How ACA Repeal and Medicaid Reform Will Impact People with Disabilities And What You Can Do!

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NDLA Organizers Forum
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ACA Repeal: What Is It and What Does It Mean for People with Disabilities?

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How will ACA repeal impact people with disabilities?

• The ACA has helped people with disabilities in many ways:
  – Insurance companies cannot discriminate against people with pre-existing conditions.
  – Insurance companies cannot impose lifetime or annual limits.
  – Money Follows the Person (MFP) was extended.
  – The Community First Choice Option (CFCO) was established.
  – The ACA authorized accessibility standards for Diagnostic Medical Equipment.
  – Also: Medicaid expansion, young adults can stay on parents’ insurance plan until age 26, subsidies, minimum benefits.
How will Congress repeal the ACA?

- Republican lawmakers are using the budget reconciliation process to repeal pieces of the ACA.
  - Goal of reconciliation process is cost savings.
- Senate and House have now both passed the Budget Resolution.
  - This kick starts the budget reconciliation process.
- This process only deals with provisions of the ACA that deal with budget.
What comes next in the “repeal” process?

• There are still many steps left in the repeal process:
  – In the budget resolution process, specific instructions are sent to specific House and Senate Committees:
    • Senate: Finance; Health, Education, Labor & Pensions (HELP)
    • House: Ways & Means; Energy & Commerce
  – Committee votes
  – Full House and Senate Votes
    • Not subject to filibuster in the Senate
  – Conference
  – President signature
What is the “replace” process?

• Replace process:
  – Repeal and delay?
  – Repeal and replace?

• Now leaning toward repeal and replace happening at the same time, with talk of some pieces being repealed and replaced in the same bill.
What changes can we expect?

• Pre-existing conditions
• Lifetime and/or annual limits
• MFP and CFCO
• Accessibility standards for Diagnostic Medical Equipment
• Medicaid
How can we fight this?

• Make sure the disability arguments are getting out there!
• Start (or continue) advocacy efforts to fight the repeal of the ACA and the disability-specific provisions.
  – Link up with advocacy efforts in your state
  – Link up with national advocacy efforts
  – Talk to your governors and your members of Congress
  – Write an op-ed
  – Respond to action alerts
  – Get your story out
Threats to Medicaid: How People with Disabilities Could Be Impacted and What You Can Do

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National Disability Leadership Alliance
Webinar
January 17, 2017
What Is Medicaid?

• The primary health insurance program for people with disabilities, older Americans, and low-income populations.
  – Covers more than 10 million non-elderly people with disabilities.

• Provides a wide range of services that people with disabilities need to live and thrive in the community
  – Personal care/attendant services, rehabilitative and habilitative services, employment supports, residential supports, medical and nursing services, durable medication equipment, assistive tech., etc.

• Federal and state government share the cost of all services
  – Federal share ranges from 50 to 75% depending on the state (in some states counties pay some or all of the “state” share)
Why Are There Concerns Re Medicaid Now?

- Goal of ACA repeal is huge cuts in federal spending, likely leaving inadequate money for a replacement.
  - Medicaid program a likely source to “pay for” the ACA replacement
  - Expansion states will likely look to their general Medicaid program to cover the expansion group (which has been covered by federal $) b/c they won’t want to leave these voters w/o any coverage
- Republican Congressional Leaders and Pres.-elect Trump have said they will be doing a large tax cut package later this year
  - Cuts/changes to Medicaid likely to be part of any tax cut package
- Republican Congressional Leaders and President-elect Trump’s nominee for Secretary of Health and Human Services previously proposed Medicaid cuts & structural changes
What Are the Potential Changes to Medicaid?

• Block grant
  – Would provide states with a set amount of federal money instead of the federal government paying a share of all a state’s actual costs
  – Amount depends on past spending and a formula for the future to decrease federal costs. Could lead to a nearly 40% cut in federal funding of Medicaid over the next 10 years (decrease in growth).
  – States would responsible for any costs beyond the allotment, likely leading to reduced eligibility, service cuts, wait lists, reduced reimbursement rates, etc.
  – Few/no requirements → eviscerating current Medicaid protections
  – Past proposals by House Speaker Ryan & HHS nominee Price to block grant
What Are the Potential Changes to Medicaid? (continued)

• **Per capita caps (PCCs)**
  – Federal government pays a **set amount per Medicaid enrollee** instead of paying for state’s actual costs for providing services.
  – Like block grants, PCCs based on formula aimed at **cutting federal Medicaid spending by up to 40% over next 10 years**
  – Unlike block grants, will likely not lead to reducing eligibility. But will still likely lead to service cuts, wait lists, decreased provider rates, etc.

**Bottom line:** both Medicaid block grants and PCCs would lead to huge decreases in federal money to states, causing states to cut services, rates, and create wait lists.
Is Block Granting or PCCs Needed To Give States Flexibility?

• Some people pushing for block grants and PCCs argue they will give states “flexibility” to design their programs.

