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

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**Testimony of Jacob Speidel  
Staff Attorney, Public Benefits Unit  
Legal Aid DC**

**Before the Committee on Health  
Council of the District of Columbia**

**Budget Hearing Regarding Fiscal Year 2027 Budget for the  
Health Benefit Exchange Authority**

**May 6, 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 proposed budget for the Health Benefit Exchange Authority ("HBX"). Thank you for the opportunity to submit this written testimony, and to testify at this hearing on the proposed budget for fiscal year 2027. Legal Aid is one of the many organizations that works on health justice within the Fair Budget Coalition.<sup>2</sup>

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

We strongly support the mayor's proposal to add dental and vision benefits for Basic Health Plan ("BHP") enrollees. We urge the Council to adopt a budget incorporating the mayor's proposed increase of \$5,733,009 in the Department of Health Care Finance's ("DHCF") Agency Management Division to support BHP dental and vision benefits.

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<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).

The loss of dental coverage has been devastating for those who have been transitioned from Medicaid to Healthy DC, which currently does not cover any dental benefits beyond what would qualify as a medical emergency.

DHCF estimated that approximately 5,800 people in the group transitioned from Medicaid to Healthy DC coverage had utilized dental services through Medicaid in the last year.<sup>3</sup> The income limit for Healthy DC is 200% of the federal poverty level (“FPL”), or approximately \$2,600 per month for a childless adult and \$4,400 for a household of 3. With increasing health care costs and the District’s high cost of living, failure to restore comprehensive dental coverage will lead to more health emergencies as people delay preventive care and only seek care when a dental problem becomes a true emergency.

The cost for restoring dental and vision coverage to the Healthy DC population is a fraction of the District’s annual budget but will have an outsized positive impact on those individuals who have been moved from Medicaid to Healthy DC. We urge the Council to support the mayor’s proposed funding of dental and vision benefits for Healthy DC enrollees.

### **Healthy DC Should Increase Income Limits to Cover All Individuals Losing Medicaid**

We urge the Council to expand coverage of Healthy DC to 215% of the FPL for childless adults, and 221% of the FPL for parents or caretaker relatives. Currently, Healthy DC has a hard income limit of 200% of the FPL.<sup>4</sup> This is lower than the old income limit for Medicaid, and HBX stated in their November 24, 2025 data request responses that 1,630 people previously enrolled in Medicaid did not qualify for Healthy DC coverage due to having income above 200% of the FPL. These 1,630 individuals, however, also have income that is below 215% of the FPL in the case of childless adults and 221% of the 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. If the Council expands Healthy DC coverage, these individuals would qualify for Healthy DC instead of falling through eligibility cracks.

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<sup>3</sup> DHCF Responses to Committee on Health Data Requests, 11/24/2025, p. 6.

<sup>4</sup> These income limits include the 5% disregard applied to the childless adult and parent/caretaker relative eligibility categories. DCMR §29-9506.

The Council should ensure that everyone losing Medicaid coverage due to cuts in that program is included in Healthy DC eligibility limits.

### **The District Should Ensure Healthy DC Eligibility for DC Residents Who Lose Access to Affordable Health Insurance Due to Legislative Changes**

Similarly, the District should support Healthy DC enrollment for DC residents who lose their affordable health insurance due to changes in federal law and who do not qualify for any alternative coverage such as Medicaid, DC Healthy Families, Alliance, or affordable employer-provided insurance. Healthy DC has become an essential last resort for DC residents whose health insurance is stripped away through cuts to Medicare, Medicaid, and the Health Care Exchange.

The federal One Big Beautiful Bill Act contains restrictions on access to Medicaid and Medicare that are set to go into effect later this year and early next year. Under the Act, many DC residents who currently qualify for Medicaid will lose access to that coverage on October 1, 2026.<sup>5</sup> Similarly, a number of DC residents who currently qualify for Medicare health insurance will lose their Medicare coverage effective on January 4, 2027.<sup>6</sup> Others will lose access to affordable plans under the Affordable Care Act in January 2027.<sup>7</sup> When DC residents lose access to health insurance due to these changes, there should be DC funding allocated to allow them to enroll in Healthy DC to the greatest extent permitted under federal law.

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

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<sup>5</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>6</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/>)

<sup>7</sup> <https://www.kff.org/medicaid/implementation-dates-for-2025-budget-reconciliation-law/>

Healthy DC is utilizing a “continuous enrollment” process for the first year of operation.<sup>8</sup> Continuous enrollment, also known as year-round enrollment, allows individuals to apply for and begin receiving coverage at any time of the year that they meet the program eligibility requirements. Medicaid also 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.<sup>9</sup> Open and special enrollment limits newly eligible applicants to one annual open enrollment period and a limited set 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 have fluctuating income around 200% of the Federal Poverty Level (FPL), or who do not qualify for a special enrollment period. HBX has indicated that all the special enrollment periods that apply to private plans on the Health Care Exchange will be available to Healthy DC enrollees and has said HBX will work with individuals on a one-on-one basis to help make sure all options for special enrollment periods are considered. Still, the Healthy DC population is a lower-income and more vulnerable population than those able to afford private coverage on the Exchange and may have greater barriers to accessing special enrollment periods or even knowing to reach out to HBX for assistance.

Continuous enrollment is an administratively simpler process. It would mean fewer barriers to enrollment for potential new beneficiaries and would reduce administrative costs for HBX by removing the need to assist people with finding applicable special enrollment periods. Healthy DC should align with Medicaid by using continuous enrollment beyond the first year of operation.

## **Conclusion**

Legal Aid DC supports the mayor’s proposal to fund vision and dental coverage for DC residents enrolled in Healthy DC. This is a first step towards restoring the insurance coverage and care that have been stripped away through recent local and federal cuts. We also urge the Council to make the changes proposed above to further restore other health care benefits being taken away from our vulnerable residents.

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<sup>8</sup> 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](https://hbx.dc.gov/sites/default/files/dc/sites/hbx/page_content/attachments/DC%20BHP%20Blueprint%20Certified%2009.30.25.pdf).

<sup>9</sup> *Id.*