Fact Sheet: Children's Access to Primary Health Care

National Commission on Children and Disasters

Long-Term Disaster Recovery Workshop

February 1, 2010

Issue Statement

What are the gaps in the provision of primary health care to children impacted by disasters, especially in geographic areas where the Federal government is providing on-going disaster recovery support and funding for other services? Of particular interest are health care worker shortages, health care-related community capacity building, and training of primary health care providers.

In this context, the term "primary care" encompasses physical, dental and mental health services.

Desired State

The National Commission on Children and Disasters recommends that the Federal government and related agencies designate additional resources towards the planning and delivery of primary health care services, to children in particular, as a community recovers from a disaster. By improving primary health care workforce capacity, infrastructure, recovery programs, and sources of funding, the Federal government would ensure access to comprehensive primary health care for all children during recovery from a disaster. Following Hurricane Katrina in 2005, primary health care for children was inconsistent or inadequate because of health care worker shortages, lack of infrastructure and capacity to provide on-going care, and some families' lack of medical insurance coverage.

The 2009 Interim Report from the National Commission on Children and Disasters generated several recommendations relevant to the role of the Federal government and its partners in the provision of a continuum of medical care for children affected by disasters. The following recommendations contribute to the desired state of these services:

- Ensure access to comprehensive physical and mental health services for all children during recovery from disaster, ideally through a "medical home", defined as a source of primary care that is accessible, continuous, and coordinated.
- Accelerate the development of a National Disaster Recovery Strategy with an explicit emphasis on addressing the immediate and long term physical and mental health, educational, housing, and human services recovery needs of children.
- Expand medical capabilities of all Federally funded response teams through comprehensive integration of pediatric-specific training, guidance, exercises, supplies and personnel.

Challenges to the Desired State

Issues that present challenges to the desired state include:

- ***No reimbursement through the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)****:* Private, for-profit facilities cannot receive reimbursement for repairs under Stafford Act following a disaster. Financial support can only be administered to non-profit agencies or organizations.

Fact Sheet: Children's Access to Primary Health Care

Continued

- ***Medicaid shortcomings when relocated:*** Changes in health care accessibility occur when evacuees are displaced from their home state. This includes their Medicaid eligibility.
- ***Centers for Medicare and Medicaid (CMS) Eligibility:*** No mandatory or automatic adaptation of CMS eligibility exists for children and families affected by disasters. The only mandatory eligibility groups for children's Medicaid coverage include children under age 6 with family income 133% or below the Federal poverty line and children under age 19 with family income at or below the Federal poverty line.
- ***Lack of electronic medical records****:* If children are relocated, continuous health care would not occur without access to records from the previous location. In many case, records are missing, destroyed or difficult to access.
- ***Lack of recovery planning at the state and local level****:* Beyond immediate medical response, planning is lacking at the Federal, state and local level for re-establishing communities' pre-disaster health care capacity.
- ***Health care professional shortage:*** In certain areas, there is a shortage of primary health care professionals and poor quality of facilities, and this is often exacerbated by a disaster. Even in areas without a pre-existing shortage, the increased need for medical attention for survivors of a disaster can surpass a community's health care surge capacity and capacity to provide continuous long-term primary health care.

Current State

Legislative and Regulatory Requirements

Major regulations that govern policy related to the provision of ongoing health care services to children affected by disasters include:

- ***Social Security Act (1935) & 1135 Waiver*****:** This Act requires that state plans for medical assistance provide state financial participation, on the basis that a lack of funding from local sources will have no effect on the scope of external medical care. Under Section 1135 of the Social Security Act, Medicare, Medicaid and State Children's Health Insurance Program (S-CHIP) requirements to receive health care items and services following an emergency may be waived for individuals enrolled in Social Security programs. [42 U.S.C. 1396a][1]
- ***CMS Section 1115 Waiver:*** If the host state applies for a demonstrative initiative, a Section 1115 waiver allows relocated persons to receive services under Medicaid and S-CHIP programs in that state. For example, Arkansas established a separate temporary eligibility category to accommodate immediate changes in enrollment requirements and income conditions for Hurricane Katrina evacuees.[2]

---

[1] Social Security Act, available at http://www.ssa.gov/OP_Home/ssact/comp-ssa.htm
[2] CMS Section 1115 Waiver Fact Sheet, available at http://www2.ancor.org/issues/disaster/cms_1115_waiver_ar_9-29-05.pdf

