



Chair Hartman, Vice-Chairs Scharf and Walters, and members of the Committee,

My name is Andrew Caruana, and I serve as the Legislative Advocacy Coordinator for the Disability Health & Employment Equity Coalition. I submit this testimony in strong support of Senate Bill 20.

Oregon's aspirations for robust disability support and human services cannot be realized while EPD penalizes participants for working and saving. The program's current income and asset limits are outdated and unsustainable—for administrators and the people it intends to serve.

State agencies, like APD, and neighboring agencies like Washington's HCA, have identified the same challenges we see on the ground. A 2023 report from the National Council on Disability stated clearly that while Medicaid access can be a powerful support for employment, restrictive income and asset limits force people with disabilities to choose between full-time work and essential healthcare. At every level of society and government, these issues are widely understood.

In Oregon, even modest wages and savings can disqualify individuals from EPD. This invites a sobering question: Why are individuals with disabilities ineligible for EPD simply because their income exceeds 250% of the federal poverty level—does the state honestly believe their disabilities go away at this benchmark? Equally troubling is the program's asset limit, which penalizes participants from saving for emergencies, retirement, or economic stability. These rules undermine independence rather than promote it, and have contributed to EPD being a work incentive program that does not work.

Other states have already removed or are working to remove these counterproductive barriers, and Oregon should have been leading the charge, but we can still act now.

When a disabled worker must decline a raise or promotion just to keep healthcare coverage, everyone loses. The worker earns less. The state pays more per capita. Tax revenues shrink. This is not a functioning work incentive—it is a work disincentive. Later in this hearing, the committee will hear from EPD participants—individuals who live these consequences daily and can speak firsthand to the harm caused by the current system.

This is the third legislative attempt to fix EPD. Nearly identical proposals have died in Ways and Means twice before without a vote. I say this not to cast blame but to underscore the urgency and real-world impact of continued inaction. Disabled Oregonians doing everything right—trying to work and live independently—are being penalized for it.

Senate Bill 20 enjoys broad support. Over 100 supportive testimonies were submitted for its public hearing, and dozens more were shared during the ODHS budget process. Many legislators from both chambers have expressed their support for EPD reform and have come out publicly to champion its funding.

Still, I understand this legislature faces difficult budget decisions this session. But the uncertainty felt today in this building is the same anxiety EPD participants experience every year—wondering if they'll lose healthcare, be able to pay rent, or take a job opportunity.

The estimated cost of implementing Senate Bill 20 is approximately \$2.6 million over the biennium. Spread across the 2,990 current and anticipated participants, that amounts to just \$435 per person—less than one month's premium on many private insurance plans. That number does not account for long-term cost savings or increased state revenue through higher workforce participation, reduced benefit dependency, and better health outcomes outlined in previous remarks. This is not only an investment in equity—it is a fiscally responsible one.

There is no sound fiscal, policy, or moral argument for delay. Fully funding and swiftly implementing Senate Bill 20 is the only remedy to make EPD function as intended—as a proper work incentive. However, I can think of 2,990 reasons to act—the number of Oregonians whose futures depend on this legislation.

Thank you for your time and thoughtful consideration.

Respectfully submitted,

Andrew Caruana

Disability Health & Employment Equity Coalition | Legislative Advocacy Coordinator



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