

The recently passed Health Care Reform Act includes several provisions that will affect people with disabilities and their families. Many details have yet to be worked out and numerous organizations are working to develop more authoritative information and a timeline for implementation of the various provisions of the Act, however, the TATRA Project developed the following list of provisions of interest to families of children and youth with disabilities.

- Insurance companies are prohibited from excluding coverage to children based on pre-existing conditions. *Effective 6 months after enactment. Beginning in 2014, this prohibition would also apply to adults.*



- Parents have the option of keeping adult children on their insurance plans until age 26. *Effective 6 months after enactment.*
- New plans may not charge copayments for preventive services. *Effective 6 months after enactment*
- Medicare beneficiaries will not be charged co-payments for preventive services and preventive services are exempted from deductibles under the Medicare program. *Effective January 1, 2011.*
- Insurance companies cannot drop people from coverage when they get sick. *Effective 6 months after enactment.*
- A standardized annual out-of-pocket spending limit would be established so that no family would face bankruptcy due to medical expenses. *Effective 6 months after enactment.*
- Annual and lifetime caps cannot be required in private insurance policies. *Effective 6 months after enactment.*
- A temporary subsidized high - risk pool to provide insurance to Americans who are uninsured because of a pre-existing condition will be established. *Effective in 2010.*
- Increases funding for Community Health Centers to increase the number of patients they can serve. *Effective beginning in fiscal year 2011*

Disability advocates also worked to have the provisions below included in the Act. However, major benefits of the law do not kick in until 2014.

- increase the federal share of Medicaid for personal attendant services; allowing states to cover these services under the state's optional service plan instead of through the waiver system
- increase the federal share of Medicaid to increase the use of home and community based services (HCBS) by under-performing states
- allow States to offer additional services under the 1915(i) Medicaid HCBS Waivers State Plan Option.
- create a national long term services insurance program to assist eligible individuals and their families to meet long term needs without forcing them into poverty to receive Medicaid benefits; provide spousal impoverishment protections for HCBS Beneficiaries.
- Require the Centers for Medicare and Medicaid Services to collect data on the access to primary care services of beneficiaries with disabilities

PACER's **Family to Family Health Information Center** will be providing updated information as it becomes available.

The following online sources were consulted to compile this information:

The Arc:

www.streetinsider.com/Press+Releases/The+Arc+Applauds+House+Passage+of+Health+Care+Reform+Legislation/5461255.html

Autism Society

www.autism-society.org/site/PageServer?pagename=vote4autism_federallegislationpage

Disability Scoop www.disabilityrightsoregon.org/the-dro-blog/health-care-reform-bill-passes

Kaiser Foundation www.kff.org/healthreform/8023.cfm

Life Without Limits www.lifewithoutlimits.org/site/MessageViewer?em_id=18001.0

whitehouse.gov: www.whitehouse.gov/health-care-meeting/proposal and www.whitehouse.gov/healthreform/immediate-benefits

Huffington Post www.huffingtonpost.com/2010/03/22/health-reform-bill-summary_n_508315.html?slideshow_rating=10&x=39&y=9#s75228