CLASP
Policy solutions that work for low-income people

*Submitted electronically via **KurdunowiczP@michigan.gov**.*

November 5, 2019

Phil Kurdunowicz
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Medical Services Administration
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Re: Michigan's Healthy Michigan Plan Updates

Dear Phil Kurdunowicz,

I am writing on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions for low-income people. We work at both the federal and state levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty. CLASP submits the following comments in response to the Healthy Michigan Plan Updates. While Michigan has made changes to the work reporting requirements process, such as adding an option for people to report activity in-person at kiosks in MDHHS field offices, and revamped its approach to written correspondence, we believe the work reporting requirement policy will still ultimately harm low-income Michiganders and the state. As Governor Whitmer stated in her September 23, 2019 letter, "The loss of health benefits caused by work requirements creates another employment barrier for many people who are trying to work, but find it difficult to do so because of a lack of support and opportunity … Adding complicated reporting and compliance requirements to maintain a vital component of employability – access to health care – will not promote employment."[1]

These comments draw on CLASP's deep experience with Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), two programs where many of the policies proposed in this policy have already been implemented – and been shown to be significant barriers to low-income people getting and retaining benefits. These comments also draw on CLASP's experience in working with six states under the Work Support Strategies (WSS) project, where these states sought to dramatically improve the delivery of key work support benefits to low-income families, including health coverage, nutrition benefits, and child care subsidies through more effective, streamlined, and integrated approaches. From this work, we learned that reducing unnecessary steps in the application and renewal process both reduced burden on caseworkers and made it easier for families to access and retain the full package of supports that they need to thrive

in work and school. We are supportive of Michigan's efforts to reduce the burden of reporting by using existing data to identify both individuals who are exempt from the work reporting requirements and individuals who are meeting the requirements. However, even with these efforts, there is strong evidence to suggest that many people will lose health coverage.

Medicaid plays a critical role in supporting the health and well-being of low-income adults and children. In fact, only 16 percent of poor adults receive health insurance through their jobs[2] and, according to recent a recent survey by the Bureau of Labor Statistics, low-wage workers pay more for employer-provided medical care benefits than higher-wage workers.[3] Others may have health concerns that threaten employment stability, and without Medicaid, would be denied access to the medical supports they need to hold a job, such as access to critical medications.

The Medicaid statute is clear that the purpose of the program is to furnish medical assistance to individuals whose incomes are not enough to meet the costs of necessary medical care and furnish such assistance and services to help these individuals attain or retain the capacity for independence and self-care. States are allowed in limited circumstances to request to "waive" provisions of the rule but the Secretary of Health and Human Services (HHS) may only approve a project which is "likely to assist in promoting the objectives" of the Medicaid Act.[4] A waiver that does not promote the provision of affordable health care would not be permissible.

Among the state's professed goals for the policy is to increase access to health care and reduced uncompensated care. However, this policy's attempt to transform Medicaid and reverse its core function will result in Medicaid enrollees losing needed coverage, poor health outcomes, and higher costs. There is extensive and strong literature that shows, as a recent New England Journal of Medicine review concludes, "Insurance coverage increases access to care and improves a wide range of health outcomes."[5] This policy is therefore inconsistent with the Medicaid purpose of providing medical assistance and should be withdrawn. It is also inconsistent with improving health and increasing employment.

Michigan's Medicaid Expansion Has Been Extremely Successful

Michigan expanded Medicaid coverage in April 2014 through a section 1115 waiver which it called the "Healthy Michigan Plan" (HMP). Today, over 650,000 Michiganders with incomes below 138 percent of the poverty line who were previously uninsured or underinsured have coverage. Mirroring the experience of other expansion states, Healthy Michigan has helped lower Michigan's uninsured rate, while improving access to care and the physical and financial health of Medicaid beneficiaries.[6] Specifically, Healthy Michigan has:

- *Cut the state's uninsured rate in half*. Michigan's uninsured rate has decreased by 50 percent overall, and by at least 40 percent in all but one of the state's counties since 2014.[7]
- *Made working and searching for a job easier*. In a survey of beneficiaries, over half of non-working adults reported that Medicaid makes it easier to look for work, while nearly 70 percent of working adults said Medicaid made it easier to work or made them better at their jobs.[8] One study found that more than half of Michigan's working expansion beneficiaries

had a serious physical health condition such as heart disease, asthma, or diabetes, and 25 percent had a mental health condition, often depression.[9]

- *Improved access to care.* Physicians surveyed by Healthy Michigan evaluators reported that Medicaid expansion has improved access to care, detection of serious health conditions, and management of chronic health conditions, particularly among beneficiaries who were previously uninsured.[10] The increase in the number of Medicaid beneficiaries did not result in less access to care.
- *Improved physical health.* Nearly 48 percent of enrollees surveyed reported improvements in their physical health since enrolling in the program.[11] Researchers comparing Michigan and Virginia, which hadn't expanded Medicaid, found Michigan hospitals had fewer uninsured cardiac surgery patients and improved estimates of the risk of morbidity and mortality and morbidity rates.[12]
- *Improved financial health.* After enrolling in Healthy Michigan, beneficiaries had less debt sent to collectors, less debt that is past due, and were less likely to spend over their credit card limits, according to a recent study of Healthy Michigan administrative data matched to consumer credit reports. The study also found a significant reduction in the number of public records related to financial challenges, such as evictions, bankruptcies, and wage garnishments.[13] This is consistent with findings from the beneficiary survey which shows that 86 percent of beneficiaries reported that "problems paying their medical bills got better" after enrolling in the program.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Reporting Requirements

CLASP does not support Michigan's plan to take away health coverage from individuals who do not meet new work reporting requirements. Michigan is planning to implement a work reporting requirement for beneficiaries who are between the ages of 19-62, unless they qualify for an exemption. Those who are subject to the work reporting requirement will have to work or participate in other qualifying activities for 80 hours per month to stay enrolled in Medicaid. Medicaid enrollees will also be required to demonstrate that they are compliant with the work reporting requirements through monthly verification. The penalty for not complying with the work reporting requirement for three months in a single calendar year is disenrollment from Medicaid for at least one month. Overall, Manatt Health estimates that between 61,000 to 183,000 – 9 and 27 percent of Michigan's Medicaid expansion population – will lose Medicaid coverage over a one-year period under this policy.[14]

CLASP strongly opposes work reporting requirements for Medicaid beneficiaries. Work reporting requirements—and disenrollment for failure to comply—are inconsistent with the goals of Medicaid because they would act as a barrier to access to health insurance, particularly for those with chronic conditions and disabilities, but also for those in areas of high unemployment or who work the variable and unpredictable hours characteristic of many low-wage jobs. The reality is that denying access to health care makes it less likely that people will be healthy enough to work. This provision would also increase administrative costs of the Medicaid program and reduce the use of preventive

and early treatment services, ultimately driving up the costs of care while also leading to worse health outcomes.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Reporting Requirements Do Not Promote Employment

Creating a work reporting requirement for Medicaid is misguided and short-sighted. Lessons learned from TANF, SNAP, and other programs demonstrate that work reporting requirement policies are not effective in connecting people to living-wage jobs that provide affordable health insurance and other work support benefits, such as paid leave.[15] A much better focus for public policy is to develop skills training for jobs that are in high demand and pay living wages, help people get the education they need to climb their career ladder, and foster an economy that creates more jobs.

Another consequence of a work reporting requirement could be, ironically, making it harder for people to work. When additional red tape and bureaucracy force people to lose Medicaid, they are less likely to be able to work. People must be healthy in order to work, and consistent access to health insurance is vital to being healthy enough to work.[16] Medicaid expansion enrollees from Ohio[17] and Michigan[18] reported that having Medicaid made it easier to look for employment and stay employed. Additionally, more adults in low-income households have been able to join the workforce in Montana since expanding Medicaid. Further, recent analysis by the New York Times finds that young single mothers' participation in the labor force increased four percentage points more in states that expanded Medicaid in 2014 compared to those that didn't, providing evidence that if people don't lose their health insurance when they go to work, they are more likely to work.[19] Making Medicaid more difficult to access could have the exact opposite effect on employment that supporters of work reporting requirements claim to be pursuing.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Reporting Requirements Grow Government Bureaucracy and Increase Red Tape

