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October 3, 2017

Submitted electronically to [NHPremiumAssistanceAmendment@dhs.nh.gov](mailto:NHPremiumAssistanceAmendment@dhs.nh.gov)

Dawn Landry  
Office of Medicaid Business and Policy  
NH Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301-3857

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 Ms. Landry:

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 16 non-profit Community Health Centers (CHCs) with 33 locations in New Hampshire. 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.<sup>1</sup> 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).<sup>2</sup> 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%.<sup>3</sup> 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.<sup>4</sup> Any amendment to the Section 1115 waiver should "increase and strengthen overall coverage of low-income individuals" in NH.<sup>5</sup>

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.<sup>6</sup> The stated purpose of the amendment is to help put recipients on the path to attaining financial stability and move out of

<sup>1</sup> 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.

<sup>2</sup> Annual income at 200% FPL for a household of three is \$40,840 <https://aspe.hhs.gov/poverty-guidelines>

<sup>3</sup> Health Resources and Services Administration, Uniform Data System, NH Rollup (2016).

<sup>4</sup> *Id.*

<sup>5</sup> *About Section 1115 Demonstrations*, <https://www.medicare.gov/medicaid/section-1115-demo/about-1115/index.html> (last visited Sept 26, 2017)

<sup>6</sup> 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.

poverty.<sup>7</sup> We agree that poverty facing those at and below 200% FPL is an important issue our state needs to address;<sup>8</sup> however, research shows most recipients subject to work requirements stayed poor and the employment increases were modest.<sup>9</sup> More importantly, the proposed work requirement does not further the objective of the Medicaid program as it may result in fewer people accessing critical health insurance coverage.

Today, low income adults covered under NHHPP have lower uninsured medical bills and access to more treatment for conditions like substance use disorder; and health care providers are seeing fewer uninsured patients.<sup>10</sup> As stated above, when people seek care for their untreated health conditions, their health improves. While the proposed amendment includes exemption criteria, the exemptions are too narrow to accommodate the reality of many of our low-income residents.<sup>11</sup> We are concerned that adding work requirements may thwart the critical gains our residents have made by having access to health care coverage under NHHPP if the patient is unable to meet one of the exemptions.

In addition, the implementation of the work requirement will be administratively burdensome for DHHS and could result in fewer people accessing Medicaid coverage. How will DHHS identify and track people whose disabilities or circumstances should exempt them? How will DHHS track the number of hours each recipient is working per week to determine compliance?<sup>12</sup> The staffing cuts to DHHS through the budget process are well known. Mistakes in determining eligibility could result in loss of coverage and administrative appeals. Self-attestation when applying for Medicaid should be sufficient and will minimize the burden on DHHS staff.

Also, research shows that most Medicaid recipients work in some capacity, and those potentially affected by work requirements are disproportionately from vulnerable populations and rural locations.<sup>13</sup> A work requirement could cause patients who are unable to work but are not included in the listed exceptions to lose their health coverage, exacerbating their chronic health conditions. For example, parents or caretakers of dependent children six years and older struggle to find affordable child care, especially in low-income families. The amendment does not include an exemption or exception for these caretakers. The approval of the draft amendment as written may result in parents losing access to critical health insurance coverage, health care, and ultimately, employment.

In closing, Bi-State appreciates the opportunity to submit comments on 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@hกรัฐepca.org](mailto:kstoddard@hกรัฐepca.org)

<sup>7</sup> Draft Section 1115 Demonstration Amendment, page 7

<sup>8</sup> See NH Fiscal Policy Institute, "New Hampshire Poverty Rate Continues to Decline, but Many Granite Staters still struggle with very limited income" September 14, 2017.

<sup>9</sup> 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

<sup>10</sup> <https://www.dhhs.nh.gov/ocom/documents/senate-finance-oms-05012017.pdf?page=23>

<sup>11</sup> See Kaiser Family Foundation, "Understanding the Intersection of Medicaid and Work, 3 (Feb. 2017).

<sup>12</sup> Draft Section 1115 Demonstration Amendment, page 7.

<sup>13</sup> UNH Carsey School of Public Policy, <http://scholars.unh.edu/csu/viewcontent.cgi?article=1310&context=carsey>. See also NHPPI, "Medicaid Expansion work requirements hinge on federal approval" September 5, 2017 showing higher enrollment in NHHPP north of the Lakes Region



Dawn Landry  
NH Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301-3857

October 3, 2017

Re: Section 1115 Demonstration Amendment: New Hampshire Health Protection Premium Assistance Program

Thank you for the opportunity to comment on New Hampshire's 1115 Demonstration Waiver Amendment. While we applaud the state for its success thus far in increasing access to health care coverage for low-income beneficiaries through the New Hampshire Health Protection program, we are concerned that the amendment to the 1115 demonstration to establish a Medicaid work requirement would create barriers to access for people with cystic fibrosis.

