

March 31, 2008

Dear Member of Congress:

Over the last year the Administration has proposed or issued regulations that will force states to make significant changes to Medicaid. If implemented, the changes will withdraw federal support for important health care services and threaten access to health care for millions of our most vulnerable citizens. By shifting costs to the state and to local governments, the regulations would force difficult choices between critical education, public health, and social services. As a broad cross-section of advocates and health care and social services providers, we strongly urge you to protect our state from these harmful changes by passing legislation to extend existing moratoria on harmful regulations and to delay additional regulations that will go into effect if Congress fails to act. (The attached table provides more detail about the regulations and pending legislation.)

Last year, Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of regulations that would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and will be particularly damaging for seniors, children and people with disabilities if the regulations go into effect. Other pending regulations will jeopardize critical case management services and access to other important health care services.

While these regulations are harmful in their own right, they are even more troubling because – if not delayed – they will shift millions of dollars in health care costs to state and local budgets at a time when they are already under pressure due to the slowing economy. Extending the existing moratoria on changes in school-based and rehabilitation services and hospital payments and enacting new moratoria to address other recent Administration actions that endanger healthcare by limiting access to case management services as well as providers' ability to provide other key health care services will help protect Medicaid beneficiaries and the health care providers they rely on.

Please support efforts to protect our most vulnerable citizens, who rely on Medicaid as well as our health care safety net and other critical state services, underway to extend existing moratoria before their expiration this spring and to implement additional moratoria on more recently issued regulations.

Sincerely,

Alabama

Alabama Appleseed Center for Law &
Justice
Children's Aid Society
Gateway

Alaska

HIV/AIDS Services for African Americans in
Alaska

Arizona

Arizona Advocacy Network
Arizona Council of Human Service Providers
Child and Family Resources, Inc
Children's Action Alliance
Foundation for Senior Living
National Association of Social Workers, AZ
Chapter
Protecting Arizona's Family Coalition
Southwest Human Development, Inc Indigo

California

California Budget Project
The California Partnership
California Primary Care Association
California School Health Centers
Association
California State Association of Counties
CHI Fresno County
Children's Defense Fund, California
Children's Mental Health Partnership of
Sonoma County
Community Action Partnership of San
Bernardino County

Community Health Councils, Inc.
County of Monterey
County Welfare Directors Association of
California
Family Action of Sonoma County
Five Acres- The Boys' and Girls' Aid Society
of LA
Hathaway-Sycamores Child and Family
Services
Jewish Family Service of Los Angeles
Lake Family Resource Center
Monterey County Department of Social and
Employment Services
San Francisco Bringing Up Healthy Kids
Coalition
San Mateo County Children's Health
Initiative
St. Anthony Foundation

Colorado

(Please see attached)

Connecticut

Boys and Girls Village, Inc.
National Council of Jewish Women, Inc.—
Greater Bridgeport Section
Planned Parenthood of CT
Together We Shine

Delaware

Delaware Parents Association
Generations Home Care, Inc.
La Esperanza Community Center
Neighborhood House, Inc.

District of Columbia

Boys Town, District of Columbia
DC Assembly on School Health Care
DC Child and Family Services Agency
OMB Watch
Pax Christi Metro DC
Sasha Bruce Youthwork
SOME, Inc. (So Others Might Eat)

Florida

The Art Farm
Cultural Arts Natural Design International
Family Preservation Services of Florida
Family Service Centers, Inc
Florida CHAIN
Florida Consumer Action Network
Great Recoveries
Pax Christi Northeast Florida
Providence Management Corporation

Georgia

Families First
GA Safe
Georgia Association of Homes and Services
for Children
Georgia Rural Urban Summit
Georgia Coalition to End Homelessness
Spirit of Oneness, Inc.
Women's Policy Group

Illinois

(Please see attached)

Indiana

The Children's Campus, affiliate of Family &
Children Center
Family & Children's Services, Inc
Lafayette Urban Ministry
National Association of Social Workers,
Indiana Chapter
White's Residential & Family Services, Inc.

Iowa

Boys Town, Iowa
Coalition for Family and Children's Services
in Iowa
Four Oaks
Sisters of the Presentation

Kansas

TLC for Children & Families, Inc.

Kentucky

Adanta Group
All God's Children', Inc.
Bellewood Presbyterian Home for Children
Brooklawn Child & Family Services
Buckhorn Children and Family Service
Campbell Lodge Boys' Home
Center for Human Entrepreneurship
Services
Children's Home of Northern Kentucky
The Children's Alliance
Covering Kentucky Kids and Families
Family Service League
Holly Hill Children's Services
Home of the Innocents
Kentucky Equal Justice Center
Kentucky Youth Advocates
MASH Services of the Bluegrass
Necco
Newport Ind. Schools School-Based Health
Centers
Omni Visions, Inc.
Open Arms Grandparents/Acting Parents
Raising Children Support Group
Ramey-Estep Homes
Sister of Charity of Nazareth
Specialized Alternatives for Families and
Youth of Kentucky, Inc.
St. Joseph Orphanage
Sunrise Children's Center
United Way of Greater Cincinnati—Northern
Kentucky

Louisiana

Advocacy Center
Kingsley House, Inc.
Louisiana Assembly on School-Based
Health Care
Louisiana Maternal and Child Health
Coalition

Maine

(Please see attached)

Maryland

The Coordinating Center
Maple Share Youth & Family Services, Inc.
Medicaid Matters! Maryland

National Association of Social Workers,
Maryland Chapter
Pax Christi Montgomery
Public Justice Center

Massachusetts

(Please see attached)

Michigan

Catholic Caucus Southeast Michigan
Center for Civil Justice
Child & Family Services of Northwestern
Michigan
Community Living Network
Community Residence Corporation
Michigan County Social Services
Association
Michigan Health Mothers Healthy Babies
Coalition
Michigan League for Human Services
School Community Health Alliance of
Michigan
SHS School-Based Health Center Health,
Delivery Inc.
STARR Commonwealth
Waterford Teen Health Center/Genesys
Health System

Minnesota

Casa Guadalupe
Family & Children's Services
Greater Minnesota Family Services
Kyler Meers Agency
Minnesota Council of Child Caring Agencies
National Association of Social Workers,
Minnesota Chapter
Residents for Affordable Housing (RAH)

Missouri

Alliance for the Status of Missouri Women
Bringing Families Together
Catholic Charities of St. Louis
Child Center—Marygrove
Crittenton Children's Center
Epworth
Evangelical Children's Home
Lutheran Family & Children's Services of
Missouri
Missouri Alliance for Children and Families
Missouri Coalition of Children's Agencies
Our Little Haven
Parenting Life Skills Center
Synergy Services

Youth in Need

Montana

Florence Crittenton Home
Intermountain
Montana Children's Initiative Provider
Association
Yellowstone Boys and Girls Ranch

Nebraska

The Arc of Nebraska
Boys Town
Center for People in Need
Houses of Hope of Nebraska, Inc.
Nebraska Appleseed Center for Law in the
Public Interest
South Central Behavioral Services, Inc.

Nevada

(Please see attached)

New Hampshire

Lutheran Social Services of New England
NH Pediatric Society

New Jersey

ACCSES New Jersey
Alliance for the Betterment of Citizens with
Disabilities
The Bridge, Inc.
Center for Family Services
Children's Aid and Family Services, Inc.
Family Service Association of New Jersey
Family Voices
Foster Family-based Treatment Association
Jewish Family Service, Inc.
New Jersey MENTOR
New Jersey Policy Perspective
NJACYF—New Jersey Alliance for Children,
Youth and Families
Robins' Nest, Inc.
Statewide Parent Advocacy Network
Unitarian Universalist Congregation at
Montclair

New Mexico

(Please see attached)

New York

American Association of University Women,
NY Branch
Brooklyn Center for Independence for the
Disabled
Catholic Charities of Onondaga County
Center for Independence of the Disabled in
New York
Child & Family Services of Erie County
Child and Family Services
Children's Aid Society
Citizens Advice Bureau
The Coalition of Behavioral Health
Agencies, Inc.
Council of Family and Child Caring Agencies
Family & Children's Services of Niagara, Inc.
Family Planning Advocates of New York
State
Family Services League, Inc.
Federation of Protestant Welfare Agencies
Fiscal Policy Institute
Hispanic Senior Action Council
Human Services Council of NYC
Institute for Puerto Rican/Hispanic Elderly,
Inc.
Jewish Board of Family & Children's
Services
LaSalle School
Liberty Resources
Medicaid Matters! New York
National Association of Social Workers, New
York Chapter
New York AIDS Coalition
New York State Coalition for School-Based
Health
New York State Rehabilitation Association
Northeast Parent and Child Society
Northern Regional Center for Independent
Living
NY Universal Living Wage Warriors
NYS Council for Community Behavioral
Healthcare
NYSCCCC
Office of Peace and Justice Sister of Charity
of New York
Office of Public Policy, Roman Catholic
Diocese of Syracuse
Sally Catlin Resource Center, YWCA Troy-
Cohoes
Social Justice Center Stony Brook University
UJA Federation of Jewish Philanthropies
Westchester Disabled on the Move, Inc.
Westchester Jewish Community Services,
Inc.

