



EQUAL JUSTICE AMERICA

Summer 2023 EJA Fellow:



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Update 1: I am incredibly grateful to have received funding through Equal Justice America for summer 2023, enabling me to contribute to the crucial work of the The Legal Aid Society's Health Law Unit. Throughout my time with the Unit, I will be helping provide direct client services on a range of vital issues to ensure equitable access to health care.

My work this summer will involve helping New Yorkers secure access to health insurance and culturally competent health care, defending patient rights, and empowering clients to navigate the complex health care system. Specifically, I will be helping clients with eligibility for public health insurance programs such as Medicaid and Medicare and addressing unfair denials or reductions of health care services and benefits. This work will hopefully help remove barriers to enrollment and retention of health insurance for people who need it.

Lack of access to health care for people remains an urgent and pervasive issue that perpetuates serious inequalities in our society. So many people face significant barriers and immense discrimination when simply attempting to obtain necessary health care services.

Legal aid plays a crucial role in addressing health inequities by providing support, advocacy, and representation to those who cannot afford legal assistance, helping to navigate complex systems, challenging unfair policies, and securing access to vital health care resources.

Update 2: Did you know that millions of people are currently being disenrolled from Medicaid, many of whom are unaware of this?

As part of the COVID-19 public emergency response, the government implemented a moratorium on removing people from Medicaid coverage due to changes in eligibility. This meant that if someone had Medicaid or enrolled in Medicaid within the past 3 years, they would be guaranteed to have continuous coverage and not lose their health insurance throughout this time.



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However, the federal government has now lifted this moratorium and initiated a mass recertification process, resulting in millions of people losing their Medicaid coverage. States are attempting to inform people about this process and advise them to be prepared if they lose their coverage, but many individuals are unaware that this is happening.

Medicaid provides healthcare coverage for almost a quarter of the U.S. population, particularly those who are most vulnerable due to poverty and systemic racism. Between 8 million and 24 million people, including children, are projected to lose their Medicaid coverage in the coming months.

In my work with The Legal Aid Society Health Law Unit, I have been assisting individuals with Medicaid eligibility and helping them navigate the complex process of enrolling and accessing necessary care. This aid is crucial for those who need it the most and cannot afford healthcare otherwise.

It is important to stay informed about this unwinding process and ensure that communities are aware of their rights in obtaining and maintaining Medicaid coverage.

Here are some resources to educate yourself on this issue:

Kaiser Family Foundation's Medicaid Enrollment and Unwinding Tracker: <https://lnkd.in/eHdv7kkv>

Health Law Advocates' Medicaid Unwinding resources: <https://lnkd.in/euS8QjdY>

HealthNews' article on millions losing Medicaid after the COVID-19 public health emergency: <https://lnkd.in/eaam9F9v>

Update 3: Many people in the U.S., and many clients in the The Legal Aid Society Health Law Unit have some sort of mental illness or diagnosis, and a huge swath of the country struggles with addiction or some substance use disorder (SUD). People experiencing poverty are even more likely to be dealing with mental illness or SUD because of the trauma that directly results from poverty, homelessness, and societal oppression.

Paradoxically, the "Institutions for Mental Diseases (IMD) exclusion" in the Medicaid law is a rule that prevents federal Medicaid funds from being used by states for patients in mental health and SUD residential treatment facilities with more than 16 beds. It was enacted to presumably encourage states to seek more community-based treatment for people with mental illness and SUD, as opposed to the warehousing of patients in large, abusive institutions, as they did prior to the deinstitutionalization movement of the 1970s.

This law, which was intended to ensure that states bear responsibility for funding community-based inpatient psychiatric services, has created a situation where many individuals with mental health and substance use disorders are unable to access the necessary care. This is especially important for people who qualify for Medicaid, where eligibility is based on someone having income at or below the Federal Poverty Level.

Consequently, this rule has resulted in a outcome of reduced access to essential services for those most in need, i.e. our fellow citizens who are experiencing poverty and struggling with mental illness or addiction.



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Recently, the Centers for Medicare & Medicaid Services (CMS) have allowed states to apply for a 1115 waiver that would match Medicaid funds for some residential mental health or addiction centers. 26 states have expanded Medicaid coverage of these facilities, and New York is currently awaiting a pending application for expanded coverage.

However, this isn't enough. Congress needs to fully repeal this arbitrary and illogical "IMD" exclusion and provide people who need it the most full coverage for comprehensive residential mental health and addiction health care. This discriminatory law prevents people experiencing mental illness and SUD from getting health care that could change or even save their lives.

