

**From:** Mario Azzi  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Comments on MDHHS's Amended Section 1115 Demonstration Application for the Healthy Michigan Plan  
**Date:** Wednesday, July 18, 2018 4:41:05 PM  
**Attachments:** [Comments on MDHHS's Amended Section 1115 Demonstration Application by Mario Azzi.pdf](#)

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In response to the Department's request for public comment on the amendment to the Healthy Michigan Plan §1115 Demonstration Waiver Extension Request, I would like to submit the attached comments and observations. Thank you for your consideration.

**Comments on MDHHS's Amended Section 1115 Demonstration Application  
For the Healthy Michigan Plan (as Amended July 9, 2018)**

In response to the Department's request for public comment on the amendment to the Healthy Michigan Plan §1115 Demonstration Waiver Extension Request, I would like to submit the following comments and observations:

- Current evaluation results suggest that the efficacy with which the amendment's changes to HMP achieve the Department's aims will be impossible to adequately test due to overlapping outcomes with the current impact of the program. In Section II, Part A, the Department states, "it is believed that the changes [to HMP] will more effectively encourage beneficiaries to engage in healthy behaviors and increase awareness of personal responsibility."

However, in Section VI, part D, the Department references the 2016 Healthy Michigan Voices Enrollee Survey, the findings of which are used to conclude that HMP, in its current form, has reduced the incidence of uncompensated care and improved the ability of enrollees to work and seek jobs. The Department also notes that chronic health conditions (some of which would presumably prevent potential beneficiaries from working) are common among enrollees and that many of these conditions were undiagnosed prior to those individuals receiving HMP coverage.

It seems likely that the proposed amendments to HMP would, at best, muddy the waters in regards to which outcomes are resulting as a result of workforce engagement and cost sharing, and which are simply consistent with what has already been achieved by the current iteration of HMP.

- In Section II, part B, one of the Department's listed goals for the Healthy Michigan Plan (HMP) demonstration is to "increase access to quality health care." This seems to be inconsistent with the Department's projection in Section V, where the Department predicts that annual HMP enrollment will decrease by an unknown number of beneficiaries, presumably due to the amendments made to the demonstration. Given the Department's stated objective of increasing access to health care, the lack of a detailed analysis of the amended demonstration's impact on program enrollment appears to constitute a serious oversight.
- In Section II, part B, the final evaluation bullet point states:

"The extent to which workforce engagement requirements impact beneficiaries who transition from Medicaid obtain employer sponsored or other health insurance coverage, and how such transitions affect health and well-being."

The above text is grammatically inconsistent, resulting in possible confusion as to what the Department intends to evaluate. This may be due to an omission or typographical error. In Section VI, part A, the text of the ninth (*sic*) listed evaluation domain contains the same error.

- While the Department contemplates an updated evaluation design that incorporates the changes made in the amended waiver extension request, no methodology is included in the amendment or any of its attachments. Furthermore, the only item specifically detailed for evaluation by the Department is the impact of increased cost sharing on utilization of HMP. The Department makes no mention of evaluation methods and criteria for the new workforce engagement requirements. The amendment and its attachments provide no basis for projection or evaluation of implementation costs. Ultimately, the entire amendment seems to fail to provide any form of hypothesis as to the impact of its additions to HMP, much less any method by which such hypotheses could be practically tested. This runs contrary to the purpose of Section 1115 demonstrations.

In conclusion, I believe that the Department's haste to comply with the requirements of Public Act 208 and meet the deadline imposed by the end-of-year expiration date on the current HMP waiver has left the amendments made to the waiver extension request lacking the thorough and detailed analysis needed for reasoned approval by the Centers for Medicare and Medicaid Services.

Comments submitted July 18, 2018

By: Mario Azzi  
Public Benefits Law Attorney  
Center for Civil Justice

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Tuesday, July 17, 2018 8:11:36 AM

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Hello,

My name is [REDACTED] and I write as a consumer. I support Medicaid because it is a critical program in our state that has helped cover hundreds of thousands of individuals in need of care that cannot afford it. Medicaid has saved lives and created new jobs, and it is imperative that we protect this program. I oppose Medicaid work requirements because they inevitably lead to coverage losses and will do nothing to help the people of Michigan connect to good-paying, quality jobs. People who can work are already working. And at the end of the day, Medicaid is not a jobs program. It's a healthcare program.

Thank you,

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[REDACTED]

**From:** Hannah Green  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Health Groups Letter to Director Lyon Re: Demonstration Extension Application Amendment  
**Date:** Monday, July 16, 2018 5:16:51 PM  
**Attachments:** [Health Groups Letter to MI Director Lyon 7.16.18 \(FINAL\).pdf](#)

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Hello,

Attached please find a letter from 13 organizations to Director Lyon regarding the public notice and comment requirements for Section 1115 waivers.

Thanks,

**Hannah Green**

National Director | Health Policy

**American Lung Association**

1331 Pennsylvania Avenue NW, Suite 1425 | Washington, DC 20004

O: 202-715-3448

Lung HelpLine: 1-800-LUNGUSA

[Lung.org](#) | [Hannah.Green@Lung.org](mailto:Hannah.Green@Lung.org)





July 16, 2018

Nick Lyon  
Director  
Michigan Department of Health and Human Services (MDHHS)  
333 S. Grant Avenue  
Lansing, MI 48913

Dear Director Lyon:

Our organizations write to ask you to revise and reopen the public comment period for 30 days for the Section 1115 Demonstration Extension Application for the Healthy Michigan Plan (HMP) released on July 9, 2018, as it fails to meet federal public notice and comment requirements for Section 1115 waivers.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country and in Michigan. Our organizations have a unique perspective on what individuals need to prevent disease, cure illness and manage serious and chronic health conditions. The diversity of our groups and of those we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves.

The federal rules at 431.408 pertaining to state public comment process require at (a)(1)(i)(C) that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this section of the regulations is to allow the public to comment on a Section 1115 proposal with adequate information to assess its impact. However, on pages 14-15 of this demonstration proposal, the Department reuses budget neutrality estimates from an earlier proposal that are no longer relevant and states that "MDHHS expects

annual HMP enrollment to decrease but the total number of beneficiaries who will be impacted is unknown at this time.” However, in order to meet these transparency requirements, Michigan must include these projections and their impact on budget neutrality provisions.

Again, we request that you revise the waiver and include this information so that the public has an opportunity to comment on this important issue with adequate information.

Sincerely,

American Cancer Society Cancer Action Network  
American Diabetes Association  
American Heart Association  
American Lung Association  
Chronic Disease Coalition  
Epilepsy Foundation in Michigan  
Hemophilia Federation of America  
Hemophilia Foundation of Michigan  
Leukemia and Lymphoma Society  
Lutheran Services in America  
National Multiple Sclerosis Society  
National Organization for Rare Disorders  
March of Dimes

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, July 12, 2018 3:32:37 PM

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Dear MDHHS:

- Healthy Michigan Plan work requirements are unnecessary and contrary to the purposes of a health insurance program.
- Research has repeatedly demonstrated that most people that have Medicaid and can work, already do work.
- Research has also shown that the 5% premium charged to these low-income HMP recipients will not contribute to funding this program. In fact, the cost of monitoring these work requirements will cost the State hundreds of thousands of dollars and we all know that the MDHHS computer systems are not set up to capture this information.
- These work requirements were already found to be illegal by the court because they do not promote health. People need health insurance to be healthy and if they are healthy, then they can work.
- The legislators that introduced the legislation to submit this ridiculous waiver seem to think that if people have a job, their employer will pay for their health insurance. That is so not true.
- The reality is that when our successful HMP program fails, thousands of Michiganders will not have health coverage again.

[REDACTED]



**From:** [Prokop, Jackie \(DHHS\)](#)  
**To:** [Diebolt, Pamela J. \(DHHS\)](#); [Green, Kellie \(DHHS\)](#); [Boyce, Craig \(DHHS\)](#); [LaPres, Marie \(DHHS\)](#)  
**Subject:** FW: Medicaid Waiver Ideas  
**Date:** Monday, July 30, 2018 2:05:30 PM  
**Attachments:** [Medicaid Waiver Comments \(1\) \(1\) \(1\).docx](#)  
[ATT00001.htm](#)

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More comments.

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**From:** Stiffler, Kathleen A. (DHHS)  
**Sent:** Monday, July 30, 2018 2:00 PM  
**To:** Emerson, Erin (DHHS) <EmersonE@michigan.gov>; Prokop, Jackie (DHHS) <prokopj@michigan.gov>  
**Cc:** Larner, Trena (DHHS) <larnert@michigan.gov>  
**Subject:** Fwd: Medicaid Waiver Ideas

Please decide how best to handle this and follow up with Allan with a cc to me. Thanks!

K.

Sent from my iPad

Begin forwarded message:

**From:** "Wachendorfer, Allan" <[awachendorfer.naswmi@socialworkers.org](mailto:awachendorfer.naswmi@socialworkers.org)>  
**Date:** July 30, 2018 at 12:31:33 PM CDT  
**To:** "[StifflerK@michigan.gov](mailto:StifflerK@michigan.gov)" <[StifflerK@michigan.gov](mailto:StifflerK@michigan.gov)>  
**Cc:** david berns <[dberns46@gmail.com](mailto:dberns46@gmail.com)>, "Thome, Maxine" <[mthome.naswmi@socialworkers.org](mailto:mthome.naswmi@socialworkers.org)>  
**Subject: Medicaid Waiver Ideas**

Director Stiffler,

I want to bring to your attention and offer the input of one of our members that I think you will find quite helpful in submitting a request for waiver regarding work requirements for Medicaid. Please NOTE: we are not intending to try and convince you that work requirements are a bad idea – which they are – but rather offer an opportunity to make the program into something quite beneficial for beneficiaries in Michigan while also drawing down Federal dollars to pay for it.

Mr. Berns, cc'ed, was a former county services director and then child welfare director here in Michigan. After retiring, he moved on to Colorado implementing welfare-to-work programs on the county level, then Arizona at the state level. Most recently, he was running the DC HHS office implementing the Affordable Care Act. His 44 years of background in this arena gives him an "insider" perspective that I urge you to consider.

Mr. Berns will be attending the public hearing tomorrow in Lansing and I will attend

Wednesday in Detroit. We will both try and make contact with you or your staff there for further discussion. His comments are attached for your review.

Allan Wachendorfer, LMSW-Macro  
Director of Public Policy  
National Association of Social Workers – Michigan Chapter  
517-487-1548 ex. 11  
[www.nasw-michigan.org](http://www.nasw-michigan.org)

## MICHIGAN MEDICAID WAIVER: COMMENT ON DEMONSTRATION EXTENSION APPLICATION AMENDMENT

My name is David Berns, LCSW. I am currently retired but worked in Human Services for about 44 years. In my career, I determined eligibility for various programs such as Medicaid, provided supportive services for families, served as a County Social Services Director in Marquette County for 11 years, and was Director of the Office of Children's Services in the Michigan Family Independence Agency. I retired from the State of Michigan and worked in various other states including Colorado, Arizona and Washington DC. In those positions I administered various programs including Medicaid eligibility. I served as the Director of the Arizona Department of Economic Security with a staff of over 10,000 employees and a multibillion dollar budget. In Washington DC, I was the Director of the Department of Human Services which included in part, implementation of the Medicaid portions of the Affordable Care Act in the District of Columbia.

Removing people from medical assistance due to non compliance with work requirement is a bad idea. People need to be accountable and involved in their own self sufficiency, but removing their support network is shortsighted and counterproductive. In my years of experience, I rarely saw people who chose to remain in poverty when they had legitimate alternatives. They remained in poverty due to various obstacles to their self sufficiency. Those obstacles often are not obvious but may include mental or emotional challenges, lack of education or experience, child care issues, family violence, homelessness, criminal records, or even a loss of hope that they could ever succeed. The proposed waiver exempts some of these individuals from work requirements but most will not meet the criteria in Michigan's waiver request.

At times, the system discourages self improvement because people may lose coverage and supports if their earnings exceed a certain threshold. The coverage provided to Medicaid recipients is often more comprehensive and less costly than private insurance through the health care exchange. But the solution is not to remove essential benefits from the most vulnerable but rather to strengthen supports and subsidies to those in the middle. All agree that our health care system especially for those low income people with private insurance needs improvement. The current proposal does nothing to improve their care but rather undermines health care for even more people.

When drafting their waiver request, the Michigan Department of Health and Human Services (MDHHS) needs to fully address the following concerns:

1. MDHHS should fully explain what will happen to people who lose eligibility for non compliance. I know of no research or studies that demonstrate that most people will get jobs or obtain health insurance through employers. If it were that simple, most would already have taken that option. The Department should explain how many recipients are likely to establish eligibility based on other criteria such as disabilities. How many will seek care through hospital emergency rooms and at what additional cost? How many will become more disabled because of lack of preventive care? How much more will it cost to pay for crisis care for conditions that could have been handled through routine health services?
2. MDHHS should better define the verification processes they will use. Are the processes fair and reliable? How many additional staff will be required? Have the staff been requested and authorized? How and when will the staff be hired and trained? Can MDHHS attest that the staff will be hired and

trained before the new process go into effect? Will other programs require more staff when former recipients need more support due to a lack of health coverage?

3. What Impact will the new rules have on timeliness and accuracy of Medicaid eligibility and re determination? Will new verification rules slow down approvals not only for those with work requirements but also for those who are exempted? Will the new processes be an unmanageable burden for recipients and for staff?

4. I believe that Michigan uses a multi state computer system for their health care exchange. What computer system changes will be required? Will the changes have any effect on other states using the multi state exchange? How long will it take to make the programming changes? How will the changes be tested to make sure the system works and that it does not crash or have other unintended consequences?

5. The computer changes may be extensive and costly. Will the changes trigger a new or revised Advance Planning Document (APD)? What percentage of the cost will the federal government cover? How long will it take to develop and approve the APD? Will new bids be required or will the existing contracts be modified?

6. How much federal participation will Michigan's health care system lose as a result of the work requirements? How many health care jobs will be lost? What is the economic impact of these losses on our health care system and on Michigan's economy in general?

7. Over the long run, will the net savings to the state for the work requirements outweigh the net increase in cost resulting from increased administrative expenses? More importantly will the economic impact from the loss of health care jobs and from poorer health care outcomes demonstrate the shortsightedness of this waiver proposal?

