

## Chairman Dingell at the Subcommittee on Health Hearing entitled, "Helping Families with Needed Care: Medicaid's Critical Role for Americans with Disabilities"

Statement of Congressman John D. Dingell, Chairman  
Committee on Energy and Commerce

### SUBCOMMITTEE ON HEALTH HEARING ENTITLED

“HELPING FAMILIES WITH NEEDED CARE: MEDICAID’S CRITICAL ROLE FOR AMERICANS WITH DISABILITIES”  
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Today’s hearing will focus on a critical source of health care for Americans living with disabilities: the Medicaid program. Millions of people with disabilities -- frail seniors in nursing homes, children born with birth defects, people struggling with mental illness or intellectual disability, adults whose disabilities occur later in life -- depend on Medicaid for needed services, including services not available from other sources of insurance.

Medicaid provides almost 40 percent of all long-term care services delivered in this country and covers nearly half of all nursing home expenditures in the U.S., making it the Nation’s largest single payer of long-term care.

One of the challenges we face is how to improve access to services in the community rather than require admission to nursing homes to receive them. Those who receive community-based services have an improved quality of life, and are better able to be near family and friends. States have taken some steps to improve the availability of community services. The “Money Follows the Person” demonstration, which provides States one year of enhanced funding for each person transitioned back into the community, is a good first step. This has an unfortunate requirement, however, that a person must first live in an institution for six months in order to be eligible for this transition program, which is counter productive to this goal.

The availability of waivers, and the new State option to provide community and home-based services without a waiver, provides critical tools for the transition to community care. But again, the income and resource thresholds often mean that people with disabilities must choose between better-paid employment and the health services that allow them to remain in their community. And yet, tens of thousands of people are on waiting lists for waiver places, nearly 260,000 in 2005, a clear indication of the need to expand these vital programs.

Unfortunately, while States have been making some progress at transitioning individuals back into their communities, the Administration is trying to hold them back rather than forward. It has proposed regulations that will seriously curtail or eliminate the ability of people living with disabilities to receive needed services. For example, limiting transportation services for disabled children who receive health services in schools, and restricting rehabilitation services to those with long-term disabilities because they may never fully recover, is short-sighted and a source of harm for those affected by such regulations.

I thank the witnesses who are here today. Their testimony will detail the challenging task of improving community options for people with disabilities. Medicaid has given us an excellent foundation, but more work is needed to update its provisions. I also welcome our visitors and guests today, who are both present at this hearing or watching this broadcast. We are pleased you are here and I commend your efforts in this worthy endeavor.

Prepared by the Committee on Energy and Commerce  
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