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President's Committee on Employment
of People with Disabilities

October 4, 1993

Dear Colleague:

Health care is a major issue that impacts on the full employment of people with disabilities, and the President's Committee will be following developments in health care reform closely. Today, I want to bring two important items to your attention.

First, as you know, just a few weeks ago President Clinton outlined a comprehensive health care reform plan to Congress and the nation. Enclosed is a summary of those sections of the Administration's proposal, the **Health Security Plan**, that relate to the disability community. This summary focuses on issues identified by the President's Committee's Health Insurance Work Group and by disability leaders throughout the United States as those of most concern to the disability community.

Many members of Congress agree that health care reform is needed. In fact, some 71 health care proposals are now in Congress. Through our "Legislative Update" publication, the President's Committee will keep you apprised of health care reform bills that emerge as the most significant.

Second, WE NEED YOUR HEALTH CARE STORIES! In preparing to address the issues, Congress is gathering information on experiences with the current health care system and will be seeking testimony. To respond appropriately, we need to know your experiences -- both the problems and the solutions. Tell us, in brief writings or tapes about problems with health care systems have affected your life, or about successful health care solutions by states, health care providers or others. We will share these with the appropriate Congressional committees. This is your opportunity for your voice to be heard. Please send us your examples as soon as possible. Better yet, fax them to Maggie Roffee here at the President's Committee at 202-376-6868. We don't need polished documents; hand written material is fine.

Thank you!

Sincerely,

Rick Douglas

Rick Douglas
Executive Director

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Health Security Plan

Issues of Concern
to
People with Disabilities

The President's Committee on Employment of People with Disabilities has prepared this document to assist the disability community in understanding the President's health care reform proposal. The information provided focuses on issues of primary concern to this constituency and does not include information on all aspects of the plan. This summary is based on the most recent information available to the Committee.

President's Committee on Employment of People with Disabilities

Health Security Plan

Overview

The Health Security Plan will guarantee all Americans and legal residents a comprehensive package of health benefits with no lifetime limits, a choice of health plans, and the security of having lifetime coverage. Types of plans that will be available include the traditional fee-for-service selection of individual doctors, a preferred provider network, and the HMO.

People who are employed will be able to sign up for a health plan at work. State governments will set up health alliances to give consumers and small businesses the ability to buy affordable care. Individuals will enroll through a health alliance unless they are covered under government-sponsored programs such as Medicare, Department of Defense, Department of Veterans Affairs, and the Indian Health Service. Individuals eligible for Medicaid receive coverage through regional health alliances.

Security

Every American will receive a Health Security Card that guarantees a comprehensive package of lifetime benefits, regardless of employment or health status.

All plans must meet national standards on benefits, quality and access, but each state may tailor the new system to local needs and conditions.

All employers contribute to health care premiums for employees; both employers and employees share the responsibility. Individuals who are self-employed or unemployed will buy health coverage from the regional alliance. The self-employed individual will be able to take a 100% tax deduction for the cost of the premiums. Discounts will be provided for low-income people.

There are limits on out-of-pocket payments, and discounts to ease the burden on low-income individuals and small employers.

The plan includes a comprehensive benefit package with no lifetime limits on medical coverage in order to guarantee access to a full range of medically necessary or appropriate services.

Individuals who are elderly or disabled and eligible for Medicare will receive coverage for outpatient prescription drugs.

Americans are guaranteed a choice of health plans and providers.

No health plan may deny enrollment to any applicant because of health, employment or financial status, nor may they charge some individuals more than others because of age, medical condition or other factors related to their health status.

All health plans will be required to meet national quality standards and provide useful information that allows consumers to make valid comparisons among plans and providers or to change plans during the annual enrollment period.

Separate programs will increase federal support for long-term care and improve the quality and reliability of private long-term care insurance.

Benefit Package

The Health Security Plan guarantees every American a comprehensive benefits package which includes the following services:

- Hospital Services
- Emergency Services
- Services of physicians and other health professionals
- Clinical preventive services
- Mental health services
- Substance abuse services
- Family planning services
- Pregnancy-related services
- Hospice
- Home health care
- Extended care services
- Ambulance services
- Outpatient laboratory and diagnostic services
- Outpatient prescription drugs and biologicals
- Outpatient rehabilitation services
- Durable medical equipment, prosthetic and orthotic devices
- Vision and hearing care
- Preventive dental services for children
- Health education

Selected Questions and Answers for the Disability Community

The following questions address issues of particular concern to members of the disability community.

Q. How will the Health Security Plan prohibit exclusion from coverage for persons with pre-existing conditions and prevent rating practices and pricing schedules that discriminate against higher users of health care?

A. Through legislation every American will be guaranteed access to a comprehensive package of benefits. The legislation will specifically outlaw discriminatory insurance practices, including overcharging or excluding people because of "pre-existing conditions," and establish community rating, regardless of age, sex, income, health

status, disability or employment status.