8. If this misguided proposal is approved, how will the evaluation examine the true effects of the changes and assure prompt revisions or termination of the waiver if warranted?

Although I oppose the waiver in general, if it is implemented, at least one additional option should be added under the qualifying activities that would satisfy the recipient's work requirements. The Michigan law that directed MDHHS to request the waiver, (Michigan Public Act 208 of 2018) allows recipients to satisfy their work requirements in a number of different ways. Section 107 a (2) (g) offers the option of participating in unpaid work connections such as but not limited to internships. The state should clarify that this option includes voluntary participation in case management services designed to overcome barriers to self sufficiency.

Medicaid funded case management services should be available to any participant consistently unsuccessful in meeting their work requirements. Modifications to the health risk assessment or other tools may be incorporated into the program allowing for screening, diagnosis and treatment designed to overcome barriers to self sufficiency. Recipients could meet their requirements by developing a plan, working on barriers and engaging services that the case manager facilitates for their success.

Numerous studies have shown that poverty is the single biggest factor contributing to poor health outcomes. It is a greater predictor of health problems than smoking, alcohol abuse, obesity or drug addiction. By adding this case management option rather than terminating Medicaid eligibility, low

income individuals may have a fighting chance of overcoming barriers to self sufficiency and to escaping from poverty.

Similar case management approaches have been used in vocational rehabilitation services, TANF, SNAP, ex offender programs, and services to people with a variety of issues such as developmental disabilities and mental health conditions. Many of these are already funded through Medicaid. A case management approach rather than mandatory work requirements was recently implemented in Montana and is showing promising results. Expanded supports are effective tools in helping individuals to reach their maximum potential. In the long run, the expansion of services to those unable to otherwise meet their work requirements will prove to be highly cost effective.

I appreciate the opportunity to comment on the proposed waiver. I know that the Department is required by law to submit this waiver request, and I hope the above questions and suggestions help the Department to better meet the health care needs of low income adults in Michigan.

Respectfully submitted,

David A. Berns, LCSW  
327 Monroe St  
Manistee MI 49660

231 510-5895  
dberns46@gmail.com

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Comments on Medicaid Work Requirements  
**Date:** Wednesday, July 25, 2018 4:29:36 PM

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Hello-This is my comment for the comment period on Medicaid Work Requirements. I work with people living with HIV and persons with HIV should be categorically defined as medically frail and therefore exempt from the requirements. There are times where someone living with HIV can be very sick and unable to work and treatment can not be interrupted or they will get sicker. Please contact me with any questions.Thanks [REDACTED]

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[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Wednesday, July 25, 2018 9:33:07 PM

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People with HIV should be categorically defined as medically frail and therefore exempt from the requirements to obtain Medicaid.

For God's sake, let's take care of our people.

MDHHS received the following comment on 7/29/2018:

As a person living with HIV and working with others, I am asking that persons living with HIV should be categorically defined as medically frail and therefore exempt from the requirements to work.

Please consider this in your waiver amendment discussion and you may contact me if you have any questions.

We have not included a copy of the actual e-mail in our compilation due to confidentiality concerns.



**From:** Rep. Sam Singh (District 69)  
**To:** [HealthyMichiganPlan](#)  
**Cc:** [Aaron Keel](#); [Sarah Schillio](#)  
**Subject:** Demonstration Extension Application Amendment: House Democrats Comment  
**Date:** Monday, July 30, 2018 4:52:41 PM  
**Attachments:** [House Democrats Comments on Demonstration Extension Application Amendment.pdf](#)

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Please see attached for formal comments submitted on behalf of the Michigan House Democratic Caucus. We ask that these comments be published on the state's waiver website as part of the public record.

Thank you!

Sam Singh  
House Democratic Leader  
69<sup>th</sup> House District



69TH DISTRICT  
STATE CAPITOL  
P.O. BOX 30014  
LANSING, MI 48909-7514

MICHIGAN HOUSE OF REPRESENTATIVES

**SAM SINGH**

HOUSE DEMOCRATIC LEADER

PHONE: (517) 373-1786  
FAX: (517) 373-5717  
E-MAIL: samsingh@house.mi.gov

July 30, 2018

The Honorable Rick Snyder, Governor  
The State of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Nick Lyon, Director  
Michigan Department of Health and Human Services  
333 S. Grand Avenue  
Lansing, MI 48913

Dear Governor Snyder and Director Lyon:

On behalf of the House Democratic Caucus and the millions of constituents we represent across this state, including thousands that will lose health coverage under this waiver proposal, we are providing comment regarding the Department's proposed extension of its Healthy Michigan Section 1115 Medicaid Demonstration. The proposal includes provisions from Senate Bill 897 that would take Medicaid coverage away from people who don't meet a strict work requirement or are unable to afford higher premiums (which the waiver would impose on certain beneficiaries with incomes just above the poverty line). We strongly oppose this proposal, which the House Fiscal Agency projects will cause up to 54,000 Michiganders to lose their health coverage.

For decades, Medicaid has provided low-income families with improved security and the freedom to maintain employment. Specifically in Michigan, Medicaid expansion is working and remains this Administration's greatest achievement, and one that we were pleased to be a partner on. The University of Michigan's reports have consistently shown that expansion has saved the state money, increased health coverage, and connected Michiganders with needed care. And a recent report found Michigan hospitals saw a 57 percent decrease in uncompensated care costs as a share of their budgets as expansion took effect.

This waiver proposal, however, will take Michigan in the opposite direction from the progress we have made, would reduce coverage and worsen access to care for a range of low-income Michiganders. Some of the groups who are likely to be harmed by this proposal that our offices have heard from include:

- **People with disabilities and other serious health needs.** In theory, the proposal exempts people who are medically frail. But in practice, some people with disabilities and serious illnesses would inevitably fall through the cracks because they don't meet the criteria for exemptions, don't understand that they qualify for an exemption, or can't provide the documentation proving they do.



- **Older people.** The proposal would apply a work requirement to Healthy Michigan beneficiaries up to 62 years old. This is despite the fact older people are less likely to be working, in part because many have serious health conditions. Losing health coverage will only exacerbate these conditions.
- **Working Michiganders.** Among enrollees who would be subject to work requirements, most already work, but in industries like health care services, restaurant and food services, construction, or tourism, where hours are volatile and people often end up with gaps between jobs, it is likely many workers would fall short of the requirement for multiple months and would lose their coverage, often times at no-fault of their own.
- **Persons of color.** Medicaid expansion has been found to have reduced disparities by race in access to health care. Persons of color make up more than a third of Healthy Michigan beneficiaries, and this proposal will make it harder for them to access needed care.

Rather than improve employment outcomes for individuals seeking jobs, Senate Bill 897 threatens the health care coverage of the many already employed beneficiaries who may fall short of the monthly requirement. Our concerns are supported by growing evidence that a Medicaid work requirement will harm the most vulnerable beneficiaries and those who are already working. A recent report from the Kaiser Family Foundation found that if a Medicaid work requirement similar to Michigan's were imposed nationwide, 1.4 to 4 million people, or 6 to 17 percent of those potentially subject to the policy, would lose coverage. The researchers warn that "most disenrollment would be among individuals who would remain eligible but lose coverage due to new administrative burdens or red tape."<sup>1</sup> And in Arkansas, where the state began implementing its Medicaid work requirement in June, *more than a quarter* of expansion beneficiaries so far subject to the new requirements are in danger of losing their Medicaid coverage in the coming months because they did not file the necessary paperwork in the first month of the program. Thus, this requirement will likely even impact those who qualify for an exemption but end up losing their coverage due to red-tape, paperwork, and additional bureaucracy.

Further, this proposal more than doubles monthly premiums on certain individuals to 5 percent of their household income. These premiums would make Michigan's plan the most expensive in the nation, and much higher than what those with comparable incomes pay in the ACA marketplace for health care coverage in states that have not expanded Medicaid. Research clearly indicates that premiums as high as this are a barrier to obtaining and maintaining Medicaid for low-income individuals. It should not be our state's objective to place unnecessary barriers and financial burdens on our citizens who will likely be priced out of receiving medical assistance under this proposal.

Finally, this proposal will force the state to spend tens of millions of dollars each year on new bureaucracy to administer the requirements, and Michigan's hospitals are likely to see an increase in their uncompensated care costs as people lose their Medicaid coverage. Meanwhile, SB 897 does not direct any new money to workforce development programs or employment projects in underserved parts of the state. And at the end of the day, this multi-million dollar system SB 897 attempts to assemble will result in nothing more than the loss of medical coverage for approximately 54,000 Michigan residents based on conservative estimates.

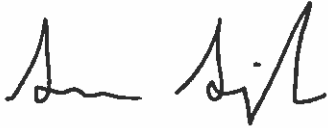
**Put simply, this waiver proposal poses a substantial threat to the health and well-being of Michigan's low-income workers, its most vulnerable residents, and its economy.**

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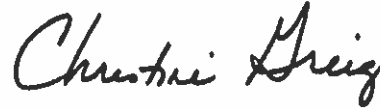
<sup>1</sup> Rachel Garfield, Robin Rudowitz, and MaryBeth Musumeci, "Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses," Kaiser Family Foundation, June 27, 2018, <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>.

Thank you for your time and consideration. We look forward to working with your administration and the Department of Health and Human Services to ensure the gains in health coverage and access to care Michigan has experienced since it expanded Medicaid are not jeopardized. Finally, we ask that these comments be published on the state's waiver website as part of the public record.

Sincerely,



Sam Singh  
House Democratic Leader  
69<sup>th</sup> House District



Christine Greig  
House Democratic Floor Leader  
37<sup>th</sup> House District

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Tuesday, July 31, 2018 2:24:28 PM

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To Whom it May Concern,

Medicaid is critical to ensuring the basic health and security of the most vulnerable of Michigan's residents. The Medicaid extension in Michigan has been a success on this front, and I'm writing with comments to oppose the state's requests to add restrictions making it harder for residents to participate in the program.

The workforce engagement and cost sharing requirements are both concerning, and likely to cause more harm than good. I urge you to reject these. While these elements are focused on adults in the program, they will most certainly have a negative impact on the most vulnerable children in our state, whose parents may be left with huge debts and no health insurance.

A resident who either cannot afford, or loses eligibility for health insurance, will likely not seek treatment for easily treatable conditions, until such point as the health consequences are dire and irreversible. This makes it less likely that these residents will be able to work in the future, and more likely that they will face serious, debilitating health outcomes. Obviously this is negative on multiple levels. These provisions are likely to have the exact opposite effect to what the state intends, ultimately costing the state more and causing serious harm.

Again, I urge you to reject the workforce engagement and cost sharing requirements proposed. Thank you for your consideration.

[REDACTED]  
[REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Wednesday, August 1, 2018 1:30:58 PM

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I am writing to discourage any red tape that could threaten the health of thousands of Michigan people. Please do not change the Healthy Michigan Plan. Work requirements have been shown to discourage participation without benefit to those who need it -- the sick and elderly. We should do more to protect our vulnerable citizens, not less.

I'd like my comments to be published on the state's waiver website as part of the public record.

Thank you,  
[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** "Demonstration Extension Application Amendment."  
**Date:** Wednesday, August 1, 2018 1:56:32 PM

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I am a disabled veteran, we deserve a simple Michigan Single Payer System, NOT something with all kinds of READ (R) TAPE.  
Just do it for the thousands of disabled veterans in MI.  
STOP trying to make it NOT work for us.

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[REDACTED]

[REDACTED]

"Make the injustice visible." Ghandi

269-345-1414

**From:** Asraa Alhawli  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 2, 2018 9:27:17 AM

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Dear Secretary Azar, Senior Advisor Huber, and Deputy Assistant Secretary Foley:

I am writing on behalf of ACCESS in response to request for public comment on the proposed act entitled, “An act to protect the welfare of the people of this state; to provide general assistance, hospitalization, infirmary and medical care to poor or unfortunate persons; to provide for compliance by this state with the social security act; to provide protection, welfare and services to aged persons, dependent children, the blind, and the permanently and totally disabled; to administer programs and services for the prevention and treatment of delinquency, dependency and neglect of children; to create a state department of social services; to prescribe the powers and duties of the department; to provide for the interstate and intercounty transfer of dependents; to create county and district departments of social services; to create within certain county departments, bureaus of social aid and certain divisions and offices thereunder; to prescribe the powers and duties of the departments, bureaus and officers; to provide for appeals in certain cases; to prescribe the powers and duties of the state department with respect to county and district departments; to prescribe certain duties of certain other state departments, officers, and agencies; to make an appropriation; to prescribe penalties for the violation of the provisions of this act; and to repeal certain parts of this act on specific dates,” published June 22, 2018. ACCESS is a 501©3 organization whose vision is to create a just and equitable society with the full participation of Arab Americans, and whose mission is to empower communities to improve their economic, social, and cultural well-being.

This proposed act would significantly alter and undermine the Healthy Michigan Plan, a Medicaid expansion program. It is estimated that, through this act, approximately 540,000 Healthy Michigan enrollees will be subject to the 80-hour per month work requirement and project a 5-10% decline in enrollment, or up to 54,000 coverage losses. This implementation will act to deny vital services to patients who rely on the Healthy Michigan Plan to live a healthy life.

The proposed act would threaten the ability for people to work along with their ability to stay healthy. If those on the Healthy Michigan Plan must work, then they cannot seek a healthcare provider when they do fall ill – and should they fall ill, they cannot work. As a result, Michiganders must sacrifice their health, in one way or another. Let it be reminded that Healthy Michigan is a Medicaid expansion program, not a jobs program, and should be treated as such.

The proposed act would exacerbate the challenges that many patients already face in getting



timely and high-quality health care. The proposed changes to the Healthy Michigan Plan would disproportionately affect those who work seasonally, new business owners, parents who work part-time in order to take care of their children, and caregivers to multiple children or disabled persons – just to name a small few – thereby increasing health disparities. We urge the administration to withdraw the proposed act because of the serious harm it would do to patients in our community and across the state of Michigan.