Taking away health coverage from Medicaid enrollees who do not meet new work reporting requirements would add new red tape and bureaucracy to the program and only serve as a barrier to health care for enrollees. Michigan's plan would require Medicaid enrollees subject to new work reporting requirements to demonstrate that they are meeting the requirements through monthly verification. Not only will this create considerable paperwork for Medicaid enrollees, but also significantly increase administrative costs. Tracking work hours, reviewing proof of work, and keeping track of who is and is not subject to the work reporting requirement every month is a considerable undertaking that will be costly and possibly require new technology expenses to update IT systems.[20]

One of the key lessons of the Work Support Strategies initiative is that every time that a client needs to bring in a verification or report a change adds to the administrative burden on caseworkers and increases the likelihood that clients will lose benefits due to failure to meet one of the requirements. In many cases, clients remain eligible and will reapply, which is costly to families who lose benefits as well as to the agencies that must process additional applications. The WSS states found that

reducing administrative redundancies and barriers used workers' time more efficiently and helped with federal timeliness requirements.

Lessons from the WSS initiative is that the result of Michigan's new administrative complexity and red tape is that eligible people will lose their health insurance because the application, enrollment, and on-going processes to maintain coverage are too cumbersome. Recent evidence from Arkansas' implementation of work reporting requirements also suggests that bureaucratic barriers for individuals who already work or qualify for an exemption will lead to disenrollment. More than 18,000 beneficiaries lost coverage before the program was suspended by a federal judge, likely becoming uninsured because they didn't report their work or work-related activities.[21] As reported by the Center on Budget and Policy Priorities, many of those who failed to report likely didn't understand the reporting requirements, lacked internet access or couldn't access the reporting portal through their mobile device, couldn't establish an account and login, or struggled to use the portal due to disability.[22] The recent study looking at the Arkansas program found that "work requirements have substantially exacerbated administrative hurdles to maintaining coverage". The study found a reduction in Medicaid of 12 percent, even though more than 95% of those who were subject to the policy already met the requirement or should have been exempt.[23]

Outreach Efforts Will Not Prevent the Harm

The work reporting requirement is scheduled to go into effect in January 1, 2020, less than two months from the end of this comment period. As laid out in these comments, Michigan is proposing significant changes to their Medicaid program that will affect some of its poorest families. Rushing implementation will result in even more confusion among enrollees and loss of Medicaid health insurance. Evidence from New Hampshire illustrates the difficulties in communicating with beneficiaries about implementation of work reporting requirements. Despite its multiple outreach activities, the state failed to reach 20,000 out of the 50,000 people potentially subject to work reporting requirements.[24] While we appreciate that Michigan is expanding its efforts to conduct outreach to impacted individuals, the evidence indicates that it is not possible to implement a work reporting requirement that will not result in extensive loss of coverage.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Reporting Requirements Do Not Reflect the Realities of Our Economy

Proposals to take away health coverage from Medicaid enrollees who do not work a set number of hours per month do not reflect the realities of today's low-wage jobs. For example, seasonal workers may have a period of time each year when they are not working enough hours to meet a work reporting requirement and as a result will churn on and off the program during that time of year. Or, some may have a reduction in their work hours at the last minute and therefore not meet the minimum numbers of hours needed to retain Medicaid. Many low-wage jobs are subject to last-minute scheduling, meaning that workers do not have advance notice of how many hours they will be able to work.[25] This not only jeopardizes their health coverage if Medicaid has a work reporting requirement but also makes it challenging to hold a second job. If you are constantly at the whim of

random scheduling at your primary job, you will never know when you will be available to work at a second job.

Michigan's plan to implement a work reporting requirement is incredibly blind to the reality of low-wage work. An analysis by the Urban Institute found that Kentucky's proposal to take away health care from individuals who do not work a set number of hours does not align with the reality of some working enrollees' lives. Urban found that an estimated 13 percent of nondisabled, nonelderly working Medicaid enrollees who do not appear to qualify for a student or caregiver exemption in Kentucky's Medicaid program could be at risk of losing Medicaid coverage at some point in the year under the work reporting requirements because, despite working 960 hours a year, they may not work consistently enough throughout the year to comply with the waiver.[26] Additional analysis from the Urban Institute shows that Medicaid enrollees who would potentially be subject to work reporting requirements are more likely to face barriers to employment, compared with privately insured adults. The analysis found that half of nonexempt Medicaid enrollees reported issues related to the labor market or nature of employment, such as difficulty finding work and restricted work schedules, as reasons for not working more, and over one-quarter reported health reasons.[27]

