

Health Care: Strengthen Access to Quality Care, Improve Public Health, and Reduce Racial and Economic Inequities in Health Outcomes

By Jodi Kwarciany

The District should take important steps in the Fiscal Year (FY) 2019 budget to strengthen access to quality health care, improve public health, and reduce racial and economic inequities in health access and outcomes. This includes removing barriers to health care coverage faced by immigrant families, strengthening mental health services, taking steps to reduce tobacco use, and replacing lost federal health funds in programs that serve families with children.

Removing Barriers to Health Coverage

The **DC Healthcare Alliance** is a critical part of the District’s efforts to ensure all residents have health insurance, by covering residents with low incomes who aren’t eligible for Medicaid, many of whom are immigrants. Yet new re-certification procedures implemented in 2011 created substantial barriers to staying in the Alliance and resulted in a sharp drop in the number of residents served. This means that thousands of residents who should have health insurance do not.

An investment of up to \$17 million would support streamlining the recertification process and improving access to the Alliance. This would fund legislation recently passed by the DC Council to simplify the enrollment process and make it easier for eligible beneficiaries to maintain Alliance coverage. This will support DC’s goal of universal health coverage by meeting the health needs of all members of our community.

Participation in the Alliance Remains Low Under Interview Requirements Maintained in FY 2018 Budget



Source: Oct. 2010 - Aug. 2017 MCAC Enrollment Reports, Department of Health Care Finance.

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Sustaining Behavioral Health Rehabilitation Services

Behavioral Health Rehabilitation Services (BHRS) are community-based mental health and addiction treatment services. These include community support services, which help connect people with the resources and skills they need to live with a mental illness.

An investment of \$7.3 million would maintain rehabilitation services and build on community support services for the District’s residents with behavioral health needs. It would support a needed increase in BHRS reimbursement rates for behavioral health providers to better cover the costs of providing treatment. This would also help ensure that there is an adequate supply of behavioral health providers in DC for residents needing care. In addition, this investment would extend community support services to consumers in the Districts’ Health Homes program—“My DC Health Home.” These consumers previously

received community support services through My DC Health Home care coordination, but these services end January 2018. By setting aside additional funding for community support services, DC will maintain options for Health Homes consumers.

Reducing Tobacco Use

Reducing tobacco use is important for public health in DC. Many DC residents, including nearly 13 percent of high school students, continue to smoke, while funding for resources to help them quit have been cut.

Raising the tobacco tax by \$2.00 per pack is an effective way for the District to reduce tobacco use while making smart investments in public health. A new bill in the DC Council would raise the cigarette tax, direct 10 percent of revenue to smoking prevention and cessation efforts, and fully fund the law that raises the smoking age in DC to 21 but has yet to be enacted. This tax could generate an estimated \$5.6 million.

Supporting Parents and Children Through Home Visiting Programs

Home visiting programs provide effective services to parents and children that help the whole family. The national Maternal, Infant and Early Childhood Home Visiting program (MIECHV) supports services, primarily in a home environment, to improve outcomes for pregnant women and parents with young children who are low-income or face other risks. These programs help ensure children enter school ready to learn, improve early mental and physical development, and increase use of needed health services and immunizations. High quality home visiting programs can also contribute to the prevention of child abuse and family violence.

MIECHV, the District's main source of funding for evidence-based home visiting, expired on September 30 when Congress failed to reauthorize it. **By investing \$2 million in local dollars, the District can replace lost federal funds and demonstrate its commitment to supporting DC's youngest children with effective home visiting strategies.** Without this, the District's home visiting programs may have to freeze enrollment or eliminate services altogether.

