



Submitted electronically via [Medicaid.gov](https://www.Medicaid.gov).

October 9, 2019

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

Re: Section 1115 Demonstration Amendment and Extension Application: Montana Health and Economic Livelihood Partnership (HELP) Demonstration Program

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 Montana's Section 1115 Demonstration Amendment and Extension 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 Montana.

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.

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. In fact, only 16 percent of poor adults receive health insurance through their jobs¹ and, according to a recent survey by the Bureau of Labor Statistics, low-wage workers pay more for employer-provided medical care benefits than higher-wage workers.² 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.³ 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 individuals 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.”⁴ This waiver is therefore inconsistent with the Medicaid purpose of providing medical assistance and improving health and should be rejected.

Losing health coverage will also make achieving work and education goals significantly more difficult for beneficiaries. Montana writes that one of the future goals of the HELP program is to “improve the health, well-being, and financial stability of Montanans through participation in work/community engagement requirements.” The proposed approach to condition Medicaid on participating in work reporting requirements would take away – not contribute to – progress the state has made to improve health and financial outcomes for Montanans. By expanding Medicaid, the state has seen a 9 percent increase in non-disabled adults working and a 6 percent increase in people with disabilities working. In fact, Montana already supports work without taking people’s health coverage away, providing workforce training on a volunteer basis to a small share of enrollees who can work, but aren’t working find or hold jobs.⁵ This proposal would take Montanans off their path towards improved health and economic outcomes and wipe out the gains made since expanding Medicaid. Montana estimates that that between 4 and 12 percent of enrollees subject to the work requirement (or up to 12,000 people) will be unable to meet the requirements and will lose their coverage.

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

CLASP does not support Montana’s proposal to take away health coverage from individuals who do not meet new work reporting requirements. Our comments that follow focus on the harmful impact the proposed work requirements will have on low-income Montanans and the state.

Montana is proposing to implement a work reporting requirement. The directly impacted population would be all Demonstration enrollees between 19 and 55 with incomes up to 138 percent FPL who do not otherwise qualify for an exemption. Montana notes that some populations, such as individuals meeting the work reporting requirement or already determined exempt under TANF, will be exempt from the work reporting requirement. The penalty for not complying with the work requirement is suspension from Medicaid.

CLASP strongly opposes work reporting requirements for Medicaid beneficiaries and urges CMS to reject Montana’s 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 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.

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

Creating 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.⁶ 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 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.⁷ Medicaid expansion enrollees from Ohio⁸ and Michigan⁹ reported that having Medicaid made it easier to look for employment and stay employed. Additionally, as referenced above, 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.¹⁰ 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.¹¹ 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.¹² 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 in their employer offered insurance.¹³ People working multiple part-time jobs or in the gig economy are particularly unlikely to have access to ESI.

A recent study by the Urban Institute provides additional evidence in New Hampshire – a state that was recently approved to move forward with their work reporting requirement. The paper found that New Hampshire residents who could lose Medicaid under work reporting requirements will likely face limited and costly employer-sponsored insurance options. In particular, researchers found that less than one in ten part-time private-sector employees in New Hampshire were eligible for employer-sponsored coverage and just over half of full-time employees at firms with fewer than 50 employees were eligible for employer-sponsored coverage in 2017. Additionally, annual employee contributions for a single-coverage plan would represent 12.5 percent of annual income for a minimum-wage, full-time worker and 25.0 percent of annual income for a minimum-wage, part-time worker— more than ten times the percentage premium limit in the Marketplace for individuals earning 100 percent of the federal poverty level.¹⁴

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. 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 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 Montana'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.¹⁵ 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.¹⁶ 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.¹⁷

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 number 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.¹⁸ 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.

Montana's proposal to implement work reporting requirements of 80 hours per month 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 – which is similar to Montana's – 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.¹⁹ 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.²⁰

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 Montana is proposing to exempt people who are medically frail or have exceptional health care needs, 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 Montana, this rate increases to 37 percent.²¹ 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.²²

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,²³ 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.

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

Montana's proposal to take away health coverage from Medicaid enrollees who do not meet new work requirements 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 re-enrollment once they need healthcare, and be less likely to receive preventive care if they are not continuously enrolled in Medicaid.

When the beneficiary re-enrolls in Medicaid after their suspension, 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.²⁴ Public programs will end up spending more to bring these beneficiaries back to health.

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.²⁵ 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, Montana does not have enough funding to ensure all eligible families can access child care assistance.²⁶

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

We strongly oppose the proposal due to its 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 overrepresented in the Montana Medicaid program, meaning that policies such as a work reporting requirement will disproportionately affect this population and contribute to furthering racial disparities in health care access. 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.²⁷ 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.²⁸ 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.²⁹

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."³⁰ 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.³¹

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.³² They also face shorter job searches and fewer spells of joblessness.³³ 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.³⁴

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.³⁵ 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.³⁶ For those who do find work, it's common to have annual earnings of less than \$500.³⁷ Further, during the time spent in prison, many lose work skills and are given little opportunity to gain useful work experience.³⁸ 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.³⁹ A recent survey found that 96 percent of employers conduct background checks on job applicants that include a criminal history search.⁴⁰

Further, work reporting requirements are part of a long history of racially-motivated critiques of programs supporting basic needs. False race-based narratives have long surrounded people experiencing poverty, with direct harms to people of color. For decades these narratives have played a role in discussions around public assistance benefits and have been employed to garner support from working-class whites.⁴¹ Below are a few examples of the relationship between poverty, racial bias, and access to basic needs programs.

