



Testimony on LB 472
Before the Nebraska Legislature
Health and Human Services Committee
February 25, 2015
Brad Meurrens

Disability Rights Nebraska

Good afternoon Senator Campbell and members of the Health and Human Services Committee. For the record my name is Brad B-R-A-D Meurrens M-E-U-R-R-E-N-S and I am the Public Policy Specialist with Disability Rights Nebraska, the designated Protection and Advocacy organization for Nebraskans with disabilities. I am here today in support of LB 472.

LB 472 would provide an opportunity for individuals who have traditionally been locked out of healthcare access to have a real chance at getting healthcare coverage. We support LB 472 because simply put, it increases access to vital healthcare coverage for thousands of Nebraskans who would traditionally find it impossible or difficult to obtain healthcare coverage otherwise. For many people with disabilities who are not able to access either traditional Medicaid or the insurance exchange, this is a real opportunity to maintain or improve their health status. Access to healthcare should not be relegated to those who are affluent, have employer-sponsored insurance, or are “fortunate” enough to have a health condition so severe (assuming that they meet the other criteria—for example, not a single, childless adult) that they could potentially qualify for traditional Medicaid.

We applaud the focus on those Nebraskans with disabilities and/or significant health conditions in this bill. It is false to assume that all Nebraskans with disabilities or who have exceptional medical conditions are currently covered (or would be covered) by traditional Medicaid. Not all people with disabilities, or those who would have “exceptional medical conditions”, meet the eligibility limits for traditional Medicaid. Thus without LB 472, many people are left in the gap between current Medicaid eligibility and

the insurance exchanges under the Affordable Care Act. The National Association of State Mental Health Program Directors notes that:

“Many people recognize Medicaid as a program that provides coverage to the poor, but few know that millions of working adults—mainly childless—do not currently qualify for Medicaid even if they have little income. And about 25 percent of this population has serious and moderate behavioral health conditions. The Medicaid expansion will significantly increase access to health insurance which is the pass-key to receiving high-quality care.”

Even if Nebraska chooses not to pass LB 472, Nebraska will still have to serve uninsured people with or without disabilities in hospital emergency rooms at a much higher cost (and very little opportunity to recoup the expense) than in other settings.

LB 472 presents Nebraska with the opportunity to provide healthcare to thousands of our citizens who would otherwise be forced to go without or to access more costly avenues. It provides a real opportunity for individuals with disabilities to go to work or return to work and earn more, get a new or better job, or even take a pay raise without the constant fear of losing Medicaid eligibility due to (even marginal) increased earnings. It provides those Nebraskans with disabilities in the coverage gap a real opportunity to access healthcare in a timely, planned, and comprehensive manner; not in costly environments or when the situation reaches a crisis. LB 472 provides a real opportunity for individuals with mental illness to access healthcare and treatment systems to prevent being swept up in the criminal justice system:

“By failing to provide early intervention and adequate ongoing treatment and supports, a mental health system’s routine operation perpetuates the crisis cycle that places people at risk of police intervention.”

The Texas Tribune notes the important link between available services for persons with mental illness and corrections:

“If community-based services aren’t around to help, said Kelly, who has worked in the Harris County Jail for more than a decade, he knows he will

see them again. 'We let them out the door only to crash and burn,' he said. 'We're setting them up for disaster.'"

While these authors are focusing on the robustness of available community-based mental health treatment and resources dedicated to it, we hold the same would be true for people with mental illness who are denied access to the existing array of mental health treatment and services.

However, we recommend that this committee make a slight change in the composition of the Medicaid Redesign Task Force. We would suggest that the Task Force also be required to have representation from an individual with a disability, an individual who would have "exceptional medical conditions", and an individual who has or currently utilizes Medicaid to help the Task Force get a sense of how potential changes to Medicaid would affect individuals and families "on the ground".

Ultimately, we recommend this committee advance LB 472.