

The Disability and Aging Collaborative &



January 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20515

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leaders Thune and Schumer, Speaker Johnson and Leader Jeffries,

The undersigned members of the Disability and Aging Collaborative (DAC), the Health and Long-Term Services and Supports Task Forces of the Consortium for Constituents with Disabilities (CCD), and allied organizations write to **urge you to exclude Medicaid cuts, work requirements, or any changes that limit funding or eligibility, from budget reconciliation or other legislation.** People with disabilities, older adults, family caregivers and their children, direct care workers, and other low-income individuals and families depend on Medicaid every day for their health, safety, and independence. Medicaid enables them to go to work and to care for their loved ones. It is our communities' lifeline, and we cannot afford for any part of it to be cut.

We are deeply concerned about recent statements from some Congressional leadership supporting proposals that would deeply cut Medicaid funding. Medicaid is already lean and efficient. Funding cuts, caps, or changes that limit eligibility for or make it harder to enroll in or maintain coverage threaten the longstanding Medicaid guarantee for people with disabilities, older adults and their families. Medicaid is critical not only as primary coverage for health care, it is also the primary payer for long-term services and supports (LTSS) that support people with disabilities and older adults. Furthermore, cuts to Medicaid are cuts to Medicare, as Medicaid protects low-income people with Medicare from deep poverty by helping with their

out-of-pocket costs and covering benefits that Medicare does not, including dental, vision, hearing and non-emergency medical transportation.

For many people with disabilities and older adults, accessing timely needed care is a life or death matter and Medicaid is the only program that can meet their needs. We strongly oppose Medicaid cuts in any form, whether it is done by imposing work requirements, repealing the eligibility and enrollment rule, imposing spending caps on states, cutting the federal medical assistance percentage (FMAP), or further limiting the way states fund their share of Medicaid costs. These proposals all lead to the same result: people with disabilities and older adults will lose care and support that keep them healthy and independent.

Cutting Medicaid by Making It Harder to Enroll and Keep Coverage

Work Requirements

Work requirements take away coverage from people who are eligible for Medicaid and have no other insurance options, including people with disabilities, older adults, their caregivers, and direct care workers. Such requirements do not increase employment but instead create costly red tape that puts people with disabilities at particular risk of losing coverage¹ and wastes millions of dollars² that could be used to provide additional Medicaid services or other employment supports such as affordable child care and aging and disability care.

Most working age adults enrolled in Medicaid already work. Many of those not doing paid work are either caregivers or persons with chronic conditions or disabilities (who might either be temporarily unable to work or require supportive services to find and keep a job). Furthermore, Medicaid helps people with disabilities work, by providing them with health care and other important employment supports, such as rehabilitative and habilitative services. People with disabilities, older adults, and their caregivers cannot be effectively “carved out” of work requirements, and will be inevitably harmed. Exemption processes are complicated, expensive, and fundamentally flawed.³ Identifying exactly what qualifies as a disability, ensuring that people know how to request an exemption, and creating an accessible pathway to receive such an exemption has proven both misguided and unworkable.

These overwrought bureaucratic hoops also waste millions that could have gone to cover health care services or dependent care that actually helps people work. Even worse, as Georgia’s experience demonstrates, work requirements add costly bureaucratic burdens for *all* Medicaid enrollees. Not only does this red tape prevent thousands of people with disabilities and caregivers from using Medicaid, it also slows down application processing across the program,

¹David Machledt, NHeLP, “Unfit” to Work? How Medicaid Work Requirements Hurt People with Disabilities (Dec. 2024),

<https://healthlaw.org/resource/unfit-to-work-how-medicaid-work-requirements-hurt-people-with-disabilities-2/>.

