CLASP

Policy solutions that work for low-income people

October 19, 2018

Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: State of Alabama Medicaid Workforce Initiative, Section 1115 Demonstration Application

Dear Secretary Azar,

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 revised 1115 Waiver Demonstration Application and raises serious concerns about the effects of the waiver, as proposed, on the coverage and health outcomes of low-income Medicaid beneficiaries in Alabama.

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 waiver 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 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.

Alabama's proposal would have a dramatic and negative impact on access to care for deeply poor parents (leading to negative effects for their children as well). The state's own estimate is that approximately 14,700 people would lose health insurance within five years. There is no reason to believe that these people will be transitioning to employer-sponsored insurance or earning enough to qualify for subsidies under the Affordable Care Act (ACA). Thus, this waiver takes a big step backward in coverage. Therefore, we believe that it is inconsistent with the goals of the Medicaid program, notwithstanding the January 11, 2018 guidance from the Centers for Medicare and Medicaid Services (CMS).

Medicaid plays a critical role in supporting the health and well-being of low-income adults and children. Many work in low-wage jobs where employer-sponsored health care is not offered or is prohibitively expensive. 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 to 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.[1] A waiver that does not promote the provision of health care would not be permissible.

This proposal's attempt to transform Medicaid and reverse its core function will result in parents losing needed coverage, poor health outcomes, and higher administrative costs. There is an 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."[2] This waiver is therefore inconsistent with the Medicaid purpose of providing medical assistance and improving health and should be rejected.

In the recent Stewart v. Azar decision vacating HHS' approval of Kentucky's waiver proposal that would have taken coverage away from adults who didn't meet a work requirement, pay premiums, or renew their coverage or report changes on time, the court found that Medicaid's primary objective is to provide coverage to people who otherwise wouldn't have it. Alabama's waiver proposal would cause thousands of poor parents to lose coverage and become uninsured. Given Medicaid's objective to provide coverage to people who would otherwise be uninsured, Alabama's proposal cannot be justified as a proper use of section 1115 waiver authority.

Losing health coverage will also make achieving work and education goals significantly more difficult for beneficiaries. Finally, 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.[3] 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.[4] Untreated chronic illnesses or pain can contribute to high levels of parental stress that are particularly harmful to children during their earliest years.[5] 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.[6]

Alabama's proposal includes improving child outcomes as a goal and states several times that the state is pursuing this waiver in part to improve children's health and well-being. If the state was sincere in addressing child health outcomes, they would ensure that their families had the necessary supports to thrive, including access to affordable health insurance through Medicaid. Ignoring the above data about the impact of parental health and health insurance on that of children calls into question whether the state is truly interested in improving child health outcomes.

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

CLASP opposes Alabama's proposal to take away health coverage from individuals in the Parent or Caretaker Relative (POCR) eligibility group who do not meet new work requirements. Our comments that follow focus on the harmful impact the proposed work requirements will have on low-income Alabamians and the state.

Alabama is proposing to implement a work requirement for the POCR eligiblity group. To become eligible for the POCR eligibility group, "an individual must be a parent or close relative of a child under age 19 in the home, and have family income at or below 13 percent of the federal poverty level." Parents and caretaker relatives with a child under age six will have to work or participate in 20 hours of work activities to stay enrolled in Medicaid, and others will have to work or participate in other qualifying activities for 35 hours per week. Alabama notes that some populations, such as individuals meeting the work requirement or already determined exempt under TANF, will be exempt from the work requirement. The penalty for not complying with the work requirement is termination from Medicaid.

CLASP strongly opposes work requirements for Medicaid beneficiaries and urges Alabama to withdraw this request. Work 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. In addition, while the purported goal of this provision is to promote work, 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.

The request for a work requirement is especially troublesome given Alabama's extremely low income eligibility limit for Medicaid for the POCR group. Non-disabled adults in Alabama are only eligible for Medicaid if they are living in extremely deep poverty and raising dependent children (under 18 percent of the poverty level, equivalent to just $3,744 *annually* for a family of three). These families are facing enormous struggles to make ends meet. Placing extra burdens on these families for the adults to receive health care is not only immoral, but likely to make it harder for them to find and keep employment.

