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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

The Center for Health and Health Care in Schools
Health Care Reform:
Opportunities for SBHCs

National School-Based Health Care Convention
June 1, 2009
Background

• Health Security Act, the last health care reform effort failed in 1994
• incremental changes
  – 1996 Congress enacted the Health Insurance Portability and Accountability Act (HIPAA)
  – 1997 Congress enacted SCHIP as part of the Balanced Budget Act
What we have so far:

• CHIPRA – Children’s Health Insurance Program Reauthorization Act

• Paul Wellstone and Pete Domenici Mental Health Parity and Addictions Act
CHIPRA

- Children’s Health Insurance Program Reauthorization Act (CHIPRA; P.L. 111-3)
School Based Health Care and Health Care Reform

1. CHIPRA (Children’s Health Insurance Program Reauthorization Act) was passed in February 2009. This act allows for additional financing and fiscal incentives to enroll lower income children. The act also requires simplified enrollment and increased outreach efforts, additional financial support to states during economic downturns and requires dental services, mental health parity and substance abuse services. How has CHIPRA impacted your state? (Please indicate all that apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans to expand current S-CHIP program are under discussion</td>
<td>18.2%</td>
<td>4</td>
</tr>
<tr>
<td>Plans to expand services offered are under discussion</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>No plans for change/expansion are currently being discussed</td>
<td>27.3%</td>
<td>6</td>
</tr>
<tr>
<td>S-CHIP plan is currently being scaled back</td>
<td>18.2%</td>
<td>4</td>
</tr>
<tr>
<td>Unaware of any changes in our state S-CHIP program</td>
<td>36.4%</td>
<td>8</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

answered question | 22 |

skipped question | 2 |
2. How have changes to the state S-CHIP program impacted your school based/school connected program? Please indicate all that apply.

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in number of students enrolled in S-CHIP</td>
<td>14.3%</td>
<td>3</td>
</tr>
<tr>
<td>Increase in funds for outreach efforts</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Increase in mental health reimbursement for services in school based health centers</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>No changes have been noted</td>
<td>85.7%</td>
<td>18</td>
</tr>
</tbody>
</table>

Other (please specify)  5

answered question  21

skipped question  3
CHIPRA cont

- States may enroll targeted low income children either in a CHIP financed expansion of Medicaid, a separate CHIP program or a combo
- States must provide all Medicaid required benefits and all optional benefits covered by the states plan
- Non Medicaid expansion programs must have bench-mark equivalent plans and include EPSDT
CHIPRA

• New enrollment incentives
• New funding levels and formula
• New emphasis on quality of care – includes formation of the MACPAC
• Maintenance of effort for states
• Automatic stabilizer for states – trigger for higher federal match when unemployment rises
• Dental services required benefit under separate CHIP programs
Mental Health Parity and Addictions Act of 2008

• Amends the Mental Health Parity Act of 1996
• Amends ERISA, the Public Health Services Act and the Internal Revenue Code
• Requires equity for mental health and substance abuse services across health care plans
3. The Mental Health Parity and Addiction Equity Act of 2008 amends the Mental Health Parity Act of 1996 and corresponding provisions of ERISA and the Internal Revenue Code requiring that group health plans that offer mental health coverage provide the same levels of coverage for mental health conditions, including substance abuse disorders, as they do for other medical and surgical conditions. Are there discussions in your state currently regarding the impact of the Mental Health Parity and Addiction Equity Act of 2008 on mental health services in general? Please indicate all that apply.

<table>
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<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our state is discussing impact on provision of mental health services</td>
<td>57.1%</td>
<td>12</td>
</tr>
<tr>
<td>There is no discussion in our state on the impact of the Mental Health Parity Act</td>
<td>42.9%</td>
<td>9</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
5. How do you anticipate the Mental Health Parity and Addiction Equity Act of 2008 might impact your school based/school connected program? Please check all that apply.

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<tr>
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<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in mental health services in our program</td>
<td>23.8%</td>
<td>5</td>
</tr>
<tr>
<td>Increased reimbursement for current services provided in our program</td>
<td>14.3%</td>
<td>3</td>
</tr>
<tr>
<td>Increased substance abuse services/treatment in our program</td>
<td>9.5%</td>
<td>2</td>
</tr>
<tr>
<td>Increased reimbursement for substance abuse services provided in our program</td>
<td>4.8%</td>
<td>1</td>
</tr>
<tr>
<td>Increased community based programs that provide mental health services</td>
<td>14.3%</td>
<td>3</td>
</tr>
<tr>
<td>Increased community based programs that provide substance abuse services</td>
<td>9.5%</td>
<td>2</td>
</tr>
<tr>
<td>Increased overall access for students to needed services</td>
<td>38.1%</td>
<td>8</td>
</tr>
<tr>
<td>No change</td>
<td>52.4%</td>
<td>11</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>answered question</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
4. In these difficult economic times, states must balance their budgets and due to the limited state income and resources, many programs are being cut, reduced or level funded. Despite the passage of CHIPRA law, many states cannot take advantage of expansion and/or are having to reduced S-CHIP coverage for optional populations/services. Please indicate which may be ways the economy is impacting your state. Please check all that apply.

