
Plan to Join Us!! VOR 2006 Annual Meeting and Washington Initiative.

See - <http://www.vor.net/VORAnnualMeeting2007.htm> for complete details, including a registration form.

VOR is the only national organization advocating for a full range of residential and support options for people with mental retardation, including Medicaid-certified Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) and home and community-based care. VOR supports choice.

VOR Weekly E-Mail Update March 16, 2007

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1. ATTENDANCE and SPONSORSHIPS - The keys to a successful VOR Annual Meeting and Washington Initiative

2. States and U.S. at Odds on Aid for Uninsured

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1. ATTENDANCE and SPONSORSHIPS - The keys to a successful VOR Annual Meeting and Washington Initiative

ATTENDANCE: Have you made your plans yet to attend the 2007 VOR Annual Meeting and Washington Initiative? We are heartened by the response so far - from many veterans of this event, eager to make a return trip, and from some new participants. We really want to meet and exceed last year's record setting attendance. Can you come. It is an experience like none other. Throughout the event, which begins with a Friday Night State Report Forum (June 8) followed by the Saturday Annual Meeting (June 9), and the Washington Initiative (beginning June 10), you will have the opportunity to network with advocates just like you from across the country. Last year nearly 30 states were represented! These are moms and dads, sisters and brothers, cousins, and others all concerned for the well-being of our nation's population with mental retardation - and all supporting CHOICE. You'll hear from great speakers at the Annual Meeting, and at the Washington Initiative Legislative Briefing, you'll get the information and tools with which to spread our message of choice to Members of Congress and their staff. The information and skills you glean from this meeting will also render you an even more effective advocate back in your states.

Please join us - you can get all the information you need at <http://www.vor.net> - just follow the links on the home page.

SPONSORSHIPS: Financial sponsorships are critical to helping defray the cost of this premier annual event. Past sponsors have included corporations, family organizations and individuals. Perhaps your employer would like to help sponsor the Annual Meeting, or your facility family association, or a local business in your area. You can visit <http://www.vor.net>, for sponsorship opportunities and details.

Another great way you could help is to secure a SPONSORSHIP for someone to ATTEND, which brings the two most critical ingredients for a successful meeting together. Every year, Family Organizations fund many of our attendees. In other cases, individual donors have enjoyed the opportunity to help someone else make the trip.

Any help you can provide by ATTENDING, securing a SPONSORSHIP for someone to attend, or securing a SPONSORSHIP for other costs associated with the meeting, is greatly appreciated.

THANK YOU FOR YOUR HELP! Contact Tamie at Tamie327@hotmail.com, or visit <http://www.vor.net>, for details.

2. States and U.S. at Odds on Aid for Uninsured

Summary: The follow article details the divide between the federal and state governments regarding the approaches to reducing the number of people who are without health care. In related news, Congress is presently working on its Budget Resolution; the Senate recently released its proposal. More news will follow, including VOR's reaction, in upcoming editions of the Weekly Update.

By Robert Pear and Raymond Hernandez Feb. 12, 2007 New York Times

In the absence of federal action, governors and state legislators around the country are transforming the nation's health care system, putting affordable health insurance within reach of millions of Americans in hopes of reversing the steady rise in the number of uninsured, now close to 47 million.

But the states appear to be on a collision course with the Bush administration, whose latest budget proposals create a huge potential obstacle to their efforts to expand coverage. While offering to work with states by waiving requirements of federal law, the Bush administration has balked at state initiatives that increase costs to the federal government.

State efforts have almost invariably begun with children, building on the Children's Health Insurance Program, which is jointly financed by the federal and state governments. Many states are eager to expand eligibility for that program, and some are going far beyond the income levels deemed appropriate by the White House. In his budget last week, President Bush said he wanted to return the program to its "original objective" of covering children with family incomes less than twice the poverty level.

Sixteen states already cover children in families with incomes above 200 percent of the poverty level, and some want to go higher, even as the president seeks to reduce federal payments for children in families with higher incomes. And, the movement to expand coverage is by no means limited to children any more.

The National Conference of State Legislatures has reported: "Health care reform was hot in legislatures across the nation in 2006, and the forecast for this session may be even hotter. Fueled by the increasing number of uninsured Americans, the declining number of employers offering insurance to their employees, the improved fiscal conditions in the states and the lack of federal action, states are leading the way in health care reform."

Officials cite a groundswell of state activity:

Arkansas, Kentucky, Montana, Oklahoma, Rhode Island and Tennessee have new laws and programs to reduce the cost of insurance for small employers.

Massachusetts and Vermont passed laws in 2006 to achieve universal or nearly universal coverage, while addressing the cost and quality of care.

