



The Affordable Care Act: Impact on People with Disabilities

On March 23, 2010, the **Patient Protection and Affordable Care Act (ACA)** was signed into law. This new law contains several provisions that will benefit people with disabilities. Many of the provisions have been in effect since 2010, while others will come in 2014.

How will ACA Impact People with Disabilities (PWD):

1. **Expands Access to Insurance Coverage**
 - ❖ *Expands Coverage through Individual Mandate, Marketplace, and Medicaid*
 - ❖ *Extends Parent-Dependent Coverage*
2. **Improves Long Term Supports and Services for PWD**
 - ❖ *Makes Improvements to Money Follows the Person Program, Home and Community Based Services, and Balancing Incentive Program*
3. **Enhances Protections for PWD**
 - ❖ *Eliminates Insurance Company Discrimination on Pre-existing Conditions*
4. **Improves Accessibility and Quality of Health Care for PWD**
 - ❖ *Mandates Free Coverage of Preventive Services*
 - ❖ *Requires Essential Health Benefits be Covered*
 - ❖ *Ends Lifetime Limits on Health Benefits*
 - ❖ *Improves Accessibility of Examination Equipment and Data Collection*

1. ACA Expands Access to Insurance Coverage

❖ **Expanded Coverage:**

The ACA contains several different provisions that aim to expand health insurance coverage to millions of Americans including those with disabilities. One such provision is the **Individual Mandate** which requires individuals to have health insurance unless they are eligible for health care through federal programs such as Medicare or Medicaid. If an individual cannot get coverage from their employer, they can purchase it from the **Health Insurance Exchange** (sometimes referred to as the

Health Insurance **Marketplace**). The exchanges are an online marketplace, which will supply easy to understand, accessible information on available health insurance plans, allowing consumers to compare insurance plans for quality and affordability, and to choose the plan that is right for them. Ohio has opted to do a federally-facilitated marketplace. Open enrollment for the marketplace starts October 1, 2013. Coverage will start January 1, 2014. For more information on exchanges; visit: <https://www.healthcare.gov/how-can-i-get-ready-to-enroll-in-the-marketplace/>. In addition, ACA gives states the option to expand the **Medicaid** program to more Americans including people with disabilities. Some states, under the ACA, have already chosen to expand their Medicaid coverage to 138% of the Federal Poverty Line (FPL) using additional funding from the federal government. The Ohio General Assembly still is considering whether or not to expand Medicaid coverage. For more information on Medicaid, visit <http://www.healthcare.gov/using-insurance/low-cost-care/medicaid/>. Additionally, the ACA increases the funding available to community health centers to create new health center sites in medically underserved areas, to enable health centers to increase the number of patients served, to expand preventive and primary health care services, and to support major construction and renovation projects.

❖ *Extends Parent- Dependent Coverage*

Under the ACA, health plans are required to continue coverage for young adults until the age of 26 years old, including those with disabilities and chronic conditions. This rule applies to all plans in the individual market, to new employer plans, and to existing employer plans unless the child has another source of coverage (such as through his/her employer).

2. Improved Long Term Supports and Services:

ACA extends the **Money Follows the Person** (MFP) demonstration grants until September 2016 and expands eligibility. MFP is a Medicaid initiative designed to reduce reliance on institutional services and develop community-based long term services and support options. The grants provide states with federal matching funds for a year for each Medicaid recipient to transition from an institution to the community. Ohio was one of the 17 states to receive this federal funding of \$100 million in order to transition roughly 2,200 seniors and people with disabilities from institutions to home and community-based settings. Additionally, ACA makes improvements to the Medicaid **Home- and Community-Based Services (HCBS) Option** known as the “waiver program.” The act offers incentives to encourage more cost-effective home care services for people of all ages who have a disability and may need help with dressing, bathing, chores, preparing meals, or other activities of daily living while remaining in their homes. The ACA offers new opportunities to help states provide long-term services and supports to people in their homes through the following initiatives. The **Balancing Incentive Payment Program** increases federal matching funds for states like Ohio by two percentage points through 2015 for increased home and community-based services, helping with any up-front costs, and creating the permanent **Community First Choice Option**, which allows state Medicaid plans to receive an additional six percentage points in federal matching rate. The increased federal matching payment is a strong incentive for states to expand home and community based care services in Medicaid. The **Community Living Assistance Services and Supports (CLASS)** act

creates a voluntary, self-funded program for which individuals pay monthly premiums and will be eligible to receive benefits for their long-term support and service needs. The benefit can be used for a range of community support services, from respite care to home care.

