February 5, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Submitted electronically via Medicaid.gov

Re: Public comments on Arizona extension application

Dear Administrator Verma,

Raising Women's Voices for the Health Care We Need (RWV) is a national initiative working to ensure that the health care needs of women and our families are addressed in health reform. RWV has a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, women with disabilities, and members of the LGBTQ community. We place a priority on asking women to share their experiences navigating the health care system.

Trans Queer Pueblo (TQP) is an advocacy organization that amplifies the voices of members of the immigrant and LGBTQ population, and fights for them to have access to the rights and health care they deserve. TQP challenges systems of oppression and seeks to remove the multiple barriers that impede individuals in marginalized communities in accessing comprehensive health care with respect and dignity.

We appreciate the opportunity to comment on Arizona's § 1115 amendment request. We are concerned that many provisions in the waiver application, including work requirements, lifetime limits, and unnecessarily frequent eligibility redeterminations are designed to limit the ability of eligible individuals to access care.

While the proposed changes to Medicaid will have a significant, detrimental impact on all low-income individuals, the consequences will be exacerbated for women, members of the LGBTQ community, and immigrants, whose unique circumstances make them particularly vulnerable.

Research shows that women live in poverty at higher rates than men do and are much less

likely than men to have employer-provided insurance in their own names.[1] Thus, even women with insurance are at greater risk than men of losing it following changes in their relationship status or in the family coverage offered by their spouse's employer. Unsurprisingly, women are more likely to be in the Medicaid expansion population, and women of color are particularly vulnerable. In 2013, prior to expansion, a quarter of Black women and a third of Latina women were uninsured.[2]

At the same time, women are more likely to face non-cost barriers to care. More than one in four low-income women (26%) delayed getting needed health care or skipped it altogether because they couldn't get time off of work, while one in five women with children (19%) did so because they couldn't find child care.[3] These factors make women more vulnerable to the policy changes proposed.

The LGBTQ community, and the transgender community in particular, are even more vulnerable. A 2015 study revealed that transgender people were "twice as likely to be living in poverty as the general U.S. population," with 29% of transgender respondents reporting that they were living in poverty as opposed to the 14% U.S. average.[4]

The percentages are even higher among transgender people of color. The 2015 study showed that "43 percent of transgender Latinx respondents" and "38 percent of Black respondents lived in poverty in 2015."[5]

The transgender community's high rate of poverty has a direct and destructive impact upon their health. A survey published in 2011 showed that "nearly half (48%) of [transgender] respondents postponed or went without care when they were sick because they could not afford it."[6]

Non-cost barriers to care also stand in the LGBTQ community's way. A 2014 study showed that "approximately 8% of LGB individuals [and] nearly 27% of transgender and gender-nonconforming individuals [...] report[ed] being denied needed health care

---

[1] "Women's Health Insurance Coverage," Kaiser Family Foundation, February 2, 2016, http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/

[2] Eichner A, Gallagher Robbins K, "National Snapshot: Poverty Among Women & Families, 2014," National Women's Law Center, September 2015, http://nwlc.org/wp-content/uploads/2015/08/povertysnapshot2014.pdf

[3] Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf

[4] Edmonds, Jillian. "Transgender People Are Facing Incredibly High Rates of Poverty." NWLC, National Women's Law Center, 9 Dec. 2016, nwlc.org/blog/income-security-is-elusive-for-many-transgender-people-according-to-u-s-transgender-survey/.

[5] Ibid.

[6] http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US

outright."[7] These denials, and other discriminatory acts, prevent members of the LGBTQ community from accessing care even when they have the financial means to do so.

The immigrant community is also particularly vulnerable. A 2011 study showed that 47.6% of immigrants were in or near poverty, as opposed to 31.1% of native born individuals.[8] The study revealed that immigrants and their young children made up 23.8% of all people in the U.S. living in or near poverty.[9]

The gap between immigrants and native born individuals is also wide when it comes to health care. In 2011, 28.5% of immigrants lacked health care, as opposed to only 13.8% of native born individuals.[10] Although immigrants only accounted for 16.9% of the total 2011 U.S. population, 29.7% of the total uninsured population in the U.S. were immigrants.[11]

From 2013 to 2015, after the ACA's implementation, the percent of uninsured immigrants dropped from 32% to 22%, while the insurance rate among native born individuals dropped from 12% to 7%.[12] Despite the notable positive change, the immigrant population continues to be more vulnerable to the effects of harmful rollbacks on coverage than the native born population.

In particular, we believe the provisions specified below do not promote the objectives of Medicaid and are likely to particularly harm Arizona women, LGBTQ identifying individuals, and immigrants. We urge CMS to reject these aspects of the proposal.

Work requirements

Arizona has requested permission to require individuals in the Medicaid expansion population to complete at least 20 hours of work or other approved activities each week. After an initial grace period of six months, individuals who do not meet the requirement and do not fall within one of the specified exemptions will be terminated from Medicaid. Individuals will only be able to regain eligibility by meeting the requirement for a 30-day period. CMS must deny this proposal, which is contrary to the objectives of Medicaid and has no legitimate experimental purpose.

---

[7] "Health Care Refusals Harm Patients: The Threat to LGBT People and Individuals Living with HIV/AIDS." NWLC, National Women's Law Center, 21 May 2014, nwlc.org/resources/health-care-refusals-harm-patients-threat-lgbt-people-and-individuals-living-hivaids/.

[8] "Immigrants in the United States: A Profile of America's Foreign-Born Population." *CIS.org*, Center for Immigration Studies, cis.org/Immigrants-United-States-Profile-Americas-ForeignBorn-Population.

