

The Next Big Challenge

Protecting
Medicaid and
the Affordable
Care Act

4/12/17



Joint Developers/Sponsors of this Webinar



The Wisconsin Long-Term Care Coalition

Keep Our Care at Home



**Wisconsin Board for People
with Developmental Disabilities**

Your Presenters

Lisa Pugh, Exec. Director
The Arc Wisconsin



Lynn Breedlove, Co-Chair
WI Long-Term Care Coalition



What Happened in March and early April

- Congress and the Trump Administration introduced the American Health Care Act (AHCA) to repeal and replace the Affordable Care Act (ACA), and make big cuts in the Medicaid program
- Due to opposition from the public, and House members of both parties, the bill was withdrawn on March 24
- In early April, Pres. Trump announced that he wants to bring a new bill to Congress after the members return to D.C. from spring break
- Speaker Paul Ryan say there is a Republican Study Committee working on the new version;
- Last week = rumors of bringing a bill back for a vote, instead leaders added an amendment; Members told to “interact with constituents” on break (April 10-21) and be prepared to return to DC to vote at any time.
- **So this fight isn't over! We need to act now!**

ACA/Obamacare Overview



- Passed in 2010; most provisions in effect by 2014
- Creation of health insurance exchanges in all 50 states
- Households with income 100%-400% of Federal Poverty Level (FPL) get subsidies for coverage on the exchanges
- Employer mandate (if 50+ employees): provide coverage or pay a tax
- Individual mandate: buy insurance or pay a penalty
- Unpopular taxes on individuals and employers paid for much of the law
- Impact: 24 million more people with health insurance by 2016

Benefits of the ACA to People with Disabilities

- Can't be denied coverage or lose coverage because you have a disability
- Can't be charged high premiums because of your health status
- No annual or lifetime caps on coverage
- Dependents stay on parents' insurance until 26
- "Essential Health Benefits" required in all plans
- A cap on a family's out-of-pocket annual medical expenses



“Essential Health Benefits” Requirement in the ACA

- Ambulatory (outpatient) services
- Emergency services
- Hospitalization
- Maternity and newborn care
- **Mental health and substance abuse services**
- **Autism therapy**
- **Prescription drugs**

- **Rehabilitative and habilitative services and devices**
- Laboratory services
- Preventive and wellness services
- **Chronic disease management**
- Pediatric services including oral and vision care

Which people with disabilities and caregivers benefit from the ACA?

- Anyone with a pre-existing condition
- Children with disabilities in families with private health insurance
- People in the Medicare waiting period (about 1.5 million in any given year)
- People who do not qualify for SSI either due to level of disability or income
- Low-wage workers with disabilities, direct care workers, and family members without access to employer-sponsored health insurance
- Dependents under age 26 without access to insurance

Basics of House GOP AHCA proposal

- Repeals taxes & removes individual mandates and penalties (the individual market will remain skewed with sicker people who cost more)
- Creates Per Capita Caps for various sub-populations
- Health Savings Accounts (for people who have enough \$ to use them)
- State Innovation Grants
- New High Risk Pools (expensive, limited coverage, annual coverage limits)
- **The next proposal will likely contain many of the same features**

Latest Amendment to the AHCA

- **Essential Health Benefits:** Would give states the option to waive EHB. (Without a requirement that basic services be included in the health plans, insurers are likely to drop coverage of therapies or medications that would support people with more health care needs.)
- **Changes to Pre-existing Conditions Protections:** Would allow states to waive the requirement for community rating. This would allow the insurance companies to decide what to charge people with pre-existing conditions.