• But Medicaid already has a lot of options that give states flexibility in designing their programs, including:
  – A range of optional services, including Home and Community Based Service (HCBS) options like 1915(c) waivers (states choose the service package and can limit # of participants), 1915(i) state plan services (states choose the service packages and designate target populations), 1915(k) Community First Choice (states get a 6% enhanced federal match)
  – Managed care authorities and 1115 demonstrations
What Can I Do to Fight to Protect Medicaid?

• Strongly advocate NOW against the repeal of the ACA, especially without an adequate (& funded) replacement
  – REMEMBER: Repeal of ACA sets in motion the attacks on Medicaid

• Educate your representatives in Congress about the importance of Medicaid for people with disabilities, its current flexibilities, and advocate against major changes

• Educate your governor & state legislature about how block grants or PCCs would hurt state budgets & shift costs to states

• TELL YOUR STORY! National advocates are collecting stories for advocacy, the media, etc. Write an op-ed.
How Do We Work Together?

• **Build state level advocacy coalitions**
  – Cross-disability and aging advocates should work together closely

• **Connect with national efforts**
  – There are key states for grassroots advocacy based on Congressional representatives on committees of jurisdiction, states who have done the Medicaid expansion or Community First Choice, and Congressmen or governors who have taken helpful positions, etc.
  – Work with national advocates in telling your story

• If you are interested in taking a state-level leadership role, let Amber Smock at Access Living know your name, organization, state, and contact information
Resources to Keep Informed and Help You Advocate

• Protect Our Care Coalition: http://familiesusa.org/initiatives/protect-our-care
• The Arc: http://www.thearc.org/what-we-do/public-policy (Lifeline Toolkit)
• National Health Law Program: http://www.healthlaw.org/
• Center on Budget and Policy Priorities: http://www.cbpp.org/
• Consortium for Citizens with Disabilities (CCD) through national organizations (e.g., NCIL, ASAN, the Arc, etc.)
Key States and Members of Congress Impacting ACA and Medicaid

January 17, 2017

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MEDICAID EXPANSION: 31 States & D.C. ** is ( R ) Gov,; *Gov. Stated concerns*

Red is ( R ) Senator, Key Committee

- Alaska – Indep.
- Arizona **
- **Arkansas** **
- California
- Colorado
- Connecticut
- Delaware
- D.C.

- Hawaii
- Illinois **
- Indiana **
- Iowa **
- Kentucky **
- Louisiana
- Maryland **
- **Mass.** **
MEDICAID EXPANSION STATES, 2

- **Michigan**
- Minnesota
- Montana
- **Nevada**
- N. Hampshire
- New Jersey
- New Mexico
- New York
- North Dakota
- **Ohio**
- Oregon
- Pennsylvania
- Rhode Island
- Vermont
- Washington
- West Virginia
COMMUNITY FIRST CHOICE STATES
with 6% additional FMAP $$
** is Republican Governor
Red is R Senator on Key Committee

- California
- Connecticut
- Maryland **
- Montana
- New York
- Oregon
- Texas **
- Washington
SENATE FINANCE COMMITTEE: ( R )
Red is State with Expansion or CFC

- Orin Hatch, Chair UT.
- Chuck Grassley, IA
- Mike Crapo, ID.
- Pat Roberts, KS.
- Michael Enzi, WY.
- John Cornyn, TX.
- John Thune, S. D.
- Richard Burr, N.C.
  - Johnny Isakson, GA.
  - Rob Portman, OH.
  - Patrick Toomey, PA.
  - Dean Heller, NV.
  - Jim Scott, S.C.
  - Bill Cassidy, LA.
Senate Finance Committee (D)
**is state with Expansion and/or Community First Choice**

- Ron Wyden, Ranking Member, OR. **
- Debbie Stabenow, MI **
- Maria Cantwell, WA**
- Bill Nelson, FL.
- Robert Mendez, N.J.**
- Thomas R. Carper, DE.**
- Benjamin C. Cardin, MD. **
- Michael F. Bennet, CO. **
- Sherrod Brown, OH**.
- Robert P. Casey, Jr., PA.**
- Mark R. Warner, VA**.
- Claire McCaskill, MO.
Senate HELP Committee (R) ** is state with Expansion

- Lamar Alexander, TN., Chair
- Johnny Isakson, GA.
- Bill Cassidy, M.D., LA. **
- Pat Roberts, KS.
- Michael Enzi, WY.
- Rand Paul, KY. **
- Todd Young, IN. **
- Lisa Murkowsk, AK. **
- Richard Burr, N.C.
- Susan Collins, ME.
- Orin Hatch, UT.
- Tim Scott, S.C.
Senate HELP Committee, (D)
** is state with Expansion
*** is state with Expansion & CFC

• Patty Murray, WA., Ranking Member ***
• Al Franken, MN.**
• Tammy Baldwin, WI.
• Tim Kaine, VA.
• Bernie Sanders, VT.**
• Michael Bennet, CO.**
• Christopher S. Murphy, CT. ***
• Maggie Hassan, N.H.**
• Robert P. Casey, Jr., Pa. **
• Sheldon Whitehouse, R.I. **
• Elizabeth Warren, MA. **