

March 7, 2019

Re: Opposition to Proposed Medicaid Reporting Requirements

Dear Chairman Wood and members of the House Health & Welfare Committee,

Medicaid and Medicaid expansion are very important for lung disease patients. The American Lung Association in Idaho urges you to uphold the will of Idaho voters and protect all patients, including those with lung disease by opposing the proposed bill that would impose work and reporting requirements on Medicaid recipients.

The purpose of the Medicaid program is to provide affordable healthcare coverage for low-income individuals and families. Medicaid expansion helps low-income Idaho residents, including those living with lung disease, to access the comprehensive healthcare coverage that they need to breathe. For example, for patients with asthma, coverage means access to prescription drugs and visits with their doctor, both necessary to stay healthy and avoid a costly visit to the emergency department. Access to preventive services also ensures people have access to services like tobacco cessation support and lung cancer screening at no cost.

The evidence is clear that Medicaid expansion has important health benefits for lung disease patients. For example, one study found an association between Medicaid expansion and early stage cancer diagnosis.ⁱ Lung cancer five-year survival is only 5 percent for those diagnosed at a late stage after the tumor has spread, but increases to 56 percent for those diagnosed at an early stage before the tumor has spread.ⁱⁱ For patients with asthma, another study found that Medicaid expansion was associated with improvements in quality measures related to asthma management at federally qualified health centers, helping patients to breathe easier.ⁱⁱⁱ

Medicaid expansion will also improve the financial well-being of Idaho residents. Medicaid expansion has helped state economies and has been associated with a reduced risk of hospital closures, especially in rural areas.^{iv}

Unfortunately, the Medicaid reporting requirements being proposed would limit the impact of Medicaid expansion and the benefits it would bring to patients, including those with lung disease. The American Lung Association in Idaho is concerned that the legislation and proposed work requirement would pose a significant administrative burden on lung disease patients. Even exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from meeting these requirements. Even if patients do qualify for exemptions, the reporting process still creates opportunities for administrative error that could jeopardize coverage. No exemption criteria can circumvent this problem and the serious risk to the coverage and health of the people we represent.

Ultimately, the proposed reporting requirements do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.^v A recent study, published in JAMA Internal Medicine, looked at the employment status and characteristics of Michigan's Medicaid enrollees.^{vi} The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work. In another report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees

reported that being enrolled in Medicaid makes it easier to work or look for work (83.5 percent and 60 percent, respectively).^{vii} The report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier.

The American Lung Association in Idaho thanks you for supporting the will of Idaho voters by implementing Medicaid expansion, and we urge you to implement this law without adding costs, red tape, or delays, including the proposed work and reporting requirements.

Thank you,



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ⁱ Aparna Soni, Kosali Simon, John Cawley, Lindsay Sabik, “Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses”, American Journal of Public Health 108, no. 2 (February 1, 2018): pp. 216-218. Available at <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.304166>.

ⁱⁱ [SEER Cancer Statistics Review, 1975-2015](#)

ⁱⁱⁱ Megan B. Cole, Omar Galárraga, Ira B. Wilson, Brad Wright, and Amal N. Triveldi. “At Federally Funded Health Centers, Medicaid Expansion Was Associated With Improved Quality Of Care,” Health Affairs 36, no. 1 (January 2017): pp. 40-48. Available at <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.0804>.

^{iv} Richard Lindrooth, Marcelo Perraiillon, Rose Hardy, and Gregory Tung, “Understanding the Relationship Between Medicaid Expansions and Hospital Closures,” Health Affairs 27, no. 1 (January 2018): pp. 111-120. Available at <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0976>.

^v Rachel Garfield, Robin Rudowitz, and Anthony Damico, “Understanding the Intersection of Medicaid and Work,” Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^{vi} Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. JAMA Intern Med. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055

^{vii} Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.