



Public Health Law

Office for State, Tribal, Local and Territorial Support
Centers for Disease Control and Prevention

***Healthy People 2020* Law and Health Policy Project: Legal and Policy Resources Related to Access to Health Services**

The *Healthy People 2020* (HP2020) goal for access to health services is to “improve access to comprehensive, quality healthcare services.”¹ Such services are vital for achieving health equity and increasing the quality of life for everyone.² In the United States, many people do not receive timely and appropriate care.³ About one in four Americans lack a health center to receive regular medical services and a primary care provider, and almost one in five Americans under age 65 years do not have medical insurance coverage.⁴ The HP2020 topic focuses on four components of access to care: coverage, services, timeliness, and workforce.⁵

This document has been developed for members of the public interested in law and health policy topics related to access and use of health services. It provides selected legal and policy resources addressing health insurance coverage, access to clinical preventive services, reducing emergency department visit and wait time, and increasing the number of practicing primary care providers.

Health Insurance Coverage

About 9% of persons interviewed by the National Center for Health Statistics during January 2015 to September 2015 were uninsured.⁶ Of those, 10.6% (28.6 million) were under age 65 years; 12.9% (25.3 million) were aged 18–64 years; and 4.5% (3.3 million) were children under age 18 years.⁷ The resources below explore how laws and policies can address HP2020 objectives related to health insurance coverage.⁸

¹ US DEP’T OF HEALTH & HUMAN SERVS., [Access to Health Services: Overview](#) (updated Mar. 2016).

² *Id.*

³ *Id.*

⁴ US DEP’T OF HEALTH & HUMAN SERVS., [Access to Health Services: Overview & Impact](#) (updated Sept. 2016).

⁵ US DEP’T OF HEALTH & HUMAN SERVS., [Access to Health Services: Overview](#) (updated Mar. 2016).

⁶ NAT’L CTR. FOR HEALTH STATISTICS, [Early Release of Selected Estimates Based on Data from the January–September 2015 National Health Interview Survey](#) (released Feb. 2016).

⁷ *Id.*

⁸ HP2020 Access to Health Services Objective #1 (increase the proportion of persons with health insurance).



- NAT'L CONFERENCE OF STATE LEGISLATURES, [Health Innovations State Law Database 2015: Tracking State Laws for Health Care Transformations](#) (updated Aug. 2016).
- THE HENRY J. KAISER FAMILY FOUND., [The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid: An Update](#) (Jan. 2016).
- THE COMMONWEALTH FUND, [Health Care Coverage and Access in the Nation's Four Largest States](#) (Apr. 2015).
- NAT'L CONFERENCE OF STATE LEGISLATURES, [Improving the Health Care System: Seven State Strategies](#) (July 2016).
- KAISER FAMILY FOUND.'S COMM'N ON MEDICAID & THE UNINSURED, [Key Facts on Health Coverage for Low-Income Immigrants Today and Under the Affordable Care Act](#) (Mar. 2013).

Access to Clinical Preventive Services

Evidence-based preventive services are cost-effective and cost-saving services that reduce death and disability.⁹ Preventive services include screening tests, vaccinations, counseling, early disease detection, health information, and prophylactic medication.¹⁰ The following resources explore a variety of laws and policies that address access to preventive services.¹¹

- NAT'L PREVENTIVE COUNCIL, [National Prevention Strategy: Clinical and Community Preventive Services](#) (May 2014).
- Nedereh Pourat, Ana E. Martinez, James J. Crall, [Better Together: Co-Location of Dental and Primary Care Provides Opportunities to Improve Oral Health](#), UCLA Center for Health Policy Research (Sept. 2015).
- Janet Currie and Maya Rossin-Slater, [Early-life Origins of Lifecycle Well-being: Research and Policy Implications](#), 34(1) J. OF POLICY ANALYSIS & MGMT. 208–42 (2015).
- KAISER FAMILY FOUND., [Preventive Services Covered by Private Health Plans Under the Affordable Care Act](#) (Aug. 2015).