Congressional Budget Office Summary of AHCA (3/13/17)

- CBO Estimate: Federal Medicaid funding to states will drop by \$880 billion (25% less than current law) over the next decade
- Medicaid Per Capita Caps will be in effect by 2020.
- Actual Medicaid costs will grow faster than federal reimbursement levels under the Per Capita Caps . States would have to choose whether to add extra state money to fully support their Medicaid programs and services, or reduce spending by cutting payments to providers, eliminating optional services, restricting eligibility, or (if feasible) delivering services more efficiently
- **CBO prediction: states would adopt a mix of these approaches, resulting in federal savings (and reduced Medicaid eligibility, services, and provider payments in states)**

Wisconsin's Medicaid System



- 1.2 million Medicaid recipients (1 in 5 Wisconsinites), including people with disabilities, children in low income families, older adults, and "the working poor"
- Wisconsin's Medicaid plan includes almost all of the "optional services" (e.g. prescription drugs, physical therapy, occupational therapy, speech therapy, personal care, inpatient mental health services)
- Medicaid is a federal-state partnership: 60% federal funding + 40% state funding

Medicaid Provides Funding for More than 20 Wisconsin Programs

What Medicaid-Funded Services do you use?

- Personal Care
- Job Coaching
- Prescriptions
- Day Services
- Transportation
- Respite
- Therapy



WI Medicaid System (1.2 million recipients)

Enrollment in Selected Programs

State population(2016): 5,779,000

Badger Care Plus (1/17)	Senior Care (1/17)	Family Care (9/16)	Family Care Partnership (9/16)	IRIS (11/16)	MAPP (1/17)	Children's LTS Waiver	Institutions (1/17)	Elderly, Blind and Disabled Coverage (during 2015-2016)	
791,470	91,501	44,032	2997	13,000	28,816	6035	15,652	231,213	

Medicaid Block Grants or Per Capita Caps

- Block grants or per capita caps are a strategy to control/reduce federal Medicaid spending in future years
- Likely features of block grants or per capita caps:
 - more authority and flexibility for states (including flexibility to change eligibility)
 - less accountability re how states run their Medicaid system
 - suspension of many current Medicaid regulations
 - Loss of entitlement for some people and/or services

Per Capita Caps

- A Per Capita Cap (PCC) would implement a limit on average federal Medicaid spending
- It would not limit federal spending for any specific enrollee, but would instead limit the total funding for a group of people, e.g. children with disabilities:

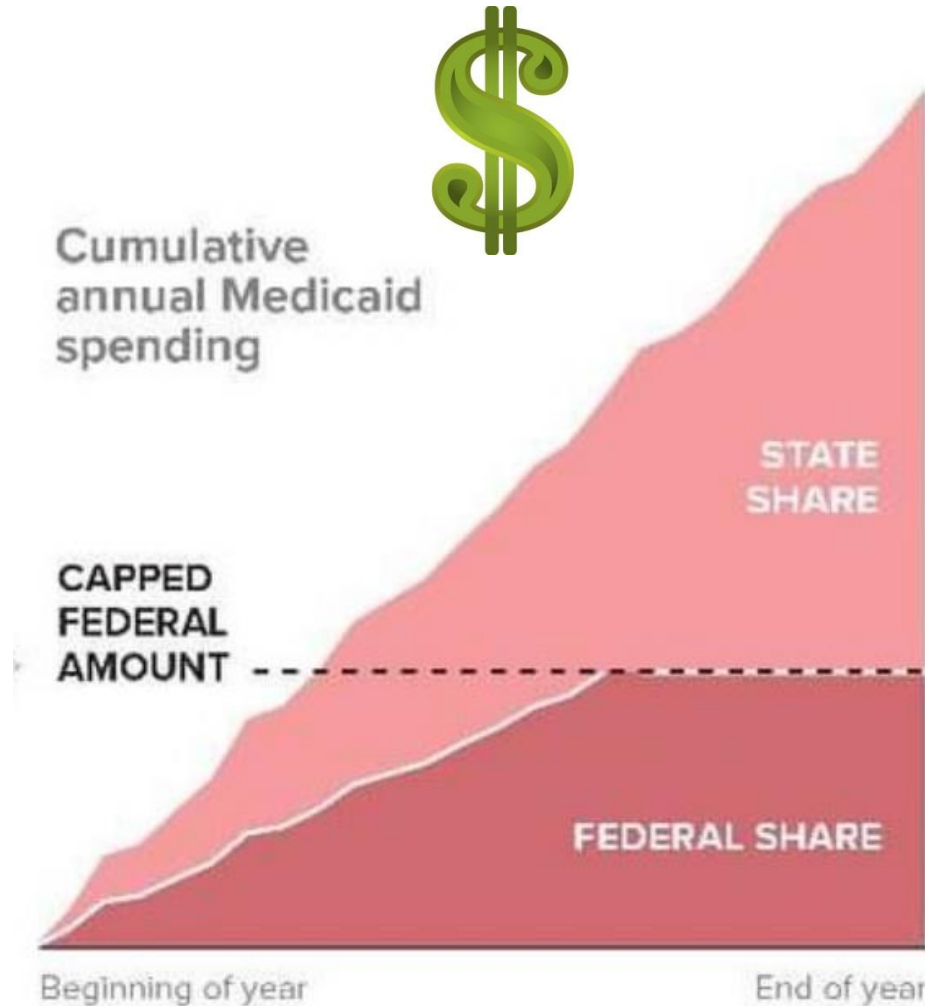
Per Capita Cap \times # people = Total
Amount of \$ to serve those people