In addition, section 1931 of the Social Security Act ensures Medicaid eligibility for adults with children who would have been eligible for the Aid to Families with Dependent Children (AFDC) program according to 1996 income guidelines, regardless of whether they currently receive cash assistance. Alabama's request to implement a work requirement for this population (if they don't qualify for an exemption) would effectively eliminate this guarantee of coverage. This request by Alabama appears to be in direct conflict with the law.

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

Using TANF as a model to create a work requirement for Medicaid is misguided and short-sighted. Lessons learned from other programs demonstrate that work 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.[7] 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.

The waiver application says that "Alabama Medicaid plans to utilize the resources that have been successful in these programs [SNAP and TANF] to assist Medicaid recipients in gaining the tools necessary to become more self-sufficient." However, the state's own data about TANF employment services cast serious doubt on whether the program has the capacity to serve additional Medicaid enrollees. In fiscal year 2017, only 1,910 families in Alabama were counted as participating in TANF

employment activities. Of these families, 1,606—or more than 84 percent—were in the "unsubsidized employment" category, meaning they had obtained jobs and were working and not necessarily receiving any employment services from the state.[8]

In fact, Alabama is serving so few people through the TANF employment support program that it is almost inconceivable that the state will be able to absorb the number of Medicaid enrollees who will be subject to the work requirement. For example, only 48 people were in the "job search" category and only 84 people were in the "vocational education" category.[9] It is highly unlikely the state's existing training and employment support available through TANF would be able to absorb additional persons subject to the Medicaid work requirement. There is also little evidence that Alabama's TANF services are effective, as in the most recent year for which data are available nearly twice as many people left TANF due to sanctions or other compliance-related reasons as left due to increased earnings or other resources.[10]

It's also unlikely that other job training programs in Alabama will be able to serve everyone subject to the Medicaid work requirement. For example, from April 2015 through March 2016, only 5,097 people in Alabama received any services funded through Title I of the Workforce Innovation and Opportunity Act (WIOA).[11] WIOA Title I provides adults, dislocated workers, and youth a wide variety of services from low-touch job search to occupational training.

Another consequence of a work 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.[12] Medicaid expansion enrollees from Ohio[13] and Michigan[14] reported that having Medicaid made it easier to look for employment and stay employed. Making Medicaid more difficult to access could have the exact opposite effect on employment that supporters of work requirements claim to be pursuing.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Do Not Lead to Employer-Sponsored Insurance

The waiver request assumes that if participants become employed, they will be able to transition to affordable employer-sponsored insurance (ESI). Unfortunately, this is simply not the reality of many jobs in America. Only 49 percent of people in this country receive health insurance through their jobs—and only 16 percent of poor adults do so.[15] The reality is that many low-wage jobs, particularly in industries like retail and restaurant work, do not offer ESI, and when they do, it is not affordable.[16] In fact, in 2017, only 24 percent of workers with earnings in the lowest 10 percent of wages were offered employer insurance, and only 14 percent actually received coverage under in their employer offered insurance.[17] People working multiple part-time jobs or in the gig economy are particularly unlikely to have access to ESI.

A recent report reinforces this point for Alabama.[18] If parents work the number of hours required by this proposal and earn Alabama's minimum wage, they would be ineligible for Medicaid because they would earn too much money. These working parents would likely be ineligible for tax credits to purchase private insurance because they would likely make too little money. And, just 17 percent of Alabama adults in poverty are covered by employer insurance, demonstrating that the vast majority of low-wage jobs do not provide an avenue for health insurance.[19] Alabama is creating a no-win situation for poor parents.

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

Taking away health coverage from Medicaid enrollees who do not meet new work requirements would add new red tape and bureaucracy to the program and only serve as a barrier to health care for enrollees. In the proposal, Alabama notes that their Medicaid program has the third lowest cost per recipient nationally. Tracking work hours, reviewing proof of work, and keeping track of who is and is not subject to the work requirement is a considerable undertaking that will be costly and possibly require new technology expenses to update IT systems.