The ACCESS community, in particular, serves many new citizens who rely on Medicaid in order to stay healthy enough to start their new lives in America off right. An ACCESS client, who would like to be identified as Hussein, owes not only his life, but his young daughter's life, to Medicaid. Before Medicaid, Hussein was working as a truck driver, and was comfortably providing for his family. Hussein and his family had no medical history and were leading healthy lives. They had no apparent need for healthcare.

In 2016, Hussein was shot in the head and survived his injuries. His slow recovery resulted in an inability to work and the eventual loss of his job. After the medical expenses kept piling up, Hussein was forced to sell my house to help pay for the bills. A few months later, while shopping with his family at Wal-Mart, Hussein collapsed and started having a seizure. A bystander rushed to his side and began dialing 911. He tried to get her attention to stop, knowing that he could not afford the medical bills that would follow. However, she assured his family that she would help in find assistance to pay for the bills. As the ambulance arrived, she gave Hussein's wife the phone number for Eva, a Health Care Navigator at ACCESS. A few days after the incident, Hussein and his family had an appointment with Eva. She assisted in securing Medicaid as well as other benefits to help the family get by. Hussein began seeing a specialist for his head injury and could afford the medications that were prescribed.

Several months later, Hussein's daughter was diagnosed with diabetes. Without Medicaid, seeking treatment for his daughter would have been near impossible. The Medicaid coverage Hussein's family has continued to be the difference between life and death. Medicaid has been a positive resource in the family's life during their most difficult times. Medicaid made it possible for Hussein to go back to work, provide for his family, and even purchase a condominium. None of this would have been possible, Hussein says, without the assistance of Medicaid.

Another one of our clients, Mike, fled Iraq as a refugee in 2014 and settled in Sterling Heights, Michigan. With limited access to regular healthcare treatment in Iraq, Mike hoped to attend to his medical concerns in the United States. As a 66-year-old living with diabetes and high blood pressure, he knew that the proper care was critical to a healthy lifestyle moving forward. After visiting a doctor, he was diagnosed with high cholesterol and found a malignant tumor. Being retired and not eligible for social security benefits, the limited resources he had

would not be sufficient enough to cover the out-of-pocket expenses for treatments and medications for my conditions.

Mike was directed to ACCESS and met with Eva, as well, for assistance to find health coverage. During their first meeting, he described his medical conditions and his inability to pay for his accumulating medical expenses. She immediately helped Mike fill out and submit an application for Medicaid. Through the support of ACCESS, his application was approved after a few weeks. This allowed Mike to schedule the necessary surgery to remove his tumor, and to begin taking medications for my conditions without straining his resources. The Medicaid coverage he

received has given me an overall better quality of life. Mike is dependent on Medicaid, and otherwise would not be able to afford the medications and doctor visits that keep him healthy. Fortunately, he is able to visit his doctors regularly and has been adhering to his medications. This would not have been possible without the assistance of Medicaid.

Medicaid has very clearly impacted our clients' and our community's lives in the most positive of ways. Medicaid has allowed for our friends, family, and neighbors to live the American dream. This proposed act would very clearly hinder that very ability of our clients.

Sincerely,

**Asraa Alhawli**

Advocacy Specialist

ACCESS Community

**From:** Rep. Patrick Green (District 28)  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 2, 2018 1:27:33 PM

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August 2, 2018

To whom it may concern,

Below, please find my formal comment about the Department's proposed extension of its Healthy Michigan Section 1115 Medicaid Demonstration, including the Medicaid work requirements put forward by Senate Bill 897. I request that my comments be published on the state's waiver website as part of the public record.

I stand with the people of Michigan and my Democratic colleagues in opposition to the provisions put forward by Senate Bill 897 and the Department of Health and Human Services' waiver application. The expansion of Healthy Michigan in 2013 extended health care coverage to nearly 690,000 Michigan adults who previously were forced to choose between putting food on the table and taking their loved ones to the doctor. Work requirements will pull this health care coverage from tens of thousands of Michiganders, simply because they live on a limited income or have fallen on hard times. It is not our place to determine who is and who is not deserving of quality health care, and I refuse to turn my back on the tens of thousands of Michiganders who will suffer the consequences of SB 897. If the goal is to reduce the cost of social assistance programs in our state, we need to start by taking care of Michigan's workers from the get-go; we need to increase wages and provide wraparound social services to support working class families and help elevate them into the middle class.

Thank you for your time and consideration.

Sincerely,



**Patrick Green**

State Representative  
Assistant Minority Floor Leader  
Michigan House of Representatives  
28th District  
(O) (517)373-1772

P.O. Box 30014  
Lansing, MI 48909-7514

Website: [green.housedems.com](http://green.housedems.com)





July 31, 2018

*Rec'd 7/31/18  
BP*

Nick Lyon

Director, Michigan Department of Health and Human Services  
333 S. Grant Avenue, Lansing, MI 48913

Re: Healthy Michigan Plan Waiver

Dear Director Lyon:

On behalf of the American Heart Association (AHA) and the American Stroke Association (ASA), I would like to thank you for the opportunity to provide written comments on the proposed Healthy Michigan Plan Section 1115 demonstration waiver.

The AHA represents over 100 million patients with cardiovascular disease (CVD) including many who rely on Medicaid as their primary source of care.<sup>1</sup> In fact, twenty-eight percent of adults with Medicaid coverage have a history of cardiovascular disease.<sup>2</sup> Medicaid provides critical access to prevention, treatment, disease management, and care coordination services for these individuals. Low-income populations are disproportionately affected by CVD – with these adults reporting higher rates of heart disease, hypertension, and stroke – Medicaid is the coverage backbone for the healthcare services these individuals need.

The connection between health insurance and health outcomes is clear and well documented. Americans with CVD risk factors who lack health insurance, or are underinsured, have higher mortality rates<sup>3</sup> and poorer blood pressure control than their insured counterparts.<sup>4</sup>

Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays,<sup>5</sup> and higher risk of death<sup>6</sup> than similar patients covered by health insurance.

<sup>1</sup> RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035, Technical Report. [http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm\\_491513.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf) Accessed June 19, 2017.

<sup>2</sup> Kaiser Family Foundation. The Role Of Medicaid For People With Cardiovascular Diseases. 2012. Available at: [https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383\\_cd.pdf](https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_cd.pdf). Accessed August 15, 2016.

<sup>3</sup> McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

<sup>4</sup> Duru OK, Vargas RB, Kerman D, Pan D, Norris KC. Health Insurance status and hypertension monitoring and control in the United States. *Am J Hypertens* 2007;20:348-353.

<sup>5</sup> Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249.

<sup>6</sup> McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886–2894.





Cardiovascular disease is also costly and burdensome for the individual, their families, and for communities. While the AHA/ASA understands the need to address poverty and control costs, we are concerned that the proposed changes will require a substantial state investment in infrastructure that does not align with, and could detract from, the Medicaid program's goal of providing access to care. The 2017 Federal Budget cut Labor Department funding by 21%, shifting the responsibility to states for certain job placement programs. In addition, CMS has made it clear that it will not provide states with the authority to use Medicaid funding to finance employment related services for individuals. We are concerned that Michigan's 1115 waiver application has not demonstrated how it will provide sufficient job training, child care, transportation, and other supportive programs to enable its affected Medicaid beneficiaries to meet the proposed requirement.

Lastly, the federal rules pertaining to state public comment process require that a state include an estimate of the expected increase or decrease in annual enrollment and expenditures if applicable. The intent of this is to allow the public to comment on a Section 1115 proposal with adequate information to assess its impact. However, in the current demonstration proposal, the Department reuses budget neutrality estimates from an earlier proposal that are no longer relevant and states that "MDHHS expects annual HMP enrollment to decrease but the total number of beneficiaries who will be impacted is unknown at this time." In order to meet these transparency requirements, Michigan must include the projections and their impact on budget neutrality provisions.

Our organization is willing to be helpful and work with you in protecting patient access to care as you implement the proposal mandated by the Michigan legislature. Without addressing these concerns, we believe that the work requirements will not in fact result in more able-bodied adults working, nor produce positive health outcomes—a lose-lose for Michigan.

Respectfully,

Dave J. Hodgkins  
Government Relations Director  
American Heart Association—Michigan

**From:** Andrew Schepers  
**To:** [HealthyMichiganPlan](#)  
**Subject:** ACS CAN Comments to Waiver Amendment  
**Date:** Friday, August 3, 2018 8:07:08 AM  
**Attachments:** [image004.png](#)  
[FINAL ACS CAN MI 1115 Comments.pdf](#)

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Good Morning,

Please find the comments to the amendment of the 1115 waiver attached. As always don't hesitate to reach out if you have any questions. Thank you for the opportunity to comment on the amendments.

Andrew Schepers

**Andrew Schepers** | Michigan Government Relations Director  
American Cancer Society Cancer Action Network, Inc.  
1755 Abbey Rd  
East Lansing, MI 48823  
Phone: 517.664.1312 | Mobile: (517) 643.2320

[acscan.org](http://acscan.org)



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August 3, 2018

Nick Lyon  
Director  
Michigan Department of Health and Human Services  
333 S. Grand Avenue  
Lansing, MI 48913

**Re: Health Michigan Plan Project No. 11-W-00245/5 – Section 1115 Demonstration  
Extension Application**

Dear Director Lyon:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Michigan's proposal to extend the Healthy Michigan Plan (HMP) demonstration waiver. 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 Michigan's goal to improve access to healthcare for uninsured or underinsured low-income Michigan residents through the HMP program. Nearly 57,000 Michigan residents are expected to be diagnosed with cancer this year<sup>1</sup> – many of whom are receiving health care coverage through the HMP program. Research has demonstrated that individuals who lack health insurance coverage are more likely to be diagnosed with advanced-stage cancer, which is costly and often leads to worse outcomes.<sup>2,3</sup> Additionally, individuals enrolled in Medicaid prior to their diagnosis have better survival rates than those who enroll after their diagnosis.<sup>4</sup>

It is imperative that low-income Michigan residents continue to have access to comprehensive health care coverage under the HMP program, 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 with many of the proposals included in the Michigan waiver extension, as detailed below. We urge the Michigan Department of Health and Human Services ("the Department") to reconsider moving forward with the proposed waiver until these issues can be addressed.

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<sup>1</sup> American Cancer Society. *Cancer Facts & Figures 2018*. Atlanta, GA: American Cancer Society; 2018.

<sup>2</sup> Ward E, Halpern M, Schrag N, et al. Association of insurance with cancer care utilization and outcomes. *CA Cancer J Clin*. 2008; 58(1):9-31.

<sup>3</sup> American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2016-2017*. Atlanta: American Cancer Society; 2017.

<sup>4</sup> Adams E, Chien LN, Florence CS, et al. The Breast and Cervical Cancer Prevention and Treatment Act in Georgia: effects on time to Medicaid enrollment. *Cancer*. (2009); 115(6):1300-9.



### Workforce Engagement Requirements

The requirement that all able-bodied HMP enrollees be employed, receive job training, be in school, or participate in community engagement activities for at least 80 hours per month as a condition of eligibility could unintentionally disadvantage patients with complex chronic conditions, including cancer patients and recent survivors. We understand the intent of the proposal is to incentivize employment, but many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.<sup>5,6,7</sup> ACS CAN opposes tying access to affordable health care for lower income persons to work or participation in community engagement requirements because cancer patients, survivors, and those who will be diagnosed with the disease - as well as those with other complex chronic conditions - could find themselves without Medicaid coverage. Research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with work absences ranging from 45 days to six months depending on the treatment.<sup>8</sup> If workforce engagement is required as a condition of eligibility, many cancer patients, recent survivors, and those with other chronic illnesses could find that they are ineligible for the lifesaving care and treatment services provided through the State's Medicaid program.

We appreciate the Department's acknowledgement that not all people are able to work and the decision to include several exemption categories and good cause exemptions from the workforce engagement requirement and associated lock-out period. However, the waiver does not go far enough to protect vulnerable individuals, including recent cancer survivors, and individuals with other serious chronic diseases, some of which are linked to cancer treatments.<sup>9</sup> Additionally, the increase in administrative requirements for enrollees to attest to their working status on a monthly-basis would likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt.

### *Lock-Out Period*

We are deeply concerned about the proposed lock-out period or suspension of coverage for non-compliance with the workforce engagement requirement; particularly the proposed one-year lock-out period if the Department believes an individual has misrepresented his or her compliance with the requirement or an exemption. The Department offers individuals who have failed to participate in the requirement "good cause" exemptions, but it is unclear how long the appeals process would take and whether the beneficiary would lose health coverage during the process. It is also unclear from the

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<sup>5</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>6</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>7</sup> Stergiou-Kita M, Pritlove C, van Eerd D, Holness 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.

<sup>8</sup> Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy than People Without a Cancer Diagnosis," *Health Affairs*, 32, no. 6, (2013): 1143-1152.

<sup>9</sup> Mehta LS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation.* 2018; 137(7): CIR.0000000000000556.

waiver if individuals that are determined by the Department to have misrepresented his or her compliance will be given an appeals process. If individuals are locked out of coverage for the one-month period, one-year period, or during any appeals process they will likely have no access to health care coverage, making it difficult or impossible for a cancer patient to continue treatment or pay for their maintenance medication until they come into compliance with the requirement or it is determined that they have “good cause.” For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Being denied access to one’s cancer care team could be a matter of life or death for a cancer patient or survivor and the financial toll that the lock-out or suspension period would have on individuals and their families could be devastating.

#### *Workforce Engagement Requirement Does Not Meet CMS Criteria*

We note that Michigan’s proposed waiver does not appear to meet the criteria established by the Centers for Medicare and Medicaid Service (CMS) for approval of work and community engagement proposals under the guidance that CMS sent to state Medicaid Directors on January 11, 2018. The guidance specifically states that “...states will need to link these community engagement requirements to those outcomes and ultimately *assess the effectiveness of the demonstration in furthering the health and wellness objectives* of the Medicaid program [emphasis added].”<sup>10</sup> In contrast, the State’s reported objective of the workforce engagement requirement is to “promote work and community engagement...and further the positive physical and mental health benefits associated with work” and to determine the “extent to which workforce engagement requirements impact individuals who transition from Medicaid obtain employer sponsored or other health insurance coverage and how such transitions affect health and wellbeing.” The State’s reported hypotheses used to evaluate the outcomes of the requirement do not address health and wellness of the Medicaid enrollees in the program itself or those who may lose Medicaid eligibility due to noncompliance.

