



Advocating for
disability civil rights
since 1979

Honorable Daniel K. Inouye
Chair of the Senate Appropriations Committee
Washington D.C.
722 Hart Building
Washington, D.C. 20510-1102

January 26, 2009

Via Fax and E-mail

Re: American Recovery and Reinvestment Act of 2009

Dear Senator Inouye:

The Disability Rights Education and Defense Fund (DREDF) is writing to express its strong support for the American Recovery and Reinvestment Act of 2009, and to provide specific recommendations for clarifying and strengthening the House Bill's positive impact on increasing healthcare access for the disability community.

Founded and managed by people with disabilities, DREDF is a national disability rights law and policy center dedicated to strengthening and protecting the civil and human rights of people with disabilities. For three decades, DREDF has promoted the equal and full integration of people with disabilities into the mainstream of community life through training, technical assistance, policy monitoring and development, advocacy, and litigation. The inaccessibility of public and private healthcare services and programs, as well as significant health inequities experienced by so many in our community, has made healthcare access a vital component of our work for the past several years.

DREDF welcomes the increased funding that the house stimulus bill proposes in such critical areas as the Federal Medical Assistance Percentage in Medicaid funding, and in additional support to healthcare effectiveness research, community health centers (CHCs), and primary care provider training. The following recommendations will help ensure that increases in appropriations for the Medicaid program and such federal agencies as the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health (NIH), as well as CHCs, prevention programs and information technology development, will fully include people with various disabilities, both immediately and in the longer term.

- Federal agencies and departments charged with disbursing the approximately \$87 billion increase to the Federal government's share of Medicaid costs must adopt specific procedures to ensure that states adhere to existing laws and policies and that improve accountability concerning the physical and programmatic accessibility of all medical services and programs that receive any of the funds, rather than simply contractually

DISABILITY RIGHTS EDUCATION & DEFENSE FUND

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passing on federal legal obligations to individual providers and health plans with no oversight or accountability.

- Fully include people with disabilities, including the research needs of people with low-incidence disabilities, within the projects, grants, and information dissemination that will be undertaken with the \$1.1 billion allotted to AHRQ and NIH for undertaking comparative effectiveness research of medical treatments funded by Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP); this could be achieved either through legislative amendment of the Public Health Service Act or the issuance of an Executive Order.
- Ensure that the \$1.5 billion that will go to CHCs to increase the number of uninsured Americans who receive quality healthcare, renovate clinics and make health information technology improvements will also include physical and programmatic measures. These include the acquisition of accessible examination tables and weight scales and the provision of health information in accessible, alternative formats that will enable uninsured and low-income people with disabilities to fully utilize existing, expanded and new CHC sites. We also urge that principles of universal design be incorporated into renovations undertaken with these funds. This point applies equally to the \$550 million that will go towards improving Indian Health Service Facilities.
- Recognize in legislation and in federal agency policy that people with disabilities are among the underserved communities or populations that currently and increasingly will experience shortages of such trained primary healthcare providers as doctors, dentists and nurses, and therefore must also be included in the \$600 million that will go towards the medical school expenses of providers that agree to practice in underserved communities through the National Health Services Corps.
- Fully incorporate and address the concerns of people with disabilities for preventing secondary disease and maintaining function within the \$3 billion that will go towards fighting preventable chronic diseases through increased Preventative Health and Health Services Block Grants for state and local public health departments, and the immunization programs and evidence-based disease prevention programs of the Centers for Disease Control and Prevention.
- Ensure from the outset that the \$20 billion that will be used to assist in efforts to computerize health records systems will go toward developing systems that will be equally accessible to people with various sensory disabilities such as people with visual impairments and people with reading disabilities who have an equal right to their own health records.

Members of our community are indisputably among those who are most deeply and directly affected by state cuts in healthcare services. We cannot emphasize strongly enough the need to seize the opportunity presented by the passage of the American Recovery and Reinvestment Act

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of 2009 to initiate long overdue mechanisms that will begin to redress the health and health care inequities experienced by so many people with disabilities.

Yours Truly,

A handwritten signature in blue ink that reads "Susan R. Henderson" followed by a horizontal line.

Susan R. Henderson
Executive Director

cc: Honorable Barbara Boxer
Honorable Ken Calvert
Honorable Sam Farr
Honorable Dianne Feinstein
Honorable Tom Harkin
Honorable Michael Honda
Honorable Edward Kennedy
Honorable Barbara Lee
Honorable Lucille Roybal-Allard
Honorable Adam Schiff
Ms. Connie Garner