



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

Health Task Force 2008 Annual Report

The Health Task Force hosts monthly strategy sessions to ensure individuals with disabilities are best served by current health policy. The following report highlights our advocacy work in 2008 and our preliminary priority issues for 2009.

Medicaid

Moratoria on Medicaid Regulations

Starting in 2007, the Bush Administration's Centers for Medicare and Medicaid Services (CMS) issued seven Medicaid rules, in either proposed or final form, which would have a devastating impact on Medicaid beneficiaries or the safety net providers that serve them. Taken together, these rules would have reduced federal financing for Medicaid by \$15 billion over five years. Three of the rules – rehabilitative services option, targeted case management, and school based administrative services/transportation would have been particularly harmful to people with disabilities.

Preventing implementation of these regulations was our top priority. Our efforts focused on securing moratoria on all regulations. Moratoria on six regulations (the outpatient rule was not included) were included in the 2008 Iraq War Supplemental Appropriations bill. The moratoria expire on April 1, 2009. In addition, in conjunction with the Long Term Services and Supports Task Force, we submitted comments to CMS on the rehabilitative services and targeted case management proposed rules.

State Fiscal Relief – FMAP Increase

In response to the state fiscal crisis caused by the economic downturn we began advocating for a significant (\$125 billion over two years) increase in the federal share of Medicaid spending (known as the Federal Medical Assistance Percentage-FMAP).

Medicare

We supported the Medicare Improvements for Patients and Providers Act of 2008 (H.R. 6331) that was passed by Congress this year. We advocated for the inclusion of many important provisions for people with disabilities, most notably::

Extension of the Medicare Outpatient Therapy Cap Exception

The 2008 Medicare bill included an 18 month extension of the current exceptions process to allow Medicare beneficiaries to receive the medically necessary rehabilitation services they need. The exceptions process that allows beneficiaries to receive the occupational therapy, physical therapy and speech-language pathology services they need is scheduled to expire on December 31, 2009.

Delay of the CMS Competitive Bidding Program

The new Medicare law delayed the controversial durable medical equipment (DME) competitive bidding program that actually took effect on July 1st. Under the bidding program, reimbursement for some durable medical equipment (DME) benefits were scheduled to be reduced by as much as 26% in some areas of the country. In addition, thousands of suppliers in 10 metropolitan statistical areas (MSAs) who did not receive contracts with the Medicare program were no longer able to provide DME to Medicare patients.

Part D

The law also contained many improvements to the Part D program that will make Medicare prescription drug coverage more fair and accessible for people with disabilities: the protection of six classes of drugs (codifying the authority for CMS to ensure coverage of "all or substantially all" of the medications in the 6 classes of clinical concern), inclusion of benzodiazepines and barbiturates as part of the Part D benefit, and increases in the asset limits for beneficiaries to qualify for the Low-Income Subsidy.

Mental Health Parity

The Medicare law included a provision to decrease co-insurance for mental health services (formerly at 50%) so that parity with Part B Medicare co-insurance (20%) will be achieved over time. In addition to our work to ensure that provision was in the Medicare law, we also advocated for the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. This legislation requires most group health plans to provide equitable coverage for treatment of mental illness, mood disorders, and other mental health conditions; it was passed in a larger legislative package this session (H.R.1424).

SCHIP

With the passage of the Medicare, Medicaid and SCHIP Extension Act (S. 2499) in December of 2007, the program was extended through March of 2009. We worked with children's groups and other health advocates to monitor the program during the extension and track legislation being considered that would expand the number of children eligible in the program as well as expand benefits to include mental health and dental benefits.

Anticipated 2009 Priorities

Medicaid

- Increased federal matching funds (FMAP);
- Advocate to negate existing proposed or interim Medicaid regulations and preclude additional regulations harmful to individuals with disabilities; and
- If necessary, advocate for the extension of the Medicaid regulations moratoria;
- In collaboration with Long Term Services and Supports Task Force, Advocate for legislation to improve long term care services for individuals with disabilities and chronic illnesses.

Medicare

- Secure an additional extension or permanent removal of the therapy caps;
- Advocate for legislation to remove the 2-Year waiting period; and
- Advocate for legislation to remove the “In-the-Home” restriction.

State Children’s Health Insurance Program (SCHIP)

- Reauthorization and expansion of SCHIP

Health Care Reform

- Work to ensure that health care reform proposals address and benefit children and adults with disabilities and their families.

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