

## **Congress Should Include Long-Term Supports and Services In Health Care Legislation**

ANCOR is firmly committed to increased access to high quality, affordable health care for all Americans. ANCOR supports reform that provides security for individuals with disabilities of all ages and protects all individuals from losing health care coverage due to pre-existing conditions or the onset of a serious illness or chronic condition. ANCOR also believes that health care reform should build upon current public and private health care financing.

ANCOR views disability as a litmus test for how well a reformed health care system addresses the needs of all Americans. All Americans would gain from reform that eliminates discrimination in obtaining health care coverage, makes health care more accessible and affordable, expands Medicaid, and increases choice and access to long services and supports.

Individuals with disabilities, in particular, stand to gain from health insurance reform committee bills to date that would:

- **Prohibit insurance companies from refusing coverage based on pre-existing conditions;**
- **Prevent insurance companies from placing annual and lifetime caps on covered medical expenses; and**
- **Increase access to long-term supports and services.**

Four Congressional committees have completed their versions of health care reform legislation—the Senate Health, Education, Labor, and Pensions Committee (HELP) and House Ways and Means, Education and Labor, and Energy and Commerce Committees (House Tri-Committee). **The Senate Finance Committee has not released a draft bill, but expects to produce a bill by September 15<sup>th</sup>.** However, no bill has yet to be considered by either chamber for a floor vote.

While ANCOR has urged the committees and the Administration to include long-term supports and services, enhanced federal Medicaid matching funds (FMAP) for home and community based services, a commission and federal funding to address the recruitment and retention of direct support professionals, and specific bills in final versions of health care reform, there is no guarantee that these measures will be incorporated. The health care debate is “fluid” and legislative language is a “moving target.” Much depends on the cost of any new provisions, the savings accrued with changes to health care, and that final legislation does not add to the federal deficit.

Although about 45 million Americans do not have medical insurance, **over 250 million adult Americans lack any insurance for long-term services and supports.** Although some of these services now are covered for low-income individuals eligible for Medicaid, many Americans simply do not have access to or cannot afford these supports. **The time is now for Congress to make improvements to Medicaid and create a national long-term services and supports insurance program.**

**The Community Living Assistance Services and Supports (CLASS) Act (S. 697/H.R.1721)** introduced by Senator Ted Kennedy and Representatives Pallone (D-NJ) and Dingell (D-MI) has been included in both the Senate Health, Education, Labor and Pensions Committee (HELP) bill “The Affordable Health Choices Act” and the House Tri-Committee bill “America’s Affordable Health Choices Act of 2009.” The CLASS Act is financed by a voluntary worker payroll deduction that would provide a new cash benefit to help adults with severe functional impairments obtain the services and supports they need to live and work independently in their communities. It would reduce the number of individuals forced to live in poverty just so they can qualify for Medicaid—thereby, reducing pressure on future state and federal Medicaid spending. It would save \$2.4 billion in the first five years; it complements Medicare, Medicaid, and private insurance; and it will be solvent and sustainable for years to come.

**Community First Choice (CFC) Medicaid State Option includes the core elements of the Community Choice Act (S. 683/H.R. 1670) found in Section 101 of the bill as first introduced by Senator Harkin (D-IA) and Representative Lanny Davis (D-IL).** It is structured as a Medicaid state plan option for states to include in their Medicaid State Plan (SPA). The new CFC option would provide individuals with disabilities of all ages who are eligible for nursing home and other institutional settings with a cost-effective option to receive community-based attendant services and supports in a home or community setting. It would help reduce the institutional bias in Medicaid, support the U.S. Supreme Court’s *Olmstead* decision, and help states address waiting lists for community-based services within Medicaid. The option would not allow caps on the number individuals served, nor allow waiting lists for these services. A significant enhanced Federal Medicaid match (FMAP) would be provided to encourage states to select this option. CFC would not affect a state’s ability to provide such services under other Medicaid provisions.

**Empowered at Home Act (S. 434/S. 2688)** introduced by Senators Kerry (D-MA) and Grassley and Representative Pallone (D-NJ) would “fix” some of the problems of the section 1915(j) Medicaid home and community-based state plan option in the Deficit Reduction Act of 2005. It would remove the authority for states to cap services; limit services to certain sections of the state; and maintain waiting lists; allow states to provide the full range of services that can currently be provided under the HCBS waiver (including other services approved by the Secretary); and remove the limit on coverage of people with incomes up to 150 percent of poverty and allow the full range of income eligibility allowed for people in Medicaid financed nursing homes and institutions.

### **Talking Points for Inclusion of Long Term Supports and Services in Health Reform**

- Describe what your organization does and how important long-term supports and services are to individuals with disabilities of all ages. Identify the number of individuals on waiting lists.
- Urge Congress to support final health care legislation that creates a national, long term supports and services public insurance program that is premium-based; covers most workers; provides cash benefits to allow maximum consumer control; is not means-tested; is financially sound; and relieves pressure on future federal and state Medicaid spending—The CLASS Act.
- Urge Congress to make improvements to Medicaid by eliminating the institutional bias through a new state plan option that covers community-based attendant services and supports for Medicaid individuals with disabilities of all ages eligible for nursing home and institutional settings—The Community First Choice State Plan Option.
- Urge Congress to make improvements to Medicaid by fixing serious flaws in the DRA’s section 1915(j) HCBS state option that create barriers to states using this option and unfairly restrict some individuals with disabilities otherwise income-eligible for institutional services.