



How People with Intellectual and/or Developmental Disabilities (I/DD) Benefit from the Affordable Care Act (ACA)

The ACA made significant progress in expanding access to health care for individuals with intellectual and/or developmental disabilities. Access to consistent and reliable healthcare is imperative for individuals with I/DD, and the ACA created much-needed reforms to health insurance, addressed systemic discrimination, and expanded coverage.

Expansions of Health Coverage and Long Term Supports and Services

The Arc has a history of supporting expanding Medicaid to cover more low income individuals and provide more flexibility within the program.

- The ACA allowed states to extend their Medicaid programs to childless adults earning up to 138% of the federal poverty level. This change has provided coverage to millions of people, including individuals with I/DD and other disabilities and chronic health conditions who were not otherwise eligible for Medicaid.
- The ACA provided federal money to support Medicaid expansion. The additional federal contribution to expanding Medicaid has helped more people access health care without harming the existing programs that provide supports and services to people with I/DD.
- Several provisions of the ACA were designed to assist states to rebalance their long term supports systems and invest in the community instead of costly and outdated institutions. These include the Community First Choice Option (CFC) and the State Plan Home and Community-Based Services Option (also known as 1915(k) and 1915(i)).
 - States utilizing 1915(k): California, Maryland, Montana, Oregon, Texas
 - States utilizing 1915(i): California, Colorado, Connecticut, Delaware, District of Columbia, Idaho, Indiana, Iowa, Louisiana, Maryland, Mississippi, Montana, Nevada, Oregon, Texas, Wisconsin

Selected Examples of Provisions of the ACA that Impact the Lives of Individuals with I/DD:

In addition to expansions of health coverage, the ACA provided important insurance requirements, nondiscrimination provisions, and long term supports and services expansions to ensure that everyone would have options for coverage.

1. Strong nondiscrimination provisions and health insurance reforms such as:
 - Banning the exclusion of people from health insurance coverage based on pre-existing conditions;
 - Preventing insurers from charging people with disabilities and health conditions significantly more for health insurance coverage; and
 - Eliminating annual and lifetime caps on health coverage.

2. Improving affordability of private health insurance through premium tax credits and cost-sharing assistance for low and moderate income individuals and eliminating medical underwriting;
3. Requiring a more comprehensive benefit package which includes rehabilitative and habilitative services and devices, mental health and substance abuse disorder services including behavioral health treatment, and critical prescription drug coverage;
4. Expanding access to health insurance in a number of important ways including:
 - Medicaid expansion to childless adults;
 - Expanding mental health parity provisions;
 - Requiring coverage for dependents until age 26;
 - Creating health insurance market places; and
 - Improving accessibility of medical diagnostic equipment; and
5. Expanding access to long term supports and services by:
 - Creating the Community First Choice Option allowing states to provide comprehensive participant-directed home and community based attendant services and supports as part of their state Medicaid plan;
 - Providing enhancements to the state plan home and community based services option;
 - Extending the Money Follows the Person Rebalancing Demonstration; and
 - Creating the Balancing Incentives Program to incentivize states to increase access to non-institutional LTSS.

Impact of ACA Repeal on Medicaid:

Repeal of the ACA would be devastating for all who have finally found coverage in the last seven years. In addition, repeal would undermine the basic health and long term supports provided by the Medicaid program.

- If the additional Medicaid expansion funding is repealed it will destabilize the Medicaid program in the 32 states that have expanded Medicaid.
- It will force states to make tough choices about eligibility and access to services and supports.
- It could cause substantial competition between diverse groups (children, people with disabilities, the elderly) for scarce resources.
- States would also be faced with how to finance the cost shift from the federal government to the states and may look to beneficiaries, family members, providers, and others to make up the difference.
- Significantly increased cost-sharing is not affordable for people with I/DD who receive Medicaid. Foregoing prescription drugs or other types of medical treatments will harm individuals and increase medical costs.

Maintain Access to Health Care

There are numerous other provisions in the ACA that are important to people with disabilities. The ACA has unquestionably improved access to care for people with disabilities and chronic conditions to help them live healthy, independent, and fulfilling lives. To eliminate the ACA or to eliminate the ACA without simultaneously replacing it with a functionally equivalent alternative, jeopardizes this progress and puts consumers' ongoing access to comprehensive, affordable coverage at risk. It is critical that the I/DD community is a part of any discussion about repeal and replace to ensure that any changes meet the needs of people with disabilities.