North Carolina

(Please see attached)

Ohio

(Please see attached)

Oklahoma

Joyland Child Development Center, Inc.
Oklahoma Institute for Child Advocacy
Oklahoma Therapeutic Foster Care
Association

Oregon

(Please see attached)

Pennsylvania

(Please see attached)

Rhode Island

Boys Town New England
National Association of Social Workers,
Rhode Island Chapter
Neighborhood Alliance of Pawtucket
RICORP

South Carolina

Family Services, Inc.
SC Appleseed Legal Justice Center
SC Citizen Review Panel for Child
Protective Services

South Dakota

National Association of Social Workers—
South Dakota Chapter

Tennessee

Tennessee Justice Center

Texas

The Children's Shelter
DePelchin Children's Center
Family Life Center, St. Mary's University
Family Services of Southeast Texas, Inc.
God's Army: Praying Women in Action
Houston Federation of Families for
Children's Mental Health

Providence Services of Texas
Senior Community Outreach Services, Inc.
Women's International League for Peace
and Freedom, Houston Branch

Vermont

National Association of Social Workers—
Vermont Chapter

Virginia

(Please see attached)

Washington

Children's Alliance in Washington State
Lumni Vocational Rehabilitation
Northwest Federation of Community
Organizations
Northwest Health Law Advocates
Public Health—Seattle & King County
Washington Community Action Network

West Virginia

(Please see attached)

Wisconsin

Family Services of Northeast Wisconsin
PATH Wisconsin
St. Rose Youth & Family Center, Inc.
Wisconsin Association of Family &
Children's Agencies
Wisconsin Council on Children and Families

Wyoming

Normative Services, Inc.

Support Legislation to Delay Harmful Medicaid Regulations

To date, the following bills have been introduced to extend or enact moratoria to delay various Medicaid regulations. In upcoming weeks, it is likely that a bill will be introduced to delay all of the regulations.

Legislation	Regulations
<p>H.R. 5613 Places a moratorium until March 2009 on seven Medicaid regulations issued by HHS.</p>	<p>Protecting the Medicaid Safety Net Act of 2008: The bill delays implementation of the targeted case management regulation, rehabilitation services regulation, school-based services regulation, hospital outpatient regulation, graduate medical education regulation, public provider cost-limit regulation, and aspects of the provider tax regulation (details about these various regulations are below).</p>
<p>H.R. 5173 S. 2578 Temporarily delays application of proposed changes to Medicaid payment rules for case management and targeted case management services.</p>	<p>Targeted Case Management: The regulation significantly limits federal Medicaid matching funds for case management services. The Deficit Reduction Act (DRA) made some changes to Medicaid's case management benefit, but the regulation the Centers for Medicare and Medicaid Services issued to implement these changes goes far beyond what Congress intended and will have a detrimental impact on beneficiaries, especially children in foster care and people with physical or mental disabilities or other chronic health conditions. <u>Status:</u> Interim Final Rule goes into effect March 3rd.</p>
<p>H.R. 4355 Imposes a one-year moratorium on the regulations or other administrative actions to restrict Medicaid coverage or payment for rehabilitation services, or school-based administration, transportation, or medical services.</p>	<p>Administrative Claiming and Transportation Costs for School-based Services: The regulation eliminates federal funds for outreach, enrollment assistance, coordination of health care services, and related activities by school personnel to enroll more eligible poor children in Medicaid. The rule also would reverse current policy that allows federal funds to be used to transport children to school if the children have special health needs and receive health care services at school. <u>Status:</u> Final rule issued; implementation delayed by Congressional action until 6/30/08.</p> <p>Rehabilitation Services: Limits the types of rehabilitative services that states can cover with federal funds, including special instruction and therapy for children and other beneficiaries who have mental illness or developmental disabilities. The prohibits the use of federal Medicaid funds for therapeutic foster care, designed for children with serious mental illness, and significantly limits states' ability to provide rehabilitative services designed to enable individuals with disabilities to improve their mental or physical capacities and remain out of an institution. <u>Status:</u> Delayed by Congressional action until 6/30/08.</p>
<p>H.R. 3533 Extends by one year the moratorium on implementation of the hospital cost-limit rule and on finalization of the graduate medical education rule.</p> <p>S. 2460 Extends by one year the moratorium on implementation of the hospital cost-limit rule and on finalization of the graduate medical education rule, and includes a moratorium on the finalization of the outpatient Medicaid rule.</p>	<p>Hospital Cost-Limits: Limits payments to hospitals and other institutions operated by state or local governments to the cost of providing services to Medicaid beneficiaries, despite the fact that these hospitals need additional support from Medicaid to help in defraying the costs of providing care to the uninsured, along with the provision of essential services such as trauma care, emergency response, and neonatal intensive care. Also revises the definition of "providers" for purposes of Medicaid financing. <u>Status:</u> Final rule issued; implementation delayed by Congressional action until 5/25/08.</p> <p>Graduate Medical Education: Eliminates federal Medicaid reimbursement for the costs of graduate medical education (GME) provided by teaching hospitals, which many state Medicaid programs have historically reimbursed to help offset the additional costs these facilities incur as a result of their special missions of educating physicians and caring for patients who require more intense, complex care. <u>Status:</u> Delayed by Congressional action until 5/25/08.</p> <p>Outpatient Clinic and Hospital Facility Services: Changes the definition of outpatient hospital services to significantly narrow the types of services states can cover under this benefit category, severely restricting reimbursement rates for such services as hospital-based physician services, routine vision services, annual check-ups, and vaccinations. <u>Status:</u> Proposed rule issued 9/28/07, not subject to any moratorium.</p>

Honorable Diana DeGette
2421 Rayburn
Washington, DC 20515
Fax: 202.225.5657

March 10, 2008

Dear Representative DeGette:

Over the last year the Administration has proposed or issued regulations that will force states to make significant changes to Medicaid. If implemented, the changes will withdraw as much as \$200 million in federal support from Colorado in the first year of implementation for important health care services and threaten access to health care for Colorado's most vulnerable citizens. By shifting costs to state and local governments unable to afford to absorb those costs, the regulations would force Colorado to make difficult choices between critical education, health, and social services. The fiscal implications for the state are severe, but perhaps more severe are the implications for Coloradans who depend on the programs at stake for critical health services.

As a broad cross-section of advocates and health care and social services providers, we strongly urge you to protect our state from these harmful changes by passing legislation to extend existing moratoria on harmful regulations and to delay additional regulations that will go into effect if Congress fails to act. For example,

- Colorado will lose at least \$142.2 million per year in federal funds crucial for the financial stability of the provider safety-net if the Cost Limit for Providers regulation (CMS-2258-FC) is implemented. This regulation jeopardizes funding for the Colorado Indigent Care Program which provided access to health care for over 172,000 low-income Coloradans in 2006-07. Twenty-four hospitals in Colorado would be severely affected by this regulation. In particular, Denver Health would lose \$65 million per year, University Hospital would lose \$32 million per year, and Memorial would lose \$8 million per year. The moratorium on this regulation expires May 25, 2008.
- The Graduate Medical Education (GME) regulation (CMS 2279-P) eliminating federal Medicaid funding for graduate medical education in teaching hospitals will result in a loss in Colorado of \$46 million. This funding goes to the state's 14 teaching institutions, which train 1,157 fellows and residents who provide services to low-income Colorado families and children, including the three primary care specialties Family Medicine, General Internal Medicine, and General Pediatrics. The impact of this regulation on community health centers and in rural areas, which rely heavily on family physicians to treat indigent and underserved populations, is devastating. Family physicians make up 55% of all primary care physicians in the state and 75% in rural areas. The GME regulation threatens the ability of the teaching hospitals to continue their programs at the current level. The moratorium on this regulation expires May 25, 2008.
- Cuts included in the School Based Services (CMS 2287-P) regulation will result in more than \$1 million in lost federal funds for transportation services for children with special health

needs, and will harm the most vulnerable children: those with disabilities and limited access to health care. This regulation is expected to result in cuts to health care staff, limits on early intervention and special education related services, and reductions to needed health care and critical outreach that links children to appropriate medical services. The moratorium on this regulation expires June 30, 2008.