- Governors pressuring Congress for PCCs instead of block grants so states would get federal increases if # eligible people increases



Federal Share of Total Medicaid Costs Would Now be Capped

Graphic credit: Politico



Potential Impacts of Medicaid Changes

- Return to wait lists for Family Care, IRIS, Children's LTS waivers?
- Return to a "divided entitlement", i.e. right to nursing home care but wait lists for community care? Increase in institution admissions?
- Eliminate some "optional services"? Eliminate \$ for MA school services?
- Across-the-board cuts to all programs?
- Cut family Care capitation rates and overall state budget for IRIS?

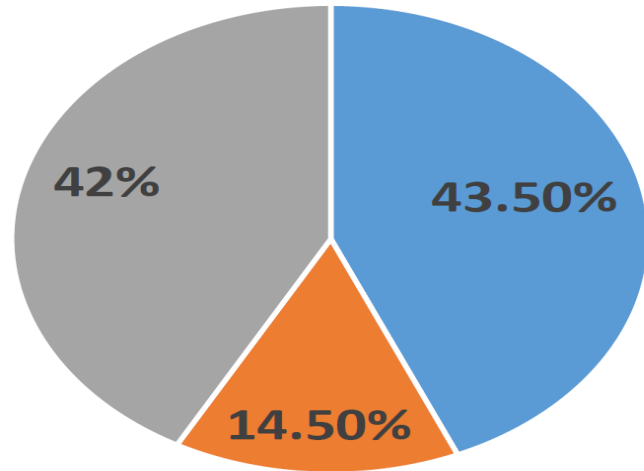


“More Flexibility”: the biggest argument for changing Medicaid. Our response...

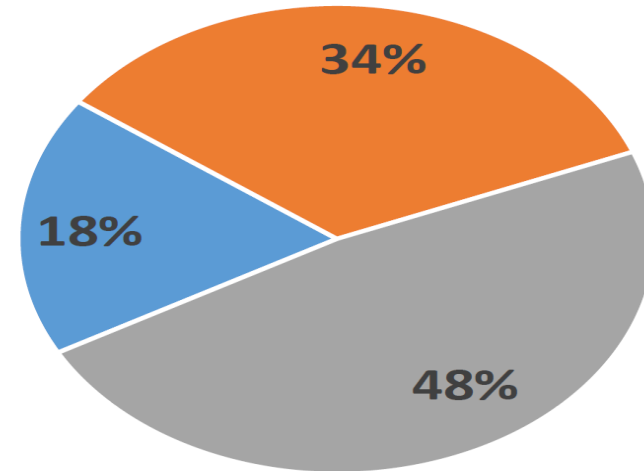
- Medicaid is already flexible; Wisconsin has used that flexibility to continually refine programs and increase cost effectiveness
- 27 Medicaid services are optional (vs. 16 mandatory); each state has flexibility to pick and choose services for their state; and 60% of federal funding is spent on optional services
- States can specify eligibility for each program (this gives states the ability to design customized programs and limit enrollment)