Further, the Department has neglected to provide projections of the number of beneficiaries who may be impacted by the workforce requirement or the entire demonstration waiver. Instead, the Department states that “MDHHS expects annual HMP enrollment to decrease but the total number of beneficiaries who will be impacted is unknown at this time.” Federal rules for the state public notice process for 1115 waivers require states to include, “an estimate of the estimated increase or decrease in annual enrollment” and expenditures for the demonstration requested by the State.<sup>11</sup> This allows stakeholders and CMS to adequately assess the impact the demonstration waiver may have on state residents. Therefore, we strongly urge the State to include these projections, as required by federal law, so that the public has an opportunity to comment on the impact of the proposed waiver demonstration with adequate information.

#### **Patient Cost Sharing and the MI Health Accounts**

ACS CAN opposes the proposed premiums of five percent of income – and associated mandatory completion of an annual healthy behavior – for individuals with incomes above 100 percent of the Federal Poverty Level (FPL) who have had 48 months of cumulative HMP eligibility coverage. We are

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<sup>10</sup> Centers for Medicare & Medicaid Services. Opportunities to promote work and community engagement among Medicaid beneficiaries. Baltimore, MD. Department of Health and Human Services. SMD: 18-002. Published January 11, 2018. Accessed January 2018.

<sup>11</sup> 42 CFR 431.408 (a)(1)(i)(C).

concerned the cost sharing and related lock-out period for non-payment will create administrative burdens for enrollees, will likely deter enrollment or result in a high number of disenrollment, and will cause significant disruptions in care, especially for cancer survivors and those newly diagnosed. Studies have shown that imposing even modest premiums on low-income individuals is likely to deter enrollment in the Medicaid program.<sup>12,13,14</sup> Imposing copayments or out-of-pocket costs on low-income populations has been shown to decrease the likelihood that they will seek health care services, including preventive screenings.<sup>15,16,17</sup> Cancers that are found at an early stage through screening are less expensive to treat and lead to greater survival.<sup>18</sup> Uninsured and underinsured individuals already have lower screening rates resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.<sup>19</sup> Proposals that place greater financial burden on low-income residents create barriers to care and will negatively impact HMP enrollees – particularly those individuals who are high service utilizers with complex medical conditions.

It is unclear from the waiver whether the premiums of five percent of income will be based on a family's monthly or annual income. Low-income populations are more likely to have an inconsistent income throughout the calendar year. Therefore, if Michigan were to move forward with this proposal, we recommend that the premium contribution be based on monthly household income, as it is a more accurate indicator of an individual's income and ability to consistently meet cost sharing requirements – particularly for seasonal workers or individuals who must spend down before meeting the Medicaid eligibility criteria.

### **The Healthy Behaviors Incentives Program**

ACS CAN supports Michigan's goal of encouraging HMP beneficiaries to seek preventive care and encourage the adoption of health behaviors through the *Healthy Behaviors Incentives Program*, as a substantial proportion of cancers could be prevented or caught at an earlier, more treatable stage through preventive care and screening.<sup>20</sup> However, we strongly advise against the Department's decision to use a mandatory, outcomes-based program that requires beneficiaries with incomes between 100 and 133 percent of FPL and who have had 48 months of HMP eligibility coverage to

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<sup>12</sup> Hendryx M, Onizuka R, Wilson V, Ahern M. Effects of a Cost-Sharing Policy on Disenrollment from a State Health Insurance Program. *Soc Work Public Health*. 2012; 27(7): 671-86.

<sup>13</sup> Wright BJ, Carlson MJ, Allen H, Holmgren AL, Rustvold DL. Raising Premiums and Other Costs for Oregon Health Plan Enrollees Drove Many to Drop Out. *Health Affairs*. 2010; 29(12):2311-16.

<sup>14</sup> Office of the Assistant Secretary for Planning and Evaluation. Financial Condition and Health Care Burdens of People in Deep Poverty. Published July 16, 2015. Accessed April 21, 2016. <http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>.

<sup>15</sup> Solanki G, Schauflyer HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research*. 2000; 34: 1331-50.

<sup>16</sup> Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care*. 2011; 49: 865-71.

<sup>17</sup> Trivedi AN, Rakowski W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med*. 2008; 358: 375-83.

<sup>18</sup> American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2016-2017*. Atlanta: American Cancer Society; 2017.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

complete or commit an annual healthy behavior assessment – and associated cost sharing requirements – to maintain eligibility for HMP. We are also opposed to the decision to phase out cost sharing reductions related to healthy behavior completion incentives after 48 months of cumulative HMP eligibility coverage, as beneficiaries would still be required to meet the healthy behavior assessment without the associated incentive. Penalizing enrollees for non-compliance or failing to meet outcomes dictated by a Health Risk Assessment (HRA) (or the state) will not likely generate cost savings or improve the health of low-income HMP enrollees. Instead, State residents would be better served by a comprehensive, evidence-based participatory wellness program based on incentives that provides adequate and comprehensive coverage of preventive services (including tobacco cessation, weight loss, and cancer screenings) and that emphasizes evidence-based interventions to educate, promote, and encourage patients to participate in prevention, early detection, and wellness. Evidence shows that unhealthy behaviors can be changed or modified by modest incentives, rather than penalties, as long as they are combined with adequate medical services and health promotion programs.<sup>21</sup>

A mandatory, outcomes-based program will not improve the health of low-income Michigan residents. Nationally, significant disparities exist in the prevalence of healthy behaviors by income. For example, adults living below the poverty level are more than one and a half times as likely to smoke cigarettes as those with higher incomes<sup>22</sup> and individuals with incomes less than 100 percent of poverty are 30 percent more likely to be obese than people with much higher incomes (above 400 percent of poverty).<sup>23</sup> Low-income individuals and families often face multiple structural barriers to addressing health behaviors, including lack of access to evidence-based tobacco cessation support, few safe places for physical activity in their neighborhoods, lack of access to affordable healthy foods, and lower health literacy.<sup>24</sup> Providing enrollees incentives could lead to a change in behavior whereas penalties do little to improve health, and could reduce access to necessary health care services, including preventive care.

We urge the Department to consider the impact a mandatory, outcomes-based wellness program will have on low-income State residents, because it could unfairly penalize individuals managing complex, chronic diseases, like cancer. Although the Department exempts individuals determined to be medically frail from the 48-month cumulative enrollment suspension of coverage, the increase in administrative requirements for enrollees to attest to their exemption status on a yearly basis could decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. We also ask the Department to clarify the criteria the State intends to use when determining how to assess efforts beneficiaries must take to make their healthy behaviors “incrementally more challenging” in

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<sup>21</sup> Consensus statement of the Health Enhancement Research Organization, American College of Occupational and Environmental Medicine, American Cancer Society and American Cancer Society Cancer Action network, American Diabetes Association, and American Heart Association. Guidance for a reasonably designed, employer-sponsored wellness program using outcomes-based incentives. *JOEM*. 2012; 54(7): 889-96.

<sup>22</sup> Centers for Disease Control and Prevention. Cigarette smoking and tobacco use among people of low socioeconomic status. Updated February 3, 2017. Accessed July 2018. <https://www.cdc.gov/tobacco/disparities/low-ses/index.htm>.

<sup>23</sup> National Center for Health Statistics. *Health, United States, 2015: with special feature on racial and ethnic health disparities*. Hyattsville, MD. 2016. [https://www.cdc.gov/nchs/data/15.pdf](https://www.cdc.gov/nchs/data/hus/15.pdf).

<sup>24</sup> Centers for Disease Control and Prevention – Division of Community Health. *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*. Atlanta, GA: US Department of Health and Human Services; 2013.

subsequent years. Greater specification would be helpful in assessing the possible effects this type of incrementally-based measurement would have on HMP enrollees, particularly how it may affect eligibility and enrollment.

Although, overall, we were glad to see the positive health outcomes reported in the State's HMP Primary Care Practitioner Report and Enrollee Survey, we do have some concerns with the findings. Specifically, that only 36 percent of providers reported being very/somewhat familiar with health behavior incentives for patients, only 28.1 percent of enrollees were aware they could reduce the amount they owed by completing an HRA, and that only 45.9 percent of enrollees actually completed an HRA.<sup>25</sup> These numbers are extremely concerning if an enrollee's eligibility is predicated on whether they receive an HRA and perform a healthy behavior determined by that HRA. Educating, encouraging, and raising HMP provider and enrollee awareness of the benefits, services, and incentive program requirements through targeted outreach is extremely important to ensure greater participation and health amongst HMP enrollees, while also preventing individuals from being disenrolled due to lack of proper education of the wellness program requirements.

#### *Suspension of Eligibility Coverage and Continuity of Care*

The Michigan 1115 waiver amendment states that Medicaid coverage for beneficiaries who have not met the program's cost-sharing or healthy behavior requirements will be suspended until the individual comes into compliance with the requirements, at which point they will be re-enrolled the first day of the next available month. The waiver appears to imply that some individuals may be exempt from this requirement. We seek further clarification and remind the Department that failure to consider the care delivery and/or treatment regimen of patients, especially those individuals managing a complex, chronic condition like cancer or cancer survivorship, could have devastating effects on patients, their families, and providers.

Cancer patients undergoing an active course of treatment for a life-threatening health condition need uninterrupted access to the providers and facilities from whom they receive treatment. Disruptions in primary cancer treatment care, as well as longer-term adjuvant therapy, such as hormone therapy, can result in negative health outcomes. Additionally, recent cancer survivors often require frequent follow-up visits and maintenance medications as part of their survivorship care plan to prevent recurrence,<sup>26</sup> and suffer from multiple comorbidities linked to their cancer treatments.<sup>27</sup> Ensuring both cancer patients and recent survivors receive the care they need is critical to positive health outcomes.

If Michigan were to move forward with these provisions, we ask the Department to provide a clear appeals process and additional continuity of care provisions that would minimize disruptions in coverage and care for individuals in active treatment for life-threatening illnesses and individuals with chronic

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<sup>25</sup> Michigan Department of Health and Human Services. *Section 1115 demonstration extension application: Health Michigan Plan Project No. 11-W-00245/5*. Lansing, MI.

<sup>26</sup> National Cancer Institute. *Coping with cancer: Survivorship, follow-up medical care*. Accessed July 2018. <https://www.cancer.gov/about-cancer/coping/survivorship/follow-up-care>.

<sup>27</sup> Mehta LS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation*. 2018; 137(7): CIR.0000000000000556.

conditions that require frequent follow-up, such as recent cancer survivors. Additionally, the State should establish a clearly defined process through which HMP enrollees or their physician can inform the Department that they are in active treatment or have a serious chronic condition; allowing them to maintain their treatment regimen through any appeals process.

**Conclusion**

We appreciate the opportunity to provide comments on the Michigan demonstration waiver extension request. The preservation of eligibility, coverage, and access to HMP remains critically important for many low-income Michigan residents who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. As the Department considers its final waiver application, we ask that you weigh the impact these proposals could have on Michigan residents 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 Michigan 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 [andrew.schepers@cancer.org](mailto:andrew.schepers@cancer.org) or 517.664.1312.

Sincerely,

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

Andrew Schepers  
Michigan Government Relations Director  
American Cancer Society Cancer Action Network

**From:** Emily Eckert  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Healthy Michigan Demonstration Plan  
**Date:** Friday, August 3, 2018 2:45:08 PM  
**Attachments:** [ACOG Comments \(state\) Healthy Michigan Final.pdf](#)

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Re-sending with the appropriate subject line. Apologies for the inconvenience.

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**From:** Emily Eckert  
**Sent:** Friday, August 3, 2018 2:40 PM  
**To:** 'healthymichiganplan@michigan.gov' <healthymichiganplan@michigan.gov>  
**Subject:** MI Section of ACOG Comments on Healthy Michigan Plan

Hello,

The attached comments on the Healthy Michigan Plan are submitted on behalf of the Michigan Section of the American College of Obstetricians and Gynecologists (ACOG), representing 1,357 practicing obstetrician-gynecologists. Please do not hesitate to reach out to me if you have any questions, or would like to discuss these recommendations further.

Best,

Emily

Emily Eckert  
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The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

*Michigan Section*

August 3, 2018

Nick Lyon  
Director  
Michigan Department of Health and Human Services  
333 South Grand Avenue  
Lansing, MI 48913

**RE: Michigan ACOG's Comments on Healthy Michigan Plan Extension Application**

Dear Director Lyon:

The Michigan Section of the American College of Obstetricians and Gynecologists (ACOG), representing 1,357 practicing obstetrician-gynecologists (ob-gyns), welcomes the opportunity to comment on the Michigan Department of Health and Human Services' Section 1115 Waiver Extension Application: Healthy Michigan Plan. As physicians dedicated to providing quality care to women, we are concerned that some of the proposed amendments would place Medicaid beneficiaries at risk for financial harm and deter our patients from seeking necessary care. We believe a number of changes should be made before this extension application is submitted for consideration by the Centers for Medicare and Medicaid Services (CMS).

Eligibility

The State's extension application is ambiguous regarding how it would treat a woman who has been locked out of the Medicaid program for administrative noncompliance (not completing a healthy behavior and/or failing to fulfill the cost-sharing requirement), but then becomes pregnant. Women who do not receive prenatal care are three to four times more likely to die from pregnancy-related complications.<sup>1</sup> Moreover, lack of prenatal care may put some women at higher risk for preterm birth. Infants born preterm are at higher risk for hospitalization and illness than babies born full-term.<sup>2</sup> Most of these births are covered by Medicaid.<sup>3</sup> Based on the evidence that prenatal care improves maternal and infant health outcomes, we strongly recommend that a childless adult woman who becomes pregnant while locked out of the program be immediately made eligible for Medicaid, if she would otherwise qualify.