Cystic fibrosis (CF) is a life-threatening genetic disease that affects 209 people in New Hampshire and 30,000 children and adults in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications. Given the role that Medicaid plays in helping this patient population access the high-quality care and treatment they need to maintain or improve their health, we urge the state to ensure the needs of CF patients are met as the state makes changes to its Medicaid program.

Research shows that nearly 8 in 10 Medicaid adults are in working families and 59 percent are working themselves.<sup>1</sup> Medicaid is critical to helping employed individuals stay healthy and retain their employment status. Those with chronic conditions and significant health problems rely on Medicaid coverage to manage their disease and maintain their health for work.

For people who rely on Medicaid and are unable to work, we are concerned that this policy will jeopardize their access to vital health care. While many individuals living with CF are able to work full or part-time, others are not able to maintain employment based on their health or the amount of time they need to spend on their treatments. For instance, variations in health status due to pulmonary exacerbations, infections, and other events are common and can take someone out of the workforce temporarily or for longer periods of time. Furthermore, many patients bear a significant treatment burden, amounting to hours of chest physiotherapy, delivery of nebulized treatments, administration of intravenous antibiotics, and/or other activities required to maintain or improve their health, which can interfere with their ability to work.

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<sup>1</sup> Kaiser Family Foundation. *Medicaid and Work Requirements*. (Online) March 2017 Available: <http://kff.org/medicaid/issue-brief/medicaid-and-work-requirements/>

While we appreciate the state's decision to exempt from work requirements a person who is temporarily unable to fulfill the requirements due to illness—which reflects the important reality that health status can significantly affect an individual's ability to search for and sustain employment—we urge the state to provide specificity on this exemption. In particular, for the reasons outlined above, we ask the state to include cystic fibrosis as part of the definition of individuals who may be temporarily unable to work and automatically exempt them from the work requirement.

Finally, we urge the state to provide specificity on the timeline for exemption determination. Getting a disability determination is difficult and time-consuming, it typically takes about 90 days for a disability determination and applicants often need legal assistance to complete the process.<sup>2</sup> Clear rules around the application process, eligibility requirements, and timeframes will help ensure that eligible individuals are able to get an exemption.

The Cystic Fibrosis Foundation appreciates the opportunity to provide input on these important policy changes. As the health care landscape continues to evolve, we look forward to working with the state of New Hampshire to ensure access to high-quality, specialized CF care and improve the lives of all people with cystic fibrosis. Please consider us a resource moving forward.

Sincerely,

**Mary B. Dwight**  
Senior VP of Policy & Patient Assistance Programs  
Cystic Fibrosis Foundation

**Lisa Feng, DrPH**  
Senior Director of Access Policy & Innovation  
Cystic Fibrosis Foundation

**Margaret F. Guill, M.D.**  
Director, Pediatric Cystic Fibrosis Program  
Dartmouth-Hitchcock Medical Center  
Lebanon, NH

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<sup>2</sup> Health Affairs. *Medicaid Work Requirements: Who's at Risk?* (Online). April 2017. Available: <http://healthaffairs.org/blog/2017/04/12/medicaid-work-requirements-whos-at-risk/>

**NEW HAMPSHIRE  
MEDICAL CARE ADVISORY COMMITTEE**  
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*Redevelopment Authority*

*Kristine Stoddard*  
*Bi-State Primary Care Association*

*Carolyn Virtue*  
*Granite Case Management*

*Michelle Winchester*

September 28, 2017

**Jeffrey Meyers**  
Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord NH 03301

Dear Commissioner Meyers:

I am writing to you as the Chair of the Medical Care Advisory Committee (MCAC) to share our thoughts on Draft Section 1115 Demonstration Amendment, New Hampshire Health Protection Program Premium Assistance, Project #11-W-00298/1 seeking approval from the Centers For Medicare and Medicaid Services (CMS) of a work requirement for the New Hampshire Health Protection population, as a condition of eligibility for the program.

