

YOUNG INVINCIBLES

August 17, 2018

Secretary Alex M. Azar II
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically via [Medicaid.gov](https://www.Medicaid.gov)

Dear Secretary Azar:

Young Invincibles appreciates the opportunity to comment on Mississippi's revised 1115 Demonstration Waiver Application, the Medicaid Workforce Training Initiative. Young Invincibles (YI) is a non-profit, non-partisan organization committed to expanding economic opportunity for young adults ages 18 to 34, including access to comprehensive, affordable health care and coverage. Medicaid coverage has time and again been proven to improve the lives of young adults by increasing access to health care, reducing financial burden, and supporting economic opportunity and employment.

Mississippi is seeking permission to disenroll Medicaid beneficiaries who do not satisfy a work requirement. The revised proposal submitted to CMS contains the same flaws as the original version. **A work requirement in Mississippi's Medicaid program would cause significant coverage losses and jeopardize the health and financial security of the most vulnerable Mississippians. CMS should reject this proposal.**

Work and Community Service Requirement

Young Invincibles is supportive of programs and policies that truly help people get back to work and create economic opportunity for young adults. Medicaid is one of those programs. However, threatening enrollees with the loss of health insurance will not promote work. Instead, it will create additional barriers to the coverage and care that people need to get and stay healthy. **Mississippi's request to tie Medicaid eligibility to employment should be denied.**

- **A work requirement is contrary to the purpose of the Medicaid program and could jeopardize coverage for Mississippi's most vulnerable families.** Mississippi's proposal ignores the fact that only the poorest parents qualify for Medicaid - those living at 27 percent of the federal poverty level (FPL) or below, one of the most restrictive eligibility limits in the nation. For a family of three, 27 percent FPL amounts to just \$5,610 a year or

\$468 a month.¹ Under the waiver proposal, these parents would be required to work at least 20 hours a week, which would amount to an annual salary of \$7,540 for minimum wage work.² This would put these parents more than \$2,000 over the income limit for Medicaid in Mississippi. These families would be caught in a catch-22: working could cause them to earn too much money to qualify for Medicaid, but not meeting the work requirement would cause them to lose Medicaid coverage. Based on the state's own estimates, as many as 5,000 low-income parents would lose Medicaid coverage under this proposal,³ the vast majority of which would go uninsured. Furthermore, as we already know, most Medicaid enrollees that are able to work, do work.⁴ An analysis of Mississippi's Medicaid program found that nearly half are not in the workforce, often because they are caring for someone else or have an illness or disability and nearly 20 percent are already reporting some work.⁵

- **Reducing health coverage for parents will also have a negative effect on children's access to coverage and care.** Ninety-one percent of Medicaid beneficiaries in Mississippi are mothers, and 37 percent are parents under 30.⁶ Because of this, Mississippi's proposal would not only harm parents, but their children as well. Research has shown that children with uninsured parents are significantly more likely to be uninsured than children whose parents have coverage.⁷ Work requirements would exacerbate uninsured rates for Mississippi's children in very poor families - 6.6 percent of are uninsured compared to 4.5 percent of all children statewide.⁸ As noted above, the work requirement program targets parents and caretaker relatives and many would likely become uninsured as a result, jeopardizing coverage for Mississippi's most vulnerable children.
- **Work requirements do not increase employment or reduce poverty.** Research does not support the claim that work requirements increase employment or reduce poverty. For example, evidence from work requirements in other social service programs demonstrates that employment and poverty rates between households that are subject

¹ Joan Alker, et al, "How Mississippi's Proposed Medicaid Work Requirement Would Affect Low-Income Families with Children," Georgetown University Center for Children and Families, August 2018,

<https://ccf.georgetown.edu/wp-content/uploads/2018/08/Proposed-Medicaid-Work-Requirement-Mississippi.pdf>

² Ibid.

³ Ibid.

⁴ Rachel Garfield, et al, "Implication of work requirements in Medicaid: what does the data say?," Kaiser Family Foundation, June 12, 2018, <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>.

⁵ Joan Alker, et al, "How Mississippi's Proposed Medicaid Work Requirement Would Affect Low-Income Families with Children," Georgetown University Center for Children and Families, August 2018,

<https://ccf.georgetown.edu/wp-content/uploads/2018/08/Proposed-Medicaid-Work-Requirement-Mississippi.pdf>

⁶ Ibid.

