



ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES
RESEARCH, EDUCATION, SERVICE

RECESS ACTION ALERT

February 16, 2017

Protect our Health and Long Term Services and Supports

SUMMARY:

Congress is headed home for a weeklong recess beginning this Friday through Feb. 27. Please make an effort to visit Representatives and Senators in their home offices, at town hall meetings, holiday parades, or rallies.

Congress has already begun the process of repealing the Affordable Care Act (ACA) and it now is on the fast track to include significant cuts to the Medicaid program as part of the replacement plan through block grants or per capita caps.

Congressional leaders and President Trump have also stated that they will reduce funding to states for Medicaid through either block grants or per capita caps (a mechanism by which states receive a fixed amount of money based on the number of people in their state).

We must educate our Members of Congress to make sure that any health care reforms are as good as or better than the current law.

TAKE ACTION:

1. Visit your Senators and Representatives at their home office or [town hall meetings \(see link to listings\)](#) or call using the switchboard (202-224-3121)
2. Urge them to vote against any bill to repeal the ACA (even with a delayed effective date) before replacing it with another law that will maintain or improve access to affordable and comprehensive health insurance and services.
3. Urge them to oppose Medicaid block grants and per capita caps, which would cut health and long term services for people with disabilities and add to already long waiting lists for services in many states.
4. Help the staff of members of Congress know that Medicaid not only provides health care coverage for millions of people with disabilities but also provides long-term services and support, such as personal care attendants. Without those supports, many people with disabilities are not able to work, go to school, or be active members of their communities.

Talking Points ACA and Medicaid

The ACA contains important insurance market reforms that benefit people with disabilities. It is critical to people with disabilities and their families to retain these reforms. These protections include:

- Prohibits insurance providers from denying coverage to people with pre-existing condition (including disabilities) and prohibiting charging higher premiums or fees if a person has such conditions
- Prohibits insurance providers from canceling coverage because a person acquires a condition;
- Prohibits insurance providers from placing annual and lifetime spending caps on coverage
- Prohibits insurance providers from discrimination based on health Status, medical condition (mental or physical illness), disability, race, and gender
- Requires insurance providers to spend the money collected from insurance premiums on medical care
- Requires insurance providers to include in their policies, at a minimum, a set of essential benefits that includes preventive services, rehabilitative and habilitative services and devices, and mental and behavioral health care

Medicaid block grants would provide a fixed amount of funding to states; per capita caps is a fixed amount of money per enrollee such as a cap for children, one for seniors, one for persons with disabilities.

- Medicaid is the major source of financing for health and long term care for people with developmental and other disabilities
- It provides coverage for 97 million low-income people
- It provides Early and Periodic Screening, Diagnostic, and Treatment for those under 21
- In any given month, Medicaid can serve 33 million children, 27 million low-income working adults, 6 million seniors, and 10 million persons with disabilities
- [Medicaid expansion](#), which is at risk with the repeal of the ACA, provides eligibility to nearly all individuals with incomes at or below 138% of the federal poverty level (i.e., \$26,347 for a family of three and \$15,417 for an individual) regardless of their age, family status, or health.

Block grants or per capita caps would drastically reduce state's ability to serve and protect these vulnerable populations. It would create significantly longer waiting lists for home and community-based services and put many people at risk of going into institutional care. If a state's costs exceed the amount of the block grant or cap, it will have to use its own funds to make up the difference, cut services for low-income residents, or create waiting lists.