Seema Verma

Administrator

Centers for Medicare & Medicaid Services

7500 Security Blvd.

Baltimore, MD 21244-8013

Administrator Verma:

I offer my comment in opposition to the Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver. I am Steve Wagner, Executive Director of the Universal Health Care Action Network of Ohio. UHCAN Ohio is a non-profit organization committed to assuring everyone’s access to affordable, quality health care.

Work Requirements are contrary to the purpose of the Medicaid program and do not promote health. CMS in its 11 January 2018 letter to state Medicaid Directors corrupts the purpose of Medicaid by saying that CMS historically “emphasize[s] work to promote health and well-being.” However, the statutory purpose of Medicaid is “to furnish…medical assistance” to individuals “whose income and resources are insufficient to meet the costs of necessary medical services.” Denying eligibility based on work status is not within the purpose.

Work requirements do not improve health. CMS and the Department of Medicaid misconstrue the relationship between health and work; CMS’s letter suggests falsely that work causes health. This is twisting the research showing the association between health and work. The Ohio Department of Medicaid’s own study of Group VIII enrollees gets it right, health care coverage allows people to work. Dropping tens of thousands of people from health care coverage will hurt the health of our communities in a state that has some of the worst health outcomes in the nation.

ODM estimated that of the 36,000 Ohioans who do not meet the exemptions, 18,000 people would lose health care coverage. The 18,000, or vastly more, who lose coverage will undoubtedly have worse health outcomes. They are unlikely to receive preventive care, timely treatment and access to a medical home. We can accurately predict their health outcome will be poor. This is contrary to the purpose of Medicaid.

Work requirements do not improve employment. Not only will work requirements lead to poorer health in our communities, but also requirements will have no real impact on getting people meaningful work. Taking health care from people who have lost their jobs does nothing to help them get or keep a job. The evidence from an array of rigorous evaluations, however, does not support the view that work requirements are highly effective, as their proponents often claim. Instead, the research shows:

1. Stable employment among recipients subject to work requirements proved the exception, not the norm.
2. Most recipients with significant barriers to employment never found work even after participating in work programs that were otherwise deemed successful.
3. The large majority of individuals subject to work requirements remained poor, and some became poorer.

The red tape and bureaucratic barriers will cause people who need health care to lose their coverage even though they are fully eligible. There will be errors in assuring people have met their requirements, resulting in loss of health care until people can fight the bureaucracy. People will struggle with gathering the needed documentation or connecting with their caseworker. There will be paperwork problems, problems finding community engagement activities and getting them certified, problems certifying that they are “mentally and physically unfit for work” particularly within short time frames. The additional barriers imposed by Medicaid will push eligible people from coverage.

At its heart, this waiver creates a system where the government determines whether a person is worthy to have health care coverage. Medicaid and the expansion are about assuring people without sufficient income have access to care. What ODM proposes is that some people with little money are worthy of having health care and others will have to pass additional bureaucratic hurdles. In ODM’s view

* a 50 year old is more deserving of health care than an 18 year old;
* a person in a rural county is more deserving of health care than a person in one of our large cities where local unemployment can be just as high;
* a person in treatment struggling with addiction deserves health care more than someone living on the street without a home.

Everyone deserves access to health care coverage without burdensome barriers. The State of Ohio should be improving access to health care for all of its citizens not creating burdens for our neighbors. This waiver is a poor way to get people working and will harm the health of our families, neighbors, and communities. I oppose this waiver.

Sincerely,

Steven Wagner

Executive Director, Universal Health Care Action Network of Ohio