

# *Social Work & Health Care Reform*

## **General Background**

According to the Kaiser Family Foundation, there were 45 million people under the age of 65, including close to nine million children, who did not have health insurance in 2007. Over the past decade, the number of uninsured has increased as rates of employer-based coverage have stalled or declined. The increase in loss of insurance was highest among Hispanics compared with Asian, African American, and non-Hispanic white people. Uninsurance rates across states varied from 8.5 percent to 24.1 percent as a result of differences in state economies, patterns of employer coverage, the share of families with low incomes, and the scope of state Medicaid programs. Almost 80 percent of the uninsured are citizens.<sup>1</sup>

Each state has deregulated its health care system and lifted regulated rate-setting mandates on hospitals. The subsequent restructuring resulted in a move away from professionally defined structures, such as departments of social work. Social work roles and responsibilities include case management, discharge planning, and working collaboratively on interdisciplinary teams.

As part of deregulation, several proposals by the Centers for Medicare & Medicaid Services have been made to lessen the regulations governing providers, including social worker services or conditions of participation that are covered by Medicare and Medicaid. These include actual downgrading or efforts to downgrade the definitions and qualifications for social workers who provide services through Medicare's home health, hospice, skilled nursing facilities, and end-stage renal disease programs. There is now a countervailing trend for increasing social work services in regulatory mandates that is still ahead of the reality of providing qualified health care social work services.<sup>2</sup>

Social workers provide, supervise, and administer services that address the range of social, emotional and environmental problems that patients bring with them to health and mental health settings.

## **Recommendations**

- National policy must ensure a universal right to insurance coverage for a continuum of health and behavioral health services throughout all stages of the life cycle. Behavioral health services must be provided at parity levels with other medical and surgical services.
- National policy must promote wellness, maintain optimal health, prevent illness and disability, ameliorate the effects of unavoidable incapacities, and provide supportive long-term palliative and end-of-life care.

- A reformed system must ensure that consumers have an equal right to continuous, high-quality care that is effective, efficient, safe, timely, and patient-centered.
- The new system must strive to provide equitable delivery of services for all people in the United States, regardless of financial status, race, ethnicity, disability, religion, age, gender, sexual orientation, or geographic location.
- National policies and practices must ensure that essential health care social work services are provided by qualified social workers in all health care settings.
- Professional social workers must be included on public and private health care policy and planning bodies.
- A reformed system must ensure an adequate supply of qualified health professionals, including social workers that can meet the needs of burgeoning and existing special populations such as seniors, children and youth, racial and ethnic minorities and people with disabilities.
- National policy must ensure active and organized consumer participation in the planning, implementation, evaluation, and governance of health and mental health services.
- Expansion of health information technology must ensure the confidentiality and privacy of personal medical information.

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## References

- <sup>1</sup> Kaiser Family Foundation. (October 2007), *The Uninsured: A Primer*. Retrieved May 11, 2009, from [www.kff.org/uninsured/upload/7451-03.pdf](http://www.kff.org/uninsured/upload/7451-03.pdf).
- <sup>2</sup> Department of Health and Human Services, (March 2007), *Medicare programs, hospital conditions of participation: requirements for approval and re-approval of transplant centers to perform organ transplants; final rule*. Retrieved May 11, 2009, from [www.cms.hhs.gov/CFCsAndCoPs/downloads/trancenterreg2007.pdf](http://www.cms.hhs.gov/CFCsAndCoPs/downloads/trancenterreg2007.pdf) and Institutes of Medicine. (2008), *Committee on Psychosocial Services to Cancer Patients/Families in a Community Setting. Cancer care for the whole patient: Meeting psychosocial health needs*. Washington, DC: National Academies Press.

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## Additional Resources

- National Association of Social Workers. (2005). *NASW Standards for Social Work Practice in Health Care Settings*. Washington, DC: NASW Press.
- National Association of Social Workers. (2009). *Health Care Policy. Social work speaks: National Association of Social Workers policy statement, 2009-2012* (8th ed., pp. 167-170). Washington, DC: NASW Press.
- National Association of Social Workers. (2009) *Health & Social Work: A Journal of the National Association of Social Workers*. Washington, DC: NASW Press.