

# The Disability and Aging Collaborative &



May 19, 2025

The Honorable Mike Johnson  
Speaker  
U.S. House of Representatives  
Washington, DC 20510  
20510

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

Dear Speaker Johnson, Leader Jeffries, and Members of the House of Representatives:

The undersigned **XX** member organizations 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 with grave concern about the reconciliation bill because of the harmful cuts and changes to Medicaid and the ACA that will result in at least [13.7 million people having their coverage taken away](#), including millions of people with disabilities and older adults. We urge you to vote no.

As we wrote previously on [May 12th](#) and [April 28th, 2025](#), the Medicaid provisions proposed and included in the budget reconciliation legislation are dangerous and life-threatening. These provisions, which [CBO estimates would terminate Medicaid and CHIP coverage from at least 10 million people](#), include:

- Mandating draconian work requirements that take health care away from almost 5 million people, many of whom are people with disabilities, older adults, and caregivers.
- Freezing provider taxes and state directed payments so that states will have little flexibility to finance their programs to meet unexpected needs, which will lead to cuts in home- and community-based services (HCBS) and other services states have the option to provide.
- Stopping the Eligibility & Enrollment rules that reduce barriers to coverage and care for people with disabilities, older adults, and children who are already eligible for Medicaid. This rollback would make Medicaid less efficient, [make Medicare unaffordable for nearly 1.4 million seniors and people with disabilities](#) who are dually eligible for both

programs, [terminate coverage for 400,000 children](#), and reverse progress to diminish Medicaid's institutional bias by helping people with predictable HCBS monthly costs to avoid gaps in coverage.

- Shortening the retroactive coverage period, which threatens financial disaster for people who experience a sudden health crisis and who need long-term care.
- Reducing and freezing the home equity limit, which disproportionately harms cash-poor seniors on fixed incomes who have accumulated equity in their homes over many years.
- Effectively eliminating the nursing home minimum staffing rule, which disregards decades of research showing that higher staffing levels reduce injuries for staff and residents, improve care, and would save [13,000 lives annually](#).
- Mandating cost-sharing on Medicaid enrollees with very low incomes, which acts as a barrier to care.
- Implementing onerous eligibility checks that will interrupt the continuity of care for enrollees while ballooning administrative costs and uncompensated care for the uninsured.
- Penalizing states for using state-only funds to cover undocumented immigrants, which would increase uncompensated care in emergency rooms and drive up costs for everyone.

[Our April 28 letter](#) signed by 111 national organizations and over 325 state and local organizations along with our [Answers to FAQs](#) explain that we oppose any cuts and harmful changes to Medicaid. Our concerns with these policies have grown as we consider their combined impact on people with disabilities, older adults, caregivers and their families. As we've repeatedly emphasized, there is no way to carve out people with disabilities and older adults from the harm of these cuts.

In particular, we are concerned with the **mandatory work requirements**, which are more severe than previous federal proposals and are [designed to terminate health care](#) for [almost 5 million](#) people. Despite claims to the contrary, **many of those individuals will be people with disabilities, older adults between the ages of 50 and 65, and low-wage workers who provide services for people with disabilities**. Forcing older adults to comply with a work requirement up to age 65 puts them at risk of developing long-term health complications, not only jeopardizing their health but also increasing costs on Medicare. Qualifying for Medicaid with a disability is a strict and narrow pathway that excludes many people with disabilities. As a result, millions of people with disabilities can only qualify through the expansion. Direct care workers and caregivers for people with disabilities are frequently covered by Medicaid Expansion. States have no way to automatically or easily identify these populations even if they wanted to exempt them. When similar exemptions were provided in Georgia, [only 7,000 individuals \(or 2%\) of a potential pool of 345,000 eligible were able to receive coverage after 20 months](#). In

Arkansas, an estimated [95% of people targeted](#) by work requirements were working or should have met an exemption, and yet [just under a quarter](#) of targeted low-income people lost coverage in just seven months. That means most of the people who lost coverage were working or should have been exempt. In many ways, this new policy is even worse.

Sudden life events, emergencies, and personal tragedies like a miscarriage that prevent individuals from meeting the work requirement will also result in coverage being terminated. Many low wage workers are at risk of having their coverage taken away, as we saw with Luke Seaborn of Georgia, a former supporter of the Pathways program who has since [had his coverage taken away twice](#) when the state changed the reporting process without notifying him. Work requirements will also [impact direct care workers](#), who often have unstable scheduling or work part-time—job features that are incompatible with work requirements. Taking coverage away from these workers will further exacerbate workforce shortages and hamper access to community-based services for people with disabilities.

Finally, exemptions themselves are barriers that will disrupt and prevent coverage. Processes to prove eligibility are often inaccessible for people with mobility and intellectual disabilities due to requirements for signed physical paperwork from far-away offices or the lack of plain language resources on applying. People with disabilities can get caught in a catch-22 where they need health coverage in order to get the paperwork to show they are disabled, but cannot access health coverage without an exemption. People with chronic illness, substance use disorders, or mental health disabilities will be in need of services while they wait for their exemption to be approved and are at increased risk of their condition worsening and homelessness where they will be lost to the system or die.

**Limits on provider and insurer taxes and any other funding also present a critical threat to Medicaid coverage and access to care for older adults and people with disabilities.** When the federal share of Medicaid funding is reduced, states are forced to cut services, including reducing hours of services, limiting eligibility, reducing provider rates, or making up the difference by taking funding from other critical areas. States must continue offering mandatory services, meaning they will look to cut optional services in the face of a budget shortfall. The vast [majority of Medicaid spending on optional services \(86%\) are services that support people with disabilities and older adults](#). In particular, **HCBS are optional services and comprise over half of all optional state Medicaid spending.** Between 2010 and 2012, in response to a reduction in federal Medicaid funding following the Great Recession, [every state and DC cut spending to one or more HCBS programs](#). Service reductions and the reduced number of people enrolled [greatly increased the waiting lists for the HCBS programs](#).

Without Medicaid, people with disabilities and older adults who need care to remain in their homes and communities have nowhere else to turn. Without access to critical benefits like HCBS, individuals are more likely to end up in costly institutional settings, experience preventable hospitalizations, and face a decline in overall health and well-being.

### **Conclusion**

We have heard from some members of Congress that the purpose of this bill is to protect Medicaid for the “most vulnerable populations,” but it does no such thing. This bill would take coverage away from millions of people with disabilities, older adults, pregnant women, and children by making it as difficult as possible to access the healthcare they are eligible to receive. If Congress wants to protect Medicaid for people with disabilities and older adults, they should reject this bill. There is no justification for enacting any of these cuts to Medicaid and taking away healthcare.

Sincerely,