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 suggest the result of Alabama's new administrative complexity and red tape would be that eligible people will lose their health insurance because the application, enrollment, and on-going processes to maintain coverage are too cumbersome. Lastly, recent evidence from Arkansas' first four months of implementing work requirements also suggests that bureaucratic barriers for individuals who already work or qualify for an exemption will lead to disenrollment. More than 4,100 beneficiaries lost coverage on October 1st, likely becoming uninsured because they didn't report their work or work-related activities.[20] In September, over 4,300 beneficiaries lost coverage. These individuals represent about 17 percent of the state's first cohort of Medicaid beneficiaries subject to the work requirement.[21] In total, more than 8,400 Arkansas Medicaid beneficiaires have lost coverage since the state implemented its work requirements. 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]

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

Proposals to take health coverage away from Medicaid enrollees who do not work a set number of hours 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 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.[23] This not only jeopardizes their health coverage if Medicaid has a work 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.

Alabama's proposal to require 35 hours of work per week throughout the entire year for some families 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 requirements because, despite working 960 hours a year, they may not work consistently enough throughout the year to comply with the waiver.[24] In Alabama, this dynamic will be exacerbated because the state is proposing to require many parents to work 35-hours per week, not the 20 hours required in other states that have requested such waivers. The waiver language assumes that people will be able to find steady employment with near full-time hours, and this simply is not the reality of many jobs in Alabama. As the state of Alabama's Department of Human Resources explained in a report regarding TANF recipients, "Most of Alabama is very rural.... The limited number of employers in most of the small counties makes it difficult to participate in job search activities for an average of 30 hours per week for the entire month and for clients to find employment that equals 30 or more hours per week. Most employment is part-time."[25]

Alabama attempts to justify their waiver by pointing to data showing a growing Medicaid caseload for the waiver's target population and suggesting that does not align with the state's historically low unemployment rate. CLASP counters that the growing number of extremely low-income parents eligible for Medicaid during a time of record unemployment shows that job opportunities are not equally spread across the socio-economic spectrum and that many low-income families are not benefitting from Alabama's employment opportunities. For instance, while Alabama's overall unemployment rate has declined since 2010, workers of color and their families are disproportionately being left behind; the unemployment rate for African American workers is (10.7 percent) is twice that of White workers (4.6 percent).[26] Attempting to force people to obtain a job by threatening their health insurance will not engage people in a meaningful way.

Also, Alabama's July iteration of the proposal revises one of the hypothesis to back track that individuals will earn more income under their proposal. In the February 2018 proposal, the state's hypothesis stated, "Over the five-year demonstration, earned income will increase for Medicaid parents and caretaker relatives who are or were covered by this Demonistration." In the most recent proposal, Alabama revises their hypothesis to read, "Over the five-year demonstration, the number of POCR individuals with earned income will increase for Medicaid parents and caretaker relatives who are or were covered by this Demonistration." With this change in hypothesis the state no longer holds that the waiver is expected to increase the earned income of Medicaid enrollees. Lastly, another Alabama hypothesis suggests that the proposal will decrease the size of Medicaid enrollees because of increased income. However, nothing in the state's evalution would track why enrollment declines and what, if any, effect increased income has on it versus losing coverage due to inability to meet work requirements.

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

Alabamaa's proposal to take away health coverage from Medicaid enrollees who do not meet new work requirments is likely to increase churn. As people are disenrolled from Medicaid for not meeting work 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.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work 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 requirement. Although Alabama is proposing to exempt "anyone who has a disability, is medically frail, or has a medical condition that would prevent them from complying with the work requriement," in reality, many people are not able to work due to disability or disease 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. In Alabama, this rate increases to 41 percent.[27]

And, 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,[28] and nearly 20 percent had filed for Disability/SSI within the previous two years. Additionally, those with disabilities may have a difficult time navigating the increased red tape and bureaucracy put in place to administer a work requirement. The result is that many people with disabilities will, in fact, be subject to the work requirement and be at risk of losing health coverage.