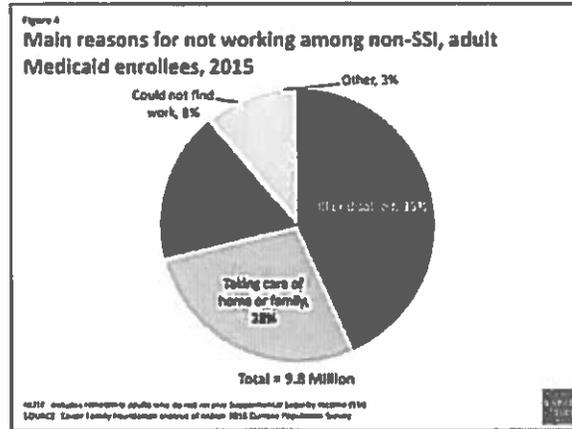
The MCAC is a public advisory group established in accordance with 42 CFR § 431.12 to advise the State Medicaid Director regarding New Hampshire Medicaid policy and planning. Our members come with extensive health policy and lived experience and are committed to making Medicaid work for low income, categorically eligible, at risk individuals and the State of New Hampshire.

This amendment may not have the intended outcomes of increasing employment among the expansion population for a number of reasons. High employment among NHHPP enrollees, exemption criteria for participation, and administrative costs threaten the success of this amendment. We have outlined below how these 3 factors impact a work requirement and show that a one-size fits all approach to this work requirement will be costly and not dramatically increase employment. State resources could be better applied to the stated aim of this amendment which is to increase employment. For example, child care, transportation are significant barriers to work that state resources would be better utilized to address.

These 3 factors that will need to be addressed in this amendment:

**Majority of Medicaid Expansion Enrollees are employed:** Employment rates among NHHPP enrollees is high with 60% working and 74% members of working families. (<http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>) Because a large majority is working, the amendment should be written to minimize bureaucratic burdens on both enrollees and DHHS staff for these individuals who are working. Initial self-attestation to work status at enrollment is sufficient to determine employment status and minimize administrative burden. Those that are unemployed at that time and do not meet exemption criteria should be offered a suite of services to increase the likelihood of becoming employed. Because churn is high among NHHPP enrollees, ongoing attestation and monitoring of employment status is unnecessary.

**Many who are not working would meet exemption criteria:** We agree that exemption criteria are appropriate *if* a work requirement is implemented. Sixty-three percent of adult Medicaid enrollees are unemployed because either they are sick or they are caring for another family member. Eighteen percent are pursuing education to gain skills that would make them more competitive in the job market.



The Department should focus their efforts on the percentage who are unsuccessfully looking for work. Again, self-attestation to exemption criteria at enrollment is sufficient to identify the most appropriate individuals in need of assistance in finding employment.

**Administrative costs:** Resources to administer this program for the entire expansion population will pull funds from other programs within the department and threaten budget neutrality. The Department will need to fully explain the budget and health implications of implementing the work requirement. The amendment must discuss the costs of running the program, the expected increase in employment as a result of the program and detail all potential harm that may come from this requirement in terms of financial and health costs.

Thank you for the opportunity to express our thoughts regarding this work requirement proposal. The MCAC would welcome the opportunity to discuss this matter further with you.

Sincerely,

P. Travis Harker MD, MPH  
Chair, Medical Care Advisory Committee



American Cancer Society  
Cancer Action Network  
2 Commerce Drive  
Suite 110  
Bedford, NH 03110  
603.471.4115  
[www.acscan.org/nh](http://www.acscan.org/nh)

September 29, 2017

Dawn Landry  
Department of Health and Human Services  
Office of Medicaid Business and Policy  
129 Pleasant Street  
Brown Building  
Concord, NH 03301

**Re: New Hampshire Health Protection Program Section 1115 Demonstration Amendment**

Dear Ms. Landry:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on New Hampshire's 1115 demonstration waiver amendment application. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN supports New Hampshire's decision to maintain comprehensive health care coverage for thousands of low-income state residents through the New Hampshire Health Protection Program (NHHPP). Over 8,600 residents of New Hampshire are expected to be diagnosed with cancer this year<sup>1</sup> – many of whom rely on NHHPP for their health care coverage. ACS CAN wants to ensure that low-income cancer patients and survivors in New Hampshire have adequate access and coverage under the NHHPP, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer during their lifetime. We are concerned about the waiver's proposed work requirement as a condition of eligibility for NHHPP enrollees. Enforcement of a work requirement could adversely impact the most vulnerable New Hampshire residents enrolled in the program, particularly low-income cancer patients and survivors.

