



June 7, 2018

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

Re: Ohio Section 1115 Waiver Amendment Request: Draft Proposal to Establish Work and Community Engagement Requirements

Dear Secretary Azar:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 physicians and medical students across the country, I write in response to Ohio's Group VIII Requirement and Community Engagement 1115 Demonstration Waiver Application.

Historically, states have requested waivers of statutory Medicaid safeguards to create or test demonstration programs to expand care to new populations, offer new services, and deliver care in innovative and different settings. The AAFP stands ready to work with state and federal stakeholders and policymakers to identify innovative strategies to strengthen Medicaid and improve the outcomes of the high-quality care it finances.

Several states have recently submitted Medicaid Section 1115 waivers that would harm Medicaid beneficiaries if approved. They would restrict access by conditioning the receipt of care on meeting standards antithetical to the objectives of the Medicaid program which will ultimately harm patient health. In response to these proposals, a group of six front-line physicians organizations (the AAFP, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, and American Psychiatric Association), representing more than 560,000 physicians and medical students, have adopted [principles](#) related to Section 1115 demonstration waivers. Based on the standards set by these principles, the AAFP is deeply concerned with the Medicaid reforms proposed by Ohio in its submitted waiver.

Medicaid in Ohio

Medicaid provides health insurance for more than 76 million low-income Americans, with 2.8 million Medicaid beneficiaries in Ohio alone. Under the ACA, Ohio chose to expand Medicaid in 2014, and, despite repeated attempts by the state legislature to freeze or impose more conservative elements on the program, it has provided health insurance coverage to 725,000 low-income Ohioans. As in other expansion states, all adults with household income up to 138 percent of the federal poverty level (FPL) are eligible for Medicaid under the expansion program, as well as children with household income up to 206 percent FPL and pregnant women with household income up to 200 percent FPL.

www.aafp.org

President Michael Munger, MD Overland Park, KS	President-elect John Cullen, MD Valdez, AK	Board Chair John Meigs, Jr., MD Brent, AL	Directors John Bender, MD, Fort Collins, CO Gary LeRoy, MD, Dayton, OH Carl Olden, MD, Yakima, WA Robert Raspa, MD, Orange Park, FL Leonard Reeves, MD, Rome, GA Ada Stewart, MD, Columbia, SC	Sterling Ransone, MD, Deltaville, VA Windel Stracener, MD, Richmond, IN Erica Swegler MD, Austin, TX Benjamin F. Simmons, III, MD (New Physician Member), Concord, NC Alexa Mieses, MD (Resident Member), Durham, NC John Heafner, MPH (Student Member), St. Louis, MO
Speaker Alan Schwartzstein, MD Oregon, WI	Vice Speaker Russell Kohl, MD Stilwell, KS	Executive Vice President Douglas E. Henley, MD Leawood, KS		

Ohio has made great progress in providing access to care, improving the affordability of care, and providing financial security for its low-income population.

Work Requirements

In 2017, the Ohio General Assembly passed HB 49, which established new eligibility criteria for individuals enrolled in Medicaid's expansion population that would condition access to health insurance on successful completion of a "Work and Community Engagement Requirement." To satisfy this new requirement, eligible beneficiaries would be required to work or participate in a community engagement activity, such as job search programs, for at least 20 hours per week, for a total of 80 hours per month. Pregnant women, those aged 50 or older, the disabled, students, adults participating in drug or alcohol treatment programs, and others would be exempt from the new requirements.

The AAFP believes that work requirements will result in unintended consequences and increase barriers to eligibility and coverage gained in Ohio through the expansion of Medicaid. Imposing work requirements will interfere with access to critical preventative and primary care services for those who may not document they have been met. A 2017 report by the Ohio Department of Medicaid concluded that beneficiaries enrolled in Medicaid had an easier time finding work. To that end, while we support voluntary programs to assist Medicaid enrollees in finding work or job training opportunities, we are concerned that making participation in such programs a mandatory condition of eligibility will create unacceptable barriers to care, especially for our most vulnerable populations. According to the Center for Community Solutions (CCS), a nonpartisan health policy think tank based in Northeast Ohio, approximately 18,000 Ohioans could lose coverage over five years. This rollback in coverage, particularly amongst the state's most vulnerable populations, would run counter to the AAFP's bedrock mission of quality, affordable health care coverage for all.

Furthermore, we are concerned that the implementation of the proposed work requirements will most likely compound physician workloads. CMS has recently prioritized the rollback of burdensome regulations constraining physician practice. However, the state and Administration has not engaged in widespread public conversations regarding the impact of the new paperwork burdens a work requirement will create for family physician practices. The AAFP has concerns that work requirement proposals would add additional administrative burdens on physicians, further limiting the amount of time physicians can spend with patients and interfering with the patient-physician relationship. Additionally, administrative barriers, including those contained in this waiver proposal, would force Medicaid beneficiaries to avoid seeking primary care to stay healthy and avoid costlier health conditions.

Finally, implementing work requirements in the state would be costly. According to CCS, the total administrative costs at the county and state level of the waiver's implementation could top \$370 million over the course of the waiver. We believe this taxpayer money would be better spent financing care for low-income individuals instead of being used to eliminate coverage with burdensome paperwork requirements.

We appreciate the opportunity to comment on Ohio's Group VIII Requirement and Community Engagement 1115 Demonstration Waiver Application. Again, the AAFP stands ready to work with stakeholders and policymakers to identify innovative strategies to strengthen Medicaid and improve the outcomes of the high-quality care it finances in Ohio. However, we are concerned that substantial changes to the Medicaid program, including those proposed in this waiver, would negatively impact

the marginalized populations who need this care most, and we urge HHS to consider the unintended consequences the waiver proposal would create. For any questions you may have, please contact Robert Hall, JD, Director, Division of Government Relations for the AAFP, at rhall@aafp.org.

Sincerely,

A handwritten signature in black ink, appearing to read "John Meigs, Jr." followed by initials "MS".

John Meigs, Jr., MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.