August 17, 2018

VIA ELECTRONIC SUBMISSION

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

Attention: Mississippi Workforce Training Initiative Demonstration Project

Dear Secretary Azar:

The Children’s Dental Health Project (CDHP) appreciates the opportunity to comment on Mississippi’s demonstration project “Mississippi Workforce Training Initiative.” As an independent organization aiming to advance innovative policy solutions so that no child suffers from tooth decay, we are driven by the vision of all families and children achieving optimal oral health in order to reach their full potential. While our focus is oral health, we believe that many factors influence whether a child will grow up healthy and achieve economic stability throughout their life, including family income, access to health care, deeply rooted forms of inequality, and the kinds of stress versus support that parents or caregivers encounter. As such, we welcome the Department of Health and Human Services’ (HHS) ongoing attention to affordability, flexibility, and innovation in its efforts to support states’ Medicaid programs.

We urge CMS and the Secretary to disapprove the Mississippi Workforce Training Initiative demonstration because it will create undue burdens for access and bring harm to children and families. These comments focus on the likely coverage loss due to the Mississippi Workforce Training Initiative for eligible parents and its impact on children if the state is allowed to proceed.

Mississippi’s Section 1115 waiver proposal, seeks to condition Medicaid eligibility on compliance with a work and community engagement requirement for very low-income parents and caregivers. However, parents who meet the proposed work requirement by working 20 hours per week at minimum wage would likely earn enough monthly income to disqualify them for Medicaid coverage – creating a “Catch-22” situation. Most of them would become uninsured after losing Medicaid coverage, as few low-wage jobs in Mississippi offer health insurance.¹ In this revised version, the state has added a “Transitional Medical Assistance” (TMA) program for parents who meet the work requirement for every one of those 12 months. Yet this solution does little to ameliorate the harmful effects of the proposal.

¹ “Health Insurance Coverage of the Nonelderly (0-64) with Incomes below 100% Federal
The proposal directly undermines the guarantee of coverage for very low-income parents in Mississippi by creating a new system where it is not possible for these parents to keep their health coverage.

Medicaid’s core mission is to provide coverage to low-wage adults and children for the healthcare services they need. While we support state flexibility and innovation, imposing new restrictions on coverage and access to care will make important benefits, like oral health care, even more difficult for both adults and children to receive. Such obstacles to coverage and care create undue burdens for beneficiaries, making it more complicated to navigate the Medicaid system, and could lead to significant numbers of children and families losing critical access to care, placing unnecessary strain on low-wage families.

If parents meet the new work rules, their income will be too high to be eligible under Mississippi’s low-income threshold. If they don’t meet the new work rules, they will lose their health coverage for non-compliance. Yet parents affected by the proposal are a mandatory coverage group in the Medicaid statute at §1902(a)(10)(A)(i)(I). This state’s revision does nothing to address this fundamental contradiction which has the practical effect of nullifying these parents’ entitlement to coverage.

The proposal will create burdensome reporting requirements which will cause coverage losses. To track compliance with these new requirements, states will have to make serious changes to their paperwork and IT systems, as well as hiring and training new staff to manage the influx of compliance and appeal information. These new reporting regulations require continual updates on work hours and work search efforts. Such requirements create an influx of paperwork for both workers and state agencies, creating a plethora opportunities for cutting coverage due to mistakes or minor income changes, rather than improving the health and well-being of families.

In fact, Mississippi’s own estimates suggest that about 5,000 of these Mississippi parents will lose their Medicaid coverage in the first year if the Centers for Medicare and Medicaid Services approves the state’s request. The revision dated May 29, 2018 does nothing to address the contradiction in the proposal. The revision offers only a small and temporary extension of Transitional Medicaid for 12 months. The state’s revised application (p. 8) shows the additional Medicaid coverage would only impact 1,280 parents which is approximately 2% of the parents in Mississippi’s Medicaid program.


In addition to making it more difficult for children and families to access necessary care, these policies can collectively be more costly to administer than their projected savings.⁴ State Medicaid programs should not be diverting resources that could be directed toward improving health so that all Americans can be successful.

The proposal is based on an unfounded premise that employment will improve health, but will instead expose families and children to greater health and economic burdens. The premise that employment will unilaterally improve health outcomes is not strongly supported by research. A recent report by the Kaiser Family Foundation found “limited evidence on the effect of employment on health, with some studies showing a positive effect of work on health yet others showing no relationship or isolated effects.” They did find a stronger connection between unemployment and poorer health – but researchers cautioned that because work can impact so many aspects an individual’s life (stress, income, stability, etc.), the same connection should not be made in the other direction.⁵

Additionally, as parents become uninsured, research shows that parents who lack coverage for any period of time are exposed to medical debt and bankruptcy – which puts the entire family at risk for worsening their economic prospects. It has been well established that Medicaid coverage reduces medical debt and protects families from an inability to access coverage due to cost barriers.⁶

Furthermore, this proposal does not provide for support services which might help these parents find employment.⁷

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Medicaid coverage losses by parents resulting from the Mississippi Workforce Training Initiative (if approved) will result in decreased access and utilization of vital services by children and families. Research shows a connection between providing public coverage to low-income parents and “increased receipt of recommended pediatric preventive care for their children.” Parents with coverage, the researchers posited, have more opportunities to understand local healthcare systems, and the coverage may mean they can devote income that would have otherwise gone to their own healthcare costs, to their children.  

Medicaid coverage losses by parents resulting from the Mississippi Workforce Training Initiative (if approved) will result in Medicaid coverage losses from children. When parents lose coverage, it puts their child’s coverage at significant risk, even if the child remains eligible. A very recent study by researchers at the Urban Institute finds that it is almost unheard of for an insured parent to have an uninsured child (0.9 percent), but more than one in five children (21.6 percent) of uninsured parents are uninsured themselves.  

This association between parents’ coverage and children’s coverage is well established in research. For example, a 2015 study of the coverage effects of the Oregon Medicaid lottery for adults found that children whose parents were selected for the lottery and enrolled in Medicaid were twice as likely to have Medicaid coverage as children whose parents were not selected and did not receive coverage. Similarly, the researchers also found that, over a 9-year period, children with at least one parent on Medicaid were more likely to have coverage than children whose parents were not enrolled.  

Medicaid coverage matters greatly to low-income children and families in Mississippi and elsewhere. Children with Medicaid coverage have better access to needed care than do uninsured children. Compared to uninsured children, children with Medicaid or CHIP are

8 M. Venkataramani, C Pollack, E. T. Roberts, “Spillover Effects of Adult Medicaid Expansions on Children’s Use of Preventive Services” Pediatrics Dec 2017, 140 (6) e20170953; DOI: 10.1542/peds.2017-0953 Available at http://pediatrics.aappublications.org/content/140/6/e20170953


significantly more likely to have a regular source of care and to have a physician visit and dental visit in the last two years.  

For all these reasons, we urge you to disapprove the Mississippi Workforce Training Initiative demonstration project because it will harm children and their families. Thank you for your consideration of our comments. We ask that you include the full text of each of the studies and other materials cited through active hyperlinks in our comments in the formal administrative record for purposes of the Administrative Procedures Act. Please contact us at dvishnevsky@cdhp.org if you have any questions or if we can be of further assistance.

Respectfully submitted,
Deborah Vishnevsky
Policy Analyst

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