

## Medicaid & People with Disabilities

### Medicaid Provides Vital Health Care Coverage for Millions of Adults and Children with Disabilities

Over 70 million people in the U.S. use Medicaid to pay for their health care, including:<sup>1</sup>

- 17 million people with disabilities and older adults;<sup>2</sup>
- 6 million children with disabilities;<sup>3</sup> and
- 25% of disabled working age adults have **no other** form of insurance.<sup>4</sup>
- In California, Medicaid is a lifeline for 1.4 million older adults, 852,000 people with disabilities, and 3.5 million children.<sup>5</sup>
- Every state has Medicaid, and federal Medicaid funding makes up a huge share of every state budget—cutting federal funding for the program would increase costs for states and spread state budgets thin.<sup>6</sup>

### Medicaid Allows Disabled People to Live and Work in Our Communities

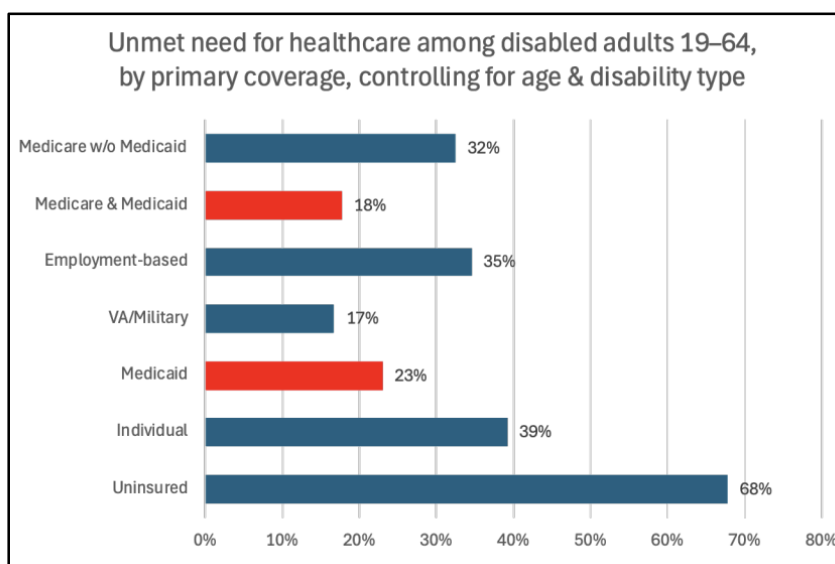
Medicaid allows adults and children with disabilities to live in our own homes and communities instead of in nursing homes or institutions. Medicaid covers doctor appointments, medicine, wheelchairs, walkers, hearing aids, treatments, tests, surgeries, and transportation. It pays for personal care attendants or direct care workers that can help people with disabilities and older adults eat, get dressed, cook, or go to work or school. Services and supports that allow disabled people to live in their own homes and outside of an institution are called home and community-based services (HCBS). HCBS help disabled people stay well and avoid expensive hospitalizations.

- Medicaid pays for 70% of all HCBS in the US.<sup>7</sup>
- An estimated 4.5 million disabled people and older adults use HCBS to live in their own homes instead of an institution.<sup>8</sup>
- More than 1 in 3 working adults with disabilities use Medicaid to meet their care needs.<sup>9</sup>
- We need more funds for Medicaid, not cuts. Over 700,000 people nationwide are on waiting lists for at-home services, including 9,000 Californians.<sup>10,11</sup>

## Medicaid Fills Coverage Gaps for Disabled Adults

Over one third of working age adults with disabilities (35%) delayed, skipped, or went without health care or prescription medications due to cost compared to only 12% of non-disabled working age people.

Medicaid coverage meets disabled people’s needs much better than other types of health care coverage. Disabled adults insured by Medicare alone, employment-based insurance, and individual insurance have much higher rates of unmet health care needs than those insured by Medicaid alone or dual Medicare-Medicaid (Kaye, 2025).



## Medicaid Makes Necessary Health Care Significantly More Affordable for People with Disabilities

Working-age disabled adults living alone enrolled in Medicaid have the lowest out-of-pocket health care costs over disabled adults with other coverage, including people on Medicare alone and veterans and employment-based insurance (Kaye, 2025). *Less healthcare costs for disabled people means more money for food, rent and other essentials.*

## Cuts to Medicaid Are Unacceptable!

Any cuts to Medicaid will strip health care coverage from people with disabilities, older adults, kids, and other low-income people. Cuts to Medicaid through any means – whether through block grants, per capita caps, FMAP changes, or work requirements – are completely unacceptable.

Work requirements are a cut to Medicaid. Work requirements would result in millions of people losing their health care coverage—not because they are ineligible for coverage, but because of burdensome administrative reporting requirements.<sup>12</sup> Work requirements simply do not work.

