Support

The Disability Health & Employment Equity Coalition of Oregon

SB 576

It's good for Oregon

Medicaid
Quotes

> *Medicaid Buy-In participants incurred lower annual Medicaid costs than other adult disabled Medicaid enrollees*

> *When workers with disabilities don't need to suppress their income to ensure access to critical healthcare services, employers are able to attract and retain more workers.*

Please support senate bill 576. The state and federal government has built up a system of programs that offers a ramp of opportunities from healthcare benefits to housing and schooling giving us opportunities to contribute to society, but it falls short in one critical piece. It doesn't allow us to work or if we are able to work it discriminates against us, not allowing us to earn enough money to get off of the programs.

I've been so lucky. I was hurt at a time when every opportunity unfolded right as I needed it. The ADA came into place in the years, I was recovering and was fully adopted right when I moved out of my parents house at the age of 22 and into the world. Vocational rehabilitation had been revitalized and offering great opportunities for people with disabilities. The ticket to work program was voted in to the federal government in 1999 one year after I graduated from college. The EPD program was established and working by the time I took my corporate job in 2005. I managed to be charming, diligent (relentless) and flexible with my counselors over the years from DHS, who more or less stayed out of my way and help me get one step further year over year. I don't make enough to get through. I've not taken promotions, and have sat in one spot when I have been offered jobs that pay more in other places, because I knew that the safety of this program and the relationships I've built were the things that allowed me to sustain this career and lifestyle. It's a torturous way to live your life. It's like being on thin ice all of the time and climate change is an active threat. For somebody like myself that is in a middle career job that pays too much to be on the program, but not enough to pay for all of my services is what I need to do for a couple years so that I can get to the next level. That next level will give me the money and resources to pay for my own way. I just can't sandbag enough money or resources to get over that hump. A high-earning job for someone like myself, shouldn't be an anomaly. which could work like I'm complaining about something that seems in consequential asking for more than I deserve.

"Asking for more than I deserve" this right here is discrimination. Something I just didn't realize until the last few months of working to solve this issue, and embedding myself more in the movement of accessibility. I've never even heard the word ableism until I started focusing in on this project. It's something that I'm actually both ashamed of and kind of proud of. I'm ashamed because I should've been paying more attention. I shouldn't let other people fight my battles and develop all of these programs and services that I've taken advantage of. I'm also a little proud of that as well, because I just

put my head down after getting injured and told myself “well, this is your life you better get on with it” that’s what I did.

The Medicaid website actually spells it out quite nicely. It's cheaper for Medicaid and many other programs when somebody is working, then, if they’re not. It’s better for society, and the health of the person who’s working as well. This program will save us money and give people with disabilities new opportunities, while also adding to a desperately needed workforce. Thank you for considering this bill please take a look at some of the videos we have curated describing how the impact will change peoples lives. https://disabilityequitycoalition.org/impact-stories/

DISABILITY HEALTH & EMPLOYMENT EQUITY COALITION

Our Mission is to make Medicaid, healthcare, and employment equitable for people with disabilities in Oregon.

SB 576 – Health and Employment Equity for Workers with Disabilities

The Disability Health & Employment Equity Coalition of Oregon is a group of stakeholders invested in the health and prosperity of the disability community that has coalesced around SB 576. Medicaid and the Americans with Disabilities Act help people with disabilities but create a cycle of poverty and exclusion that contributes to poor health. Through state-level system and policy changes, we strive to create equity in health and employment so the disability community can thrive and prosper in health and wealth.