⁷ Michael Karpman and Genevieve M. Kenney, "Health Insurance Coverage for Children and Parents: Changes between 2013 and 2017," Urban Institute, September 17, 2017

<http://hrms.urban.org/quicktakes/health-insurance-coverage-children-parents-march-2017.html>

⁸ Joan Alker, et al, "How Mississippi's Proposed Medicaid Work Requirement Would Affect Low-Income Families with Children," Georgetown University Center for Children and Families, August 2018,

<https://ccf.georgetown.edu/wp-content/uploads/2018/08/Proposed-Medicaid-Work-Requirement-Mississippi.pdf>

work-requirements and those that are not were virtually the same.⁹ In fact, individuals with the most significant barriers to employment often did not find work and the vast majority of people in safety-net programs who were subject to work-requirements remained poor and some became poorer.¹⁰

- **Medicaid helps people work. Mississippi’s proposal to take Medicaid health coverage away from people will make it harder for them to work.** Cutting people off health insurance will not increase their employment opportunities. However, data demonstrates that having health insurance coverage through Medicaid helps people get and maintain employment. For example, an analysis of Ohio’s Medicaid expansion found that 52.1 percent of expansion enrollees said that Medicaid coverage made it easier for them to get and keep employment.¹¹ In surveys of unemployed Medicaid expansion enrollees in Ohio and Michigan, the majority (74.8 percent in Ohio and 55 percent in Michigan) said that having Medicaid coverage made it easier for them to look for work.¹²
- **Cutting Mississippi residents off Medicaid will hurt families’ financial security.** Medicaid helps improve financial security for individuals and families by protecting them from medical costs and debt. There is substantial evidence to demonstrate how important Medicaid is to financial stability. For example, an analysis of the impact of Medicaid expansion on credit reporting activity found that expansion was associated with a significant reduction in people’s unpaid bills and the amount of debt sent to third party collection agencies.¹³ Another study found that Medicaid expansion is associated with reduced medical debt and improved finances among enrollees.¹⁴ Ohio’s assessment of Medicaid expansion enrollees found that Medicaid coverage helped enrollees’ finances: 22.9 percent of expansion enrollees said their financial situation improved.¹⁵ Medicaid also made it easier for enrollees to afford other life essentials: 58.6 percent said Medicaid coverage made it easier for them to purchase food; 48.1 percent said it made it easier for

⁹ Pavetti, “Work requirements don’t cut poverty, evidence shows,” Center on Budget and Policy Priorities, June 7, 2016, <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>.

¹⁰ Ibid.

¹¹ Loren Anthes, “The Return on Investment of Medicaid Expansion: Supporting Work and Health in Rural Ohio,” Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, January 10, 2017,

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

¹² Jessica Gehr and Suzanne Wikle, “The Evidence Builds: Access to Medicaid Helps People Work.” Center for Law and Social Policy, December 2017,

<https://www.clasp.org/sites/default/files/publications/2017/04/The-Evidence-Builds-Access-to-Medicaid-Helps-People-Work.pdf>

¹³ Luojia Hu, et al. “The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Well Being,” National Bureau of Economic Research, February 2018, <http://www.nber.org/papers/w22170>

¹⁴ Karina Wagnerman, “Medicaid Expansion Reduced Unpaid Medical Debt, Improved Financial Well-Being for Families,” Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, August 2, 2017,

<https://ccf.georgetown.edu/2017/08/02/medicaid-expansion-reduced-unpaid-medical-debt-improved-financial-well-being-for-families/>

¹⁵ Loren Anthes, “The Return on Investment of Medicaid Expansion: Supporting Work and Health in Rural Ohio,” Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, January 10, 2017,

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

them to pay rent or a mortgage; and 44.8 percent of enrollees with medical debt said that with Medicaid expansion, they saw that debt end.¹⁶

- **Paperwork and documentation requirements will make it harder for all enrollees to keep Medicaid.** When states add paperwork requirements to Medicaid, enrollment falls.¹⁷ Even those individuals that are already working or otherwise exempt could find it difficult to comply with onerous reporting requirements putting their coverage at risk.¹⁸ In fact, estimates suggest that the majority of coverage losses under work requirements would come from individuals that are already working or exempt, but are unable to navigate new administrative requirements or red tape.¹⁹ That will happen with the Mississippi's proposed work requirement as well, and enrollment will fall - including for working adults, people with medical conditions who cannot work but do not qualify for SSI disability, and family caregivers. The added paperwork and tracking will cause enrollees across the board to lose health coverage.

For the reasons outlined above, Mississippi's proposal must be rejected.

Thank you for the opportunity to comment on this important program. Should you have any questions, please don't hesitate to contact Caitlin Morris, Policy and Research Director, at caitlin.morris@younginvincibles.org.

¹⁶ Ibid

¹⁷ Margot Sanger-Katz, "Hate paperwork? Medicaid recipients will be drowning in it," New York Times, Jan. 18, 2018, <https://www.nytimes.com/2018/01/18/upshot/medicaid-enrollment-obstacles-kentucky-work-requirement.html>.

¹⁸ Ibid

¹⁹ Garfield, et al, "Implications of a Medicaid work requirement: national estimates of potential coverage losses," Kaiser Family Foundation, June 27, 2018, <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>