Fact Sheet: Children's Access to Primary Health Care

Continued

- ***Children's Health Insurance Program Reauthorization Act (2009):*** The Act restructures the Federal distribution of funds to States based on CHIP expenditures, not number of uninsured members. However, the Federal government can not dictate how states use these funds. [Public Law 111-3][3]
- ***Emergency Medical Treatment and Labor Act:*** The Act requires most hospitals to provide an examination and needed stabilizing treatment, without consideration of insurance coverage or ability to pay, when a patient presents to an emergency room for attention to an emergency medical condition [42 USC 1395dd, part of the U.S. Code].[4]
- ***Maternal and Child Health Block Grant (Title V of the Social Security Act):*** All states receive money through this block grant to assure the health of mothers and children. States are required to spend one third of the grant on children with special health care needs. Many states provide outreach and education, training and case management services to at-risk families. State maternal and child health staff often facilitate coordination with other state agencies and linkages with Medicaid, S-CHIP and other insurers in their states.
- ***Social Services Block Grant (Title XX of the Social Security Act, as amended):*** These funds enable each state to provide social services best suited to meet the needs of individuals within the state. Services relevant to disaster recovery include, but are not limited to: health services, housing, day care, and employment opportunities.
- ***Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended (1988)****:* For public or non-profit organizations, all of the emergency work performed is reimbursed along with seventy-five percent of the damaged infrastructure rebuilding cost. "The President may make contributions to private nonprofit facilities for repairs, reconstructions or replacements incurred by major disasters only if it: (a) provides critical services such as power, water, wastewater treatment, communications, education and emergency medical care; and (b) has been determined to be ineligible for a loan under the Small Business Act." [42 USC §§5121-5207][5]
- ***Nurse Practice Act (by state):*** The degree of legal authority for Advanced Practice Nurses (APNs) to practice varies by state. The Nurse Practice Act legislated in each state specifically delineates requirements for registered nurses in advanced practice roles. While registered nurses are now legally authorized to provide services for primary health promotion, disease prevention, and assessment of health status, questions remain as to the degree of independence, prescriptive authority, and reimbursement for APN for services. APNs could help resolve unmet needs in the provision of primary health care services to children in disaster-affected areas.[6]

---

[3] Children's Health Insurance Program Reauthorization Act, available at http://www.gpo.gov/fdsys/pkg/PLAW-111publ3/content-detail.html
[4] EMTALA Overview, available at http://www.cms.hhs.gov/emtala/
[5] Stafford Act, available at http://www.fema.gov/pdf/about/stafford_act.pdf
[6] G. D. Sherwood, M. Brown, V. Fay & D. Wardell: Defining Nurse Practitioner Scope of Practice: Expanding Primary Care Services. The Internet Journal of Advanced Nursing Practice. 1997 V 1 Nr 2, available at http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijanp/vol1n2/scope.xml

Fact Sheet: Children's Access to Primary Health Care

Continued

Relevant Agency and Entity Responsibilities

Several agencies and organizations bear responsibility related to support of a continuum of primary health care for children. They include:

- ***Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA)*:** Executes the logistical support for deploying the required medical elements; coordinates the use of mobilization centers/staging areas, transportation of resources, emergency meals, potable water, equipment supply, and use of national contracts managed by DHS for response operations. FEMA's responsibility falls under Emergency Support Functions (ESF) #6 (Mass Care, Emergency Assistance, Housing, and Human Services) and ESF #14 (Long-Term Community Recovery) of the National Response Framework.[7]
- ***Department of Health and Human Services (HHS)****:* Leads the Federal effort to provide public health and medical assistance to the affected area; requests appropriate organizations associated with ESF #8 (Public Health and Medical Services) to activate and deploy public health and medical personnel, equipment, and supplies, including delivery of particular treatments to "special needs" and "at-risk" populations, although pediatrics is not specifically mentioned.
- ***HRSA Health Care Center Program:*** The Health Resources and Services Administration (HRSA) supports federally funded or qualified Health Centers that provide comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations. Health centers are community-based and patient-directed organizations that serve low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing.
- ***HRSA National Health Services Corps:*** HRSA funds the educational expenses of medical students, provided that upon graduation these physicians fulfill their service in Health Professional Shortage Areas (HPSA). HPSA exhibit shortages of primary medical care, dental and mental health providers, and possess geographic, socioeconomic or institutional barriers to the receipt of quality medical care. This program may be an option to recruit and retain health care professionals in regions affected by disasters.
- ***School Health Programs:*** The goals of a school health program that relate directly to the health service component as outlined in the American Academy of Pediatrics manual *School Health: Policy and Practice*[8] are to:

  - ensure access to primary health care (a medical home);
  - provide a system for dealing with crisis medical situations;
  - provide mandated screening and immunization monitoring; and
  - provide a process for identification and resolution of students' health care needs that affect educational achievement.

---

[7] National Response Framework, available at http://www.fema.gov/pdf/emergency/nrf/nrf-esf-06.pdf

[8] American Academy of Pediatrics, Committee on School Health. *School Health: Policy and Practice*. Elk Grove Village, IL: American Academy of Pediatrics; 1993:9-16