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Reporting Requirements are Likely to Increase Churn

Michigan's plan to take away health coverage from Medicaid enrollees who do not meet new work reporting requirements is likely to increase churn. As people are disenrolled from Medicaid for not meeting work reporting requirements, possibly because their hours get cut one week or they have primarily seasonal employment (like construction work), they will cycle back on Medicaid as their hours increase or the seasons change. People may be most likely to seek to re-enroll once they need healthcare and be less likely to receive preventive care if they are not continuously enrolled in Medicaid.

Disenrollment and lock out would lead to worse health outcomes, higher costs

After three months of non-compliance within a 12-month reporting period, Medicaid enrollees subject to new work reporting requirements will be disenrolled from Medicaid. If they are not able to comply within 30 days following disenrollment, they will continue to be without coverage until they meet new work reporting requirements or demonstrate that they actually participated in qualifying activities during a month in which they were considered non-compliant. The lock-out period serves no purpose other than to be punitive and does not encourage work.

Once terminated from Medicaid coverage, beneficiaries will likely become uninsured. Needed medical services and prescription drugs, including those needed to maintain positive health outcomes, may be deferred or skipped. Because people without health coverage are less likely to have regular care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.[28] Further, during the lock-out period, these now-uninsured patients present as uncompensated care to emergency departments, with high levels of

need and cost—stretching already overburdened hospitals and clinics. This will only lead to poorer health outcomes and higher uncompensated costs for providers.

The impact of even short-term gaps in health insurance coverage has been well documented. In a 2003 analysis, researchers from the Urban Institute found that people who are uninsured for less than 6 months are less likely to have a usual source of care that is not an emergency room, more likely to lack confidence in their ability to get care and more likely to have unmet medical or prescription drug needs.[29] A 2006 analysis of Medicaid enrollees in Oregon found that those who lost Medicaid coverage but experienced a coverage gap of fewer than 10 months were less likely to have a primary care visit and more likely to report unmet health care needs and medical debt when compared with those continuously insured.[30]

The consequences of disruptions in coverage are even more concerning for consumers with high health needs. A 2008 analysis of Medicaid enrollees in California found that interruptions in Medicaid coverage were associated with a higher risk of hospitalization for conditions such as heart failure, diabetes, and chronic obstructive disorders. In addition to the poorer health outcomes for patients, these avoidable hospitalizations are also costly for the state.[31] Similarly, a separate 2008 study of Medicaid enrollees with diabetes who experienced disruptions in coverage found that the per member per month cost following reenrollment after a coverage gap rose by an average of $239, and enrollees were more likely to incur inpatient and emergency room expenses following reenrollment compared to the period of time before the enrollee lost coverage.[32]

When the beneficiary re-enrolls in Medicaid—or qualifies for Medicare—after the lock-out period, they will be sicker and have higher health care needs. Studies repeatedly show that the uninsured are less likely than the insured to get preventive care and services for major chronic conditions.[33] Public programs will end up spending more to bring these beneficiaries back to health.

Children Will Also Be Harmed by the Proposal

It is important to recognize that limiting parents' access to health care will have significant negative effects on their children as well. Children do better when their parents and other caregivers are healthy, both emotionally and physically.[34] Adults' access to health care supports effective parenting, while untreated physical and mental health needs can get in the way. For example, a mother's untreated depression can place at risk her child's safety, development, and learning.[35] Untreated chronic illnesses or pain can contribute to high levels of parental stress that are particularly harmful to children during their earliest years.[36] Additionally, health insurance coverage is key to the entire family's financial stability, particularly because coverage lifts the burdens of unexpected health problems and related costs. These findings were reinforced in a new study, which found that when parents were enrolled in Medicaid their children were more likely to have annual well-child visits.[37]

Further, research shows that when parents have health insurance their children are more likely to have health insurance.[38] Michigan's plan to disenroll Medicaid enrollees from health coverage for not meeting a work reporting requirement will reduce the number of parents with health insurance, which the evidence suggests will lead to children becoming uninsured. Michigan's plan would only

exempt one parent of a child under 6 years of age, putting at risk the health care of all parents and their children 6 years of age and older.