- The interim rule for Targeted Case Management (CMS 2237-IFC) will limit assistance for Medicaid recipients transitioning from institutions to the community; restrict case management provided through school based services to children; significantly limit case management for foster children; and overall reduce state flexibility in the Medicaid program. Half of all foster children have disabilities or chronic medical problems that can benefit from coordinated services. This regulation would restrict coordinated case management. The regulation limits the ability to provide children with developmental disabilities with case management. In other words, this regulation limits services to some of the most medically fragile people in the state. The effective date of this regulation is March 3, 2008.

Last year, Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of regulations that would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and as you can see it will be particularly damaging for Colorado if the regulations go into effect. The regulation on Targeted Case Management does not currently have moratoria in place and is scheduled to go into effect on March 3, 2008, this week. You can understand, therefore, that time is of the essence.

While these regulations are harmful in their own right, they are even more troubling because – if not delayed – they will shift millions of dollars in health care costs to state and local budgets at a time when they are already under pressure due to the slowing economy. The unique tax and expenditure limitations in this state make the budget extremely tight and difficult or impossible for Colorado to absorb these enormous cost shifts. Additionally, we are concerned about the apparent effort to fundamentally restructure the Medicaid program through executive branch rule-making, rather than through the legislative process.

To protect vulnerable seniors, children, and people with disabilities who rely on Medicaid as well as our health care safety net and other critical state services, please support the efforts that are underway to extend existing moratoria before their expiration this spring and to implement additional moratoria on more recently issued regulations.

Sincerely,

Colorado Center on Law and Policy
Denver, CO

The Arc of Jefferson County
Lakewood, CO

Canon City Schools, Fremont RE-1 District
Canon City, CO

COLORADO

Colorado Cross Disability Coalition
Denver, CO

The Arc of Arapahoe and Douglas
Centennial, CO

Residential Alternatives Coalition
Lakewood, CO

Deb Ham
1050 Hessen Drive
Fort Collins, CO 80524

Judith D. Wicker, Ph.D.
Mesa County Valley School District 51
Medicaid Coordinator
Grand Junction, CO

Judy Weaver, BSN, JD
Medicaid Consultant, Aurora Public Schools
Aurora, Colorado

Colorado Consumer Health Initiative
Denver, CO

San Luis Valley BOCES
Alamosa, CO

Colorado School Medicaid Consortium
Denver, CO

Colorado Coalition of Adoptive Families
(COCAF)
Louisville, CO

Colorado Children's Campaign
Denver, CO

Colorado Developmental Disabilities
Council
Denver, CO

Mary Beth Rensberger, RN, MPH
Health Services Coordinator, Aurora Public
Schools
Aurora, CO

The Children's Hospital
Aurora, CO

Mental Health America of CO
Denver, CO

Family Voices Colorado
Denver, CO

Parent to Parent of Colorado
Denver, CO

EmPower CO
Denver, CO

Employment Link
Boulder, CO

Autism Society of Colorado
Lakewood, CO

CWEE: Center for Work, Education and
Employment
Denver, CO

Patricia Urban
Director of Special Programs, Manitou
Springs School District
Manitou Springs, CO

FRESC
Denver, CO

Oral Health Awareness Colorado!
Denver, CO

Evergreen Service Providers
Evergreen, CO

Denver Options, Inc.
Denver, CO

The Bell Policy Center
Denver, CO

COLORADO

El Paso Consolidated School District #49
Dr. C. Chadwick Wight
Director of Special Education

Adams 12 Five Star Schools
Thornton, CO

Colorado Coalition for the Medically
Underserved
Denver, CO

Lynn Beedle, CRPC, CSA
Transitions Life Consulting, LLC

Dean A. Woodward
Consultant, Public Policy Development, in
health and human services.
Denver, Colorado

Legal Center for People with Disabilities
and Older People
Denver, CO

Colorado Medical Society
Denver, CO
Colorado Coalition for the Homeless
Denver, CO

9 to 5, National Association of Working Women – CO
Denver, CO

Colorado Progressive Coalition
Denver, CO

Colorado Association of Family Medicine
Aurora, CO

Mental Health Center of Denver
Denver, CO

Colorado Community Health Network
Denver, CO

National Council of Jewish Women
Colorado Section
Denver, CO

KidsBlitz
Denver, CO

Lutheran Advocacy Ministry – Colorado
Denver, CO

Kelly Stahlman
Parent, twin sons with disabilities

Denver Department of Human Services
Denver, CO

March 8, 2008

Dear Senator/Representative:

Over the last year the Administration has proposed or issued regulations that will force states to make significant changes to Medicaid. If implemented, the changes will withdraw federal support for important health care services and threaten access to health care for millions of our most vulnerable citizens. By shifting costs to the state and to local governments, the regulations would force difficult choices between critical education, public health, and social services.

As a broad cross-section of advocates and health care and social services providers, **we strongly urge you to protect our state from these harmful changes by passing legislation to extend existing moratoria on harmful regulations and to delay additional regulations that will go into effect if Congress fails to act.** (The attached table provides more detail about the regulations and pending legislation.)

Last year, Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of regulations that would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and will be particularly damaging for seniors, children and people with disabilities if the regulations go into effect. Other pending regulations will jeopardize critical case management services and access to other important health care services.

While these regulations are harmful in their own right, they are even more troubling because – if not delayed – they will shift millions of dollars in health care costs to state and local budgets at a time when they are already under pressure due to the slowing economy.

We ask that you extend the existing moratoria on changes in school-based and rehabilitation services and hospital payments and enact new moratoria to address other recent Administration actions that endanger healthcare by limiting access to case management services as well as providers' ability to provide other key health care services will help protect Medicaid beneficiaries and the health care providers they rely on.

Please support efforts to protect our most vulnerable citizens, who rely on Medicaid as well as our health care safety net and other critical state services, underway to extend existing moratoria before their expiration this spring and to implement additional moratoria on more recently issued regulations.

Sincerely,

Ada S. McKinley Community Services, Inc – Chicago, IL
Bethany for Children & Families – Moline, IL
Boys Town – Chicago, IL
Child Care Association of Illinois
Kids Hope United – Chicago, IL

ILLINOIS

Kids Hope United – Northern Illinois/Southern Wisconsin
Kids Hope United – Southern Illinois/Missouri
Illinois Maternal and Child Health Coalition
The Larkin Center – Elgin, IL

April 1, 2008

The Honorable Tom Allen
U.S. House of Representatives
1127 Longworth House Office Building
Washington, DC 20515

Dear Representative Allen,

As you know, over the last year the Administration has proposed or issued regulations that will force states to make significant changes to Medicaid. These changes go well beyond the intent of Congress and in fact, are at times in direct contradiction with Congressional efforts. If implemented, the changes will withdraw federal support for important health care services and threaten access to critical health care for some of Maine's most vulnerable citizens. By shifting costs to the state and to local governments, the regulations will force Maine to make difficult choices between critical education, public health, and social services.

As a broad cross-section of advocates and health care and social services providers, we want to thank you for your efforts to place moratoria on some of the more harmful regulations. We appreciate your leadership on this issue. We are writing to strongly urge you to continue to work to protect our state from these harmful changes by passing legislation to extend existing moratoria on harmful regulations and to delay additional regulations that have either gone into effect or will go into effect if Congress fails to act.

We thank you for your work to pass legislation which would temporarily delay implementation of regulations significantly restricting federal support for services provided to children in schools, for rehabilitation provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and it will be particularly damaging for Maine if the regulations go into effect. Maine's Department of Health and Human Services is already preparing to implement the regulations restricting federal reimbursement for case-management services, which became final on March 3, and we urge Congress to delay implementation of this regulation as well.

