



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

Health Task Force 2015 Report

Experience with the ACA

CCD continues to monitor the real life experiences of programs created by the Affordable Care Act, providing an ongoing voice for people with disabilities and chronic conditions. As efforts continue, the disability community works to track and examine the impact of the Affordable Care Act (ACA). During 2015, the Health Task Force commented on regulations and provided input to federal agencies, Congress and the White House about how the law is functioning and how the process could be improved for people with disabilities and chronic conditions.

The focus of the Health Task Force is to work toward better access and quality health outcomes for people with disabilities. This goal takes a range of forms, including monitoring regulatory action to ensure the ACA functions well in the real world and aims to fulfill the promises made for insurance market reforms, strong structure of benefits, costs that remain affordable, and strong Medicaid and Medicare program expansions. A critical issue for the Health Task Force continues to be supporting federal and state efforts to ensure that the essential health benefits package covers critical benefits for people with disabilities such as behavioral health services, habilitation services and durable medical equipment, prosthetics and orthotics as well as supplies.

As we go through the third year of functioning exchanges, knowing that each state has either designed their own marketplace or the federal government has created the exchange, we are more and more cognizant that each has unique characteristics. Learning about the exchanges and how they function still challenges advocates trying to provide the best information and input to specific states. Locating information to be able to compare plans within a state or plans across state lines was still a difficult task.

The Health Task Force has taken the lead on submitting comments from the disability community on both the design and function of health insurance exchanges in the states as well as whether the protections in the law are providing the safety net expected. Comments and contributions in 2015 include:

- Comments to CMS on Summary of Benefits and Coverage and Uniform Glossary (February 24, 2015)
- Comments on CMS letter to issuers of insurance plans in federally-facilitated and state partnership exchanges (March 4, 2015)
- Urged Congress to maintain affordable access to comprehensive health insurance through the ACA (May 14, 2015)
- Updated fact sheet for organizational use about open enrollment for people utilizing the marketplaces created by the ACA (October 26, 2015)
- Comments coordinated with the Rights Task Force and the Technology Task Force regarding non-discrimination in the health programs connected to the ACA (November 9, 2015)
- Comments to CMS on the Notice of Benefit and Payment Parameters for 2017 to support the continued implementation and operation of ACA programs, including the health insurance marketplaces (December 22, 2015)

Medicaid/Medicare

The Health Task Force remains focused on monitoring potential changes to the Medicare and Medicaid programs. With the numbers of people utilizing the programs growing and the discussion of cost containment unrelenting, these programs are increasingly vulnerable.

Efforts include tracking and providing information, where possible, to states that were contemplating expanding their Medicaid program under the ACA. The Medicaid expansion included in the ACA was a big move forward in the states that have embraced this option, but not only did some states not make this choice, those that did defined their own benefit package and reimbursement scale, creating varying experiences in the states.

Hand-in-hand with changes must go the consistent work to protect Medicaid funding and to increase reimbursement of providers. Deficit reduction discussions have focused on the cost and efficiency of the Medicaid program, creating a forum for the discussion of structural changes. CCD continues to oppose efforts to utilize per capita caps or to block grant Medicaid.

As reducing cost and improving efficiency has moved to the forefront of concerns, Medicaid managed care has become a reality in most states. Relying on the set of principles and recommendations developed previously to assist the discussion about transitioning people with disabilities into Medicaid managed care, the Health Task Force has remained committed to keeping the quality of care in the center of those discussions.

Communications on protecting and strengthening the Medicaid and Medicare programs have been directed to the Center on Medicare and Medicaid Services, Congress and the White House in response to budget proposals and other efforts to cut or change the funding of these integral programs. Comments and contributions in 2015 include:

- Comments to CMS on proposed regulations applying mental health parity requirements to Medicaid (June 9, 2015)
- Letter to Congress to express concern about using Medicare resources to pay for the Trade Adjustment Assistance program (June 9, 2015)
- Comments to CMS on proposed comprehensive regulations governing managed care in Medicaid (July 24, 2015)
- Letter to CMS to support the nomination of Henry Claypool to serve as a Commissioner on the Medicaid and CHIP Payment and Access Commission (MACPAC) (October 6, 2015)
- Letter to CMS responding to the RFI regarding the Merit-based Incentive Program and Alternative Payment Model supporting health equity and outreach to underserved populations (November 18, 2015)

National Health Interview Survey

The CCD Health Task Force, working with other national coalitions responded to concerns that the number of disability related questions might be reduced in the National Health Interview Survey (November 5, 2015). This information supports people with disabilities as a demographic group to support program engagement.

Anticipated 2016 Priorities

- Continue to track ongoing operation and improve function of the ACA policies and exchanges through the federal and state legislative and regulatory processes;
- Monitor changes to the ACA through the federal legislative and appropriations process, repeal efforts, and the court system;
- Track performance of exchanges in the states, both federally-facilitated and state-run;

- Support the ongoing development of Medicaid expansion programs in states and monitor those that are in place to ensure that quality is not reduced in the expansion;
- Protect the Medicare and Medicaid budgets and programs/access to care as efforts to reduce spending are proposed; and
- Monitor the Medicare DMEPOS program for gaps in access, service and quality.

Co-Chairs

Mary Andrus, Easter Seals

Rachel Patterson, Christopher & Dana Reeve Foundation

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