Reducing Emergency Department Visit and Wait Time

Long waits at the emergency department (ED) can lead to decreased patient satisfaction, delays in care, and increases in patients leaving medical facilities before receiving care.¹² The *HP2020* project hopes to reduce the proportion of hospital ED visits in which the wait time to see an ED clinician exceeds the recommended timeframe.¹³ The resources below explore some of these approaches.

⁹ NAT'L PREVENTIVE COUNCIL, [National Prevention Strategy: Clinical and Community Preventive Services](#) (May 2014).

¹⁰ *Id.*

¹¹ Related *HP2020* objectives includes Objective #2 (Increase the proportion of insured persons with coverage for clinical preventive services), and #7 (increase the proportion of persons who receive appropriate evidence-based clinical preventive services).

¹² US DEP'T OF HEALTH & HUMAN SERVS., [Access to Health Services: Overview](#) (updated Mar. 2016).

¹³ *HP2020* Access to Health Services Objective #9 (reduce the proportion of hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe).

- CTRS. FOR MEDICARE & MEDICAID SERVS., CMCS Informational Bulletin: [Reducing Nonurgent Use of Emergency Departments and Improving Appropriate Care in Appropriate Settings](#) (Jan. 2014).
- CTRS. FOR MEDICARE & MEDICAID SERVS., [Hospital Inpatient Quality Reporting Program](#) (modified Sept. 2013).
- THE COMMONWEALTH FUND, [A Difference-in-Difference Analysis of Changes in Quality, Utilization and Cost Following the Colorado Multi-Payer Patient-Centered Medical Home Pilot](#) (Oct. 2015).
- NAT'L CONFERENCE OF STATE LEGISLATURES, [Health Cost Containment and Efficiencies: Medical Homes](#) (Sept. 2010).

Increasing the Number of Practicing Primary Care Providers

Primary care providers play an important role in the healthcare system.¹⁴ People who have a regular primary care provider have greater trust in their provider, communicate better with their provider, and are more likely to receive appropriate care.¹⁵ The resources listed below explore the role laws and policies can play in achieving related *HP2020* objectives.¹⁶

- KAISER FAMILY FOUND., [The ACA Primary Care Increase: State Plans for SFY 2015](#) (Oct. 2014).
- US DEP'T OF HEALTH & HUMAN SERVS., Assistant Secretary for Public Affairs, [Creating Health Care Jobs by Addressing Primary Care Workforce Needs](#) (Mar. 2015).
- NAT'L CONFERENCE OF STATE LEGISLATURES, [Meeting the Primary Care Needs of Rural America: Examining the Role of Non-Physician Providers](#) (Apr. 2013).
- Melinda Abrams, Rachel Nuzum, Stephanie Mika et al., [Realizing Health Reform's Potential: How the Affordable Care Act Will Strengthen Primary Care and Benefit Patients, Providers, and Payers](#) (Jan. 2011).

Acknowledgments and Disclaimers

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For further technical assistance with this inventory, please contact PHLP at phlawprogram@cdc.gov. PHLP provides technical assistance and public health law resources to advance the use of law as a public health tool. PHLP cannot provide legal advice on any issue and cannot represent any individual or entity in any matter. PHLP recommends seeking the advice of an attorney or other qualified professional with

¹⁴ US DEP'T OF HEALTH & HUMAN SERVS., [Access to Health Services: Overview](#) (updated Mar. 2016).

¹⁵ *Id.*

¹⁶ *Healthy People 2020* Access to Health Services Objective #4 (increase the number of practicing primary care providers).

questions regarding the application of law to a specific circumstance. The findings and conclusions in this summary are those of the author and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

For further technical assistance with this inventory and for questions regarding the HP2020 Law and Health Policy Project, please contact Angela McGowan at angela.mcgowan@hhs.gov.

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