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October 22, 2015

The Honorable Joseph R. Pitts
Chairman
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515-6115

RE: **Response to Additional Questions**

Dear Chairman Pitts:

Thank you for the opportunity to provide this response to the following question you submitted as addition to the record of the September 18, 2015 hearing on *Improving the Medicaid Program for Beneficiaries*:

Honorable Renee L. Ellmers

"I'm concerned that lack of access to appropriate care often times leads to more significant costs to beneficiaries and the program, especially those with chronic conditions such as diabetes. Have you examined and/or do you have experience with the impact of access to care on cost, care needs and mortality."

As an elder law and special needs planning attorney for the last three decades in Mississippi, a state with the highest rates of diabetes, heart disease and obesity, I have observed the impact you describe. On many occasions, clients have explained that they, their spouses, or their parents have developed acute medical problems and were in hospitals or nursing homes as the result of untreated or poorly treated conditions such as high blood pressure, diabetic conditions and even cancer. Many times we have heard that productive or preventive medical treatments were not available to the ill person, that the individual did not know how to access those services, or that

helpful medical services had taken a back seat to other economic demands for basic housing and support needs.

The Formula for Access

Access = availability + affordability. This seems, to me, to be the fundamental equation for the problem of health care. Without available providers of health care services, the ability to pay is immaterial. And the inability to pay renders selection of services among numerous providers futile. Neither is sufficient without the other. For this reason, the impact of limited access to health care is particularly serious for lower and middle income folk, many of whom live in rural areas where availability is a particular problem.

Affordability

Congress has provided help to Americans on this front in recent years. Several years ago, I counseled a woman in her early 50s who had cancer. Her husband was six months from becoming vested in his company's health insurance plan when she was diagnosed, and she was excluded from insurance. She had applied for Social Security Disability, but even if approved immediately would not become eligible for Medicare for another twenty-four months. She was desperately concerned that her doctor and hospital would stop providing pro bono care at any time, and she would have an accelerating course of illness due to her lack of ability to pay for care. I had to tell her that, while I and my Care Manager had researched all available resources, we had no solution to offer her. However, one popular and extremely helpful provision of the Affordable Care Act – the prohibition against pre-existing condition exclusion by insurers – has made that painful situation a thing of the past. That provision removed a barrier to affordability for health care that has, I believe, improved health outcomes for many. In addition, the requirement that all insurers in the health exchanges provide basic "essential health benefits" and the provision for Medicare coverage of certain preventive health services will promote better health outcomes. Indeed, our clients (regardless of their beliefs or positions about the ACA) have uniformly been pleased at the coverage of their health screenings and have expressed their feelings that it has kept them healthier. Therefore, as you look to modify the ACA please keep these positive aspects in mind.

Availability

While some positive steps have been taken in the health care payment and insurance system, more needs to be done to encourage availability of providers and health services. In Mississippi, there are 21 Community Health Centers for the 82 counties in the state. Some of these provide services to citizens of several counties and may be the only Medicaid-certified providers of services in large geographical areas. Governmental efforts to incentivize primary care providers, such as the recent $240 million HHS grant to help those nurses and primary care physicians committed to serving underserved areas, will be helpful and should be augmented by other solutions to solve the availability problem.

One facet of availability is the individual's ability to reach available health resources. This ability may be impeded by intellectual challenges to understanding and navigating the confusing system, or by logistical challenges to physically getting to those resources. The National Academy of Elder Law Attorneys (NAELA) maintains an on-going Public Policy committee to identify issues and advocate for the elderly and persons with disabilities. NAELA has recently spearheaded an effort, joined by 33 other organizations including the American Diabetes Association, National Association of Social Workers and National Council on Aging, to have the Senate reject a proposed 42% cut in the State Health Insurance Assistance Programs (SHIPs) and level fund the program at $52.1 million, as the House Appropriations Committee has recommended. The primary goal of SHIPs is to advise, educate, and empower individuals to navigate the increasingly complex Medicare programs and to help beneficiaries make choices among a vast array of options to best meet their needs. Making informed decisions among 30+ prescription drug plans, an average of 18 Medicare Advantage plans, as well as various Medigap supplemental insurance policies, can improve access to quality care and saves money for Medicare beneficiaries, and potentially reduces Medicare spending as well.

What Research Says

I have endeavored to understand the forces behind the health problems our clients deal with daily. Among resources we have read are the non-partisan studies conducted by Kaiser Family Foundation. In a November 2013 report on the effect of lack of insurance on health outcomes, it was noted that:

> . . . [U]ninsured patients have increased risk of being diagnosed in later stages of diseases, including cancer, and have higher mortality rates than those with insurance. Wilper et al., 2009, "Health Insurance and Mortality in US Adults." *American Journal of Public Health*, 99(12) 2289-2295; Simard EP, et al. 2012, "Widening Socioeconomic Disparities in Cervical Cancer Mortality Among Women in 26 States, 1993-2007." *Cancer*; Institute of Medicine, 2009, "America's Uninsured Crisis: Consequences for Health and Health Care." Washington, DC: National Academies Press. p. 60-63.

Citing numerous other studies and papers, the report also stated among other conclusions:

> When they are hospitalized, uninsured people receive fewer diagnostic and therapeutic services and also have higher mortality rates than those with insurance.
> . . .
> Uninsured children are significantly more likely to lack a usual source of care, to delay care, or to have unmet medical needs than children with insurance (Figure 12). Uninsured children with common childhood illnesses and injuries do not receive the same level of care as others. As a result, they are at higher risk for preventable hospitalizations and for missed diagnoses of serious health conditions. Disparities exist even among children with special needs, including access to specialists.

http://kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/

I hope this response is helpful as you and the Committee consider how to improve the Medicaid and other programs to benefit the growing number of beneficiaries while addressing the growing costs of health care. Please let me know if there is anything additional that I, the Special Needs Alliance, or the National Academy of Elder Law Attorneys can provide for you.

Sincerely,

/Richard A. Courtney/

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