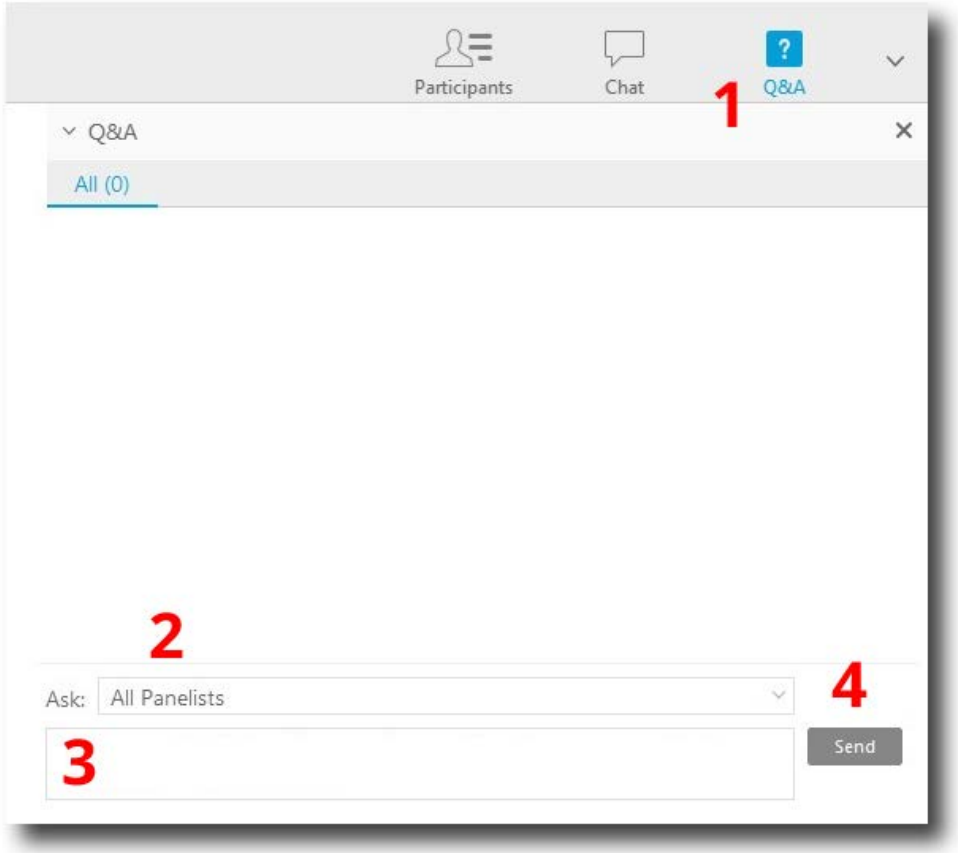
Join us at PHLC 2018

Integrating Clinical and Community Health Using the Medicaid Benefit: A Three State Experiment

- **Sarah Somers, Southeastern Region of Network**
- **Lee James, National Health Law Program**

How to Use WebEx Q & A

1. Open the Q&A panel
2. Select “All Panelists”
3. Type your question
4. Click “Send”



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