BILL ANALYSIS

H.C.R. 35 By: Rodriguez Public Health Committee Report (Unamended)

BACKGROUND AND PURPOSE

From the time that the federal Medicare program was created in 1965, it was intended to provide health care coverage for individuals with disabilities, as well as senior citizens. For over 35 years, however, individuals that become disabled as adults and are eligible for Social Security Disability Insurance (SSDI) have been required by federal law to wait two years from the time they receive their first benefit payment to the time they are eligible for Medicare. SSDI is only for individuals who have worked for at least ten years, and have paid into the Social Security system. Relinquishment of the SSDI benefit in order to be Medicaid eligible is not an option.

For the approximately 40% of recipients who receive SSDI benefit payments that are low enough to enable them to qualify for Medicaid, states are required to pick up their share of the costs. For the other 60%, the results can be devastating. Some have insurance, but quickly deplete their now limited resources trying to keep up with co-pays and premiums. The rest, approximately 400,000 nationwide, are uninsured - usually because they had jobs that did not offer insurance, or they lost their insurance when they became unable to work as a result of debilitating diseases, conditions, or injuries such as cancer, multiple sclerosis, cardiovascular disease, a mental health condition, or traumatic brain injuries. Some uninsured individuals are able to access hospital district charity care, usually at great expense to the local taxpayers. Others simply have no health care resources available to them at all.

RULEMAKING AUTHORITY

It is the committee's opinion that this resolution does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

HCR 35 urges Congress to pass legislation to eliminate the 24 month Medicare waiting period for SSDI recipients.