



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

December 16, 2016

Dear Senator or Representative:

The undersigned organizations are writing as members of the Consortium for Citizens with Disabilities to express our strong opposition to any block granting, setting of per capita caps or significant cuts to the Medicaid program. Medicaid provides health care services and long-term services and supports that maintain the health, function, independence, and well-being of 10 million enrollees living with disabilities and, often, their families. For many people with disabilities, their lives literally depend on being able to access needed healthcare. Block grants or per capita caps will inevitably cut what is already a lean program and force states to make service and eligibility cuts that put the health and wellbeing of people with disabilities at significant risk. Without access to critical and sometimes life-saving preventive and everyday care, these individuals will end up in emergency rooms or institutional settings —with worse health outcomes and higher costs to our healthcare system in the long-term.

The Consortium for Citizens with Disabilities (CCD) is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society.

Medicaid is a jointly funded program with matching state and federal funds. The federal government has committed to help states cover costs, and in turn states provide specific benefits and protections to eligible individuals. Its costs per beneficiary are substantially lower and are growing more slowly than per-beneficiary costs under private employer coverage. Between 1987 and 2014, Medicaid spending per beneficiary grew 4.2% versus 7% for private insurance.

Any change to the structure of or cuts in funding to the Medicaid program would greatly impact the individuals that CCD represents. Medicaid provides a comprehensive set of benefits designed to meet the complex needs of people with disabilities. All state Medicaid programs must provide the following services that are of utmost importance to people with disabilities: physician and hospital services; Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children with disabilities; and home health care services. In addition, state-run Medicaid programs have the flexibility to provide other services that are critical to people with disabilities including but not limited to: prescription drug coverage; rehabilitative and habilitative services;

personal care services; home- and community-based services; durable medical equipment like wheelchairs, prosthetics, orthotics, and communication devices; intensive community-based mental health services; and supports that keep people with disabilities in the workforce. Medicaid has also been at the forefront of providing evidence-based services and supports to people with disabilities—services that despite substantial evidence of their effectiveness, are often not covered by private insurance.

States currently have significant flexibility through a multitude of waivers, demonstrations and other authorities to provide long term services and supports through various home- and community-based services waivers and state plan options, the Community First Choice Program, Money Follows the Person, and the Balancing Incentives Program. This has allowed states to tailor programs for different disability populations and test different service delivery methods. This has also incentivized states to rebalance their systems, invest in community-based services, and move away from more costly and segregated nursing homes or other institutions.

Because of the importance of Medicaid to people with disabilities, we have been and are extremely concerned about the proposals to block grant or cap Medicaid currently being discussed in Congress. These proposals will shift costs to states, beneficiaries and/or their families, and providers of services. States will have no other choice than to cut services and eligibility as they have fewer and fewer federal resources to address ongoing health needs for a growing and aging population.

The FY 2017 House Republican budget plan would have cut Medicaid and Children's Health Insurance Program federal funding by a third in ten years—leaving the states to make up the difference or gut their own service systems. This would certainly lead to individuals becoming uninsured, which would compound current problems related to lack of coverage, overflowing emergency rooms, and increased healthcare costs in an overburdened system. Such reductions could also exacerbate already long waiting lists and waiting times that individuals experience when they attempt to access home and community-based services provided through Medicaid waivers. And these cuts could force people with disabilities currently living at home and working in the community into harmful, costly, and unnecessary institutionalization. In short, lost in the debate about block granting or curtailing funding for Medicaid are the unintended costs that will inevitably arise under a system that does not meet the needs of this vulnerable population.

The undersigned organizations support efforts to improve access to health care, but strongly oppose Medicaid block grants, per-capita-caps, or other cost shifts that will put the health and safety of individuals with disabilities at risk. If you have any questions, please contact Laura Weidner, Senior Director of Federal Government Relations, National MS Society at laura.weidner@nmss.org or 202-408-1500.

Sincerely,

ACCSES
Advance CLASS

American Association of People with Disabilities (AAPD)
American Association on Health and Disability
American Association on Intellectual and Developmental Disabilities (AAIDD)
American Congress of Rehabilitation Medicine
American Dance Therapy Association
American Foundation for the Blind
American Music Therapy Association
American Occupational Therapy Association (AOTA)
American Psychological Association
American Speech-Language-Hearing Association (ASHA)
American Therapeutic Recreation Association
Amputee Coalition
Association of Assistive Technology Act Programs (ATAP)
Association of People Supporting Employment First
Autism Society of America
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
Brain Injury Association of America
Center for Public Representation
Christopher & Dana Reeve Foundation
Community Legal Services of Philadelphia
Council for Exceptional Children
Disability Rights Education and Defense Fund
Division for Early Childhood of the Council for Exceptional Children (DEC)
Easterseals
Epilepsy Foundation
Family Voices
Goodwill Industries International
Justice in Aging
Learning Disabilities Association of America
Lupus Foundation of America
Lutheran Services in America Disability Network
Mental Health America
National Alliance for Caregiving
National Alliance on Mental Illness (NAMI)
National Association for the Advancement of Orthotics and Prosthetics
National Association of Councils on Developmental Disabilities (NACDD)
National Association of School Psychologists
National Association of State Directors of Special Education (NASDSE)
National Center for Learning Disabilities (NCLD)
National Council for Behavioral Health
National Council on Aging
National Council on Independent Living (NCIL)
National Disability Institute

National Disability Rights Network
National Down Syndrome Congress
National Health Law Program
National Multiple Sclerosis Society
National Organization of Social Security Claimants' Representatives (NOSSCR)
National Respite Coalition
Paralyzed Veterans of America (PVA)
Rehabilitation Engineering and Assistive Technology Society of North America
School Social Work Association of America
Special Needs Alliance
The Arc of the United States
The Jewish Federations of North America
United Cerebral Palsy
United Spinal Association