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**Testimony of Jen Jenkins
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**Before the Committee on Health
Council of the District of Columbia**

Roundtable Regarding Changes to the District's Medicaid and Alliance Programs

December 3, 2025

Legal Aid DC¹, submits this testimony to urge this Committee and the Council as a whole to restore essential components of the DC HealthCare Alliance (“Alliance”). Every day, our Public Benefits attorneys assist low-income residents who depend on Alliance to maintain their health. As such, we have seen firsthand the immediate and devastating impact of the programmatic and budgetary cuts to Alliance. These changes have stripped coverage from thousands of residents, sharply limited benefits for those who remain eligible, and placed new barriers between vulnerable communities and the healthcare they need to survive. We offer this testimony to share what we are witnessing among our client community and to underscore why restoring Alliance eligibility, services, and access is essential to protecting the health and dignity of District residents.

Rolling Back Alliance Is a Direct Threat to the Health and Stability of DC's Low-Income Communities

¹ Legal Aid DC is the oldest and largest general civil legal services program in the District of Columbia. The largest part of our work is comprised of individual representation in housing, domestic violence/family, public benefits, and consumer law. We also work on immigration law matters and help individuals with the collateral consequences of their involvement with the criminal legal system. From the experiences of our clients, we identify opportunities for court and law reform, public policy advocacy, and systemic litigation. For more information, visit www.LegalAidDC.org.

Before October 1, DC was a leader in healthcare coverage for its residents and was close in policy to the popular² idea of “Medicare for All,” with the lowest uninsured rate in the nation.³ Alliance, a vital healthcare program that contributed to DC’s low uninsured rate, operated much like the District’s Medicaid program for low-income residents. However, recent changes in the law through the FY2026 Budget Support Act (“BSA”) have significantly reduced the program’s scope. Alliance now serves fewer people and offers far more limited coverage. These cuts ultimately increase costs for the District. More residents will rely on emergency and hospital care because they no longer have access to preventive services, healthcare providers will face greater strain, and medical debt will continue to rise among an already economically vulnerable population of approximately 25,000 residents.⁴

When the cuts took effect on October 1, Alliance enrollees immediately lost important benefits, including all vision and dental coverage. Roughly 2,200⁵ residents lost their coverage entirely, along with affordable access to medications for common chronic conditions like heart disease and high cholesterol. Without decisive action from the DC Council, financial eligibility limits will continue to lower over the next two years, pushing thousands of residents out of the healthcare system. By October 2027, low-income adults who do not qualify for Medicaid will be left with no coverage at all, losing access to primary care, hospital services, and essential medications. The consequences for individual health and the stability of DC’s healthcare ecosystem will be profound.

² Data For Progress, Medicare for All Is Popular – Even When Put Up Against Attacks, <https://www.dataforprogress.org/blog/2025/11/medicare-for-all-is-popular-even-when-put-up-against-attacks> (63 percent of Americans said they support Medicare for All even knowing that it “would eliminate most private insurance plans and replace premiums with higher taxes.”).

³ See The Commonwealth Fund, 2025 Scorecard on State Health System Performance Fragile Progress, Continuing Disparities (June 18, 2025), <https://www.commonwealthfund.org/publications/scorecard/2025/jun/2025-scorecard-state-health-system-performance>.

⁴ See District of Columbia Department of Health Care Finance Monthly Enrollment Report - September 2025, Reflecting Period of August 2024-August 2025, https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/MCAC%20Enrollment%20Report%20-%20September%202025.pdf.

⁵ Dep’t of Health Care Finance, Responses to Committee on Health Data Requests (as of Nov. 17, 2025).

Our Clients' Stories Show the Human Cost of Losing Alliance Coverage

Since the recent changes to Alliance laws and regulations, Legal Aid has repeatedly counseled some of the 2,200 individuals who no longer qualify for the program. Most of the applicants who lost health coverage were denied solely because their incomes exceeded the newly lowered eligibility threshold. According to the Chief Financial Officer (CFO), restoring Alliance income eligibility for adults this fiscal year would have cost the District approximately \$9.5 million – only 0.0475% of DC's total \$20 billion budget. These dollars were “saved” at a significant human cost, leaving already vulnerable DC residents without critical health coverage, as described below.

Applicant 1: A Ward 5 cancer survivor who lives with her partner is in a household that makes her ineligible for Alliance. She is paid every 15 days: \$700-\$800 net, or \$1,200 gross. She lives with her partner, who also works and earns about \$300/week less than she does. While she may be eligible in the future for the Basic Health Plan, now called Healthy DC, she does not have the means for coverage she needs now without access to Alliance.

Applicant/Client 2: A Ward 1 resident in the middle of a dental procedure lost Alliance coverage. He reached out to his dental provider to see if they could argue that he needs them to “finish” the treatment which was started before the October 1 change. He said the dentist told him they won't do so - they don't think the care he needs counts as continuing. His social worker didn't have any ideas for him and told him she had many clients with this problem, but no answers.

Applicant 3: Ward 5 parents are no longer eligible for Alliance as of October 1, 2025. Their minor daughter, who previously received coverage through ICP, should have her coverage continue, although it remains unclear how the merger of ICP and Alliance may diminish the services she can access. Further, due to the family's income, they would be over-income for TANF. When Legal Aid told the mother that she and her partner were ineligible for both programs, she said that it was very sad to receive this news because her family needs these benefits.

