

New report shows many Americans not receiving recommended home visiting services for lead poisoning and asthma

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Today, the National Center for Healthy Housing (NCHH) and Milken Institute School of Public Health at the George Washington University released *Healthcare Financing of Healthy Homes Services: Findings from a 2014 Survey of State Reimbursement Policies*, a report documenting current Medicaid reimbursement practices for environmental health services in the homes of lead-exposed children and people with asthma and highlighting opportunities for increasing access to these benefits.

"ASTHO applauds NCHH and Milken Institute School of Public Health for undertaking this effort," said Dr. Paul E. Jarris, executive director at the Association of State and Territorial Health Officials. "This report provides critical information to help policymakers understand where reimbursement policies are in place for vulnerable populations and the challenges that states face in implementing them. This is the first step toward ensuring that Americans have access to the high quality, evidence-based care they deserve."

The report shows that while 27 states have some Medicaid reimbursement policy in place for either home-based asthma services or follow-up services for children with [lead exposure](#), these important services are not mandatory in most states.

The survey showed that although follow-up services are required by Medicaid's Early Periodic Screening, Diagnostic, and Treatment benefit

for children with [lead](#) exposure, only 18 states require provision of these services for Medicaid beneficiaries with elevated blood lead levels. Similarly, despite recommendations by the *Community Guide to Preventive Services* and the *Clinical Guidelines for the Diagnosis and Management of Asthma (EPR-3)*, only 13 states have any reimbursement in place for home-based asthma trigger control services, such as asthma education and environmental assessments.

"Asthma and lead poisoning are costly problems for our society and our healthcare system. These costs can be reduced by closing critical gaps in the delivery of recommended services and ensuring that once policies are in place they are translated into actual services for people who need them," said Amanda Reddy, director of programs and impact at NCHH.

The researchers plan to undertake additional analysis to understand how states successfully convert policies into services on the ground and how to address potential barriers to assist state and local agencies further in exploring healthcare financing for healthy homes.

Outside of Medicaid reimbursement, the survey showed that, in some states, private payers, hospitals, and other providers are beginning to explore integration of home-based asthma and lead services with clinical care through avenues such as accountable care organizations, hospital community benefits, and social impact bonds. These arrangements, though less common, may be gaining momentum.

The estimated annual cost of housing-related illness and injury, including asthma and lead exposure, is \$53 billion; attributable in part to the half million plus U.S. children with elevated blood lead levels and the approximately 26 million U.S. children and adults with asthma.

"We know what works when it comes to home services that take aim at lead poisoning and [asthma](#)," said Mary-Beth Malcarney, assistant

research professor at Milken Institute School of Public Health at the George Washington University. "Public and private payers nationwide should adopt and reimburse for these evidence-based practices to save healthcare costs and improve the lives of millions of vulnerable people."

More information: To read the report or explore NCHH's healthcare financing resource library, please visit

www.nchh.org/Resources/HealthcareFinancing.aspx

Provided by National Center for Healthy Housing

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