

FOR IMMEDIATE RELEASE**Disability Community Warns Gov. Abbott of Block Grant, Per Capita Cap Risks**

AUSTIN, TX (Mar. 1, 2017)—In an open letter sent to Governor Greg Abbott last week, disability rights group ADAPT of Texas explained the probable damage of repeal of the Affordable Care Act (ACA) and adoption of Block Grants or Per Capita Caps on Medicaid.

As lawmakers in Washington DC debate repealing and replacing the ACA, supporters fear the worst—particularly in Texas, whose uninsured rate remains the highest in the nation, despite increased coverage under the ACA. At least 4.5 million Texans under 65 with commercial insurance have pre-existing conditions that would have resulted in a denial of coverage before the ACA. The ACA has opened coverage to more persons with mental health issues. It has allowed Texas to implement the Community First Choice Option, a groundbreaking program for attendant care for people with disabilities that brings the State extra federal match dollars.

ADAPT noted in their letter that changing Medicaid to a Block Grant or Per Capita Cap would "harm the health, independence, and well-being of hundreds and hundreds of thousands" of Texas children and adults with disabilities.

"Flexibility in Medicaid programs without funding would result in many low income people with disabilities and seniors losing critical in home community attendant services that allows people to live independently and age in place," said Bob Kafka of ADAPT.

The non-partisan Congressional Budget Office estimates recent block grant proposals could cut Medicaid spending by as much as a quarter over the next decade. "It is estimated Texas could lose \$4.8 billion in federal funds by the second year of the US House's block grant proposal adopted in 2016," said Anne Dunkelberg of the Center for Public Policy Priorities. For comparison, the recent Texas Medicaid therapy cuts that have caused so much harm were "only" \$350 million in combined state and federal dollars."

Without proper health care funding, states would be forced to make deep cuts and limit innovation. This would put low income beneficiaries (pregnant women, children, people with disabilities, and seniors) at the highest risk of experiencing an increase in health issues and losing cost-effective community integration services.

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Contact:

Bob Kafka (ADAPT of Texas) bob.adapt@sbcglobal.net, (512) 431-4085

Dennis Borel (CTD) dborel@txdisabilities.org, (512) 478-3366 x 302