

People with Disabilities Benefit from the Affordable Care Act

Determining whether health reform proposals can meet the needs of people with disabilities requires analyzing the proposals from a disability perspective.

CCD's longstanding principles for health care reform guide our assessment of all healthcare reform proposals from a disability perspective:

- <u>Non-Discrimination</u>: People with disabilities of all ages and their families must be able to fully participate in the nation's health care system.
- <u>Comprehensiveness</u>: People with disabilities and their families must have access to benefits that provide a comprehensive array of health services, including behavioral health, rehabilitation and habilitation, assistive device, long-term services and supports, and support services across all service categories and sites of service delivery.
- <u>Continuity</u>: People with disabilities of all ages and their families must have access to health care that responds to their needs over their lifetimes, and provides continuity of care that helps treat and prevent chronic conditions.
- <u>Appropriateness</u>: People with disabilities and their families must be assured that comprehensive health, rehabilitation, and long term support services are provided on the basis of individual need, preference, and choice.
- <u>Equity</u>: People with disabilities and their families must have equitable access to health coverage programs and not be burdened with disproportionate costs.
- <u>Efficiency</u>: People with disabilities and their families must have access to health care that is effective and high quality with a minimum of administrative waste.

The ACA made significant progress in expanding access to health care in ways that align with these principles. The flexibility for states to expand their Medicaid program to childless adults earning up to 138% of poverty has helped millions of people, including individuals with disabilities and chronic health conditions. The additional federal contribution to expanding Medicaid has helped more people access health care without harming the existing programs that provide supports and services to people with disabilities.

In addition, the private sector reforms have allowed people with disabilities and chronic conditions to obtain affordable access to private health insurance, many for the first time. Some examples of key provisions in the ACA that have particularly helped people with disabilities and chronic conditions include:

- 1. Strong nondiscrimination provisions and health insurance reforms such as;
 - Banning the exclusion of people based on pre-existing conditions,
 - modifying community rating,
 - eliminating annual and lifetime caps,
- Improving affordability of private health insurance through premium tax credits and costsharing assistance for low and moderate income individuals and eliminating medical underwriting;
- 3. Requiring a more comprehensive benefit packages which includes rehabilitative and habilitative services and devices and mental health and substance abuse disorder services including behavioral health treatment and critical prescription drug coverage;
- 4. Expanding access to health insurance in a number of important ways including;
 - Medicaid expansion to childless adults
 - Expanding mental health parity provisions
 - Requiring coverage for dependents until age 26
 - Creating health insurance market places
 - Improving accessibility of medical diagnostic equipment
- 5. Expanding access to long term supports and services by;
 - Creating the Community First Choice Option allowing states to provide participantdirected home and community based attendant services and supports as part of their state Medicaid plan
 - Providing enhancements to the state plan home and community based services option
 - Extending the Money Follows the Person Rebalancing Demonstration
 - Creating the Balancing Incentive Program to incentivize states to increase access to noninstitutional LTSS

The ACA also seeks to improve public health by eliminating cost-sharing for preventives services, emphasizing preventative services in the Medicaid and Medicare program, including prevention as an essential health benefit and providing much needed funding through the Prevention and Public Health Fund and improving data collection about people with disabilities and recognizing disability in health care disparity work.

There are countless other provisions in the ACA that are important to people with disabilities. The ACA has unquestionably improved access to care for people with disabilities and chronic conditions to help them live healthy, independent, and fulfilling lives. To eliminate the ACA or to eliminate the ACA without simultaneously replacing it with an alternative jeopardizes this progress and puts consumers' ongoing access to comprehensive, affordable coverage at risk. It is critical that the disability community is a part of any discussion about repeal and replace to ensure that any changes meet the needs of people with disabilities.