The requirement that all able-bodied NHHPP enrollees be engaged in 20 to 30 hours of work, education, and job training as a condition of eligibility would severely limit eligibility and access

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<sup>1</sup> American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta, GA: American Cancer Society; 2017.

to care for low-income New Hampshire residents managing complex chronic conditions, including cancer patients, recent survivors, and those women diagnosed with cancer through the state's *Let No Woman Be Overlooked* program. Unfortunately, it may not be possible for some cancer patients to meet these requirements. Cancer patients in active treatment are often unable to work for periods of time or require significant work modifications due to the side effects commonly associated with treatment.<sup>2,3,4</sup> If this requirement is included as a condition of eligibility for coverage, some cancer patients could be ineligible for the lifesaving cancer treatment services provided through NHHPP.

The proposal's graduated hours of employment, based on the length of an enrollee's enrollment in NHHPP, disregards the complex nature of many chronic conditions and the toll these diseases have on individuals, such as cancer patients and survivors. Increasing the number of hours that an individual must be engaged in work, education, and/or training based on the cumulative length of their eligibility is arbitrary and will likely result in the most vulnerable NHHPP enrollees facing coverage disruptions that could adversely impact their management of complex conditions, like cancer.

We appreciate the State's acknowledgement that not all eligible individuals are able to work and have laid out exemptions from the work requirement. Unfortunately, we are concerned that cancer patients and, particularly, recent survivors may not explicitly fit in the state's exemption categories. We urge the state to utilize the federal medically frail designation (42 CFR §440.315(f)), which would more clearly define the serious and complex medical conditions that would allow an individual to be exempt from this requirement. Further, we ask that New Hampshire include in its definition of medically frail or alternative exemption criteria those individuals who are currently undergoing active cancer treatment –including chemotherapy, radiation, immunotherapy, and/or related surgical procedures – as well as new cancer survivors who may need additional time following treatment to transition back into the workplace.

### Conclusion

We appreciate the opportunity to provide comments on the NHHPP draft waiver amendment. The preservation of eligibility and coverage through NHHPP remains critically important for many low-income New Hampshire residents who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. As the Department of Health

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<sup>2</sup> Whitney RL, Bell JF, Reed SC, Lash R, Bold RJ, Kim KK, et al. Predictors of financial difficulties and work modifications among cancer survivors in the United States. *J Cancer Surviv.* 2016; 10:241. doi: 10.1007/s11764-015-0470-y.

<sup>3</sup> de Boer AG, Taskila T, Tamminga SJ, et al. Interventions to enhance return to work for cancer patients. *Cochrane Database Syst Rev.* 2011; 16(2): CD007569. doi: 10.1002/14651858.CD007569.pub2.

<sup>4</sup> Sterglou-Kita M, Pritlove C, van Eerd D, Hoiness LD, Kirsh B, Duncan A, Jones J. The provision of workplace accommodations following cancer: survivor, provider, and employer perspectives. *J Cancer Surviv.* 2016; 10:480. doi: 10.1007/s11764-015-0492-5.

and Human Services considers its final waiver application, we ask that you weigh the impact this proposed policy change could have on NHHPP enrollees access to lifesaving health care coverage, particularly those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the New Hampshire Department of Health and Human Services to ensure that all Americans are positioned to win the fight against cancer. If you have any questions, please feel free to contact me at [mike.rollo@cancer.org](mailto:mike.rollo@cancer.org) or 603.471.4115.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Rollo", with a long horizontal flourish extending to the right.

Mike Rollo  
Government Relations Director, New Hampshire  
American Cancer Society Cancer Action Network



**NEW HAMPSHIRE LEGAL ASSISTANCE**  
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September 29, 2017

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Dawn Landry  
New Hampshire Department of Health and Human Services (NIIDHHS)  
129 Pleasant Street – Thayer Building  
Concord, NH 03301

RE: Draft Section 1115 Demonstration Amendment  
New Hampshire Health Protection Program  
Premium Assistance (NHHPP) Project #11-W-00298/1

Dear Ms. Landry:

We write on behalf of New Hampshire Legal Assistance (NHLA) to convey NHLA's opposition to Draft Section 1115 Demonstration Amendment (Amendment), New Hampshire Health Protection Program Premium Assistance Project #11-W-00298/1 seeking approval from the Centers For Medicare and Medicaid Services (CMS) of a work requirement for the New Hampshire Health Protection population, as a condition of eligibility for the program.<sup>1</sup>

NHLA is a non-profit law firm. We represent low-income and elderly clients in civil cases impacting their basic needs, including healthcare. Our concerns are detailed in the following testimony, but in short, approval of the work requirement is impermissible under federal law. Medicaid Section 1115 demonstration projects may only be approved if they promote the objectives of the Medicaid program. The objective of the Medicaid program is to provide healthcare services. In addition, the proposed Amendment is unnecessary as the majority of NHHPP adults who are not disabled are already working. Consequently, the administrative burden and expense of administering and verifying the work requirement will likely outweigh any financial gain caused by additional NHHPP adults finding work or savings from reduced enrollment. It is likely that otherwise eligible adults will lose health care due to difficulties with the work verification process. Finally, there is little empirical data that work requirements in other public benefit programs increase long term work participation or reduce poverty.

