



June 14, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Ohio's Section 1115 Waiver Request: Group VIII Work Requirements and Community Engagement

Dear Secretary Azar:

Thank you for the opportunity to submit comments on the Ohio Department of Medicaid's Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what individuals need to prevent disease, cure illness and manage serious and chronic health conditions. The diversity of our groups and of those we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Department of Health and Human Services (HHS) to make the best use of the recommendations, knowledge and experience our patients and organizations offer.

Our organizations are committed to ensuring that Medicaid provides adequate, affordable and accessible health care coverage. Unfortunately, the proposed Ohio Section 1115 waiver will jeopardize access to care and will have harmful implications for individuals with serious, acute and chronic conditions. We urge HHS to reject this waiver application.

The Ohio Department of Medicaid's (ODM) proposal would limit access to healthcare coverage for Group VIII beneficiaries under the age of 50 if they do not complete 20 hours of work activities per week, unless they qualify for certain exemptions. Conditioning Medicaid coverage on this type of

requirement will reduce the number of patients enrolled in the program. The proposal estimates that approximately 18,000 beneficiaries will lose coverage as a result of the waiver – many of whom are likely to have serious medical conditions requiring care.

A major consequence of these requirements will be to increase the paperwork burden on all patients. A Medicaid enrollee may not have understood or received a notice of their rights and responsibilities under this proposed requirement. Individuals will also be required to report any changes to their exemption status to a County Department of Job and Family Services office within 10 days. Additionally, the application failed to outline the method and frequency of reporting work hours for non-exempt beneficiaries or how often exempt beneficiaries must self-attest to the exemption.

Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱ In Ohio, the process of having to document exemptions from or compliance with the new requirements is similarly likely to create substantial administrative barriers to accessing or maintaining coverage. Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases. If the state finds that individuals have failed to comply with the new requirements, their health coverage will be terminated. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with health care providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The Ohio Department of Medicaid estimated that the implementation of the waiver will cost approximately \$12.8 million per year statewide in county administrative expenses. Ohio has also requested an unspecified federal match to finance transportation assistance and other supportive services needed for beneficiaries to comply with the waiver's requirements. This proposal would divert federal resources from Medicaid's core goal of providing health coverage to those without access to care. Furthermore, the assessment and determination of who receives supportive services currently provided through TANF and SNAP versus those who need additional supportive services will be an administrative burden for the Medicaid program.

The undersigned organizations are disappointed by Ohio's decision to continue to pursue this waiver after receiving numerous comments, all opposing the proposal. According to ODM's analysis, 93 percent of all comments received were opposed to the waiver. ODM acknowledged the submitted comments, but made no modifications to address these concerns in the final application. The unresponsiveness to Ohio citizens' concerns on how this proposal would impact the most vulnerable in their state is unacceptable.

Ultimately, the requirements outlined by Ohio do not further the goals of the Medicaid program or help low-income families improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.ⁱⁱ A recent study, published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.ⁱⁱⁱ 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.

The undersigned organizations urge HHS to reject this proposed waiver. The waiver will not promote patient care and will harm patients with serious, acute and chronic health conditions. We encourage the Ohio Department of Medicaid to focus on solutions that can promote adequate, affordable and accessible coverage across the state. Thank you for reviewing our comments.

Sincerely,

American Heart Association
American Lung Association
Arthritis Foundation
Leukemia & Lymphoma Society
Lutheran Services in America
Mended Little Hearts
NAMI, National Alliance on Mental Illness
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation

CC: The Honorable Seema Verma, Administrator,
The Centers for Medicare and Medicaid Services

ⁱ Tricia Brooks, "Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP," Georgetown University Health Policy Institute Center for Children and Families, January 2009.

ⁱⁱ 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/>.

ⁱⁱⁱ 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