Several states, including Colorado and Delaware, are requiring insurers to cover young adults, the fastest-growing segment of the uninsured population.

"We have a goal that all Minnesotans should be covered by health insurance," Gov. Tim Pawlenty, a Republican, said in an address to the State Legislature last month.

In New York State, the Children's Health Insurance Program covers 385,000 children, of whom 55,000 have family incomes above 200 percent of the poverty level. Another 50,000 children would be eligible under Governor Spitzer's proposal to increase the income ceiling.

The federal government now pays 65 percent of the cost of coverage for each child in New York's program, or \$1,154 a year out of a cost of \$1,776. Judith Arnold, the program's director, said Monday that under the president's proposal, the federal contribution would be reduced by \$266 a child. So, she said, New York would lose \$14.6 million a year.

Knowing they cannot count on a major infusion of federal money, some states are looking to their own revenue sources, including tobacco taxes, pools of money set aside for charity care and uncompensated care, and assessments levied on employers who do not provide health benefits to their workers.

State efforts face several potential pitfalls. The cost of coverage could spin out of control. An economic downturn could reduce states' fiscal capacity. Moreover, a federal law, the Employee Retirement Income Security Act of 1974, could block any state program that requires employers to alter their health plans.

In Washington, health policy debates highlight the ideological divide between Republicans and Democrats over the proper role of government in helping the uninsured. Governors and state legislators tend to be more pragmatic.

"There is such a political divide in Washington that many people believe that the only reasonable chance to succeed is at the state level," said Jeffrey S. Crowley, a senior research scholar at the Health Policy Institute of Georgetown University.

Soaring health costs are placing pressures on employers and employees alike. In recent weeks, companies like Wal-Mart have joined labor unions and consumer groups in coalitions espousing universal coverage.

In his State of the Union address on Jan. 23, Mr. Bush proposed a new tax deduction to help people buy health insurance outside the workplace, and he said he wanted to help "states that are coming up with innovative ways to cover the uninsured."

In his budget, Mr. Bush said the way to transform the health care system was by "subsidizing the purchase of private insurance," not by expanding public programs in a way that would increase costs to the federal government.

To slow the growth of Medicare and Medicaid, Mr. Bush asked Congress to squeeze tens of billions of dollars from the programs.

Mr. Bush's efforts, combined with the flurry of state activity, have forced Congress to face fundamental questions about the Children's Health Insurance Program: If states run out of money, should the federal government bail them out? Should states be allowed to use the money to cover adults?

More than a dozen states expect to exhaust their allotments of federal money in the next few months, raising the possibility that children will be removed from the rolls. Georgia and New Jersey, for example, said they would run out of money by May.

White House officials said that some states had strayed from the purpose of the program in another way, by covering adults. Mr. Bush wants to prohibit states from adding childless adults to the rolls. And he would restrict eligibility for parents.

Jason A. Helgerson, policy director for the Wisconsin Department of Health and Family Services, said, "There is strong empirical evidence that when you cover adults and children, you get more kids covered." In Wisconsin, the Children's Health Insurance Program covers 36,900 parents and 29,800 children, Mr. Helgerson said.

Senator Orrin G. Hatch, Republican of Utah, asked: "What is going on here? When we created the program, its purpose was to provide coverage for low-income children."

Tamie Hopp

REFERRAL/MEMBERSHIP/CONTRIBUTION FORM

THREE EASY WAYS TO SUPPORT VOR > REFER, CONTRIBUTE OR JOIN

THANK YOU FOR YOUR SUPPORT!

TO JOIN OR CONTRIBUTE: \$25 per individual, \$150 per family organization, or \$200 per provider/professional organization. Extra donations are welcome! You may pay by credit card or check.

TO REFER SOMEONE TO VOR: Use the form below, including the additional sections for referrals.

Mail the completed form (if joining or contributing) with payment to: Voice of the Retarded
5005 Newport Drive, Suite 108 Rolling Meadows, IL 60008 847-253-6054 fax (for referrals or
credit card payments) vor@compuserve.com (for referrals or credit card payments)

FOR REFERRALS: The contact information provided is for someone I think would
consider membership with VOR.

FOR REFERRALS: You may use my name in any correspondence with this individual.

My name is _____.

Name

Address (if paying by credit card, use billing address). All forms must include complete address
including zip code)

City St Zip

Phone Fax

E-Mail

Family/Professional Organization Affiliation (if applicable)

VOR now accepts Master Card and Visa. If paying by credit card, please provide the following
information:

Amount to charge to card: \$1,000 \$500 \$250 \$150 \$50 \$25

\$_____ Other amount

Master Card Visa

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____