1. **This Amendment goes farther than the previous amendment and fails to recognize that most Medicaid enrollees already work.**

Making Medicaid eligibility contingent on work fails to address the barriers to work that exist, such as access to and cost of childcare and transportation. The Amendment goes farther than the previous amendment by applying the work requirement to parents with school-aged children and removing community service as a qualifying activity. In addition, qualifying activities to meet the required hours fail to include higher education and community service. The way in which hours will be counted fails to address the fluctuation inherent in low-wage

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<sup>1</sup>NHLA submits these comments without prejudice to the right of our law firm and/or our current or future clients to make any claims in any current or future litigation. Absence of comment regarding any proposed changes set forth Draft Section 1115 Demonstration Amendment, New Hampshire Health Protection Program Premium Assistance Project #11-W-00298/1 should not be construed as support for those proposed changes nor agreement that they are lawful.

jobs, such as seasonal work, varying hours, insufficient hours, and short notice of shifts. Finally, the amendment provides no phase-in or flexibility with calculating hours over the course of the month or year.

The Amendment is unnecessary as New Hampshire has one of the lowest unemployment rates in the nation and the majority of NHHPP adult enrollees who are not disabled or elderly are already working. Currently, receipt of medical assistance under NHHPP requires the recipient to contact NH Employment Security for the purpose of finding employment and filing for unemployment.

An issue brief by the Kaiser Foundation shows that, without a work requirement in place, in New Hampshire 60% of healthy (not on federal disability programs) and non-elderly adults are working and that 74% are in working families<sup>2</sup>. Even when excluding SSI, most Medicaid adults not working report major impediments to work such as illness/disability, going to school, and taking care of family<sup>3</sup>.

Good health is a pre-condition to work. Without access to medical care, untreated medical conditions, chronic pain, and dental needs are additional barriers to work. One study of adults on Medicaid reported that having that coverage made it easier to look for employment, continue working, pay their rent/mortgage, and buy food. Those with medical debt fell by nearly half since enrollment in Medicaid.<sup>4</sup>

**2. The expenses and burden of imposing work requirements for NHHPP enrollees will outweigh any benefits to reduce poverty and increase employment.**

The Amendment, if approved, will undoubtedly lead to added NHDHHS expenses to administer the NHHPP and cause improper termination of health insurance for NHHPP enrollees with little empirical evidence that the work rules will increase long term employment rates or reduce poverty. As of August 2017, over 51,000 individuals received NHHPP coverage. The Amendment will require employed NHHPP enrollees to document in some fashion that they are working the required hours. NHHPP enrollees are also in the program because they are unable to work due to disability but still waiting for a decision in their Social Security disability case. It will now be necessary for those individuals to document that they are unable to work. This will be an added expense and burden to NHDHHS and to enrollees and their health care providers.

The state will have to pay for at least 50% of the administrative costs to make these changes, train staff, and absorb the costs of decreased productivity. In addition to costs to the state, it is important to recognize the potential costs to the health care system. For example, when people lose coverage, emergency department use goes up. NH hospitals report ED visits among the uninsured have gone down 28% since NHHPP began<sup>5</sup>.

There are already work requirements for the TANF and Food Stamp programs. The work rules and verification requirements for these programs are different. NHDHHS has developed a customer service office and systems for beneficiaries to provide verification. Many beneficiaries have limited contact with local NHDHHS offices. NHLA clients report to us:

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<sup>2</sup> <http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>

<sup>3</sup> <http://www.kff.org/medicaid/issue-brief/medicaid-and-work-requirements/>

<sup>4</sup> <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>

<sup>5</sup> [https://nhhs.org/images/NHHPP\\_economic\\_impact\\_document\\_october\\_2015\\_final.pdf](https://nhhs.org/images/NHHPP_economic_impact_document_october_2015_final.pdf)

- difficulty understanding the NHDHHS notices because the verification requirements are often not clear;
- losing benefits because documents scanned were not timely or properly put into their electronic case file; and
- not understanding what verification is needed even after talking to someone at the customer service office.

