



Disability Coalition on Healthcare Reform
Building a Movement for Access and Choice

ACCESS AND CHOICE: National Health Care Reform for People with Disabilities

The Missouri Disability Coalition for Healthcare Reform (DCHR) has been fighting for **guaranteed, affordable health coverage for all with a choice of private or public plans that cover all medically necessary services.** The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. The following outlines the provisions of the PPACA as they relate to the Missouri Disability Coalition for Healthcare Reform priorities

DCHR Priority	Patient Protection and Affordable Care Act	Timeline
<p>Overall Goal: Guaranteed, affordable health coverage for all with a choice of private or public plans that cover all medically necessary services.</p>	<p>Reforms private insurance to require guarantee issue and not allow increased costs due to disability. Establishes premium credits, limits out of pocket costs and expands Medicaid. Creates state exchanges from which the uninsured can choose a health plan. The exchange does NOT include a public option but a CO-OP, non-profit, member-run health insurance company. Creates benefit categories and requires ‘minimum creditable coverage’ that includes durable medical equipment, rehabilitation, habilitation, mental health, and substance abuse treatment.</p>	<p>See timelines on specific provisions below.</p>
<p>End the costly two-year waiting period for Medicare</p>	<p>Does not end the two year waiting period for Medicare but increases access and affordability for individuals in the two year waiting period.</p> <ul style="list-style-type: none"> - Establishes temporary national high risk pool which will reduce costs compared to current state high risk pools - Creates state-based “American Health Benefit Exchanges and Small Business Options program. 	<p>High risk pool: 90 days from enactment until exchanges are set-up in 2014</p> <p>Exchanges: 2014</p>
<p>Provide Medicaid health care</p>	<p>Expands Medicaid to all individuals under the age of</p>	<p>2014 with state option to cover expansion groups</p>

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coverage to all Americans living at or below 100% FPL.	65 with incomes up to 133% of the federal poverty level. Eligibility is based on income not categorical eligibility. The benefits package will match the essential benefits package offered through the exchange.	earlier. The federal government will fund 100% the costs of the expansion groups from 2014 to 2016; 95% in 2017; 94% in 2018; 93% in 2019; and 90% from 2020 on.
Eliminate pre-existing condition exclusions and rating based on age, health status and gender.	Requires guarantee issue and renewability and does not allow rating based on health status or gender. Rating based on age is limited to 3:1. Prohibits lifetime limits on benefits and prohibits rescinding coverage except in cases of fraud. Prior to 2014, annual limits on coverage can only be in place as approved by Secretary of HHS and there can be no annual limits after 2014. Sets medical loss ratio at 85% for large group market and 80% for small group and individual market plans. Plans must provide rebates to consumers if less than 85 or 80 % of premiums is spent on clinical services. Establishes a process for reviewing and requiring plans to justify a premium increase.	Prohibitions on pre-existing condition exclusions for children: 6 months after enactment. Bans on lifetime limits and rescissions: 2010 Process to review premium increases: 2010 Reports on Medical loss ratio: 2010 Requirement to provide rebate: 2014 Prohibitions on pre-existing condition exclusions for adults and prohibition on ratings based on health status and gender: 2014
Include subsidies for low-income Americans who cannot afford health care costs.	Premium credits will give given to individuals and families enrolled in the exchange with incomes between 100% and 400% FPL. Premiums will cost between 2% of income and 9.5% of income. There will be cost sharing subsidies for families with incomes between 100% and 400% FPL. Reduces out-of-pocket limits for individuals and families with incomes up to 400% FPL who are enrolled in the exchange.	2014
Reform the long-term care system to increase choice and access to home and community based services.	Creates Community First Choice Option with enhanced federal match. Sets up the State Balancing Incentive Payment program with additional federal funds for administrative changes. Extends Money Follows the Person and Aging and Disability Resource Centers. Applies spousal impoverishment rules to home and community-based services. Enacts the Community Living Assistance Services and	Community First Choice Option and CLASS Act: 2011 State Balancing Incentive Program: Oct. 2011-September 30, 2015. ADRC expansion: 2010-2014 MFP extension: now through 2016

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	Supports Act, a public long term care insurance plan.	Spousal impoverishment rules: 2014
Other Disability Related Provisions of PPACA	<p>Changes to Medicare Part D program will reduce the “donut hole” and provide assistance to seniors and people with disabilities when they reach the gap in coverage.</p> <p>Addresses the health disparities by requiring collection and reporting on data related to race, ethnicity, sex, primary language, disability status and rural populations. Requires collection of access and treatment data for people with disabilities.</p>	<p>Part D coverage: \$250 rebate starts in 2010. Phase-in of subsidies for generic drugs beginning in 2011 and for brand-name drugs in 2013. Co-insurance during coverage gap will drop from 100% to 25% by 2020.</p> <p>Health Disparities data collection and reporting: 2012</p>

Sources:

Altman, Drew “Implementation is Forever”, Kaiser Family Foundation, April 6, 2010

Families USA, “Helping People with Long-Term Health Care Needs: Improving access to Home- and Community-Based Services in Medicaid”, April 2010

Kaiser Family Foundation, “Explaining Health Care Reform: Key Changes to the Medicare Part D Drug Benefit Coverage Gap”, March 2010; “Health Reform Implementation Timeline”, March 31, 2010; “Issues for Structuring Interim High-Risk Pools”, January 2010; “Summary of New Health Reform Law”, April 9, 2010.