Support Services are 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. Alabama's proposal would require parents of children 6 to 19 years of age to work 35 hours per week. For parents of children less than 6 years of age, Alabama's proposal wold require these parents to work 20 hours per week. The state would exempt a single custodial parent caring for a child less than one year of age and a single custodial parent caring for a child under the age of 6 for whom appropriate childcare is not available. Finding affordable and safe child care for children is difficult and a barrier to employment, including for those who are not single parents. Requiring employment in order 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, Alabama only has enough funding to provide child care assistance to a small share of eligible families.[29]

Transportation is a significant barrier to employment as well. The report from Alabama's Department of Human Resources noted, "Most of Alabama is very rural with many counties having no public transportation and few resources."[30]

Proposals to Take Health Coverage Away from Parents Who Do Not Meet New Work Requirements Creates a Subsidy Cliff and Will Leave Alabamians With No Affordable Health Insurance Option

In the July 2018 revision to Alabama's waiver application the state includes an additional 6 months of transitional medical assistance (TMA), for a total TMA eligibility period of 18 months. This modification falls far short of addressing the well-acknowledged "subsidy cliff" in states that have not expanded Medicaid. Because Alabama has not expanded Medicaid, once someone earns enough money to become income ***in***eligible for Medicaid and exhausts their TMA eligibility, if they earn less than 100 percent of the poverty level they will have no option for affordable health insurance. In this situation, Alabamians will not be eligible for Medicaid due to their employment, but will also not be eligible for subsidies to purchase private insurance. This population is also highly unlikely to have access to affordable employer-sponsored insurance. Working enough hours to meet the work requirements (35 or 20 hours depending on

the age of their children) and earning minimum wage will make someone ***in***eligible for Medicaid because they earn too much, but still under the poverty line.[31] Simply adding an additional 6 months of eligibility for TMA does not eliminate the eventual subsidy cliff.

Proposals to Take Health Coverage Away from Parents Who Do Not Meet New Work Requirements Disproportionaly Impacts Women and People of Color

In addition to the Alabama Asset Building Coalition study cited above that finds that communities of color are still struggling, despite Alabama's econonomy improving, an analysis by the Center for Children and Families at Georgetown University finds that Alabama's proposal will disproportionately impact women and people of color. The analysis finds that of the parents who rely on Medicaid for health coverage in Alabama, at least 85 percent are women and 58 percent are African American. Policy proposals such as this waiver request will only contribute to furthering racial disparities in health care access. The same analysis also found that the majority of people who would be subject to the work requirement and are not already working are caring for someone else or have a disability.[32]

Alabama has not provided a legitimate hypothesis for the proposed demonstration, and the demonstration is unlikely to meet the objectives the state has provided

Alabama is clear on the purpose of the demonstration: To reduce the number of parent/caretaker beneficiaries enrolled in Alabama Medicaid. At page 1, the state notes that over the past 5 years, enrollment in this mandatory eligibility group has "more than doubled from 31,889 to more than 74,000". This in turn "places a burden upon the State's General Fund." The state is proposing a work requirement for "able bodied" parents and caretakers in order to reduce enrollment in this mandatory eligibility group. This is confirmed by the state's budget neutrality projections in Tables 2 and 3, which show that enrollment in this mandatory group (Pop. 1) will be reduced by 10,700 in the first year of the demonstration. Over the course of the demonstration, the state expects to save a total of $238.2 million (Table 4). This, the state notes on page 2, "will allow Alabama to have a more sustainable Medicaid program."

Saving money is not an acceptable basis for a Section 1115 demonstration,[33] and certainly saving money by reducing the number of extremely poor parents enrolled in a mandatory Medicaid eligibility group is unacceptable and incompatible with the purposes of the program.