The Center on Budget and Policy Priorities has reviewed work rules in the TANF program and concluded that not only could work requirements be costly and burdensome for states, but that there were only modest long-term gains in employment. The share of families living in deep poverty (below half the poverty line) rose in programs that imposed work requirements because of the loss of cash benefits.<sup>6</sup>

**3. The Section 1115 Demonstration Amendment is contrary to the purposes of Medicaid.**

Section 1115 Demonstration Amendments are supposed to test an experimental concept to improve health care. A mandatory work rule is not medical care, especially if the implementation of the work rules causes individuals to lose health insurance. Under 42 U.S.C. § 1315(a), demonstration projects may be approved if they promote the objectives of the Medicaid program. The objective of the Medicaid program is to provide healthcare services. As you know in November 2016, CMS rejected an earlier New Hampshire Section 1115 Demonstration Amendment with work requirements stating:

*"CMS reviews section 1115 demonstration applications and amendments to determine whether they are likely to further the objectives of the Medicaid program, including strengthening coverage or health outcomes for low-income individuals in the state or increasing access to providers. After reviewing NH's amendment require to determine whether it meets these standards, CMS is unable to approve the request which could undermine access, efficiency, and quality of care provided to Medicaid beneficiaries and do not support the objectives of the Medicaid program."*

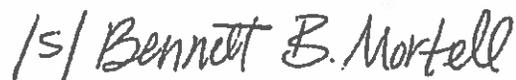
To date, Congress has failed to amend federal law to allow for work requirements under the Medicaid Act. Given the limits of Section 1115 Waivers there are serious legal questions as to whether CMS has authority to allow New Hampshire to impose work requirements.

Thank you for the opportunity to comment on the proposed Draft Section 1115 Demonstration Amendment. Please contact us at the numbers below if you have any questions.

Sincerely,



Dawn McKinley  
Policy Director  
206-2228



Bennett B. Mortell, Esq.  
Public Benefit Project Director  
206-2239

<sup>6</sup> <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>

September 29, 2017

Jeffrey Meyers  
Commissioner  
Department of Health and Human Services  
129 Pleasant Street  
Concord NH 03301

Via Email Only: [NHPremiumAssistanceAmendment@dhhs.nh.gov](mailto:NHPremiumAssistanceAmendment@dhhs.nh.gov)

Re: Draft Section 1115 Demonstration Amendment, New Hampshire Health Protection Program

Dear Commissioner Meyers:

New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents. New Futures envisions State and local communities where public policies support timely access to quality and affordable healthcare for all Granite Staters. With that mission in mind, we offer the following comments:

#### Administrative Costs and Burden

The work requirement outlined in the 1115 Demonstration Amendment proposed on August 20, 2017 is not similar to any work requirement that the Department of Health and Human Services (DHHS) is currently administering (ie. TANF). Therefore, the work requirement for the New Hampshire Health Protection Program (NHHPP) will pose a new administrative burden on DHHS, the cost of which was not appropriated in HB 517. This graduated work requirement (starting at 20 hours per week upon application and increasing over time to a 30 hour per week requirement upon receiving benefits for 24 months) adds to the administrative complexity. Kentucky recently amended its Medicaid work requirement proposal from a graduated work requirement to a flat work requirement due to the complexity of the administrative burden caused by a graduated work requirement.

New Futures questions whether DHHS has calculated the cost and assessed the burden of administering the proposed graduated work requirement for the NHHPP, and provided such estimates to the legislature. If so, such information should be made public. New Futures also questions whether DHHS has articulated a strategy to offset this cost to achieve the required budget neutrality for an 1115 waiver.

To ease this administrative burden, New Futures suggests that DHHS use a self-attestation approach to assess work status at the time of enrollment and during reauthorization periods.

#### Work Requirements Alone Do Not Effectively Increase Employment

Work requirements alone will not result in the intended outcome of increasing employment among NHHPP recipients. First, only a very small percentage of individuals in the NHHPP will be affected by this requirement, since most are either already working or meet the criteria for one of the exemptions. Second, the work requirement does nothing to address the barriers that keep many out of the workforce.

About seventy percent of the individuals in the Medicaid expansion programs across the country are either working, enrolled in school, caring for a child under 6, or retired. Of the remaining thirty percent, twenty percent worked some, and about three percent were actively looking for a job. Only about seven percent were not actively looking for a job, in school, or caring for a child under 6. (<https://carsey.unh.edu/publication/3-in-10-medicaid>). In 2015, of those who were not working, thirty-five percent were disabled, twenty-eight percent were taking care of family, eighteen percent were going to school, eight percent were retired, eight percent could not find work, and three percent provided another reason for not working. (<http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>). Since the work requirement would only affect a very small number individuals, it will have very little impact on raising the employment status of people receiving NHHPP benefits.