Passing the Buck to State Taxpayers

Current Federal Funding WI Receives



How WI Currently Spends State Tax \$



The blue pie slice on the right will have to make up for a major cut to the blue slice on the left in order to keep our current Medicaid programs.

■ Medicaid ■ K-12 Education ■ All Other

Make your Message Clear and Personal

“Per Capita Caps will mean...

...we will lose our respite care”

...I will end up in a nursing home”

...I will lose my job coach and then lose my job”

...I won't be able to live in my own apartment anymore”

...I will get inadequate health care and end up in the hospital”

...My son's school could lose Medicaid funding for school services”

(You finish the sentence to fit your situation)

Advocacy Strategy for Wisconsin House Members and U.S. Senators

1. DAILY CALLS AND EMAILS

- Keep the drumbeat until Congress takes final action.
- A focused message with key talking points
- Keep asking Congress and their staff "self-educating questions" (that require learning about Medicaid)

2. ASK FOR A MEETING: Be Persistent

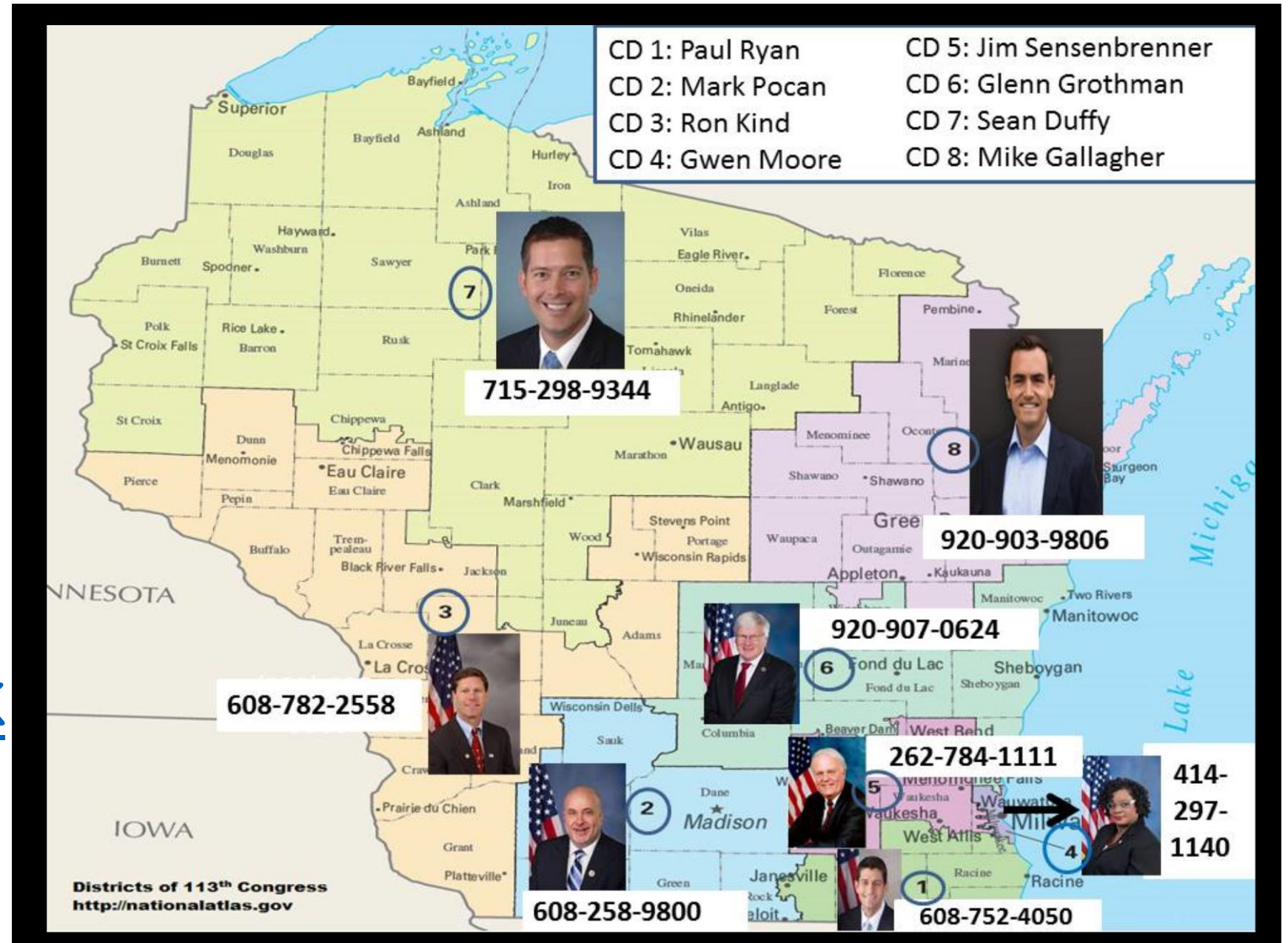
3. ORGANIZE OR JOIN A TEAM



Ask to Meet
this Week!

If you don't
know who
your rep is:

[www.govtrack
.us/Congress/
members](http://www.govtrack.us/Congress/members)



Meet Your Conveners: Join an initial conference call for your Congressional District

- District 1 (**Ryan**): Courtney Waller, Mary Cerretti
- District 2 (**Pocan**): Katy Morgan Davies; Beth Swedeen
- District 3 (**Kind**): Jeff Lund; Jason Endres; Ruth Adix; Tricia Thompson
- District 4 (**Moore**): Nancy Gapinski; Theresa Barnes; Tracy Hedman
- District 5 (**Sensenbrenner**): Robbin Thomas Lyons; Marion Holmberg; Meg Steimle; Julie Burish
- District 6 (**Grothman**): Sara Christensen; Laurie Develice
