



March 15, 2018

Director Barbara Sears  
Bureau of Health Plan Policy  
Ohio Department of Medicaid  
50 W. Town St., 5th Floor  
Columbus, OH 43215

**Re: Opposition to proposed Group VIII Work Requirement and Community Engagement Demonstration 1115 Waiver**

Dear Director Sears,

On behalf of the Ohio Women's Public Policy Network, a coalition of more than 25 advocacy organizations focused on advancing policies that create economic security for women and strengthen families in Ohio, I am writing to express our opposition to the proposed Group VIII Work Requirement and Community Engagement Demonstration 1115 Waiver application.

**Work requirements have been shown to be unsuccessful in achieving a greater participation in the workforce or lifting participants out of poverty.** Plain and simple, work requirements don't work. There have been studies into work requirements implemented on other safety net programs, which demonstrate their lack of effectiveness in actually helping people maintain long-term employment. The research shows that any increases of employment were relatively small and tended to fade after time. Further, the work requirements failed to make advances in reducing poverty among participants. In fact, the studies showed that the majority of the individuals taking part in the program remained in poverty, and some even become poorer.<sup>1</sup>

**Medicaid is a proven tool to help individuals' health and employment. Work requirements hurt more than they help.** Placing additional barriers to access to Medicaid - or taking away health insurance entirely - is the wrong strategy to promote healthy and work-ready citizens, especially for women who would be disproportionately affected by the proposal. Studies of the state's Medicaid expansion program showed that three-quarters of adults receiving coverage who were currently seeking employment reported that their access to Medicaid made it

---

<sup>1</sup> LaDonna Pavetti, Work Requirements don't cut poverty, evidence shows. Center on Budget and Policy Priorities, June 7, 2016 <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>

easier to look for work. Medicaid played a significant role in helping people maintain employment, with more than half of participants stating that it helped them keep their jobs.<sup>2</sup>

**Imposing work requirements on Medicaid eligibility is a harmful and ineffective barrier to healthcare, which would result in the loss of coverage while failing to increase employment.**

The process by which an applicant must demonstrate that they qualify for exemptions or are currently employed is unnecessarily complicated for both Medicaid enrollees and the state administrator. The waiver states that those who may currently qualify for an exemption must obtain formal documentation, which may be difficult due to the exact reasons they have exceptions, such as disabilities, caregiving responsibilities or health conditions.<sup>3</sup>

**Most people who are able to work are already working, and those people who are not working often face barriers to employment - especially women.** Work requirements would disproportionately prevent women from finding and maintaining employment. Women are more likely to hold low-wage, part-time and informal jobs, in part because they take on a disproportionate share of caregiving duties for children and other family members. The unpredictability and lack of stability of these jobs where women are overrepresented means that they are more likely to lose coverage with work requirements due to gaps in employment or inability to meet the number of hours required.

Even for those individuals that currently meet the work requirement or who qualify for an exemption, there are risks to losing coverage over time. Low-wage workers are especially susceptible to unstable work, meaning that they will be more likely to have gaps in their employment and risk losing their coverage. And although they may maintain employment, there are also greater barriers for low-wage workers to report any changes in hours or earnings to remain in accordance with the work requirement rulings. Further, the list of exceptions fails to include a number of barriers to employment or reasons for why employment is simply unachievable. For example, caregiving is listed as an exception, but requires the caretaker to be either a parent or live in the same household as the person they are caring for. By limiting this definition of caregiving, it leaves out a large population of individuals - primarily women - who are providing care for family members outside of their own household.

**Medicaid has long been a lifeline for women, especially women in rural America. Work requirements would threaten their coverage and, as a result, harm their health.** Women make up 58 percent of the state's Medicaid population, and it disproportionately covers the poorest and sickest populations of women among all sources of insurance. Research shows that due to cost prohibitive barriers to care without coverage, uninsured low-income women are less

---

<sup>2</sup> National Women's Law Center, Fact Sheet: The Stealth Attack on Women's Health: Medicaid Work Requirements Would Reduce Access to Care for Women Without Increasing Employment, (April, 2017), <https://nwlc.org/wp-content/uploads/2017/04/Medicaid-Work-Requirements-1.pdf>

likely to seek out services and have a lower rate of using preventative sources compared to low-income women who do have insurance. Work requirements would undoubtedly have an effect on low-income women's ability to access the health coverage they need to maintain healthy lives or prevent future medical complications. Medicaid also plays a crucial role in maternity care and health outcomes of babies. According to state data from 2016, Medicaid covers 52 percent of all births in Ohio.<sup>4</sup> And while pregnant women are included in the list of exemptions, lack of quality health care – even before a woman is pregnant – can have dire consequences in obtaining proper prenatal care should that woman have children later on in life, while also causing women to be less healthy overall preconception. This is a link researchers are increasingly showing has an impact on infant mortality rates.<sup>5</sup>

**Lastly, loss of Medicaid coverage would have a devastating impact on the financial security of women and their families.** Women are increasingly becoming the sole, primary, or breadwinners in families, meaning that their income is imperative to the overall economic security of families. Medicaid is a program that has proven results in helping individuals maintain employment and financial income. And, as the program is not tied directly to employment, there is the opportunity for individuals to take the time to seek out positions that offer higher wages or better opportunities without fear of losing health coverage.

With this proposal, the state of Ohio would be putting the health and economic security of the tens of thousands of Ohioans who depend on Medicaid in jeopardy, especially women. Work requirements have proven to be an insufficient strategy to address a problem based largely on stereotypes and false perceptions of individuals receiving health coverage through Medicaid.

We stand firmly against the Group VIII Work Requirement and Community Engagement Demonstration 1115 Waiver application. As a unified voice representing women and families across the state of Ohio, we call upon the Ohio Department of Medicaid to refrain from submitting the request to the federal government. The health and economic security of Ohio's women and their families depends on it.

Sincerely,



Erin Ryan  
Managing Director, The Ohio Women's Public Policy Network

---

<sup>4</sup> <http://www.medicaid.ohio.gov/Portals/0/Resources/Reports/PWIC/PWIC-Report-2017.pdf?ver=2017-12-29-112608-887>

<sup>5</sup> Eighmey Zeeck, Association of State and Territorial Health Officials, *Infant Mortality Linked to Lack of Preconception and Interconception Care*, (August 15, 2016). <http://www.astho.org/StatePublicHealth/Infant-Mortality-Linked-to-Lack-of-Preconception-and-Interconception-Care/8-15-16/>