Support Services Will Be Inadequate

Child care is a significant barrier to employment for low-income parents. Many low-income jobs have variable hours from week to week and evening and weekend hours, creating additional challenges to finding affordable and safe child care. Under Michigan's plan, parents whose children are older than 5 years are subject to the work reporting requirements. Finding affordable and safe child care for children is difficult and a barrier to employment. Requiring employment to maintain health care, but not providing adequate support services such as child care, sets a family up for a no-win situation. Even with the recent increase in federal child care funding, Michigan does not have enough funding to ensure all eligible families can access child care assistance.[39]

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Reporting Requirements Will Harm Persons with Illness and Disabilities

Many people who are unable to work due to disability or illness are likely to lose coverage because of the work reporting requirement. Although Michigan proposes to exempt individuals who are medically frail, receive temporary or permanent long-term disability benefits from a private insurer or the government, or with a medical condition resulting in a work limitation according to a licensed medical professional, in reality many people who are not able to work due to disability or unfitness are likely to not receive an exemption due to the complexity of paperwork. A Kaiser Family Foundation study found that 36 percent of unemployed adults receiving Medicaid—but who are not receiving Disability/SSI—reported illness or disability as their primary reason for not working.[40] Additional research from the Kaiser Family Foundation shows that people with disabilities were particularly vulnerable to losing coverage under the Arkansas work reporting requirements, despite remaining eligible.[41]

New research shows a correlation between Medicaid expansion and an increased employment rate for persons with disabilities.[42] In states that have expanded Medicaid, such as Michigan, persons with disabilities no longer have to qualify for SSI in order to be eligible for Medicaid. This change in policy allows persons with disabilities to access health care without having to meet the criteria for SSI eligibility, including an asset test. Other research that shows a drop in SSI applications in states that have expanded Medicaid supports the theory that access to Medicaid is an incentive for employment.[43] Jeopardizing access to Medicaid for persons with disabilities by the policies proposed in Michigan's plan will ultimately create a disincentive for employment among persons with disabilities.

Further, an Ohio study found that one-third of the people referred to a SNAP employment program that would allow them to keep their benefits reported a physical or mental limitation. Of those, 25 percent indicated that the condition limited their daily activities,[44] and nearly 20 percent had filed for Disability/SSI within the previous 2 years. Additionally, those with disabilities may have a difficult time navigating the increased red tape and bureaucracy put in place to administer a work reporting

requirement, including proving they are exempt. The end result is that many people with disabilities will in fact be subject to the work reporting requirement and be at risk of losing health coverage.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Reporting Requirements Will Have a Disparate Impact on Communities of Color

We strongly oppose work reporting requirements due to their disproportionate impact on communities of color. Many people of color face employment challenges and, under the proposed policy, would be disadvantaged in being able to maintain their Medicaid eligibility. Persons of color are more likely to be affected by a work reporting requirement due to systemic challenges they face in employment.

Employment discrimination limits access to the workforce for many people of color: Studies show that racial discrimination remains a key force in the labor market.[45] In a 2004 study, "Are Emily and Greg more employable than Lakisha and Jamal: A Field Experiment on Labor Market Discrimination," researchers randomly assigned names and quality to resumes and sent them to over 1,300 employment advertisements. Their results revealed significant differences in the number of callbacks each resume received based on whether the name sounded white or African American. More recent research indicates that this bias persists. A study from 2013 submitted fake resumes of nonexistent recent college graduates through online job applications for positions based in Atlanta, Baltimore, Portland, Oregon, Los Angeles, Boston, and Minneapolis. African-Americans were 16% less likely to get called in for an interview.[46] Similarly, a 2017 meta-analysis of field experiments on employment discrimination since 1989 found that white Americans applying for jobs receive on average 36% more callbacks than African Americans and 24% more callbacks than Latinos.[47]