- District 7 (**Duffy**): Emily Flood; George Zaske; Mary Karlen
- District 8 (**Gallagher**): John Jahnke; Harriet Redman

Join a Planning Call for Your Area

Congressional District Strategy

Initial Convening Calls: Call 866-740-1260 Access code - 2321114

- [1st District Medicaid Advocates: Ryan](#): Thursday, 6PM
- [2nd District Medicaid Advocates:Pocan](#): Thursday, 7PM
- [3rd District Medicaid Advocates:Kind](#): Friday, 9 AM
- [4th District Advocates](#): Friday, 8 AM
- [5th District Medicaid Advocates:Sensenbrenner](#): Thursday, 3PM
- [6th District Medicaid Advocates:Grothman](#): Friday, 1PM
- [7th District Medicaid Advocates:Duffy](#): Friday, Noon
- [8th District Medicaid Advocates:Gallagher](#): Thursday, 8:15 AM

Join Your District Action Team

Search for your closed District page on Facebook:

_th District Medicaid Advocates: (Name of Rep)

The screenshot shows a Facebook group page for "8th District Medicaid Advocates". At the top, a red banner reads "A Threat to Medicaid is a Threat to...". Below this, the group name "8th District Medicaid Advocates" is displayed with the subtitle "...More than 20 Wisconsin Programs". The group is marked as a "Closed Group". Navigation tabs include "Discussion", "Members", "Events", and "Photos". A search bar for the group is present. The "Write Post" section is visible with options to "Add Photo/Video", "Add File", and "More". The "RECENT ACTIVITY" section shows a post by John Jahnke about an appointment with Congressman Gallagher, and a post by Lisa Krueger Pugh asking for a convener. The right sidebar contains "ADD MEMBERS" (with a search bar), "MEMBERS" (7 Members, 5 new), "SUGGESTED MEMBERS" (Erin Miller, Gloria Krueger, McKenna Pugh), "DESCRIPTION" (This group was created to connect advocates in Wisconsin's 8th C...), "TAGS" (Add Tags), and "LOCATION" (Add Location).