These facts prompt New Futures to ask, has DHHS done an assessment to ascertain exactly how many people on the NHHPP currently meet the proposed work requirement? If so, how many individuals currently meet the proposed work requirement? Has DHHS done an assessment to ascertain exactly how many people on the NHHPP currently meet the criteria for one of the exemptions of the proposed work requirement? If so, how many individuals currently meet criteria for one of the exemptions?

Many low-income individuals have difficulty obtaining and maintaining employment because of significant barriers. These barriers include: having a behavioral health condition, limited education and skills, a criminal justice background, and/or a lack of access to childcare and transportation. (<https://www.cbpp.org/research/health/medicaid-work-requirement-would-limit-health-care-access-without-significantly>). Without supports in place for individuals to overcome these barriers, simply having a work requirement will do no more than limit healthcare to some of the most vulnerable residents of our state.

Since the stated intent of this 1115 Demonstration Amendment is to “promote work opportunities” for the NHHPP population, it is imperative that barriers to employment be addressed. New Futures suggests that barriers be addressed either through providing supports for individuals to overcome the barriers or by allowing exceptions of the work requirement for those who have barriers that make obtaining and maintaining employment difficult.

Sincerely,



Holly A. Stevens, Esq.  
Health Policy Coordinator

**Reagan, Lorene**

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**From:** EILEEN FLOCKHART <hartflock@comcast.net>  
**Sent:** Friday, September 29, 2017 10:51 AM  
**To:** DHHS: NH Premium Assistance Amendment  
**Subject:** citizen of Exeter comment

I write in opposition to this work requirement amendment.

As a former teacher, State representative and now board member of our local community assistance center and food pantry, I see this amendment as counter productive and ill advised.

We see clients daily that are working hard to maintain their lives and families. When they come to our center we see a genuine eagerness to find work and get away from assistance they are often embarrassed to receive. When they find that work they often return to us to share the good news. These are responsible adults able to make decisions not children who need punitive guidelines before receiving help.

Please respect their intelligence and our efforts in helping them to succeed and defeat this amendment.

thank you

former State Rep. Eileen Flockhart

**Reagan, Lorene**

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**From:** Nancy Rockwell <nanrockwell@comcast.net>  
**Sent:** Friday, September 29, 2017 10:31 AM  
**To:** DHHS: NH Premium Assistance Amendment  
**Subject:** Comment on Proposed Work Rule for Medicaid

This idea, of imposing a work rule on Medicaid recipients is mean-spirited enough to be called evil. The constant drum-beat of suspicion of the poor is a view of poverty without any compassion, and a view of humanity that is disdainful.

It has always been true that the variation in human includes many who simply are not fit to work - because of visible disability, because of mental illness, severe ADD, biologically based depression, addiction, a lack of attention to details that drives employers crazy but is intrinsic to some people, chronic illnesses like asthma, emphysema, and severe pain, and because of a borderline IQ which makes every day difficult.

Instead of having heartfelt gratitude if you are not among the many who cannot work, too many indulge in angry suspicion that the poor are really bad people. The bad-seed theory, this used to be called.

As a Pastor in New Hampshire, I know that none of this is Christian. In the Bible, the rich are the problem the poor are struggling with. Not the other way around. In the Bible, Jesus especially asks us to be generous to the poor and the vulnerable.

I don't find it pleasant to deal with addicts who try to lie their way into some money from me, but I do know they are in misery, and their human need outweighs my desire for better behavior.

We have an opioid crisis in NH, and it affects the families of addicts, too.

And we have families with many children and hardly any income, people too old to find work again, and too young for Medicare, immigrants whose papers may not exist but whose illnesses are real.

Don't restrict this compassionate action - don't let human need go unmet.

Don't pass the work restriction.

Rev. Nancy Rockwell

Newington Town Church, U.C.C.