Cost-Sharing

While we appreciate that the State exempts pregnant women from cost-sharing requirements, ACOG is apprehensive of the overall cost-sharing structure proposed in the extension



application. Research demonstrates that increased cost-sharing has an adverse effect on lower-income populations, particularly those who are eligible for Medicaid.<sup>4</sup> In a review of 65 papers published between 2000 and 2017, the Kaiser Family Foundation found that premiums and other forms of cost-sharing in the Medicaid program are a barrier to receiving and maintaining coverage over the long term.<sup>5</sup> This effect is further compounded for women because of their increased health needs compared to men.<sup>6</sup> Moreover, premiums totaling five percent of annual household income, like what the State is proposing, are unprecedented in the Medicaid program and will be cost-prohibitive for many of our patients.<sup>7</sup>

If implemented, these premiums would be well above the amount allowed in the Affordable Care Act's (ACA) individual market for individuals receiving advanced premium tax credits.<sup>8</sup> We are concerned that women who are required to pay these high premium amounts [those earning between 100 and 133 percent of the federal poverty level (FPL) that have had 48 months of cumulative eligibility coverage], may be dropped from their coverage solely because of an inability to pay. Further, since Michigan chose to adopt the ACA's Medicaid expansion, individuals targeted by this premium policy do not have the option to purchase a Marketplace plan; their income requires that they enroll in Medicaid. These lower-income beneficiaries should not be penalized with higher premiums. The degree of cost-sharing Michigan is requesting is antithetical to the purposes of the Medicaid program, and we urge the State to reconsider its proposed premium policy. If the state insists on implementing a premium policy for its Medicaid beneficiaries, we recommend that the amount be no more than two percent of annual household income.

### Workforce Engagement

ACOG does not support the State's work requirement provision, despite the exemption proposed for pregnant women. We believe imposing a work requirement will be burdensome on Medicaid patients with limited resources. Indeed, as demonstrated by the experience of the Temporary Assistance for Needy Families (TANF) program, imposing work requirements on Medicaid beneficiaries would lead to the loss of health care coverage for substantial numbers of people who are unable to work or face major barriers to finding and retaining employment.<sup>9</sup>

Most people on Medicaid who can work, do so, and arbitrary requirements like those proposed in the extension application will not help those who face major obstacles to employment overcome them. Nearly eight in 10 non-disabled adults with Medicaid coverage live in working families, and 60 percent are working themselves.<sup>10</sup> Of those not working, more than one-third reported that illness or a disability was the primary reason, 30 percent reported that they were taking care of home or family, and 15 percent were in school.<sup>11</sup> In addition, these types of work requirements would disproportionately and adversely impact the women currently enrolled in Michigan Medicaid. According to an April 2017 article in *Health Affairs*, if work requirements, like the Michigan proposal in question, were implemented nationwide, almost two-thirds (63 percent) of those at risk of losing coverage are women.<sup>12</sup> We believe it will be incredibly burdensome for beneficiaries to report compliance with the requirements and for Medicaid employees to track whether participants are meeting the program rules. As women's health care physicians, we must advocate against any policy that would jeopardize our patients' ability to access care.

The complexity of the work requirement and how it interplays with the exceptions will likely increase the State's administrative burdens and costs without increasing employment rates. The experiences of TANF and federal housing assistance demonstrate that imposing such requirements on Medicaid beneficiaries would result in few, if any, long-term gains in employment rates.<sup>13</sup> In addition to being ineffective in increasing employment over time, these types of requirements would add considerable complexity and costs to Michigan's Medicaid program. State experience in implementing similar TANF requirements suggests that adding such requirements to Medicaid could cost Michigan thousands of dollars per beneficiary.<sup>14</sup> TANF caseworkers must spend significant amounts of time tracking and verifying clients' work activities and hours, and there is little indication that this 1115 waiver extension application would result in any less burden for the State's Medicaid staff.<sup>15</sup> These additional costs would detract significantly from any anticipated savings and would divert much-needed funds from beneficiary care to cover these new, unnecessary administrative costs.

In addition, we are troubled by the likelihood that physicians will have to provide documentation that proves our patients meet the exemption that they are physically or mentally unable to work in order to maintain their coverage. Increasing the paperwork burden for ob-gyns and other health care providers detracts from our ability to provide patient care and is antithetical to CMS' "Patients Over Paperwork" initiative. At a time when there is increasing reports of physician burnout, placing more administrative burdens on Michigan's health care workforce may make it more difficult to attract and retain qualified medical professionals in the State.<sup>16</sup> We believe that policymakers should be working to reduce barriers for ob-gyns to practice in our State and care for Michigan's Medicaid patients, not placing more in our way.

While we are pleased to see that pregnant women are exempt from the work requirement, and that participation in substance use disorder (SUD) treatment is considered a qualifying activity, we are deeply concerned that the extension application does not include an exemption for individuals with SUDs who may be waiting to receive treatment. SUD is a chronic disease of the brain that requires a coordinated, long-term treatment regimen. Evidence suggests that the longer an individual must wait to get into treatment after their initial contact with the health care system, the less likely they are to attend their first appointment.<sup>17</sup> This is particularly alarming as overdose and suicide linked to opioid-misuse become the leading cause of maternal mortality in a growing number of states.<sup>18,19,20,21</sup>

Many factors contribute to long wait times for SUD services in Medicaid. These include lack of access to qualified providers, lack of reimbursement for Medication Assisted Treatment (MAT), prior authorization requirements, and other federally-mandated prescriber limits. Indeed, the National Survey on Drug Use and Health estimates that in 2016, about 15 percent of all unemployed U.S. adults needed SUD treatment, but only 2.5 percent could access care.<sup>22</sup> Overall, of the 20 million adults who needed treatment in 2016, only 2 million got the help they needed.<sup>23</sup> Imposing a workforce engagement requirement on individuals waiting to receive treatment for SUDs would undermine the mission of the Medicaid program and erode access to SUD coverage for the most vulnerable populations Medicaid was designed to protect. We urge the State to amend the extension application and include an exemption to the workforce

engagement requirement for individuals with SUD who are in or waiting to receive SUD treatment.

### Program Financing

According to federal regulations, states must give the public notice of any 1115 waiver application, and that notice must contain “a sufficient level of detail to ensure meaningful input from the public, including...an estimate of the expected increase or decrease in annual enrollment.”<sup>24</sup> Similarly, the waiver application is required to include “an estimate of the expected increase or decrease in annual enrollment,” as well as “enrollment projections expected over the term of the demonstration for each category of beneficiary whose health care coverage is impacted by the demonstration.”<sup>25</sup> Michigan fails to provide this information in its waiver application, and instead states that they expect annual enrollment to decrease, but that “the total number of beneficiaries who will be impacted is unknown.” Omitting this data effectively limits the public’s opportunity to truly assess the impact of the proposals in the State’s extension application. This data must be provided, followed by another state-level, 30-day public comment period, before this waiver is submitted to CMS.

### **Michigan ACOG Recommendations:**

- Revise the waiver to clarify that women who become pregnant while “locked out” will be deemed eligible for Medicaid so long as they otherwise qualify.
- Do not request to impose premiums of five percent of annual household income for beneficiaries earning between 100 and 133 percent FPL.
- Do not request to implement a work requirement.
- Revise the waiver to add an exemption to the workforce engagement and cost-sharing requirements for individuals with SUD who are in or waiting to receive SUD treatment.
- Revise the waiver to include an estimate of the total number of beneficiaries impacted by the policy changes, and begin a new state-level, 30-day public comment period.

Thank you for the opportunity to provide comments on the Michigan Section 1115 Waiver Extension Application. We hope you have found our comments useful. We would be happy to work with your office to develop solutions that both improve health outcomes and reduce the costs in the Medicaid program. To discuss these recommendations further, please contact Matthew Allswede, MD, Michigan ACOG Chair, at [Matthew.Allswede@sparrow.org](mailto:Matthew.Allswede@sparrow.org), or Emily Eckert, ACOG Health Policy Analyst, at [eeckert@acog.org](mailto:eeckert@acog.org) or 202-863-2485.

Sincerely,



Matthew Allswede, MD, FACOG  
Chair, Michigan Section

- <sup>1</sup> Association of Reproductive Health Professionals. Maternal mortality in the United States: A human rights failure. March 2011. Available at: <https://www.arhp.org/publications-andresources/contraception-journal/march-2011>
- <sup>2</sup> American College of Obstetricians and Gynecologists. Fact are important: Prenatal care is important to healthy pregnancies. February 2012. Available here: <https://www.acog.org/-/media/Departments/Government-Relations-and-Outreach/20120221FactsareImportant.pdf?la=en>
- <sup>3</sup> Anne Rossier Markus, Shannon Krohe, Nicole Garro, Maya Gerstein, and Cynthia Pellegrini (2017). Examining the association between Medicaid coverage and preterm births using 2010-2013 National Vital Statistics birth data, *Journal of Children and Poverty*, 23:1, 79-94. Available at: <https://www.tandfonline.com/doi/full/10.1080/10796126.2016.1254601>
- <sup>4</sup> National Health Law Program. Medicaid premiums and cost sharing. March 26, 2014. Available at: <http://www.healthlaw.org/publications/browse-all-publications/Medicaid-Premiums-Cost-Sharing#.WML7qPkrKUK>
- <sup>5</sup> Kaiser Family Foundation. The effects of premiums and cost sharing on low-income populations: Updated review of research findings. June 2017. Available at: <http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Premiums-and-Cost-Sharing-on-Low-Income-Populations>
- <sup>6</sup> Kaiser Family Foundation. Women and health care in the early years of the Affordable Care Act: Key findings from the 2013 Kaiser Women’s Health Survey. May 2014. Available at: <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>
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- <sup>8</sup> Kaiser Family Foundation. Explaining health care reform: questions about health insurance subsidies. November 2017. Available at: <http://files.kff.org/attachment/Issue-Brief-Explaining-Health-Care-Reform-Questions-about-Health-Insurance-Subsidies>
- <sup>9</sup> Pavetti, LaDonna, Derr, Michelle, and Sama Martin, Emily. “Assisting TANF recipients living with disabilities to obtain and maintain employment: Conducting in-depth assessments.” Mathematica Policy Research, Inc., February 2008. Available at: [https://www.acf.hhs.gov/sites/default/files/opre/conducting\\_in\\_depth.pdf](https://www.acf.hhs.gov/sites/default/files/opre/conducting_in_depth.pdf)
- <sup>10</sup> Kaiser Family Foundation. Understanding the intersection of Medicaid and work. Revised January 2018. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>
- <sup>11</sup> Ibid.
- <sup>12</sup> Leighton Ku and Erin Brantley. Medicaid work requirements: Who’s at risk? Health Affairs Blog, Apr. 12, 2017. Retrieved May 4, 2018. Available at <http://healthaffairs.org/blog/2017/04/12/medicaid-work-requirements-whos-at-risk/>
- <sup>13</sup> Hahn, H., Pratt, E., Allen, E., Kenney, G., Levy, D. K., and Waxman, E. (2017). Work requirements in social safety net programs: A status report of work requirements in TANF, SNAP, Housing Assistance, and Medicaid. Available at: <https://www.urban.org/sites/default/files/publication/95566/work-requirements-in-social-safety-net-programs.pdf>
- <sup>14</sup> Gayle Hamilton *et al.*, “National evaluation of welfare-to-work strategies: How effective are different welfare-to-work approaches? Five-year adult and child impacts for eleven programs,” Manpower Demonstration Research Corporation, December 2001, Table 13.1. Available at: [https://www.mdrc.org/sites/default/files/full\\_391.pdf](https://www.mdrc.org/sites/default/files/full_391.pdf)
- <sup>15</sup> Hahn, H., Pratt, E., Allen, E., Kenney, G., Levy, D. K., and Waxman, E. (2017). Work requirements in social safety net programs: A status report of work requirements in TANF, SNAP, Housing Assistance, and Medicaid. Available at: <https://www.urban.org/sites/default/files/publication/95566/work-requirements-in-social-safety-net-programs.pdf>
- <sup>16</sup> Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., and West, C. P. (2015). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clinic Proceedings*, 90:1600-1613. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26653297>
- <sup>17</sup> Kim A. Hoffman *et al.*, “Improving substance abuse data systems to measure ‘waiting time to treatment’: Lessons learned from a quality improvement initiative.” *Health Informatics J.* 2001 December; 17(4):256-265. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3472705/pdf/nihms-408866.pdf>
- <sup>18</sup> Virginia Department of Health. Pregnancy-associated deaths from drug overdose in Virginia, 1999-2007: a report from the Virginia Maternal Mortality Review Team. Richmond (VA): VDH; 2015. Available at: <http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/Final-Pregnancy-Associated-Deaths-Due-to-Drug-Overdose.pdf>

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<sup>19</sup> Maryland Department of Health and Mental Hygiene. Maryland maternal mortality review 2016 annual report. Baltimore (MD): DHMH; 2016. Available at:

[https://phpa.health.maryland.gov/mch/Documents/2016MMR\\_FINAL.pdf](https://phpa.health.maryland.gov/mch/Documents/2016MMR_FINAL.pdf)

<sup>20</sup> New York State Department of Health. New York state maternal mortality review: update. Albany (NY): NYSDH; 2017. Available at: <https://www.acog.org/-/media/Districts/District-II/Public/SMI/v2/SMIRewiew072017.pdf?dmc=1&ts=20180108T2349092055>

<sup>21</sup> Metz TD, Rovner P, Hoffman MC, Allshouse AA, Beckwith KM, Binswanger IA. Maternal deaths from suicide and overdose in Colorado, 2004-2012. *Obstet Gynecol.* 2016 Dec;128(6):1233-1240. Available at:

<https://pdfs.semanticscholar.org/81b8/c6050e3babefc3a9b495076347cf56496e7f.pdf>

<sup>22</sup> Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at:

<https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

<sup>23</sup> Ibid.

<sup>24</sup> 42 CFR 431.408(a)(1)(i)(C).

<sup>25</sup> Ibid.

**From:** Ryan Burtka  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Monday, August 6, 2018 1:20:38 PM  
**Attachments:** [DaVita Comment Letter on Michigan Medicaid Waiver \(signed\).pdf](#)

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Please see the attached comment letter on the Michigan Medicaid waiver from DaVita Inc.