Q. How will the plan ensure continuity and portability of coverage, especially in times of change such as geographic move or new employment status?

A. The Health Security Plan guarantees that you will never lose your health coverage. If you switch jobs and/or move, you remain covered by your current plan until you are enrolled in a new one. If you lose your job, you are still guaranteed health coverage.

Q. How will the plan provide, and what will be the scope of, allowable preventive services, including services to prevent worsening of a disability?

A. The Health Security plan provides for a comprehensive benefit package, including preventive services. Medical coverage guarantees access to a wide range of medically necessary or appropriate services. While the guaranteed benefit is primarily focused on post-acute illness, in the context of disability this could include health care services that might prevent secondary disability or deteriorating function, assist in establishing and maintaining maximum independence and functional ability, and assist in promoting physical and psycho-social well-being.

Q. How will the plan cover access to and coverage for diagnostic services?

A. Diagnostic services and outpatient laboratory services will be part of the comprehensive benefit package guaranteed by legislation.

Q. How will the plan cover long term home and community based services?

A. The plan will increase federal authority to provide home and community based services to individuals with the most severe disabilities without regard to income or age. This will be accomplished through innovative state and federal partnerships. Benefits will include comprehensive personal assistance services defined as assistance (including supervision, standby assistance and cuing) with activities of daily living.

States will have the flexibility to define and design home and community based services, including personal assistance services, case management, homemaker and chore assistance, home modifications, respite services, assistive technology, adult day services, habilitation and rehabilitation, supported employment and home health services not otherwise covered by Medicaid, private insurance, or through the basic health plans.

States will be able to offer vouchers or cash directly to eligible individuals.

Co-insurance will be paid by eligible individuals to cover cost of services according to a sliding scale with those below 150% of the federal poverty standard only having to pay a nominal fee. A tax credit of 50% of the costs up to $15,000 for assistance with activities of daily living will be available for employed individuals with disabilities.

State plans for home and community based services for people with the most severe disabilities will be developed with input from the disability community.

Individuals currently receiving home and community based services under Medicaid will continue to receive those services.

Q. How will the plan address long term care in medical facilities?

A. There will be incentives in the plan which will shift the balance from institutional care toward home and community based services. Medicaid coverage for nursing home and ICF/MR care will be improved so that individuals may retain up to $12,000 in personal assets.

Q. How will the plan cover prescription drugs and biologicals?

A. Prescription drugs, biological products and insulin will be part of the guaranteed benefit package.

Q. How will the plan cover durable medical equipment and other assistive devices, and related services?

A. Durable medical equipment and specified assistive devices that would improve functional abilities or prevent further deterioration in function, and training for their use, will be part of the guaranteed benefit package.

Q. How will the plan cover outpatient rehabilitation services?

A. Outpatient occupational therapy, outpatient physical therapy, and outpatient speech-pathology services for the purpose of attaining or restoring speech are covered. Coverage applies to therapies used to restore functional capacity or minimize limitations on physical and cognitive functions as a result of an illness or injury.

Q. How does the plan address extended care services?

A. The plan covers inpatient services in a skilled nursing or rehabilitation facility, after an acute illness or injury as an alternative to continued hospitalization. One hundred days of extended care are available each year.

Q. How does the plan cover home health care?

A. The plan provides the same services as under the current Medicare program (including skilled nursing, physical, occupational and speech therapy, prescribed social services) with the addition of prescribed home infusion therapy and outpatient prescription drugs and biologicals. Such coverage, however, is limited to its use as an alternative to institutionalization for illness or injury. The need for continued therapy is re-evaluated at the end of each 60 days of treatment.

Q. How and to what extent will the plan cover mental health, counseling and substance abuse?

A. Initially, the plan will provide 30 days per episode, with 60 days annually for inpatient or residential treatment of mental health problems; 30 visits per year for outpatient psychotherapy; and 120 days per year for intensive non-residential treatment services.

By the year 2001, a comprehensive, integrated benefit structure with appropriate management replaces prescribed limits on individual services. By 2001 the management of treatment will determine the length of inpatient care. Limits on, and cost-sharing for, outpatient treatment and non-residential treatment services will be eliminated.

Further Information

To obtain a 30-page summary of the Health Security Plan, contact the Superintendent of Documents, P. O. Box 371954, Pittsburgh, PA 15250-7954, and request item number 040-000-00632-0. Cost is $2.50. To order by phone, call 202-783-3238 (Voice). Individuals who are deaf or hearing impaired may access this number through their State Relay System or by calling 1-800-877-8339.

As with other major legislation related to disability or employment issues, the President's Committee will monitor this bill as it moves through Congress and will issue periodic "Legislative Updates." If you wish to receive these updates, please send your name and address to: Office of Public Affairs, President's Committee on Employment of People with Disabilities, 1331 F Street, NW, Washington, DC 20004.