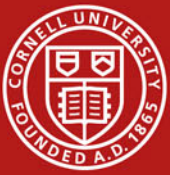




Cornell University

Rehabilitation Research and Training Center on Employment Policy for Persons with Disabilities

**Funded by the U.S. Department of Education
National Institute on Disability and Rehabilitation
Research (Grant Number H133B040013)**



Collaborating Partners

- **Employment and Disability Institute**
ILR School, Ithaca, NY
- **Dept. of Policy Analysis and Management**
College of Human Ecology, Ithaca, New York
- **Mathematica Policy Research, Inc.**
Princeton, NJ, Washington, DC, and Cambridge, MA
- **American Association of People with Disabilities**
Washington, DC
- **Rutgers University, School of Management and Labor Relations, Program for Disability Research**
New Brunswick, NJ



Welcome and Introductions

- **Andrew J. Imparato, American Association of People with Disabilities**

Speakers

- **Peter W. Thomas, Principal, Powers Pyles Sutter & Verville, P.C.**
- **Day al Mohamed, Sr. Legislative and Federal Affairs Officer, American Psychological Association**
- **Ari Neâeman, Founding President, Autistic Self Advocacy Network**
- **Barbara Kornblau, Professor, Occupational Therapy & Public Health, Nova Southeastern U.**

National Health Care Reform: What the Disability Community Needs from the Current Effort to Advance Our Employment Agenda

Peter W. Thomas, J.D.
Powers, Pyles Sutter and Verville PC
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May 22, 2009

Overarching Issues for Disability Community

- Disability community needs access to affordable health care coverage that provides the benefits needed by people with disabilities and chronic conditions, including long term services and supports.
- Increase in coverage (private insurance with subsidies, Medicaid, and Medicare)
- Decrease healthcare costs over long term: Bending the cost curve by 1.5% could pay for reform
- Expand on employer-based system but strengthen Medicaid
- Ensure a variety of public/private options for PWDs

Opportunities in Healthcare Reform

- Reform of private insurance market
 - Expansion of private coverage through insurance requirement coupled with subsidies and limits on out-of-pocket costs
 - Elimination of discrimination based on health status
 - Impact of insurance reforms on employment
- Expand Medicaid coverage to more Americans and promote home and community based services under Medicaid: Chip away at institutional bias
- Medicare buy-in program for people age 55-65
- Access to Medigap coverage for people below age 65

Opportunities in Healthcare Reform (Cont.)

- Phase-out/elimination of the Medicare 2-year waiting period
 - Impact on employment
- Disability as a health disparities category
 - Physical/programmatic access to treatment facilities
- Better coordination of chronic care and disabling conditions
- Focus on prevention, including prevention of secondary conditions
- Potential access to more reliable system of long term services and supports through creation of new LTSS program

Threats in Healthcare Reform

- Lack of apparent coverage in private health plans of rehab services and DMEPOS in basic benefit package
 - Employer-based and Exchange plans may not meet needs of individuals with disabilities; If not, these individuals will be pushed into Medicaid or “public option”
- Medicaid becomes the default health plan for PWDs and private insurers are off the hook for accommodating the needs of PWDs
- Erosion of Medicaid optional populations as states see full federal subsidies for low income populations who have access to subsidized Exchange plans.
- Bundling of post-acute care services under Medicare



National Health Care Reform

Day Al-Mohamed, JD
American Psychological Association

A Brief History of Health Reform

Who/When	What	Fate
Harry Truman (1950)	Universal	“A socialist plot”
LBJ (1965)	Medicare & Medicaid	“Nothing in this title shall be construed to authorize any Federal officer....to exercise any supervision or control over the practice of medicine...”
Nixon/ Ford/ Wilbur Mills (1974)	U. coverage, emp. mandate	Mills falls in Tidal Basin with Fanny Fox
Jimmy Carter (1979)	Cost containment	The “Voluntary Effort”
Bill Clinton (1994)	Health Security Act	You know the story
1997	SCHIP	# uninsured children falls
2003	Medicare Prescription	progress and privatization
Barack Obama & Congress (2009)	?	

2008 Senate Finance Hearings – Delivery System, Coverage & Financing

- 5-6-08 Seizing the New Opportunity for Health Reform
 - 6-3-08 Rising Costs, Low Quality in Health Care: The Necessity for Reform
 - 6-10-08 47 Million & Counting: Why the Health Care Marketplace is Broken
 - 7-17-08 The Right Care at the Right Time: Leveraging Innovation to Improve Health Care Quality for All Americans
 - 7-31-08 Health Benefits in the Tax Code:
-

Senate Finance Hearings –Contd.

- 9-9-08 Improving Health Care Quality: An Integral Step Toward Health Reform
- 9-16-08 Aligning Incentives: The Case for Delivery System Reform
- 9-23-08 Covering the Uninsured: Making Health Insurance Markets Work
- 10-21-08 High Health Care Costs - A State Perspective
- 11-19-08 Health Care Reform: An Economic Perspective

What Happens in 2009?

