CONSORTIUM FOR CITIZENS WITH DISABILITIES

Health Task Force 2010 Report

Patient Protection and Affordable Care Act (ACA)

In a major victory for the disability community, the ACA was signed into law on March 23, 2010. Accompanying reconciliation legislation was signed into law on March 30, 2010. Reflecting on the previously developed *Principles for Health Reform from a Disability Perspective* that guided the Health Task Force's efforts with Congress and the Obama Administration, and knowing that improvements will still be sought, the positive changes in the law include:

- Insurance market reforms including the prohibition of exclusions of pre-existing conditions for children in September of 2010 and adults in 2014, the prohibition of the use of lifetime and annual limits, guaranteed issue and guaranteed renewability, and providing dependent coverage for adult children up to age 26 ;
- Ensuring that the Insurance Exchanges include an essential benefits package covering critical benefits for people with disabilities such as rehabilitation and habilitation services and durable medical equipment, prosthetics, orthotics and supplies;
- Affordability – subsidy structure in the exchanges up to 400% of federal poverty level;
- Medicaid – expansion of eligibility and an increase in reimbursement of primary care providers;
- Medicare –extension of exceptions process for therapy caps, reduction and eventual elimination of the "donut hole" under Part D;
- Health disparities –data collection in population surveys and federally funded health and health care programs will include disability status;
- Comparative effectiveness research – develop a non-profit Patient-Centered Outcomes Research Institute.

Following Passage of the ACA

The efforts of the Health Task Force quickly turned to analyzing and commenting on regulations that will implement the new health care reform law. Comments submitted include:

- Request for Comment on Health Insurance Exchanges (Issued by the Office of Consumer Information and Insurance Oversight)
- Regulation on the implementation of the Pre-existing Condition Insurance Plan Program
- Request for Comment on the Accountable Care Organizations
- NPRM on Medicaid Program; Review and Approval Process for Section 1115 Demonstrations
- Regulation on Consumers' Right to Appeal Health Plan Decisions (Issued by the Office of Consumer Information and Insurance Oversight)

- Preventive Services: Regulations and Recommendations
- Patient's Bill of Rights (Issued by the Office of Consumer Information and Insurance Oversight)
- Regulation on "Grandfathered" Health Plans under the Affordable Care Act (Issued by the Office of Consumer Information and Insurance Oversight)
- Dependent Coverage of Children Who Have Not Attained Age 26 (Issued by the Office of Consumer Information and Insurance Oversight)
- Request for Comment on Determination of Essential Health Benefits consensus study survey (requested by Institute of Medicine)

FMAP Extension

In August 2010, the House and Senate passed and the President signed, legislation that provides a six month extension of the Federal Medical Assistance Percentage (FMAP) for the states, through June 2011. This temporarily enhanced FMAP will provide $16 billion worth of help for financially strapped states to pay for additional Medicaid coverage. For the first quarter of 2011 (January 2011 through March 2011), the FMAP increase will be 3.2 percent and for the second quarter (April 2011 through June 2011) the increase will 1.2%.

Medicare Outpatient Therapy Cap Exceptions Process

There were several initiatives to extend the Medicare outpatient therapy cap exceptions process during 2010. These caps affect physical, occupational and speech therapy reimbursement, limiting the amount of therapy available to an arbitrary dollar limit. The most recent effort, included in the Medicare and Medicaid Extenders Act of 2010, extends the exceptions process through December 31, 2011.

Durable Medical Equipment Issues

There has been major changes in the structure of how durable medical equipment (DME) is accessed through suppliers under the Medicare program. Whether through regulatory meetings or legislative adjustments, the Health Task Force is working to ensure that cost cutting mechanisms in Medicare do not compromise access to durable medical equipment, including complex rehabilitation technology and other rehabilitative therapies and services, and that Medicare is responsive to the unique health care needs of people with disabilities.

Medicare Two Year Waiting Period for People with Disabilities

There was effort to include the ending of the two-year waiting period to be eligible for Medicare in the health care reform legislation. While the effort did not prove to be successful, it created a wide range of opportunity to educate Members of Congress and staff about the inherent problems in this policy.

Anticipated 2011 Priorities

- Continue implementation of the ACA through the regulatory process;
- Challenges to the ACA through the repeal effort, the appropriations process and the court system;

- Protect the Medicare and Medicaid budgets and programs as efforts to reduce spending are proposed;
- Monitor the Medicare DME program for gaps in service and quality;
- Encourage legislative action on the two year waiting period for Medicare under the SSDI program.

Co-Chairs

Mary Andrus, Easter Seals
Tim Nanof, American Occupational Therapy Association
Angela Ostrom, Epilepsy Foundation
Peter Thomas, Brain Injury Association of America
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