

MEDICARE ACCESS TO REHABILITATION SERVICES ACT OF 2017

STATEMENT OF ISSUE

Medicare Access to Rehabilitation Services Act of 2017, the outpatient therapy services cap repeal legislation.

DISCUSSION AND BACKGROUND

The bills, H.R. 807 and S. 2531, the Medicare Access to Rehabilitation Services Act of 2017, enjoy bipartisan support.

Individuals with brain injury, spinal cord injury, stroke, amputation and other serious and chronic conditions often need intensive and ongoing rehabilitation care to improve their health, maintain their functional abilities, and prevent deterioration of function.

Outpatient rehabilitation therapy is a critical component of an overall plan of care for many Medicare beneficiaries and help such individuals live independently in their homes and communities, rather than being institutionalized. For individuals with chronic conditions, outpatient therapy services are vital to avoiding unnecessary and expensive acute care visits and preventing secondary conditions.

The National Rehabilitation Association believes that therapy caps are completely arbitrary and harm beneficiaries most in need of rehabilitation.

RECOMMENDATION:

The National Rehabilitation Association believes that outpatient therapy services should be administered in the best interests of individuals needing rehabilitation, rather than based on arbitrary limitations on coverage.

We, therefore, strongly support the bipartisan Medicare Access to Rehabilitation Services Act of 2017.

THE IMPORTANCE OF CONCURRENT SOCIAL SECURITY DISABILITY INSURANCE AND UNEMPLOYMENT BENEFITS TO INDIVIDUALS WITH SIGNIFICANT DISABILITIES

STATEMENT OF ISSUE:

The Social Security Disability Insurance Program (SSDI) and the Unemployment Insurance Program (UI) were established for different purposes and largely service different populations. UI insures workers against the loss of a job through no fault of their own.

SSDI, a lifeline program for individuals with disabilities, insures workers in the event of a significant disability that prevents the worker from engaging in substantial gainful activity (SGA).

According to a Government Accountability Office (GAO) report, less than 1 percent of individuals served by SSDI also receive UI benefits.

BACKGROUND AND DISCUSSION:

Encouraging SSDI beneficiaries to return to work has long been a cornerstone of bipartisan Congressional policy. The Social Security Administration (SSA) permits SSDI beneficiaries to participate in work in incentives programs, such as trial work periods, without losing their benefits. Penalizing individuals with disabilities who are attempting to work but are laid off through no fault of their own (and are eligible to receive unemployment benefits) may have the unintended consequence of discouraging attempts to return to work.

Like all Americans, SSDI beneficiaries who work seek greater economic security for themselves and their families. To qualify, SSDI beneficiaries must meet some of the strictest standards in the world.

At the same time, some individuals with significant disabilities who receive SSDI may be able to work part-time. Beneficiaries who are eligible to participate in SSDI and UI should be able to collect from both programs without penalty, if they meet the eligibility requirements and have lost their job through no fault of their own.

RECOMMENDATION:

The National Rehabilitation Association strongly supports all individuals with disabilities, including those with significant disabilities, who want to work.

The National Rehabilitation Association opposes any attempt to deny individuals with significant disabilities who lose their job through no fault of their own from receiving unemployment benefits, just like their non-abled peers do.

The National Rehabilitation Association is opposed to any attempts to deny individuals with significant disabilities from collecting UI if, through no fault of their own, an SSDI recipient loses his or her job.

THE WAY FORWARD ON PRESERVING HEALTH CARE FOR ALL AMERICANS

The United States of America is widely thought to be the greatest country in the world and with that accolade comes the concomitant commitment to provide policies and legislation to all Americans that are inclusive, thoughtful, fair and affordable.

Inclusion has always been and continues to be one of the hallmarks of the disability community which lives by the adage: "Nothing about us, without us."

DISCUSSION AND BACKGROUND

On Friday, March 24, 2017, the bill to repeal and replace the Affordable Care Act, H.R.1628, The American Health Care Act of 2017, was pulled from consideration on the U.S. House of Representatives' Floor by the President and the Leadership in the Republican party because this bill did not have the requisite votes to pass on the House Floor.

To this day, the Affordable Care Act (also known as Obamacare) remains the law of the land.

One of the many reasons why H.R. 1628, the repeal and replace bill, dissolved was that this bill was put together much too hurriedly, was done behind closed doors, was not bipartisan, and quite frankly, frightened millions of Americans who had health care for the first time in their lives under the Affordable Care Act.

The Medicaid portion of the failed repeal and replace bill, which called first for the block granting of Medicaid, and later would have instituted per capita caps on the program, (1) would have changed the way pre-existing conditions were interpreted in the ACA to one that would have instituted "high risk" insurance pools, which had been tried before and failed, (2) would have had a devastating impact on Medicaid expansion in the States, and (3) would have had a disastrous impact on Americans who depend on the ACA for their health insurance.

The great Supreme Court Justice, Louis Brandeis, said "Sunlight is the best disinfectant." He was right.

The disability community strongly believes in transparency, in productive partnerships when making policy or drafting legislation, and that all Americans must be part of that process.

RECOMMENDATION

The National Rehabilitation Association respectfully requests that if the Affordable Care Act is to be revisited in the future that any changes to the ACA be open, bipartisan, incremental, thoughtful, and inclusive of the many stakeholders involved in the process.

We, in the National Rehabilitation Association, stand ready to assist in any way we can should the Affordable Care Act be revisited and we want to offer our expertise on these important issues as a resource, going forward.