Marcy Bursac
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It's Okay to Talk About Adoption

Adoption forms families, but it does not remove the barriers they face. Access to healthcare remains a significant one. Many families, after completing the steps to adopt children through the foster care system, lack clear guidance on securing medical care for their children. This challenge leaves children at risk of potential health concerns, unsure where to turn before medical needs become urgent. Marcy Bursac, Belmont alumna and founder of The Forgotten Adoption Option, explained to Tennessee Health Care Campaign intern Abbie Cartwright how families navigate these healthcare challenges when welcoming children into their lives through foster care adoption.

Describe how the needs of Tennessee's waiting families differ from those in Missouri, particularly regarding healthcare issues related to foster care and adoption.

"Overall, so much depends not only on the state, but on family access and capacity. If families are able to pay out of pocket or put their children on private insurance, their access to care can look very different. That reality can show up across states like Tennessee and Missouri. While each state has its own systems and supports, a family's ability to navigate those systems, or supplement them financially, often has just as much impact on how quickly children receive care, especially for things like behavioral health and specialists. And it is not just about finding providers. It is getting to appointments over and over, the drive time, the time away from work and the ability to keep up with ongoing care. Those factors can be just as limiting as whether a provider exists in the first place. Because of that, families in both states can have very different experiences, even within the same system, depending on what resources and flexibility they have available to them."

How did your time at Belmont shape who you are today?

"My time at Belmont shaped how I think about purpose and people. Between the Honors Program, serving as a resident assistant, and being part of a Christian campus, I sharpened and expanded my ability to lead with intention and build community. That's something I carry into my work today as an adoptive mom and foster care advocate."

How did you begin working on adoption and foster care issues?

"I began this work after adopting my own children, a sibling pair, through the foster care system and experiencing firsthand how complex and inconsistent it can be.

Families play a lifetime role. And so to me, just getting the language right and then having the infrastructure and operations (that) could make an incredible difference, especially if it was consistent around the country. In the foster care adoption space, collaboration between states and agencies can be disjointed and difficult to navigate. Retooling how we work together for the benefit of children is a big part of the challenge that I'm trying to address through research and my podcast. It's a significant undertaking that would require political and funding alignment, but it's where meaningful change can happen."

What is your personal connection to the healthcare issues faced by families in foster care and adoption?

"My connection is both personal and ongoing. As an adoptive mom, I've had to navigate a fragmented system where access to trauma-informed care isn't guaranteed, even when you know what your child needs. For example, I recently sought out an EMDR-trained therapist, a therapy designed to help children process trauma. It immediately raised a hard question for me: if effective treatments like this exist, why are they so difficult to access? In interviewing an EMDR therapist on my podcast, I learned that even providers face barriers, like having to pay out of pocket for advanced training.

That reality reflects what many families experience. The knowledge and best practices are out there, but access is inconsistent and often limited by cost, availability or system complexity. As a parent, that gap directly impacts your child's healing. As an advocate, it reinforces the need to address not just awareness, but infrastructure and access."

If there is one thing about adoption or foster care you could tell others about, what would it be and why?

"How important it is to know what runs in a child's family, medically and behaviorally. There is a genogram, essentially a map of family history and patterns, that matters.

A major barrier, and one that becomes a domino effect for healthcare, is that you do not get to keep the child's file. We saw what seemed like a five-inch stack of papers for about an hour before we ever met our kids. That was it. We never saw the file again, and I cannot get it back. Without that information, it becomes much harder to fully understand and support a child's needs, and that impacts everything from day-to-day parenting to medical and mental health care."

During and after the adoption or foster care process, was there anything about healthcare that surprised you?

"What surprised me most was how much persistence it takes to access care. Even when coverage exists, families have to call repeatedly, follow up and push just to get appointments. And the providers who are available are often limited by the system they are working within. They may not have the latest technology or the most updated facilities, not because they do not care, but because of how these systems are funded and structured. Finding the providers has often felt like a wild goose chase, because you have no idea where to look. Then if you can find them, there's usually (a response): 'Well, in nine months we can get you on the list (to see a doctor.)' My kid needs care now. Depending upon family access and ability, there are many of us that just self-pay. So that's a huge barrier. If families don't understand that the state is supposed to be covering medical, dental and vision until the child's 18 or whatever (age) your state allows, it can be a significant hindrance."

How does your lived experience shape the way you view adoption, foster care and healthcare gaps?

“My lived experience has shown me how unclear and inconsistent healthcare responsibility can be for families in the adoption process. In our situation, my husband and I went to sign adoption paperwork. So, everything's done, you're signing all this stuff. We're sitting at the children's division signing the paperwork to adopt our kids. And there was mention of, ‘Oh, you're going to put them on your health insurance, right?’ And we were like, ‘No, we're taxpayers. This is what you're supposed to do (until the adoption is finalized.)’ And there was pressure, almost guilt, that was the absolute wrong thing to do. But we pushed back. That experience shaped how I see the system. Even when policies exist, families may not fully understand them or may feel pressure to take on costs they should not have to carry. It showed me that advocacy is often required just to access what families are already entitled to.”

Are there healthcare problems or successes in adoption/foster care that we might not hear about as much as others, but that you think we need to pay attention to?

“One thing I’ve seen firsthand is that accessing care often depends on knowing who to call and being persistent. Many providers only open their schedules one to two months out, so families have to follow up, call back and keep pushing to get in. I experienced this with my own children trying to get orthodontic care and dental surgery, and it happens regularly with dentistry and other specialists. It is not a one-time issue. It is ongoing.

What we do not talk about enough is that families who are able to navigate that system get care, and families who are not may fall through the cracks. That makes persistence a hidden requirement for accessing healthcare, and that is a gap we need to pay attention to.”

What do we need to do to improve the adoption/foster care system, especially related to healthcare?

“We need better training, coaching, and communication so families feel prepared to navigate the healthcare ecosystem. A lot of what I experienced was being expected to just know what to do, what was normal, what needed attention and where to go, without anyone clearly laying that out. Even when resources exist, they are not always reliable or easy to navigate. I have called providers listed as accepting new patients through state portals, only to find that information was outdated. I have also been told to call back in three or four months just to check for availability, which puts the burden entirely on families, instead of the system.

There are also resources that families may not even realize are available. For instance, 988 is a valuable resource for immediate situations, such as when a child is escalated and a parent needs support. It was once widely thought of as only a suicide line, but it can provide real-time guidance in critical moments. If we want to improve outcomes, we need to stop relying on families to figure it out as they go and start giving them clear, upfront guidance so they can respond to their child’s needs quickly and confidently.”

What are your hopes and goals for the future of healthcare for children who are adopted or in foster care?

“My hope is that behavioral health and trauma-informed care become much easier for families to access. Right now, even when you know what your child needs, it can be incredibly difficult to find the right provider, get on a schedule and actually receive care. Families are also limited in their options. Unlike private insurance, where you can often choose between providers or seek a better fit, families navigating foster care and adoption systems may have very few in-network choices, which can impact the quality and consistency of care. I also hope we move toward a system where state lines are not a barrier. Access to care should not depend on geography. Ultimately, families should not have to spend hours searching, calling and advocating just to get basic care. Access should be clear, timely and flexible, so families can focus on supporting their children."