

July 1, 2025

The Honorable Mike Johnson  
Speaker  
U.S. House of Representatives  
Washington, DC 20510

The Honorable Hakeem Jeffries  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20510

**RE: Vote NO on Harmful Reconciliation Bill and Medicaid Cuts**

Dear Speaker Johnson, Leader Jeffries and Members of the House of Representatives:

The Disability Rights Education and Defense Fund (DREDF) urges all members of the House to **vote NO on the Senate amendment to H.R. 1**. The Senate's version of the budget bill targets at-risk communities and results in even deeper carve-outs to Medicaid and Medicare, with over \$1 trillion in healthcare cuts. The budget bill is cruel. It jeopardizes our nation's well-being and would harm disabled people and older adults. **DREDF calls on all members of Congress to defend the health and rights of our communities, and commit to ensuring Medicaid and Medicare continue to provide reliable healthcare, including community-based supports and services for all people in need.**

The proposed bill would lead to at least 17 million people losing healthcare coverage.<sup>1</sup> People without healthcare coverage delay seeing the doctor or can't afford treatment, they get sicker and miss work or risk being fired, or they go to work and potentially expose others to a virus. **As a result of these healthcare coverage losses, an estimated 51,000 people will die every year.**<sup>2</sup> When states have faced Medicaid budget cuts in the past, *every* state reduced its coverage of homecare services that people with disabilities need to stay out of costly institutions because federal law requires Medicaid to cover institutional care but not homecare.<sup>3</sup> The proposed budget targets low-income people, people with disabilities, students, immigrants and Black, Brown and Tribal communities.

Harmful parts of the bill affect disabled people, our neighbors, and our families by:

- Making it much harder for people to stay enrolled in Medicaid by: forcing states to adopt job loss penalties, including for adults up to 64 years and parents with children older than 14; repealing simplified eligibility rules; and increasing the frequency of eligibility redeterminations to every 6 months.<sup>4</sup> At the same time, the bill is expected to reduce over a million jobs nationwide.<sup>5</sup> People with disabilities already face employment discrimination that means they are the last to be hired and the first to be fired, and barriers to employment such as limited transportation. Beginning in 2027, low-income people with disabilities who work less than 20 hours a week will not be permitted to enroll in Medicaid;

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- Creating so-called exemptions to job loss penalties that are difficult for people with disabilities to meet and apply for. Many people with disabilities that do not fit into Congress's restrictive definition of disability could lose their care, including those who are not enrolled in very strict government programs under the Social Security Administration. People who don't have a clearly defined diagnosis, who have disabilities that can worsen and improve over time, such as some mental health disabilities, or who experience periods of seasonal unemployment will all have trouble proving their eligibility for Medicaid;
- Increasing the risk that people will also lose their care because of the difficulty of repeatedly proving that they are eligible. For example, some people with disabilities face barriers reading print or understanding their mail, making phone calls, having others understand their speech, or physically getting to a recertification office. States who want to give people a fair chance to stay enrolled will be forced to spend millions of dollars on keeping track of paperwork and eligibility, instead of spending money on providing care and services;<sup>6</sup>
- Trapping low-income people who need insurance to be healthy enough to work into a terrible cycle due to the increased risk of healthcare coverage loss (including thousands of older women of color who work as both paid and unpaid caregivers for disabled people and seniors). If they fall off of Medicaid themselves, they will also be ineligible for Affordable Care Act (ACA) marketplace coverage,<sup>7</sup> and are likely to experience worse health, even as they are less and less likely to be able to find employment and get healthcare again;
- Increasing out-of-pocket costs for adults who rely on Medicaid if they make over \$15,650 a year for an individual or \$32,150 for a household of four.<sup>8</sup> These fees could lead to fewer visits to the doctor and more unmet healthcare needs;
- Limiting the income that states can raise to fill the budget gaps created by federal cuts. States will be forced to cut essential programs like homecare services instead of being able to raise revenue to prevent program cuts;
- Denying future healthcare access to people living in states that have not expanded their Medicaid programs to more people;
- Preventing a new rule from going into effect that would force nursing homes to have sufficient staff and help prevent abuse and neglect in long term care settings, thereby putting people with disabilities and older adults at risk;<sup>9</sup>
- Banning Medicaid funding for community providers like Planned Parenthood that offer critical reproductive and preventive healthcare. This is effectively a back door abortion ban. If community providers lose funding, millions of low-income and uninsured people, including people with disabilities in rural areas, will lose access to vital health care such as mammograms, cancer screening, pap smears, sexually transmitted infection testing, birth control method counseling, and health care for pregnant people. People with

disabilities often face significant transportation barriers and many will not be able to get to a provider that is further from their home;

