

MO-ACHE Student Essay Award

Improving Care and Social Program Solvency by Waiving the 24-Month Medicare Waiting Period for Major Trauma Patients

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Introduction

Major traumatic injuries (MTIs) are the leading cause of disability for people aged 18-34, potentially eliminating one's ability to work for a lifetime. Because this cohort is most likely to be uninsured and underinsured, a young person who experiences an MTI will potentially lack adequate coverage to necessary healthcare services. Medicare patients have greater access to a wider range of services and achieve better health outcomes than uninsured and Medicaid patients (Sacks et al., 2011; LePar et al., 2011; Hansen et al., 2014; Atlas et al., 2016; Nehra et al., 2016; Zogg et al., 2016). However, the Social Security Act states that a Social Security/Medicaid enrollee with a debilitating injury must wait two years to obtain Medicare, forcing the patient to forego crucial care during a period that can influence the entire recovery (Nehra et al., 2016).

To improve the health and economic burden of this population, a policy must promote an optimal recovery and a return to productivity. I propose an amendment to Section 226 of the Social Security Act that waives the 24-month waiting period for patients eligible for SS, with a major trauma Injury Severity Score and required extended care at an Inpatient Rehabilitation Facility (IRF) or outpatient. This proposal is similar to P.L 106-554, which waived the same waiting period for people with Amyotrophic Lateral Sclerosis (ALS) in 2001 (Social Security Administration, 2015).

Problem Analysis

Background. The unexpected life status change that often follows MTIs can lead to perpetual disability, dependency, poor physical and mental health, and reduced quality of life (Sobel, 1995; Davidson et al., 2004; Pirente et al., 2007). UMTPs are especially susceptible to having a poor recovery because they often lack access to comprehensive, patient-centered care that promotes improved functional health status, mental well being, positive quality of life, and a successful reintegration into society (Sacks et al., 2011; Nehra et al., 2016; Livingston, 2016; Zogg et al., 2016; Bouman et al., 2017).

The Social Security Amendments of 1972 expanded Medicare coverage to people receiving SS disability payments for two years (Social Security Amendments, 1972). Although meant to show support for this patient population and save costs by restricting enrollment to the most needy, it has also meant many UMTPs lack access to proper care during the crucial initial two-year period of recovery (Nehra et al., 2016; Zogg et al, 2016). A government safety net of Social Security and Medicaid has been pieced together to provide relief for some patients that can prove disability will last at least twelve months (Stapleton & Livermore, 2011). Certain “209(b) states, however, have a separate, more restrictive application process for Medicaid than SS. In Missouri, SS recipients only have a 38%-61% chance of gaining Medicaid during the first six months (Rupp and Riley, 2016).

Insufficient access to necessary care can lead to poorer outcomes (Stapleton & Livermore, 2011; Long, 2013; Atlas, 2016; Zogg et al., 2016). UMTPs have been found to: be least likely to be sent to an IRF, most likely to be sent home following acute hospitalization, and least likely to receive home health care; have more post-surgical infections, wound complications, longer hospital stays, longer waits for outpatient visits, and higher risk-adjusted

mortality during surgery; and are less likely to follow up once discharged to outpatient, more likely to have an emergency department (ED) visit within two months and re-hospitalization within twelve months (Sacks et al., 2011; LePar, 2011; Hansen, et al., 2014; Zimmerman, 2016).

Although Medicaid provides better access than having no insurance, not every state's Medicaid plan permits access to services meant to restore function and communication, improve mobility, and increase independence (Nehra et al., 2016). Missouri Medicaid only covers physical therapy, occupational therapy, and speech therapy for pregnant women and children (MO Healthnet, 2017), while psychological services are not covered under Medicaid in Georgia and Michigan (Kaiser Family Foundation, 2017). Medicare covers all of these services (Centers for Medicare and Medicaid Services, 2017).

Traumatic injuries in the U.S. also account for 30% of all life years lost (more than cancer, heart disease, and HIV combined) and \$671 billion in healthcare costs and lost productivity (Chan et al. 2004; Stapleton and Livermore, 2011; National Trauma Institute, 2014). If more UMTPs gain access to Medicare, the number of patients experiencing a successful recovery will rise and more individuals will be able to return to the workforce and perform meaningful and productive activity. If just 1% of people currently receiving SS found work and no longer needed these benefits, approximately \$3.5 billion would be saved annually (Stapleton and Livermore, 2015).

Goals and Constraints. This policy's goals have major implications for the health of both this vulnerable patient population and economy. The first goal of improving UMTP Medicare access upon injury will be achieved by waiving the current 24-month Medicare waiting period for UMTPs and increasing the Medicare budget to compensate for new enrollees and administrative positions. The second major goal of helping all UMTPs return to a productive life

by providing them access to comprehensive, patient-centered care will be achieved by increasing the Medicare budget to support crucial roles, such as social workers, vocational counselors, and trauma-nursing case managers. The third goal of contributing to the solvency of Medicare, Medicaid, and SS will be achieved by the reducing the total number of major trauma patients that become lifetime beneficiaries and the total amount spent on Medicare, Medicaid, and SS overall in the long-term.

Several constraints can hinder achievement of these goals. Some UMTPS who receive Medicare because of this policy may not have a successful recovery and depend heavily on SS, Medicaid, and Medicare for a lifetime. Also, not all individuals who have a successful recovery and return to work will find a job that offers health insurance or pays wages high enough to afford necessary private insurance. Furthermore, there have been several unsuccessful attempts to waive the 24-month waiting period for SS recipients, including the 2009 “Ending the Medicare Disability Waiting Period Act” (S.700 - 111th) (Medicare Rights Center, 2009).

Recommendation and Conclusion

The urgency of advancing this proposal so UMTPs can be properly covered as soon as possible is critical to the health of this nation. As MTIs continue to rise, the number of UMTPs without access to optimal care will increase, more individuals will remain permanently dependent on government programs, and the booming costs of healthcare will rise at an even more alarming rate. Failure to act now will intensify the burden MTIs place on UMTPs’ health, prospect for a productive life, and several the U.S. economy’s most expensive programs.

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