Coalition of Texans with Disabilities Newsletter

OCTOBER\NOVEMBER 1993

SPECIAL EDITION

HEALTH CARE REFORM OUR LIVES DEPEND ON IT!

By Belinda Carlton, Executive Director

"The health care debate is probably the most important civil rights issue that our country will face in the foreseeable future. We are witnessing and participating in the birth of a new right -- the right to health care -- which has the potential of making people more aware of their common interests. The disability community is the most experienced constituency in the obstacles to access, adequacy, and affordability. If we use that experience effectively, we can help shape the health care system so that it works for everyone," says Bob Griss, Senior Health Policy Researcher, United Cerebral Palsy Associations.

Americans have no choices, in our current health care system to which we must submit ourselves, for any major crisis or minor brush in our personal health.

People with disabilities are segregated and stigmatized by the current system. To get health coverage and health supports, like personal assistance, we must remain poor so we qualify for Medicaid. If we work we have no health coverage or inadequate and insecure health coverage.

As we wade through the health reform debate in days ahead, we must: stay informed, ask questions, and we must know who is behind the myriad interests posing solutions which could affect our very lives.

The major national health care reform plans are based on two different models. You have probably been hearing the buzzwords "single-payer" and "managed competition." President Clinton's plan is based upon "managed competition" and the American Health

Security Act (HR1200) is a "single-payer" proposal. What do they mean?

"Managed competition" is the new in vogue, but vague word for describing the President's health care proposal. The managed part lies in the federal government setting a specific rate of reimbursement for certain health procedures. The competition comes in when insurance companies compete for consumers to build their pools.

Single payer means that the reimbursement and coverage for medical expenses are paid for by and administered by a single organization - typically governmental, much like Canada's health care system.

CTD has adopted the Single Payor approach for covering all Americans with health and wellness related services including personal assistance services, durable medical equipment, assistive devices, prescription drugs and mental health coverage.

No proposal gives us everything we need, but **"If the disability community continues to be quiet, then the powers in charge will continue to ignore us,"** says Justin Dart.

THE DISABILITY MOVEMENT MUST MAKE HEALTH CARE THE CIVIL RIGHTS ISSUE FOR THE 1990'S!

We must ask each Texas U.S. Congressperson where they stand on health care reform and make sure our Congressperson understands that our lives depend on them doing the right thing.

TAKE ACTION:

* Call, write and visit your U.S. Senators and Representatives.

* Explain briefly your experiences with health care.

* Tell your Senators and Representatives that people with disabilities must have a system which does not segregate and stigmatize us.

* Tell your Senators and Representatives that health care must not be tied to employment.

* Tell your Senators and Representatives that any health care package must have **comprehensive** supports that allow Americans with disabilities to remain healthy and productive. Supports must include personal assistance, assistive technology, durable medical equipment, rehabilitation, medications, and mental health supports. Will your Senator or Rep commit to voting for these supports in any package?

* Does your Senator or Representatives agree that pre-existing conditions, high risk pools, and medical underwriting practices should be abolished?

* Does your Senator or Representatives agree that the system must be funded so costs are fairly distributed and coverage is truly universal in access?

JUSTIN DART LEADS EFFORT TO SECURE OUR CIVIL RIGHTS IN PRESIDENT'S HEALTH CARE REFORM

Justin Dart, former chairman of the President's Committee on the Employment of People with Disabilities, is coordinating the President's Health Care Campaign. "The President's plan does not- and probably could not, in the present political reality-achieve all of the legitimate health care goals of people with disabilities. However, its enactment would be a giant step forward. We would at long last be guaranteed inclusion in basic health care programs, and many of our special needs would begin to be addressed. The President has included us in the process of creating his plan. We are continuing right now to negotiate improvements" said Justin Dart.

"We absolutely cannot afford the numerous 'compromise' plans that once again leave us out. We've got to fight for however long it takes us to win. Advocate personally, through the media and to Congress for the principles of universal health care that includes people with disabilities," said Mr. Dart.

Justin Dart told Senator Phil Gramm of Texas, "We must enact a law that guarantees comprehensive, quality, affordable, lifetime health services to every American, regardless of pre-existing condition, economic status or employment."

Mr. Dart and the President's Health Care Campaign are asking Texans with disabilities to write or tape personal stories of 'nightmares' with the present health care system, or successes, if any. Send these to Maggie Roffee, the President's Committee on Employment of People with Disabilities:
1331 F Street N.W.
Washington, D.C. 20004-1107

They will forward it to the appropriate Congressional committees. 202-376-6200; 202-376-6219 fax; 202-376-6205 TDD.

The President's Health Care Campaign contact is:

Pat Strong
702 Travis
Houston 77098
(713)522-9361
(713)522-9622 fax

RAISE YOUR VOICES!