² Andy Miller & Renuka Rayasam, KFF Health News, “Georgia’s Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment” (March 20, 2024),

<https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>

³ *Id.*; Kali Grant et al., *Unworkable & Unwise: Conditioning Access to Programs that Ensure a Basic Foundation for Families on Work Requirements*, 43 (2019),

<https://www.georgetownpoverty.org/wp-content/uploads/2019/02/Unworkable-Unwise-20190201.pdf>.

as well as enrollment in other key anti-poverty programs, like SNAP, that older adults and people with disabilities rely on.⁴

Ending Policies that Streamline Eligibility and Enrollment

Newly enacted policies are removing bureaucratic hurdles that are costly for states to administer and make it difficult for older adults and people with disabilities who are eligible for Medicaid to get and keep coverage. For example, repealing the Streamlining Eligibility and Enrollment Rule would allow states to cut people with disabilities and older adults off Medicaid by requiring more frequent eligibility determinations and eliminating protections for continuous coverage. It would also make it harder to access HCBS for people who have to deduct their out-of-pocket expenses to qualify, leading to worse health outcomes and costlier care in the future. Taking away people's health care through red tape is never acceptable and we oppose repeal of the Streamlining rule or any other measures that protect access to Medicaid.

Cutting Medicaid Funding Will Harm People with Disabilities and Older Adults

Per Capita Caps or Block Grants

Limiting federal Medicaid spending through per capita caps or block grants would shift costs to states, creating huge holes in state budgets. This would likely force states to reduce or eliminate coverage and services for people with the highest cost needs: older adults and people with disabilities who need long-term services and supports. Medicaid enrollees who rely on LTSS comprise only 6% of Medicaid enrollees, but use 37% of Medicaid expenditures.⁵ The result would be devastating cuts to the programs low-income older adults and people with disabilities rely on.

- **Cuts to home and community-based services (HCBS).** States are likely to cut HCBS first when facing reduced budgets because Medicaid law does not require most HCBS to be covered. States could eliminate HCBS programs altogether or reduce waiver slots, meaning more people on waitlists for longer periods of time. These cuts put over 7 million people with disabilities and older adults at risk of not getting the support they need to live in the community and will harm their health. Cuts to HCBS also harm families who have to reduce hours or leave their jobs to care for loved ones.
- **Harm to nursing facility residents.** Two-thirds of people living in nursing facilities rely on Medicaid. Nursing facility coverage is very costly for states so if federal funding is cut, access to and quality of nursing facility care would be jeopardized.
- **Worsening workforce shortages.** States will also have to cut provider rates to make up for funding losses. This will greatly exacerbate the direct care workforce shortage, making it even harder to access HCBS and putting nursing facility residents at risk of harm from insufficient staffing.

⁴ KFF Health News, Georgia's Work Requirement Slows Processing of Applications for Medicaid, Food Stamps (Dec. 5, 2024), <https://kffhealthnews.org/news/article/georgia-work-requirement-medicaid-food-stamps/>.

⁵ Priya Chidambaram and Alice Burns, KFF, *How Many People Use Medicaid Long-Term Services and Supports and How Much Does Medicaid Spend on Those People?* (Aug. 14, 2023), <https://www.kff.org/medicaid/issue-brief/how-many-people-use-medicaid-long-term-services-and-supports-and-how-much-does-medicaid-spend-on-those-people/>.

- **Taking away coverage.** States could respond to funding cuts by tightening eligibility criteria and setting enrollment caps on additional programs. These cuts would harm older adults and people with disabilities who rely on Medicaid for their own health and long-term care, as well as their families, friends, and caregivers—both paid and unpaid.

Future Medicaid cuts would be far easier to make, by simply dialing down or freezing federal spending growth rates from year to year, if the federal financing structure is capped.

Cutting the Federal Medical Assistance Percentage (FMAP)

Whether eliminating the enhanced FMAP for Medicaid Expansion or removing the federal minimum match of 50% for all states, the result of cutting the federal government’s share of Medicaid costs and shifting the burden to states would be devastating for people with disabilities and older adults. As with caps and block grants, states would have less money in their budgets and be forced to cut HCBS, tighten eligibility, and reduce provider payments. Furthermore, several states would automatically end their Medicaid Expansion⁶, taking away coverage from millions of people with disabilities and chronic conditions, older adults, and paid and unpaid caregivers who do not qualify for other Medicaid categories and have no other source of health insurance.

