



www.legalaiddc.org
1331 H Street, NW
Suite 350
Washington, DC 20005
(202) 628-1161

**Testimony of Andrew Patterson
Senior Counsel, Public Benefits Unit
Legal Aid DC**

**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

Dear Chairperson Henderson and Members of the Committee:

Good morning, Chairperson Henderson and Members of the Health Committee. My name is Andrew Patterson, and I am a Senior Counsel in the public benefits unit with Legal Aid DC. Thank you, Chairperson Henderson, for holding this roundtable regarding changes in the District public health insurance programs, and your continued focus on these issues during this time of transition. This testimony focuses on the thousands¹ of Medicaid beneficiaries who will soon transition to the Healthy DC Basic Health Plan program.

First, we at Legal Aid want to express our thanks to the Health Benefit Exchange Authority (HBX) for their openness throughout this process. The HBX has held multiple meetings with advisory committee members on a wide range of topics, has been responsive to questions and requests for clarification or additional information, and has generally been open and transparent throughout the difficult task of creating the Healthy DC program in a very limited amount of time.

Healthy DC Should Expand Covered Services to Include Dental and Vision Benefits

We maintain several ongoing concerns about Healthy DC, and how those individuals who are set to transition to Healthy DC coverage will be affected. We continue to urge the

¹ DHCF, in their responses to the Health Committee's health data requests, estimates the current number of people that will transition from Medicaid to Healthy DC coverage to be 18,300. DHCF Responses to Committee On Health Data Requests, 11/24/2025, p. 4. Available at: [DHCF Roundtable Responses - 11.24.25.pdf](#).

Mayor, HBX, and the Council to expand the Healthy DC benefits package to include dental and vision benefits. The lack of dental coverage in particular is a devastating loss to those who will be transferred from Medicaid (which includes a robust dental benefit) to Healthy DC, which does not cover any dental benefits beyond what would qualify as a medical emergency. DHCF estimated that approximately 5,800 people in the group that will lose Medicaid coverage at the end of the year used dental services in FY 25.² The income limit for Healthy DC is 200% of the federal poverty level, or approximately \$2600 per month for a childless adult and \$4400 for a household of 3. With increasing health care costs, and the District's high cost of living, many people in the affected population will find paying for out-of-pocket dental care extremely difficult or impossible. Excluding comprehensive dental coverage, especially, will ultimately lead to more health emergencies as people delay preventative care and only seek care when a dental problem becomes a true emergency.

The estimated cost for providing dental coverage to the Healthy DC population is \$5.1 million. This is a tiny fraction of the District's \$20 billion annual budget but would have an outsized positive impact on those individuals who are moving from Medicaid to Healthy DC.

Healthy DC Should Utilize a Continuous Enrollment Policy Beyond the First Year of Operation

Healthy DC will utilize a "continuous enrollment" process for the first year of operation.³ Continuous enrollment allows individuals to apply for and receive coverage at any time of the year that they meet the program eligibility requirements. Medicaid utilizes a continuous enrollment process, allowing those who are eligible to access coverage whenever they qualify.

After the first year of operation, however, Healthy DC plans to switch from continuous enrollment to an "open and special enrollment" process.⁴ Open and special enrollment limits newly eligible applicants to one annual open enrollment period and a limited number of special enrollment periods throughout the year. Moving from continuous enrollment to open and special enrollment will make it harder for individuals to obtain coverage they qualify for in a timely manner. This may be particularly challenging for individuals who

² Id. p. 6.

³ Basic Health Program Blueprint, p. 11 of 28. Available at: https://hbx.dc.gov/sites/default/files/dc/sites/hbx/page_content/attachments/DC%20BHP%20Blueprint%20Certified%2009.30.25.pdf.

⁴ Id.

have fluctuating income around 200% of the Federal Poverty Level (FPL). Once DC transitions to the open and special enrollment process, there does not appear to be a clear way for individuals who have fluctuating income but no accompanying change in employment to re-enroll in Healthy DC if they are disenrolled from Healthy DC at any point and then become income eligible outside of open enrollment.

The Healthy DC Blueprint specifically cites federal health insurance exchange rules that require individuals to report any changes in circumstance within 30 days, including changes in income.⁵ The Blueprint states that reported changes will trigger eligibility redeterminations.⁶ Under this process, Healthy DC beneficiaries who report an increase in income above 200% of FPL would seemingly lose their coverage once their change in income is reported. Although federal regulations do allow some flexibility in the creation of special enrollment periods,⁷ the Healthy DC Blueprint does not describe any special enrollment periods beyond those that are required by federal exchange regulations,⁸ and the federal regulations do not appear to include a reduction of income *alone* as a trigger for a special enrollment period.⁹

This means that under the current Blueprint, people who lose Healthy DC coverage due to a temporary increase in income will have to wait until the next annual open enrollment period to restart coverage – even if their income falls back to eligible levels *before* open enrollment begins.

