November 30, 2017

Mr. Eric D. Hargan  
Acting Secretary and Deputy Secretary  
Office for the Secretary of the Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue  
SW Washington, D.C. 20201

Submitted electronically on Medicaid.gov

Re: Comments on the NH Department of Health and Human Services draft amendment to the Section 1115(a) demonstration waiver, #11-W-00298/1, adding work requirements to the New Hampshire Health Protection Program

Dear Mr. Hargan:

Thank you for the opportunity to provide comments on New Hampshire’s draft amendment to the Section 1115(a) demonstration waiver, #11-W-00298/1, adding work requirements to the New Hampshire Health Protection Program enrollees as a condition of eligibility. I am submitting comments on behalf of Bi-State Primary Care Association. Bi-State is a non-profit, two-state organization that represents 28 non-profit Community Health Centers (CHCs) serving 300,000 patients at 120 locations. Bi-State advocates for access to health care for all New Hampshire citizens, with a special emphasis on medically underserved areas.

New Hampshire’s CHCs serve over 109,000 residents annually, of which approximately 17,000 are uninsured. The New Hampshire Health Protection Program (NHHPP) is invaluable to health center patients. Our CHCs are non-profit community-based providers that serve patients regardless of their ability to pay.¹ Health center services include primary medical care, specialty care, behavioral health, and substance use disorder treatment. Over 60% of health center patients have household incomes under 200% of the federal poverty level (FPL).² Many patients experience barriers to health care, and we strive to increase access to effective and affordable services.

The NHHPP enabled the state to provide needed coverage to uninsured people and increased access to primary and preventive care: in one year of the NHHPP, the number of health center patients increased by nearly 3,000 patients. The percentage of uninsured patients decreased from 19.5% to 14.5%.³ The number of patients who accessed mental health services at CHCs increased by almost 2,300 patients, and the number of patients who accessed substance use disorder treatment increased by over 200 patients.⁴

Any amendment to the Section 1115 waiver should “increase and strengthen overall coverage of low-income individuals” in NH.⁵ The draft waiver amends the NHHPP to add, as a condition of Medicaid eligibility, a work requirement for able-bodied adults of 20 hours per week of a combination of specific employment and training activities.⁶ The stated purpose of the work requirement is to help put recipients on the path to attaining financial

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¹ Federally qualified health care centers (FQHC) are required to provide services without regard to patients’ ability to pay or insurance status; use a sliding fee discount payment system tied to patients’ income; operate as not-for-profit entities; have governing boards with 51% patient representation. See the Public Health Services Act 42 U.S.C. §254b, Section 330.
² Annual income at 200% FPL for a household of three is $40,840. https://aspe.hhs.gov/poverty-guidelines
³ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).
⁴ Id.
⁶ NH House Bill 517 (Chapter 156, Laws of 2017); See also Draft Section 1115 Demonstration Amendment, New Hampshire Protection Program Premium Assistance Project #11-W-00298/1, August 30, 2017, page 6. The work requirement is based on length in the program: 20 hours per week initially; 25 hours per week after 1 year; 30 hours per week after 2 years. Under TANF, the work requirement is a flat 30 hours per week (20 per week for single parents). See Center on Budget and Policy Priorities, “Policy Basics: An introduction to TANF,” June 15, 2015.
stability and move out of poverty. According to the experiences of other programs that imposed work requirements, including Temporary Assistance for Needy Families (TANF), however, the outcome was “counter-productive.” Most individuals remained in poverty with little or no long-term gain in employment. Additionally, the work requirement created a barrier to employment when it resulted in individuals losing their health coverage. Research indicates that connecting vulnerable populations with needed care improves employability by providing recipients with stability. It helps these unique individuals address the barriers to their employment, including the stress of not being able to go to the doctor or pay medical bills; behavioral health conditions; limited education and skills; unsavory background; or lack of access to child care and transportation.

Exemptions included in the proposed amendment do not take into account many circumstances. For example, patients who are unable to work could lose their health coverage, exacerbating their chronic health conditions. Exemptions do not include parents or caretakers of dependent children six years and older who struggle to find affordable child care. Additionally, those with disabilities or other limitations in fulfilling the work requirement could fail to meet exemption criteria because they may have a particularly difficult time proving their inability to work. These examples demonstrate how the approval of the draft amendment, as written, could cause enrollees to lose the health insurance, and ultimately, employment.

An additional factor that could result in fewer people accessing Medicaid coverage is the administrative burden for DHHS. Experiences from implementing the TANF work requirements suggest that adding similar work requirements to Medicaid could cost states thousands of dollars per beneficiary. Identifying exemption criteria and tracking work hours for each recipient will expend time and money for NH’s Medicaid department, which is already experiencing staffing cuts. Subsequently, mistakes in determining eligibility could result in loss of coverage and administrative appeals. Self-attestation when applying for Medicaid will minimize the burden on DHHS staff and maximize the effectiveness administratively of the NHHPP.

Bi-State appreciates the opportunity to submit comments on the waiver amendment in accordance with our mission to advocate for access to health care for all New Hampshire citizens; our work to further the objective of the Medicaid program in reducing costs and expanding health insurance coverage; and lastly, our commitment to the Community Health Centers and patients who could be impacted by the waiver amendment. Please do not hesitate to contact me if you would like additional information or have questions on the comments presented above.

Sincerely,

Kristine E. Stoddard, Esq.
Director of NH Public Policy
603-228-2830, ext. 113
kstoddard@bistatepca.org

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7 Draft Section 1115 Demonstration Amendment, page 7.
8 Center on Budget and Policy Priorities, “Medicaid work requirements would limit health care access without significantly boosting employment,” July 13, 2017, stating implementation of TANF work requirements cost states thousands of dollars per beneficiary and they were unsuccessful in increasing long-term employment.
9 Id.
11 Center on Budget and Policy Priorities, “Medicaid work requirements would limit health care access without significantly boosting employment,” July 13, 2017, stating implementation of TANF work requirements cost states thousands of dollars per beneficiary and they were unsuccessful in increasing long-term employment.