- 2-25-09 Scoring Health Care Reform: CBO's Budget Options
- 3-10-09 The President's Fiscal Year 2010 Health Care Proposals
- 3-12-09 Workforce Issues in Health Care Reform: Assessing the Present and

Stressed initiatives to reduce costs, such as increased focus on wellness and prevention, education about the importance of nutrition and fitness, improved long-term care of chronic illnesses, increasing the number of primary care providers, and

President Obama's 8 Principles for Health Care Reform (FY 2010 Budget) – Feb. 26, 2009

The President has indicated that comprehensive health reform should:

- Reduce long-term growth of health care costs for businesses and government
 - Protect families from bankruptcy or debt because of health care costs
 - Guarantee choice of doctors and health plans
 - Invest in prevention and wellness
-

President Obama's 8 Principles for Health Care Reform (FY 2010 Budget) – Contd.

- Improve patient safety and quality care
 - Assure affordable, quality health coverage for all Americans
 - Maintain coverage when you change or lose your job
 - End barriers to coverage for people with preexisting medical conditions
-

Senate Finance Committee Policy Options (April – May 2009)

Require all individuals to have health insurance
Create a Health Insurance Exchange through which individuals and small businesses can purchase health coverage, with subsidies available to individuals/families with incomes between 100 and 400% of the federal poverty level. Impose new regulations on the non-group and small group insurance markets. Expand Medicaid and CHIP and offer a temporary Medicare buy-in for the pre-Medicare population.

Senate HELP Committee – The 3 Buckets

- **Senator Jeff Bingaman (D-N.M.) – Insurance Coverage**
 - **Tom Harkin (D-Iowa) – Prevention and Wellness**
 - **Barbara Mikulski (D-Md.) - Quality Improvements**
-

Senators Tom Coburn and Richard Burr - Patients' Choice Act of 2009 (May 20, 2009)

- Create state-based health insurance exchanges through which private plans offer coverage meeting certain benefit and other standards.
- Allow employers to continue providing coverage to their employees
- Replace the current tax preference for employer-sponsored insurance with a tax credit for individuals and families
- Integrate low-income families into private insurance by providing additional financial support
- Maintain Medicaid coverage for low-income people with disabilities.



People with Disabilities, Health Reform and Employment

Two Concerns

People with Disabilities, Health Reform and Employment

"It is highly advisable that there should be intelligent action on the part of the Nation on the question of preserving the health of the country...There are numerous diseases, which are now known to be preventable, which are, nevertheless, not prevented...This Nation can not afford to lag behind in the world-wide battle now being waged by all civilized people with the microscopic foes of mankind, nor ought we longer to ignore the reproach that this government takes more pains to protect the lives of hogs and of cattle than of human beings."



The Power of the Congressional Budget Office

A Brief History of Health Reform

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Barack Obama & Congress (2009)	?	

Health Reform and Working People with Disabilities

(Taken from the CCD Employment and Training Task Force Paper)

- Many people with significant disabilities' health care coverage is tied to federal program with income and/or asset related limits on cash benefit eligibility
 - Changes to the private insurance market may enable some people with disabilities to obtain coverage on their own or through an employer. However, their premium costs may still be higher than other workers
 - Depending on what is included in the minimum recommended benefits package for private insurance, or in the health exchange, many people with disabilities may remain on Medicaid and Medicare to obtain the services and items they need.
-

and Medicaid for Working People with Disabilities

- The "in the home" rule under Medicare policy for durable medical equipment (DME) must be eliminated. People on SSDI who use devices and technology they need for independent living should not risk violating the law if they use their DME to go to work
- Medicaid's assets limits, which have not been increased since 1974, must either be increased or eliminated and based on income-only
- States should be required to establish Medicaid buy-in programs or deemed Medicaid eligibility should be provided to Title II beneficiaries up to the current buy-in earnings levels. This latter change is especially important for those on SSI who wish to use that program's work incentives
- Raising the eligibility age for the Medicaid buy-ins would make it consistent with Social Security's normal retirement age



National Health Care Reform



Day Al-Mohamed, JD
American Psychological Association

Healthcare Reform

The Disability Community & Employment

Barbara L. Kornblau, JD, OTR
Professor, Occupational Therapy
& Public Health



Special Olympics

Be a fan.



*Be a fan of acceptance, dignity,
and the human race.*

Health to Promote Employment

- Health Disparities
 - Surveillance
 - Research
 - Access - mental, physical, and dental health
 - Trained Workforce
- Prevention
- Evidence-based research
 - What works and what doesn't
- Community-based supports and services



Special Olympics

Be a fan.



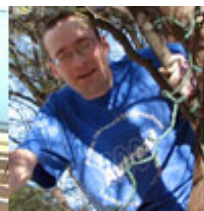
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Health Care Reform and People with Disabilities

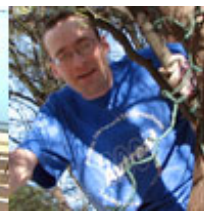
Ari Ne'eman

President

The Autistic Self Advocacy Network



- Health vs. Health Care Policies
- Work Incentives
- Health Care Reform Priorities
 - Long Term Services and Support
 - Health Care Disparities
 - Insurance Discrimination
 - Priority Lists/Disability rationing





Related Cornell Resources

- Employment Policy for People with Disabilities online repository of over 200 related research reports and policy briefs:
<http://digitalcommons.ilr.cornell.edu/edi/>
- HR Tips (over 35 brochures in English and Spanish on workplace accommodation):
www.hrtips.org
- Disability statistics online:
www.disabilitystatistics.org