



April 7, 2025

The Honorable Robert F. Kennedy
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Ohio 1115 Waiver Demonstration

Dear Secretary Kennedy:

Thank you for the opportunity to submit comments on the Ohio Group VIII 1115 Waiver.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Ohio's Medicaid program provides quality and affordable healthcare coverage. Our organizations are strongly opposed to Ohio's proposal to implement work reporting requirements for Medicaid beneficiaries. These requirements will lead thousands of people to lose coverage and jeopardize the health of people with serious and chronic

conditions in Ohio. Our organizations urge CMS to reject this request and offers the following comments on the Group VIII 1115 Waiver:

Our organizations are deeply concerned that this policy will result in significant coverage losses. Under Ohio's proposal, adults under 55 must demonstrate that they are employed or meet other criteria to maintain Medicaid eligibility. When Arkansas implemented a similar policy requiring Medicaid enrollees to report their hours worked or their exemption, the state terminated coverage for over 18,000 individuals before a federal court halted the policy.¹ Similarly, Georgia's Pathways to Coverage Program, which includes work reporting requirements, enrolled less than 5,000 individuals in its first year, instead of the projected 31,000-100,000 beneficiaries originally estimated to be eligible.² As the state itself acknowledges, this policy may lead approximately 61,826 currently eligible enrollees to lose eligibility. For patients with serious or chronic conditions, a gap in healthcare coverage can disrupt access regular care and medications needed to manage their condition, leading to exacerbations that require emergency department visits at a higher cost to both the patient and the state. This proposal contradicts the goals of the Medicaid program and jeopardizes access to care for thousands of Ohioans.

Our organizations are concerned that the proposal may negatively impact eligibility for individuals with, or at risk of, or in the process of being diagnosed with, serious and chronic health conditions that prevent them from working. The proposal does not clearly define what qualifies as "intensive physical health care needs or serious mental illness" and fails to account for individuals with chronic conditions who have some capacity to work but may still face substantial health challenges. Without explicit criteria or a defined process for identifying health conditions, individuals with certain chronic conditions will improperly lose coverage despite their ongoing health needs. No criteria can fully address this problem, as such processes inherently create greater opportunities for administrative error and risk disenrolling vulnerable populations from coverage.

In a related issue, caregivers and parents will also have to comply with work reporting requirements, and it is unclear who the exemption for "unpaid employed status" would apply to and what documentation would be required. An estimated 13% of adults with Medicaid are not working due to caregiving responsibilities.³ Many patients with severe health conditions require full-time care and assistance. Caregivers play a critical role in treating individuals with chronic illness and are unlikely to be able to work full-time while also completing their duties.

The state intends to rely on data matching to determine compliance with work reporting requirements. Our organizations are concerned that there will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use. Data on disability status does not always provide a complete picture of whether individuals with chronic conditions are able to work. Additionally, because of lags in claims data, it is unlikely that information for those with recent or upcoming serious diagnoses that prevent them from working would be accurately captured by data matching. For example, during the unwinding of the Medicaid continuous coverage requirements, only 47% of enrollees in Ohio were automatically re-enrolled, demonstrating the significant gaps in data matching and the increased administrative burden many people will face.⁴ While Ohio has requested federal match funds for a third-party verification vendor, federal Medicaid dollars should support healthcare coverage, not fund extraneous processes to remove people from coverage. Our organizations are opposed to the administrative burden that this proposal will place on the program and the request to use a federal match for third party verification.

Furthermore, the proposal does not specify how individuals can demonstrate compliance or address inaccuracies when data sources fail to verify their eligibility. Navigating an appeals process can be time-consuming and burdensome. For individuals actively receiving treatment for a serious health condition, a challenging appeals process could impact access to lifesaving treatment. Patients may not have the time or resources to complete a lengthy eligibility appeal, leading to loss of coverage.

Overall, a major consequence of this proposal will be to increase the administrative burden and overall churn within Medicaid program as beneficiaries are disenrolled as a result of red tape and attempt to reenroll in coverage. The administrative cost of churn is estimated to be between \$400 and \$600 per person.⁵ Ohio's Medicaid program is likely unprepared for the additional administrative burden that the work reporting requirements will generate.