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</thead>
<tbody>
<tr>
<td>Reduction in S-CHIP population served (i.e., adults and/or children</td>
<td>38.1%</td>
<td>8</td>
</tr>
<tr>
<td>above 200% FPL, legal immigrants)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in some previously covered services</td>
<td>47.8%</td>
<td>10</td>
</tr>
<tr>
<td>Postponement in expansion efforts under S-CHIP</td>
<td>28.6%</td>
<td>6</td>
</tr>
<tr>
<td>Level funding of grants that support SBHCs</td>
<td>28.6%</td>
<td>6</td>
</tr>
<tr>
<td>Cuts to state funds that support SBHCs</td>
<td>71.4%</td>
<td>15</td>
</tr>
<tr>
<td>Limits to reimbursement for services in SBHCs</td>
<td>19.0%</td>
<td>4</td>
</tr>
<tr>
<td>Cuts to organizations/agencies that provide services in your SBHCs</td>
<td>81.0%</td>
<td>17</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

answered question 21

skipped question 3
National Health Expenditures per Capita, 1990-2018

Actual: $2,814 (1990)
Projected: $8,160 (2009)
Projected: $13,100 (2018)

Both candidates had a health care reform agenda
2009:

• President Obama made health care reform a top priority for the nation
  • Included $635 billion health care reform reserve fund in his 2010 budget

• Provided the outline of priorities

• Is leaving the details of the health reform legislation to Congress
So why is this important to SBHCs

- Investment in Prevention
- Theoretically eliminate uninsured
- Potential for the reallocation of funds to support health care reform
- System of care driven by insurance reimbursement – either private or public or hybrid
Positioning SBHCs

• Part of the health care system – state, local
• Billing capacity – invest and shore up
• What else?
What Else

• Finally, Medicaid and CHIP
  – Strengthen existing relationships
  – Define services
  – Be at the table when the conversations are taking place
  – Medical home issue must be addressed -
Advice from some experts

- Fill a gap in access
- SBHCs need to continue to provide data and evidence of success
- Cost – low cost and high impact
- Adolescents care
- Identify early mental health problems and provide accessible care
The moment arises from a confluence of factors: Democratic control of the White House and Congress; the exasperation of big business and consumers with uncontrollable health costs; heightened economic insecurity during the recession; the Massachusetts model for achieving near universal coverage; Mr. Obama’s determination that health care is central to economic recovery; the presence of health care enthusiasts at the helm of key Congressional committees; and even Senator Edward M. Kennedy’s battle against brain cancer.
Obama Administration Health Care Reform Priorities

- Protecting families financial health
- Ensuring health coverage is affordable
- Move towards universal health coverage
- Providing portable health coverage
- Guaranteeing consumer choice
- Investment in prevention and wellness
- Improved patient safety
- Improved quality of care
- Fiscal sustainability
What might be...

• Bills in the works or submitted:
  – Senate Finance Committee
  – Senator Baucus
  – Patients’ Choice Act of 2009
  – Healthy Americans Act
  – AmeriCare Health Care Act of 2009
  – National Health Insurance Act
  – US National Health Care Act
What can we expect to see as common themes across all the plans

- Health coverage for all Americans
- Focus on prevention and wellness
Common Themes cont

- Management of chronic disease
- Focus on quality vs quantity
- Health information technology
- Health care workforce expansion
- "play or pay"
- ‘Bending the curve” of health care cost
- Health Insurance Exchange
Focus on early intervention and prevention

- “illness or disease care system” to wellness or health care system
- Reimbursement for prevention and health education, health promotion
- Personal Responsibility -
- PCMH – patient centered medical home model
Challenges

• Adult vs child health care packages
• Billing and collections
• Infrastructure around IT
• Strong alliances and partnerships with community providers and primary care providers
• Time and resources
• What will happen in 2013 when CHIP is up for reauthorization
The Center for Health and Health Care in Schools

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