Restricting How States Fund Their Share of Medicaid Costs

States use a variety of revenues to maximize their ability to meet the Medicaid needs of their state. Every state uses provider and insurer taxes -- they are and have been integral to Medicaid funding for decades. Further restricting allowable provider taxes or other revenue sources would create huge budget deficits for states. As with any Medicaid funding cut, the only way states can respond is by taking away coverage and services. HCBS and other services that people with disabilities and older adults rely on will be the first on the chopping block.

Conclusion

Access to Medicaid is a matter of life, death, and independence for millions of Americans with disabilities, older adults, and their families and friends. **We strongly oppose per capita caps, block grants, work requirements, restrictions on eligibility, barriers to enrollment and any other cuts or harmful changes to the Medicaid program.** The result is the same: taking away coverage from people with disabilities, older adults, and others who cannot otherwise afford health care and long-term services and supports. We will oppose cuts in every form because they will all harm people with disabilities and older adults. If you have any questions, contact Nicole Jorwic, nicole@caringacross.org; Natalie Kean, nkean@justiceinaging.org; and Jennifer Lav, lav@healthlaw.org.

Sincerely,

9to5 GA

ACA Consumer Advocacy

⁶ Adam Searing, Georgetown CCF, *Federal Funding Cuts to Medicaid May Trigger Automatic Loss of Health Coverage for Millions of Residents of Certain States* (Nov. 27, 2024).

<https://ccf.georgetown.edu/2024/11/27/federal-funding-cuts-to-medicaid-may-trigger-automatic-loss-of-health-coverage-for-millions-of-residents-of-certain-states/#71ded725-43af-4bad-9cc0-f88522f80725>

Access Living
Access Ready Inc.
ACLU
ADA Watch/Coalition for Disability Rights & Justice (CDRJ)
ADAPT Montana
ADAPT National
ADAPT of Texas
AFT: Education, Healthcare, Public Services
AJL Community Health
Allies for Independence
Alzheimer's Los Angeles
American Association of People with Disabilities
American Association on Health and Disability
American Federation of State, County and Municipal Employees (AFSCME)
American Foundation for the Blind
American Geriatrics Society
American Music Therapy Association
American Network of Community Options and Resources
American Speech-Language-Hearing Association
American Therapeutic Recreation Association
Amputee Coalition
Archstone Foundation
Asian & Pacific Islander American Health Forum
Association for Special Children and Families
Association of University Centers on Disabilities
Autism Society of America
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
California Advocates for Nursing Home Reform
California Association for Adult Day Services
California Coverage & Health Initiatives
California Elder Justice Coalition
California Foundation for Independent Living Centers
California Health Advocates
California Long-Term Care Ombudsman Association (CLTCOA)
California PACE Association
Care in Action
Caring Across Generations
Center for Civil Justice
Center for Elder Law & Justice
Center for Health Law and Policy Innovation
Center For Independence of Individuals with Disabilities
Center for Law and Social Policy (CLASP)
Center for Medicare Advocacy

Center for People with Disabilities
Center for Public Representation
Centro Savila
Children's Minnesota
Children's Minnesota
Choice in Aging
Christopher & Dana Reeve Foundation
Coalition for Asian American Children and Families
Coalition on Human Needs
Colorado Consumer Health Initiative
CommunicationFIRST
Community Catalyst
Community Change Action
Community Servings
Courage California
CRLA Foundation
CSH
Detroit Disability Power
Disability Belongs
Disability Law Center (MA)
Disability Law Center of Utah
Disability Policy Consortium
Disability Rights California
Disability Rights Education and Defense Fund (DREDF)
Disability Rights Iowa
Disability Rights New Jersey
Disability Rights North Carolina
Disability Rights Pennsylvania
Disability Rights Texas
Diverse Elders Coalition
Doctors for America
DQIA Disabled Queers In Action
East Bay Sanctuary Covenant
Epilepsy Foundation of America
Equality California
FACT Oregon
Families USA
Family Caregiver Alliance, National Center on Caregiving
Family Values @ Work
Family Voices Colorado
Family Voices NJ
Family Voices of California
Family Voices of Tennessee
Federation for Children with Special Needs

Florida Health Justice Project
FREED Center for Independent Living
Georgia ADAPT
Georgia Values Action
Gerontological Society of America
GO2 for Lung Cancer
Going Home Coalition - The Arc of Illinois
Gray Panthers of San Francisco
Hand in Hand: The Domestic Employers Network
Health Care for America Now (HCAN)
Health Justice Project
Health Law Advocates
Helping Hands ADP
IEC (Institute for Exceptional Care)
Indivisible Georgia Coalition
Inspire Positivity Inc
Justice in Aging
Lakeshore Foundation
LeadingAge
LeadingAge California
LeadingAge New Jersey & Delaware
League of United Latin American Citizens
Legal Aid Justice Center
Legal Assistance for Seniors
Lifeworks Services, Inc.
Little Lobbyists
Lutheran Services in America
Maine Equal Justice
Marin Center for Independent Living
MassADAPT
MEAction
Meals on Wheels California
Meals on Wheels California
Medicare Rights Center
Michigan Developmental Disabilities Institute
Michigan United
MN Senate
MomsRising
Muscular Dystrophy Association
NASTAD
National Advocacy Center of the Sisters of the Good Shepherd
National Association of Councils on Developmental Disabilities
National Association of Social Workers (NASW)
National Association of State Long-Term Care Ombudsman Programs

National Center for Disability, Equity, and Intersectionality
National Center for Parent Leadership, Advocacy, and Community Empowerment (National PLACE)
National Consumer Voice for Quality Long-Term Care
National Council of Jewish Women
National Council on Aging
National Disability Institute
National Disability Rights Network (NDRN)
National Domestic Workers Alliance
National Down Syndrome Congress
National Health Law Program
National Partnership for Women & Families
National Resource Center on Domestic Violence
National Women's Law Center
NETWORK Lobby for Catholic Social Justice
New Georgia Project Action Fund
New Mexico Center on Law and Poverty
New York Legal Assistance Group (NYLAG)
North Dakota Protection & Advocacy Project
North Star Policy Consulting
Northeast Valley Health Corporation
Parents Reaching Out
PAVE
PEAK Parent Center
Pennsylvania Health Law Project
Personal Attendant Coalition of Texas
PHI
Pisgah Legal Services
Placer Independent Resource Services
Public Justice Center
Reach for Resources
REV UP Texas
San Diegans for Healthcare Coverage
Senior and Disability Action
Senior Coastsiders
Service Employees International Union
Show and Tell
Show and Tell
Silver State Equality
Sonrisas Dental Health
Southeast Asia Resource Action Center (SEARAC)
SPAN Parent Advocacy Network
Stanford Settlement, Inc.
Tennessee Disability Coalition

Tennessee Justice Center
The Arc Michigan
The Arc of Illinois
The Arc of Macomb County, Inc.
The Arc of New Jersey
The Arc of the United States
The Children's Partnership
The Kelsey
The Mediation Offices of Eric A. Deutsch
The Parents' Place of MD
The Public Interest Law Project
Trellus
Triage Cancer
UDW/AFSCME Local 3930
UnidosUS
Union for Reform Judaism
United Spinal Association
Upstream Arts, Inc.
Upturn
USAgging
Voices of Hope - Maryland
VOR - A Voice Of Reason
We Are Not Invisible
Well Spouse Association
Western Center on Law and Poverty
World Institute on Disability
Young Center for Immigrant Children's Rights