

The Disability and Aging Collaborative &



April 6, 2026

The Honorable Lindsey Graham
United States Senate
211 Russell Senate Office Building
Washington, DC 20510

The Honorable Jeff Merkley
United States Senate
531 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Graham, Ranking Member Merkley, and Members of the Senate Committee on the Budget,

The undersigned co-chairs of the Disability and Aging Collaborative (DAC) and the Health and Long-Term Services and Supports Task Forces of the Consortium for Constituents with Disabilities (CCD) urge you to exclude any funding cuts or harmful changes to Medicaid from any budget reconciliation or other legislation. Medicaid is our communities' lifeline, and that lifeline just suffered the largest cut in funding since its inception. We cannot afford any further cuts, and we urge Congress to prioritize reinvesting in Medicaid.

People with disabilities, older adults, family caregivers, direct care workers, and other low-income individuals and families depend on Medicaid every day for their health, safety, and independence. Now our communities and your constituents' lives are at risk as the [\\$900+ billion in cuts to Medicaid from H.R. 1](#) are coming to fruition. [Hospitals](#) are laying off workers and shuttering units, [providers](#) are closing, and [at least 9 states are considering significant cuts](#) to their home and community-based services (HCBS) programs to try to balance their budgets.

These actions by states to cut HCBS and other Medicaid services that older adults and people with disabilities need are devastating but not surprising. As we warned for months prior to the passage of H.R. 1, [states respond to cuts in federal funding by cutting HCBS](#) and other services that federal law does not require them to cover. Even before H.R. 1 passed, nearly [a third of state Medicaid programs reported](#) they are taking actions to decrease funding for HCBS due to shrinking budgets. Any additional cuts, caps, or changes to Medicaid that limit eligibility will push the system past the brink, [further imperiling entire HCBS programs and access to health care in every state](#). Moreover, the HCBS system has never been adequately funded to meet the growing need, as there are over [600,000 people on Medicaid waiting lists for HCBS](#). Paying out of pocket is nearly impossible, [costing annually between \\$68,000 to \\$288,000](#). The bottom line is

that anytime Medicaid funding is cut or costs are shifted to states—[people with disabilities and older adults are harmed](#).

We are deeply concerned by recent statements from some Congress members supporting proposals that would further cut Medicaid funding. Medicaid is already lean, efficient, and under unprecedented strain from the cuts and onerous administrative burdens imposed by H.R. 1.

Today, [8.4 million older adults and people with disabilities](#) rely on Medicaid for essential support with daily activities, enabling older adults to live in the homes they worked their entire lives for, adults with disabilities to be in their communities instead of nursing facilities, and children with disabilities to grow up at home with their parents and loved ones instead of in pediatric nursing institutions.

HCBS enrollment and spending have been increasing across the country as a direct result of a rapidly growing aging population and decades of work by families, people with disabilities, and older adults who want to live, work, and age with dignity in their own homes and communities. Simply put, [more people are enrolled in Medicaid HCBS](#) and fewer people are relying on institutional care, which is [significantly more expensive for individuals and the state](#). This is a [success story, not a cause for concern— the result of decades of bipartisan federal and state efforts to rebalance funding from institutional care to HCBS](#). Any additional reductions to Medicaid would undermine the decades of bipartisan policies that have led to this success.

Direct care workers and family caregivers are indispensable to ensuring a functioning Medicaid HCBS system. Already, the total direct care workforce [falls far short of the almost 9 million jobs](#) that will need to be filled to meet the needs of people with disabilities and older adults who need care [as the population ages](#) and [people with disabilities live longer](#). The lack of adequate and robust investment in the direct care workforce leaves [massive barriers](#) to community living and aging in place for people with disabilities and older adults. Family caregivers are [often the only option to fill the gap](#), taking on caregiving responsibilities at the expense of employment outside the home. Family caregivers for older adults and people with disabilities who are being paid through Medicaid are doing real, essential labor that otherwise must be provided by professional care workers – an option that is not accessible for many due to long waitlists. In doing this care work, family caregivers help ensure that people with disabilities and older adults who would otherwise have to go without care or be institutionalized have their needs met. [The minimal compensation family caregivers may receive](#) makes it possible to do this work and provide for their families.

Support for Medicaid and home and community-based services specifically is extremely high across all political parties. The vast majority of people – including [94 percent of older adults and](#)

[90 percent of people with disabilities](#) – want to live and age in their own homes and communities. Medicaid support has only grown as [97% of voters say Medicaid is important in their communities](#), and 90% of voters across political parties, including 88% of Republicans, 90% of Independents, and 93% of Democrats [want to see increased or steady funding for home and community-based services](#).

Access to Medicaid is a matter of life, death, and independence for millions of people with disabilities, older adults, and their families and loved ones. **We strongly urge Congress to reject Medicaid cuts and harmful changes in any form, whether through changing funding structures, further limiting the way states fund their share of Medicaid costs, or freezing or taking away funding for critical services that people with disabilities and older adults rely on.** The result is the same: taking away coverage from people with disabilities, older adults, and others who cannot otherwise afford health care and long-term services and supports. We implore Congress to instead reinvest in Medicaid and to meet the needs of people with disabilities and older adults. For additional information or any questions, please contact Tory Cross at tory@caringacross.org or Natalie Kean at nkean@justiceinaging.org.

Sincerely,

The Undersigned CCD and DAC Co-Chairs

Co-Chairs of the Consortium for Constituents with Disabilities LTSS Task Force

Elise Aguilar, American Network of Community Options and Resources (ANCOR)

Gelila Selassie, Justice in Aging

Jennifer Lav, National Health Law Program

Kim Musheno, The Arc of the United States

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