- Cutting access to Medicaid, Medicare, the Supplemental Nutrition Assistance Program (SNAP), the Children's Health Insurance Program (CHIP), and the ACA for some immigrants including refugees, survivors of trafficking, and other humanitarian entrants who are here with legal status;
- Increasing family detentions and deportations and eliminating baseline protections for immigrant children, including disabled children, in U.S. custody by removing state licensing requirements for facilities and maximum time in custody standards. The bill also allows officials to conduct invasive examinations of children's bodies to search for tattoos or markings while they are in the custody of the Office of Refugee Resettlement;
- Cutting nearly \$300 billion from the SNAP, almost one-third of the entire program budget.<sup>10</sup> The Senate version of the bill shifts the costs of running the SNAP program to the states. Since SNAP benefits are technically optional for states to provide, some states might stop participating in the program altogether.<sup>11</sup> This would decrease access to food for millions of people. Students, single mothers and their families would be most affected, as would adults with disabilities who comprise 9% of SNAP beneficiaries; and
- Repealing funding to address air pollution in schools which would disproportionately harm students with disabilities and chronic health conditions.

DREDF believes that health care and access to healthy and safe communities are human rights for all people. No matter our disability, race, gender, sexual orientation, citizenship status, income, or ZIP code – we all deserve to access the care and services we need to live. Without these services and programs, tens of thousands of people will die every year.

We call on all members of Congress to reject the harmful proposals and defend Medicaid and the programs people in all states need to live safe, healthy and fulfilling lives. Vote No on the Senate Amendment to H.R. 1. Please do not hesitate to reach out with any questions by contacting Carol Tyson, Government Affairs Liaison, [ctyson@dredf.org](mailto:ctyson@dredf.org), and Silvia Yee, Policy Director, [syee@dredf.org](mailto:syee@dredf.org).

Sincerely,



Michelle Uzeta  
Interim Executive Director

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<sup>1</sup> <https://www.cbo.gov/publication/61535>

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- <sup>2</sup> <https://di.upenn.edu/our-work/research-updates/research-memo-projected-mortality-impacts-of-the-budget-reconciliation-bill/>
- <sup>3</sup> <https://geigergibson.publichealth.gwu.edu/history-repeats-faced-medicaid-cuts-states-reduced-support-older-adults-and-disabled-people>
- <sup>4</sup> <https://www.cbpp.org/blog/more-frequent-medicaid-renewals-would-increase-errors-and-lead-eligible-people-to-lose-health>
- <sup>5</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2025/jun/how-medicaid-snap-cutbacks-one-big-beautiful-bill-trigger-job-losses-states>
- <sup>6</sup> <https://healthlaw.org/resource/top-10-reasons-why-house-republicans-work-requirement-proposal-will-harm-low-income-people/>
- <sup>7</sup> <https://www.milbank.org/2025/06/lessons-learned-from-arkansas-experience-with-a-medicaid-work-requirement/>
- <sup>8</sup> <https://www.kff.org/tracking-the-medicaid-provisions-in-the-2025-budget-bill/> and <https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>
- <sup>9</sup> <https://www.cms.gov/newsroom/fact-sheets/medicare-and-medicaid-programs-minimum-staffing-standards-long-term-care-facilities-and-medicaid-0>
- <sup>10</sup> <https://www.cbpp.org/research/food-assistance/house-reconciliation-bill-proposes-deepest-snap-cut-in-history-would-take> and <https://www.fns.usda.gov/data-research/data-visualization/snap/action>
- <sup>11</sup> <https://www.cbpp.org/research/food-assistance/senate-republican-leaders-proposal-risks-deep-cuts-to-food-assistance-some>