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# Connolly: Medicaid cuts threaten disability services

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The disability community is gravely concerned about proposed Medicaid cuts and their wide-ranging impact. While it's not yet clear which services will be targeted first, many essential supports considered "optional" under Medicaid could be at risk. These include hearing aids, physical therapy, vision and hospice care, personal care services, and even prescription drug coverage. Importantly, Medicaid provides critical services for people with disabilities to live independent lives. Cutting funds may lead to a one-two punch for those with disabilities. Many who use in-home care may be forced to move into nursing homes or other segregated settings.

In-home and community-based services allow those with disabilities to live freely and contribute as employees, business owners, volunteers and active members of their communities. Cuts to Medicaid threaten that. Considering the economic impact, in-home care costs less than institutional care and allows those with disabilities to fully participate in their local communities.

Polling within communities that depend on Medicaid shows a widespread fear: that losing access to personal care services will leave people with no option but to enter nursing homes. This isn't just a theoretical concern — it's a potential reality that could result in younger individuals with disabilities being placed in institutional settings ill-equipped to meet their needs. And, in many instances, Medicaid funding is often required to even have a spot in a nursing home.

Nursing homes in the U.S. are already under strain. According to a West Health and Gallup survey, Americans give nursing homes an average D+ for quality of care. The

same survey shows that most Americans are uncomfortable with the idea of living in one if they can no longer care for themselves. Cuts to Medicaid would only make the situation worse. Nursing homes themselves depend on Medicaid funding to remain operational. Reducing that funding will make these facilities less accessible and further jeopardize their quality.

Underfunded nursing homes face persistent staffing challenges that directly affect resident health. These issues can lead to increased infections like pneumonia and sepsis, and other serious complications such as malnutrition, dehydration, bedsores and falls. The consequences of reduced funding are measurable, life-threatening, and urgent.

Reducing Medicaid funding creates a snowball effect of negative outcomes for people with disabilities. It strips their freedom by taking away in-home care for costly institutional care. Simultaneously, it would underfund the nursing and permanent care facilities they could be forced to move to.

I encourage Congress to deeply consider all downhill ramifications of all Medicaid cuts even beyond this example. If certain life-saving prescription drugs are no longer covered, are families expected to go into medical debt to ensure their child has the medicine they need? If Medicaid no longer covers emergency medical transport, should a person be forced to “consider their alternatives” in the precious moments before calling 911?

This is not a partisan issue. It is a human issue. Making life-or-death decisions about disability services without listening to the people who rely on them is shortsighted and dangerous. Medicaid exists to provide a safety net, not a shrinking lifeline. We must ensure that funding continues to support the services that enable people to live with dignity and access care in the setting that best meets their needs.

*Danielle Connolly is nationally recognized disability advocate who has spent decades working to elevate the voices of Americans with disabilities.*

