# The Impact of Health Reform on Environmental Health

National Center for Environmental Health
Agency for Toxic Substances and Disease Registry

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## Overview

The World Health Organization has described environmental health as comprising those aspects of human health, disease, and injury that are determined or influenced by factors in the environment. This includes the study of both the direct effects of various chemical, physical, and biological agents, as well as the effects on health of the broad physical and social environment which includes housing, urban development, land-use and transportation, industry and agriculture. Although many environmental health programs and interventions are implemented through public health agencies at the state and local level, key environmental health improvements can be achieved in the clinical care setting. This paper explores the impact of the Affordable Care Act (ACA) on environmental health. The paper explores how two of the ACA's primary concerns—increasing coverage and containing costs—impact environmental health.

The paper also examines ACA provisions to ensure that victims of certain toxic exposures in the environment have access to clinical screening and care, as well as the ACA's community health needs assessment provision which could encourage some hospitals to take actions to support environmental health interventions in their communities.

## Access to Clinical Care

The ACA's expansion of insurance coverage seeks to make clinical care available to millions more Americans. People with environment-related health conditions may be better able to obtain treatment because insurers are now prohibited from denying coverage due to preexisting conditions;[1] Medicaid has been expanded in selected states;[2] the funding for Medicaid and CHIP has been increased;[3] and new tax credits and cost sharing reductions for Marketplace plans make health insurance more affordable.[4] Additionally, the ACA provides increased funding for community health centers,[5] which provide clinical care to underserved communities that may face health disparities. These communities often experience a disproportionate burden of environmental exposures and related diseases. The ACA's expansion of coverage could help bring environmental health issues to the attention of clinicians. This may test the ability of clinicians to recognize and address environmental causes and factors associated with many conditions, especially those faced by individuals living in underserved communities.

Some ACA requirements complement the expansion of coverage. For example, the ACA requires that many health plans cover certain preventive services without copays, coinsurance, or deductible payments. Certain environmental health screenings, such as lead screenings for children of certain ages, are currently included in this provision for many health plans. If the United States Preventive Services Task Force or the Health Resources and Services Administration (HRSA) support additional evidence-based preventive services for environmental health, many health plans would be required to cover these new services[6], and a greater emphasis could be placed on environmental health within clinical practice.

The ACA provision most directly aimed at environmental health awards grants to screen individuals who have experienced certain toxic exposures, and makes care available by granting Medicare eligibility to many of those same people. Although Medicare typically is only available to individuals 65 years of age and older, younger individuals also may be eligible in certain situations. The ACA provision states that if a public health emergency is declared—in accordance with the Comprehensive Environmental Response, Compensation, and Liability Act—the Agency for Toxic Substances and Disease Registry shall award grants to facilitate screenings of at-risk individuals for environmental health conditions.[7] People who have been exposed may be eligible for Medicare if they have certain conditions and meet other criteria as indicated in the ACA.[8] To date, this provision has only been used one time, as part of the public health emergency declared for the Libby Asbestos Site in Lincoln County, Montana.[9]

## Service Delivery Changes

Several ACA provisions aim to control costs and improve quality by encouraging new models of clinical care delivery. These changes could directly incorporate certain environmentally related conditions into new models of care. The changed approach to care may also mean that clinicians focus more on environmental factors associated with diseases or conditions.

A key provision designed to control costs through improving service delivery is the new option for state Medicaid programs to provide "health home" services for chronic conditions.[10,11] Medicaid beneficiaries can be eligible to receive health home services if they have two covered chronic conditions, or have one and are at risk for another, or if they have one serious and persistent mental health condition.[12]

The ACA health home option lists asthma as a condition that states can choose to cover,[13] and 7 of the 9 states that have adopted the health home option have chosen to include asthma among the conditions that can trigger eligibility.

The health home model can tie clinical care together with many of the non-clinical approaches used or supported by CDC's National Asthma Control Program, including asthma self-management and the reduction of asthma triggers in the environment.[14,15] For Medicaid beneficiaries, health home services will create comprehensive care plans to identify the patient's health goals and integrate all of a patient's clinical and non-clinical healthcare needs.

### The ACA and the Health Home Model

A "health home" is a care management service model that utilizes a "whole-person" approach to care that involves all of a patient's caregivers communicating with each other to meet all of the patient's needs in a comprehensive manner.