As many of us have discussed with you and your staff, Maine will be most affected by the regulation changes for Targeted Case Management and Rehabilitative Services in Medicaid. The regulation changes for Targeted Case Management services will harm children in the state's child welfare system and others with developmental disabilities or delays, homeless families and adults, people with HIV/AIDS, and other vulnerable populations. For example, Maine's Head Start Centers, which provide comprehensive case management services to eligible children, will be forced to cut back on staff and reduce the numbers of children that they can serve. Many of Maine's homeless shelters will be unable to provide necessary case management services to families and individuals they serve.

The regulation changes for rehabilitative services threaten the health and well-being of thousands of children, seniors and people with disabilities in Maine. Due to the regulation changes, vulnerable populations will lose access to critical habilitative services which are needed to maintain their health, to achieve their maximum functional capacity and to prevent their health from deteriorating to the point of needing institutional level care. Children and adults with developmental disabilities will be unable to receive services they need to help them acquire new skills to reach their maximum potential.

While these regulations are harmful in their own right, they are even more troubling because – if not delayed – they will shift millions of dollars in health care costs to state and local budgets at a time when they are already under pressure due to the slowing economy. In Maine, Governor Baldacci has proposed cuts to the Department of Health and Human Services which will leave many elderly, people with disabilities and families in crisis without vital services. For example, the Governor has proposed to cut home based care services for the elderly and nearly all state funding for domestic violence and sexual assault shelters. The expected shortfall in federal dollars as a result of the changes to Targeted Case Management have exacerbated the cuts due to the state's deficit and if the changes in rehabilitative services are implemented, they will increase the deficit further and lead to more cuts.

To protect vulnerable seniors, children, and people with disabilities who rely on Medicaid and other critical state services, we ask that you continue to support the efforts that are underway to extend existing moratoria before their expiration this spring and to implement additional moratoria on more recently issued regulations.

Thank you for your ongoing commitment to protecting the health and well-being of critical health care services for Maine's most vulnerable populations.

Sincerely,

Acadia Family Center
Acadia Hospital
Addiction Resource Center
Alpha One
Aroostook Mental Health Services
Autism Society of Maine
Branches, LLC
Caring Unlimited -York County's Domestic Violence Program
Catholic Charities ME
Central Aroostook ARC
Charlotte White Center
Coastal Enterprises, Inc.
Community Concepts, Inc.
Community Housing of Maine
Community Living Association of Houlton
Consumers for Affordable Health Care
Counseling Services, Inc.
Crisis & Counseling Centers

Crossroads for Women
Day One
Downeast Horizons
Elmhurst, Inc.
Genesis Community Loan Fund Inc.
Goodwill Industries of Northern New England
Group Mainstream
Hope Association
Kennebec Behavioral Health
Legal Services for the Elderly
Lutheran Social Services of New England, Inc
Maine Administrators for Children with Disabilities
Maine Alliance for Addiction Recovery
Maine Alliance to Prevent Substance Abuse
Maine Association for Community Service Providers
Maine Association for Infant Mental Health, Inc.
Maine Association of Interdependent Neighborhoods
Maine Association of Substance Abuse Programs
Maine Center for Economic Policy
Maine Children's Alliance
Maine Coalition to End Domestic Violence
Maine Community Action Association
Maine Council of Churches
Maine Developmental Disabilities Council
Maine Equal Justice Partners
MaineGeneral Medical Center / Health Reach Network
Maine Lighthouse Corporation
Maine Parent Federation
Maine Primary Care Association
Maine State Employees Association, SEIU Local 1989
Maine Substance Abuse Foundation
Maine Women's Lobby
Milestone Foundation
New Beginnings
NFI North
Northern Maine Ryan White Part C Early Intervention Services Program
Office of Advocacy, Department of Health and Human Services
OHI
Open Door Recovery Center
Partners in Ending Hunger
Pathways, Inc.
Penquis CAP
Peregrine Corp
Phoenix House
Preble Street
Rumford Group Homes, Inc.
SeniorsPlus
Serenity House, Inc.

Spruce Run Association
Spurwink
STRIVE
Sunrise Opportunities
Tri-County Mental Health Services
United Cerebral Palsy of Northeastern Maine
Uplift, Inc.
Waban Projects, Inc.
Waldo Community Action Partners
Wellspring, Inc.
Woodfords Family Services
York County Shelter Programs, Inc
Youth & Family Services, Skowhegan

cc: Susan Lexer
Carol Hurley



www.hcfama.org

30 Winter Street, 10th Floor • Boston, MA 02108

617-350-7279
617-451-5838 Fax

617-350-0974 TTY
800-272-4232 Helpline

March 26, 2008

Dear Senator/Representative _____:

As a broad cross-section of advocates and health care and social services providers, we are writing to urge you to vote to delay proposed and issued Medicaid regulations that, if implemented, would weaken both Massachusetts' budget and its healthcare safety net.

Over the last year the Administration has proposed or issued regulations that withdraw federal funding for important health care services and threaten access to health care for millions of Massachusetts' most vulnerable citizens. Last year, Congress acted on a bipartisan basis to temporarily delay implementation of regulations that would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and it will be particularly damaging for Massachusetts if the regulations go into effect. Our state is already preparing to implement the regulations restricting federal reimbursement for case-management services, which became final on March 3, and we urge Congress to delay implementation of this regulation as well. (The attached table provides more detail about the regulations and pending legislation.)

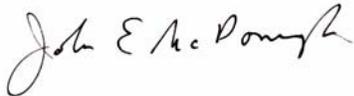
The proposed and issued regulations will reduce federal funding in Massachusetts by more than one billion dollars over the next five years. This billion-dollar cost shift, coupled with the slowing economy and current budget shortfalls, will further strain Massachusetts' already tight budget. Furthermore, these cuts come at a critical time in the implementation of our landmark healthcare reform package. Indeed, the success of Massachusetts' coverage expansion efforts relies on a delicate balance between state and federal government, and the proposed regulations jeopardize that partnership. We strongly urge you to protect our state from these harmful cuts by voting to extend existing moratoria and to delay additional regulations that will go into effect if Congress fails to act.

Although the Commonwealth has no current plans to reduce services or limit eligibility in response to the funding cuts, the proposed and issued regulations will nevertheless limit access to critical healthcare services for Massachusetts' children and people with disabilities. Despite a report from three federal agencies in 2000 noting that schools represent the "the single best link" for identifying and enrolling eligible low-income children in public health coverage, the proposed regulations eliminate federal Medicaid funding for school-based administrative services. By jeopardizing Massachusetts' successful school-based Medicaid outreach and enrollment efforts, these regulations will likely result in Medicaid-eligible children remaining uninsured. Furthermore, regulations already implemented require that case managers under the

Medicaid program bill and document their services in 15-minute increments. This bureaucratic burden may discourage qualified providers from participating in the Medicaid program, thus reducing access to these important care-coordination services for children and for people with disabilities. Again, we urge you to protect these and other invaluable services by voting to delay the harmful regulations.

To protect vulnerable seniors, children, and people with disabilities who rely on Medicaid as well as other critical state services, please support the efforts that are underway to extend existing moratoria before their expiration this spring and to implement additional moratoria on more recently issued regulations.

