

February 21, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing regarding the recent letter sent by the Centers for Medicare & Medicaid Services (CMS) to State Medicaid Directors that was titled, “Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries.” This letter provides CMS’ rationale to impose work requirements on Medicaid beneficiaries to achieve better outcomes and suggests that CMS would determine such a requirement likely to promote the objectives of the Medicaid Act. CMS indicates in the letter that it would be open to approving Medicaid waiver application requests that would impose such work requirements; in fact, since the release of the letter it has approved two state waiver proposals with work requirements. The AMA has several concerns with the impact this new policy direction could have on access to care by many current and potentially-eligible vulnerable Medicaid beneficiaries.

As you may know, the AMA’s policymaking body, our House of Delegates, adopted new policy last November opposing work requirements as a criterion for Medicaid eligibility. During discussion on our new policy, it was noted that there are numerous studies regarding the negative health consequences of work requirements, which is contrary to CMS’ conclusion that work requirements are likely to improve health outcomes. Many medical specialty and health organizations have similar policies or advocacy positions.

We recognize that CMS has indicated that states must follow certain guardrails in imposing work requirements as a condition of Medicaid eligibility. In particular, CMS will require states to comply with federal civil rights laws with respect to “non-disabled” Medicaid individuals who may have an illness or disability as defined by other federal laws (e.g., the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act, the Age Discrimination Act, and other

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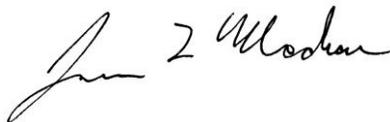
Page 2

relevant statutes) that may interfere with their ability to meet the work requirements. Also, states must ensure that individuals with disabilities are not denied Medicaid for inability to meet these requirements, and have mechanisms in place to ensure that reasonable modifications are provided to people who need them. In addition, it is important that CMS recognizes that, in light of the opioid epidemic, states will be required to take steps to ensure that eligible individuals with opioid addiction and other substance use disorders (who may not be defined as disabled under Medicaid but may be protected by disability laws) have access to appropriate Medicaid coverage and treatment services. States must make reasonable modifications for these individuals and specifically identify such modifications in their demonstration applications.

The AMA urges CMS to ensure that the guardrails you have established are closely followed in approving state waiver applications and in enforcing them to mitigate the harm to patients caused by restrictive eligibility processes. We also urge CMS to be transparent in its approval and enforcement processes. Implementation should be executed in a manner that eases the administrative burden on patients and providers, and protects access to care.

Thank you for your consideration of our position. The AMA will be actively monitoring developments on this matter given the significant negative consequences that losing access to Medicaid could have on individuals' health and well-being. If you have any questions regarding this letter, please contact Margaret Garikes, Vice President, Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409 .

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD