



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

October 5, 2018

Seema Verma, MPH
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association, I write to urge the Centers for Medicare & Medicaid Services (CMS) to reject the Alabama Medicaid Workforce Initiative Section 1115 Demonstration Waiver Application. The work requirement provisions of the proposed waiver would create unnecessary barriers to Medicaid eligibility and reduce access to medically necessary care for low-income citizens and individuals with disabilities in Alabama.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 700 ASHA members live and practice in the state of Alabama.

ASHA opposes proposed changes that would impose onerous administrative provisions, including work and documentation requirements for initial and ongoing Medicaid eligibility.¹ These provisions would threaten coverage of and access to medically necessary care.

Many factors, including poverty, impact health and well-being. Poverty also disproportionately affects women and children.² Medicaid provides health care support to low-income individuals and people with disabilities. Onerous work requirements undermine the goals of the Medicaid program. Medicaid work requirements do not increase long-term employment nor do they reduce poverty.³ Additionally, enforcing and monitoring work requirements increases program administrative costs, which undermine savings that only result from reduced enrollment and spending on actual medically necessary health care services.⁴

The Alabama Medicaid Workforce Initiative seeks to impose a work requirement for the Parent or Caretaker Relative (POCR) eligibility group, which would impact more than 74,000 people across the state. The proposal would require 35 hours a week of employment activities, except for parents and caretaker relatives with a child or children under six years of age. Those exempted individuals must participate in a minimum of 20 hours per week of employment related activities to qualify for Medicaid coverage.

October 5, 2018

Page 2

Alabama is currently experiencing record low unemployment of 3.5%. Health care coverage helps individuals find and keep employment.⁵ The Kaiser Family Foundation found that among nonelderly adults on Medicaid, nearly 80% live in working families, and a majority work themselves.⁶ In Alabama, 58% of Medicaid families have at least one member employed full-time while 8% of families have at least one member working part-time. It is important to note that individuals employed nearly full-time in minimum wage jobs could become ineligible for Medicaid because of strict income limits. Such low-income workers are unlikely to be able to afford health care coverage if they are ineligible for Medicaid.

The proposed work requirements threaten health care coverage and long-term employability for thousands of individuals and families in Alabama. Reducing access to medically necessary care has long-term negative impacts on the well-being, development, productivity, and quality of life of children, adults, and families as a whole.⁷

The Alabama Medicaid Workforce Initiative Section 1115 Demonstration Waiver Application creates barriers to Medicaid eligibility and impacts access to medically necessary services; therefore, we ask you to reject this proposal. Thank you for the opportunity to provide comments on the Alabama Medicaid Workforce Initiative. If you or your staff have any questions, please contact Laurie Alban Havens, ASHA's director of health care policy, Medicaid & private health plans, at lalbanhavens@asha.org.

Sincerely,



Elise Davis-McFarland, PhD, CCC-SLP
2018 ASHA President

¹ The American-Speech-Language-Hearing Association. (2018). *ASHA Public Policy Agenda: Summaries*. Retrieved from <https://www.asha.org/Advocacy/2018-ASHA-Public-Policy-Agenda-Summaries/>

² Annals of Medical & Health Sciences Research. (2017). *The Negative Impact of Poverty on the Health of Women and Children*. Retrieved from <https://www.amhsr.org/articles/the-negative-impact-of-poverty-on-the-health-of-women-and-children-4022.html>.

³ Center on Budget and Policy Priorities. (2016). *Work Requirements Don't Cut Poverty, Evidence Shows*. Retrieved from <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>.

⁴ Center on Budget and Policy Priorities. (2018). *States' Complex Medicaid Waivers Will Create Costly Bureaucracy and Harm Eligible Beneficiaries*. Retrieved from <https://www.cbpp.org/research/health/states-complex-medicaid-waivers-will-create-costly-bureaucracy-and-harm-eligible>.

⁵ The Center for Law and Social Policy. (2017). *The Evidence Builds: Access to Medicaid Helps People Work*. Retrieved from <https://www.clasp.org/sites/default/files/publications/2017/04/The-Evidence-Builds-Access-to-Medicaid-Helps-People-Work.pdf>.

⁶ Kaiser Family Foundation. (2018). *Understanding the Intersection of Medicaid and Work*. Retrieved from <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

⁷ Pediatric Child Health. (2007). *The Impact of Poverty on the Current and Future Health Status of Children*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528796/>.