[9] Camarota, Stephen A, and Karen Zeigler. "Immigrants in the United States." *CIS.org*, Center for Immigration Studies, 3 Oct. 2016, cis.org/Report/Immigrants-United-States.

[10] Ibid.

[11] Ibid.

[12] Zong, Jie, and Jeanne Batalova. "Frequently Requested Statistics on Immigrants and Immigration in the United States." *Migrationpolicy.org*, Migration Policy Institute, 6 Apr. 2017, www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states.

Using the waiver process to link work requirements to Medicaid eligibility, benefits, or cost-sharing will do little to increase employment. The overwhelming majority of adults with Medicaid already work, are too sick to work, are going to school, are taking care of family members, or are already actively looking for work and can't find it.[13] What these requirements will do, however, is create such significant administrative barriers and red tape that they will block otherwise-eligible individuals from getting covered. From a public health perspective, it makes little sense to deny coverage that helps prevent the spread of disease, allows the mentally ill to access care, and ensures that family members are able to care for individuals who might otherwise require more costly services like nursing homes.

In addition to the dramatic harms work requirements would cause, extensive research reveals that a mandatory work requirement does little or nothing to increase stable, long-term employment and does not decrease poverty.[14] In fact, work requirements have had the reverse effect, leading to an increase in extreme poverty in some areas of the country, as individuals who do not secure employment also lose their eligibility for cash assistance.[15]

The consequences for women and people of color would be severe. While women and men have had roughly equivalent unemployment rates post-recession, women are far more likely to work part-time or to be the primary caretakers for elderly parents and other family members, making them vulnerable to the kinds of hourly requirements Arizona has proposed. In 2014, for example, women accounted for 66% of the part-time work force and only 41% of the full-time workforce.[16] Likewise, since the 1940s, the unemployment rate among African Americans has been consistently double that of white Americans.[17]

Work requirements would also have serious consequences for LGBTQ people, who may disproportionately fall within the category of "able-bodied adults without dependents,"

---

[13] Rachel Garfield, Kaiser Family Found., *Understanding the Intersection of Medicaid and Work* (2017), http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work

[14] LaDonna Pavetti, Ctr. on Budget & Pol'y Priorities, *Work Requirements Don't' Cut Poverty, Evidence Shows* (2016); Sandra K. Danziger et al., *From Welfare to a Work-Based Safety Net: An Incomplete Transition*, 35 J. Pol'y Analysis & Management 231, 234 (2016); Gayle Hamilton et al., *National Evaluation of Welfare-to-Work Strategies: How Effective Are Different Welfare-to- Work Approaches? Five-Year Adult and Child Impacts for Eleven Programs*, Manpower Demonstration Research Corporation (2001).

[15] LaDonna Pavetti, Ctr. on Budget & Pol'y Priorities, Work Requirements Don't' Cut Poverty, Evidence Shows (2016); Sandra K. Danziger et al., From Welfare to a Work-Based Safety Net: An Incomplete Transition, 35 J. Pol'y Analysis & Management 231, 234 (2016); Dorothy Rosenbaum & Ed Bolen, Ctr. On Budget & Policy Priorities, SNAP Reports Present Misleading Findings on Impact of Three-Month Time Limit (2016),

[16] "Latest Annual Data," United States Department of Labor, 2014, http://www.dol.gov/wb/stats/latest_annual_data.htm

[17] i Desilver D, "Black unemployment rate is consistently twice that of whites," Pew Research Center, August 21, 2013, http://www.pewresearch.org/fact-tank/2013/08/21/through-good-times-and-bad-black-unemployment-is-consistently-doublethat-of-whites/

which work requirements target. In Arizona, LGBTQ people have few to no workplace protections against discrimination. If this amendment is approved, LGBTQ people could be subject to work requirements while also facing discrimination that keeps them from being hired or causes them to be fired.

Lifetime limits

Arizona has requested permission to place a five-year lifetime limit on Medicaid coverage. Each month that an individual is enrolled in Medicaid, is subject to the work requirements, and does not meet them will count toward that limit.

Placing a time limit on Medicaid coverage is contrary to the objectives of the Medicaid Act. Congress did not intend for Medicaid to provide only temporary health care coverage. Instead, Congress designed the program to provide medical assistance to low-income individuals who cannot afford the costs of necessary medical care for as long as they need such assistance.

There is no experiment here. The outcome of this provision is predictable – individuals will lose access to affordable health insurance coverage and as a result, to medically necessary services.

Redetermining eligibility

Federal Medicaid regulations require states to redetermine eligibility for the expansion population once every 12 months, and no more frequently.[18] Arizona is requesting permission to redetermine eligibility every 6 months (and at certain other times when an enrollee has not been meeting the work requirements) "to ensure it can track compliance with the work requirements and assure the application of appropriate exemptions."

The federal rules regarding eligibility renewal are designed to facilitate continuous coverage by making the process as easy as possible for people with Medicaid, while maintaining program integrity. Redetermining eligibility every six months will create additional administrative hurdles that will cause many eligible individuals to lose Medicaid coverage. For example, individuals may not receive their eligibility renewal forms or, for a variety of reasons, may not be able to return them in a timely manner. There is simply no legitimate reason for Arizona to renew eligibility so frequently and prevent many eligible individuals from maintaining Medicaid coverage.

In conclusion, we urge you to reject provisions whose impact would be particularly harmful to Arizona's women, LGBTQ community, and immigrant population, and to the gains they have made under the current expansion.

Sincerely,
Raising Women's Voices for the Health Care We Need
Trans Queer Pueblo

[18] 42 C.F.R. § 435.916(a).