

October 28, 2019

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

Re: Idaho Medicaid Reform Waiver

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to submit comments on the Idaho Medicaid Reform Waiver. The waiver proposes to condition Medicaid eligibility on an individual's work and community engagement activities.

The AMA believes everyone deserves quality health care. As physicians, we regularly confront the effects of lack of access to adequate care and know that Medicaid is an important—and often the only—source of consistent care for low-income individuals. The medical literature demonstrates the importance of Medicaid coverage for improving the health and welfare of low-income patients, particularly when compared to uninsured patients. Medicaid coverage is associated with improved long-term health, lower rates of mortality, better health outcomes, fewer hospitalizations, better educational outcomes, and greater financial security.<sup>1</sup>

The AMA encourages policymakers to work together to identify realistic coverage options and, in doing so, believes it is important for states to develop and test new Medicaid models that best meet the needs and priorities of low-income patients. While encouraging state flexibility, we emphasize the need for safeguards to protect low-income patients and emphatically support Medicaid's role as an indispensable safety net for the most vulnerable patients.

We are concerned that restrictive policies in the Idaho Medicaid Reform Waiver requiring certain enrollees to participate in mandatory work, community engagement, education or volunteerism hours, provisions commonly known as work requirements, jeopardize the health and welfare of Medicaid

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<sup>1</sup> Benjamin Sommers, Katherine Baicker & Arnold Epstein, Mortality and Access to Care among Adults after State Medicaid Expansions, 367 *New England Journal of Medicine* 11, 1025-34 (Sep. 2012); Henry J. Kaiser Family Foundation, What is Medicaid's Impact on Access to Care, Health Outcomes, and Quality of Care? Setting the Record Straight on the Evidence (Aug. 2013); Alisa Chester & Joan Alker, Georgetown University Health Policy Institute Center for Children and Families, Medicaid at 50: A Look at the Long-Term Benefits of Childhood Medicaid (Jul. 2015).

patients. By Idaho's own estimates, these provisions will result in 16,300 fewer people with coverage. The AMA opposes work requirements as a condition of Medicaid eligibility as we believe that such requirements will negatively affect access to care and lead to significant negative consequences on individuals' health and well-being. As physicians, we are especially concerned about interrupting the continuity of care for our patients who are subject to the requirements and expect increased rates of churning in and out of the program. Employment status should not determine whether anyone receives the health care he or she needs.

That is why the AMA urges the Centers for Medicare and Medicaid Services (CMS) to reject the proposed work requirements in the Idaho Medicaid Reform waiver. These provisions will cause otherwise eligible individuals to lose coverage and access to care, putting them at risk of harm. Instead of a focus on the number of hours worked or engagement in specific activities, we urge Idaho and CMS to focus on robust social supports to help move people out of poverty and into stable employment. Other states have successfully linked voluntary job training incentive programs with Medicaid and we believe a similar incentive-based model would serve the interests of Idaho better than a punitive model. Allowing enrollees to maintain coverage may itself improve employment rates as Medicaid expansion enrollees in other states report that having health coverage improves their ability to find and keep employment.<sup>2</sup> To the contrary, research conducted in Arkansas—the only state that has implemented such eligibility restrictions—showed that the state's work requirements did not provide an additional incentive to work or increase rates of employment.<sup>3</sup> Arkansas' experiment with work requirements did, however, cause 18,000 people to lose coverage.

We further caution against the assumption that individuals who lose Medicaid coverage under the Idaho Medicaid Reform Waiver will obtain employment-based coverage elsewhere. Few employment opportunities for low-income workers offer employer-sponsored insurance that is affordable for individuals and families living in or just above poverty and subsidized coverage is unavailable to those under the poverty line. Studies have shown that most Medicaid enrollees were uninsured prior to enrollment and we are concerned that most will be uninsured again if their Medicaid coverage is terminated.<sup>4</sup>

The potential harm of work requirements is well known. Federal courts have halted implementation in three states, citing a lack of evidence that work requirements are compatible with the overriding purpose of the Medicaid Act to furnish medical assistance to needy individuals. The harms are known to the Idaho residents who will be affected as well. The state received 1,600 stakeholder comments during its public notice period. Our understanding is that commenters overwhelmingly—i.e., 97 percent—opposed the imposition of work requirements. We urge CMS to consider the impact that the restrictive elements of the proposal could have in potentially costing tens of thousands of patients their access to critical medical care and reject the proposed work requirements in the Idaho Medicaid Reform Waiver.

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<sup>2</sup> The Ohio Department of Medicaid, Ohio Medicaid Group VIII Assessment: A Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment (Aug. 2018); Kara Gavin, Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches, University of Michigan Health Lab (Jun. 27, 2017).

<sup>3</sup> Benjamin Sommers, Anna Goldman, Robert Blendon, et al., Medicaid Work Requirements—Results from the First Year in Arkansas, 381 *New England Journal of Medicine* 11, 1073-82.

<sup>4</sup> Larisa Antonisse, Rachel Garfield, Robin Rudowitz & Samantha Artiga, Henry J. Kaiser Family Foundation, *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review* (Mar. 2018).

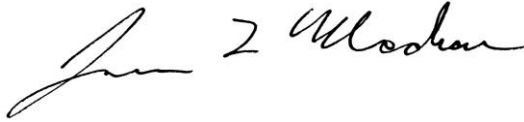
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The AMA appreciates the opportunity to provide our comments on the Idaho Medicaid Reform Waiver. Please contact Margaret Garikes, Vice President, Federal Affairs, at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) or 202-789-7409 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large, sweeping initial "J".

James L. Madara, MD

cc: Idaho Medical Association