Affordable Care Act for Americans with Disabilities

A BRAND NEW DAY FOR ACCESSIBLE, AFFORDABLE HEALTH INSURANCE AND AN ENHANCED COMMITMENT TO COMMUNITY LIVING

Eliminates Insurance Company Discrimination

- As of September 23, 2010, health plans cannot limit or deny benefits or deny coverage outright for a child younger than age 19 simply because the child has a “preexisting condition.” In 2014, the Act will prohibit insurance companies from denying coverage or charging more to any person based on their medical history.

- As of September 23, 2010 the Affordable Care Act prohibits health plans from putting a lifetime dollar limit on most benefits you receive. The Act also restricts and phases out the annual dollar limits a health plan can place on most of your benefits—and does away with these limits entirely in 2014.

- As of September 23, 2010, the new law helps make wellness and prevention services affordable and accessible to you by requiring health plans to cover many preventive services without charging you a copayment, coinsurance, or deductible.

- On July 1, Secretary Sebelius announced the establishment of the Pre-Existing Condition Insurance Program to provide coverage for eligible Americans who have been uninsured for six months because of a pre-existing condition. This program helps build a bridge to 2014, when Americans will have access to quality, affordable care in health insurance Exchanges.

Greater Choices and Enhanced Protections for Americans with Disabilities

- Allows Individuals to Stay on Parents’ Plan until Age 26: Health plans that cover children must make coverage available to children up to age 26. By allowing them to stay on a parent’s plan, the Affordable Care Act makes it easier and more affordable for young adults to get or keep health insurance coverage.

- Expands the Medicaid Program: Expands the Medicaid program to more Americans, including people with disabilities. States have the option to expand their programs now, and the program will be expanded nationwide in 2014.

- State-based health insurance Exchanges will be established to provide families with the same private insurance choices that the President and Members of Congress will have, to foster competition and increase consumer choice.

- One-Stop Shopping and Accessibility: The new Exchanges will supply easy to understand, standard, accessible information on available health insurance plans, so people can compare and easily identify the quality, affordable option that is right for them.
• **Out of pocket limits:** Going forward, plans in the health insurance Exchanges and all new plans will have a cap on what insurance companies can require beneficiaries to pay in out-of-pocket expenses, such as co-pays and deductibles.

**New Options for Long-Term Supports and Services**

• **Extends the successful Money Follows the Person Program** through 2016 with an additional $2.25 billion in funding. Supports continuation of program in participating states and extension of MFP to new states seeking to rebalance their long-term care systems. Expands definition of eligible individuals.

• **Improves Medicaid Home-and-Community-Based Services (HCBS) option.**

• **Creates Community First Choice Program:** Effective October 1, 2011, a new Medicaid State Plan option called Community First Choice will launch, giving states a 6% enhanced match so that they can offer community-based attendant services and supports alongside nursing home and institutional services for eligible persons with disabilities. Community First Choice will require states to make such services and supports available to individuals under a person-centered plan of care to assist them in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks.

• **Incentives for States to Offer Home and Community-Based Services as a Long-Term Care Alternative to Nursing Homes:** Effective October 2011, $3 billion in enhanced Medicaid matches will be available to states that now fund less than 50% of long-term services in home and community based settings, if they achieve targets set for increasing HCBS by October 2015.

**Assuring Accessible, Quality, Affordable Health Care for People with Disabilities**

• **Preventive Care for Better Health:** Invests in prevention and public health to encourage innovations in health care that prevent illness and disease before they require more costly treatment.

• **Accessible Examination Equipment:** Improves access to medical diagnostic equipment so people with disabilities can receive routine preventive care and cancer screenings by establishing exam equipment accessibility standards. These standards will be set by the Food and Drug Administration and the Access Board.

• **Health Disparities:** Improves data collection on health disparities for persons with disabilities, as well as training and cultural competency of health providers.

• **Improves Care for Chronic Disease:** Invests in innovations such as medical homes and care coordination demonstrations in Medicare and Medicaid to prevent disabilities from occurring and progressing and to help the one in 10 Americans who experiences a major limitation in activity due to chronic conditions.