



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

December 23, 2009

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, D.C. 20510

RE: Disability Community Supports Critical Provisions in H.R. 3590

Dear Majority Leader Reid:

The following members of the Consortium for Citizens with Disabilities (CCD) are writing to express our deep gratitude and strong support for critical elements of H.R. 3590, the *Patient Protection and Affordable Care Act*. CCD, a coalition of national consumer, service provider, and professional organizations, advocates on behalf of persons with disabilities and chronic conditions and their families.

We believe that the goal of health care reform should be to assure that all Americans, including people with disabilities and chronic conditions, have access to high quality, comprehensive, affordable health care that meets their individual needs and enables them to be healthy, functional, live as independently as possible, and participate in the community. H.R. 3590 goes a long way toward meeting that goal, as does the companion legislation in the House. We look forward to working together in conference to ensure the legislation best reflects the needs of individuals with disabilities and chronic conditions.

The sections of the bill that benefit people with disabilities and chronic conditions are far too many to list in this brief letter, but the following provisions stand out as particularly beneficial to our community, and we would like to see these provisions retained or improved in final legislation that is sent to the President's desk:

- Major insurance market reforms such as the elimination of discrimination based on health status, a prohibition on pre-existing condition exclusions (including implementation of an immediate ban on exclusions for children), guaranteed issue and renewal requirements, and the elimination of annual and lifetime caps;
- Creation of a high-risk pool to provide immediate assistance to those currently uninsured with pre-existing conditions before insurance market reforms are implemented;

- Inclusion of critical services for people with disabilities in the new Health Insurance Exchange's essential benefits package such as rehabilitation and habilitation services and devices, as well as pediatric vision and oral services;
- Inclusion of the Community Living Assistance Services and Supports (CLASS) Act, a new actuarially sound, premium-based, voluntary, national long term services insurance program to help adults with severe functional impairments to remain independent, employed, and a part of their communities, without having to impoverish themselves to become eligible for Medicaid;
- Inclusion of a Community First Choice Option to Provide Medicaid Coverage of Community-Based Attendant Services and Supports which allows states to offer such services to people otherwise eligible for Medicaid institutional services;
- Significant investments in Medicaid to dramatically expand eligibility;
- Substantial federal subsidies and out-of-pocket limits to make coverage as affordable as possible;
- New mechanisms and payment methods to better coordinate chronic care for people with disabilities;
- An extension of the exceptions process to the Medicare therapy caps on physical, occupational, and speech and language therapies;
- Requirements for the development of standards for accessible diagnostic and other medical equipment;
- Inclusion of “disability” as a subpopulation in the provisions regarding Comparative Effectiveness Research (CER);
- Authorization of appropriations to give employees of small businesses access to comprehensive workplace wellness programs that the Secretary deems to be consistent with evidence-based research and best practices, and includes supportive environment efforts;
- Requirements that CMS collect data on the health care provided to people with disabilities; and
- Patient protections requiring access to specialty care without prior authorization, including the right of a person with a disability or chronic illness to select a specialist as a care; precludes the need for prior authorization or increased cost-sharing for emergency services, whether provided by in-network or out-of-network providers.

Thank you for your tremendous leadership in developing the *Patient Protection and Affordable Care Act*. We commit to continuing our work with you and your staff to secure final passage of meaningful and comprehensive health reform legislation that meets the needs of all Americans, including people with disabilities and chronic conditions. Please feel free to contact any of the Health Task Force co-chairs listed below with questions or requests.

Sincerely,

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