American Association on Health & Disability
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AAHD - *Dedicated to better health for people with disabilities through health promotion and wellness*

LAKESHORE

September 25, 2023

Re: House Committee on Ways and Means RFI: Improving Access to Health Care in Rural and Underserved Areas

Honorable Jason Smith
Chairman
House Committee on Ways and Means
WMAccessRFI@mail.house.gov

Dear Chairman Smith and committee staff:

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments on health disparities and ideas for improving access to health care.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

The House Ways and Means Committee RFI asks for ideas on "aligning sites of service," "health care workforce," and "innovative care models." Our observations, documentation, and proposed policies are focused on: **Persons with Co-Occurring Mental Illness and Substance Abuse Disorder; Persons with Co-Occurring Mental Illness and Chronic Medical Conditions; Persons with Co-Occurring Mental Health and Intellectual and Other Developmental Disabilities; Persons with Co-Occurring Behavioral Health Conditions and Disabilities; Persons with Co-Occurring Disabilities and Chronic Health Conditions.**

Documenting the differences in health outcomes for persons with mental illness, substance use, disability, and co-occurring chronic health conditions – compared with the general population. Many recent documents have been produced; we offer the Committee (actual documents are available upon request):

1. Disability and Co-Occurring Chronic Health Conditions – AAHD National Disability Navigator Resource Collaborative September 30, 2022 newsletter, summarizing Krahn, Walker, and Correra-DeAraujo "Persons with Disabilities as an Unrecognized Health Disparity Population" in: American Journal of Public Health, February 17, 2015.

   People with Disabilities are 30% more likely to be obese; 60% more likely to smoke; 2.5 times more likely to develop diabetes; 3 times more likely to have cardiovascular disease; and 2 times more likely not to see a doctor due to cost.

2. Percentage of Medicare Fee-for-Service Beneficiaries with 21 Selected Chronic Conditions; CMS to the National Academy of Medicine Behavioral Health Committee on Medicaid and Medicare, August 24, 2023; and, Medicare Service Utilization by Specialty: Disability-Behavioral Health-SDOH-Non/Metro Area (proposed CMS PFS rules, Table 107, August 2023).

Percentage of Medicare FFS Beneficiaries: 6% had depression with 23% of these persons having one-to-two co-occurring health conditions and 28% having three-to-four co-occurring conditions. 9% had schizophrenia or other psychotic conditions with 22% of these persons having one-to-two co-occurring health conditions and 24% having three-to-four co-occurring conditions. 4% had a drug abuse or substance abuse condition with 20% having one-to-two co-occurring conditions and 26% having three-to-four co-occurring conditions. 4% had an alcohol abuse condition with 20% having one-to-two co-occurring conditions and 28% having three-to-four.

Medicare Service Utilization by Specialty: Persons with disabilities are 18.6% of all Medicare enrollees. Behavioral Health is 31.5% of all Medicare enrollees. 0.9% of all Medicare enrollees had a documented Social Determinant of Health (SDOH) (most Medicare providers do not report SDOH). 22.6% of all Medicare enrollees reside in non-metro areas. The data is not cross-cutting: does not reflect persons with co-occurring conditions.

3. Serious Mental Illness and Co-occurring Chronic Illness – February 24, 2022 HRSA-SAMHSA funded NCMW CoE/HIS webinar slides.

In the case of 12 chronic medical illnesses, persons with serious mental illness had much higher prevalence than persons without serious mental illness.

4. Serious Mental Illness and Co-Occurring Poverty –Interdepartmental Serious Mental Illness Coordinating Committee; December 13, 2017 report.

4.2% of the adult population lived with serious mental illness during 2016. Nearly one of four persons with SMI lived below the poverty level.

5. Co-occurring mental illness and substance use (National Quality Forum (NQF), CMS funded, June 17, 2022 report "Addressing Opioid-Related Outcomes Among Individuals with Co-Occurring Behavioral Health Conditions,") (There are many other reports on co-occurring mental illness and substance use).

While 61.2 million adults had either a mental illness or substance abuse disorder in 2019, 9.5 million had both a mental illness and co-occurring SUD.

6. Co-occurring multi-morbidity, mental health conditions, and severe obesity – Babey, Pourat, Chen, Lu, Zhou, O"Masta, Daniel, Huang, and Sripipatana; "The Concurrent Burden of Multimorbidity, Mental Health Conditions, and Severe Obesity Among United States Health Center Patients;" in June 2021, Obesity Medicine.

More than half (50.4 %) of Health Center patients had obesity with 15% having severe obesity. 49% of these patients had one of five diagnosed mental health conditions.

7. ID/DD and Co-Occurring Health Conditions (compared with non-disabled peers) – December 8, 2021 Ohio State University presentation to the National Academy of Medicine workshop on Optimizing Care Systems for Persons with ID/DD.