3. ACA Enhances Protections for PWD

❖ *Eliminates Insurance Company Discrimination on Pre-existing Conditions:*

The Affordable Care Act prohibits discrimination based on disability under any health program or activity that receives federal funding or assistance. Prior to ACA, plans could refuse to provide coverage to people with disabilities or other chronic health conditions. Under ACA, health insurance companies will no longer be allowed to deny coverage, charge higher premiums or exclude benefits based on a pre-existing condition beginning on or after January 1, 2014. Already in effect as of 2010 is the provision which prohibits insurance companies to limit or deny benefits or completely deny coverage to children younger than age 19 simply because the child has a “pre-existing condition,” including a disability. It also prohibits providers from rescinding coverage after someone is injured or acquires a new condition. Additionally, insurance companies cannot charge higher premiums because of a **disability** or medical condition. Premium costs may be influenced by one’s age or smoking habits. The **Pre-Existing Condition Insurance Plan (PCIP)** is a temporary program to build a bridge to 2014, when all Americans will have access to health insurance through health insurance exchanges. PCIPs are high risk pools operated by the states and the federal government to make health insurance available to those individuals who have been denied coverage by insurance companies because of a pre-existing condition or are otherwise ineligible. For more information on PCIP in Ohio, visit <https://www.pcip.gov/>; however, Ohio is no longer accepting new enrollment applications for PCIP.

4. ACA Improves Accessibility and Quality of Health Care for PWD

❖ *Mandates Free Coverage of Preventive Services:*

While the ACA focuses on expanding health insurance coverage for millions of Americans, it also contains significant investments and policy changes to support individual and community preventive health services. Research shows that the use of preventive services results in a healthier population and reduces health care costs by helping people avoid preventable conditions and receive earlier treatment. ACA requires health plans to cover recommended preventive services without charging additional copayment, coinsurance, or deductible. These **preventive services** include: immunization vaccines, screening for blood pressure, cholesterol (depending on age and risk), depression, type 2 diabetes (for those with high blood pressure), diet counseling (for those at risk of chronic conditions, pap smears and other preventive services for women, screening and counseling for: alcohol misuse; drug abuse; obesity; tobacco use, colonoscopies for adults over 50, HIV screenings for high risk adults. For further details on preventive services covered under the ACA, visit <http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html>. ACA also includes patient protections such as guaranteed access to OB-GYNs and pediatricians. Medicare will now include a free annual wellness visit. Physician and patients develop a personal prevention plan taking into account medical and family history, detection of any impairment, potential risk factors for

depression and review of the patient's functioning and level of safety. Individuals must check with their Medicare Advantage Plan if they are covered for wellness services.

❖ **Essential Health Benefits Requirement:**

Starting 2014, ACA mandates certain essential benefits to be covered under the individual and small employer group insurance coverage that will be sold through the health insurance exchanges and Medicaid plans. These are known as the Essential Health benefits. Many people with intellectual and developmental disabilities will benefit from the inclusion of habilitative and rehabilitative services and devices, mental health and behavioral services, chronic disease management and pediatric services including dental and vision care. Habilitative services are those services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These

services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings. Prior to the ACA, habilitative services were limited or not covered by private health insurance plans.

Ten Essential Health Benefits:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance abuse treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

❖ **Ends Annual and Lifetime Limits on Health Benefits:**

Prior to the Affordable Care Act, many individuals with disabilities, and others who experienced costly medical conditions, were in danger of losing their health insurance coverage when the costs of their treatment hit lifetime limits set by their insurance plans. The ACA now prohibits health plans from imposing such lifetime dollar limits on many of the health benefits. The law also eliminates annual limits on health benefits. Grandfathered individual plans are an exception and are not required to phase out annual limits on Essential Health Benefits. Grandfathered plans are those plans that were established prior to the passage of the ACA on March 23, 2010. Additionally, all plans can put annual and lifetime dollar limits on those benefits that are not part of the essential health benefits package. The act also extends certain prescription drug coverage for Medicaid recipients. In addition, ACA mandates coverage of anti-seizure, anti-spasm and smoking cessation medications.

❖ **Improves Accessibility of Examination Equipment and Data Collection for PWD:**

The Affordable Care Act improves access to medical diagnostic equipment for people with disabilities to receive routine preventive care and cancer screenings by establishing exam equipment



accessibility standards. These standards will be developed by the Architectural and Transportation Barriers Compliance Board (Access Board), in consultation with the Food and Drug Administration. These standards will be used in physician's offices, clinics, emergency rooms, hospitals, and other medical settings. The proposed standards ensure that medical diagnostic equipment, including examination tables, examination chairs, weight scales,

mammography equipment, and other imaging equipment used by health care providers for diagnostic purposes are accessible to and usable by individuals with disabilities. The proposed accessibility standards can be found at <http://www.access-board.gov/guidelines-and-standards/health-care/about-thisrulemaking/proposed-standards/textoftheproposed-standards>.

Additionally, ACA aims to improve data collection on health disparities and health care access for people with disabilities. It also increases opportunities for training of health care providers (including dentists) around the needs of people with developmental and other disabilities.

❖ **Improves Care Coordination:**

ACA also invests in innovations such as the dual eligible care coordination demonstration projects to better coordinate care for 9 million beneficiaries who are eligible for both Medicare and Medicaid. Dual eligible individuals are a high- cost population for both Medicare and Medicaid, who often have multiple chronic conditions and almost half have cognitive and mental impairments. ACA aims to improve the quality and efficiency of care for this vulnerable population. To learn more about Ohio's dual eligible care coordination demonstration called the MyCare Ohio: Integrating Medicare and Medicaid Benefits, visit <http://medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx>.

Information Sources:

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