Sincerely,



John McDonough
Executive Director



Charles Joffe-Halpern
President, Board of Directors

1199 SEIU – United Healthcare Workers East
Boston Public Health Commission
Children's Friend and Family Services
Children's League of Massachusetts, Inc.
Coalition for Social Justice
Community Catalyst
Disability Law Center, Inc.
Disability Policy Consortium
Easter Seals – Massachusetts
Health Care For All
Health Law Advocates
Home Care Alliance of Massachusetts
Lutheran Social Services of New England, Inc.
Massachusetts Association of Behavioral Health Systems
Massachusetts Coalition of School-Based Health Centers
Massachusetts Health Council
Massachusetts Hospital Association
Massachusetts Immigrant and Refugee Advocacy Coalition
Massachusetts Law Reform Institute
Mental Health and Substance Abuse Corporations of Massachusetts, Inc.
Neighbor to Neighbor - Massachusetts
SEIU Local 615
South Coastal Counties Legal Services, Inc.
Wayside Youth & Family Support Network, Inc

March 17, 2008

The Honorable Harry Reid
United States Senate
528 Hart Senate Office Bldg.
Washington, D.C. 20510-0001

The Honorable Shelly Berkley
House of Representatives
405 Cannon House Office Bldg.
Washington, D.C. 20510-4708

The Honorable John Ensign
United States Senate
119 Russell Senate Office Bldg.
Washington, D.C. 20510-0001

The Honorable Dean Heller
House of Representatives
103 Longworth House Office Bldg.
Washington, D.C. 20515-0001

The Honorable Jon C. Porter
House of Representatives
218 Cannon House Office Bldg.
Washington, D.C. 20515-0001

Dear Nevada Congressional Delegation:

As you know, Nevada faces a state budget shortfall of roughly \$540 million. Nevada Medicaid is being reduced roughly \$80 million (Fed/State) as its share of the budget cuts. On top of that cut, the federal share (known as FMAP) of Medicaid is being reduced from roughly 52.5% to 50%, which will cost an additional \$19.7 million in SFY '09. Moreover, increased caseloads caused by our economic downturn are likely to lead to additional cuts

Over the past year the Administration has proposed or issued regulations which will force states to make significant changes to Medicaid. If implemented, it is estimated that Nevada will lose \$262 million in Medicaid funded services over the next five years unless we replace federal dollars with state General Fund. At a time of such a budget crisis, shifting costs to our state and local governments forces Nevada to make difficult choices between vital services and an additional burden on our taxpayers. The below signed cross section of advocates and providers strongly urge you to protect Nevada from these harmful changes by passing legislation to extend existing moratoria on harmful regulations and to delay additional regulations which will go into effect if Congress fails to act. A number of programs/services are impacted. Here are a few examples:

The Center for Medicare & Medicaid Services (CMS) is refusing to allow states to bill for children in custody that may be receiving services while in foster care (called therapeutic foster care). Medicaid is an appropriate payer of mental health services including therapeutic treatment that may occur regardless of who has parental custody. CMS's position is wrong and would impact some 300 Nevada children in Clark County alone.

Another service that would be lost is adult day health care and nursing home centers. Nevada currently has six adult day care health care centers serving approximately 255 Medicaid recipients. These centers allow seniors to live with their families in the community. If funding is terminated, these residents would be admitted to a nursing facility at a higher cost. This also makes it difficult for the state to comply with the ADA requirements as outlined in the Olmstead decision which holds that it is discrimination against people with disabilities to serve them in a restricted setting rather than in the community.

The proposed rules would also hurt Nevada's school districts. There are some 62,000 students in the Clark, Washoe and Carson City school districts who are Medicaid eligible. Administrative activities performed by school employees in assisting students with Medicaid enrollment or accessing Medicaid benefits would not be allowed. The school districts would lose some \$9 million over five years and children would have decreased access to health care.

Last year Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of regulations which would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and will be particularly damaging to Nevada if the regulations go into effect.

Nevada is also preparing to implement regulations restricting federal reimbursement for targeted case management services that became final on March 3rd. We urge Congress to delay implementation of this regulation as well. This regulation alone will cost Nevada some \$28 million per year in services.

In conclusion to protect 1) vulnerable seniors, children and people with disabilities who rely on Medicaid and 2) our state, local and local governments as well as school districts from increased budget pressure during a recession, we ask you to support the efforts that are under way to extend existing moratoria before their expiration this Spring and to implement additional moratoria on the more recently issued regulations.

Sincerely,

AARP, Barry Gold
Nevada State AFL-CIO, Danny Thompson
Nevada Strategic Plan Accountability Committee for Seniors, Connie McMullen
Service Employees International Union, Local 1107
Family Promise of Las Vegas, Terry Lindemann
Great Basin Primary Care Association, Jennifer Benedict
NAACP Northern Nevada, Lucille Adin
Nevada Health Care Reform Project, Nancy Whitman
Nevada Health Care Association, Charles Perry

Northern Nevada Central Labor Council/AFL-CIO, Todd Koch
Business Advocating Social Equity, Tim Healion
Progressive Leadership Alliance of Nevada, Jan Gilbert
Autism Coalition of Nevada, Jan M. Crandy, member of The Strategic Plan
Accountability Committee for Persons with Disabilities
National Association of Social Workers, Nevada Chapter, Mark Nichols
Nevada Women's Lobby, Byllie Andrews
NV Lawyers for Progressive Policy, Jon Sasser
Nevada Advocates for Planned Parenthood Affiliates, Elisa Maser
Planned Parenthood Mar Monte, Pat Elzy
The Gay and Lesbian Community Center of Southern Nevada, Michael Ginsburg
Reno First United Methodist Church, Rev. John Auer
Straight from the Streets, Linda Lera-Randle El
Community Chest, Shaun Griffin
Nevada Community Enrichment Program Jane Imboden, Administrator
Nevada Community Enrichment Program, Bob Hogan
Nevada Network Against Domestic Violence, Susan Meuschke
Planned Parenthood Rocky Mountain, Annette Magnus
Unitarian Universalist Fellowship Of Northern Nevada, Social Justice
Council, Roger Best
Washoe Legal Services, Paul Elcano
Assemblywoman Peggy Pierce District 3
Abigail C. Johnson, self
Chris and Julie Wedge, self
Barbara Straight, self
Diana Glomb-Rogan, self
Patricia R. Moore BSN, Pediatric Intensive Care Unit, University Medical Center
John E. Barbato Jr., Medicare-Medicaid client
Juliann Barbato, Caregiver
Pam Becker, self
Marcia O'Malley, parent advocate
Rick and Laurie Drucker, concerned citizens
Vicki LoSasso, self
Karen Taycher, self
Mary Valencia Wilson, NAACP Political Action Chair Emerita
Janet Serial, NAACP Health Committee Chair
Paul Gowins, self

March 18, 2008

Congresswoman Heather Wilson
318 Cannon Office Bldg.
Washington, DC

Dear Congresswoman Wilson:

Over the last year the Administration has proposed or issued regulations that will force states to make significant changes to Medicaid. If implemented, the changes will withdraw federal support for important health care services and threaten access to health care for millions of our most vulnerable citizens. By shifting costs to the state and to local governments, the regulations would force difficult choices between critical education, public health, and social services. As a broad cross-section of advocates and health care and social services providers, we strongly urge you to protect our state from these harmful changes by passing legislation to extend existing moratoria on harmful regulations and to delay additional regulations that will go into effect if Congress fails to act. (The attached table provides more detail about the regulations and pending legislation.)

Last year, Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of regulations that would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and will be particularly damaging for seniors, children and people with disabilities if the regulations go into effect. Other pending regulations will jeopardize critical case management services and access to other important health care services.

While these regulations are harmful in their own right, they are even more troubling because – if not delayed – they will shift millions of dollars in health care costs to the New Mexico general fund budget and to local budgets at a time when they are already under pressure due to the slowing economy. Extending the existing moratoria and enacting new moratoria to address other recent Administration actions will help protect Medicaid beneficiaries and the health care providers they rely on.

We urge you to support efforts to protect our most vulnerable citizens by voting to extend existing moratoria before their expiration this spring and to implement additional moratoria on more recently issued regulations.

Sincerely,

New Mexico Voices for Children
Albuquerque, NM (Serving all of New Mexico)

Families and Youth, Inc.
Las Cruces, NM

Adelante, Inc.
Albuquerque, NM

NEW MEXICO

New Mexico Center on Law and Poverty
Albuquerque, NM (Serving all of New Mexico)

Protection and Advocacy Systems
Albuquerque, NM (Serving all of New Mexico)

ECHO (Economic Council Helping Others, Inc.)
Farmington, NM

Lutheran Office of Governmental Ministry – New Mexico
Santa Fe, NM (Serving all of New Mexico)

New Mexico Disability Coalition
Santa Fe, NM (Serving all of New Mexico)

Community Action New Mexico
Albuquerque, NM (Serving all of New Mexico)

Open Hands, Inc.
Santa Fe, NM

Casa de Corazones, Inc.
Las Cruces, NM

NORTH CAROLINA



March 19, 2008

Dear Senators Dole and Burr, and Representatives Butterfield, Etheridge, Jones, Price, Foxx, Coble, McIntyre, Hayes, Myrick, McHenry, Shuler, Watt and Miller:

Over the last year, the Administration has proposed or issued regulations that will force states to make significant changes to Medicaid and limit the scope of states' Children's Health Insurance Programs (SCHIP). These changes have been made without Congressional approval and have gone far beyond Congressional intent. In North Carolina, these changes have denied health insurance to thousands of currently uninsured children and, if the harmful regulations are implemented, will cost the state at least \$2.6 billion in Medicaid reimbursement over the next five years. As a broad cross-section of advocates and health care and social services providers, we strongly urge you to protect North Carolina from these harmful changes by passing legislation to:

1. Rescind the August 17th Centers for Medicare and Medicaid Services (CMS) directive that effectively caps SCHIP programs at 250% of the federal poverty level (FPL);
2. Extend existing moratoria on other harmful Medicaid regulations and delay additional regulations that will go into effect if Congress fails to act; and
3. Increase funding for SCHIP.

