



February 13, 2019

Representative Eric Barlow
 Committee on Labor, Health & Social Services
 Wyoming State Capitol Building
 House of Representatives
 200 West 24th Street
 Cheyenne, WY 82002

Re: SF 144

Dear Representative Barlow,

The 19 patient and consumer advocacy organizations write to express our deep concern over SF 144 which would create new barriers to accessing coverage for individuals and families in the state. We are concerned that creating additional administrative barriers will jeopardize access to important medical care for patients with serious and chronic medical conditions and therefore urge members of the House to oppose SF 144.

The proposed legislation would require individuals between the age 19 and 64 to either demonstrate that they work at least 20 hours per week or meet exemptions. If enacted, this legislation would increase the administrative burden on patients and consumers. Individuals will need to attest that they meet certain exemptions or have worked the required number of hours on a monthly basis. Our organizations firmly believe that 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.

Most people on Medicaid who can work already do so.ⁱ A study published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.ⁱⁱ 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.

Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. During the first six months of implementation, the state has terminated coverage for over 18,000 individuals or 23 percent of those subject to the work requirement and locked them out of coverage until January 2019.ⁱⁱⁱ In another case, 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.^{iv}

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, they will be locked out of coverage for 12 months. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The undersigned organizations are also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. Additionally, Wyoming’s “exemption based on good cause, as determined by the department” is vague and does not provide sufficient detail on how this exclusion would be implemented. Individuals with chronic disease, women, African Americans and those living in rural communities will be disproportionately impacted by the community engagement requirement. The outlined exemptions are not enough to protect patients. In Arkansas, many individuals were unaware of the new requirements and therefore unaware that they needed to apply for such an exemption.^v No exemption criteria can circumvent this problem and the serious risk to the health of the people we represent.

We are also concerned that administering these requirements will be expensive for Wyoming. States such as Michigan, Pennsylvania, Kentucky and Tennessee have estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars.^{vi} These costs would divert resources from Medicaid’s core goal – providing health coverage to those without access to care.

Ultimately, the requirements outlined in these legislative proposals does not help low-income individuals improve their circumstances without needlessly compromising their access to care. The undersigned organizations believe everyone should have access to quality and affordable healthcare coverage. SF 144 does not meet that standard. Thank you for your thoughtful consideration.

Sincerely,

Alzheimer’s Association
American Diabetes Association
American Heart Association
American Lung Association
Arthritis Foundation
Cancer Support Community

Cystic Fibrosis Foundation
Epilepsy Foundation
Global Healthy Living Foundation
Hemophilia Federation of America
Leukemia & Lymphoma Association
Lutheran Services in America
March of Dimes
National Alliance on Mental Illness
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Psoriasis Foundation
Susan G. Komen
Wyoming Primary Care Association

ⁱ 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/>.

ⁱⁱ 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

ⁱⁱⁱ Jennifer Wagner, “Medicaid Coverage Losses Mounting in Arkansas From Work reporting requirement,” Center on Budget and Policy Priorities, January 17, 2019, <https://www.cbpp.org/blog/medicaid-coverage-losses-mounting-inarkansas-from-work-requirement>.

^{iv} 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.

^v Jessica Greene, “Medicaid Recipients’ Early Experience With the Arkansas Medicaid Work Requirement,” Health Affairs, Sept. 5, 2018. Accessed at: <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>.

^{vi} Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018, <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>; House Committee on Appropriations, Fiscal Note for HB 2138, April 16, 2018, <http://www.legis.state.pa.us/WU01/LI/BI/FN/2017/0/HB2138P3328.pdf>; Misty Williams, “Medicaid Changes Require Tens of Millions in Upfront Costs,” Roll Call, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.