- People with disabilities want to work and many are able to with the supports and healthcare we receive from Medicaid.
- Work requirements waste millions of dollars on expensive tracking systems that could be better spent on ensuring Medicaid is providing the supports and services people need that allows them to work.<sup>13</sup>
  - Georgia’s work requirements have cost its taxpayers \$26 million.<sup>14</sup> Spending on Georgia’s online eligibility and enrollment system was almost five times higher than spending on healthcare benefits for enrollees. Costs for enrollees went up by an average of \$13,000 per enrollee.
- People with disabilities cannot be carved out of work requirements. Burdensome reporting requirements and complicated deadlines are difficult to navigate and inaccessible for many disabled people. Work requirements also fail to account for people who work fewer hours because they are caring for young children or a disabled parent, spouse, or adult child, or who are attending school, or who have disabilities that result in frequent hospitalizations that limit work capacity. People with disabilities lose coverage when they are unable to comply with burdensome exemption processes or don't fit into restrictive eligibility boxes.

## **Stories from Real People: Medicaid Allows Us to Thrive, Not Just Survive**

### **Excerpts from recent stories shared with DREDF from community members:**

*Medicaid helps fund my IHSS (in-Home Supportive Services) and waiver personal care services. I have 24-hour care...that's why I can live alone with my cat, independently. It is why I can have the social life that I have. It's why I can be driven around in my van and hang out with my friends and go to work...If I didn't have the support, I'd have to move back home with my parents who live in San Jose. That would be really hard. My father has stage four lung cancer, and my mother has multiple sclerosis so while they would be able to help me, it wouldn't be easy.*

*When you think of a disabled person or a quadriplegic or someone like me maybe the first thought is, "Oh, shouldn't they be in a nursing home already?" Well, we aren't. We are working and living and thriving and moving about. Disabled people who need homecare are married, they have children, they have families, they have lives. And some of them perform! They do so many things and the only reason they're able to do those things is because of Medicaid. – **Jane, California***

*I use community-based services. I have PCAs who take care of me and help me with my daily needs from getting out of bed, dressing, bathing, eating, basically your day-to-day life functions. I'm an actor, comedian, writer, movie producer and public speaker. Medicaid basically keeps me alive. If*

those (HCBS) services were not available, I would probably be forced to live in a nursing home... Dear members of Congress, I say to you, you cannot allow this to happen. You cannot cut the budget for your country's most vulnerable population... People will die... And I know that may sound extremist, may sound alarmist, but that is the truth. – **Steve, New Jersey**

I depend on Medicaid every single day. It keeps me from living in an institution, helps me keep my job, and lets me make a difference as an advocate for all people with disabilities. I use Medi-Cal for my health care... It is not just people with disabilities who depend on Medicaid. Many of my staff, who make low wages, depend on Medi-Cal and covered California for their health insurance... Because of Medicaid, I am able to thrive in my community, not just survive. – **Tina, California**

## **Conclusion: Cuts to Medicaid Would be Devastating for People with Disabilities. Vote “NO” on Cuts to Medicaid!**

**Learn more about the importance of Medicaid for the disability community and how to take action on DREDF’s website: [www.dredf.org](http://www.dredf.org).**

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<sup>1</sup> Source: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

<sup>2</sup> Source: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf>

<sup>3</sup> Source: <https://www.kff.org/medicaid/issue-brief/children-with-special-health-care-needs-coverage-affordability-and-hcbs-access/>

<sup>4</sup> Kaye, H. Stephen. 2025. *Preserving Medicaid & the Affordable Care Act for Adults with Disabilities*. Disability Rights Education & Defense Fund.

<sup>5</sup> District level data is available at <https://communityplans.wpenginepowered.com/wp-content/uploads/2024/09/ACAP-The-Medicaid-Voter-2024.pdf>

<sup>6</sup> Source: <https://www.cbpp.org/research/health/medicaid-threats-in-the-upcoming-congress>

<sup>7</sup> Source: <https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/>

<sup>8</sup> Source: <https://www.kff.org/medicaid/issue-brief/a-look-at-waiting-lists-for-medicaid-home-and-community-based-services-from-2016-to-2024>

<sup>9</sup> Source: <https://www.kff.org/medicaid/issue-brief/working-age-adults-with-disabilities-living-in-the-community/>

<sup>10</sup> Source: <https://www.kff.org/medicaid/issue-brief/a-look-at-waiting-lists-for-medicaid-home-and-community-based-services-from-2016-to-2024/>

<sup>11</sup> Source: <https://www.kff.org/medicaid/state-indicator/medicaid-hcbs-waiver-waiting-list-enrollment-by-target-population-and-whether-states-screen-for-eligibility/>

<sup>12</sup> Source: <https://www.cbpp.org/research/health/36-million-people-at-risk-of-having-health-coverage-taken-away-by-medicaid-work>

<sup>13</sup> Source: <https://gbpi.org/georgias-pathways-to-coverage-program-the-first-year-in-review-fact-sheet/>

<sup>14</sup> Source: <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>