

**Health Care**

Our organizations are committed to maintaining the comprehensive health care reforms achieved in the passage of the Affordable Care Act (ACA) (Patient Protection and Affordable Care Act, P.L. 111-148, and Health Care and Education Affordability Reconciliation Act, P.L. 111-152). With the enactment of the ACA, we made significant progress towards accomplishing our nation’s goal of universal access to high quality affordable health care for all people with disabilities. The ACA includes historic coverage expansions, nondiscrimination and health insurance reforms, strengthened prevention provisions, and numerous enhancements to Medicare, Medicaid, and other provisions that significantly benefit people with disabilities. It is critical that the essential benefit package designed for the new health care exchanges meet the needs of people with disabilities. Protecting the significant achievements of the ACA will continue to be our highest health care priority. In addition, our organizations will work to advance the policy agenda that was not addressed by the ACA or only partially addressed.

Only a small percentage of physicians, nurses, and other health care professionals obtain information about serving people with I/DD as part of their academic coursework and to an even lesser degree are exposed to this population during their internships, practicums, and residencies. A competent health care professional workforce is essential to reducing health disparities and improving quality of life for people with I/DD. Knowledgeable, culturally competent, sensitive, and respectful health care providers have the ability to not only provide quality services but also, by providing holistic and preventive services, decrease health care spending by reducing hospitalization

To achieve these goals, during the 115th Congress, our public policy goals are to:

*Affordable Care Act (ACA)*

* Ensure that the ACA is not further diminished through partial or full repeal. In particular, the provisions that meet the needs of our constituents for quality, accessible, appropriate, comprehensive, affordable, portable, and non-discriminatory coverage and benefits must be protected;
* Ensure that the ACA is adequately funded to accomplish the significant goals of the Act for our constituents;
* Ensure that the Department of Health and Human Services fully implements the essential health benefits requirements, in particular habilitation;
* Fund demonstration programs to implement individual care coordination for individuals with disabilities, particularly those who have complex and chronic health care needs;
* Expand vision and preventive and restorative dental coverage under the ACA;
* Ensure that there is transparency in health plan selection and that plans have an adequate network of providers and access to medical and other specialists;
* Protect the Prevention and Public Health Fund and increase funding for primary and secondary prevention and wellness programs for individuals with disabilities;
* Ensure that privately run wellness programs do not discriminate against people with disabilities or health conditions;
* Reduce health care disparities experienced by people with I/DD;
* Expand funding for training of all health care providers about the needs of children and adults with disabilities, including best practices to promote health and wellness, cultural competency, practices to prevent secondary conditions, and systems to help transition youth with disabilities to adult care providers;
* Ensure that people have access to affordable prescription drugs;
* Ensure that all demonstration pilot grants address the needs of people with disabilities; and
* Ensure access to accessible nutrition and exercise resources and programs.

*Medicaid/Medicare/Children’s Health Insurance Program (CHIP)*

* Protect existing health care entitlements under Medicare and Medicaid, including Medicaid expansion;
* Ensure that there is seamless transition between Medicare, Medicaid, and the health insurance exchanges to ensure continuity of care when an individual’s income or job situation changes;
* Expand access to, and ensure that cost-cutting strategies do not compromise access to, durable medical equipment, including complex rehabilitation technology and other rehabilitative therapies and services, and that Medicare is responsive to the unique health care needs of our constituents;
* Eliminate Medicare’s 2-year waiting period under which people with disabilities qualify for Medicare coverage 24 months after receipt of Social Security Disability Insurance (SSDI) benefits;
* Eliminate Medicare’s “in the home” restriction for coverage of mobility devices (e.g., wheelchairs and scooters) for those with expected long term needs;
* Improve the benefits available to Medicare beneficiaries, ensure affordability, and improve the notice and appeal rights in the Medicare program;
* Extend funding of the Children’s Health Insurance Program to ensure continued access to affordable coverage for children; and
* Require the Centers for Medicare and Medicaid Services (CMS) to authorize payment for commercial, off-the-shelf, multiple-use technology to support people with I/DD.

*Mental/Behavioral Health*

* Ensure that the most appropriate mental/behavioral health services are widely available to people with I/DD who need them across the lifespan;
* Provide training to providers of mental/behavioral health services to enable competency in meeting the needs of people with I/DD;
* Increase training to mental/behavioral health professionals regarding the screening for and ruling out of psychiatric disabilities in people with I/DD;
* Assure that community-based first responders (e.g., police, emergency medical services, emergency room personnel) are equipped with knowledge about working with people who have I/DD and who are experiencing a behavioral and/or mental health crisis;
* Ensure that the provisions of the Mental Health Parity and Addiction Equity Act along with the mental/behavioral health and substance use services provisions in the ACA are fully funded and implemented; and
* Ensure sufficient reimbursement rates for mental/behavioral health service providers in order to promote improved access to needed services.

*Other*

* Reduce harmful chemical exposures that are associated with I/DD;
* Strengthen consumer protections to protect people with I/DD from unsafe or untested treatments; and
* Ensure that medical research is patient-centered in design and implementation.

To download the full legislative agenda, visit: <http://www.thearc.org/what-we-do/public-policy/legislative-agenda>