To read more about this issue: https://lnkd.in/epPkp_Qj, <https://lnkd.in/exaYbEzp>, <https://lnkd.in/etfeHgrR>, <https://lnkd.in/eRYANCBs>, <https://lnkd.in/emN4A-gc>

Update 4: Did you know that in 2022 the federal government passed a law that protects people--even those with private insurance or with no insurance at all--from having to pay certain "surprise" medical bills?

The federal No Surprises Act (NSA) is a new law that provides protections to prevent "surprise medical bills", which are bills received by patients from out-of-network providers when the patient believed the service received was provided by an in-network provider. These bills occur when insured people inadvertently receive care from out-of-network hospitals that they did not choose. The NSA also provides uninsured people with protections against bills by requiring providers to provide a "good faith estimate" of what the bill will be, before you receive any healthcare services.

It is important to note that these protections do not apply if a person chooses to use an out-of-network provider willingly (with some exceptions). The law also allows for people to sign away their rights against these protections if they are given certain notice and consent forms.

New York has had statewide protections against this type of billing since 2015 and has been among a small amount of states to do so. Additionally, Medicaid recipients and recipients of other public insurance have expanded protections against certain "balance billing".

Protections against "balance billing" are incredibly helpful in protecting New Yorkers in need, and The Legal Aid Society clients, from becoming bogged down by medical costs. This summer, I've been able to leverage these protections to help clients trying to navigate the often arbitrary and expensive medical landscape.

Under the new NSA laws, even if a person has private health insurance, the new federal protections may apply. It bans most surprise bills from out-of-network providers and limits out-of-network charges for emergency and some non-emergency services. It also requires clear billing protections notices and ensures uninsured individuals get good faith estimates before receiving care.

Though this has nationwide effects, many people still do not know about their rights against "surprise" bills and end up paying thousands of dollars in medical bills that they did not expect.

Spreading this information, and educating people on their rights, could help protect people against exorbitant



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medical costs that they didn't willingly incur.

See the following resources to learn more about this recently enacted nationwide legislation:

<https://lnkd.in/eg6Dh2yb>, <https://lnkd.in/ePQc78FA>, <https://lnkd.in/eXeDMaWX>,
<https://lnkd.in/epgNubWt>

Update 5: Thank you to Equal Justice America for helping fund my summer experience with the The Legal Aid Society Health Law Unit. Unlike in criminal law, people facing civil legal issues in healthcare, immigration, government benefits, education, etc., do not have the constitutional right to an appointed attorney. Thus, those without the means to pay for an expensive attorney, often have to deal with these issues on their own. Funding civil legal aid and attorneys is so important for allowing the people who most need it, secure their rights and create precedent for others.

This summer, I found myself deeply involved in the intricacies of Medicaid law, and employing legal aid to help people secure their right to healthcare. Through research and direct client interactions, I came to intimately understand the hurdles people face in their pursuit of basic healthcare services. I undertook in-depth research into pressing legal topics, such as the arbitrariness of Medicaid overpayment collections by the government from beneficiaries, the often unjust restrictions imposed on Medicaid utilization for individuals grappling with substance use disorders, the due process, to name a few.

Through this summer, I was able to assist individual people secure access to benefits they are rightfully entitled to. These include: a special program NY has for people with Traumatic Brain Injury which provides them with increased case management services and support, free transportation services for people on Medicaid who need assistance traveling to and from doctor's appointments, coverage for necessary dental care for children who are on Medicaid, coverage for cleaning services for home-bound people with disabilities, among others.

It is so clear how the web of intersecting barriers and issues people face when experiencing poverty relegates people to a life of cyclical harms that become more and more insurmountable. Poverty acts as a catalyst that compounds adversities and contributes to the glaring inequalities that perpetuate already existing systemic injustices. And poverty does not appear out of thin air or just afflict those with "moral failing," it was created by white supremacy, colonialism, greed, and capitalism that has hurt people for centuries and continues to do so.

This immersion in the LAS Health Law Unit has not only deepened my understanding of these issues but has also fueled my commitment to a career of addressing these inequities, advocating for meaningful policy changes, and standing up for the rights of those systematically disadvantaged. In my legal career, I hope to continue to contribute not only redressing this pressing issue, but also attempt to assist in actively dismantling the systemic roots of inequity.