The state attempts to justify its disenrollment initiative by claiming that it will "assist able-bodied POCR recipients improve their health outcomes and improve their economic stability, which will assist the state in having healthier citizens." The state does not explain how taking mandatory Medicaid coverage away from parents in deep poverty will improve their health outcomes, much less those of their children. Nor does it explain how conditioning mandatory Medicaid eligibility on work/employment-related activities requirements will actually enable very poor parents to have stable, well-paying employment that offers affordable health insurance.

The state also gives another reason for the proposed demonstration: "to assist able-bodied [Parent or Caretaker Relative] recipients [improve] improve their health outcomes and improve their economic stability which will assist the state in having healthier citizens. There is nothing in the proposed demonstration that would allow the state to accomplish any of these objectives even if they were proper objectives for a Medicaid waiver.

Implementation timeline is rushed

Alabama is proposing to implement their waiver within six months of receiving anticipated CMS approval. As laid out in these comments, Alabama 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. Given the operational and programmatic changes that must be in place to implement the state's proposal, CMS should require Alabama to revise their timeline to allow for a thoughtful, rather than rushed, implementation.

Recent Reports that Claim to Provide Supporting Evidence for Taking Away Health Insurance from People Who Don't Meet Work Requirements are Deeply Misleading

The White House Council on Economic Advisors (CEA) and the conservative Foundation for Government Accountability recently released reports that provide a deeply misleading view of Medicaid and work requirements. Several analyses paint a picture of low-wage work that contradicts claims in the CEA report. These reports find that many people who need assistance from programs like Medicaid are working, but characteristics of low-wage jobs mean this population faces job volatility, higher unemployment and less stability in employment.[34]

The CEA report does not even address health insurance coverage and never mentions the well-known data showing that most Medicaid beneficiaries who can work do work. Further, when examining the share of Medicaid beneficiaries that work the CEA report chose to focus on one month (December 2013), which gives a much lower rate of employment than another report from the Kaiser Family Foundation that uses the same data set but looks at employment over the course of a year. It's also important to note that the Medicaid data cited in the report pre-dates the Medicaid expansion, which dramatically affects the composition of the caseload.

Additionally, the CEA and FGA reports consider all Medicaid beneficiaries who do not receive disability benefits as "able-bodied," ignoring data and research that show that substantial numbers of Medicaid beneficiaries who do not receive disability benefits face significant personal or family challenges that limit the amount or kind of work they can do. In reality, barriers to work are significant and common. Five million Medicaid beneficiaries have disabilities but do not receive disability benefits, meaning that they could be subject to work requirements under the Administration's guidance.[35] Moreover, large majorities of non-working Medicaid beneficiaries report that they are unable to work due to disability or illness, caregiving responsibilities, or because they are in school.[36]

Lastly and most notably, the CEA and FGA reports do not offer any actual evidence to support the claim that taking away health care or other basic supports from people who fail to work a minimum number of hours will cause them to work more. In fact, the report ignores the ample evidence, as cited earlier in these comments, that work supports such as Medicaid make it easier for people to work. While the FGA report alludes to "success" with work requirements in other programs, their analyses have been called out as flawed and misleading.[37]

Conclusion

For all the reasons laid out above, the state should reconsider their approach to encouraging work. If Alabama is serious about encouraging work, helping people move into jobs that allow for self-sufficiency (and affordable ESI), and job creation, the state would be committed to ensuring that all adults have access to health insurance to ensure people are healthy enough to work. Alabama could opt to expand

Medicaid as intended by the ACA, which will ensure that people have consistent access to Medicaid and close the coverage gap. Instead, the state is asking to place additional barriers between the state's most vulnerable families and their health care.

Finally, our comments include citations to supporting research and documents for the benefit of the Centers for Medicare and Medicaid Services (CMS) in reviewing our comments. We direct CMS to each of the items cited and made available to the agency through active hyperlinks and as attachments, and we request that these, along with the full text of our comments, be considered part of the formal administrative record on this proposal.

Thank you for considering CLASP's comments. Contact Suzanne Wikle (**swikle@clasp.org**) or Renato Rocha (**rrocha@clasp.org**) with any questions.

All soucess accessed October 2018.

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