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MEDICAID MATTERS

For the Healthy Development of North Carolina’s Children



Sixty-nine percent of enrollees in Medicaid and NC Health Choice—two programs that make up nearly half of the health coverage sources for children in North Carolina¹—are children. Unfortunately, reckless plans to restructure Medicaid will also affect NC Health Choice and put the health and well-being of 1.4 million children across the state at risk.

Last week, lawmakers considered provisions to transform Medicaid into a per capita cap program in the House Committee on Ways and Means and the House Committee on Energy and Commerce.² Supporters of Medicaid restructure claim per capita caps will lead to more “state flexibility” and place Medicaid on a budget.³ However, per capita cap proposals are just another way to repackage cuts to North Carolina’s Medicaid program which will not only hurt the state budget⁴ but also the state’s ability to invest in children’s health, well-being, and development.⁵

If Medicaid is restructured into a per capita cap, states will have “flexibility” to cut the number of people covered by Medicaid, the number of services Medicaid provides, or cut provider payments. One critical service they could cut is Early and Periodic, Screening, Diagnostic and Treatment (EPSDT). While the name of the service is vague and even confusing, it is a cornerstone of Medicaid’s capacity to ensure children living in poverty are healthy and are able to reach their full potential.⁶ While most people agree that no child should live in poverty or be denied health care, EPSDT will be under threat if states share a greater risk for covering the cost of health services covered by this program.

EPSDT is a lifeline for low-income families and children in poverty. It provides more extensive coverage for children relative to adults in order to prevent grave health concerns as well as manage these concerns before a child becomes an adult or before the concern becomes more complex and puts a child at risk of not reaching their full potential.⁷ The Centers for Medicare and Medicaid Services states, “The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.”⁸ The “right care” is not just physical exams, but also includes oral health, vision, behavioral health, and preventive and specialty services. In other words, the well-being of the *whole* child is being addressed in order to ensure they grow into healthy adults who can contribute to their communities and help them thrive.⁹

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Research shows that when health problems and concerns are identified and addressed early, it yields better health outcomes in the long term.¹⁰ Spelled out, EPSDT accomplishes just that.

- The “e” in EPSDT aims to identify and understand a child’s health needs sooner rather than later so that the child does not start to lag behind during the important years of child and adolescent development.
- The “p” or periodic, is to ensure the appropriate screenings and assessments are conducted at crucial times during child development. There is guidance to which and

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when these assessments take place, depending on guidance from medicine and other fields to make sure child and adolescent health needs are addressed at the appropriate times.

- As noted earlier, EPSDT services are robust, therefore the screenings or “s” aim to identify a child’s health needs, whether it is physical, behavioral, dental, or another screening test for a special health care need.
- Once screenings are administered, the “d,” diagnostic tests are administered to confirm health concerns or any other problems the child may face.
- Finally, “t” or treatment has long-term impacts on a child’s health, well-being, and development as treatment can help decrease the chronicity of health problems, as well as correct or even manage the health risks and need of the child.”

No matter a parent’s socioeconomic status or political background, parents and caregivers want their children to be healthy so that they can develop into healthy adults. EPSDT represents health benefits that aid so many of North Carolina’s most vulnerable and give children in poverty an opportunity to thrive. When we think of the other barriers such as hunger or stressful home environments that may impact a child’s healthy development, EPSDT helps identify, address, and manage the health need.

Research shows Medicaid eligible children have increased educational attainment, have less costly health care needs as adults, get better paying jobs, are able to pay their taxes, and in turn are able to help their communities thrive. If a child living in poverty is unable to get the vision screening she needs, she may experience discomfort in the classroom as she is straining her eyes. However, with EPSDT, she not only gets screened for vision problems but also receives diagnostic tests to assess the vision issue and treatment which could be as simple as a pair of eyeglasses.

There are countless news stories as of late telling stories of children being denied dental care, which inflicts potential permanent long-term harm on the child. If lawmakers adopt proposals to restructure Medicaid into a per capita cap program, EPSDT or the Medicaid lifeline to hundreds of thousands of children in North Carolina will be at risk.

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1. <http://ccf.georgetown.edu/wp-content/uploads/2017/02/NorthCarolinaMedicaidCHIP.pdf>
 2. <http://thehill.com/homenews/house/323213-commerce-committee-advances-obamacare-repeal-legislation>
 3. <http://www.heritage.org/health-care-reform/report/medicaid-reform-more-block-grant-needed>
 4. <http://www.cbpp.org/medicaid-per-capita-cap-has-same-damaging-effects-as-block-grant>
 5. http://www.healthlaw.org/publications/browse-all-publications/2016-protect-medicare-funding-issue-1#.WL2_kfkrJqO
 6. <http://www.healthlaw.org/issues/child-and-adolescent-health/epsdt/what-makes-medicare-medicare-services#.WL2-nfnytqM>
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 9. <http://ccf.georgetown.edu/wp-content/uploads/2017/02/NorthCarolinaMedicaidCHIP.pdf>
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