Ultimately, these requirements do not further the goals of the Medicaid program or help low-income individuals find work. Most people on Medicaid who can work already do so. According to KFF, 92% of adults with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.⁶ And continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5% and 60%, respectively).⁷ That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in *The New England Journal of Medicine* found that Arkansas's work reporting requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.⁸ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Ohioans search for and obtain employment.

Implementation Costs

Our organizations are concerned by the cost to implement this waiver. There will likely be large administrative costs to the state to implement data matching and to put a system in place to identify and track exemptions. For example, a GAO study of work reporting requirements estimated that the administrative costs could be up to \$272 million.⁹ In Georgia, the state spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program, despite the low enrollment, and it is estimated that three quarters of this was for administrative and consulting costs.¹⁰ Taxpayer dollars should focus on providing quality, affordable healthcare coverage, not cutting it.

Special Terms and Conditions

In response to comments at the state level, Ohio noted that, once approved, the Special Terms and Conditions of the waiver would further define details of waiver components, including eligibility requirements. Given that the specifics of eligibility requirements will be used to determine changes in coverage, the public cannot make informed comments on the state's proposal without a complete description of these requirements. Our organizations urge CMS to clarify these requirements with the state before reissuing the proposal for another comment period of at least 30 days.

Conclusion

Our organizations remain strongly opposed to work reporting requirements and urge CMS to reject this proposal in order to protect access to quality and affordable healthcare in Ohio. These requirements do not promote employment and will take away healthcare coverage from thousands of Ohioans.

Thank you for the opportunity to provide comments.

Sincerely,

AiArthritis
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Hemophilia Federation of America
Immune Deficiency Foundation
Lupus Foundation of America
Lutheran Services in America
March of Dimes
National Bleeding Disorders Foundation
National Coalition for Cancer Survivorship
National Kidney Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation
National Psoriasis Foundation
Sickle Cell Disease Association of America, Inc.
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society
WomenHeart

¹ Robin Rudowitz, MaryBeth Musumeci, and Cornelia Hall, “A Look at November State Data for Medicaid Work Requirements in Arkansas,” KFF, December 18, 2018. Available at: <https://www.kff.org/medicaid/issue-brief/a-look-at-november-state-data-for-medicaid-work-requirements-in-arkansas/>; Arkansas Department of Health and Human Services, Arkansas Works Program, December 2018. Available at: http://d31hzhk6di2h5.cloudfront.net/20190115/88/f6/04/2d/3480592f7fbd6c891d9bacb6/011519_AWReport.pdf

² Chan, Leah. “One-Year Anniversary of Georgia’s Pathways to Coverage Program Highlights Need for Reform,” Georgia Budget and Policy Institute. July 2, 2024. Available at: <https://gbpi.org/one-year-anniversary-of-georgias-pathways-to-coverage-program-highlights-need-for-reform/>

³ Guth, Madeline et al. “Understanding the Intersection of Medicaid & Work: A Look at What the Data Say.” KFF. April 24, 2023. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/>

⁴ “What is happening with Medicaid renewals in each state?” Georgetown University McCourt School of Public Policy, Center for Children and Families. Accessed 8 January 2025. Available at: <https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/>

⁵ Swartz, Katherine et al. Reducing Medicaid Churning: Extending Eligibility For Twelve Months or To End of Calendar Year Is Most Effective. Health Affairs July 2015 34:7, 1180-1187 Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>

⁶ KFF. Understanding the Intersection of Medicaid & Work: A Look at What the Data Say. April 24, 2023. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/>.

⁷ Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Available at: https://medicaid.ohio.gov/wps/wcm/connect/gov/2468a404-5b09-4b85-85cd-4473a1ec8758/Group-VIII-Final-Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-2468a404-5b09-4b85-85cd-4473a1ec8758-nAUQnlt

⁸ Benjamin D. Sommers, MD, et al. "Medicaid Work Requirements—Results from the First Year in Arkansas," New England Journal of Medicine. Published online June 18, 2019. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMSr1901772>

⁹ Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements. U.S. Government Accountability Office. October 1, 2019. Available at: <https://www.gao.gov/products/gao-20-149>

¹⁰ Coker, Margaret. "Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story. ProPublica. February 19, 2025. Available at: <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>