The ACA health home option includes comprehensive care management, care coordination, community and social support services, and the use of health information technology to treat people with chronic conditions, including asthma.[16]

Through the health home option, different clinical providers can share information and collaborate to address clinical needs and reduce service duplication. The health home option also actively promotes wellness by connecting the beneficiary with community organizations that help provide self-management education and social services.[16] These additional social services can include home-based interventions meant to alleviate the environmental factors associated with asthma. Integrating community support services ensures a more holistic perspective on patient health when a clinician is creating a care plan. While asthma thus far is the only environmental health condition that is a focus of the Medicaid health home option, if the model is successful and finds broader adoption, other environmental conditions may later be included.

The Centers for Medicare and Medicaid Services is piloting a number of new ways to enhance service delivery to reduce cost and improve patient outcomes via Health Care Innovation Awards.[17] Many of these awards are testing different variations of the health home model, and several of the first round of awards went to organizations who set out to try different approaches to combatting asthma. Many of the approaches seek to integrate the clinical and nonclinical aspects of addressing asthma into one comprehensive model for care.

- **New England**
  The New England Asthma Innovations Collaborative features a patient-centered approach that includes not only prevention-oriented care in clinics, but also self-management education and environmental interventions.[18] It also pilots different reimbursement mechanisms for asthma care.

- **Tennessee**
  The CHAMP program in Memphis, Tennessee is integrating the various aspects of asthma care and creating an asthma registry to inform evidence-based treatments. It will use coordinators and social workers to check home

conditions of asthma sufferers, encourage medication adherence, and make referrals to the city and county health home programs for home assessments.[19]

- **Delaware**
  In Delaware, the DuPont Hospital for Children not only adds services for children with asthma to the family-centered health homes, but also creates a population health initiative for certain targeted neighborhoods. The initiative integrates clinical care with support services and local government initiatives to provide healthy environments for children in schools, childcare centers, and homes. It also deploys community workers to be patient navigators and provide case management services.[20]

In addition to these asthma-specific pilot programs, asthma is a covered condition in a number of more broadly focused grants to integrate or coordinate care and reduce cost through prevention. If successful, these innovation projects could find widespread adoption and thereby change the way environmental health conditions such as asthma are approached by clinicians.

## Provider Training

The ACA contains several provisions to increase the number and quality of primary care professionals and improve the training of the primary care workforce. One such provision[21] reauthorizes Section 747 of the Public Health Service Act,[22] which has authorized HHS, via HRSA, to make grants or enter into contracts with hospitals, nonprofits, or medical schools to run programs or provide financial assistance to medical students in a primary care field (e.g., family medicine, general internal medicine, or general pediatrics). The Section 747 reauthorization in the ACA included a new provision, indicating that grants and contracts can be awarded to

> "...plan, develop, and operate joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in *environmental health*, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control" (emphasis added).[23]

This addition, specifically listing environmental health, represents an intent to increase the number of health care professionals with environmental health training. This provision could substantially impact clinical care when environmental exposures cause or contribute to the disease or condition being treated. Nothing in the statutory language would prohibit the inclusion of environmental health in the curriculum of other training programs established under Section 747. This new environmental health provision represents an additional opportunity to inject environmental health into clinical care.

## Community Health Needs Assessment

The impacts the ACA could have on environmental health are not limited to clinical care, even for health care providers. The ACA provides opportunities for providers, specifically nonprofit hospitals, to take a broader view of health that could incorporate environmental health through community health needs assessments (CHNAs).

Section 9007 of the ACA added Section 501(r) to the Internal Revenue Code.[24] This addition includes a requirement that all nonprofit hospitals must conduct triennial assessments to determine the health needs of the community the hospital serves. The nonprofit hospital must then create an implementation strategy to address those health needs. This provision has the potential to improve environmental health, especially in those communities with large underserved populations facing health disparities. These hospitals could choose to address environmental health needs in a number of ways, such as designing initiatives to prevent or resolve contamination by lead or other harmful substances, addressing community respiratory health, or promoting healthy community design.

In conducting the assessment, hospitals must comply with the proposed implementing regulations, which include requirements for each hospital to:

1) Define the community it serves.
2) Assess the health needs of the community.
3) Take into account input from persons who represent the broad interests of the community, including those with special knowledge of public health.[25]

When identifying the community, hospitals have broad discretion, though the regulations make clear that they may not do so in a way that excludes medically underserved, minority, or low-income groups that would otherwise properly be included in the population definition.[26] In developing the implementation strategy, for each need identified, hospitals can either describe how they plan to address the health need, or they can identify the need as one they do not plan to address and explain why they do not intend to address it.[27]

There are numerous potential benefits for environmental health through CHNAs. If hospitals take a broad look at their surrounding community environments, they could identify a number of environmental health needs within their communities. This could include asthma, lead poisoning, conditions due to toxic exposures, natural and environmental disasters, and factors affecting the built environment. The resulting implementation strategies could increase hospital or community resources that are used to address these environmental health needs.

