



ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES  
RESEARCH. EDUCATION. SERVICE

● November 5, 2009

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Washington, D.C. 20515

The Honorable John A. Boehner  
Minority Leader  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Steny H. Hoyer  
Majority Leader  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Chris Van Hollen  
Assistant to the Speaker  
United States House of Representatives  
Washington, D.C. 20515

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*Executive Director*

Dear Representatives:

On behalf of the Association of University Centers on Disabilities (AUCD), I write to express our deep gratitude and strong support for critical elements of H.R. 3962, the Affordable Health Care for America Act of 2009. AUCD is a national non-profit organization that advocates on behalf of persons with disabilities and their families.

AUCD believes that the goal of health care reform should be to assure that all Americans, including people with disabilities and chronic conditions, have access to high quality, comprehensive, 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. H.R. 3962 goes a long way toward meeting that goal. Many of its provisions mark a sea change in improving access to quality, affordable health care for people with disabilities and chronic conditions.

The provisions in the bill that benefit people with disabilities and chronic conditions are far too many to list in this brief letter, but the following provisions stand out as signature achievements of the legislation for our community:

- 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, and elimination of annual and lifetime caps;
- Creation of a high-risk pool to provide immediate assistance to those currently uninsured with pre-existing conditions before insurance market reforms are implemented;
- Inclusion of critical services for people with disabilities in the new Health Insurance Exchange's essential benefits package such as rehabilitation and habilitation services, durable medical equipment, prosthetics, orthotics and related supplies, vision and hearing services, equipment and supplies for children under 21 years of age, behavioral health treatment, and mental health and substance abuse services in compliance with the Wellstone-Domenici parity law;
- Inclusion of the Community Living Assistance Services and Supports (CLASS) Act, a new actuarially sound, premium-based, national long term services insurance program to help adults with severe functional impairments to remain independent, employed, and a part of their communities, without having to impoverish themselves to become eligible for Medicaid;

- Inclusion of a Sense of Congress Regarding Community First Choice Option to Provide Medicaid Coverage of Community-Based Attendant Services and Supports which expresses support for allowing states to offer such services to people otherwise eligible for Medicaid institutional services;
- Significant investments in Medicaid to dramatically expand eligibility, including EPSDT services for millions of children, increased reimbursement for physicians to Medicare rates with significant federal funding to offset the burden on states, a Maintenance of Effort (MOE) provision, and a six month-extension of the American Recovery and Reinvestment Act's increase to the federal share of Medicaid spending;
- Substantial federal subsidies and out-of-pocket limits to make coverage as affordable as possible;
- Creates new mechanisms and payment methods to better coordinate care for people with disabilities and chronic conditions (e.g., the Continuing Care Hospital ("CCH") and other concepts), and establishes important patient protections to address some of the legitimate concerns involving "bundling" of payments to providers;
- A two-year extension of the exceptions process to the Medicare therapy caps on physical, occupational, and speech and language therapies;
- Requirements for the development of standards for accessible diagnostic and other medical equipment;
- Inclusion of "disability" as a category for purposes of health disparities;
- Inclusion of "disability" as a subpopulation in the provisions regarding Comparative Effectiveness Research (CER);
- Provision of wellness grants that prohibit the use of discriminatory incentives; and
- Interdisciplinary training initiatives on autism to build nationwide capacity to address the unmet service needs of individuals with autism.

Again, we strongly support your plan and the efforts underway in Congress to comprehensively reform our national health care system and we stand ready to continue to help improve and move legislation that meets the needs of all Americans, including people with disabilities. People are desperate for help. We thank you for your efforts to create solutions to these large and complex problems.

Sincerely,

A handwritten signature in black ink, appearing to read "M. T. Conrad-McEwen". The signature is fluid and cursive, with the first name "M. T. Conrad" and the last name "McEwen" clearly distinguishable.

President