



Disability Coalition on Healthcare Reform  
*Building a Movement for Access and Choice*

**ACCESS AND CHOICE: National Health Care Reform for People with Disabilities**

Do the proposals address health reform priorities for people with disabilities? At the beginning of the health care debate, the Disability Coalition for Health Care Reform set an overall goal and 5 policy priorities that would bring meaningful reform to people with disabilities and their families. The U.S. House of Representatives has passed health care legislation and the Senate is working to merge legislation passed by the Senate Finance and Health, Education, Labor and Pensions Committees. This document analyzes how those proposals do or do not meet the DCHR priorities.

DCHR Priority	Senate Finance Committee	Senate HELP Committee	H.R. 3962 (as passed by the House of Representatives)
<b>Overall Goal: Guaranteed, affordable health coverage for all with a choice of private or public plans that cover all medically necessary services.</b>	Reforms private insurance to require guarantee issue and not allow increased costs due to disability. Establishes premium credits, limits out of pocket costs and expands Medicaid. Creates state exchanges from which the uninsured can choose a health plan. The exchange does NOT include a public option but a CO-OP, non-profit, member-run health insurance company. Creates benefit categories and requires ‘minimum creditable coverage’ that includes durable medical equipment, rehabilitation, habilitation, mental health, and	Reforms private insurance to require guaranteed issue and to not allow increased costs due to disability. Establishes premium credits, limits out of pocket costs and expands Medicaid. Creates state “gateways” where individuals and small businesses can purchase a plan. Includes a “community health insurance option”. Establishes three tiers of plans. Each plan participating in the gateway must provide coverage for essential health benefits and assure network adequacy. The list of benefits includes rehabilitation and habilitation services and devices,	Reforms private insurance to require guaranteed issue and to not allow increased costs due to disability. Establishes premium credits, cost-sharing subsidies, limits out of pocket costs and expands Medicaid. Creates a national health insurance exchange through which uninsured and small businesses could purchase a plan of their choice, including a public health insurance option. Establishes four benefit categories of plans that include essential health benefits. The list of essential benefits includes rehabilitation, habilitation, durable medical

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	substance abuse treatment.	mental health and substance abuse treatment.	equipment, orthotics, prosthetics, mental health and substance abuse treatment. The Secretary of Health and Human Services will negotiate rates with providers participating in the public option plan and will negotiate drug prices in Medicare. Insurance companies will have to spend at least 85% of premiums on health care.
<b>End the costly two-year waiting period for Medicare</b>	Does not end the two-year waiting period for Medicare. People in the two-year waiting period may be able to find affordable health insurance in the insurance exchange with the use of premium credits or by becoming eligible for Medicaid if one's income is less than 133% FPL.	Does not end the two-year waiting period for Medicare. People in the two-year waiting period may be able to find affordable health insurance in the insurance exchange with the use of premium credits or by becoming eligible for Medicaid if one's income is less than 150% FPL.	Does not end the two-year waiting period for Medicare. People in the two-year waiting period may be able to find affordable health insurance in the insurance exchange with the use of premium credits or by becoming eligible for Medicaid if one's income is less than 150% FPL.
<b>Provide Medicaid health care coverage to all Americans living at or below 100% FPL.</b>	Expands Medicaid to all individuals up to 133% of FPL. All newly-eligible adults would receive a benchmark benefit package (an alternative to providing all of the mandatory and optional Medicaid benefits). People with disabilities or who are dually-eligible have been exempt from benchmark plans but the legislative language is not clear on that point. Adults with incomes between 100% and 133% would be able to choose to purchase health care through the exchange.	Expands Medicaid to 150% of the FPL for all individuals. Individuals eligible for Medicaid cannot purchase coverage through the exchange using affordability credits.	Expands Medicaid to all individuals up to 150% FPL – both the current eligibility groups (e.g. people with disabilities, parents, pregnant women) and individuals not currently covered (e.g. childless adults under age 65).
<b>Eliminate pre-existing condition exclusions and rating based on</b>	Requires guarantee issue, which means someone cannot be denied	Requires guarantee issue. There are prohibitions on pre-existing	Requires guarantee issue. There are prohibitions on pre-existing

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<p><b>age, health status and gender.</b></p> <p><b>Insurance reform, continued</b></p>	<p>coverage because of their health status. There are prohibitions on pre-existing condition exclusions, rescission of coverage (protecting people from losing their coverage when they get sick), and rating based on gender or health status. Rating is allowed based on age (limited to a 4:1 ratio), tobacco use (1.5:1), family composition and geography. No annual or lifetime limits on benefits – people who need on-going health care, services or treatment will not run out of coverage.</p>	<p>condition exclusions, rescission of coverage, and rating based on gender or health status. Rating is allowed on age (2:1 ratio), tobacco use (1.5:1), family structure, geography and the actuarial value of the health plan benefit. No annual or lifetime limits on benefits.</p>	<p>condition exclusions, rescission of coverage, and rating based on gender or health status. Rating can be based on age (2:1), by premium rating area and family enrollment. No lifetime limits on benefits – insurance companies cannot place a cap on coverage.</p>
<p><b>Include subsidies for low-income Americans who cannot afford health care costs.</b></p>	<p>Premium credits will give given to individuals and families with incomes between 133% and 400% FPL. Premiums will cost between 2% of income and 12% of income. There will be cost sharing subsidies for families with incomes between 100% and 200% FPL. Establishes limits on annual cost-sharing to \$5950/individual and \$11,900 for a family. Families with incomes below 400% FPL have reduced out of pocket limits.</p>	<p>Premium credits are available to families with incomes between 150% and 400% FPL. Premiums will cost between 1% and 12.5%.</p>	<p>Premium credits are available to families with incomes between 133% and 400% FPL and will range from 3% to 12% of income. Provides cost-sharing subsidies to families with incomes up to 400% FPL to reduce the cost sharing amount and cost-sharing limits.</p>
<p><b>Reform the long-term care system to increase choice and access to home and community based services.</b></p>	<p>Authorizes \$10 million in funding for Aging and Disability Resource Centers each fiscal year for five years beginning FY 2010. Extends the Money Follows the Person Rebalancing Demonstration through Sept. 30, 2016. Creates the</p>	<p>Includes the CLASS Act, a national long-term care insurance program for the purchase of community services and supports. Individuals who pay premiums for 5 years will be eligible for a cash benefit to purchase services needed to remain</p>	<p>Includes the CLASS Act.</p>

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	Community First Choice Option to provide community-based attendant services for people with disabilities eligible for Medicaid.	independent. There are no pre-existing condition exclusions and no lifetime limits.	

Sources:

Kaiser Family Foundation, Health Care Reform Proposals, modified November 3, 2009 <http://www.kff.org/healthreform/sidebyside.cfm>

Senate Finance Committee, <http://www.finance.senate.gov/sitepages/baucus.htm>

Senate HELP Committee, <http://help.senate.gov/>

H.R. 3962 <http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.3962:>

House Education and Labor Committee <http://edlabor.house.gov/documents/111/pdf/publications/AHCAA-TOPLINE-102909.pdf>

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