CMS Directive Limits the Scope of North Carolina's SCHIP Program

North Carolina has sustained the second largest decline in employer-provided health insurance in the country, leaving 1-in-8 children without health insurance. The North Carolina General Assembly passed legislation last session expanding Health Choice, the state's CHIP program, to children in families with incomes below 300% of the FPL, with premiums to be paid on a sliding scale. The planned expansion would make affordable health insurance available to nearly all uninsured children in the state.

A CMS directive released on August 17, 2007, however, effectively caps states' CHIP plans at 250% of the FPL, and states submitting CHIP plans that attempt to cover children over 250% of FPL are being rejected by CMS. In order to allow North Carolina's expansion of Health Choice to go forward, and to provide health insurance to over 10,000 currently uninsured children, we urge you to work in the Senate and House to pass legislation rescinding this harmful directive.

Other Medicaid Regulations Harmful to Vulnerable North Carolinians

There are other harmful Medicaid regulations that, if implemented, will withdraw federal support for important health care services and threaten access to health care for millions of North Carolina's most vulnerable citizens. By shifting costs to the state and to local governments, the regulations would force North Carolina to make difficult choices among critical education, public health and social services needs.

Last year, Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of regulations that would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for other health care programs and services. These moratoria are scheduled to expire this spring, at which point the regulations would be implemented.

While these regulations are harmful in their own right, they are even more troubling because if not delayed, they will shift millions of dollars in health care costs to our state and local budgets at a time when they are already under pressure due to the slowing economy. According to the House Committee on Government Oversight and Reform, implementation of the regulations would cost North Carolina at least \$2.6 billion in federal Medicaid reimbursement over the next five years. This number places North Carolina in the top five most heavily impacted states in the country.

We urge Congress to extend the existing moratoria and put the already implemented regulation restricting targeted case management (TCM) services for a variety of vulnerable populations on hold.

SCHIP Program Needs More Funding to Cover Currently Uninsured Children

The August 17th CMS directive is preventing North Carolina from providing more currently uninsured children with health insurance, but it is not the only obstacle. The SCHIP program has been continued through March 2009 at a level that allows continuation of services to currently

enrolled children, but the program needs additional funding to allow North Carolina and other states to expand their coverage to more children. President Bush has twice vetoed bi-partisan SCHIP reauthorization bills that would have expanded the program to cover more children. We realize this may not be the most likely reform to be undertaken this session, but in the long-term it is as crucial an issue for North Carolina as the August 17th directive and the Medicaid regulations. We urge you on behalf of all of North Carolina's uninsured children to keep SCHIP funding on your list of priorities.

Thank You

We commend you for efforts to date to improve the health of North Carolina's children. To protect vulnerable children and others who rely on Health Choice and Medicaid as well as on other crucial health care programs and services, we now urge all of you to provide further leadership on rescinding the August 17th CMS directive, more adequately funding the SCHIP program, extending existing moratoria on harmful regulations before their expiration this spring and implementing additional moratoria on more recently issued regulations. Please see the attached chart for more information about current legislative efforts on these fronts.

Sincerely,

Mandy Ableidinger
Sorien Schmidt
Tom Vitaglione
Action for Children North Carolina
Raleigh, NC

Dave Richard
Julia Leggett
The Arc of North Carolina
Raleigh, NC

Brian Lewis
Covenant for North Carolina's Children
Raleigh, NC

Adam Searing
NC Justice Center's Health Access Coalition
Raleigh, NC

—

Dr. Ginny N. Britt, Executive Director
The Advocacy for the Poor, Inc.
Winston-Salem, NC

NORTH CAROLINA

John K. Horne, Jr., Owner and CEO
Alpha Omega Health, Inc.
Raleigh, NC

Asheville Democracy for America
Asheville, NC

Allison Jordan, Executive Director
Children First of Buncombe County/Communities in Schools Asheville
Asheville, NC

David Mills
Common Sense Foundation
Durham, NC

Durham County Department of Social Services
Durham, NC

Jeannie Sherrill
The Family Center
Charlotte, North Carolina

David T. Tayloe, Jr., MD, FAAP
Goldsboro Pediatrics, PA
Goldsboro, NC

Sally Cook
Faith Link Assistant
Interfaith Assistance Ministry
Hendersonville, NC

Legal Services of Southern Piedmont
Charlotte, NC

Mélange Health Solutions
Charlotte, NC

Joseph T Inglefield III MD, President
NC Allergy and Asthma Society
Raleigh, NC

North Carolina Association for the Education of Young Children
Raleigh, NC

NORTH CAROLINA

Jarrett Barnhill, MD, Chair
NC Commission on Children with Special Health Care Needs
Raleigh, NC

J. George Reed, Executive Director
North Carolina Council of Churches
Raleigh, NC

North Carolina Interagency Coordinating Council for Children Ages Birth to Five with
Disabilities and Their Families
Raleigh, NC

North Carolinians Against Gun Violence Education Fund
Chapel Hill, NC

Patricia M. Garrett, Ph. D.
PMG ASSOCIATES, LLC
Raleigh, NC

Prevent Child Abuse North Carolina
Raleigh, NC

Cathy Lyons-Spear, group leader
RESULTS- Asheville Chapter
Asheville, NC

RESULTS—Chapel Hill Chapter
Chapel Hill, NC

Mary Jo Deck
Staurolite Resource Group
Brasstown, NC

Youth Homes Inc.
Charlotte, NC

cc: Governor Mike Easley



VOICES FOR OHIO'S CHILDREN

February 28, 2008

Representative John Boehner
1011 Longworth H.O.B.
Washington, DC 20515

Dear Representative Boehner:

Over the last year the Administration has proposed or issued regulations that will force states to make significant changes to Medicaid. If implemented, the changes will withdraw federal support for important health care services and threaten access to health care for thousands of Ohio's most vulnerable citizens. By shifting costs to the state and to local governments, the regulations would force Ohio to make difficult choices between critical education, public health, and social services. As a broad cross-section of advocates and health care and social service providers, we strongly urge you to protect our state from these harmful changes by passing legislation to extend existing moratoria on detrimental regulations and to delay additional regulations that will go into effect if Congress fails to act. (The attached table provides more detail about the regulations and pending legislation.)

A bipartisan initiative in Ohio's 2008-2009 state budgeted resulted in a plan to expand Medicaid/SCHIP to cover an estimated 35,000 uninsured children living between 201%-300% of the federal poverty level. The Centers for Medicare and Medicaid Services (CMS) denied Ohio's request to implement this expansion on December 20, 2007, citing an August 2007 CMS directive. Ohio is now seeking approval from CMS to expand Medicaid/SCHIP coverage to children who live in families with incomes up to 250% of the federal poverty level. An estimated 12,000-14,000 uninsured Ohio children who live in families with incomes between 251-300% will be shut out from health coverage.

In addition to limiting Ohio's ability to fully implement our child health expansion, CMS regulations will curtail the quality of health care for many Ohioans on Medicaid. Ohio is committed to helping more people with disabilities relocate from institutions to home and community-based settings, an initiative which both saves money and improves services for families. The proposed regulatory change in targeted case management seriously undermines the success and efforts of the Money Follows the Person Initiative which was embraced in the President's New Freedom Initiative. Because these regulations restricting federal reimbursement for case-management services become final on March 3, 2008 we urge Congress to act quickly to delay implementation of this regulation.

