

# **2007 Health Task Force Report**

The Task Force meets on the third Friday of every month, except August. Several meetings included presentations from health policy experts. The following highlights our priority issues for 2007.

**Medicaid** -- Much of our attention focused on addressing new Centers for Medicare and Medicaid Services (CMS) proposed regulations on Medicaid's Rehab Option, school based services and transportation and its interim final rule on targeted case management. We submitted comments to CMS on the rehab option rule. In addition we secured a reserve fund for a moratorium on the rehab and school based services rule in the FY 2008 budget resolution and a six month moratorium on the rehab option and school based services rule in the Medicare, Medicaid, and SCHIP Extension Act of 2007.

**Medicare** -- We worked on several other issues, some of which also were adopted in the Medicare, Medicaid, and SCHIP extension Act of 2007:

- An extension of the current exceptions process for Medicare's cap on outpatient rehabilitation therapy services (i.e. physical, occupational and speech therapies); and
- A freeze at 60% on Medicare's 75% Rule for inpatient rehabilitation hospitals and units; the compliance threshold at 60% indefinitely

We also advocated for several provisions of the House-passed CHAMP Act that ultimately were not adopted. They would have improved the Medicare Part D prescription drug benefit, including include increasing the asset limit for eligibility for the Low-Income Subsidy (LIS); codifying the authority for CMS to ensure coverage of "all or substantially all" of the medications in the 6 classes of clinical concern, allowing plans to cover benzodiazepines and barbiturates; waiving of cost sharing for certain dual eligibles with disabilities; permitting more beneficiaries to switch plans in cases of mid-year formulary changes; and allowing AIDS drug assistance programs to count toward

TrOOP (True Out-of-Pocket Costs used to calculate eligibility for catastrophic coverage). These provisions were not included in the Senate's bill.

In addition, we advocated for legislation to remove the 2-Year waiting period for Medicare eligibility and legislation to remove Medicare's restrictive "In-the-Home Rule for mobility devices.

**SCHIP** -- We worked with children's groups and other health advocates to expand the number of children who receive SCHIP benefits and expand the benefit to include dental care and mental health services.

## **CCD Health Task Force 2008 Priorities**

#### Medicaid

- Submit comments on the Interim Final Rule on targeted case management;
- Secure an extension of the moratorium on the rehab option/school based services rule and a moratorium on the interim final rule on targeted case management;
- Address other forthcoming proposed regulations that may limit Medicaid services for people with disabilities.
- Advocate for legislation to negate existing proposed or interim Medicaid regulations and preclude additional regulations harmful to individuals with disabilities

## Medicare

- Secure an extension or permanent removal of the therapy caps;
- Seek improvements to the Part D prescription drug benefit as noted above;
- Advocate for legislation to remove the 2-Year waiting period; and
- Advocate for legislation to remove the "In-the-Home" restriction.

**SCHIP** -- Work with children's advocates to address CMS directives which limit the ability of states to expand eligibility and related issues.

**Health Care Reform** -- Work to ensure that health care reform proposals set forth during 2008 campaigns address and benefit children and adults with disabilities and their families.

### Co-Chairs:

Kathy McGinley, National Disability Rights Network Liz Savage, The Arc and UCP Disability Policy Collaboration Peter Thomas, ACCSES