Ryan Burtka  
Kandler Reed Khoury & Muchmore  
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Lansing, MI 48933  
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August 12, 2018

Director Nick Lyon  
Michigan Department of Health and Human Services  
Medical Services Administration  
Bureau of Medicaid Policy and Health System Innovation  
Attention: Medicaid Policy  
P.O. Box 30479  
Lansing, Michigan 48909-7979

**Re: Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment**

Dear Director Lyon:

We respectfully submit the following comments regarding the State of Michigan's Section 1115 Demonstration Waiver Extension Request Amendment, dated July 9, 2018. The DaVita patient population includes more than 194,600 patients who have been diagnosed with end-stage renal disease (ESRD), a group representing approximately one-third of all Americans receiving dialysis services. Spanning all 50 States and the District of Columbia, the DaVita Kidney Care network includes more than 2,445 locations. In Michigan, 1,427 DaVita teammates (employees) have the privilege of serving 6,082 patients. Our comprehensive, in-center care team includes nephrologists, nephrology nurses, patient care technicians, pharmacists, clinical researchers, dieticians, social workers, and other highly-trained kidney care specialists.

**BACKGROUND**

End Stage Renal Disease (ESRD), or kidney failure, is the last stage (stage five) of chronic kidney disease (CKD). This stage is reached when an individual's kidneys are functioning at 10%–15% of their normal capacity or below and, therefore, cannot sustain life. Kidneys are vital organs that remove toxins from the blood and perform other functions that support the body, such as balancing fluid and electrolytes, and producing certain hormones. When kidneys fail, they cannot effectively perform these functions, and renal replacement therapy, such as dialysis or a kidney transplant, is necessary to sustain life.

The most common type of dialysis is hemodialysis, which is predominantly performed in specialized outpatient facilities. Hemodialysis is a therapy that filters waste products, removes extra fluid, and balances electrolytes (sodium, potassium, bicarbonate, chloride, calcium, magnesium and phosphate), replacing the mechanical functions of the kidney. Traditional in-center hemodialysis is generally performed a minimum of three times a week for approximately four hours each session. Due to the significant impact of dialysis treatment on the body, the resulting fragility of those with the disease, and the amount of time involved in treatment, the proper treatment of ESRD patients under the Healthy Michigan Plan is of critical importance.

## **ESRD PATIENTS ARE INHERENTLY “MEDICALLY FRAIL” AND SHOULD BE AUTOMATICALLY EXEMPT FROM WORK REQUIREMENTS**

As the Michigan Department of Health and Human Services (MDHHS) indicates in its Waiver Extension Request Amendment, the Healthy Michigan Plan (HMP) has extended health care coverage to over 1,000,000 low-income Michigan residents who were previously either uninsured or underinsured. HMP is built upon systemic innovations that improve quality and stabilize health care costs. In addition to promoting the overall health and well-being of Michigan residents, the program contains structural incentives for healthy behaviors and personal responsibility. Under the Amendment, MDHSS seeks to add workforce engagement requirements as a condition of HMP eligibility for able-bodied adults age 19 to 62. Importantly, however, individuals not impacted by this workforce engagement requirement are those who are “medically frail” in accordance with 42 CFR 440.315.

Federal regulation 42 CFR §440.315(f) provides that a person is “medically frail” if, among other things, the individual has a “serious and complex medical condition.” For the reasons noted above, ESRD is a “serious and complex medical condition” and such patients are inherently “medically frail.” We are grateful, therefore, that the State of Michigan has set forth an exceptionally patient friendly approach to allow vulnerable patients, such as those with ESRD, to be exempted from the HMP.

Under the Amendment, through a Medically Frail Identification Process, individuals (1) may self-report medically frail status or (2) be identified through a retrospective claims analysis as follows:

- **Self-Reporting of Medically Frail Status**
  - MDHHS would allow individuals to self-attest to their medically frail status through an application. Answering “yes” to either of the following questions would designate an individual as “medically frail”:
    - 1) Does the applicant “have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?” (Paper Application)
    - 2) Does the applicant: a) “have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?” or b) “need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a medical facility or nursing home?” (Online Application)
- **Retrospective Claims Analysis**
  - When available, MDHHS will review health care claims data available within its Community Health Automated Medicaid Processing System (CHAMPS) from the preceding 12 months for the presence of select diagnosis codes to identify individuals considered medically frail.
    - Among the list of diagnosis codes that would identify an individual as “medically frail” are N184 (Chronic Kidney Disease Stage 4), N185 (Chronic Kidney Disease Stage 5), and N186 (End-Stage Renal Disease).

We have review several other Medicaid Waiver proposals relating to work requirements for Medicaid beneficiaries – and the “medically frail” exemption processes thereto – and we find Michigan’s proposal to be a model in this regard. **We are pleased to support the “medically frail” exemption process in the HMP Demonstration Waiver Extension Request Amendment.**



We appreciate Michigan's efforts to transform the Medicaid program while appropriately taking into account the needs of medically frail individuals. Our comments reflect our sincere desire to make sure that the Michigan Medicaid program is updated through the waiver in a way that best serves the disparate needs of its enrollees. Once again, we thank you for providing the opportunity to provide comments on the Amendment and we look forward to continuing to work with the Department to ensure high-quality Medicaid coverage.

Sincerely,

A handwritten signature in black ink, appearing to read "M. J. Such". The signature is fluid and cursive, with a prominent initial "M" and a long, sweeping tail.

Michael J. Such, Esq.  
Sr. Director, State Government Affairs  
DaVita, Inc.  
(612) 916-0922

**From:** Lisa Ruby  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Tuesday, August 7, 2018 1:19:05 PM  
**Attachments:** [Healthy Michigan Plan amendment comments to DHHS.pdf](#)

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Hello -

I am attaching my comments on the Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment.

Please let me know if you have any questions.

Lisa Ruby  
Michigan Poverty Law Program  
220 E. Huron #600A  
Ann Arbor, MI 48104  
734-998-6100 ext.617

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August 7, 2018

Re: Comments on Healthy Michigan Plan §1115 Demonstration Waiver

To Whom It May Concern:

I am the public benefits attorney at the Michigan Poverty Law Program (MPLP). MPLP is the statewide support center for Legal Services programs in Michigan. As the public benefits attorney, I provide research, training, and litigation support to Legal Services offices statewide and engage in legislative and administrative advocacy. In providing support to attorneys throughout the state, I regularly come in contact with those working with recipients of food, medical and cash assistance and am familiar with the challenges these families face on a daily basis. The purpose of my comments here is to express some of my concerns with the state's proposal to amend the Healthy Michigan Plan.

MPLP supports programs that encourage and assist individuals to work. However, according to an article in the Journal of American Medical Association (JAMA), the majority of individuals who are enrolled in the Healthy Michigan Plan are already working, or they are not able to.<sup>1</sup> The study found that:

- 48.8 percent are employed or self-employed full or part time -- though their incomes were all below 133 percent of the federal poverty level, about \$15,800 for an individual and \$32,300 for a family of four.
- 27.6 percent are out of work
  - Of these, one-third said they were in fair or poor health
  - Two thirds of those out of work said they had a chronic physical illness, and 35 percent said they had been diagnosed with a mental illness.
  - One-quarter of those out of work said they had a physical or mental impairment that interfered with their ability to function at least half the days in the last month.



- 11.3 percent said they were unable to work. Of these, 73.4 percent reported being in fair or poor health.
- 2.5 percent said they were retired
- 5.2 percent said they were students
- 4.5 percent said they were homemakers

If the majority of Healthy Michigan Plan recipients are already meeting the work requirement or satisfy an exemption, what is the concern? Paperwork. Individuals will be subject to additional reporting and verification requirements, inevitably leading to wrongful cessation of benefits. In my experience, this happens on a regular basis within the existing assistance program structures. Documents are submitted, lost, and then recovered only after a recipient's benefits have been cut off. In addition, Bridges is not a perfect screening system. For instance, Bridges is currently programmed to terminate eligible individuals from Medicaid when there is a change in coding from the Social Security Administration. DHHS is aware of this problem and has attempted, unsuccessfully, to fix it. Impacted recipients have lost their Medicaid despite being eligible. Even wrongful terminations require months of advocacy before benefits are reinstated. In the meantime, access to health care is denied. It is reasonable to conclude that increasing eligibility and verification requirements will lead to more people losing Medicaid and that their health will suffer.

In order for people to be successful reporters, people need to reliably access the verification system. Wage earners making less than 133% of the federal poverty level are low income; they are struggling to meet their obligations on a day-to-day basis. They are less likely to have resources that assist in complying with additional reporting requirements, things like reliable transportation and internet access. In addition, low-wage workers are more likely to have unreliable and inconsistent work hours, making it difficult to consistently meet the 80 hours per

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<sup>1</sup><http://ihpi.umich.edu/news/most-who-enrolled-michigan%E2%80%99s-medicaid-expansion-either-already-work-or-can%E2%80%99t-work-study-shows>

month work requirement. Hours can fluctuate above and below that 80-hour mark from month to month. But if someone fails to accurately report their hours, regardless of intent, Medicaid will be lost for 12 months.

Reporting requirements alone will lead to thousands of eligible people losing coverage. If the state is truly interested, as it has stated, in growing its workforce, it can invest more resources in the Workforce Development Agency. The proposed amendments to the Healthy Michigan Plan will not incentivize people to seek work; they will simply shrink the current Medicaid rolls. Most residents who signed up for the Healthy Michigan Plan say their health insurance helped them do a better job at work, or made it easier for them to seek a new or better job, in the first year after they enrolled.<sup>2</sup> This is the intended outcome of access to Medicaid. The assertion that work requirements lead to better health outcomes is difficult to grasp when it is clear that it is access to health care that results in a more robust workforce.

The current Healthy Michigan Plan is meeting its goal of increasing access to quality health care, which is in line with the stated purpose of Medicaid. The proposed amendments will do just the opposite, creating an obstacle course for those impacted. Work requirements serve only to remove individuals from Medicaid. It is misplaced to assert, as the state and the director of CMS do, that people who are removed from the Healthy Michigan Plan due to non-compliance with reporting or work requirements don't need the program anymore and/or will "transition" to private health insurance. Most will simply go without insurance.

Thank you for the opportunity to submit these comments. Please contact me if you have any questions.

Lisa Ruby  
Staff Attorney

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<sup>2</sup> <http://ihpi.umich.edu/news/medicaid-expansion-helped-enrollees-do-better-work-or-job-searches>

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Wednesday, August 8, 2018 2:03:02 PM

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To Whom It May Concern:

My name is [REDACTED] and I am a mental health care provider in Wayne County. I am writing to you today to voice my opposition to the State of Michigan's changes proposed in its Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment. I believe the proposed changes will have a detrimental effect on those I serve, members of my community, and the State of Michigan as a whole.

Medicaid was enacted over 50 years ago with the goal of expanding access to affordable healthcare to our most vulnerable populations. Now, five years after the Michigan's successful Medicaid expansion, Michigan is considering erecting barriers to care instead of breaking them down.

Lawmakers have crafted the workforce engagement policy with the goal of incentivizing employment among enrollees of the Healthy Michigan Plan (HMP) by adding work requirements to the eligibility requirements. Creating opportunities that help able-bodied people work is admirable, but this bill will not succeed in this aim. Most HMP enrollees (60%) are already working, and only roughly 3% of HMP enrollees could be characterized as choosing not to work. The proposed policy change is similar to the "welfare to work" laws created under the Temporary Assistance for Needy Families (TANF) program. Now, two decades after TANF was enacted, outcomes show that policy changes to that program did not meet their goals because unemployed recipients did not enter, and remain in, the workforce as supporters originally claimed. According to research done by the Kaiser Family Foundation, this is because barriers to employment were not adequately addressed, and these barriers are not adequately addressed for HMP enrollees in the waiver amendment either.

According to a recent U of M study, the majority of unemployed people enrolled in HMP are unable to work due to poor health or chronic health and/or mental health conditions that impair their functioning. Although they may be too sick to work, they may not qualify for exemptions under these proposed changes, or they may face barriers to ensuring they are meeting the exemption requirements. Taking away their access to health care is the last thing these people need. In fact, 69% of HMP enrollees reported that they performed better at work once they got Medicaid coverage, and 55% of expansion enrollees who were unemployed said having Medicaid coverage made them better able to look for work. Ensuring people have access to affordable health care when they need it provides people the solid foundation they need in order to secure and maintain a job.

Finally, these proposed changes will be an economic disaster for Michigan. Because the federal government reimburses 90% of program costs for Medicaid expansion, removing people from the HMP will only save an average of \$600 per person each year. Meanwhile, since Medicaid expansion, Michigan hospitals have experienced a \$300 million decrease in unreimbursed care costs. The savings is primarily due to Medicaid expansion – people enrolling in the HMP. Because patients receive care covered by Medicaid, and often in less acute settings rather than emergency rooms, they are able to live healthier, more productive lives and save taxpayer money. Lawmakers should focus on policy that helps people stay healthy and contribute to society, rather than remain sick and contribute to expensive unreimbursed healthcare costs, all of which negatively impacts Michigan families and taxpayers.

Please register my comment in opposition to changes proposed in the State of Michigan's Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment.

Sincerely,

A solid black rectangular redaction box covering the signature area.

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Oppose Changes to Healthy Michigan Plan  
**Date:** Wednesday, August 8, 2018 2:56:28 PM

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To Whom It May Concern:

My name is [REDACTED] and I am a mental health care provider in Wayne County. I am writing to you today to voice my opposition to the State of Michigan's changes proposed in its Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment. I believe the proposed changes will have a detrimental effect on those I serve, members of my community, and the State of Michigan as a whole.

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Sincerely,

[Redacted signature block]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Wednesday, August 8, 2018 3:00:42 PM

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To Whom It May Concern:

My name is [REDACTED], and I am a student at the University of Michigan School of Social Work and a mental health care provider in Wayne County. I am writing to you today to voice my opposition to the State of Michigan's changes proposed in its Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment. I believe the proposed changes will have a detrimental effect on those I serve, members of my community, and the State of Michigan as a whole.

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Sincerely,

[Redacted]

[Redacted]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Wednesday, August 8, 2018 8:30:17 PM

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Sincerely,

A solid black rectangular redaction box covering the signature area.

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 10:46:09 AM

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To Whom It May Concern:

My name is [REDACTED] and I am a mental health care provider in Wayne County. I am writing to you today to voice my opposition to the State of Michigan's changes proposed in its Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment. I believe the proposed changes will have a detrimental effect on those I serve, members of my community, and the State of Michigan as a whole.

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Please register my comment in opposition to changes proposed in the State of Michigan's Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment.

