



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

Health Task Force 2012 Report

Implementation of the ACA

CCD has been a leader in health reform, providing a steady voice for the issues and concerns that confront people with disabilities and chronic illness. A major victory for the disability community was achieved when the ACA was signed into law in 2010. This year, the efforts of the Health Task Force focused on analyzing and commenting on regulations that will implement the 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 long-awaited Supreme Court decision on June 28, 2012, provided the Task Force with a new focus. While a key element of the law, the individual mandate, withstood the scrutiny of the court, the Medicaid expansion provisions were interpreted to be optional, rather than mandatory for all states.

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 and contributions include:

- Final Exchange (May 14, 2012)
- Press Release – Health Care Ruling a Victory for All Americans (June 29, 2012)
- General Guidance from HHS on Federally-facilitated Exchanges (July 16, 2012)
- Essential Health Benefits and Actuarial Value Working Group Comments on Data Collection (July 16, 2012)
- Open Letter to the States - Technical Assistance to States to Design Essential Health Benefits Packages for “Rehabilitative and Habilitative Services and Devices” (September 10, 2012)

Medicaid

In conjunction with the CCD overall membership and with the CCD Fiscal Task Force and the Long Term Services and Supports Task Force as well as the Medicaid working group, the Health Task Force has worked to protect Medicaid funding, expand eligibility, and increase reimbursement of primary care providers. Deficit reduction discussions have focused on the cost and efficiency of the Medicaid program, often including possible structural changes. CCD has opposed efforts to cap or block grant Medicaid.

In June, the Supreme Court handed down a decision affecting the ACA that weakened the expected expansion of Medicaid to adults with incomes less than 133% of the poverty guideline in all states. The Task Force has worked to provide information and support for organizations to assist their state chapters, affiliates or members to encourage states to pick up this expansion which is now optional under the law.

As cost and efficiency has taken on a new focus, the discussion of Medicaid managed care has moved to the forefront. The Health Task Force developed a set of principles and recommendations to assist the discussion about transitioning people with disabilities into Medicaid managed care rooted in keeping quality care in the center of those discussions.

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 and contributions in 2012 include:

- Final Medicaid Interim Comments (May 14, 2012)
- CCD Medicaid Managed Care Principles (August 14, 2012)
- Press Release – Health Care Ruling a Victory for All Americans (June 29, 2012)

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, 2012.

Efforts are ongoing to extend the Medicare outpatient therapy cap exceptions process as a temporary extension was signed into law by the President on February 22, 2012. This most recent extension will allow exceptions to therapy caps for certain medically necessary services provided through December 31, 2012. A hard therapy cap will again be imposed on Medicare-covered therapy if Congress does not act before that date.

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 legislative and appropriations process, repeal efforts, and the court system;
- Monitor and support the development of exchanges in the states;
- As possible, discuss future legislative improvements to ACA;
- Monitor and support the development of Medicaid expansion programs in states;
- Monitor the Medicare DME program for gaps in service and quality.

Co-Chairs

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