THE CLINTON HEALTH PLAN -- AN ANALYSIS

By Ron Cranston
CTD Health Policy Advocate

So the President has a plan. Good move, Bill! Or is it? The question remains as to the effectiveness of the Clinton Health Plan for <u>all</u> Americans.

In 1984, '89, and '91, the CTD Delegates called for a single payer health care system and adopted some darn good criteria for addressing the issues of health care reform:

1. Comprehensive national health insurance for all persons regardless of ability to pay, health status, disability, age, race, sex, or geographic residence, and equitable distribution of health related costs throughout the population.

2. Minimum federal requirements for health benefits paid for through a social insurance mechanism covering on-going maintenance needs.

3. Expand the definition of health from the absence of disease and impairment to include on-going management of chronic conditions.

The principles for health care reform that CTD believes are fundamental embrace the five core principles advocated for by the Consortium of Citizens with Disabilities, a leading cross-disability national group:

1. **Non-discrimination**
2. **Appropriateness**
3. **Efficiency**
4. **Comprehensiveness**
5. **Equity**

The President's plan has been touted for its availability to all Americans. Certainly, this is a move toward a <u>**non-discriminatory**</u> plan. But many worry that Clinton's proposal for "managed competition" leaves power in the hands of the insurance companies, who have "cherry picked" those who are the best risk for insurance, leaving individuals with pre-existing conditions without coverage.

The <u>**comprehensive**</u> coverage included in the President's plan is a bare bones package. Initially, it limits coverage to basic primary and acute care with the addition of mental health coverage. There is <u>a promise of long term care services</u> to include community based Personal Assistance Services (PAS) and respite care to be fully phased-in by the year 2000. The President has responded to the disabled public's outcry regarding PAS, but not yet in a timely, comprehensive and non-discriminatory manner.

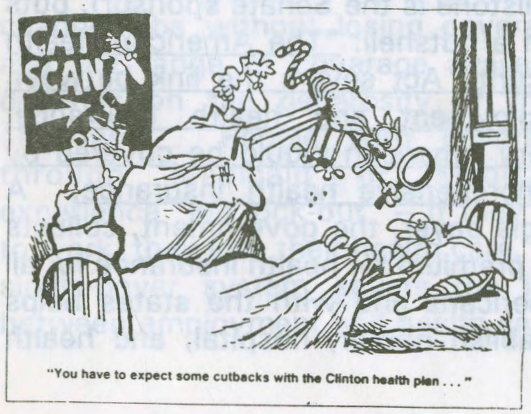
The President has opted to make <u>**choice**</u> a component in his plan. Questions of <u>**appropriateness**</u> and <u>**equity**</u> arise when we ask who will truly be choosing the health care to be delivered. In a managed care system, the past has shown that cost has all too often determined what health-related services are deemed necessary, and hence, who will be served fully. Individuals who use Medicare and Medicaid well understand the complexities of

"assignment acceptance processing" and the frustration of having to use limited providers that occurs in Health Maintenance Organizations (HMO)'s.

Additionally, concerns remain unaddressed in the Clinton plan related to employer benefit option plans, the "ability to pay" question, and if "equal access" as interpreted by the EEOC regarding ADA and health coverage of disabled employees or employees with disabled dependents has been integrated into the plan's conceptual basis.

The President's plan attempts to address **efficiency** through a single claim form for service delivery which is one part of the administrative headaches in today's system. The exclusion of Medicare further confounds the efficiency of the proposed plan. The plan hints at true efficiency in allowing ***states*** to adopt a Single Payor system, yet doesn't adopt this approach for the ***entirety*** of our nation.

The President has many questions to answer, both regarding the plan proposed and the politics behind the plan, but the President is to be applauded for his efforts.



"You have to expect some cutbacks with the Clinton health plan . . ."

LONG TERM CARE WHAT HAPPENS IN THE CLINTON PLAN

By Bob Kafka
A.D.A.P.T.

Though technically not a part of the Clinton Health Reform Plan the Long Term Care section has many concepts that, if they remain in the plan, will make significant changes in how personal assistance services (PAS) are delivered to people with disabilities in this country and Texas.

There are five areas covered in the Clinton long term care proposal. They are: 1) expanded community-based services; 2) improvements in Medicaid coverage for institutional care; 3) private long term care insurance; 4) tax incentives that assist working people; 5) demonstration study on integration of acute and long term care.

