



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

Health Task Force 2011 Report

Following Passage of the ACA

CCD has been a leader in health reform, as part of the most recent campaign for reforms CCD developed its *Principles for Health Reform from a Disability Perspective* that guided the Health Task Force's efforts with Congress and the Obama Administration. A major victory for the disability community was achieved when the ACA was signed into law. Since that passage, the efforts of the Health Task Force quickly turned to analyzing and commenting on regulations that will implement the new health care reform law.

Our goal remains simple -- championing the access and quality health outcomes for people with disabilities. In reviewing all regulatory action, the Health Task Force works to ensure that health reform law is implemented with promised insurance market reforms, robust benefit design, affordable costs, and strong Medicaid and Medicare program expansions. A critical issue for the Health Task Force is ensuring that the essential benefits package covers critical benefits for people with disabilities such as rehabilitation and habilitation services and durable medical equipment, prosthetics, orthotics and supplies.

The Health Task Force has taken the lead on presenting comments from the disability community on both the development of the essential health benefit standards and the design of health insurance exchanges. Comments submitted include:

- The Health Task Force submitted comments to HHS on the risk adjustment and reinsurance regulations (November 3, 2011)
- CCD raised concerns with the HHS NPRM on Medicaid eligibility changes under the Affordable Care Act (ACA) (November 3, 2011)
- The Health Task Force provides comments on establishing the health insurance exchanges under the ACA (November 3, 2011)
- Comments were submitted on the Standards Related to Reinsurance, Risks Corridors and Risk Adjustment (September 2011)
- Response to multiple agency NPRM on the Summary of Benefits and Coverage and Uniform Glossary (October 2011)
- CCD Health Task Force comments on Medicare and Medicaid alignment initiative (July 27, 2011)
- Request for Comments Regarding Exchange-Related Provisions in Title I of the Patient Protection and Affordable Care Act (April 27, 2011)
- CCD written testimony to the IOM regarding their consensus study on developing criteria for the essential health benefits, as established by ACA (January 12, 2011)

Medicaid

In conjunction with the CCD overall membership and with the CCD Medicaid working group, the Health Task Force work to protect Medicaid funding, expand eligibility, and increase reimbursement of primary care providers. CCD has opposed efforts to cap or block grant Medicaid. Our communications on protecting and strengthening the Medicaid program have been directed to Congress, the White House and the Joint Select Committee in response to balanced budget proposals and other efforts to cut Medicaid funding. Comments submitted in 2011 include:

- CCD Health Task Force Co-Chairs respond to AHRQ request for comment on core health quality measures for Medicaid eligible adults (March 4, 2011)
- CCD Health Task Force: CCD Opposes Medicaid Caps or Block Grant (April 13, 2011)
- CCD Members Ask Congress to Protect Medicaid Eligibility (June 2, 2011)
- CCD members oppose Medicaid cuts and spending caps (June 15, 2011)
- CCD comments on CMS proposed rate review rule (July 26, 2011)
- CCD Health Task Force provides comments to CMS on California State Plan Amendment (August 25, 2011)
- CCD urges Joint Committee to protect Medicaid and health programs (November 3, 2011)

Medicare Outpatient Therapy Cap Exceptions Process

The Health Task Force and CCD members supported the bi-partisan *Medicare Access to Rehabilitation Services Act* (H.R. 1546/S.829) that would repeal the Medicare Part B Outpatient Therapy Cap. These caps affect physical, occupational and speech therapy reimbursement, limiting the amount of therapy available to an arbitrary dollar limit. This is a critical beneficiary access issue as both the Medicare therapy cap exceptions process and the temporary update to the physician fee schedule are set to expire on December 31, 2011.

Efforts are ongoing to extend the Medicare outpatient therapy cap exceptions process as a temporary extension was signed into law by the President as part of the *Temporary Payroll Tax Cut Continuation Act of 2011*. This most recent extension will allow exceptions to therapy caps for certain medically necessary services provided on or after January 1, 2012, through February 29, 2012.

Anticipated 2012 Priorities

- Continue implementation of the ACA through the regulatory process;
- Protect the Medicare and Medicaid budgets and programs as efforts to reduce spending are proposed;
- Challenges to the ACA through the repeal effort, the appropriations process and the court system;
- As possible, discuss future legislative improvements to ACA;
- 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

Julie Ward, The Arc