



[www.legalaiddc.org](http://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**

**Budget Hearing Regarding FY'27 Budget for the Department of Health Care Finance**

**April 27, 2026**

Good morning, Chairperson Henderson and members of the Committee on Health. Legal Aid DC<sup>1</sup> submits the following testimony regarding the Mayor's FY27 proposed budget for the Department of Health Care Finance ("DHCF"). Thank you for the opportunity to submit this written testimony, and to testify at this hearing. Legal Aid is one of the many organizations that works on health justice within the Fair Budget Coalition.<sup>2</sup>

**Fully Restore the DC Health Care Alliance Program to Pre-October 1, 2025  
Eligibility and Coverage Levels**

The Mayor's proposed budget fails to fully restore the Alliance cuts that were implemented last year, which resulted in thousands of District residents losing their health insurance. Although the Council partially reversed several of the worst proposed

---

<sup>1</sup> 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](http://www.LegalAidDC.org).

<sup>2</sup> DC Fair Budget Coalition, "DC Takes Care of Our Own: A Budget for Care and Sustainability" March 2026: available at: [https://fairbudget.org/wp-content/uploads/2026/03/Spreads\\_Submission\\_FBC\\_FY27-Budget-Platform.pdf](https://fairbudget.org/wp-content/uploads/2026/03/Spreads_Submission_FBC_FY27-Budget-Platform.pdf)

changes in the Mayor's FY26 budget, more must be done to ensure that all District residents have access to the health care services they need and deserve.

We urge the Council to take the following actions to fully repair the damage done to the DC Health Care Alliance program:

1. Remove the new applicant age cap for adults over 21 years of age.
2. Restore the income limit to 215% of the Federal Poverty Level.
3. Restore the full list of covered services for Alliance enrollees as it was prior to October 1, 2025.

These steps are crucial to repairing the damage caused by the Mayor's efforts to fully eliminate the Alliance program. Throughout the past year, at budget hearings, oversight hearings, and other meetings and roundtables, the Council has heard testimony from a wide range of stakeholders urging full restoration of the Alliance program. Legal Aid has worked with multiple clients whose health and lives depend on access to Alliance health coverage, and yet have either been threatened with termination or actually been terminated from Alliance coverage. Although a small number of individuals have been transitioned to Healthy DC coverage, the vast majority of individuals who lost Alliance coverage have no other option for affordable health care.

Additionally, the federal One Big Beautiful Bill Act contains further restrictions on access to Medicaid and Medicare that are set to go into effect either later this year or early next year. Under the Act, many DC residents who currently qualify for Medicare and Medicaid will lose coverage over the next few years. These DC residents include lawfully present immigrants of varying statuses, including Temporary Protected Status ("TPS") holders, refugees, asylum seekers, and survivors of trafficking and domestic violence. Some DC residents who qualify for Medicaid will lose coverage on October 1, 2026.<sup>3</sup> Other DC residents who qualify for Medicare will lose coverage on January 4, 2027.<sup>4</sup> Still others will lose access to affordable plans on the Health Care Exchange in January 2027. Further, if the Alliance enrollment age cap is not lifted, *all* DC residents losing their other sources of coverage will have *no* affordable health care options available to them.

---

<sup>3</sup> National Health Law Program, Eligibility and Enrollment Provisions in OBBBA, August 21, 2025, p. 8 (available at: <https://healthlaw.org/resource/eligibility-and-enrollment-provisions-in-obbba/>)

<sup>4</sup> Center for Medicare Advocacy, Impact of One Big Beautiful Bill on Medicare, July 24, 2025 (available at: <https://medicareadvocacy.org/impact-of-the-big-bill-on-medicare/>)

### **The Council Must Include Legislative Fixes to the DC Health Care Alliance Reform Amendment Act of 2025**

Although we support the Mayor’s proposal in the FY27 budget to add dental and vision coverage to Alliance and maintain eligibility at 138% of the Federal Poverty Level, those fixes, and any other changes the Council adds, must be codified legislatively in order to take effect. Additional positive changes made last year by the Council – such as eliminating the 6-month certification period and in-person recertification requirement, should also be codified. Legal Aid urges the Council to amend the DC Health Care Alliance Reform Amendment Act of 2025 to include the following changes:

1. Remove the new applicant age cap for adults over 21 years of age.
2. Restore the income limit to 215% of the Federal Poverty Level.
3. Restore the full list of covered services for Alliance enrollees as it was prior to October 1, 2025.
4. Allow Federally-Qualified Health Centers to conduct eligibility screenings and conduct presumptive eligibility determinations for Alliance coverage.
5. Ensure that Alliance allows for annual recertifications instead of the 6-month recertifications originally proposed by the Mayor last year, and ensure that Alliance recertifications are not required to be done in-person.

