

# The Disability and Aging Collaborative

April 2, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Charles Schumer  
Minority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Leaders McConnell and Schumer and Speaker Pelosi and Leader McCarthy,

The Disability and Aging Collaborative (DAC) is a group of over 40 national Disability and Aging organizations that work together to promote policies to support the unique needs of people with disabilities and aging adults.

People with disabilities and older adults are particularly at risk as COVID-19 spreads across the country, facing high risk of complications and death if exposed to the outbreak and needing to isolate to protect themselves. Going forward into negotiations around the fourth package, we urge Congress to prioritize people with disabilities and older adults and the critical needs that the community has.

We thank you for including in the CARES Act a number of policies to assist people with disabilities and older adults during this time of crisis. This included:

- \$955 million for Administration for Community Living programs providing vital non-Medicaid home and community-based supports to older adults and people with disabilities through the Older Americans Act and Centers for Independent Living. These important discretionary investments include support for nutrition services, in-home assistance, legal services and information and referral assistance efforts to older adults, people with disabilities and their caregivers. (Title VIII)
- \$200 million to support additional infection control surveys and support states' efforts to prevent the spread of coronavirus in nursing homes. (Title VIII)
- Short-term extension of Money Follows the Person and the Medicaid spousal impoverishment protections for home and community-based services (Secs. 3811/3812)
- Allowing Medicaid to cover direct support professionals in the hospital and acute care settings (Sec. 3715)
- Allowing flexibility for nurses to certify need for Medicare home health services (Sec. 3708)
- Requiring Medicare Part D/MA-PD plans to allow up to three-month supply of refills during COVID-19 emergency period (Sec. 3714)
- Broadening use of telehealth in Medicare including for hospice recertification, home dialysis, and audio-only communications (Sec. 3703 and 3706)

- Waiving required minimum distributions in retirement accounts for 2020 (Sec. 2203)

#### **Recommendations for Package Four:**

Specifically, as the fourth piece of COVID-19 legislation moves forward, we urge Congress to ensure that these crucial elements that will help the disability community are included in the next COVID-19 legislative package:

#### **Home and Community-Based Services (HCBS)**

- Make the Money Follows the Person and the Medicaid spousal impoverishment protections for home and community-based services permanent, which has bipartisan support from the Senate Finance Committee. Many states fail to respond to short-term extensions. These programs are critical to meaningful access to receiving care and services at home. They will help keep people out of institutions and transition people back home and away from the congregate settings that are especially dangerous to aging adults and people with disabilities right now.
- Increase FMAP match beyond the 6.2% to ensure that Medicaid and state governments have the resources they need to ensure care for people with disabilities. We recommend 12% , as requested by the National Governors Association, and strong maintenance of effort protections.
- Pass the *Coronavirus Relief for Seniors and People with Disabilities Act* (H.R. 6305, S. 3544) including its HCBS grants to support Direct Support Professional (DSP) and Home Health Workforce and to support aging adults and people with disabilities in their homes and communities. The bill would also automatically enroll individuals who have \$19,000 or less in income and limited savings in the Medicare Savings Programs to cover the cost of their Medicare Part B premiums and cost-sharing.
- Designate Direct Support Professionals and other direct care workers as essential personnel. This will ensure these workers access to PPE and childcare supports.
- Expand food assistance to low-income Americans. Increase SNAP funding, streamline the application process, extend the certification period to 36 months, waive the initial and recertification interviews, and allow for a standard medical deduction.

#### **Medication/Treatment**

- Ensure that all treatment for COVID-19 is provided at no cost for all individuals whether insured or not. The Families First Coronavirus Response Act focuses on testing, not treatment.
- Extend 90-day refill rule to all payers. As Congress recognized in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, everyone should have access to medication and supplies refills for 90 days, including allowances for partial fills and controlled substances, without cost sharing and with financial assistance to allow for self-isolation for at-risk people with disabilities. The protections extended in the CARES Act to Medicare beneficiaries should be extended to all payers and should include controlled substances.
- Eliminate the asset test for the Medicare Part D Low-Income Subsidy to remove a barrier to this critical assistance and ease administrative burden ([H.R. 4628](#)). Beneficiaries should not be penalized for doing the right thing by putting aside a nest egg of savings.

- Ensure that service providers have access to the necessary training, equipment and medical supplies.
- Ventilator and PPE Production: Congress must appropriate funds specifically for ramping up production of both Personal Protective Equipment and ventilator production. The Secretary of Health and Human Services should be given authority to expedite bringing new production facilities online and do everything possible to mobilize a “whole-of-country” response to meet these production challenges.
- Increase funding and flexibility to improve access to virtual and telephonic health promotion and disease prevention programs under the Older Americans Act, such as those that improve chronic disease management, and address depression and behavioral health concerns.

#### **Paid Leave/Sick**

- Expand to workers who are caring for an adult with a disability or aging family member whose program has closed or care worker in paid sick leave and expanded family and medical leave benefits. This was not included in the Families First Coronavirus Response Act or in the CARES Act.

#### **Transportation/Infrastructure:**

- Fund USDOT's Section 5310 program which provides specialized transit services for people with disabilities where other services are unavailable, insufficient or inappropriate.
- Convene the Coordinating Council on Access & Mobility to identify alternatives to receiving services, groceries, care, etc. if transit shuts down and traveling is not an option (as it has in some areas).
- Maintain paratransit service areas during and after the pandemic. Reestablish all transit bus routes entirely after the pandemic and maintain as much as possible during.
- Congress should also continue investment in the infrastructure of services by passing the HCBS Infrastructure Improvement Act (S. 3277).

We appreciate the expediency with which the Senate and House have acted to approve previous legislative packages to respond to the ongoing health and economic emergency facing the country. We urge lawmakers and leadership to continue their efforts to incorporate the above priorities into the next phase of emergency response legislation. If you have any questions, feel free to contact DAC co-chairs Nicole Jorwic ([jorwic@thearc.org](mailto:jorwic@thearc.org)) and Howard Bedlin ([Howard.Bedlin@ncoa.org](mailto:Howard.Bedlin@ncoa.org))

Sincerely,

Disability and Aging Collaborative