

Prevention of Disabilities Policy Council

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December 18, 2007

Senator Jack Hatch, Co-Chair
Representative Ro Foege, Co-Chair
Legislative Commission On Affordable Health Care
For Small Businesses and Families
Iowa State Capitol
Des Moines, IA 50309

Dear Senator Hatch and Representative Foege:

As the Commission on Affordable Health Care Plans for Small Businesses and Families prepares their recommendations, the Iowa Prevention of Disabilities Policy Council urges the inclusion of measures which will assure equal access for Iowans with disabilities. Attached please find a "Statement of Principles" which identifies some of the critical issues, rights and needs of people with disabilities. Many of the ideas in this document are the findings from the *Forum on Access to Health Care for Iowa Adults with Disabilities*, which was convened by the Council on November 30, 2007. Subsequently, the Prevention of Disabilities Policy Council reviewed and approved these principles for submission to the Commission.

It is intention of the Council to use these principles as a framework for our examination of the state's health care system and for any plans to address reform of that system. As the Commission has observed, reforming our health care system is a complex endeavor. We believe establishing fundamental principles provides a mechanism to evaluate any proposed changed according to a range of possible factors. The Council also stands ready to discuss any of these ideas further if the Commission would like more information. As an example, one of our principles identifies assuring seamless transitions for adults with disabilities a key element of health reform. This principle was addressed at the Forum on November 30th, by the Director of the Department of Human Services, Kevin Concannon, who discussed the possibility of designing a creative blending of Medicare and Medicaid funding to help eliminate gaps in coverage for people with disabilities. Creating seamless transitions among health care funding sources is clearly a major priority for Iowans with disabilities, especially if we want to prevent complications from "secondary conditions," improve preventive care, and minimize adverse medication effects.

Thank you very much for the work you have done in reviewing our state's needs for health care. We look forward to a long term solution that addresses the needs of all, including the special needs of those with a disability.

Sincerely,

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Iowa Prevention of Disabilities Policy Council
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cc: John Hedgecoth
Kevin Concannon
Eugene Gessow

Providing Affordable and Accessible Health Care for Iowans with Disabilities: A Statement of Principles

*Iowa Prevention of Disabilities Policy Council
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Although all Iowans deserve access to quality, affordable health care, the needs of people with disabilities are especially challenging. Compared to people *without* disabilities, people *with* disabilities receive less preventive care, experience more adverse drug events, use more emergency and inpatient services, and forego more needed health services because they cannot afford them. Findings from the 2006 Iowa BRFSS survey show the following:

- While roughly 12% of Iowa's working age adults without disabilities reported that they did not have any health care coverage, nearly 17% of those with disabilities indicated that they had no coverage.
- Just over 6% of Iowa's working age adults without disabilities reported that they were unable to see a doctor in the last year because of cost; however, the rate was nearly 18% for those with a disability.

Lacking any guarantee of portability in insurance coverage if their jobs change, their employer changes insurers, or they must reduce their work hours because of their health, persons with disabilities are often forced into poverty and must remain unemployed or under-employed in order to maintain publicly funded coverage. They must often make a choice between productive employment or becoming and staying poor to maintain basic health coverage. This dilemma should not be tolerated and represents an ongoing threat to the independence, human rights, self-sufficiency, and ability to participate fully in society for Iowans with disabilities.

These issues were the focus of the Prevention of Disabilities Policy Council *Forum on Access to Health Care for Iowa Adults with Disabilities* on November 30, 2007. As a product of input received from those affected by disabilities, the Council urges the Iowa Legislative Commission on Affordable Health Care Plans for Small Businesses and Families to consider the following principles as essential to meet the needs and rights of Iowa citizens with disabilities:

1. **Stability and Portability** – Stable health care coverage should be possible despite a change in job or accumulation of personal assets. Working adults with disabilities should not be dropped from coverage due to extent of disability or use of services.

2. **Affordability** – The establishment of reasonable cost to the individual for their health care needs should be facilitated through strategies such as pooling to share risks and costs among large groups of healthy and disabled individuals. Individuals would contribute based on ability to pay and extent of employer or public contribution (when applicable).
3. **Access** – Care must be physically and cognitively accessible for all. Additionally, “pre-existing conditions” should not be used to exclude persons from coverage.
4. **Quality** – Coverage must be comprehensive enough to cover an appropriate range of necessary services (including medication, mental health, and prevention services, as well as health items and special equipment) and must not create a system of second-class care for people with disabilities. Coordination of care among multiple providers is essential to assuring quality and controlling costs.
5. **Eliminate the “Poverty Penalty”** – Establishing “disability” status for publicly supported health care should be separated from “disability” determination for other government benefits. Individuals should not have to become poor or stay poor to be covered. Individuals would be eligible for Medicaid or Medicare coverage if they meet income/asset criteria, but would have other options for health care financing based on a sliding payment scale and flexible buy-in options.
6. **Seamless Transitions** – The transition from coverage for children with disabilities to adult coverage must not allow gaps in care. Transitions should also be seamless between publicly funded programs (such as Medicare and Medicaid) and privately funded insurance as people with disabilities pursue productive employment and build personal assets, thus reducing the need for public assistance while still retaining a health care “safety net.”

The Council believes that many of the basic principles that guide affordable health care for people with disabilities would benefit people *without* disabilities as well. Also, as people “age into disability,” more and more Iowans will need to depend on a health care system based on these principles. For these reasons, the Iowa Prevention of Disabilities Policy Council urges the development of a health care system that is “disability friendly,” respecting and responding to the needs of all Iowans with disabilities. Better health care access for people with disabilities should result in prevention of new health problems or “secondary conditions,” reduction in adverse medication effects, increases in prevention services and continuity of care, and greater independence for Iowans with disabilities.