The Problem – Employed Oregonians with disabilities face a tough choice. Medicaid healthcare (OHP) and long-term services and supports (LTSS) benefits are necessary for the survival of many. These workers desire to fulfill their need for socialization and self-actualization by contributing to society through volunteerism and employment. Aging and People with Disabilities houses a federal incentive program that allows Medicaid beneficiaries to work and retain their benefits if they "buy-in" with a portion of their earnings. In Oregon it is called the Employed Persons with Disabilities program (EPD). Each state is free to determine the limits of how much a person may earn or own in order to remain eligible for Medicaid benefits. APD set EPD limits on income to 250% of the Federal Poverty Level and the value of goods and cash at $5,000.00. Unfortunately, entry level jobs paying this low are increasingly difficult to find. And if found, pay raises and/or promotions quickly push the EPD participant above the 250% threshold. The low threshold for resources also is problematic given the escalated costs of goods and savings necessary to address unforeseen circumstances. For any disabled worker it is not worth losing Medicaid benefits to work. Especially for people with severe disabilities who can never earn enough money to pay for these benefits themselves. Commercial insurance does not provide coverage for what they need. Public benefits are the only alternative.

Research has shown that the Buy-In program is not just good for beneficiaries and employers; it is also good policy for Medicaid. An analysis of expenditures and services used showed Medicaid Buy-In participants incurred lower annual Medicaid costs than other adult disabled Medicaid enrollees. Studies have shown that increasing Medicaid Buy-In enrollment could prevent long-term dependence on federal disability benefits. This policy is working well in states like Washington, Maryland, California and Kansas. You can hear from directly impacted Oregonians here.

The Solution – SB 576 will allow more Oregonians with disabilities to work, receive employer provided health insurance, pay taxes and remain eligible for OHP and LTSS. It will remove the income and resource eligibility thresholds for the Employed People with Disabilities program. Passage of this policy is an equitable solution to the systemic employment and health equity barriers presently in place for workers with disabilities. All of the benefits that others receive from employment would be available to them. The proposed solution permits them to continue receiving Medicaid benefits while working so that they may choose careers with a steady income and allow them to live independently with dignity, choice, and good health.

The Fiscal Impact Statement for SB 576 is being revised significantly downward from the March 8, 2023 estimate of $5,879,463 General Funds for 2024.

Please support SB 576!

The Disability Health & Employment Equity Coalition of Oregon includes: *Oregon Spinal Cord Injury Connection, Oregon Disabilities Commission, Disability Rights Oregon, Health Share of Oregon, United Spinal Association, Oregon State Independent Living Council, Oregon State Council for Retired Citizens and United Seniors of Oregon, Oregon Consumer League, Oregon State Rehabilitation Council, Spokes Unlimited, Stop Age and Disability Discrimination in Employment Coalition*

Medicaid "Buy-in" Q&A

acl.gov

Medicaid "buy-in" allows workers with disabilities access to Medicaid community-based services not available through other insurers. Nationally, workforce participation among people with disabilities is significantly lower than those without disabilities. Some individuals with disabilities who want to work face barriers achieving their employment and earnings potential because they need to choose between healthcare and work. Medicaid "buy-in" breaks down barriers to employment for people with disabilities. The Administration for Community Living (ACL), Centers for Medicare & Medicaid Services (CMS) and the Department of Labor's Office of Disability Employment Policy (ODEP) are committed to policies and programs that promote and support successful employment outcomes for people with disabilities.

What is the Medicaid "buy-in" program?

The Medicaid "buy-in" program is the nickname used to collectively refer to the Medicaid eligibility groups that serve workers with disabilities who are earning income and against whom states may charge premiums as a condition of Medicaid eligibility.[1] The vast majority of states cover at least one of the "buy-in" groups.

Is the Medicaid "buy-in" program new?

No. The amendments to federal law that authorized these particular Medicaid eligibility groups were enacted in the late 1990s and early 2000s. These Medicaid eligibility groups promote and support employment for people with disabilities, and states often have a specific program name for their Medicaid coverage of these eligibility groups.

Is the Medicaid "buy-in" the only way workers with disabilities can access Medicaid?

There are multiple ways in which Medicaid beneficiaries with disabilities who work can preserve their Medicaid, some of which are independent of a state's coverage of the "buy-in" eligibility groups. However, generally speaking, there is a limit on how much earned income an individual may have for purposes of his or her Medicaid eligibility for non-Medicaid "buy-in" eligibility groups. The "buy-in" Medicaid eligibility groups typically have the most generous income and financial eligibility standards. This document will focus only on the Medicaid "buy-in."

