



August 15, 2018

Administrator Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW.
Washington, DC 20201

Dear Ms. Verma,

On behalf of the Association of Asian Pacific Community Health Organizations (AAPCHO), we write to offer comments on the proposed Mississippi Medicaid waiver. AAPCHO strongly opposes this waiver because of the profound and negative impact that the waiver will have on very low-income parents in the state, who will lose healthcare coverage. The proposed waiver will cause thousands of people to become uninsured, resulting in people delaying or altogether forgoing needed health care services and chronic disease management. In the strongest possible terms, AAPCHO opposes this waiver.

AAPCHO is a national not-for-profit association of 34 community-based health care organizations, 29 of which are Federally Qualified Health Centers, that primarily serve medically underserved Asian Americans (AA) and Native Hawaiians and Pacific Islanders (NHPI). AAPCHO is a national voice to advocate for the unique and diverse health needs of AA and NHPI communities and the community health providers that serve those needs. Among other things, AAPCHO develops, tests, and evaluates health education and promotion programs of national significance. We also offer technical assistance and training to promote the establishment and expansion of services for medically underserved AA and NHPI communities.

AAPCHO strongly supports programs that promote work and self-sufficiency. However, Medicaid is not one of those programs. Medicaid is health insurance that promotes wellness, provides chronic disease management, and helps *keep* individuals healthy enough to work. There is no evidence showing that having Medicaid coverage results in fewer individuals working. In fact, in an assessment of Ohio's Medicaid expansion program, the majority of enrollees stated that Medicaid coverage made it easier for them to get and keep employment¹.

Since Mississippi has not expanded Medicaid and has one of the most stringent Medicaid income eligibility criteria in the U.S., the proposed Medicaid waiver is particularly onerous, as very low-income parents must first have almost no income to qualify for Medicaid coverage, and then meet a work requirement to maintain Medicaid coverage. Those affected by the Mississippi Medicaid waiver are

¹ <https://ccf.georgetown.edu/2017/01/10/the-return-on-investment-of-medicaid-expansion-supporting-work-and-health-in-rural-ohio/>

parents who earn less than 27% of Federal Poverty Level. To initially qualify for Medicaid coverage under current policy, a single parent must earn less than \$384 a month, but to meet the work requirement, they would earn \$580 per month, which would make them ineligible for Medicaid coverage, but they would not have sufficient income to purchase health insurance coverage, leaving them uninsured.

While parents may be able to retain Medicaid coverage for up to 24 months if they meet the work requirements for each of those 24 months, after 24 months, they would likely lose Medicaid coverage, as they would only be eligible for continued Medicaid coverage if their income was low enough, which is nearly impossible if these individuals must be working 20 hours per week as a requirement for Medicaid coverage. In addition, this proposed waiver would disproportionately affect African-American mothers and families living in rural Mississippi communities, and would also make it difficult for seasonal workers to retain Medicaid coverage, as they would have a more difficult time meeting the work requirements year-round.

Imposing Mississippi's proposed work requirements to maintain Medicaid coverage will make it harder for very low-income parents to keep Medicaid coverage, and the state estimates that 20,000 parents will lose health coverage over a 5 year period. In addition, the paperwork and documentation requirements associated with implementing Medicaid work requirements are tremendous and particularly difficult, even for individuals who are already working. A significant body of literature suggests that increasing paperwork burden causes people to lose health insurance. In addition, administrative costs rise significantly, as this additional paperwork must be processed. In this case, enforcement of Medicaid work requirements impacts almost everyone: People who are already working will need to provide significant documentation of the hours they worked. People who are exempt from the work requirement will need to prove that they are exempt. Individuals who are looking for full time employment will need to document hours in community service, job training, or hours spent applying for jobs. Every one of these groups will lose Medicaid coverage if their documentation is not submitted to show they fulfill the work requirements each month for 24 months or if they are earning too much 24 months after receiving Medicaid coverage. Further, states are currently prohibited from using federal Medicaid funds for necessary employment supports, including child care and transportation, placing additional barriers on parents who are trying to maintain employment so that they can have continued Medicaid health coverage for their families.

Although Mississippi's waiver does not permanently lock individuals out of coverage for not meeting the work requirements, these individuals are likely to go in and out of Medicaid coverage as their work status changes. This continuous turnover between different types of health coverage and/or repeated loss of health coverage will ultimately result in decreased health status and overall poor health outcomes for patients.

Medicaid makes it possible for people with chronic conditions to get the health care services and prescription drugs they need to get healthy. Recurrent loss of Medicaid coverage will significantly interfere with treatment and care of patients, especially those with chronic conditions. With Medicaid, an individual can seek and receive care for their chronic conditions, such as diabetes. With implementation of Medicaid work requirements, the vast majority of Medicaid enrollees who become ineligible for Medicaid coverage will become uninsured, since they will not have access to subsidies on the insurance marketplace if they earn less than 100% of Federal Poverty Level.

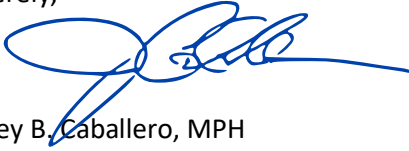
While uninsured, very low-income parents with chronic diseases such as diabetes will have their diabetes and other chronic diseases become uncontrolled and more acute, increasing their likelihood of having a major medical event occur, such as a heart attack, resulting not only in high uncompensated hospital costs and financial costs to their families, but also significantly poorer health outcomes, which may prevent them from working in the future or having the resources to care for their families due to their resulting frail health status from not being able to access preventive healthcare to control their chronic diseases after losing Medicaid coverage. Further, when individuals become eligible for Medicaid again, Medicaid's costs will increase as individuals will need to start from scratch to regain control of their chronic diseases, such as diabetes and high blood pressure, which were untreated during their lack of Medicaid coverage. As a result, fluctuations in Medicaid coverage that result from the implementation of Medicaid work requirements will create disruptions in necessary healthcare for communities, leading to poor health outcomes and increased costs for Mississippi residents.

Current policy states that Section 1115 of the Social Security Act, which allows for Medicaid waivers, can be used to develop demonstration projects that are likely to assist in promoting the objectives of the Medicaid program to better serve Medicaid populations. Introducing Medicaid work requirements under an 1115 Medicaid waiver in Mississippi is not an attempt to better serve those who currently access healthcare through Medicaid coverage. In fact, Mississippi's Medicaid work requirements do not have any components that would improve community health, but rather, these work requirements appear to only be an attempt to save money for the state in the short term by not having to cover the health costs of all those who will lose Medicaid health coverage due to the newly implemented stringent work requirements with a heavy paperwork burden for individuals to prove they are still eligible for Medicaid coverage. Since pure cost saving measures cannot be classified as a demonstration project under an 1115 waiver, Mississippi's Medicaid work requirements should not be permitted under current law.

By creating an unnecessarily burdensome system that requires individuals to repeatedly prove their Medicaid eligibility and by instituting a system that makes it impossible for parents to continue to meet Medicaid income eligibility criteria if they are working will cause many parents to become recurrently uninsured, preventing them from having access to essential healthcare, introducing Medicaid work requirements under a 1115 Medicaid waiver in Mississippi should not be permitted, as it appears to only be an attempt to save money for the state in the short term, but will, in fact, likely increase financial and health costs to the state in the long term. For these and the other reasons stated above, AAPCHO

strongly opposes Mississippi's Medicaid work requirements and urges that Mississippi's 1115 Medicaid waiver is not permitted.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jeffrey B. Caballero', with a stylized flourish extending to the right.

Jeffrey B. Caballero, MPH
Executive Director