Scheduled Town Halls

Congressman Jim Sensenbrenner (R-5)

Thursday, April 13th

10:00am Johnson Creek Village Hall, 125 Depot Street

10:45am Helenville Fire Hall, N4737 Helenville Road

11:30am Sullivan Village Hall, 500 Madison Avenue

1:00pm Palmyra Village Hall, 103 Jefferson Street

Saturday, April 29th

9:00 AM Oconomowoc City Hall, 174 E. Wisconsin Ave.

1:00 PM Fort Atkinson Public Library, 209 Merchants Ave.

Sunday, April 30th

1:00 Whitewater Municipal Building, 312 W. Whitewater St.

Congressman Mark Pocan (D-2)

Thursday, April 13

5:30 p.m. UW-Madison campus

Dejope Residence Hall, 640 Elm Drive

Madison

Congressman Glenn Grothman (R-6)

Tuesday, April 18th

8:45 am Felician Village Hall,

1635 S. 21st St., Manitowoc

U.S. Senator Ron Johnson

OFFICE LOCATIONS



Milwaukee Office

517 East Wisconsin Avenue
Suite 408
Milwaukee, WI 53202
Phone: (414) 276-7282
Fax: (414) 276-7284

Oshkosh Office

219 Washington Avenue
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Phone: (920) 230-7250
Fax: (920) 230-7262

US Senator Tammy Baldwin

Office Locations

EAU CLAIRE [Directions](#)

402 Graham Street, Suite 206
Eau Claire, WI 54701-2633
Phone: (715) 832-8424

GREEN BAY [Directions](#)

1039 W. Mason, Suite 119
Green Bay, WI 54303
Phone: (920) 498-2668

LA CROSSE [Directions](#)

205 5th Avenue South, Room 216
La Crosse, WI 54601
Phone: (608) 796-0045

MADISON [Directions](#)

30 West Mifflin Street, Suite 700
Madison, WI 53703
Phone: (608) 264-5338

MILWAUKEE [Directions](#)

633 W. Wisconsin Ave, Suite 1920
Milwaukee, WI 53203
Phone: (414) 297-4451

WAUSAU [Directions](#)

2100 Stewart Avenue, Suite 250 B
Wausau, WI 54401
Phone: (715) 261-2611



OPTIONAL: Contact Members on Social Media

Speaker of the House Paul Ryan

Facebook:

<https://www.facebook.com/speakerryan>

Twitter: @SpeakerRyan

Mark Pocan

Facebook:

<https://www.facebook.com/repmarkpocan>

Twitter: @repmarkpocan

Ron Kind

Facebook:

<https://www.facebook.com/repronkind>

Twitter: @RepRonKind

Gwen Moore

Facebook:

<https://www.facebook.com/GwenSMoore>

Twitter: @RepGwenMoore

Jim Sensenbrenner

Facebook:

<https://www.facebook.com/RepSensenbrenner>

Twitter: @JimPressOffice

Glenn Grothman

Facebook: <https://www.facebook.com/RepGrothman>

Twitter: @RepGrothman

Sean Duffy

Facebook: <https://www.facebook.com/RepSeanDuffy/>

Twitter: @RepSeanDuffy

Mike Gallagher

Facebook:

<https://www.facebook.com/RepMikeGallagher/>

Twitter: @RepGallagher



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to **22828** to get started.



Message and data rates may apply.