

September 16, 2009

Dear President Obama,

On behalf of the Association of University Centers on Disabilities (AUCD), I write in support of the principles you laid out in your address to the joint session of Congress on September 9, 2009 for national health care reform.

AUCD believes that the goal of health insurance reform should be to ensure that all Americans, including people with developmental and other disabilities, have access to high quality, comprehensive (including preventive), affordable health care that meets their individual needs and enables them to be healthy, functional, live as independently as possible, and participate in the community. We believe the principles you laid out will provide more stability and security for all Americans, including those with disabilities.

AUCD believes people with disabilities of all ages and their families must be able to fully participate in the nation's health care system. The outline of your plan includes major insurance market reforms such as the elimination of discrimination based on health status, a prohibition on pre-existing condition exclusions, guaranteed issue and renewal requirements, capping out-of-pocket expenses, and the elimination of annual and lifetime caps. These provisions will improve access to quality health care for people with disabilities who are uninsured or under-insured, including access to insurance for children who age out of their parents' insurance and access to health insurance for young adults and others who may lose insurance when unemployed. We urge you to also support provisions in the Senate HELP Committee bill that require accessible medical diagnostic equipment and provisions that would improve data collection on health disparities for individuals with disabilities.

AUCD supports the public plan option in your outline that would provide the uninsured and those who can't find affordable coverage with a real choice. AUCD also supports and hopes that your plan will support provisions in the House and Senate bills that expand Medicaid to higher income families, continue EPSDT requirements, and provide minimum standards for all health care providers. AUCD also strongly supports a provision in Sen. Baucus' original framework, but not mentioned in the summary, that would phase out the two year Medicare disability waiting period. This policy has not only been a significant barrier to health care for almost 2 million people with significant disabilities but ultimately increases costs to the Medicare program due to delayed medical treatment.

Your plan includes proposals that will improve the way care is delivered to emphasize quality over quantity, including: incentives for hospitals to prevent avoidable readmissions, pilots for new "bundled" payments in Medicare, and support for new models of delivering care through medical homes and accountable care organizations that focus on a coordinated approach to care and outcomes. This emphasis on coordinated care, medical homes and outcomes is especially important for people with disabilities.

One provision in both the House Energy and Commerce and Senate HELP Committee bills that we did not see in your plan, but hope that you will support, is the CLASS plan. The CLASS provision

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of the Affordable Choices Act is based on the late Senator Kennedy's bill, the Community Living Assistance Services and Supports Act (S. 1721). As you know, the CLASS Act was one of Sen. Kennedy's highest priorities for this Congress. The CLASS Act would create a new national insurance program to assist individuals with functional impairments to remain independent, employed, and stay part of their communities. It would help prevent institutional placements and would result in significant savings to the Medicaid program. Many feel it would also boost the private long-term care industry through raising awareness. The program is designed to work with Medicaid. Furthermore, the large risk pool established by the program would address future needs for long-term services and supports in a fiscally responsible manner. Over 100 national aging, disability, and other stakeholder organizations have endorsed the CLASS Act as the blueprint to address our country's future needs for long-term services. AUCD also strongly supports additional reforms to strengthen Medicaid that promote community based services and supports over more expensive and more restrictive institutional care.

People with disabilities and their families must have access to benefits that provide a comprehensive array of health, rehabilitation, assistive device, and support services across all service categories and sites of service delivery. Based on the summary posted on the White House website, there is no mention of minimum benefits requirements for insurers. AUCD believes that a basic benefit package must recognize the value of improving functional status, not simply meeting the acute care needs of people with illnesses or injuries. We believe a basic benefit package must cover:

- Intensive medical rehabilitation services provided in the inpatient setting;
- Mental health and addiction services including community based and inpatient services provided in compliance with the recently enacted mental health parity law (PL:110-460);
- Post-acute care in a variety of settings to ensure the most appropriate rehabilitation;
- Outpatient therapies that will restore, improve, and maintain function, as well as such services to prevent the further deterioration of functional status;
- Benefits that address major omissions in contemporary benefits packages to meet the needs of specific subpopulations (e.g., therapies and other services to address autism spectrum disorders; cognitive therapies for people with traumatic brain injury, etc.);
- A full complement of durable medical equipment, orthotics, prosthetics, and medical supplies, without arbitrary and unreasonable dollar limits or exclusions;
- Medically appropriate prescription drugs and therapies that meet the individualized needs of people with disabilities and chronic conditions; and
- Dental and vision care;

Without access to these types of benefits, people with disabilities will not have their needs met by private insurance and will, ultimately, be forced to avail themselves to the public programs that do offer such coverage.

Again, we strongly support your plan and the efforts underway in the Congress to comprehensively reform our national health care system and, and we stand ready to continue to help improve and move legislation forward in a timely way. People are desperate for help. We thank you for your and your Administration's efforts to create solutions to these large and complex problems.

Sincerely,



Michael Gamel-McCormick
President