Given the likelihood of significant income fluctuation for hourly workers in the 133-200% FPL category, many people may be caught in this position. If Healthy DC maintained a continuous enrollment policy after the first year of operation, as every other state that

⁵ Basic Health Program Blueprint, p. 12 of 28. See also, 45 C.F.R. §155.330(b)(1), which is referenced in the Blueprint and specifically requires changes *with respect to eligibility* to be reported within 30 days.

⁶ Id.

⁷ The Exchange, under 45 C.F.R. §155.420(d)(6)(v), may (but is not required to) create special enrollment periods for people who experience a decrease in income, are newly determined eligible for APTC, and had minimum essential coverage w/in the previous 60 days – but it is unclear how or if this would be applicable to BHP coverage. Additionally, 45 C.F.R. §155.420(d)(9) states that a special enrollment period may be triggered when an individual “demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide.” (emphasis added). But the Blueprint does not provide for any such circumstances.

⁸ Id. pp. 6, 11.

⁹ 45 C.F.R. §155.420 et. seq. Additionally, 45 C.F.R. §155.330(b)(3) allows HBX to establish a “reasonable threshold for changes in income” and not require reporting of changes below that threshold. But the Blueprint does not include any such threshold, and so as written would require reporting changes in income of any amount that would raise a person’s income above 200% of FPL.

has implemented a Basic Health Plan has done to date,¹⁰ people with fluctuating incomes could reapply for Healthy DC coverage if their income goes down after coverage termination. We urge HBX to reconsider the decision to use open and special enrollment periods after the first year, and instead to maintain continuous enrollment for the duration of the program to ensure people have smooth access to coverage as soon as they are eligible for it.

Healthy DC Should Utilize an Option 1332 Waiver to Increase Income Limits to Match the Medicaid Income Limits

Finally, we urge HBX, the Council, and Mayor Bowser to adopt a 1332 waiver to expand coverage of Healthy DC to at least match the current Medicaid income limit of 215% FPL for childless adults, and 221% FPL for parents or caretaker relatives.¹¹ The current Healthy DC Blueprint includes a hard income limit of 200% of FPL.¹² HBX stated in the November 24, 2025 data request responses that 1,630 people will lose Medicaid and will not qualify for Healthy DC coverage due to having income above 200% of FPL. These 1,630 individuals, however, also have income that is below 215% of FPL in the case of childless adults and 221% of FPL in the case of parents or caretaker relatives. Given the high cost of living in the District, and uncertainty regarding the amount of federal premium tax credit assistance that will be available, many of these 1,630 individuals may find purchasing health coverage on the federal health insurance exchange to be prohibitively expensive. Healthy DC should pursue an Option 1332 waiver to ensure that fewer people are caught between losing Medicaid and failing to meet strict Healthy DC eligibility requirements.

Conclusion

The District has long been a leader in providing comprehensive health coverage to low-income residents, but that commitment has unfortunately not been maintained during this year's budget cycle. Moving thousands of people from Medicaid to Healthy DC coverage will mean those individuals will lose dental and vision coverage. Additionally,

¹⁰ See Oregon Basic Health Plan Blueprint, available at: <https://www.medicaid.gov/basic-health-program/downloads/or-basic-hlth-prgm-blprnt.pdf>; Minnesota Basic Health Plan Blueprint, available at: <https://www.medicaid.gov/basic-health-program/downloads/minnesota-bhp-blueprint-12212022.pdf>; New York Basic Health Plan Blueprint, available at: <https://www.medicaid.gov/basic-health-program/downloads/ny-bhp-blueprint-apprvl-may2023.pdf>.

¹¹ These income limits include the 5% disregard applied to the childless adult and parent/caretaker relative eligibility categories. DCMR §29-9506.

¹² Basic Health Program Blueprint, p. 1 of 28.

having lower income limits and a more restrictive enrollment process will force people with limited resources and who until now have been eligible for Medicaid to purchase prohibitively expensive healthcare on the private market. This is not financially feasible for many individuals and caretakers and will result in many people becoming uninsured due to the District's changes. As this transition happens, the steps outlined in my testimony will mitigate the impact on those affected by this transition, and will reaffirm the District's prior commitment to providing health care for all of its residents, regardless of income.