

2011 UCEDD TA Institute

UCEDD Region 5 & 6 Health Reform Breakout

Facilitator: David Deere

Attendees represented the following states:

WI
IN
OH
NM
TX
AR
LA

Q: How is your UCEDD involved in health reform efforts in your state?

AR: UCEDD is going to different communities to get input for exchange

- They are contracted with insurance
- Exchange (as mentioned in session)
- Gov. didn't block it, but it's been rocky

IN: Gov. Council for people with disabilities is involved

WI: public policy person hired through P&A to track what's going on in state for health (i.e. budget)

- They did a training to find out more about the exchanges
- Trying to build and maintain
- Survival coalition (all disability groups/advocates and some state agencies)

TX: The Governor returned all money for healthcare and is suing ☹

- The disability policy consortium is very active, working with the legislature, policy papers, discuss issues, etc.
 - DD council no longer funds it but is still part of it
 - Majority must endorse movement
 - Argument around ICFMRs (issue of "family choice")

LA: Not a formal way, there are different ways they have tried to but its "loosey-goosey"

- not much has moved forward due to the Governor is suing

NM: DD Council held a public forum to identify priorities around healthcare policy

- many facets at UCEDD involved with healthcare

- governor’s council on disabilities has been prominent in organizing around healthcare and in the center a staff is on it

OH?: not much at either center currently, but hopeful due to being a part of the hospitals

Q: *What is the disability community doing in your state?*

NM: Going to be a home visiting provider for services which was put into motion through relationships (i.e. Matte will do anything to work together)

Q: *Have you included anything in your LEND curriculum?*

WI: Dan had policy coordinator come in and talk

- person is contracted for 3 years through a memo of understanding between 3 ADD entities
 - provides lots of education with legislature and DD communities
 - she is not just focused on healthcare reform
 - started in October 2010
 - other state partners have been supportive
 - Some examples of what she has done as policy coordinator are: presenting testimony, hopefully at the AUCD conference to do a break-out session, provided a strategic way to work together
 - Hoping eventually to use Lakin’s material

Q: *What are other things you should/could do...?*

OH (UC): economic argument to be given to director’s/UCEDDs (like they did for ABLE Act @ Disability policy seminar)

AR: focus on the idea that problems/struggles that medicare/aid will be relieved by new things like CLASS program

NM: more cause and effect (proof) quality of life

IN: doesn’t use quality of life because too broad aka too much money

NM: we are not the only voice for quality of life, businesses do too and they have more of a voice now, maybe we need to work with them

OH (UC): if we increase healthcare for adults with DD who will provide it?

- Need to start in residency (maybe state level funding), like in new autism legislation. This would be a great opportunities for UCEDDs

AR: there needs to be training of current professionals that the ACA \$ is going to

OH (OSU): Looking to do medical home model and ACA provider

IN: Indiana University just took on healthcare through taking over hospital/medical center

LA: similar to Indiana, this is what/how LA is doing it, but there is a fear of doing too much with things as is

WI: convening a state group to find out more about healthcare disparities

- Possibly working with a CDC fellow
- Hoping to find out what needs to be done

AR: did a survey for general population versus disability

OH (OSU): NCI webinar and BRFSS data- webinar of data on April 12

OH (UC): What's the adult version of CMHMI (slates)?

NM: Reeves Foundation may have something

OH (OSU): Dr. Susan Havercamp is writing a report on health disparities

IN: we need to look at more than medical... employment has tons of benefits

- Right now you lose benefits by working more than 15 hrs a week

LA: there's buy-in

- Even if someone's only working 12-15 hours a week there's taxes there
- As mentioned before, "people that work are healthier"

NM: role of UCEDDs for returning veterans?

- By helping one area in healthcare you can help others (universality)