



Dear Honorable Senator Deb Patterson Honorable Senator Tim Knopp and members of the Senate Committee on Health Care,

For the record, my name is West Livaudais. I'm offering public testimony today as a private, Oregon citizen and not on behalf of my employer or any other entity. I am a public health professional who works at OHSU's Office on Disability and Health, and have had the honor of serving on the OHPB Health Equity Committee and Health Share of Oregon's Community Advisory Council. I also serve as the executive director of Oregon Spinal Cord Injury Connection, a nonprofit serving people with SCI.

My lived experience as a paraplegic with a C7 spinal cord injury and my public health education and work experience give me a unique perspective on disability justice and health equity in Oregon. Senate Bill 584 is the culmination of my research and conversations with national disability and healthcare reform advocates. It is innovative but not unprecedented. Our neighbor to the north, Washington State, enacted similar legislation just last year.

The State of Oregon can achieve its goal of eliminating health disparities and achieving health equity by identifying and correcting sources of systemic oppression, of which people with disabilities are exposed to many.

Employment among Oregonians with disabilities, which supports health equity through economic security, is suppressed by systemic barriers like the one this bill addresses. The employed Oregonian with a disability, who buys-in to Medicaid for the long-term supports and services they need to thrive, can never take a pay raise, even if they merit it, without risking losing their health benefits.

Today you will hear testimony from Casey, Charina, and Brook, three Oregonians with disabilities who are employed full-time, year-round or who work full-time, year-round but aren't fully paid because they have been forced to choose between physical health and financial health. They represent thousands of Oregonians in this situation. Most people **would** choose to keep their physical health at the expense of their financial health, but as you well know and as public health data clearly shows, poverty and the toxic stress it brings, is corrosive to the health of a person, their family and community.

In Oregon, full-time, year-round employment rates are 6x lower among Oregonians with disabilities who would or do benefit from long-term supports and services than the non-disabled population (between 8-12% compared to 59% of the non-disabled population). (ACS, 2018).



According to Oregon's Behavioral Risk Factor Surveillance System Survey, Oregon households with a person with a disability are 4x more likely to earn less than \$15,000/year, compared to households with non-disabled members (20%D v 5%nD).

- And they are 20% less likely to own a home.

Poverty has **had** an adverse affect on our community's health as well. Oregonians with disabilities are 8x more likely to feel acute stress due to food or housing insecurity (17.5%D v 2.2%nD); 4x more likely to develop heart disease (9.3% v 2.1%); 5x more likely to sustain a stroke; 3x more likely to develop diabetes, and 2.5x more likely to develop cancer than nondisabled Oregonians.

My friend's testimony will describe how the Medicaid asset and income eligibility restrictions for employed people with disabilities restrict their ability to prosper through employment and, subsequently exposes them and their families to health risks, as well as unfairly close opportunities upon them. Their employer-sponsored health insurance coverage does not cover the long-term supports and services they require. These services are only covered by Medicaid. For that reason they must "buy-in" to Medicaid and thereby become subject to its asset/income restrictions. The trade they **make** to have health benefits they **need** comes at the expense of their financial freedom to earn, save and prosper, simply because they have a disability they did not choose.

These Medicaid asset and income eligibility restrictions contribute to a negative trajectory toward our State's goal of eliminating health disparities by 2030. Health equity for all Oregonians means all Oregonians have an equal opportunity to prosper through their employment, despite their disability. Too often many people with disabilities must decide between health care and work. These policies are regressive and discriminatory against people with disabilities and it is time to change them. Please support SB 584.

Thank you for the opportunity to testify on this important issue!

West Livaudais
Executive Director
[Oregon Spinal Cord Injury Connection](#)

**2018 American Community Survey via Disability Statistics.org
[Non-institutionalized persons/community-living, ages 21-64]**

Oregon Medicaid Buy-In



- In order to be eligible for long-term supports and services through Medicaid Buy-In, an employed Oregonian with a disability must limit their countable assets to \$5,000 and income to less than 250% of the Federal Poverty Level, which is \$32,000 for a family of 1 or \$55,000 for a family of 3.

Poverty

- Oregonians w/ disabilities live under the poverty line: 28.0% MOE \pm 2.62
- Oregonians w/o disabilities live under the poverty line: 9.8% MOE \pm 0.64

The poverty measure is computed based upon the standards defined in Directive 14 from the Office of Management and Budget. These standards use poverty thresholds created in 1982 and index these thresholds to 2008 dollars using poverty factors based upon the Consumer Price Index. They use the family as the income sharing unit and family income is the sum of total income from each family member living in the household. The poverty threshold depends upon the size of the family; the age of the householder; and the number of related children under the age of 18.

FTYR Employment rates:

- Oregonians w/ disabilities Full-time, Year-round employment: 25.6% (self-care 7.9%; independent living 11.8%)
- Oregonians w/o disabilities FTYR employment: 58.9%

A person is considered employed full-time/full-year if he or she worked 35 hours or more per week (full-time) and 50 or more weeks per year (full-year). The reference period is defined as the 12 months preceding the date the questionnaire was completed. Note: this does not signify whether a person is eligible for fringe benefits. The question and response categories regarding weeks worked per year was changed in 2008.

Employment rate:

- Oregonians with Disability Employment rate: 31.8%. (Self-care 14.5%; Independent living 22.6%)

- Oregonians w/o disability employment rate: 80.1%

A person is considered employed if he or she is either

1. "at work": those who did any work at all during the reference week as a paid employee (worked in his or her own business or profession, worked on his or her own farm, or worked 15 or more hours as an unpaid worker on a family farm or business) or
2. were "with a job but not at work," : had a job but temporarily did not work at that job during the reference week due to illness, bad weather, industrial dispute, vacation or other personal reasons. The reference week is defined as the week preceding the date the questionnaire was completed.