**Outraged Disability Rights Leaders Send a Message to their Governors and the National Governors Association about ACA Repeal/Replace/Repair**

**For Immediate Release:**

(name, phone, email, Twitter)

(organization)

February xx, 2017 (add city) – Disability rights leaders in (add state) are sending a “loud and clear” message to Governor (insert name) to take with (him/her) to the National Governors Association when it meets in DC later this week, February 24 – 27:

61 million Americans with disabilities are at risk of losing health care coverage, benefits and their right to live in the community.

Disability leaders are asking their Governors to put people first, over partisan politics. Several Republican Governors, including Governors Kasich (OH) and Snyder (MI), have been very outspoken against the Medicaid cuts. In similar statements across America, disability leaders are united in their demands:

We oppose the GOP repeal and replace proposal as well as the damaging proposed reforms to Medicaid because:

- **Medicaid block grants and per capita caps** are nothing more than an attempt by the federal government to cut support to states for Medicaid.

**- Over the next 10 years** Federal support is projected to be cut by $1 trillion; states and/or counties will have to come up with the replacement revenue or make major cuts.

**- Cuts will be made** to prescription drugs, physical, occupational and speech therapies, Personal Care, HCBS waivers and state plan amendments, Community First Choice and Health Homes, etc. These so called “optional” services often mean the difference between “life and death” for many people with disabilities.

- **Under block grants**, states would receive a fixed amount of money each year for the program regardless of actual needs or costs. Per capita caps provides a fixed amount of funding per Medicaid beneficiary with states liable for all medical and LTSS costs beyond the caps.

**- Neither Block Grants nor per capita caps** can or will control health care and LTSS costs.

**- Enhanced** Medicaid expansion matching funds in 31 states and DC would be reduced, another loss of revenue to states, further squeezing state budgets, and resulting in a resurgence of uncompensated care to emergency rooms and hospitals, reduction in treatment for people addicted to opioids, and millions of people losing access to health care they only recently received.

**- Reduction** in federal revenue to the states will result in enrollment caps, increase in waiting lists, and human pain and suffering. 10 million people are covered by Medicaid expansion, and about 20% of those are people with disabilities (PwDs).

**- Reduction** in federal revenue will result in a major loss of jobs in health care and long-term services and supports (LTSS) in every state.

**- Eight states** with Community First Choice (CFC) will lose their 6% enhanced Medicaid match: CA, CO, MD, MT, NY, OR, TX, and WV.

- Of the **73 million Americans covered by Medicaid**, 15 million (21%) are children and adults with disabilities and senior citizens.  PwDs account for 48% of total Medicaid dollars due to higher acute care costs and costs of LTSS. Kids and moms receiving TANF (Temporary Assistance to Needy Families) benefits are generally healthy, and so are quite inexpensive to Medicaid. Therefore, capping Medicaid will result in potential draconian cuts in services to PwDs and senior citizens.

- **PwDs who are employed** may have to quit their jobs due to loss of funds for Personal Care Attendants (PCAs) or access to state optional Medicaid buy-in plans, now existing in 46 states (only AL, FL, HI, TN and D.C. do not have buy-in plans).

- End of enhanced federal matching funds for **Money Follows the Person** (MFP) that liberated over 63,000 people from institutions, and loss of Community First Choice (CFC) will make it far more difficult for people to leave or avoid institutions, which in the aggregate are 2-3 times more expensive for a poorer quality of life than the costs and benefits of community services and supports.

**- If ACA is repealed** we will revert to Lifetime Caps in commercial insurance which harm people with significant medical and community LTSS needs.

**- There can be NO repeal without replacement,** and any replacement plan must assure access to quality coordinated health care in Medicaid including Health Homes and cost-effective LTSS FOR personal care, CFC, and HCBS state plans and waivers rather than nursing homes and INSTITUTIONS FOR PEOPLE WITH DEVELOPMENTAL/intellectual disabilities (ICFs/DD).

**- On the commercial insurance side,** we cannot accept High Risk Pools – they are proven to not work, are very expensive and have high deductibles and co-pays. Health Savings Accounts have NO savings in them for low and moderate income PwDs.

- **Disability leaders** cannot support reinstatement of annual and lifetime caps by insurance companies, and denial of coverage or massive surcharges for preexisting conditions.

The disability community is united in its determination to protect access to affordable, quality health care and long term supports and services that promote community living and employment and we insist that your policy changes do no harm.

- It’s about saving lives and improving health

- It’s about independence and community participation

- It’s about civil rights, freedom and liberty

We can help improve Medicaid without harming people.

Nothing About Us Without Us,

(Your Name/Group)