



DISABILITY HEALTH & EMPLOYMENT EQUITY COALITION

Our Mission is to make Medicaid, healthcare, and employment equitable for people with disabilities in Oregon.

Health and Employment Equity for Workers with Disabilities

[The Disability Health & Employment Equity Coalition of Oregon](#) is a group of stakeholders invested in the health and prosperity of the disability community that has coalesced around passage of a bill that creates equity for workers with disabilities. Medicaid, the Americans with Disabilities Act and federal work incentives help people with disabilities. But they can create a cycle of poverty and exclusion that contributes to poor health. Through state-level system and policy changes, we strive to create equity in health and employment so the disability community can thrive and prosper in health and wealth.

The Problem – Employed Oregonians with disabilities face a tough choice. Many can not survive without Medicaid healthcare (OHP) and long-term services and supports (LTSS). They want to socialize, self-actualize and contribute to society as employees and volunteers. There is a federal work incentive program housed in the Office of Aging and People with Disabilities (APD) that allows Medicaid beneficiaries to work and retain their benefits. They buy into it with a portion of their earnings. Oregon calls it the Employed Persons with Disabilities program (EPD). Each state is free to determine the limits of how much a person may earn or own in order to remain eligible for Medicaid benefits. APD has set EPD income limits at 250% of the Federal Poverty Level and asset limits at \$5,000.00. Unfortunately, it is increasingly difficult to find even entry level jobs paying wages this low. And if found, pay raises and/or promotions quickly push the EPD participant above the 250% threshold. The low threshold for resources also is problematic given the escalated costs of goods and savings necessary to address unforeseen circumstances. For many disabled workers, working is not worth losing Medicaid benefits. This is especially true for people with high levels of service needs. They could never pay for these benefits with earnings. And private insurance does not cover the needs of those who can care for themselves. Public benefits are their only alternative. You can hear from Oregonians experiencing this issue [here](#).

Research has shown that the Buy-In program is not just good for beneficiaries and employers, it is also a good policy for Medicaid. **An analysis of expenditures and services used showed Medicaid Buy-In participants incurred lower annual Medicaid costs than other adult disabled Medicaid enrollees. Studies have shown that increasing Medicaid Buy-In enrollment could prevent long-term dependence on federal disability benefits.** This policy is working well in states like Washington, Maryland, California and Kansas.

The Solution – Allow more **Oregonians with disabilities to work, receive employer provided health insurance, pay taxes and remain eligible for OHP and LTSS.** **SB 20** will remove the income and resource eligibility thresholds for the Employed People with Disabilities program. This is an equitable solution to the systemic employment and health equity barriers presently in place for workers with disabilities. All benefits that others receive from employment would be available to them. Permitting them to continue receiving Medicaid benefits while working allows them to choose careers with a steady income and to live independently with dignity, choice, and good health.

The Disability Health & Employment Equity Coalition of Oregon includes: Oregon Spinal Cord Injury Connection • Oregon Disabilities Commission • Disability Rights Oregon • SEIU 503 • Health Share of Oregon • United Spinal Association • Quad Inc. • Oregon State Independent Living Council • Oregon State Council for Retired Citizens • United Seniors of Oregon • Oregon Consumer League • Oregon State Rehabilitation Council • Spokes Unlimited • Stop Age and Disability Discrimination in Employment Coalition •

This Policy's Benefits

The **current** Employed Persons with Disabilities Program (**EPD**) inside Aging and People with Disabilities (**APD**) allows Medicaid recipients to keep their Oregon Health Plan and/or in-home care while they work. This policy will remove the income cap limit and resource limit opening opportunities for people with disabilities to:

- **Build a career**
- Take promotions
- Become managers
- Contribute to society showing the power of **diversity**

Many people with disabilities want to work but can't because they will lose their benefits despite being:

- Highly **educated**, or skilled at their profession
- **Motivated and passionate** about their profession

The cost of in-home care exceeds the amount of money that most people with disabilities can earn, putting them in a situation where they need to **choose between paying the rent and paying for their care**. People with disabilities that work are

- **Healthier** and have fewer health related costs
- Able to **save for emergencies**, retirement, even buy a home
- **Adding to the workforce** in needed areas, across nearly all professions

Along with being good for the people who are disabled and working, it is good for society and **cheaper for Oregon** and America.

- **EPD participants pay into the system** through Medicaid buy-in, offsetting some costs
- **Participants also pay taxes**
- Often employer sponsored healthcare, and other benefits, reduce the amount that the state needs to pay for medical insurance, deductibles, supplies...
- Studies have shown higher income means healthier lifestyle and less health problems
- EPD case manager workload will be substantially less which frees them to do other valuable work