House Resolution 138 - Introduced

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HOUSE RESOLUTION NO.
           BY WHITEAD, FOEGE, SMITH, and GRANZOW
3 A Resolution urging implementation of disability=friendly
      principles for Iowa's health care coverage system. WHEREAS, a higher proportion of working adult
6 Iowans with disabilities do not have health care
 7 coverage as compared with the general population of
8 Iowans; and
     WHEREAS, the lack of portability in health
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10 insurance benefits often results in persons with 11 disabilities either being forced to remain in jobs to 1 12 retain health care coverage or to deliberately become 1 13 impoverished to become eligible for publicly funded 1 14 health care coverage; and

WHEREAS, as the average age of Iowans continues to 1 16 rise and health care coverage requirements become more 1 17 restrictive, many more Iowans are likely to either 1 18 become afflicted with a disability or otherwise 1 19 experience health care coverage problems now 1 20 experienced by persons with disabilities; and

WHEREAS, as the needs and challenges relating to 21 22 health care coverage have become increasingly 1 23 difficult to address, it is essential to adopt a set 24 of principles for the governor, the general assembly, 25 other policymakers, and businesses to apply in 1 26 addressing health care coverage needs of persons with 27 disabilities and other Iowans; NOW THEREFORE,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES, 29 That the governor, the general assembly, other 30 policymakers, and businesses are urged to apply all of 1 the following principles in addressing the health care 2 coverage needs of persons with disabilities and other

- 4 1. An individual is able to maintain stable health 5 care coverage despite changes in employment or 6 accumulation of personal assets so that working adults 7 with or without disabilities are not dropped from 8 coverage due to the extent of a disability or the 9 amount of service usage;
- 2 10 2. Health care coverage is available to 11 individuals at an affordable cost by using various 2 12 cost=control strategies which may include pooling to 2 13 share risks and costs over very large groups of 2 14 individuals and the pools include both those who are 2 15 generally healthy and those who have disabilities; 2 16
- 3. An individual's contributions for the cost of 2 17 health care coverage are based upon both the 2 18 individual's ability to pay and the extent of the 2 19 applicable employer or public contribution to the 2 20 cost;
 - 4. Health care coverage is made both physically 22 and cognitively accessible for all Iowans and the use 23 of limitation measures such as exclusions of 24 preexisting conditions is curtailed;
- 5. The range of available health care coverage is 2 26 made broad enough to cover an appropriate range of 27 benefits, including but not limited to medications, 28 mental health treatment, preventive services, personal 29 health items, and special equipment. Coordination of 30 care and benefits among multiple providers is used so 1 that the needs of persons with disabilities are not 2 met through a system of second=class care;
- 6. The eligibility determination requirements used 4 for publicly supported health care available to 5 persons with disabilities is separated from the 6 requirements for other publicly supported benefits 7 available to such persons so that persons with 8 disabilities are not forced to become impoverished or 3 9 remain in poverty in order to secure health care 3 10 coverage and can instead purchase health care coverage 3 11 based on sliding fee scales or other flexible buy=in 3 12 options; and

7. The transition between the health care coverage 14 for children with disabilities and the coverage for 15 adults with disabilities is coordinated in order to 16 prevent gaps in care. The transition between the 17 coverage available through publicly supported programs 18 and private insurance is made seamless so that persons 19 with disabilities are able to pursue productive 20 employment and build personal assets; and 21 BE IT FURTHER RESOLVED, That the House of 22 Representatives finds that applying these principles 23 and providing better health care access for persons 24 with disabilities and other Iowans will result in 25 prevention of new health problems or secondary 26 conditions, reduce adverse medication effects, improve 27 preventive services and continuity of care, and 28 support greater independence for persons with 29 disabilities and other Iowans. 310 LSB 6605HH 82 1 jp/nh/14