The IRS already requires nonprofit hospitals to report on community benefit and community-building activities that have the potential to improve community health.[28] In the reporting form (Schedule H) guidance, the IRS specifically mentions physical improvements to housing, environmental improvements, and community health improvement advocacy as community-building activities on which to report.[29] Thus, these activities are already likely to be well known to the hospitals conducting the assessments.

While CHNAs present great possibilities for identifying environmental health needs, there are no guarantees that hospitals will address those health needs. Hospitals are given broad discretion as to how they address health needs given available resources and capabilities. If a hospital decides not to address a health need, it may cite reasons such as lack of resources or expertise, the health need being a low priority for the community, or the existence of others addressing the health need.[30]

## Conclusion

The ACA has the potential to alter the landscape of environmental health through expanded coverage and opportunities to implement new models of care. The ACA also offers opportunities to train health care professionals in environmental health, thereby increasing the chance that environmental factors could be addressed in a clinical setting. The community health needs assessment requirements further provide a mechanism by which nonprofit hospitals could expand their view of a community's health needs to include environmental health, and then take steps to address those environmental health needs. These ACA provisions provide environmental health professionals and organizations numerous opportunities to engage with the health care system.

## Endnotes

[1] PPACA § 1201
[2] PPACA § 2001
[3] PPACA § 2101
[4] PPACA § 1401 & 1402
[5] PPACA § 10503
[6] PPACA § 1001
[7] PPACA § 10323
[8] Section 10323 amends Section 1181A of the Social Security Act (42 U.S.C. § 1395rr-1) to allow certain "environmental exposure affected individuals" to be deemed eligible for Medicare. Subsection (a)(1) makes such deeming mandatory for people with certain asbestos-related conditions, and subsection (b)(2) gives the HHS Secretary the discretion to create a list of diseases which can make a person eligible for Medicare if they meet certain conditions.
[9] Environmental Protection Agency, "Determinations and Findings of Public Health Emergency for the Libby Asbestos Site in Lincoln County, Montana," June 17, 2009. http://www2.epa.gov/sites/production/files/documents/finalphe.pdf (accessed on July 8, 2014)
[10] PPACA § 2703
[11] 42 U.S.C. § 1396w-4(h)(4)(B)
[12] A person is eligible for to participate in a Medicaid Health Home if they have two chronic conditions or one chronic condition and are at risk for another, or they have one serious and persistent mental health problem. See 42 U.S.C. § 1396w-4(h)
[13] 42 U.S.C. § 1396w-4(h)(1)(A)(2)
[14] CDC National Asthma Control Program, "America Breathing Easier." http://www.cdc.gov/asthma/pdfs/breathing_easier_brochure.pdf (accessed on January 24, 2014).
[15] Centers for Medicare & Medicaid Services, "State-by-State Health Home State Plan Amendment Matrix: Summary Overview," November, 2013. http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/HH-SPA-Matrix-11-13.pdf (accessed on January 23, 2014)
[16] Id., pp. 26–32
[17] Centers for Medicare & Medicaid Services, "Health Care Innovation Awards." http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/ (accessed on January 23, 2014)
[18] Centers for Medicare & Medicaid Services, "Health Care Innovation Award Project Profiles," 2012, p. 18. http://innovation.cms.gov/Files/x/HCIA-Project-Profiles.pdf (accessed on January 23, 2014)
[19] Id., p. 23
[20] Id., p. 32
[21] PPACA § 5301
[22] Public Health Service Act (PHSA) § 747 (42 U.S.C. § 293k)
[23] PHSA § 7474(a)(1)(H) (42 U.S.C. § 293k(a)(1)(H))
[24] Section 501 of the Internal Revenue Code is codified at 26 U.S.C. § 501
[25] 26 C.F.R. § 1.501(r)-3(b)(1) (proposed)
[26] 26 C.F.R. § 1.501(r)-3(b)(3) (proposed)
[27] 26 C.F.R. § 1.501(r)-3(c)(1) (proposed)
[28] Hospitals have to report on community benefit activities because a nonprofit hospital's tax exempt status is determined using the "community benefit standard." See "IRS Exempt Organizations Hospital Study: Executive Summary of Final Report," February 2009. http://www.irs.gov/pub/irs-tege/execsum_hospprojrept.pdf
[29] *See* Internal Revenue Service, "2012 Instructions for Schedule H (Form 990)." http://www.irs.gov/pub/irs-pdf/i990sh.pdf
[30] 26 C.F.R. § 1.501(r)-3(c)(1) (proposed)