Advocates for Justice and Education, Inc.
The Parent Training and Information Center for the District of Columbia

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A Public Roundtable of the Committee on Health on
The Changes to the District's Medicaid and Alliance Programs

December 3, 2025

Chairperson Christina Henderson and other Honorable Members of the DC City Council:

I am Chioma Oruh, the Health Justice Project Director at Advocates for Justice and Education, Inc. (AJE). AJE is the federally designated Parent Training and Information Center (PTI); the Family-to-Family Health Information Center for the District of Columbia; and a DC Title V implementer for DC children and youth with disabilities and special healthcare needs (CYSHCN) and their families. Each year, we assist hundreds of families through direct services, training, and advocacy in navigating the District's public education and health care systems, especially for children and youth with disabilities and special health care needs, including areas such as the special education process, school discipline, and behavioral supports.

I come before you today, first, as a daughter, a sister, a mother, and a disability self-advocate. My family immigrated to the United States from Nigeria when I was nine years old. On May 9, 2000, my entire family unit became naturalized U.S. citizens together, a day my father called the happiest of his life. He believed deeply in the promise of this country and this city, the promise that if you work hard and contribute to your community, America will take care of you in return.

Tragically, twenty years later to the day on May 9, 2020, my father died of COVID-19. He was a stroke survivor who spent years trying to get stable services for dementia and depression. The care he needed was constantly fragmented, often delayed, and heartbreakingly denied.

Two years after my father's passing, on April 16, 2022, I also lost my oldest brother, Ezenwa, to complications from unmanaged mental health needs. My brother worked every day of his adult life, even during long periods of mental health crises, and the irony of observing this type of resilience is that instead of being rewarded, he was denied access to full healthcare services and repeatedly blocked from disability benefits. His death was avoidable, and it was the direct result of a system that routinely fails people with a variety of disabilities and those in need of specialty care services.

The worst part of these types of loss that happened at the height of the global pandemic is that both my father's and my brother's deaths were preventable with access to adequate and appropriate health care. So, my question today for the honorable members of the DC City Council and the Committee of Health is: have we not learned anything from this period of collective trauma?

I ask this because today, families like mine, those in their first laps of pursuing the American dream, are facing something just as dangerous, and if not more, than the global pandemic. To make it clear, we are on the precipice of a political pandemic created by the One Big Beautiful Bill and reinforced by these new policy changes that will devastate healthcare access in DC.

As a neurodivergent mother of two neurodivergent sons, I have spent years fighting for their evaluations, their therapies, their insurance coverage, their care coordination, and their basic safety. That fight has cost me employment, housing security, food security, and my own mental health. If it were not for the community support around me, which includes access to DC Medicaid, my family would have been even more impacted by these events. So, the testimony I share today is very personal and necessary; if it helps to better humanize the real impact of these federal and local policy decisions that will surely cause mass casualties, not just from disease or illness but from inequity.

Putting my professional lens back in frame, here is how AJE and our ally organizations joined together today to say no to these ill-advised changes to access to DC Medicaid and the Alliance program for immigrant people and vulnerable DC families. The District's own data shows what is coming:

According to the DC Health Benefit Exchange Authority's submitted report to the Committee of Health, over **1,630** residents lost Medicaid coverage as of November 1 and did *not* transition into the new Basic Health Plan. These residents, many of them caregivers of children with disabilities, are now uninsured and at risk of losing access to medication, specialists, preventive care, and adequate mental health support.

From the Department of Health Care Finance submission to the Committee of Health, we have learned that:

- The Alliance income limit has dropped from 215% to 138% of the federal poverty level.
- Adults 26 and older can no longer enroll, cutting off entire households from coverage.
- Dozens of essential benefits have been eliminated, including non-emergency medical transportation, vision and hearing services, podiatry, home health care, and large categories of prescription drugs.
- Residents denied Alliance will only qualify for emergency Medicaid, meaning they can access dialysis when dying but not insulin when living.

These policy changes will kill people. That is not hyperbole. That is what happens when chronic illness, disability, diabetes, mental health conditions, pregnancy complications, and injury go untreated or underaddressed. I have already buried two family members because our healthcare system failed them. The changes before us now guarantee that more families in DC will bury theirs.

More to this dismal reality is the human cost of failing to ensure more appropriate health care coverage for Washingtonians. The most significantly impacted people by these policy changes include:

- Undocumented parents caring for children with disabilities, many of whom were born in Washington, DC.
- Economically disadvantaged Black fathers who work full time yet earn too much for Medicaid but too little for private insurance.
- Elders with limited English proficiency.
- Single mothers who cannot afford a lapse in care coordination.
- Youth with mental health needs who are navigating dangerous gaps in support.

We cannot call ourselves a sanctuary city while we deny sanctuary in the form of healthcare. We cannot call ourselves a disability-inclusive city while we impose policies that guarantee disability-related death. We cannot call ourselves the capital of the free world while we design systems that trap our poorest residents in avoidable suffering. These acts are not DC values.

My father believed in the greatness of this city and this country. He and my mother believed it was enough to bring his children here. They believed it enough to work multiple jobs, to vote in every election we were eligible to vote in, and to raise us to be proud Washingtonians and even more proud Americans. Yet, if my father were alive today, under these policies, he may not have qualified for the care he died trying to receive. This is the uncomfortable truth we must face together as a city.

In alignment with many of our ally organizations, also here testifying today, I urge the Council to act decisively.

In terms of the Alliance Program, we ask the DC Council to:

1. Restore the income limit to 215% of the Federal Poverty Level.
2. Restore the full range of services covered before October 1, 2025.
3. Remove the age cap for adults 26 and older.
4. Establish an Alliance Advisory Council with members from DHCF, DHS, and the public to ensure transparency and prevent catastrophic policy shifts without public oversight.

In terms of the DC Medicaid changes, we ask the DC Council to pursue a 1332 Waiver so residents who no longer qualify for Medicaid and do not qualify for the Basic Health Plan may still receive subsidized coverage.

These are not radical ideas. These are the minimum necessary to prevent premature death and avoidable suffering.

Thank you for your time and commitment. I am happy to answer any questions.