



## **Use of Preventive Services by Children and Adults with IDD**

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#### **Executive Summary**

This study developed out of a charge from the Iowa legislature for a determination of whether the physical and dental health of recipients of medical assistance who are persons with intellectual and/or developmental disability (IDD) were being regularly and fully addressed. Given the progress being made in Iowa on overcoming the institutional bias of Iowa's service system—with more individuals with disabilities having the choice to live in the community instead of large congregate settings—legislators wanted to know whether people with intellectual and/or developmental disabilities have the access to needed preventive health and dental services. Unfortunately, the data in this report demonstrate that disparities exist and that work is needed to close the gap. The federal Affordable Care Act is designed to increase access to affordable healthcare that will benefit people with disabilities—including those with intellectual and/or developmental disabilities. As an example, the new law helps make wellness and prevention services affordable and accessible by requiring health plans to cover many preventive services without charging a copayment, coinsurance, or deductible. As of September 23, 2010 health plans cannot limit or deny benefits or deny coverage for a child younger than age 19 simply because of a "preexisting condition." In 2014, the Act will prohibit insurance companies from denying coverage or charging more to any person based on their medical history. The new law improves access to medical diagnostic equipment so people with disabilities can receive routine preventive care and cancer screenings by establishing exam equipment accessibility standards. These standards will be set by the Food and Drug Administration and the Access Board. Equally relevant to the disparities uncovered in this study, the Affordable Care Act improves data collection on health disparities for persons with disabilities, as well as training of health providers. Data on health status of and outcomes for people with disabilities are to be included more comprehensively in national databases. Pre-service training of health professionals must include a greater emphasis on addressing the health needs of people with disabilities. The results of this study confirm the need for these important changes.

This study provides insights into the use of preventive care services by children and adults with IDD and compares use rates for this population with those of Medicaid

enrollees who are in the “income eligible” group and those who are disabled, but not identified as IDD for this project. For the purposes of this report, IDD refers to enrollees with Intellectual and/or Developmental Disability.

### **Findings**

1. Children from 3-6 years old identified as having IDD are more likely to receive a DTaP than other children enrolled due to disability, but not as likely as children who are income eligible. This pattern is also evident with regard to the flu shot.
2. Young women identified as having IDD are less likely to receive the initial HPV vaccine; however if they do receive it they are more likely to complete the three vaccine series.
3. Colorectal and breast cancer screening rates are low among all Medicaid enrollees, but nearly non-existent for those with IDD.
4. Annual monitoring for persistent medications is the lowest for enrollees identified as having IDD.
5. Recommendations
6. Medicaid enrollees identified with IDD need enhanced opportunities to access preventive care services.
7. Providers require education to understand the preventive care needs of enrollees identified with IDD.
8. Further work to understand the dynamics of preventive care services from the perspectives of providers, enrollees and caregivers should be used to design and implement enhanced services.

### **Conclusion**

The roots of this study go back to a charge from the Iowa legislature calling for a determination of whether the physical and dental health of recipients of medical assistance who are persons with intellectual and/or developmental disability were being regularly and fully addressed. Given the progress being made in Iowa on overcoming the institutional bias of Iowa’s service system—with more individuals with disabilities having the choice to live in the community instead of large congregate settings—legislators wanted to know whether people with intellectual and/or developmental disabilities have the access to needed preventative health and dental services that other Iowans have. Unfortunately, the data in this report demonstrate that disparities exist and that more needs to be done to close the gap.

The federal Affordable Care Act lays the framework for achieving accessible and affordable healthcare that will benefit people with disabilities—including those with intellectual and/or developmental disabilities. Some examples are listed below.

- The new law helps make wellness and prevention services affordable and accessible to all by requiring health plans to cover many preventive services without charging a copayment, coinsurance, or deductible.
- As of September 23, 2010 health plans cannot limit or deny benefits or deny coverage outright for a child younger than age 19 simply because the child

has a “preexisting condition.” In 2014, the Act will prohibit insurance companies from denying coverage or charging more to any person based on their medical history.

- The new law improves access to medical diagnostic equipment so people with disabilities can receive routine preventive care and cancer screenings by establishing exam equipment accessibility standards. These standards will be set by the Food and Drug Administration and the Access Board.

Equally relevant to the disparities uncovered in this study, the Affordable Care Act improves data collection on health disparities for persons with disabilities, as well as training of health providers. It is now an expectation that data on health status and outcomes of people with disabilities be included more comprehensively in national databases. Pre-service training of health professionals must include a greater emphasis on addressing the health needs of people with disabilities. In addition, Iowa needs to implement policies that support training and incentives to reduce workforce shortages and to ensure that providers are available to accept reimbursement from both public and private health care plans. The results of this study confirm the need for these important changes.