What if a person with a disability is on Medicaid and they want to work? Could they move to the Medicaid "buy-in" if they get a job?

Medicaid beneficiaries who have disabilities and are interested in working and maintaining access to Medicaid should contact their Medicaid agency to learn about their state's Medicaid options for workers with disabilities.

What if a state doesn't have a Medicaid "buy-in"? Could a state add a Medicaid "buy-in" to their Medicaid program?

Yes. The few states that do not presently cover one of the "buy-in" eligibility groups may adopt one of them at any time. State Medicaid agencies can work with the CMS to add or make changes to their Medicaid program.

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1 Premiums are not mandatory. Not all states require Medicaid "buy-in" beneficiaries to pay premiums.

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ACL is an operating division of the U.S. Department of Health and Human Services.

What if an individual has private insurance or Medicare? Would they still need Medicaid "buy-in"?

Medicaid beneficiaries enrolled in the "buy-in" eligibility groups may still benefit significantly from their Medicaid coverage in spite of coverage they might have under Medicare or private insurance. Medicaid beneficiaries frequently are provided coverage for services that may not be available from private insurance or Medicare, such as personal care attendant services and other community-based long-term care services. Workers with disabilities may enroll in Medicaid to supplement Medicare and/or private insurance.

How do workers with disabilities and others interested in learning more about Medicaid "buy-in" find more information?

Each state that covers one of the Medicaid "buy-in" groups has its own rules about income, assets, and premiums. Some states have no income or asset limits for its "buy-in" eligibility groups in order to promote employment and earnings for beneficiaries. Some states charge premiums. There is also general information on the CMS website: medicaid.gov/medicaid/ltss/employmment/index.html

What if my state has a lower income or asset limit? Could they change it to allow workers with disabilities to work and earn more?

Yes. States that presently cover one of the Medicaid "buy-in" eligibility groups can make changes to their income and asset rules[2] by submitting a request to the CMS. Like other proposed Medicaid changes, CMS reviews state requests for approval.

What happens if a person enrolled in the Medicaid "buy-in" gets a job in another state and wants to move there? Could they stay enrolled?

Each state covering a Medicaid "buy-in" eligibility group has its own specific eligibility rules. Individuals who move should contact their new state to find out if their new state covers one of the Medicaid "buy-in" eligibility groups and obtain information about eligibility rules. If an individual wants to remain enrolled in Medicaid they would need to apply within their new home state.

What if a worker enrolled in Medicaid "buy-in" is no longer employed but still needs Medicaid?

Individuals who experience a change in their Medicaid eligibility status must report their changes to their state Medicaid agency. The state Medicaid agency must determine if the change impacts the individual's Medicaid eligibility, and if it adversely impacts such eligibility, determine whether there are other Medicaid eligibility groups covered under the state's Medicaid plan that the individual might qualify under. An individual who loses eligibility under a Medicaid "buy-in" eligibility group due to the loss of earned income might still be eligible under a separate eligibility group covered under the state's plan.

How is the Medicaid "buy-in" good for employers?

When workers with disabilities don't need to suppress their income to ensure access to critical healthcare services, employers are able to attract and retain more workers. Employers can support employee skill development and promote high performers with less concern that a person's health care needs will impact their ongoing employment. This benefits the business community.

This document was produced by the HHS Administration for Community Living (ACL) and DOL Office of Disability and Employment Policy (ODEP) with the support of the LEAD Center. The LEAD Center is a collaborative of disability, workforce, and economic empowerment organizations dedicated to improving employment and economic advancement outcomes for all people with disabilities. The LEAD Center was funded by the Office of Disability Employment Policy, U.S. Department of Labor, Grant #OD-23863-12-75-4-11.

For additional information you may contact Annette Shea at ACL at Annette.Shea@acl.hhs.gov. Special thanks to Gene Coffey at Centers for Medicare & Medicaid Services (CMS).

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2 Income and asset rules cannot be below federal minimum standards.