

ADVOCACY POSITION

AAA 1-B Supports Retention of Health Care Reform Legislation Provisions that Benefit Older Adults February 2011

Area Agency on Aging 1-B (AAA 1-B) affirms its 2011–2012 Advocacy Platform position in support of key provisions of the 2010 health care reform acts, the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA). These acts are designed to provide health insurance for uninsured Americans, reform and make more efficient the nation’s health care system, offer long term care consumers greater choice, and reduce the increasing costs of federal programs such as Medicare, Medicaid, and Social Security. Provisions of the acts, many of which will improve the quality and access to health care for older adults and adults with a disability, become operational over a period of several years, from 2010 to 2018.

EFFORTS TO INVALIDATE ACTS

In January 2011, the House of Representatives passed H.R. 2, which repeals the PPACA and the health care provisions of the HCERA. The Senate voted against legislation similar to H.R. 2. Opponents of the enacted 2010 reforms plan to draft new legislation which addresses specific components of health care reform in a series of smaller bills. In addition, a number of states, including Michigan, have filed lawsuits in federal courts challenging the constitutionality of the acts. The non-partisan Congressional Budget Office has estimated that repealing the health care law would increase the federal deficit by \$230 billion over ten years. Because of these actions, it is important for AAA 1-B to make known its position in support of retaining certain provisions that benefit older adults and adults with a disability.

PROVISIONS

The 2010 health reform acts include a number of provisions that improve access to health care for older adults and adults with a disability:

- Medicare preventative screenings and annual wellness visits are covered 100% and prescription drugs will become more affordable to 134,000 Michigianians through the gradual closing of the Medicare Part D “donut hole”.
- Insurers can no longer impose lifetime limits in benefits coverage.
- Insurers cannot deny coverage due to pre-existing conditions. Persons with pre-existing conditions who purchase insurance through state-run exchanges will see a cap on premiums they are required to pay. (effective 2014)

- Medicare payments to hospitals may be tied to re-hospitalization rates, encouraging hospitals to better manage patient discharges and transitions to home or facility-based programs. (effective 2012)
- States will be appropriated \$10 million each year for four years (2010 – 2014) to implement Aging and Disability Resource Centers (ADRC), streamlining access to long-term care.
- Funding of the Elder Justice Act within ACA will allow new investigators to be hired and testing of new approaches to enhance adult protective services.
- Financial incentives such as an enhanced federal Medicaid match will be available to states to improve access to home and community based services (HCBS).
- States will be given greater flexibility to manage HCBS eligibility, and type, scope and duration of services in order to deliver measurable outcomes.
- Pilot programs will evaluate the effectiveness of medical interventions and Medicare fraud will be targeted.
- State insurance exchanges be established and will offer discounted coverage to qualified individuals, a benefit to older adults aged 60-65 who are not yet eligible for Medicare. (effective 2014)
- The Community Living Assistance Services and Supports Act provision (CLASS program), a national voluntary long term care/disability insurance program funded by contributions through payroll deduction, will be implemented. (effective 2012)

AAA 1-B ADVOCACY POSITION

The Area Agency on Aging 1-B Advocacy Platform endorses the retention of provisions mentioned above that will benefit older adults and adults with a disability. Repeal of the entire legislation would remove benefits already conferred, and those scheduled to be implemented over the next several years. AAA 1-B stands in agreement with organizations such as National Association of Area Agencies on Aging, National Council on Aging, the Leadership Council of Aging Organizations, and the Michigan Olmstead Coalition in support of provisions which enhance the quality of life for older Americans and persons with disability.

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