Last year, Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of regulations that would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and it will be particularly damaging for Ohio if the regulations go into effect. While these regulations are harmful in their own right, they are even more troubling because – if not delayed – they will shift millions of dollars in health care costs to state and local budgets at a time when they are already under pressure due to the slowing economy. Ohio's projected budget shortfall in the 2008-2009 biennium may range between \$733 million and \$1.9 billion. Governor Strickland has directed state agencies to implement \$733 million in budget cuts, and more are likely on the way. The proposed regulations—which withdraw federal support for critical services—will only exacerbate Ohio's challenging fiscal situation.

Ohio's children should have medical coverage so that they can grow up healthy, succeed in school and become productive citizens. By working with your colleagues to eliminate these Administrative policies you can demonstrate your support of Ohio's children and families and your leadership on children's health issues.

We, the undersigned organizations, look forward to your leadership as we work together to strengthen this important public program.

Sincerely,

Achievement Centers for Children
Alliance of Child Caring Service Providers
Beech Brook
Bellefaire JCB
Bellflower Center for Prevention of Child Abuse
Case Western Reserve University Medical Students Invested in Children's Health
Center for Mental Retardation, the Arc of Cuyahoga County
CONNECTIONS/NEOHS
Council of Agency Directors
Cuyahoga County Board of Health
Doug Smith Consulting, L.L.C.
Easter Seals Northern Ohio
Emmanuel Community Care Center
Family Voices Ohio
Juvenile Justice Coalition (Ohio)
Legal Aid Society of Southwest Ohio
Mt. Pleasant Community Zone
Neighborhood Family Practice
Ohio Association for the Education of Young Children
Ohio Association of School Nurses
Ohio Council of Behavioral Healthcare Providers
Planned Parenthood of Northeast Ohio
Positive Education Program
Providence House
Public Children Services Association of Ohio
Rainbow Babies & Children's Foundation
Shaker Family Center
The Cleveland Foundation
The MetroHealth System
The Ohio State University Medical Center
The Social Justice Committee of the Church of the Covenant
United Way of Greater Cincinnati
United Way of Trumbull County
Voices for Ohio's Children
We Are The Uninsured
West Side Ecumenical Ministry

March 10, 2008

The Honorable Earl Blumenauer
United States House of Representatives
2267 Rayburn House Office Building
Washington, DC 20515

VIA FAX: (202) 225-8941

Dear Congressman Blumenauer:

We are a broad cross-section of Oregon health and human service advocates, providers, faith leaders and business groups. We write to express our concern about the detrimental impact that Medicaid regulations recently issued by the White House will have on essential health services for vulnerable Oregonians, providers, and state and local budgets. It is imperative that Congress impose or extend moratoria on these rules.

The new regulations — one of which is set to take effect as early as March — will reduce federal health care funds to Oregon by an estimated \$163 million in 2009 and by \$865 million over the next five years, according to the Oregon Department of Human Services. Congressional moratoria that had delayed implementation of many of these regulations will expire this spring unless Congress acts to extend them.

The impact of the new regulations on Oregonians is summarized in the attached fact sheet. As it shows, among those bearing the brunt of the funding cuts will be children in foster care, high-risk infants, children and adults with physical or mental disabilities, and others with serious health conditions.

The funding cuts imposed by the regulations would hit Oregon at a particularly difficult time. The troubled economy has begun to pressure state and local budgets. The latest revenue forecast by state economists shows that the State of Oregon lacks the means to absorb cost-shifts of the magnitude that the regulations will impose. In addition, Oregon providers typically have few options to shift costs to other sources in an effort to protect vulnerable beneficiaries if reimbursements are cut.

We want to thank you for your recent support of legislation to establish a moratorium on the regulation concerning targeted case management. Your leadership to protect Oregon in this way is crucial and appreciated.

We respectfully urge you to protect essential health services to vulnerable Oregonians by supporting moratoria on all of the rules of concern.

Sincerely,

Advocacy Coalition of Seniors and People with Disabilities
AFT-Oregon, AFT, AFL-CIO
CareOregon
Children First for Oregon
Coalition for a Healthy Oregon
Community Action Partnership of Oregon
Disability Navigators, Inc.
Ecumenical Ministries of Oregon
Gray Panthers of Oregon
Human Services Coalition of Oregon
Lane Individual Practice Association
McClaine Street Clinic (Silverton, Oregon)
National Council of Jewish Women, Oregon State Public Affairs
Oregon Action
Oregon Advocacy Center
Oregon AFL-CIO
Oregon Alliance of Children's Programs
Oregon Alliance for Retired Americans
Oregon Association of Hospitals and Health Systems
Oregon Business Association
Oregon Center for Public Policy
Oregon Consumer League
Oregon Developmental Disabilities Coalition
Oregon Developmental Disabilities Council
Oregon Health Action Campaign
Oregon Hunger Relief Task Force
Oregon Pediatric Society
Oregon Primary Care Association
Oregon School-Based Health Care Network
Oregon Small Business for Responsible Leadership
Oregon State Council for Retired Citizens
Oregonians for Health Security
Rose Community Development
Rural Organizing Project
Self-Advocates as Leaders
The Oregon Medical Association
The Oregon Trail Democrats
United Seniors of Oregon
Wallowa Valley Center for Wellness

New Medicaid Regulations Will Reduce Federal Health Care Dollars to Oregon

Rules will affect essential health services for vulnerable Oregonians

The Bush Administration has issued a number of Medicaid regulations over the last year that will substantially reduce federal health care investment in Oregon — by \$163 million in federal fiscal year 2009 and by \$865 million over the next five years, according to an analysis by the Oregon Department of Human Services.¹

The regulations make unilateral changes to longstanding Medicaid law and go well beyond the intent of Congress when it enacted recent health care legislation. Concern about the rules led Congress to delay implementation of many of the regulations, but the rules will go into effect this spring unless Congress takes further action.

How will the new Medicaid regulations impact Oregon?

Targeted case management. New rules limit federal funds for case management services that help Medicaid beneficiaries receive needed medical, social and educational services. In Oregon these services benefit children in foster care, high risk infants, and people with physical or mental disabilities and addictions. Estimated impact: \$52 million in FY 2009 and between \$288 and \$316 million in FY 2009-2013. Effective: March 3, 2008.

Rehabilitation services. New rules limit federal funds for types of rehabilitative services for children and adults with mental illness or developmental disabilities. Estimated impact: \$72.9 million in FY 2009, and \$378.6 million in FY 2009-2013. Congressional moratorium until June 30, 2008.

School-based services. New rules eliminate federal funds for outreach, enrollment assistance, coordination of health care, and related activities by school personnel to enroll eligible children in Medicaid. Rules also bar use of federal funds for transporting children with special health needs to school if they receive needed health services at school. Estimated impact: \$10.3 million in FY 2009 and \$54.8 million in FY 2009-2013. Congressional moratorium until June 30, 2008.

Government Provider Cost Limit. New rules impose additional cost reporting requirements on the state Medicaid agency and governmental health safety net providers. Estimated impact: \$6.2 million in FY 2009 and \$33 million in FY 2008-2013. Congressional moratorium until May 25, 2008.

Graduate Medical Education. New rules eliminate federal funding that Oregon and most states use to reimburse teaching hospitals that typically serve the most vulnerable. Such hospitals incur additional costs associated with their mission of educating physicians and caring for patients who require more complex care. Estimated impact: \$21.1 million in FY 2009 and \$110.7 million FY 2009-2013. Congressional moratorium until May 25, 2008.

Proposed legislation that would delay harmful Medicaid regulations

HR 5173; S 2578	Temporarily delays Targeted Case Management regulation
HR 4355	One-year moratorium on School-based Services and Rehabilitation Services regulations
HR 3533	Extends by one year the moratorium on Government Provider Cost Limit and Graduate Medical Education regulations
S 2460	Extends by one year the moratorium on Government Provider Cost Limit, Graduate Medical Education and Out Patient Clinic regulations

Additional Resources:

Department of Human Services response to U.S. House of Representatives Committee on Oversight and Government Reform, February 15, 2008, available at <http://www.ocpp.org/2008/Binder1.pdf>.

Administration's Medicaid Regulations Will Weaken Coverage, Harm States, and Strain Health Care System, Center on Budget and Policy Priorities, revised February 22, 2008, available at <http://www.cbpp.org/2-13-08health.pdf>.

Medicaid: Overview and Impact of New Regulations, Kaiser Commission on Medicaid and the Uninsured, January 2008, available at <http://www.kff.org/medicaid/upload/7739.pdf>.