Hispanic and Black workers have been hardest hit by the structural shift toward involuntary part-time work: Despite wanting to work more, many low-wage workers struggle to receive enough hours from their employer to make ends meet. A report from the Economic Policy Institute found that 6.1 million workers were involuntary part-time; they preferred to work full-time but were only offered part-time hours. According to the report, "involuntary part-time work is increasing almost five times faster than part-time work and about 18 times faster than all work."[48] Hispanic and Black workers are much more likely to be involuntarily part-time (6.8 percent and 6.3 percent, respectively) than their White counterparts, of whom 3.7 percent work part time involuntarily. And Black and Latino workers are a higher proportion of involuntary part-time workers, together representing 41.1 percent of all involuntary part-time workers. The greater amount of involuntary part-time employment among Black and Hispanic workers is primarily due to their having greater difficulty finding full-time work and more often facing work conditions in which hours are variable and can be reduced without notice.[49]

People of color are more likely to live in neighborhoods with poor access to jobs: In recent years, majority-minority neighborhoods have experienced particularly pronounced declines in job proximity. Proximity to jobs can affect the employment outcomes of residents and studies show that people who live closer to jobs are more likely to work.[50] They also face shorter job searches and fewer spells of joblessness.[51] As residents from households with low-incomes and communities of

color shifted toward suburbs in the 2000s, their proximity to jobs decreased. Between 2000 and 2012, the number of jobs near the typical Hispanic and Black resident in major metropolitan areas declined much more steeply than for white residents.[52]

Due to overcriminalization of neighborhoods of color, people of color are more likely to have previous histories of incarceration, which in turn limit their opportunities: People of color, particularly African Americans and Latinos, are unfairly targeted by the police and face harsher prison sentences than their white counterparts.[53] After release, formerly incarcerated individuals fare poorly in the labor market, with most experiencing difficulty finding a job after release. Research shows that roughly half of people formerly incarcerated are still unemployed one year after release.[54] For those who do find work, it's common to have annual earnings of less than $500.[55] Further, during the time spent in prison, many lose work skills and are given little opportunity to gain useful work experience.[56] People who have been involved in the justice system struggle to obtain a driver's license, own a reliable means of transportation, acquire relatively stable housing, and maintain proper identification documents. These obstacles often prevent them from successfully re-entering the job market and are compounded by criminal background checks, which further limit access to employment.[57] A recent survey found that 96 percent of employers conduct background checks on job applicants that include a criminal history search.[58]

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Reporting Requirements Will Harm Returning Citizens

Having a criminal record can make it extremely difficult to find a job and meet work reporting requirements. Research shows that roughly half of returning citizens are still unemployed one year after release.[59] These individuals face many legal and social impediments to finding and retaining employment which can build stability and reduce the risk of recidivism. Taking away health coverage for not working a set number of hours per month only exacerbates this challenge. People with criminal records face many more legal barriers to employment such as occupational licensing bans that preclude them from obtaining even low skilled and entry level positions. Even an arrest record can be a long-term barrier to finding and keeping employment since many businesses conduct background checks; a recent survey found that 96 percent of employers conduct background checks on job applicants that include a criminal history search.[60]

Michigan's plan would deny benefits to returning citizens after only six months of release if they are unable to prove that they are working 80 hours per month. Many people with criminal records need more time, training, and hands-on assistance to find adequate employment. Access to benefits, such as Medicaid can mean the difference between an individual successfully reintegrating into society, or recidivating.

Former Foster Youth Are Likely to Lose Coverage

The Affordable Care Act (ACA) included a provision to help improve the health of young adults who often have significant health care needs and are more likely to be uninsured than their peers –youth up to age 26 previously in foster care and enrolled in Medicaid. This provision was also intended to

reduce disparities in access to health insurance between former foster youth and other young adults who can stay on their parents' private insurance until age 26.

Of youth who enter into foster care, between 35 and 60 percent have at least one chronic or acute health condition that needs treatment.[61] The chronic health issues that impact youth involved in the foster care system continue to be problematic for youth who ultimately age out of the foster care system. Youth who have aged out of foster care are more likely than their general peers to have a health condition that limits their daily activities.[62] Despite the intention of the ACA and the evidence surrounding the health of these youth, Michigan's plan takes away health coverage from former foster youth who are older than 21 years of age and do not work a set number of hours per month, jeopardizing their general health and well-being over time.[63]

Conclusion

Thank you for considering CLASP's comments. Please contact Elizabeth Lower-Basch (**elowerbasch@clasp.org**) or Renato Rocha (**rrocha@clasp.org**) with any questions.

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