HHS Public Access

Author manuscript

J Health Care Poor Underserved. Author manuscript; available in PMC 2017 June 05.

Published in final edited form as:

J Health Care Poor Underserved. 2014 February ; 25(1 Suppl): x–xiv. doi:10.1353/hpu.2014.0068.

25th Anniversary Supplement of the Journal of Health Care for the Poor and Underserved

Claudia R. Baquet, MD, MPH

The Honorable Thomas McLain (Mac) Middleton

Abstract

This Supplemental Issues of the *Journal of Health Care for the Poor and Underserved (JHCPU)* celebrates the 25th year of the journal's publication. The theme for this issue is the "Patient Protection and Affordable Care Act" (PPACA), the landmark health reform legislation that was signed into law by President Obama in March of 2010, and in the broadest of terms upheld by the Supreme Court in the Spring of 2013.¹ This theme is timely and relevant given the original and current focus for this scholarly publication on the medically underserved and the intent of the legislation, among other areas, to provide health insurance for millions of uninsured and underinsured in the Nation.

History of the Journal

The *Journal of Health Care for the Poor and Underserved (JHCPU)* is an academic journal that originally formed part of the Institute on Health Care for the Poor and Underserved, founded by David Satcher, MD, PhD, in 1988. Dr. Satcher is the Director of the Satcher Health Leadership Institute at Morehouse School of Medicine and served as the 16th U.S. Surgeon General from 1998 to 2002. The *JHCPU*, affiliated with the Association of Clinicians for the Underserved (ACU), is the premier journal addressing medically underserved populations in North and Central America, the Caribbean, and sub-Saharan Africa. The *JHCPU* is a leading *health policy* journal (Kaiser) and an essential core journal in *public health practice* (Medical Library Association's Core Public Health Journals Project).

Overview of the PPACA

Signed into law in March of 2010, the PPACA, is the most sweeping reform program to offer health insurance for the uninsured and underinsured in the almost 50 years since President Lyndon Johnson signed Medicare and Medicaid into law.² Key provisions of the Law include expansion of health care access, an emphasis on prevention and primary care, health care cost containment, and enhancement of the health care delivery system.³ This legislation includes a number of components that were implemented early such as elimination of limitation or denial of coverage for pre-existing conditions for children under age 19 and expansion of dependent coverage to age 26.^{4,5,6} In 2014, the pre existing condition prohibition will apply broadly. According to the National Health Interview Survey, there was an 8.3% increase in young adults with health insurance from September 2010 to June 2011, approximately 2.5 million adults.⁷ The Congressional Budget Office (CBO)

estimated that the PPACA will cover an estimated nine million in Medicaid and other seven million will purchase insurance through the exchanges.^{8,9} The Commonwealth Fund estimates that more than 80% of the estimated 16 million will be covered.¹⁰

Selected features of this landmark legislation are available in a variety of sources including the Kaiser Family Foundation health reform website, which has a wealth of data on the content and progress of the Law's implementation. Examples of some other provisions of the Law are:^{11,12}

- **Expansion of preventive services**, based on evidence-based guidelines from the United States Preventive Services Task Force. This includes cancer preventive services such as screening mammography and colonoscopy and genetic testing for hereditary breast and ovarian cancer syndrome.¹³
- **Creation of state-based Health Benefits Marketplaces** (formerly Exchanges) through which families/individuals at 133%–400% of federal poverty level can purchase insurance.
- **Expansion of public programs** including expansion of Medicaid to all non-Medicare eligible under age 65 with incomes up to 133% poverty level (including pregnant women, children, *and* adults without children). The Law provides for extension of funding for the Children's Health Insurance Program (CHIP) through FY 2015, and continues the authority for the program through 2019.¹⁴
- Creation of **Essential Health Benefits** (EHB) package of comprehensive services, which must include items and services within at least the following 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; and rehabilitative services and devices; laboratory service; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.
- In the area of **health disparities**, the Law requires enhanced collection and reporting of data on race, ethnicity, sex, primary language, and disability status, as well as for underserved rural and frontier populations. Additionally, for people with disabilities, the Law requires collection of access and treatment data. The Secretary of Health and Human Services is required to analyze the data to monitor trends in disparities. Delivery of culturally competent health care, quality, and improved outcomes are emphasized.
- Reauthorization and amendment of the **Indian Health Care Improvement Act**.
- Development of **workforce training programs** that focus on primary care models: medical homes, team management of chronic disease, and programs that integrate physical and mental health services, and expansion of the primary care workforce.

This Supplement

This issue of the *Journal* opens with a Preface from its founder, **former Surgeon General David Satcher, MD, PhD**. Following the front matter are papers from a number of states, including Arkansas, California, District of Columbia, Maryland, Massachusetts, and Minnesota. Health care reform topics pertinent to a broad range of underserved populations are discussed in the articles in this issue.

A model that uses Community Councils to eliminate cancer disparities in Arkansas is discussed (**Michael Preston**). Elimination of optional adult dental Medicaid benefits in California (**Cynthia Wides**) is discussed. The District of Columbia Healthy Communities Collaborative focus on reduction of health disparities in the nation's capital is presented (**Chaya Merrill**).

