Proposed Health Care Reforms Could Put Kids with Asthma at Even Greater Risk

Population Health Sciences

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As pediatricians and researchers devoted to improving the health and well-being of low-income children with asthma, we are deeply troubled by the predictable negative health outcomes that would result from the broad Medicaid cuts in the House-passed American Health Care Act (AHCA), the Senate-proposed Better Care Reconciliation Act, and the president's proposed budget. The AHCA alone would lead to large reductions in federal funding for many states, including up to $43 billion in federal children's health financing over 10 years, according to one study.

Asthma is the most common chronic condition among children, affecting nearly 1 in 10 children nationwide and 20 - 25 percent of children in many urban environments, such as Philadelphia. Low-income families living in urban areas experience dramatically higher rates of asthma because of numerous environmental factors such as poor housing conditions, secondhand smoke, and air pollution. So, we had to ask ourselves how would children in these families be affected by deep cuts to Medicaid or reduced access to the health care coverage they need?

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Most children with asthma are covered by Medicaid, which provides them with critical care and services. Along with providing access to primary medical care, Medicaid covers life-saving rescue medication and effective controller medications that can protect children against the impact of environmental exposures, such as exhausts from cars and power plants, associated with poverty. Medicaid also reimburses for effective home-based services that help reduce asthma triggers exposure, thus preventing serious flare ups and hospitalizations. Since asthma is already the leading cause of school absenteeism, cuts or changes to Medicaid could lead to more sick days out of school, further harming their development and success as adults.

Furthermore, proposed cuts to Medicaid would put efforts to find unique ways to manage this disease at risk. As is true with many other chronic conditions, the goal in treating asthma is to manage the disease by reducing acute flare-ups and emergency room visits. At CHOP, we recently implemented a bundle of Medicaid-reimbursed services that has successfully cut in half the 30-day hospital and emergency department (ED) readmission rates (from 26 percent to 13 percent) for the highest-risk children (those with three or more hospitalizations in the last year) who attend three of our inner-city primary care practices. These services included tailored education, facilitated prescription filling, and coordinated primary and specialty care, as well as home-based education sessions with trained community health workers. We've shown success in improving health outcomes and reducing unnecessary medical costs by keeping kids out of the hospital. Medicaid cuts and reforms as proposed would undermine and prevent us from building upon this progress by ultimately

limiting children's eligibility and/or cutting back on covered services.

To bring it all together, without consistent and reliable Medicaid coverage, at-risk children would lose access to the care and medications that prevent asthma attacks, and the services that reduce their environmental exposures. This loss would inevitably lead to more frequent, costly, and avoidable care in the ED and hospital, more suffering and missed school days by these already vulnerable children, and potentially more missed days of work and lost income for their parents.

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The reforms now under consideration by Congress would end Medicaid as an entitlement program, and allow states to apply to waive current program requirements, like EPSDT, which guarantee that children, including those with asthma and other chronic conditions, get the care they need. The Senate bill does include a provision that claims to protect children with disabilities, but it is likely so narrow that it wouldn't actually help children with asthma or many other conditions. As written, this "protection" only applies to those children who qualify for Medicaid through the Supplemental Security Income (SSI) program or other similar, limited pathways. In other words, a child who qualified for Medicaid by virtue of income but has a disability, would not get the protection without filing a separate, successful application through SSI. Similarly, a child with extreme medical complexity who gets Medicaid to supplement the high costs that private coverage does not cover would also not qualify.

These are just a few of the many difficult conversations happening in Washington, D.C. right now that could have significant real-world impact on the patients we see every day. In order to improve the health of these patients, we need to ensure that such reforms don't leave families with health insurance that is either insufficient to meet their needs or too costly to obtain.

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