Sincerely,

[REDACTED]

**From:** Elyssa Koidin Schmier  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Comments on Healthy Michigan/Medicaid work requirements plan  
**Date:** Wednesday, August 8, 2018 3:31:05 PM  
**Attachments:** [MI DHHS letters.docx](#)

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To Whom It May Concern,

Attached you will find the comments from 191 Michigan moms, dads, and concerned Michiganders on the Medicaid work requirements plan proposed by Governor Snyder and passed by the Michigan Legislature.

Please feel free to reach out with any questions.

-Elyssa

--

Elyssa Koidin Schmier  
MomsRising  
Senior Campaign Director, National Early Learning and Budget  
781-608-8795  
@ElyssaK  
[www.MomsRising.org](http://www.MomsRising.org)  
[MamásConPoder](#)



Dear Michigan Department of Health and Human Services,

Plans like those passed by the Michigan Legislature on Medicaid work requirements goes against 50 years and nine presidencies of bipartisan support for the vital Medicaid program. This move could complicate and even eliminate life-saving healthcare for Michiganders on Medicaid, especially the 675,000-plus that are enrolled in the state's Medicaid expansion program for residents with low incomes, the Healthy Michigan Plan. This would put at risk parents, caretakers, and low-income individuals.

Imposing unnecessary and unhelpful barriers to vital health care only sets our families and economy back. This would disproportionately affect low-income families who are just trying to get by and pull themselves out of poverty. No one should be punished for caring for a loved one, being unemployed, going to school, or having an irregular work schedule that prevents them from working more than a certain amount of hours a week. Our children will be affected as well as our economy.

Instead we should be funding job creation and training programs, raising wages, ensuring high-quality, affordable childcare, and passing paid family and medical leave so we can care for ourselves and our loved ones when they need us most and strengthening health care programs so all Michiganders can live to their fullest potential.

Stand with me and protect the healthcare of millions of Michiganders by rejecting Medicaid work requirements!

Elyssa Schmier  
645 N. 4th Ave. Unit D  
Ann Arbor, MI  
48104

Dear Michigan Department of Health and Human Services,

Since it is fact that most recipients of Medicaid who work are paid so little that they still qualify and most of the remainder of eligible people are children and/or the elderly and ill, it seems very harsh to make recipients jump through hoops to get what they are entitled to.

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Dear Michigan Department of Health and Human Services,

Please do not enact the Medicaid work requirements bill! This bill would result in lost health care coverage and burdensome red tape for recipients as well as added bureaucracy for Michigan's Department of Health and Human Services. The 675,000 Michiganders on the Healthy Michigan Plan are most at risk of losing their health care if they are unable to abide by the strict work requirements - this includes parents, caretakers, and low-income people.



Dear Michigan Department of Health and Human Services,

This is just inhumane....these people already work and some are unable too! They give tax cuts to rich who do not need it and take from poor....Just what Jesus would do! Right?



Dear Michigan Department of Health and Human Services,

Health care should be free to all.

Medicaid is a necessity for many Michigan people.

Many can't work, many can't even walk.

Once again republicans are adding pain to the American people in exchange for saving money. Money that goes into the pockets of the rich in exchange for the pain of the poor and under privileged. Governor and other republicans, you know no shame. But we the people are ashamed of you and your kind.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Requiring those who apply for Medicaid to meet work requirements is asking people going into the hospital to run an obstacle course first. Its purpose is not to help but hinder and punish the poor. The work requirement is nothing but a return to the days when poverty was considered a moral failing needing correction, preferably by hurting those in need. It's time to discard this harmful and obstructionist policy. This is the 21st Century. Have we learned nothing in two hundred years?



Dear Michigan Department of Health and Human Services,

I disagree with work requirements to receive health insurance; it is unfair to so many Michigan families who deserve Medicaid as a stop-gap measure to preserve their health needs.



Dear Michigan Department of Health and Human Services,

Medicaid work requirements place an unnecessary hardship on those who can least afford it.

A large black rectangular redaction box covering the signature and name of the sender.



Dear Michigan Department of Health and Human Services,

I depend on Medicaid for my medicine and doctors. I cannot handle working much due to anxiety and depression. The work requirement would hurt many people including myself. I have been on Medicaid for years and it helps pay for things like therapy which I need. Some people may be able to work but I think there are those who cannot. Or at least, cannot manage the number of hours Governor Snyder is proposing. This is a dangerous law that would harm people who depend on Medicaid. I have several health issues in addition to psychological ones. Please, do not approve this law. Thank you.

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Dear Michigan Department of Health and Human Services,

Why are the underprivileged in Michigan and elsewhere, that are below the poverty level, being punished for the lumps received in their lives? We ALL know it actually costs higher to take care of the health of these unfortunates when it becomes catastrophic, rather than coverage under Medicaid to help keep them healthy....especially the children, whose whole future is in the balance, and this bad Bill could make or break these people and their children. Why do the people with the power always seem to look down upon and judge those who need a helping hand the most. Deplorable.



Dear Michigan Department of Health and Human Services,

Please protect the 675,000 Michiganders on the Healthy Michigan Plan, who are most at risk of losing their health care if they are unable to abide by the strict work requirements, including parents, caretakers, and low-income people.



Dear Michigan Department of Health and Human Services,

My patients - ill, too mentally ill to work, too cognitively disabled, or elderly and in pain but not old enough for Medicare - will all lose their Medicaid by the work requirements bill. In the past few years, I have helped countless patients to control their diabetes, blood pressure, weight, fatty liver disease. How is post-infarct heart disease, renal failure from uncontrolled diabetes or hypertension, or liver cirrhosis cheaper to treat than preventive services? This law is just shifting the financial burden and worsening people's health is the consequence.



Dear Michigan Department of Health and Human Services,

Save medicaid services. I know I need medicaid because I Got sick after retiring. I spent my whole life savings on home care, hospital bills, medical, dr. Bills, supplies, ambulance srvc, prescriptions, etc. Now, I have nothing left. Medicaid is my last hope. I'm sure others have similar situations, too; and need help as well. We have to really help people that need it.

A large black rectangular redaction box covering the signature area of the letter.

Dear Michigan Department of Health and Human Services,

Stop hurting the children and women with families who try and take care of them. A lot of women are left on their own to care for their families and not everyone has a high paying job with benefits.



Dear Michigan Department of Health and Human Services,

Medicaid MUST be kept in place for families in need. We are the richest country in the world and healthcare for those who need it shouldn't even be debated.



Dear Michigan Department of Health and Human Services,

My field provides critical home-based services, through Medicaid, for overburdened families of infants and young children, many of whom have experienced multiple traumas and toxic stress (high ACE scores). The support that this Medicaid-funded program affords helps to ameliorate those ACEs and prevent serious (and expensive) problems down the road such as the need special education, health interventions, criminal justice involvement, etc. I urge MDHHS to make it easier NOT harder to obtain/keep Medicaid coverage. The babies would ask you for this if they could!

A large black rectangular redaction box covering the signature and name of the sender.



Dear Michigan Department of Health and Human Services,

Health care is important to our entire population--not just the rich. Do not skimp on health care opportunities for our entire population! Everyone counts.

A large, solid black rectangular redaction box covering the signature area.

Dear Michigan Department of Health and Human Services,

Parenting is most important job. There must be no Medicaid work requirements.  
Parents' work is raising children!



Dear Michigan Department of Health and Human Services,

I disagree on work requirements for Medicaid. This will cause thousands to lose their health insurance.

[REDACTED]

Dear Michigan Department of Health and Human Services,

Medicaid is there to help those who need help. If it were possible for them to work they would not need the program. Improving the health of all of the most vulnerable helps insure the health of all of us.



Dear Michigan Department of Health and Human Services,

Parenting is most important job. There must be no Medicaid work requirements.  
Parents' work is raising children!



Dear Michigan Department of Health and Human Services,

A work requirement in order to receive Medicaid? If you're going to require that I work, then you had better give me a job as well, because no one else seems to want to. I've looked for a job, of any sort, for many years and no one has wanted to hire me.

Probably because of my physical condition (metal pins in one elbow and missing the tip of one finger, and suffering from diabetic neuropathy). Now I'm 62 and so also have the perceived "disability" of advanced age to contend with. So, tell me again that I'm just a lazy dead beat if I need the assistance of Medicaid, because that's what you're saying with this work requirement.



Dear Michigan Department of Health and Human Services,

Please do not allow red tape to hinder needy Michigander's ability to keep/receive Medicaid insurance. Thank you.



Dear Michigan Department of Health and Human Services,

Its a fact. Stay home if you are sick so you don't give it to your co-workers. Of course if you have something really awful you are not able to work, But those republicant's don't care. If you could make it to some kind of job that would probably kill you and then you wouldn't need Medicaid any more. The perfect republicant solution. I can see the republicant's are all GOOD Christians and practice what they preach. Screw them while they are down!





Dear Michigan Department of Health and Human Services,

Do not impose a work requirement on Medicaid recipients. It is short-sighted and punitive. We all benefit when people get the medical care they need.



Dear Michigan Department of Health and Human Services,

There are too many of us on the fringe income. Special needs seniors we need all the help we can get.



Dear Michigan Department of Health and Human Services,

At some point people have to stand up for what's right, especially those who are charged with carrying out the immoral choices of the state.



Dear Michigan Department of Health and Human Services,

I am opposed to the suggested strict work requirements being proposed by Michigan legislators. It would eliminate necessary help for thousands of Michigan citizens, particularly many elderly people, from getting the help which they so desperately need.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Please stop the law that would require many Medicaid recipients to work at least 80 hours a month or risk losing their health care. Many people would be unable to fulfill this requirement, often because of situations beyond their control. When more people don't have health care, more people die. Thank you for your consideration.



Dear Michigan Department of Health and Human Services,

How are people supposed to work if they are sick they is a trap just a way to kick people off of Medicaid.



Dear Michigan Department of Health and Human Services,

I disapprove the work requirements for Michigan Medicaid because most recipients are old, disabled, children, or already working jobs that pay minimum wages and don't offer sufficient hours or benefits. This requirement is regressive and harms the most vulnerable while adding oppressive red tape. It's basically a political ploy to blame the poor for poverty. I urge you to disallow it.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Many low income people, like my daughter, are perfectly willing to work 40 + hours a week. However, employers, such as Wendy's, schedule her to work 25 hours a week or less. Willing workers should not be penalized because employers refuse to give them an adequate work schedule.

A large black rectangular redaction box covering the signature area of the letter.



Dear Michigan Department of Health and Human Services,

I completely disagree with work requirements in order to receive health insurance. Working poor already have enough challenges. Medicaid is for the most at risk members of our communities. This is harmful to thousands of Michigan families and the fact that the architects of this bill are among the most privileged members of society with jobs that give tremendous security and health insurance is a disgusting testament to the problems of how America views human health services with respect to life, liberty and the pursuit of happiness.

My American neighbor who was a nurse stricken with Lymphoma had to return to work after chemotherapy...too soon...but she could not afford to be thrown off the hospital health insurance for being sick too long. Michigan and American as a whole should be strengthening the Affordable Care Act.

I am an American living abroad for 12 years in The Netherlands and I testify that basic mandatory Healthcare insurance not tied to any employer makes for a better society and community.



Dear Michigan Department of Health and Human Services,

This bill is a haughty and demeaning action against the poor of Michigan. To absolutely take away any medical care for the poor and unable to work, is NOT an act of a Democracy. This extremely cruel bill must be removed from "Healthy Michigan" as Michigan is NOT healthy with it!! Prove that this state does not have tyrannical bill protecting the rich and denying help to the needy.

It makes Michigan look terrible and removes any goodness of "Healthy Michigan"



Dear Michigan Department of Health and Human Services,

As a retired health care practitioner, the plan to force medicaid recipients to work is cold hearted at best and evil at it's worst.

It is still a game of the haves and the have-nots. The haves want to give more public money to their corporate friends by throwing the poor to the streets. You cannot call yourself a good & spiritual human being and do this.

Without compassion, we as a society have lost out way.



Dear Michigan Department of Health and Human Services,

wow employers are only hiring part-time employees which means it is very hard to get in even 24hours per week at minimum wage. NOW you want to require 80hours a month to have health coverage.

THANK You Republicans for giving us little guys the shaft again.



Dear Michigan Department of Health and Human Services,

Medicaid work requirements are a big mistake. Many of those most in need of Medicaid help are unable to work due to various handicaps or family care responsibilities or to find work.



Dear Michigan Department of Health and Human Services,

People spending Medicaid dollars are often too ill to work. Requiring something from them that may be too difficult or impossible for them to actually do is cruel and may contribute to their further loss of health. Not to mention the expense of increased bureaucracy and red tape.



Dear Michigan Department of Health and Human Services,

Most people are on Medicaid because they cannot work or can't find work. If they could work they would, but ... Making a work requirement would just negate the whole premise of Medicaid and hurt so many people. If the government thinks people are cheating the system, then investigate and kick off the ones who really do not deserve this help. Don't hurt a lot of people because of a few bad apples.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Please don't put work requirements on Medicaid! Health is a basic building block that enables people to be able to work, not a privilege!





Dear Michigan Department of Health and Human Services,

PAY CHECKS AT MINIMUM!!!PEOPLE NEED MEDICAID and HEALTH CARE!!!!



Dear Michigan Department of Health and Human Services,

The Medicaid work requirements shouldn't ever be passed as they will eliminate coverage for families living in need .



Dear Michigan Department of Health and Human Services,

I moved to Michigan to take care of a 57-year-old disabled woman who was too sick to work, and whose retail worker wages did not permit her to afford medical treatment for years before that. Consequently, she was forced into emergency hospital care with lengthy stays four times just to survive. It took an appeal to MDHHS and a judge's intervention for her to qualify for Medicaid in 2014. She is still too ill to work, but may have a chance at returning to the workplace in the future if she continues to be properly treated through Medicaid. Without ongoing treatment toward hopeful recovery, she will not survive due to the almost certainly fatal nature of her condition without proper treatment.

