

FULL FLOOR SPEECH FOR THE INTRODUCTION OF THE TRANSITION TO INDEPENDENCE ACT

Mr. President, I rise to discuss a bill I am introducing today, the Transition to Independence Act. The bill is a Medicaid demonstration program that will give incentives to states to achieve more integrated employment for people with disabilities.

Mr. President, the federal government funds a hodge podge of programs that provide supports for people with disabilities.

However, the largest of all programs providing supports for people with disabilities, the Medicaid program, could do much more to drive better outcomes.

The Medicaid program provides critical supports for people with disabilities including primary health care and home and community-based care.

This bill is unique in that it uses the resources of the Medicaid program to drive better outcomes for people with disabilities.

Mr. President, our public policy encourages people with disabilities to participate in society, to live in the community and to have integrated employment.

But what does the government do to encourage that outcome?

What does government do to insure that all people with disabilities have the opportunity to achieve their maximum participation?

I would argue, not enough.

The program that is the largest funder of supports for people with disabilities is Medicaid.

Unfortunately, Medicaid funding to states is in no way tied to producing better outcomes.

Now I know we can't just snap our fingers and make it so.

The federal government can't just order the states to do better.

The federal government needs to provide states the right incentives to achieve better outcomes.

That is the goal of the Transition to Independence Act.

This bill creates a five-year, 10-state Medicaid demonstration program.

States participating in the demonstration program will receive Medicaid bonus payments for meeting achievement targets for individual integrated employment.

Simply stated, as states move people with disabilities to integrated settings, they get more money.

States can also achieve additional funding for agreeing to give up new congregate placements.

States can achieve additional funding for ending vocation rehabilitation for congregate settings.

States can achieve additional funding for taking actions that will grow the workforce serving people with disabilities.

Finally, states can achieve additional funding for taking steps to improve interagency collaboration.

Mr. President, too much of disability policy occurs in isolated silos where people in charge of policy don't talk to each other.

There's health services, long-term supports, housing, education and workforce training, and transportation available to people with disabilities all run by people who aren't working together to maximize the outcome for the individual.

Now it is legitimate to ask: why can't states take these policy steps today?

They can take some actions of course.

But they have a significant financial incentive NOT to take these actions.

Mr. President, it will take a significant investment of resources for a state to achieve better outcomes for people with disabilities.

If a state wants to improve outcomes, it needs to invest in providing the supports necessary to help people with disabilities participate more fully in the community.

In the end, moving people with disabilities from more expensive congregate settings to more self-sufficient, integrated settings is better for the individual and ultimately better for the taxpayer because it will require less intensive, less expensive supports.

But under Medicaid, when a state makes that investment, it has to give half or more of the savings achieved back to the federal government.

Again, that's a serious disincentive for the states.

Basically, the bonuses I am proposing in this bill allow the states to keep the savings they achieve.

It is my intention that this bill be essentially budget neutral to the federal taxpayer while giving states a real incentive to achieve better outcomes.

Mr. President, we can build better supports for people with disabilities.

The term often used is a 'lifespan benefit.'

I believe that creation of a lifespan benefit, where people with disabilities receive coordinated, multi-disciplinary support to achieve the maximum functional outcomes possible begins with the Medicaid program.

It is my intention to prove that through this demonstration bill.

I have talked to scores of people with disabilities and their families and they want to work a real job that pays a fair wage.

Agencies that provide these services are committed to helping them find real jobs.

It is time to change Medicaid incentives to encourage and reward that.

Last week, a constituent of mine from Dubuque, Rose Carroll, visited my office with the Autistic Self Advocacy Network.

Rose is currently in college working on a degree in math.

All Rose wants is to know that she will have the supports available to her when she needs them so that she can do all she can to participate in her community.

That's exactly what this bill intends to do.

It will demonstrate that states, when given the right incentives, will do all they can to make sure Rose has those supports.

Back home, my friend Chris Sparks is the Executive Director of Exceptional Persons Incorporated in Waterloo, Iowa.

Chris and his staff go out into the community every day to provide direct support services for people with disabilities.

These workers provide a necessary service in order to assist people with significant intellectual and developmental disabilities to have jobs in their community.

But it's a struggle every day for Chris to find workers, to train them and retain them.

This bill will provide states the incentives to grow the workforce to make it easier for people like Chris Sparks to go out and provide services that allow individuals with disabilities to achieve independence.

The bill I introduce today has the support of

- the American Association of People with Disabilities
- the American Association on Health and Disability
- Autism Speaks
- the Autistic Self Advocacy Network
- the Muscular Dystrophy Association
- the National Adult Day Services Association
- the National Association of State Directors of Developmental Disabilities Services
- the National Association of States United for Aging and Disabilities
- and the National Down Syndrome Congress.

The bill also has the support of the American Network of Community Options and Resources including Iowa members ...

- Christian Opportunity Center
- Hope Haven
- Opportunity Village
- Hills & Dales
- New Hope Village
- and Exceptional Persons Incorporated.

In their advisory role to Congress, the National Council on Disability provided technical assistance on the bill.

This is an opportunity for us to say that outcomes matter.

For us to further a conversation about setting the goal of maximum participation and using all our tools to meet it.

I look forward to working with my colleagues and others to move this legislation forward in the months to come.