- When the "Mother's Pension" program was first implemented in the early 1900s, it primarily served white women and allowed mothers to meet their basic needs without working outside of the home. Only when more African American women began to participate were work reporting requirements implemented.⁴²
- Between 1915 and 1970, over 6 million African Americans fled the south in the hope of a better life. As more African Americans flowed north, northern states began to adopt some of the work reporting requirements already prevalent in assistance programs in the South.⁴³
- As civil rights struggles intensified, the media's portrayal of poverty became increasingly racialized. In 1964, only 27 percent of the photos accompanying stories about poverty in three of the country's top weekly news magazines featured Black subjects; by 1967, 72 percent of photos accompanying stories about poverty featured Black Americans.⁴⁴
- Many of Ronald Reagan's presidential campaign speech anecdotes centered around a Black woman from Chicago who had defrauded the government. These speeches further embedded the idea of the Black "welfare queen" as a staple of dog whistle politics, suggesting that people of color are unwilling to work.⁴⁵
- In 2018, prominent sociologists released a study looking at racial attitudes on welfare. They noted that white opposition to public assistance programs has increased since 2008 — the year that Barack Obama was elected. The researchers also found that showing white Americans data suggesting that white privilege is diminishing led them to express more opposition to spending on basic needs programs. They concluded that the "relationship between racial resentment and welfare opposition remains robust."⁴⁶

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.⁴⁷

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.⁴⁸ 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.⁴⁹

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.⁵⁰

Premium increase would harm families in low-income households

Medicaid has strong affordability protections to ensure that beneficiaries have access to a comprehensive service package and protects beneficiaries from out-of-pocket costs, particularly those due to an illness.⁵¹ Medicaid generally prohibits premiums for Medicaid beneficiaries with income below 150% of the Federal Poverty Level (FPL). Under Montana's current waiver they received unique permission from CMS to impose premiums on persons earning as little as 50% FPL. Some states, including Montana, have received approval to apply mandatory premiums for individuals with incomes between 100-150% FPL.

CLASP does not support Montana's proposal to increase premiums for enrollees with income greater than 50 percent of the FPL who are not otherwise exempt to pay monthly premiums. Montana's proposal to require program enrollees to pay monthly premiums equal to 2 percent of the enrollee's modified adjusted gross income for the first two years and increasing premiums by 0.5 percent in each subsequent year up to a maximum of 4 percent of the enrollee's income would considerably harm families in low-income households.

Failure for not paying with the premium – collection of amount due in annual tax returns, if enrollee has an income of 100 percent FPL or less, or suspension from Medicaid, if enrollee has an income greater than 100 percent FPL – is cruel and runs counter to Montana’s stated goal of improving health, well-being, and financial stability of residents. Studies of the Healthy Indiana waiver, which required Medicaid recipients with incomes between 100 and 138% of FPL to pay a premium⁵² or face disenrollment or lockout,⁵³ have found that it deters enrollment. About one-third of individuals who applied and were found eligible were not enrolled because they did not pay the premium.⁵⁴ It is safe to assume that as premiums increase people will face increased difficulty paying the premium and more people will either not enroll due to the premiums or lose coverage (if over 100% FPL) for non-payment of premiums.

A large body of research shows that even modest premiums keep people from enrolling in coverage.⁵⁵ Individuals, particularly during period of unemployment or other financial hardship, may be unable to afford to make the payments. Low-income consumers have very little disposable income and often must make choices and stretch limited funds across many critical purchases. While Medicaid is designed to protect consumers against costs, this proposal adds another cost to their monthly budget.

Moreover, simply the burden of understanding the premium requirements and submitting payments on a regular basis may be a challenge to people struggling with an overload of demands on their time and executive functioning capacities. In a survey of Indiana enrollees who failed to pay the required premium, more than half reported confusion about either the payment process or the plan as the primary reason, and another 13 percent indicated that they forgot.⁵⁶ Finally, states or insurance companies may fail to process payments in a timely fashion, leading to benefit denials even for people who make the required payments.⁵⁷

Unlike private health insurance, the reality of this proposal is that individuals have to write checks on a monthly basis to purchase coverage. The vast majority of people with private insurance receive it through their employers, and have their share of the premiums automatically withheld from their paychecks, without having to take any positive action. Moreover, one-quarter of households with incomes under \$15,000 reported being “unbanked,”⁵⁸ which may create additional barriers to making regular payments.

Twelve-Month Continuous Eligibility Period

CLASP supports Montana’s proposal to extend their waiver authority to allow enrollees to receive continued benefits during any period within a twelve-month eligibility period.

Conclusion

For all the reasons laid out above, CMS should reject Montana’s waiver application. Our comments include citations to supporting research and documents for the benefit of CMS in reviewing our comments. We direct CMS to each of the items cited and made available to the agency through active hyperlinks, and we request that these, along with the full text of our comments, be considered part of the formal administrative record on this proposal for purposes of the Administrative Procedures Act.

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

All sources accessed October 2019.

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¹¹ *Ibid.*, 1a; *Ibid.*, 1b.

¹² Brynne Keith-Jennings and Vincent Palacios, *SNAP Helps Millions of Low-Wage Workers*, Center on Budget and Policy Priorities, May 2017, <http://www.cbpp.org/research/food-assistance/snap-helps-millions-of-low-wage-workers>.

¹³ U.S. Department of Labor, “Table 2. Medical care benefits: Access, participation, and take-up rates,” Bureau of Labor Statistics, July 2018, <https://www.bls.gov/news.release/ebs2.t02.htm>.

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