

The American Health Care Act of 2017: Senate Must Not Include House Bill Provisions Harming People with Disabilities

The House-passed version of the American Health Care Act (AHCA or HR 1628) failed people with disabilities (IDD) by not giving sufficient consideration to how its provisions would harm them. As the Senate prepares its own version of the AHCA, it cannot neglect the well-being of people with disabilities, their families or the disability service providers that support them. In assessing the current text of the AHCA, the Senate must consider that:

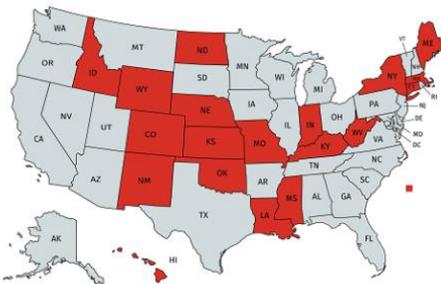
The acute workforce crisis in disability staff supports is worsened with the AHCA as written; the crisis has deep public health implications and contributes to larger waiting lists in states.

- There is a **45 percent national turnover rate** among Direct Support Professionals (DSPs), who offer front-line supports to people with disabilities (e.g. finding employment, getting ready in the morning, administering medication).
- Turnover is high because **Medicaid rates are too low for providers to be competitive employers** and they cannot negotiate rates. Staff often leave for other industries with better wages.
- Without enough employees, **providers cannot meet rapidly increasing demand for supports, leading to large in-state waiting lists and life-or-death complications for people with disabilities.**



Photo from ANCOR's national Cost of Compassion video.

States will be hurt by the AHCA as written and disabled and elderly programs will not be protected.



Data from NASBO.

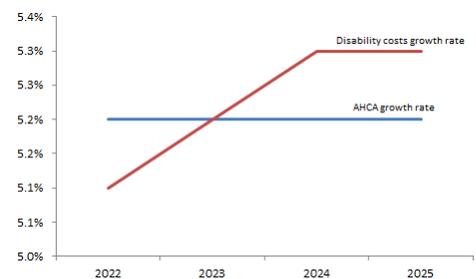
- While on paper the AHCA has a higher Medicaid reimbursement rate for the elderly and disabled than other populations, **there is no guarantee in the law that disability and elderly services would actually receive that funding.**

- By removing more than \$800 billion from Medicaid, the AHCA passes the financial burden of the program onto state budgets that are already strained. In fact according to NASBO, **in 2016, 19 states readjusted their budgets mid-way through the year, the majority of which because they did not have enough revenue to cover expenses.**

- **Reduced funding means states have to make hard decisions regarding eligibility or services provided**, with consequences for the well-being and economic status of people with disabilities and their families.

The AHCA would create a system of impoverishment for providers.

- According to MACPAC, the Medicaid growth rate in the AHCA's per capita caps proposal will continue to be lower than the expected growth rate of costs for services and supports.
- **Because Medicaid is the single largest source of funding for disability community supports, this means the AHCA would compel private providers to offer supports below cost. This would harm the quality and stability of services offered to people with disabilities.**



Data from MACPAC.

The AHCA causes harm to people with disabilities during childhood development when they have one of their greatest opportunities to thrive.

- **School districts rely on Medicaid to cover costs from special education programs** (e.g. physical therapists, school psychologists, speech-language pathologists and equipment).
- **The AHCA as written would allow states to not consider schools as eligible Medicaid providers**, which has deep ramifications for schools' abilities to help children with disabilities reach their full potential.

For solutions, please contact:

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