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MY VIEW

Renovating Medicaid and the Affordable Care Act

By Robert Stack Jul 22, 2017 Updated Jul 22, 2017



You would think that other than being elected, Congresswomen Michelle Lujan Grisham and Cathy McMorris Rodgers, Sens. Lindsey Graham and Rand Paul have little in common. Grisham is from New Mexico, Sen. Rand Paul, Kentucky, McMorris Rodgers is from Washington, and Sen. Graham is from South Carolina.

The common thread for all of them is that they have been or are directly impacted on a personal level

by someone with significant disabilities. One had a sister (Grisham); one has a brother (Paul); one had a mother (Graham); and one a child (McMorris Rodgers) who could have benefited from the Medicaid portion of the Affordable Care Act.

These politicians have written scripts on the Affordable Care Act. They follow the party line and they can work together. In order for Congress to come to agreeable terms on the Affordable Care Act, they need to reconstruct, not demolish it, and segregate the Medicaid portion from the rest of the Affordable Care Act.

Medicaid was designed for people with significant disabilities. There seems to be a growing stereotype among the general public piled on by media and some congressional leaders that people who “collect” supplemental security income and are “on” Medicaid are scamming gamers who spend their time doing nothing more than work to avoid working.

Medicaid funding covers a wide range of folks with disabilities, many of them personally touched by members of Congress. It spans from a person with Down syndrome to those who have difficulty conveying complex concepts with chronic health conditions. Some need support to maintain gainful employment, while others require complete and total medical care.

For those who do receive Medicaid-funded services, staff work tirelessly for an average of \$12 an hour to provide these supports. In our quest to repeal “Obamacare,” we have forgotten, or we are choosing to forget, that the very safety net that Congress is proposing to unravel is built specifically for their friends, family members, neighbors and loved ones with disabilities.

People with disabilities are faced with a double-edged sword. They often need to overcome the assumption of a typical employer believing they cannot do the job. If they are turned down repeatedly, they are confronted with a public misperception that they are looking for a handout from Medicaid. They could benefit from “adapted apprenticeships.”

President Donald Trump knows that sometimes you do not need to tear down a building to improve it. You can use portions, demo parts and rehab the rest. One example is the renovation of the former post office in Washington, D.C. It is a beautiful hotel and a perfect application of taking an obsolete structure and making it gorgeous, relevant and useful.

We can renovate, not demolish, the Affordable Care Act by keeping what works and repealing the rest. It is possible to reform systems not only to support, but also to promote and invest in people with disabilities.

President Trump has the ability to build consensus on both sides of the aisle by reviewing what can be renovated rather than destroyed. Some aspects, such as over-regulation, can be removed, but elements promoting employment and quality of life are salvageable.

Medicaid providers spend more time documenting the care than providing it because of governmental regulations. If Medicaid is to be reformed, we need to redirect public resources to provide supports that are better, not necessarily more expensive.

There are states in our country where people live in institutional settings that would remind one of a developing country, and yet these settings are very expensive. The president could incentivize states to close these large institutional settings that simply are not necessary or conducive to the provision of quality assistance.

Congress needs to renovate the Affordable Care Act by carving out Medicaid. They need to act in a bipartisan effort remembering the constituents who have touched their lives.

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