### **The Council Should Fully Fund the Certified Nurse Aid Amendment Act of 2024**

Legal Aid DC also urges the Council to fully fund the Certified Nurse Aid Amendment Act of 2024. When this legislation passed in 2023, it was an important and positive development by the District to address the ongoing reductions in licensed home health aides available in the District.<sup>5</sup> However, in the FY26 budget, the Mayor and Council approved only one pay increase for direct care workers, instead of fully funding ongoing pay increases. Legal Aid DC remains concerned that a failure to fully fund this important legislation will mean that wages for this critical group of workers are not sufficiently competitive, and that staffing shortages will continue for home health agencies. As Legal Aid DC has previously testified, the risk that Medicaid or Elderly and Persons with

---

<sup>5</sup> See DC Board of Nursing Survey – available at: [https://dclongtermcare.org/wp-content/uploads/Final-Jan-2024\\_Updated-1.pdf](https://dclongtermcare.org/wp-content/uploads/Final-Jan-2024_Updated-1.pdf)

Physical Disabilities (“EPD”) waiver enrollees will injure themselves or worse, and the number of enrollees who require a move to a long-term care facility increases when enrollees are unable to receive their full, medically-necessary home health services.

### **The Committee Should Fully Fund and Implement the Medicaid Buy-In Program**

Legal Aid DC also urges the Council to pass and fully fund the Judith Heumann Memorial Workers with Disabilities Act at \$4.4 million for FY27, per the bill’s fiscal impact statement.<sup>6</sup> This act would, for the first time in DC, create a Medicaid buy-in program for those who are disabled, but whose income puts them above the Medicaid income limit.<sup>7</sup> Medicaid buy-in programs for working adults with disabilities already exist in 48 other states. Medicaid beneficiaries who risk losing Medicaid due to a small increase in income are put in the difficult position of having to choose between an increase in their income or keeping the health insurance they desperately need to maintain their health and ability to work. A buy-in program would remove a significant portion of the incentive for workers with disabilities to turn down additional earned income.

A Medicaid buy-in program would allow working adults with disabilities to maintain access not only to full Medicaid health insurance, but also to services that are not typically covered by Medicare or private health insurance, such as personal care aide and non-emergency medical transportation services. These services allow people with disabilities to lead more independent lives.

Legal Aid DC was pleased to see the improvements made to the bill in the April 7 mark-up, including removing the age limit of 64. We encourage the Council to pass, and fully fund, this legislation so that working adults with disabilities are not forced to choose between increasing their work income or maintaining their health insurance coverage.

### **Conclusion**

The Mayor’s proposed budget does not take an equitable approach to all District residents. Instead, the Mayor’s proposal continues many of the unnecessary cuts to the Alliance program instead of repairing the damage. Additionally, new barriers to coverage

---

<sup>6</sup> Available at:

[https://app.cfo.dc.gov/services/fiscal\\_impact/pdf/spring09/FIS%20Judith%20Heumann%20Memorial%20Workers%20with%20Disabilities.pdf](https://app.cfo.dc.gov/services/fiscal_impact/pdf/spring09/FIS%20Judith%20Heumann%20Memorial%20Workers%20with%20Disabilities.pdf)

<sup>7</sup> See Judith Heumann Memorial Workers with Disabilities Act, available at:

<https://lms.dccouncil.gov/downloads/LIMS/60667/Introduction/B26-0463-Introduction.pdf>

are coming in the near future, through Medicaid work requirements and reduced eligibility for lawfully present immigrants. Legal Aid DC urges the Council to: 1) make the changes proposed above to fully restore these crucial pieces of the District's health care safety net, especially during this time of ongoing targeting of immigrant communities from the federal administration; and 2) ensure that DHCF receives all necessary funding to respond to the additional changes that will impact the Medicaid program later this year.