



April 30, 2024

The Honorable Brett Guthrie
Chair
House Energy and Commerce Health
Subcommittee
2434 Rayburn House Office Building
Washington, DC 20515

The Honorable Anna Eshoo
Ranking Member
House Energy and Commerce Health
Subcommittee
272 Cannon House Office Building
Washington, DC 20515

RE: Legislative Proposals to Increase Medicaid Access and Improve Program Integrity

Dear Chair Guthrie and Ranking Member Eshoo:

The undersigned co-chairs of the Consortium for Constituents with Disabilities (CCD) Long Term Services and Supports (LTSS) Task Force appreciates the opportunity to submit a statement for the record for the hearing *Legislative Proposals to Increase Medicaid Access and Improve Program Integrity*. We thank the subcommittee for holding a hearing focused on better supporting people with disabilities in accessing critical Medicaid services and we write in support of several bills that would empower individuals with disabilities and their families.

The LTSS Task Force addresses the services and supports that enable individuals with disabilities of all ages to live in their own homes and communities, known as Home and Community-Based Services (HCBS). HCBS, which are primarily provided through Medicaid, are necessary for the community integration, full participation, independent living, and economic self-sufficiency for many people with disabilities and older adults and makes it possible for them to fully exercise their civil and human rights.

The Task Force asks the subcommittee to support the following proposals that would further enable individuals with disabilities and their families to receive Medicaid HCBS. We are limiting our comments to the proposals that the Task Force has historically supported.

Make Permanent Money Follows the Person and Spousal Impoverishment Protections:

Medicaid Money Follows the Person (MFP) allows states to rebalance more funds towards HCBS. This program enables people with disabilities to transition from institutions to

community settings. Meanwhile, spousal impoverishment protections allow the spouse of an HCBS enrollee to retain some income and resources to pay for their essential needs while their spouse receives long-term care. These protections are guaranteed for individuals whose spouse is receiving care in an institution. However, MFP and the HCBS spousal impoverishment protections are both set to expire in 2027.

We ask for your support for H.R. 8109, which would make permanent the Money Follows the Person rebalancing demonstration, **and H.R. 8110**, which would make permanent the protection against spousal impoverishment for HCBS recipients under Medicaid.

End the Harms of Estate Recovery:

The Task Force appreciates the subcommittee's attention on estate recovery and its harms on low-income families. Current federal law *requires* state Medicaid programs to seek repayment of Medicaid HCBS and nursing facility care received by people age 55 and older. In practice, this means states must seek recovery from the heirs of the deceased Medicaid recipient, often forcing the sale of the family home, preventing families from building generational wealth through homeownership and exacerbating existing economic inequities. Estate recovery is especially detrimental to families of color that have lower homeownership rates because of discriminatory lending and housing policies, and the families of people with disabilities, who need months or years of long-term services and supports. While states already have the authority to grant exemptions to low-income heirs from estate recovery, much more needs to be done.

We ask for your support for H.R. 7573, the Stop Unfair Medicaid Recoveries Act, which would repeal the Medicaid estate recovery program.

Remove the Age Limitation for the Medicaid Buy-In Program

People with disabilities who wish to work should be able to do so as long as they choose—without having to either sacrifice Medicaid coverage or their jobs. Under current law, in most states, people with disabilities who are under the age of 65 are able to work, earn a small income, and to buy into the Medicaid program by paying a premium. The existing age cap prohibits people with disabilities over the age of 64 who wish to continue working from doing so, lest they lose essential benefits and supports. The Task Force supports removing the upper age limit for people with disabilities who wish to buy into Medicaid.

We ask for your support for H.R. 8107, which would remove the age cap for individuals wishing to buy into Medicaid, and which recognizes the dignity of work for all Americans as well as the importance for people with disabilities to be independent and participate in society on their own terms.

Thank you for your attention to these important issues. The Task Force looks forward to continued partnership as the subcommittee works to move forward legislation that would support people with disabilities and improve access for Medicaid services.

Sincerely,

Dan Berland, National Association of State Directors of Developmental Disabilities Services

Lydia Dawson, ANCOR

Jennifer Lav, National Health Law Program

Michael Lewis, American Association of People with Disabilities

Gelila Selassie, Justice in Aging

CCD LTSS Task Force Co-Chairs