Compared to their peers without disabilities, adults with ID/DD were 5 times more likely to have diabetes, 3 times more likely to have arthritis, more than twice as likely to have cardiovascular disease, and more than twice as likely to have asthma. People with disabilities have difficulty finding able and willing healthcare providers and many providers do not take the time to listen or respect. Healthcare providers report that they are unprepared and uncomfortable caring for patients with disabilities.

8. Co-Occurring ID/DD and Mental Illness – NASDDDS and HSRI: "What Do NCI Data Reveal About People Who Are Dual Diagnosed with ID and Mental Illness," October 2019; National Core Indicators.

   NCI: State ID/DD agencies reported that 48% of persons with ID had a co-occurring mental illness. The percentage of state respondents with such a dual diagnosis ranged from 34% to 64%.

9. Co-Occurring ID/DD and Mental Illness – SAMHSA August 9, 2018 webinar: "Emerging Best Practices for People with ID/DD Co-Occurring with Serious Mental Illness."

   Persons with ID/DD have three to four times more frequent co-occurring mental illness than the typical population. Studies have documented that between 39% and 50% of persons with ID/DD have a co-occurring mental illness.

10. Adults with ID/DD and Co-Occurring Health Conditions – April 2023 GAO report on Medicaid Characteristics and Expenditures for Adults with ID/DD.

Over 45% of Medicaid beneficiaries with ID/DD enrolled in HCBS (Home-and-Community-Based Services) had an additional health condition in 2019. Of the physical chronic health conditions examined by GAO: 8-to-26 % had high blood pressure, 6-to-20% had high cholesterol, with diabetes being the third most common chronic health condition. Persons with co-occurring ID/DD and mental health conditions were more common than co-occurring ID/DD and substance use disorders; over 50% of persons with ID/DD in Medicaid "comprehensive" programs had co-occurring behavioral health conditions.

11. Health Challenges and Adults with ID/DD – August 9, 2022 CMS MMCO RIC webinar slides.

Individuals with ID/DD compared to people without ID/DD are more likely to live with complex health conditions, have poorly managed chronic conditions, have limited access to high quality health care, receive lower rates of preventive screenings, experience obesity, have undetected vision-hearting-dental problems, and have mental health problems. People with ID/DD receive fewer referrals for screenings by clinicians, face challenges in physical accessibility, and face significant anxiety.

12. Disability Policy Consortium: "Urgent Need To Address Substance Abuse Among People with Disabilities in Massachusetts;" November 2017.

In 2012, 7-to-8 million persons with ID/DD nationally abused substances. According to the Christopher and Dana Reeve Foundation, people with disabilities have an overall substance abuse rate 2-to-3 times higher than that of the general population.

Metro-and-Non-Metro Area Recent Studies: Disability and Mental Illness

We encourage the Committee to interview HRSA officials and their Rural Health Research Gateway centers projects.

1. "Housing Quality by Disability, Race, Ethnicity, and Rural-Urban Location: Findings from the American Community Survey". HRSA funded University of Minnesota Rural Health Research Center, July 31, 2023. See:

Housing Quality by Disability, Race, Ethnicity, and Rural-Urban Location: Findings from the American Community Survey - The University of Minnesota Rural Health Research Center (umn.edu)

The proportions of adults with a disability having an incomplete kitchen or incomplete plumbing compared to adults without disability, regardless of location were higher. Among adults with disabilities, a higher proportion of urban adults have incomplete kitchen facilities compared to their rural counterparts, and a stove/range is the most likely missing component. But among adults without a disability, rural residents have a higher proportion with an incomplete kitchen compared to urban residents.

2. "Achieving Behavioral Health Care Integration in Rural America." May 2023 Bipartisan Policy Center report. See: bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/05/BPC_Integration-Report_RV3.pdf

   Americans in rural areas face significant shortages of behavioral health professionals.

3. "The Rural Behavioral Health Crisis Continuum: Considerations and Emerging State Strategies." April 17, 2023 National Academy for State Health Policy brief. See: The Rural Behavioral Health Crisis Continuum: Considerations and Emerging State Strategies - NASHP

   Considerations by selected states were provided.

4. "Leveraging Telehealth To Improve Access in Rural Integrated Care." April 20, 2023 HTSA-SAMHSA funded NCMW CoE/HIS webinar slides. See: CoE-IHS Webinar: Telehealth Part 1 – Leveraging Telehealth to Improve Access and Reach in Rural Integrated Care - National Council for Mental Wellbeing (thenationalcouncil.org)
   Also: July 11, 2023 webinar: "Improving Telehealth in Rural Areas." See: CoE-IHS Office Hour: Rural Telehealth Office Hour - National Council for Mental Wellbeing (thenationalcouncil.org)

   Presented "the context for understanding rural mental health and substance use" -research on rural health disparities: access, prevalence, and social factors. There are higher risk of suicides, higher rates of alcohol use, and higher rates of opioid-related deaths.