All states at a minimum will have to provide personal assistance services. They define PAS as "assistance with activities of daily living". This however will be a **capped entitlement** while institutional services will still be an entitlement. **What this means is people will be eligible for PAS services only up to the amount budgeted for PAS but people eligible for nursing homes and other institutions must be admitted regardless of dollars budgeted.**

PAS services must be provided regardless of age, disability or income. Under this model these services can be delivered either through an agency

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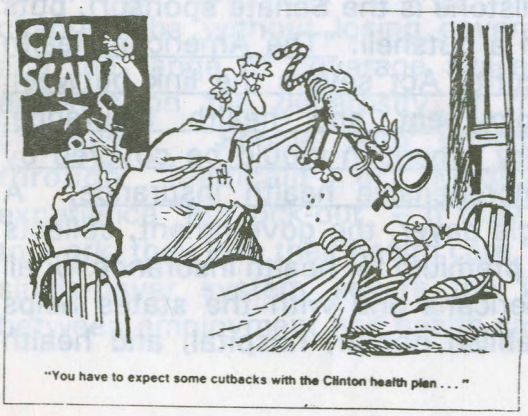

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PAS services must be provided regardless of age, disability or income. Under this model these services can be delivered either through an agency

provider fees. The delivery of health care stays in private hands. The choice of health care provider remains with individuals. The government controls price increases." The single-payer solution is a proven model -- ask any Canadian. The Canadian health care system is based on the premise that health care is a right and should not be denied to any person. Here's how people with disabilities benefit under the single-payer system:

Improved access.

Everyone is covered regardless of age, income, employment status or health status. In our current system, health insurance companies gain higher profits by denying coverage due to pre-existing conditions and by raising premiums on the basis of questionable actuarial assumptions. A single-payer system would replace these 1500 or so insurance companies with a single, public entity to pay our health bills, similar to the way Social Security and Medicare are paid.

Freedom to work.

People who work and have coverage experience "job lock" -- they can't change jobs without losing coverage and the range of coverage available depends on the generosity of their employers. People with coverage through Medicaid or Medicare experience "job lock-out" -- if they go to work, they lose their health care. A single-payer system severs the link between employment and health care.

Ends "health status" discrimination.

Medical underwriting, experience rating, and benefit restrictions that discriminate against people with chronic health problems are eliminated. Providers are paid directly, either through an annually negotiated fee structure or negotiated annual budgets. Discrimination based on the source of payment for health care (for example, Medicaid) would be eliminated.

No more caps on coverage.

In the current system, insurance companies and self-insured employers set arbitrary lifetime or yearly caps on coverage to reduce their costs. A single-payer system eliminates the need for caps to reduce the cost to industry. Instead, limitations would be placed on the charges for health care providers services and products.

Expanded coverage.

Today, many insurers narrowly define "medical necessity" to restrict coverage to acute care. The single-payer bill in Congress creates an incentive to shift resources from high-tech acute care to prevention and rehabilitation. Coverage includes prescription drugs and biologicals, care coordination services, and home and community-based long-term services for persons unable to perform at least 2 of 5 activities of daily living without assistance.

THE FUTURE -- SOME PREVENT IT, SOME PREDICT IT AND SOME INVENT IT.

Freedom to choose.

People with disabilities would decide where they will go for health care and who will provide it. Individuals would be issued a national "health security" card (a concept borrowed by President Clinton for his plan) and would receive treatment simply by presenting the card.

Eliminates out-of-pocket expenses.

Persons with disabilities often spend a significant portion of their income on prescription drugs, rehabilitation therapies, mental-health services, durable medical equipment, and other assistive technologies. These products and services would be covered under the single-payer system.

We would pay for health care through a combination of income-adjusted corporate and personal taxes which would replace the premiums and out-of-pocket costs now paid by both businesses and families. There would be no co-payments or deductibles. Our money would be placed in a national health trust fund for health care expenses. Insurance companies would no longer profit.

Reduced hassle.

A single-payer system establishes strict cost containment measures that control wasteful paperwork and procedures, eliminate complex eligibility forms, and end the bureaucratic hassles all too familiar to those with disabilities.

WHAT CAN SINGLE PAYER SUPPORTERS DO NOW?

- Talk to your congressional representatives: ask them to sponsor HR1200 and S491, the single-payer legislation.
- Organize discussions and invite someone who can discuss the Clinton plan and the single-payer plan.
- Write letters to the editor of local papers.

HHS HOLDS HEARINGS ON RESTRUCTURING

The Texas Health and Human Services Commission, Department on Aging, Department of Health, TDHS, Texas MHMR and Protective and Regulatory Services are seeking your input on how to best deliver health and human services to Texans, problems with the current system, how to make it more user-friendly and about programs that work and save money.

*** October 26 -- 4 pm -- Odessa**
University of Texas Permian Basin
Devonian Room
4901 East University Blvd.

*** November 4 -- 9 am -- Laredo**
Laredo Independent School District
Board Room - 1620 Houston

*** November 9 -- 4 pm -- Houston**
Fifth Ward Multi-Service Center
4014 Market