The *Health Enterprise Zone initiative* championed by Maryland Lt. Governor Anthony Brown and currently administered by the Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Community Health Resources Commission (CHRC) is presented (**Carlessia Hussein**). The aims of this innovative pilot program are to: (1) reduce racial and ethnic and geographic disparities in health; (2) improve health care access and health outcomes in medically underserved communities; and (3) reduce health care costs and hospital admissions and re-admissions. The initiative was designed to address health disparities by addressing social determinants of health, including provision of financial incentives to assure availability of primary care health services in the most medically underserved regions of the state. Maryland workforce development to promote clinical-community connections related to payment and delivery is presented (**Leo Quigley**). An advanced primary care model (**Niharika Khanna**) in the patient centered medical home program is also included.

Papers from Massachusetts present a variety of health reform topics. Hospital payment reform in Massachusetts is discussed (**Gloria Bazzoli**). The impact of health insurance reform on insurance instability is presented (**Karen Freund**). The effects of insurance coverage on diagnostic resolution of cancer screening abnormalities during insurance reform are also discussed (**A. Kapoor**).

Lessons from community benefit programs that hospitals have in place are presented (**Jessica Burke**). The adult oral health safety-net experience in Minnesota is discussed (**Priscilla Flynn**).

Provisions for genetic testing for familial cancer syndromes and the impact of these provisions on underserved populations are presented in one paper (**Farzana Walcott**). Current provisions under PPACA for genetic testing for cancer risk apply only to women for hereditary breast and ovarian cancer. This article examines key issues pertaining to the absence of provisions for genetic testing for men, or for other cancer syndromes such as Lynch Syndrome. The absence of provisions for risk-reducing measures after a positive genetic test is of greater concern. Underserved minorities are an especially vulnerable population as they have limited financial resources for out-of-pocket expenses for genetic

testing and risk-reducing procedures. Opportunities for the integration of preventive substance-use-care within primary care is discussed (**Udi Ghitza**). Engaging underserved populations in Affordable Care Act-required Needs Assessments is presented (**Alexandra Lightfoot**).

Summary

The manuscripts included in this special *JHCPU* supplement provide snapshots into a variety of state models and other initiatives related to the expansion of health care access under the PPACA. We are grateful to the *Journal* for selecting this topic as the focus for the 25th Anniversary Supplement. We appreciate the work of the external reviewers for their thoughtful deliberations and recommendations for each paper. Finally, we appreciate the contributions of the authors for sharing their insights, lessons learned, commentaries, and novel approaches for improving access to health care for medically underserved populations across the U.S.

This February 2014 supplement is timely given the timeline for implementation of the PPACA in 2014 such as the start of health benefits and the intent of the legislation to provide health insurance to the medically underserved.

Success of the PPACA is dependent on a number of important things, not the least of which is the participation of young adults who will contribute to viable risk pools required for success. Another important issue is the need for continual education of the public to maximize the opportunities for appropriate use of health care services including preventive services.

Notes

1. HealthCare.gov. Patient Protection and Affordable Care Act (Public Law No. 111–148). Washington, DC: HealthCare.gov; 2010.
2. Public Broadcast Service. Healthcare crisis: healthcare timeline. Arlington, VA: Public Broadcast Service; 2000.
3. Koh HK, Sebelius KG. Promoting preventing through the Affordable Care Act. *N Engl J Med*. 2010 Sep 30;363:1296–99. <http://dx.doi.org/10.1056/NEJMp1008560>. [PubMed: 20879876]
4. Levitt L. The Affordable Care Act after week 1: what we know and what we don't yet know. *JAMA*. 2013 Oct.
5. Wilensky S, Gray EA. Existing Medicaid beneficiaries left off the Affordable Care Act's prevention bandwagon. *Health Aff (Millwood)*. 2013 Jul; 32(7):1188–95. <http://dx.doi.org/10.1377/hlthaff.2013.0224>. [PubMed: 23836733]
6. Health Affairs Blog. Implementing health reform: reaching the 'young invincibles', privacy, and more. Bethesda, MD: Health Affairs Blog; 2013.
7. U.S. Department of Labor Young adults and the Affordable Care Act: protecting young adults and eliminating burdens on families and businesses. Washington, DC: U.S. Department of Labor; 2013.
8. Sommers BD, Kronick R. The Affordable Care Act and insurance coverage for young adults. *JAMA*. 2012 Mar 7; 307(9):913–4. <http://dx.doi.org/10.1001/jama.307.9.913>. [PubMed: 22396509]
9. Congressional Budget Office. Congressional Budget Office document on costs. Washington, DC: Congressional Budget Office; 2013.
10. The Commonwealth Fund. New health insurance survey: 84 million people were uninsured for a time or underinsured in 2012. Washington, DC: The Commonwealth Fund; 2013.

11. State Reform. Tracking marketplace and Medicaid/CHIP enrollment by state. Washington, DC: State Reform; 2013.
12. The Henry J Kaiser Foundation. Summary of the Affordable Care Act. Menlo Park, CA: The Henry J Kaiser Foundation; 2013.
13. U.S. Preventative Services Task Force. Genetic risk assessment and BRCA mutation testing: breast and ovarian cancer susceptibility. Rockville, MD: U.S. Preventive Services Task Force; 2013.
14. Medicaid.gov. Children's health insurance program. Baltimore, MD: Medicaid.gov; 2013.