Applicant 4: We were unable to assist a Ward 1 resident in accessing health coverage due to the new income limit. He was under 26 and would only be eligible for Alliance if he earned less income. He works in 2 restaurants owned by the same company. He was once part of an Alliance household, but when his mother went to recertify, the

Department of Human Services (“DHS”) informed her that, since her son was over 21, he would need to apply separately.

- **Mother of Applicant 4:** DHS told his mother that she has active Alliance coverage and that she doesn't need to recertify until January 2026. However, her pharmacy has told her she does not have active insurance, which means she cannot obtain her diabetes medication, even though she's had the same Alliance card since 2020.

The impact of the Alliance reductions, as exemplified by these applicants, was not unforeseen. Before the final passage of this devastating budget, our clients from Wards 1, 4, and 5 told us, and the Council, how hard it would be for them if the BSA changes were enacted by October 1. Below are already shared stories from members of our client community about how changes to Alliance affect them.

Story 1 from a Ward 1 resident:

“The mayor should absolutely not cut the Alliance program. Doing so would harm so many people. There are a lot of people who are sick and who need care. For example, I have a family member who needed urgent surgery shortly after moving here. The surgery ended up being covered, which was a huge relief. You would be taking away that kind of urgent, necessary care from people. People who are undocumented work very hard, but it is hard to get a well-paying job when you don't have papers. So, a lot of hard-working people can't afford private health insurance and would not be able to afford medical care without this program.”

Story 2 from a Ward 4 resident:

“Nothing would have been possible for me without Alliance. I got very sick a few years ago, and I was hospitalized for several weeks. After I got out of the hospital, I needed a lot of follow-up care to get healthy again. With this preventative care, I have been able to get healthy and start working again. Without insurance, I don't know what would have happened to me. The mayor should not cut this program because it is a literal lifeline for many people, myself included.”

Story 3 from a Ward 5 resident:

“I'm a beneficiary of Alliance Health insurance. This coverage is very important to me because it helps me access my medical appointments and medications. I have a thyroid condition and need to see a specialist frequently, which is very expensive without

insurance. I also take daily medication for this condition, and the insurance helps cover the cost of these prescriptions, which would otherwise be unaffordable.

Additionally, due to my age, I need to get regular Pap and mammograms. These exams are also very expensive - mammograms, for example, can cost between \$400 and \$500. With my income, I can't afford all these necessary medical services. Staying on top of one's health is critical. Like me, there are many others – both women and men – who need regular checkups but often can't afford them. That's why, on behalf of myself and others in similar situations, I kindly ask for your help. Please don't cancel this insurance."

Each of these stories, shared both now and during the past budgetary decision-making process, are representative of the 25,000 DC residents--our neighbors--who will no longer have access to care they've come to rely on from a DC-funded program with a 25-year history.

Restoring Income, Age, and Services Eligibility Is Essential to Preserve the Alliance Program

The District is the entity best resourced to ease the burden these budgetary changes have placed on sick and low-income patients, overstretched healthcare providers and hospitals, and service industry employers who depend on DC-funded insurance for their workers. To protect the health of the 25,000 District residents who rely on the program, the Council should restore income eligibility, remove age restrictions, and reinstate full-service coverage. Additionally, the Council should codify the one-year recertification period and exempt all Alliance enrollees from face-to-face interview requirements. Without action, through both budget and statutory amendments, these cuts will continue to erode the health and wellbeing of Legal Aid's clients and low-income residents across the District.

Alliance Healthcare Advisory Council

To protect the Alliance program and improve its efficiency, the Council should establish an Alliance Advisory Council that begins meeting this fiscal year. This volunteer body could meet quarterly to identify the program's needs and evaluate how proposed changes may affect Alliance participants. Membership should include representatives from the Department of Healthcare Finance, the Department of Human Services, the Office of the Chief Financial Officer, a Health Committee member or their designee, and at least two public members with relevant expertise, such as representatives from Federally Qualified Health Centers.

Once established, the Alliance Advisory Council would serve as an accountability and oversight body for the public. It would help ensure the DC Council thoroughly understands significant program changes proposed during the budget process and would proactively recommend ways to improve the program's efficiency and cost-effectiveness without reducing the quality of care.

Delayed Allocation of Certified Excess Revenues Threatens Access to Essential Care

The Council required FY26 funding for Alliance adult services as part of a “contingency list” during the final budget vote if certain conditions were met. The CFO was required to allocate and expend those funds by November 15, 2025, upon certification of excess revenues.⁶ The CFO delayed his announcement until December 2, despite certifying excess revenues on September 30.⁷ The unilateral extension of this deadline further delays vital lifesaving care to thousands of DC's most vulnerable residents.

Conclusion

The District's longstanding commitment to ensuring every resident can access meaningful, affordable healthcare is at risk. The cuts to the DC HealthCare Alliance have already harmed our clients and thousands of other low-income residents, and the human and financial costs will only deepen if these policies remain in place. Legal Aid DC urges the Council to act swiftly by restoring Alliance's income, age, and service eligibility and strengthening oversight of the program. Reversing these cuts is not only fiscally responsible but essential to protecting the health, stability, and dignity of the communities Alliance was created to serve.

⁶ See B26-0450, “Fiscal Year 2026 Congressional Review Emergency Act of 2025.” Subtitle V(E), “Health Care Alliance.”

⁷ See Office of the Chief Financial Officer, September 2025 Revenue Estimates, https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/Updated%20Revenue%20Estimate%20Letter_September%202025.pdf.