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**Reagan, Lorene**

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**From:** jane oldfield-spearman <janeellen.os@gmail.com>  
**Sent:** Friday, September 29, 2017 1:29 PM  
**To:** DHHS: NH Premium Assistance Amendment  
**Subject:** Work requirement for Medicaid recipients is a bad idea

**To whom it may concern:**

I am very alarmed at the proposal to require medicaid recipients to engage in at least 20 hours of employment or training activities in order to receive their health care coverage. This is a punitive measure that would effectively knock more poor and disabled people out of the medicaid pool. The whole reason they are eligible for medicaid is because they usually have a profound disability and are sadly lacking in financial resources. Demanding that they show proof of employment adds another hurdle for these folks and is morally wrong. It is also going to lead to more people who are struggling with the opioid crisis to be blocked from receiving the treatment they need and will cause terrible suffering and crime in our communities.

Jane Oldfield-Spearman  
35 Pine Street  
Exeter, NH 03833

**Reagan, Lorene**

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**From:** Kelly Warner <kellwarner@gmail.com>  
**Sent:** Thursday, September 21, 2017 8:35 PM  
**To:** DHHS: NH Premium Assistance Amendment  
**Subject:** public comment

Good evening Ms. Landry,

I recently learned about the New Hampshire legislature's plan to ask the federal government for a waiver to require citizens who request access to expanded Medicare to provide proof of employment or a physician's note to certify that they are medically unable to work. To me, that does not make sense. As a high school teacher, I have had contact with many students who struggle with mental health issues or other health issues, and I can only imagine that there are many people in our state who are around the poverty line and are having trouble finding employment because they cannot afford health care to help them cope with their health issues. It makes more sense to allow such people access to health care so that they can get their health under control and then seek out employment. Once they do this, many of them will probably end up on their employer's insurance or earn enough to qualify for ACA coverage soon anyway. Preventing them from accessing health care in the meantime would make it harder for them to move away from needing social services provided by the state, perhaps costing taxpayers more money in the long run. I work in Maine, a state that has not expanded Medicare. New Hampshire has made the wise decision to do so, and I urge the legislature to continue to do what makes sense for our citizens, and not move forward with this waiver request.

Sincerely,

Kelly Warner  
Exeter, NH

**Reagan, Lorene**

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**From:** Cindy Rosenwald <cindy.rosenwald@gmail.com>  
**Sent:** Thursday, September 07, 2017 3:27 PM  
**To:** DHHS: NH Premium Assistance Amendment  
**Subject:** Medicaid Expansion Work Requirement waiver  
**Attachments:** hb517-nhhyp-work-regs-2017.pdf; ATT00001.txt

Dear Commissioner Meyers:

Thank you for the opportunity to offer comment on the proposed amendment to New Hampshire's 1115 waiver to implement a work requirement for the Medicaid Expansion program.

I have a general concern that implementing a work requirement on this population, which has higher-than-average mental health and substance abuse disorder diagnoses, will not further Medicaid's goal of improving health outcomes. Requiring work in a population that has medical problems severe enough to limit ability to hold a job will lead directly to dis-enrollment. Dis-enrollment from the NH Health protection Program will prohibit the access to care that can improve the individual's health and work-readiness, the goals of the program. The program's effectiveness in improving health and ability to work is strongly suggested by the fact that being over income accounts for more than half the enrollees losing eligibility.

I also have a specific concern with the proposed elements of the work requirement under discussion to the extent they are stricter than the work requirements of the Temporary Assistance to Needy Families program (which only requires 50% of recipients to meet). In limiting the exemption from the requirement to parents or caretakers of children under six, I worry that either young children will be left unsupervised during summer break from school, or the parents will be dis-enrolled from the program because they are working and do not have access to affordable childcare.

The New Hampshire Health Protection Program has been highly effective in providing access to health care for 50,000 low income residents, many of whom have a mental health or substance abuse disorder. In the midst of a significant opioid crisis, we should be very leery of making changes to the program that could jeopardize its continued effectiveness.

Sincerely,  
Rep. Cindy Rosenwald  
Hillsborough District 30

**Reagan, Lorene**

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**From:** Joe Kilcullen <jkilccdc@yahoo.com>  
**Sent:** Tuesday, September 05, 2017 4:14 PM  
**To:** DHHS: NH Premium Assistance Amendment  
**Subject:** Work

Another ill advised bill by ignorant, self righteous politicians. It is not a good idea to ask persons in early stages of recovery to work when they are recovering from a debilitating disease.

The motivation to work is often there early on in recovery, but the clients are not work ready. They would be better off putting there energy into recovery activities; meetings, etc.

Most of the jobs they qualify for are low paying service jobs in environments that are not drug free. Most relapses occur because a fellow employee is actively using and offers drugs to the person in recovery.

After the first 3 months of recovery it should be enough that the person is actively seeking employment. Most are.

Joe Kilcullen, MLADC