5. "Critical Access Hospitals: Views on How Medicare Payment and Other Factors Affect Behavioral Health Services." June 22, 2023 GAO report. See: Critical Access Hospitals: Views on How Medicare Payment and Other Factors Affect Behavioral Health Services | U.S. GAO

   CAHs provided limited BH services in their emergency department; typically transferred patients to psychiatric facilities; and experienced shortage of BH providers.

6. "Accommodation and Acceptability of Health Care by Non-Metropolitan/Metropolitan and Race/Ethnicity Status." HRSA funded University of South Carolina rural health research center. See: accommodationfinal7.6.2023.pdf (sc.edu)

   Non-metro residents reported lack of transportation more frequently while metro residents were more likely to report not getting appointments scheduled soon enough.

Proposed Federal Policy Responses to Barriers and Challenges Faced by Persons with Co-Occurring Health Conditions

1. Uniform demographic data definitions and standards across Medicare, Medicaid, and ACL (Administration for Community Living), CDC, HRSA, and SAMHSA grants to states programs. (*) (#) (@)

2. Uniform application and enforcement of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act disability non-discrimination, Olmstead Supreme Court decision on "most integrated setting" choice of community services and supports, and Mental Health Parity and Addiction Equity Act (MHPAEA) across all ACL, CMS (Medicare and Medicaid), CDC, HRSA, and SAMHSA grants to states programs. [MHPAEA initially applied to private health insurance plans regulated by ERISA.]

3. Expansion of recognition and support of community health workers, (mental health and substance use) peer support specialists, direct support professionals (DSPs), direct care workers, and Medicaid HCBS (Home and Community-Based Services) workers.

4. Standardized professional and provider training programs across ACL, CDC, CMS, HRSA, and SAMHSA funded programs. Use of these training programs and protocols in AHRQ, NIH, NIDILRR, and PCORI research programs.

5. Standardized quality and performance measures across ACL, CDC, CMS, HRSA, and SAMHSA funded programs. CMS has been working on these through a number of initiatives including Medicaid and CHIP Core Quality Measures and the Universal Foundation.

6. Expansion of the Administration for Community Living (ACL) "No Wrong Door" program across Medicare, Medicaid, ACL, CDC, HRSA, and SAMHSA grants to states programs. This should prioritize programs serving persons dually eligible for Medicare and Medicaid.

7. Persons with "Complex Health and Social Needs." During the past two years, several national projects, funded by seven foundations, have focused on recognizing and addressing the needs of persons with complex health and social needs. These are folks living with co-occurring conditions and frequently severe conditions. Many of their work and ideas would appropriately serve persons with co-occurring BH, disability, and chronic medical conditions.

8. Existing, ongoing, and proposed federal and federal-state efforts to identify, document, and address "social drivers of health" and "social determinants of health" are core to data collection, analysis, and public reporting and essential in addressing health disparities.

(*): The Consortium for Constituents with Disabilities (CCD) and Disability and Aging Collaborative (DAC) have advocated over the past few years: Collect, Analyze, and Regularly Publicly Report –demographic factors including disability status, race, ethnicity, sex, age, primary language, sexual orientation, gender identity, and socio-economic status, in all settings and by setting. Ideally, the data system analysis should be able to cross-walk between these various precise demographic factors; for example, disability status and race. All Medicare, Medicaid, and HHS health programs should use these comprehensive and consistent demographic categories in the collection, analysis, and publicly transparent reporting of such data. Quality and performance data should be stratified by such categories.

(#) Consistent and Coordinated, and sometimes Uniform Data Systems for Persons with a Variety of Co-Occurring Conditions have been the subject of reports by ACL funded "The Link Center: Bridging ID/DD and Mental Health Systems;" ACL funded NASDDDS-HSRI "National Core Indicators" studies; ACL funded RTI International; GAO; HHS ASPE; HHS-CMS-SAMHSA funded National Quality Forum (NQF) "Opioid-Related Outcomes Among Individuals with Co-Occurring Behavioral Health Conditions;" HHS agencies funding of the National Academy of Medicine "Optimal Integrated Care for Adults with ID/DD;" and SAMHSA funded projects on persons with co-occurring mental illness and substance use.

(@) Existing, ongoing, and proposed federal and federal-state efforts to identify, document, and address "social drivers of health" and "social determinants of health" are core to data collection, analysis, and public reporting and essential in addressing health disparities.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,

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And
Lakeshore Foundation

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