¹ Department of Human Services response to U.S. House of Representatives Committee on Oversight and Government Reform, February 15, 2008, available at <http://www.ocpp.org/2008/Binder1.pdf>. This document notes that a new regulation to reduce provider tax revenues that in Oregon support the Oregon Health Plan Standard Plan will reduce Oregon revenues in FY 2008 by \$8.5 million and by \$28.3 million in FY 2008-2013. The reduced provider tax rate contained in this regulation is based on a law Congress passed in 2006. Because the provider tax reduction aspect of the regulation is not beyond the intent of Congress, its Oregon impact is not reflected in this fact sheet's figures for impacts in 2009 or 2009-2013.

This work is made possible in part by the support of the Ford Foundation, the Governance and Public Policy Program of the Open Society Institute, the Stoneman Family Foundation, the Gray Family Fund of the Oregon Community Foundation, the Oregon Education Association, the Oregon School Employees Association, and by the generous support of organizations and individuals.

The Oregon Center for Public Policy is a part of the State Fiscal Analysis Initiative (SFAI) and the Economic Analysis and Research Network (EARN).

VIRGINIA COALITION FOR CHILDREN'S HEALTH

700 E. Franklin Street - Suite 14T1
Richmond, VA 23219
804-782-9430

February 28, 2008

Fax 202-225-8351

4 pages

To the Honorable Representative Robert Scott:

Over the last year the Administration has proposed or issued regulations that will force states to make significant changes to their Medicaid programs. If implemented, the changes will withdraw federal support for important health care services and threaten access to health care for millions of Virginia's most vulnerable citizens. By shifting costs to the state and to local governments, the regulations would force Virginia to make difficult choices between critical education, public health, and social services. We strongly urge you to protect our state from these harmful changes by passing legislation to extend existing moratoria on harmful regulations and to delay additional regulations that will go into effect if Congress fails to act. (The attached table provides more detail about the regulations and pending legislation.)

The regulations will primarily impact Virginia hospitals, school divisions and providers of mental health services, and the changes will hurt children. According to the Virginia Department of Medical Assistance Services (DMAS), the adverse impacts include the following:

Changes to Targeted Case management – Virginia Community Services Boards depend upon Medicaid for case management services provided to their clients with mental illness and mental retardation. They may lose significant financial support under this provision and also be unnecessarily limited in the scope of case management services allowed. The rules are expected to reduce services for some long-term rehabilitation services and multiple types of case management services, including transportation.

These regulations will also directly impact at-risk children such as foster care and Part C children who benefit from medical case management.

Elimination of payments for certain school services – For many years, Virginia Medicaid and Virginia's public schools have been partners to insure that eligible children have access to health insurance and health services. Under these regulations, Virginia would lose more than \$25 million in federal funds – one-half which goes to school divisions. If this is eliminated, students' access to necessary health services will be complicated or lost. We agree with DMAS - these regulations are an "overreaction to perceived problems in the past," and they will result in harmful cuts to young Medicaid recipients.

Changes to Graduate Medical Education funding for Medicaid – Virginia Hospitals would lose more than \$31 million annually. Of particular concern is the fact that MCV and UVA would lose funding that currently helps to cover their indigent care losses.

In a February 14th, 2008 letter to Congressman Waxman opposing these regulations, our Medicaid agency, DMAS, wrote:

“In some cases...much of the policy embedded in the regulation is dubious or pointless. In other cases, the regulations represent a reversal of longstanding policy, such as Medicaid reimbursement for GME or school administrative costs. It is our hope that Congressional review will be more responsive than CMS has been to concerns of state Medicaid agencies, Medicaid beneficiaries and Medicaid providers.”

Last year, Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of these regulations since they would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and it will be particularly damaging for Virginia if the regulations go into effect.

While these regulations are harmful in their own right, they are even more troubling because – if not delayed – they will shift millions of dollars in health care costs to state and local budgets at a time when they are already under pressure due to the slowing economy. As you know, the Virginia General assembly is currently trying to address a \$2 billion deficit in the current fiscal year and the next biennium. Major cuts have already been proposed in the pending budgets from the House of Delegates and Virginia Senate.

To protect vulnerable children, seniors and people with disabilities who rely on Medicaid as well as our health care safety net and other critical state services, please support the efforts that are underway to extend existing moratoria before their expiration this spring and to implement additional moratoria on more recently issued regulations.

Sincerely,

VIRGINIA COALITION FOR CHILDREN’S HEALTH

By - Jill Hanken, Staff Attorney
Virginia Poverty Law Center

Attached: Coalition Members
 Chart of Medicaid Regulations

VIRGINIA COALITION FOR CHILDREN'S HEALTH
2008

American Academy of Pediatrics – Virginia Chapter
Blue Ridge Care Connection for Children
Bon Secours Health System - Virginia
Central Virginia Health Planning Agency
Child Development Resources, Inc.
CHIP of Roanoke Valley
CHIP of Virginia
Children's Hospital of Richmond
Children's National Medical Center
Consortium for Infant and Child Health (CINCH)
Doral Dental USA, LLC
Faces of Virginia Families
Jefferson Area Board for Aging (JABA)
Jewish Community Relations Council of Greater Washington
Kool Smiles
Law Center for Children – Legal Services of Northern Va.
Legislative Coalition of Virginia Nurses
March of Dimes
MediCorp--Mary Washington Hospital
Northern Virginia Access to Health Care Consortium
Partnership for People with Disabilities
Potomac Hospital
Prevent Child Abuse Hampton Roads
REACH
School Nutrition Association of Virginia
SIDS Mid-Atlantic
Smart Smiles – Boys & Girls Club of Metro Richmond
Social Action Linking Together (SALT)
Success By 6 Partnership of Greater Richmond
Virginia Academy of Family Physicians
Virginia Association of Community Services Boards
Virginia Association of School Nurses
Virginia Community Healthcare Association
Virginia Dental Association
Virginia Dental Hygienists Association
Virginia Interfaith Center for Public Policy
Va. Leadership Education in Neurodevelopmental Disabilities (Va-LEND)
Virginia Nurses Association
Virginia Organizing Project
Virginia Poverty Law Center
Virginia Rural Health Association
Voices for Virginia's Children

February 17, 2008

The Honorable Shelley Moore Capito
Representative
1431 Longworth House Office Building
Washington DC 20516

Dear Representative Capito:

Over the last year the Administration has proposed or issued regulations that will force states to make significant changes to Medicaid. If implemented, the changes will withdraw federal support for important health care services and threaten access to health care for thousands of West Virginia's most vulnerable citizens. By shifting costs to the state and to local governments, the regulations would force West Virginia to make difficult choices between critical education, public health, and social services. As a broad cross-section of advocates and health care and social services providers, we strongly urge you to protect our state from these harmful changes by passing legislation to extend existing moratoria on harmful regulations and to delay additional regulations that will go into effect if Congress fails to act. (The attached table provides more detail about the regulations and pending legislation.)

Last year, Congress acted on a bipartisan basis to pass legislation to temporarily delay implementation of regulations that would have significantly restricted federal support for services provided to children in schools, for rehabilitation services provided to children and people with disabilities, and for our health care safety net. These moratoria are scheduled to expire this spring and it will be particularly damaging for West Virginia if the regulations go into effect.

While these regulations are harmful in their own right, they are even more troubling because – if not delayed – they will shift millions of dollars in health care costs to state and local budgets at a time when they are already under pressure due to the slowing economy.

To protect vulnerable seniors, children, and people with disabilities who rely on Medicaid as well as our health care safety net and other critical state services, please support the efforts that are underway to extend existing moratoria before their expiration this spring and to implement additional moratoria on more recently issued regulations.

Sincerely,

Perry Bryant
West Virginians for Affordable Health Care

Sam Hickman
National Association of Social Workers
West Virginia Chapter

Evelyn Dortch
Direct Action Welfare Group

Renate Pore
Healthy Kids and Families Coalition

Todd Garland

WEST VIRGINIA

Diocese of Wheeling-Charleston

Carol Warren
West Virginia Council of Churches

Beth Hammond
Prestera Center

Ellen Ward
Mental Health Association

John Russell
West Virginia Behavioral Health Center Association

Rick Wilson
American Friends Service Committee

Teresa Brown
West Virginia Advocates