

Key Provisions for People with Disabilities in Health Care Reform

From The Arc and United Cerebral Palsy

Health Care Coverage

- * Prohibiting private health insurance exclusions for pre-existing conditions.
- * Restricting the consideration of health status in setting premiums.
- * Eliminating annual and lifetime caps on coverage.
- * Expanding Medicaid to cover individuals with incomes up to 133 percent of the federal poverty line (approximately \$29,000 per year for a family of four).

Benefits

- * Ensuring that minimum covered benefits include products and services that enable people with disabilities to maintain and improve function, such as rehabilitation and habilitation services and devices.
- * Increasing the federal share of Medicaid, known as the Federal Medical Assistance Percentage (or FMAP) for HCBS and during periods of economic downturn.

Long Term Services and Supports

- * Strengthening long-term services and supports through a two pronged approach:

1) **Improving the Medicaid program:**

The Community First Choice Option would states to provide comprehensive community based services, including personal attendant services, with a 6 percent increase in the federal share of costs

- Additional improvements to existing Medicaid home and community based services, including additional incentives for states to expand community based services, limiting spousal impoverishment, and extending the Money Follows the Person Rebalancing Program.

2) **Taking pressure off of the Medicaid program:**

The Community Living Assistance Services and Supports (CLASS) Act would create a national long term services insurance program which assists eligible individuals and their families to meet long term needs with a cash benefit and without forcing them into poverty to receive Medicaid benefits.

Access to Quality Care

- * Requiring training of physicians on how to treat persons with disabilities.
- * Ensuring prevention programs include a focus on individuals with disabilities.