2017 Health Reform Alternatives: Proposed Positions for 2017

Given the discussions taking place on Capitol Hill, at CMS, and across the country at both the state government and individual payer levels it is critical for ASHA to have the ability to respond to broad and specific proposals alike that have the potential to dramatically impact our members and the clients they serve.

Principle: Protect access to comprehensive, affordable health care as a priority. Emphasis on the health care needs of children and vulnerable populations such as individuals with disabilities, seniors and low-income individuals/families.

Priority #1 Protect Access to Care for Children

- **Medicaid**

Oppose block-granting proposals that would limit federal matching funds to set amounts without regard for changes in enrollment, medical needs, economic downturn, or other variable criteria.

Block granting proposals are estimated to potentially reduce federal and state expenditures on health care through the Medicaid program by up to $450b over 10 years.

Block granting and per capita caps based upon federal poverty census data within states as commonly proposed would dramatically affect members and consumers in states where Medicaid has expanded and where optional populations are covered.

Block grants and caps disincentivise enrollment and comprehensive coverage while promoting more restrictive coverage and eligibility criteria. This is a result of capped funding and proposed elimination of federal dollars to support additional enrollment or eligibility.

School-based reimbursement from Medicaid for medically necessary services that are also educationally relevant would be threatened because the State Medicaid Agency would have limited funds and be dis-incentivized to provide coverage for school-based services. School districts would continue to have to comply with IDEA law and ensure a free and appropriate public education. However, without the support of the Medicaid funding, the amount of services available for eligible children would significantly decrease, threatening students' access to essential services. Member employment would be negatively affected because of potentially reduced student eligibility for services resulting from increasingly restrictive standards driven by reduced funding.

Under the proposed block grants concerns have been raised regarding the federal government's need to eliminate or relax federal mandates for Medicaid coverage and allow the states increased flexibility to make their own coverage determinations. The Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) mandate could be threatened with elimination or weakening of federal mandates. We have already seen some deterioration of the mandate because of varying interpretations of EPSDT by managed care organizations contracted to operate Medicaid in several states.

- **ACA Plans and Essential Health Benefits (Habilitation)**

Repeal of the ACA prior to an agreement on a replacement strategy that continues to ensure access to quality health care is a threat to the country's entire health system. Congressional partisanship threatens action on a compromise plan and Congress should not repeal the ACA until a compromise on replacement legislation is agreed upon.

Recent discussions to trim the essential health benefits places habilitation at particular risk moving forward as it was not a commonly covered service under private health plans prior to the ACA passage.

Habilitation provides critical access to medically necessary services for children with developmental delays, congenital disorders, impairments, and conditions that require the skilled services of audiologists and SLPs among a host of other professionals. Habilitation services help maximize an individual's (commonly a child's) ability to function as independently as possible, greatly enhancing educational performance, employment independence, and quality of life outcomes. Access to habilitation services must be preserved.

ASHA also recommends re-authorization of the Children's Health Insurance Program (CHIP) to ensure that children intended to transition to ACA plans do not lose coverage if the ACA is repealed without specific provision in place to ensure their continued access to care.

- **Interstate Sale of Private Health Plans**

While commonly discussed as a means to increase competition and reduce costs, the reality of interstate health plans has proven the opposite with larger entities crowding out smaller plans and reducing overall consumer choice. In addition, current proposals to allow interstate health plans would propose a threat to consumer protection and access to services including audiology and speech-language pathology for a variety of reasons.

First, interstate sale of private health plans would reduce the ability of state insurance commissioners from fully engaging in their consumer protection oversight role and not allow them the ability to fully enforce the laws within their state to ensure appropriate access to care by qualified, licensed, health care professionals.

Second, interstate plan sales would allow health plans to be established in states with low coverage criteria and consumer protections and provide those plans for sales in states with more comprehensive requirements. This would essentially undermine the hard-fought state mandates we and other health professionals have achieved for autism coverage, habilitation, hearing health, tele-practice recognition and co-payment parity.

It would be in ASHA's interest to continue to build our relationship with the National Association of Insurance Commissioners (NAIC) and individual state commissioners and join them in opposition to interstate health plan sales. The NAIC has laid out plans for improving competition among health plans to improve consumer access and choice founded on the concept of interstate compacts. Such a proposal dove-tails nicely with ASHA's recent efforts toward developing interstate compacts for member licensure.

Priority #2 Protect Access to Care for Adults and Seniors under Medicare and Medicaid

- **Medicare Vouchers and Tax Credits**

Recent discussions of privatizing Medicare, providing vouchers for consumer choice, and establishing tax credits for seniors to purchase health care of their choice ignore the reality that many senior citizens face. Too many seniors live in or near poverty or on limited fixed incomes and do not have the resources to buy health insurance on the open market because of pre-existing conditions. The actuarial impact of their age on health risks and premium costs, particularly without ACA protections, would make coverage unaffordable.

Even more concerning is the concept of providing seniors and individuals with disabilities with tax credits in order to purchase private health care. An overwhelming number of retired Americans and individuals with chronic conditions and disability determinations do not earn enough income to pay any amount of federal taxes. The concept of tax credits as a viable option for the majority of seniors and individuals with disabilities is reckless and undermines the foundational nature of Medicare as an entitlement funded by each individual through payroll taxes over the course of their employment careers.

- **Increased Medicaid Cost Sharing and High Deductible Plans for Low to Moderate Income Individuals and Families**

Similar to concerns about Medicare premium support proposals, Medicaid initiatives like those implemented in Indiana and elsewhere, to increase co-payments and co-insurance for Medicaid beneficiaries, fail to recognize the limited financial capacity of many individuals and families enrolled in the Medicaid program. While health savings accounts and high-deductible plans have a significant role to play in increasing consumer attention and focus on health care costs, quality and effectiveness, applying them to individuals who cannot afford the co-payments results in delaying and avoiding health care services that often help manage and prevent progression to more serious and costly conditions.