

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

February 7, 2019

Submitted via electronic record at www.medicaid.gov

Secretary Alex M. Azar, II
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: TennCare Waiver Amendment 38

Dear Secretary Azar,

Thank you for the opportunity to comment on Tennessee's Section 1115 Medicaid Demonstration Waiver Amendment 38. If implemented, this waiver would apply work requirements to many Tennesseans currently enrolled in TennCare. The National Health Care for the Homeless Council is a membership organization representing federally qualified health centers (FQHCs) and other organizations providing health services to people experiencing homelessness. In 2017, 29 FQHCs in Tennessee provided care to approximately 22,000 patients who are homeless. As a network of providers caring for very vulnerable people we are extremely concerned about the impact the work requirements in the waiver will have on our patients' health and livelihood and we stand alongside our partners in Tennessee in adamant opposition to this waiver. We hope that the perspectives provided below illustrate why this waiver is so harmful, and specifically how it undermines national efforts to improve health outcomes.

Work requirements undermine efforts to improve health.

Good health and well-being are a precursor to employment, not the other way around. For people experiencing homelessness, unstable living conditions make it difficult to obtain and maintain employment. Comprehensive health insurance provides a foundation for better health and offers stability, whereas restrictions such as work requirements create barriers that will prevent individuals from getting well and returning to work. Ironically, for the few receiving Medicaid who are not currently employed, the loss of coverage will only exacerbate existing health problems that likely were preventing them from being employed in the first place.

"Employment is a good thing and can empower patients. However, requirements are worrisome. They create stigma. I've seen how requirements like this can re-traumatize people who are struggling and force people to relapse in their recovery process."

- Homeless Housing Provider in Nashville

Work requirements discourage employment.

We support and encourage efforts that create opportunities for employment and are pleased to see the Director of TennCare acknowledge the connection between health outcomes and social factors such as employment and community engagement. However, a large body of research and our own experience caring for vulnerable people show that implementing work requirements would be antagonistic to any efforts to increase employment and engagement for those who are not already working. Rather than create barriers for parents and families to maintain stability, the Administration and the State of Tennessee should be adding services to the Medicaid program that improve health, such as eye care and dental care, and other medical necessities, as well as expanding coverage to single, childless adults. If the State of Tennessee wants to promote employment, we strongly urge them to invest in adult education, transportation, job training, and other programming that has been proven to boost jobs and income.

Work requirements create and perpetuate poverty and homelessness.

It's hard to work when you are sick and uninsured. Without a stable income, families struggle to pay for rent, food, child care, utilities, and other necessities. Without health insurance, parents will be forced to choose between paying for their health care expenses (like prescription drugs or doctor visits) and paying for basic necessities that keep their family safe, stable, and healthy. Taking away health coverage will contribute to this downward cycle, put those in poverty at greater risk for experiencing homelessness, and compromises the well-being of children and families.

Exemptions don't work and are a burden on health care providers.

Every minute spent providing health care services to vulnerable patients is valuable. Unfortunately, providers are already heavily regulated with layers of paperwork, assessments, and administrative tasks. Work requirements only increase this burden on providers. Many of Tennessee's list of exemptions require certifications by medical professionals (e.g., medically frail, those who are physically or mentally unable to work, those with a short-term or long-term disability), which is administratively burdensome and takes precious time away from providing needed care. Exemptions for people experiencing homelessness may be well-intentioned, but navigating these requirements and obtaining proper documentation of housing status is actually quite difficult. Likewise, exemptions for those participating in inpatient or residential treatment for a substance use disorder overlooks the fact that the vast majority of people in need of treatment are not engaged in addiction treatment. Worse, losing Medicaid coverage will prevent those in desperate need of care from receiving it—undermining national and state efforts to reduce addiction rates. Exemptions for people experiencing homelessness will burden providers and patients with added paperwork trying to “prove homelessness”. At their worst, these requirements will force very vulnerable people off care who need it the most.

“Documenting work status and documenting homelessness will be a messy process that will require many changes to the already difficult-to-navigate TennCare system. Exemptions will only be an added challenge for people experiencing homelessness.”

- TennCare Shelter Outreach Worker

Conclusion

As a network of health care providers and countless other individuals and organizations that rely on Medicaid to survive homelessness and escape poverty, we share the concerns and endorse the comments submitted by many of our organizational partners in homelessness and health. This includes the concerns listed in the comment letter submitted under Tennessee's Public Chapter No. 896 by our member organization, Neighborhood Health, published under Appendix A. We have also attached two of our recent publications on work requirements that further detail how this waiver would be a burden on providers and damage the health and wellbeing of people experiencing homelessness. We request that the full text of these attached publications be considered part of the administrative record for the purposes of the Administrative Procedure Act.

Finally, we believe that a person's employment status does not determine their worth, nor should it be used to determine who receives health care. There is plenty of robust and convincing evidence that work requirements do not work. Aside from these empirically driven arguments against work requirements, we will not support work requirements in a Medicaid program because they are an unconscionable violation on the human right to health care. We strongly encourage the Administration to reject this proposal and all related proposals because they serve as a barrier to health and compromise the integrity of our nation.

If you would like to discuss these comments further, please contact Barbara DiPietro, PhD, Senior Director of Policy, at 443-703-1346 or at bdipietro@nhchc.org

Sincerely,



G. Robert Watts, CEO

This letter is endorsed by:
Brian Haile, Chief Executive Officer, Neighborhood Health

ATTACHMENTS:

- A. National Health Care for the Homeless Council, **Medicaid & Work Requirements: Likely Impact on the HCH Community**, July 2018, accessed at <https://www.nhchc.org/wp-content/uploads/2019/01/federal-policy-priorities.pdf>
- B. National Health Care for the Homeless Council, **Barriers to Health & Stability: Medicaid Work Requirements & Other Restrictions**, February 2018, accessed at <https://www.nhchc.org/wp-content/uploads/2018/02/barriers-to-health-and-stability-medicaid-work-requirements-and-other-restrictions.pdf>