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## Table of Contents

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# ANNALS OF HEALTH LAW AND LIFE SCIENCES

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## CONTENTS

**Foreword** ..... i

### ARTICLES

**Prisons, Nursing Homes, and Medicaid: A COVID-19 Case Study in Health Injustice**

Mary Crossley ..... 101

*The unevenly distributed pain and suffering from the COVID-19 pandemic present a remarkable case study. Considering why the coronavirus has devastated some groups more than others offers a concrete example of abstract concepts like “structural discrimination” and “institutional racism,” an example measured in lives lost, families shattered, and unremitting anxiety. This essay highlights the experiences of Black people and disabled people, and how societal choices led to their disproportionate suffering in the pandemic. It focuses on prisons and nursing homes—institutions that emerged as COVID-19 hotspots—and on the Medicaid program. It presents an array of choices—some stretching back decades and others more recent—that led to disproportionate representation of Black people and people with disabilities in both nursing homes (particularly those hardest hit by COVID-19) and in prisons and jails. In doing so, it highlights the importance of the intersectionality of race and disability in these COVID-19 hotspots. It also reviews how decisions regarding the Medicaid program, particularly some states’ choice not to expand Medicaid, have contributed to disparities in the burden of COVID-19 illness and death. The essay concludes by briefly suggesting how going-forward choices made during the pandemic implicate health justice. Keeping equity issues centered will be critical to pursuing policies that mitigate, rather than further entrench, unjust health disparities.*

**Leveraging Community-Based Integrated Health Teams to Meet the Needs of Vulnerable Populations in Times of Crisis**

Jessica Mantel ..... 133

*With disadvantaged socioeconomic populations facing a range of complex social, economic, and environmental challenges, meeting their needs during a public health crisis requires a multifaceted response that coordinates medical, behavioral health, and social services. Drawing on examples from the COVID-19 pandemic, this Article describes how*

*organizations that integrate health and human services across systems of care can quickly repurpose their expertise and resources in support of these efforts. First, these organizations can support public health emergency responses by conducting outreach to vulnerable individuals and attending to their medical, mental health, social, and material needs. Specifically, they can use their data to identify high-risk individuals; educate individuals about public health risks and preventive steps that reduce these risks; connect individuals to health care providers, community services, public benefits, and other resources; and provide social support and health coaching. Second, these organizations can support coordinated, cross-sector responses to public health emergencies by using their data-sharing infrastructure to facilitate communications across organizations, conveying their observations and insights to the local leaders overseeing a community's emergency response, and leveraging existing partnerships and interagency processes. Unfortunately, wide-spread adoption of this integrated care delivery model remains elusive, in part due to its substantial up-front costs and uncertainty about its long-term financial sustainability. This Article therefore concludes with a call for increased public and private investment in integrated care delivery models that can strengthen community resilience during a public health crisis and address health disparities.*

### **Medicaid's Gold Standard Coverage for Children and Youth: Past, Present, and Future**

Jane Perkins & Sarah Somers ..... 153

*Since 1967, federal law has entitled low-income children and youth under age twenty-one to coverage of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services through the Medicaid program. Properly implemented, EPSDT is gold standard coverage for children.*

*This article offers a comprehensive overview of the EPSDT benefit: past, present, and future. Congress intends Medicaid's EPSDT provisions to be aggressively implemented and has amended the statute on multiple occasions to make that clear. However, states' implementation of the law has often flagged, and the federal Medicaid agency and courts have repeatedly stepped in to require states to ensure that children know about EPSDT benefits and are receiving them. Today, while EPSDT is a robust and expansive program that has had many successes, publicly available data reveals that federal and state agencies must do more to meet the needs of enrolled children. Moreover, if it is to achieve its promise in the future, EPSDT will need to embody twenty-first century standards of care. Ensuring up-to-date preventive screening services will not be enough. Attention will need to focus on the nature and extent of diagnostic and treatment services. The EPSDT benefit will need to more aggressively cover family-centered, community-based services for children with special health care needs. EPSDT will need to help with addressing the social determinants of health which occur outside of clinical settings. Finally, states will need to be held accountable for complying with the requirements of the Medicaid program by using accurate and timely data to expose and address health inequities.*