

End the Two-Year Wait for Medicare

Honorable Chairman Miller
22205 Rayburn House Building
U.S. House of Representatives
Washington, DC 20515

Honorable Chairman Rangel
2354 Rayburn House Building
U.S. House of Representatives
Washington, DC 20515

Honorable Chairman Waxman
2204 Rayburn House Building
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Miller, Chairman Rangel, and Chairman Waxman,

We applaud your leadership in proposing the Tri-Committee draft health care reform bill. It has many aspects that will make a huge difference to people with disabilities including (i) the new Health Insurance Exchange that will require health insurance to be offered and both premiums and coverage to be set regardless of pre-existing conditions; (ii) affordability credits; (iii) caps on out-of-pocket spending; and (iv) Medicare reforms to fill the donut hole in the Part D drug program, eliminate cost-sharing for preventive services and makes other improvements.

We write to express our concern that the discussion draft of health reform legislation from your committees does not eliminate the two-year waiting period for Medicare for people with disabilities. While we are heartened that the draft legislation provides new coverage options for people in the two-year waiting period through the proposed Health Insurance Exchange and through Medicaid expansion, we continue to believe that Medicare is the most appropriate vehicle for providing health coverage to people with disabilities.

The overriding goal of the Coalition to End the Two-Year Wait for Medicare is to ensure people with disabilities have affordable access to comprehensive, high quality health insurance coverage and care. While elimination of the waiting period remains our objective, our judgment on whether other legislative proposals provide such coverage for people with disabilities will be based on the following criteria:

Affordability: Two-thirds of people in the waiting period live below 200 percent of the federal poverty level. People in the waiting period with such limited incomes are the least likely to have private coverage and the most likely to be uninsured. Proposals that extend Medicaid coverage to people with disabilities living near the poverty line are the best way to ensure access to comprehensive,

affordable coverage to people with disabilities. Those living near poverty, but above the new Medicaid income thresholds, will require financial assistance to ensure premiums for high quality coverage do not consume a disproportionate share of income.

Over half of people in the waiting period are over 50 years old.¹ Without rules that prohibit, or strictly limit, discriminatory pricing of premiums on the basis of age, there is little guarantee that coverage for older adults in the waiting period will be affordable.

A substantial Medicaid expansion, together with appropriate premium subsidies on the Exchange and affordable premiums for all age groups may provide coverage that compares favorably with Medicare, which, because of current income and asset limits on low income assistance programs, leaves many low-income people with Medicare saddled with high out-of-pocket costs.

Comprehensive, High Quality Coverage: An actuarial standard for health benefits offered on an Exchange is, by itself, inadequate to ensure people with disabilities and other Americans have coverage that ensures affordable access to health care and financial protection against the high cost of medical care. All plans must include a comprehensive annual out-of-pocket limit on medical care and prescription drugs. These limits must be commensurate with the incomes of plan enrollees. Although the Medicare benefit now lacks an out-of-pocket limit, the proposed reforms included in your bill will help people with disabilities receive such protection through private Medigap plans.

We urge that coverage through the exchange guarantee access to the full range of medical services required by people with disabilities, such as prosthetics or durable medical equipment covered by Medicare. Without legislative language requiring coverage, and prohibiting arbitrary caps on specific benefits, an actuarial standard for coverage could still allow benefit caps or restrictions on services vital to people with disabilities

Without access to affordable, high quality comprehensive coverage, people with disabilities in the two-year wait for Medicare will continue to face insurmountable barriers to care and bankrupting out-of-pocket expenses. We are grateful for your leadership on health care reform and look forward to working with you in the coming weeks to help make such access a reality.

The Coalition, representing over 60 organizations of patient advocates and health care providers, is listed below.

¹ Social Security Administration, Awards to Disabled Workers, 2007

Advocacy for Patients with Chronic
Illness, Inc.
AIDS Action Baltimore, Inc.
Alzheimer's Association
American Academy of Neurology
Professional Association
American Foundation for the Blind
(AFB)
American Medical Rehabilitation
Providers Association (AMRPA)
American Network of Community
Options and Resources
(ANCOR)
Amputee Coalition of America
Amyloidosis Support Groups
Arthritis Foundation
Association for Frontotemporal
Dementias
Association of Programs for Rural
Independent Living (APRIL)
Barrier Free Living, Inc.
Bazelon Center for Mental Health Law
Breast Cancer Network of Strength
Brooklyn Center for Independence of
the Disabled
Center for Independence of the
Disabled in New York
Center for Medicare Advocacy
Children's Tumor Foundation
Coalition for Pulmonary Fibrosis
Easter Seals
Eastern Maine AIDS Network (EMAN)
Epilepsy Foundation
Friends of Jazz
Geriatric Mental Health Alliance of New
York
Harlem Independent Living Center
Hemophilia Federation of America
Hispanic Senior Action Council
HIV/AIDS Services for African Americans
in Alaska
HIVictorious, Inc.
Huntington's Disease Society of
America (HDSA)
Incontinentia Pigmenti International
Foundation
Institute for the Puerto Rican/Hispanic
Elderly, Inc.
Kennedy's Disease Association
Long Term Care Community Coalition

Lupus Foundation of America
Medicare Rights Center
Mental Health America
Mississippi Coalition for Citizens with
Disabilities
Missouri Disability Coalition for
Healthcare Reform
Myasthenia Gravis Foundation of
America (MGFA)
National Academy of Elder Law
Attorneys (NAELA)
National Alliance of State and Territorial
AIDS Directors (NASTAD)
National Alliance on Mental Illness
(NAMI)
National Association of People with
AIDS
National Association of State Directors
of Developmental Disabilities
Services (NASDDDS)
National Committee to Preserve Social
Security and Medicare
(NCPSSM)
National Down Syndrome Congress
National Health Council
National Multiple Sclerosis Society
National Organization of Rare Disorders
(NORD)
National Organization of Social Security
Claimants' Representatives
(NOSSCR)
National Patient Advocate Foundation
National Spinal Cord Injury Association
New Yorkers for Accessible Health
Coverage
NISH
North American Brain Tumor Coalition
(NABTC)
Paralyzed Veterans of America
Positive East Tennesseans
Rose F. Kennedy University Center for
Excellence in Developmental
Disabilities, Albert Einstein
College of Medicine
Southern Tier Independence Center
Special Needs Alliance
Syncope Trust and Reflex Anoxic
Seizures (STARS)
United Spinal Association
Village Care of New York