It was a nightmare getting this patient Medicaid coverage back in 2014, but we managed to do it for her through legal process. She was far too sick to manage qualifying on her own, and too sick to manage her daily living needs without ongoing live-in assistance. Getting Medicaid coverage has literally saved her life. The care she's received with Medicaid makes it possible for her to at least participate in Michigan's economy at a very limited level, and have some hope for improvement in her condition, slow and difficult as any improvement has been. I could not have managed to successfully keep her alive in her circumstances and properly care for her without Medicaid and her doctors. Michigan's current ill-founded attempt to demand work requirements for many thousands of people who need Medicaid to survive and stay out of hospitals, but who are too sick to work and too impoverished to afford medical care by any other means will cause a large number of unnecessary deaths, a large increase in homelessness, and a large increase in burdens on their families.

Ultimately, the economic drain on the state will be more burdensome than retaining the current system, as has been shown in studies and reviews by other states.

This is not the economic outcome Michiganders want. The severely burdensome hardships it will create for hundreds of thousands of residents here will have severe deleterious ripple effects, plus additional negative economic consequences Michigan can ill afford while the state continues working to recover from the damage to its economy wreaked after the last financial crisis and years of manufacturing job losses here.



Dear Michigan Department of Health and Human Services,

as a volunteer at a free medical clinic that assists those in need to apply for and get coverage through the ACA, I have seen the joy people have when they finally get coverage - please allow life with insurance to the thousands in need.

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Dear Michigan Department of Health and Human Services,

This is unfair and just wrong because there are many people out there who can't work (and don't qualify for disability). Plus, there are people out there who are already working, but their job limits how many hours they work. Also, there are others who have to stay home with the kids because they can't afford a babysitter.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Special needs people can'tt work to meet this requirement. This is ridiculous and must be stopped.



Dear Michigan Department of Health and Human Services,

Please protect access to Medicaid for all those who need it! Removing coverage based on work requirements does not help people find a job, it puts them more at risk for serious health issues which creates a bigger burden on social services and healthcare.



Dear Michigan Department of Health and Human Services,

This is unworkable, humiliating, unnecessary. This is a program that helps more people than the entire new tax cuts(?). When did stop helping people and only help big corporations? Democracy or corporate state?





Dear Michigan Department of Health and Human Services,

I personally do not use Medicaid but I KNOW IT IS EXTREMELY helpful for family members and people I know. We are supposedly living in one of the wealthiest countries (is that REALLY true!? Maybe for the millionaires and billionaires) ... EVERY CITIZEN and immigrant deserves to receive good quality health care ...To NOT have that available is just a very criminal and cruel practice. We NEED to look to our "Better Angels" in this day and age. AND THE WORK REQUIREMENTS ARE JUST SO UNFAIR AND UNNECESSARY AND, QUITE FRANKLY, SHAMEFUL. Most people would rather be working! But just are not able to because of medical issues.



Dear Michigan Department of Health and Human Services,

I have uncontrolled unconscious seizures and I also have Fibromyalgia and I cannot take care of my self. Let alone keep a job. I used to volunteer for the Arc of Livingston for over 6 years and I loved it; now I am asking the Arc for help; for me.



Dear Michigan Department of Health and Human Services,

675,000 people in Michigan are in danger of losing their health care coverage because people need to work in order to be covered. Is this right and Just? Is this fair? To make people work because some people think there are people who are slacking or being lazy. This is just wrong. What about all the tax breaks the government gives to rich people who do not work either?



Dear Michigan Department of Health and Human Services,

It is a sad state of affairs. Some folks have no one to lean on in times of trouble. They are stressed beyond belief now. This reminds me of throwing out a net to catch fish and having the act kill those varieties we should be protecting. It is so expensive to survive today. These are the very people why don't need more hoops to try to catch them. I am thankful that I was born white, have a college degree and friends and family to sustain me. Women especially are hard pressed to do it all by themselves. Cars and the insurance to cover them are expensive. I can afford a nice car every so many years and the ins. but so many can't. They are screwed. Our politicians have no idea what it is like to live on meager amts of money.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

These suggested changes strike me as being punitive. They hearken back to a racist theme I heard back in the last millennium, that of the "Welfare Queen" who abused the system.

We need to leave that theme behind us in this new millennium and recognize that America needs to fulfill the needs of all.

I am unequivocally against these revisions.

A large black rectangular redaction box covering the signature area of the letter.

Dear Michigan Department of Health and Human Services,

If they could find a job then things would be good but it is difficult for many to find a job and they need help.



Dear Michigan Department of Health and Human Services,

Depending on someone's record or abilities, healthcare should not come with strings. Many job positions are not full time with benefits~help create a healthier society and encourage employers to offer more benefits as health insurance.



Dear Michigan Department of Health and Human Services,

All the disabled and low income people need this for their healthcare!!!!





Dear Michigan Department of Health and Human Services,

Everyone deserves to have health care coverage. Work requirements are discriminator and hurt the lower income. It is a penalty exposed on people that can't afford health coverage.



Dear Michigan Department of Health and Human Services,

We need to provide support for families who need it, especially those with young children. Support for children is cost effective as well as the right thing to do.



Dear Michigan Department of Health and Human Services,

Medicaid helped me when I was unemployed, and it helps others in that situation.



Dear Michigan Department of Health and Human Services,

WWJD?

Even the Republicans can figure it out. They're just hoping to slither on by. Sleeve.



Dear Michigan Department of Health and Human Services,

I disagree with the work requirements! Health care for parents is vital. Without healthy parents, our children will ultimately suffer.

[REDACTED]

Dear Michigan Department of Health and Human Services,

Most able people on Medicaid already have gainful employment, additional work requirements will only hurt people who are unable to work. This is not how the richest country is supposed to treat it's citizens. It is cruel, unfair and not the will of the people who sent you to Lansing to represent us.



Dear Michigan Department of Health and Human Services,

All persons deserve to be covered under the ACA. Adding work requirements for persons who are disabled or mentally impaired only hurts Michigan residents who deserve to be covered. The entire community, state, and nation is bettered by more health care not less and we will not accept the dark ages of medical insurance corporations controlling who gets care or not and deciding who dies or not based on corporate greed. America will stand for equality and liberty not death by the almighty dollar. Not in 1776 and not in 2018.



Dear Michigan Department of Health and Human Services,

Medicaid work requirements are antithetical to the whole purpose of the program - to provide coverage for those who are unable, for whatever reason. I am more than happy for my taxes to go to support and provide a decent quality of life for everyone. The financial cost of enforcing such a terrible program would cost far more, and disenfranchise many of our fellow citizens. I very strongly urge that this policy be overturned.

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Dear Michigan Department of Health and Human Services,

This is a terrible idea that will cost the state money by adding more bureaucracy and imposing additional hardship on the most vulnerable people. Most people accepting Medicaid are already working at low-paying jobs, or have small children or elderly parents to care for. Those who are unemployed can't just "go out and get a job!" if they are sick or disabled. As already said, any job they find will be low-paying. STOP THIS HORRIBLE LAW PUNISHING POOR PEOPLE.



Dear Michigan Department of Health and Human Services,

The most vulnerable among us do not need additional barriers to getting basic social services. We should be going out of our way to provided additional care to our least fortunate neighbors, not attaching strings.



Dear Michigan Department of Health and Human Services,

As a full time student in college coming from a struggling background, Medicaid work requirements would greatly impact my coverage in a negative way



Dear Michigan Department of Health and Human Services,

Let's be kind to people and spend money where it counts. Don't restrict access to healthcare. We are all humans.



Dear Michigan Department of Health and Human Services,

The health of people should be a right no matter what. We need to worry about the health of citizens as much as we worry about the health of corporations.



Dear Michigan Department of Health and Human Services,

Work requirements must not be required for all Medicaid participants. Many have young children to take care of and can not afford to pay for child care. If they have to pay for child care, that takes away from what they are making at their job. It defeats the purpose of the requirement. Yes they need to be able to eventually be able to work and make money without needing assistance. But with the lack of full time jobs with benefits this not going to happen.



Dear Michigan Department of Health and Human Services,

Work requirements for Medicaid are ridiculous and unnecessary. The majority of folks who work and use Medicaid already work, and those that don't work are either unable to work or take care of their disabled family members. The purpose of Medicaid expansion was to INCREASE the number of people with health coverage. This proposal will certainly DECREASE the number of insured people and increase the burden on hospitals. Please rescind this utterly shameful proposal.



Dear Michigan Department of Health and Human Services,

People should not lose health care because they don't happen to work enough official hours during a particular time period. What happens if a single mom has to stay home with her kids? A caregiver has to spend a week in the hospital with his charge? An employer lays off all of its employees? Michigan should not place administrative hurdles in the way of helping people get health care. I certainly don't want my hard-earned tax dollars going to creating more bureaucracy designed to stop people from getting health care. Study after study from health policy think tanks show that adding work requirements to Medicaid is a penny-wise and pound-foolish strategy and will have real costs for health-care systems, communities, and people's lives.





Dear Michigan Department of Health and Human Services,

No work requirements for Medicaid recipients Please. Those most in need often cannot meet work requirements due to handicaps, family care responsibilities, inability to find or qualify for jobs, etc.



Dear Michigan Department of Health and Human Services,

Do not victimize people who need health insurance. It will cause more bad health in MI.  
It should be a basic human right.



Dear Michigan Department of Health and Human Services,

It's difficult for me to truly gauge the potential impact of the Medicaid work requirements on individuals, but if someone is disabled to the point that they cannot work it would be cold and cruel to withdraw their medical coverage. Thank you very much.



Dear Michigan Department of Health and Human Services,

The push to remove vital Healthcare access to vulnerable people is disgusting deplorable. These people depend on this service and the idea that someone feels like they don't "deserve" it because of an arbitrary measure of work is misguided.



Dear Michigan Department of Health and Human Services,

Adding work requirements to the Healthy Michigan Plan (our version of expanded Medicaid) would be inefficient and expensive to administer. Adding red tape would leave vulnerable low-income families without healthcare.

Monitoring work requirements is expensive for the state. Keeping track of required paper work (or on-line forms) sets up barriers to healthcare for many low-income people.

Please do not deprive low-income people of healthcare. Healthy Michigan is successful as a health insurance program. Most recipients already have jobs. More red tape would damage this successful Michigan program.



Dear Michigan Department of Health and Human Services,

We disagree with work requirements in order to receive health insurance in Michigan. These requirements would be harmful and could result in loss of health care for thousands if they can't abide by the strict work requirements.

[REDACTED]

Dear Michigan Department of Health and Human Services,

Discrimination at its worst. Who gets to decide who has to work and who doesn't? What happens if you can't get enough hours? What happens if you are truly to ill or disabled to work? Snyder expanded Medicare for a reason. This is absolutely reprehensible.

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Dear Michigan Department of Health and Human Services,

I vehemently oppose keeping people from qualifying for Medicaid if they don't work 40 hours per week. What if they can't find a job? What if their employer won't hire them for 40 hours per week? Many employers refuse to hire full time workers. What if they are a caregiver for another person? What if they are mentally ill? There are too many reasons that disadvantaged people might not be able to work consistent 40 hour work weeks. They should not lose their Medicaid if they cannot. This policy is cruel and wrong. I will not vote for anyone who supports it.

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Dear Michigan Department of Health and Human Services,

Medicaid work requirements will inevitably lead to people being denied healthcare coverage who shouldn't be.



Dear Michigan Department of Health and Human Services,

Don't take healthcare away from the people who need it the most. Having healthcare should not be contingent on how many hours you work, or whether you work at all. Healthcare is a human right!



Dear Michigan Department of Health and Human Services,

As citizens we need to ensure the health and well-being of all future citizens.



Dear Michigan Department of Health and Human Services,

I strongly disagree with work requirements in order to receive health insurance. Medicaid work requirements will be very harmful to thousands of Michigan families who will lose access to health care.

Medicaid is health care NOT a work program!



Dear Michigan Department of Health and Human Services,

I completely disagree with these work requirements in order to receive health care. Now to get cash assistance from the state the requirement makes total sense. But for health care? Really? I know way too many good people that this would seriously damage. Myself and my 2 children included.

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Dear Michigan Department of Health and Human Services,

I am a nephrologist in Berrien County. Many of my dialysis patients have Medicaid in addition to Medicare. It happens very frequently that their Medicaid is interrupted by paperwork snafus. Many of them struggle with the burden of their disease, poverty, and poor literacy. It is very hard for them to keep up with all the somewhat arbitrary documentation requirements. When they lose their Medicaid, they lose their transportation to dialysis, and end up in the hospital. This wastes resources and places them at risk of dying. The legislature's own evaluation of the work requirement bill shows it will lead to many people losing coverage. I can guarantee from my experience that some will lose coverage they are in fact entitled to simply because of paperwork mistakes. This will hurt the patients and also lead to increased costs to the healthcare system.

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Dear Michigan Department of Health and Human Services,

It hurts the person who only can get part-time work, you shouldn't penalize anyone that is trying to work they are trying to do better.



Dear Michigan Department of Health and Human Services,

As a physician who takes care of patients who often are too sick to work, yet don't meet official disability status, I am very worried that this will reduce people's ability to get healthcare when they need it most. Most people would prefer to work over be dependent for healthcare but have extenuating circumstances. The burden of proving they're trying to work will likely be too much for them to navigate. In the end we'll have people without insurance who still need healthcare and either get more in debt paying for Care, put off their care until it becomes an emergency, or end up shifting costs and burdens to the few places that will still Care for the uninsured. My concern is that many will just never get the care at all and their health will suffer from it-making them even less likely to become employed in the future.

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Dear Michigan Department of Health and Human Services,

I have a friend near 60 years of age. He has been on Medicaid for 8 years. He is not in good shape, however, he might be dead without the Medicaid helping him with his several surgeries, ER visits, physical therapy for lymphedema, chemotherapy, radiation, regularly scheduled doctor appointments, blood work and prescribed medications. He has a family member who helps him with his transportation and paper work.

MEDICAID IS ESSENTIAL for people who are not physically able to work.



Dear Michigan Department of Health and Human Services,

There was a time when if it hadn't been for Medicaid, I couldn't have gotten the mental health care I needed so that I'd be able to get and hold a job. Not all people with disabilities are ON disability, and under these new requirements, I never would have gotten that help.

A large black rectangular redaction box covering the signature area of the letter.

Dear Michigan Department of Health and Human Services,

I is interesting that the poorest people in the state are people that they are going after. This is the way the state works, go after the defenseless. Flint, Detroit, Saginaw, Highland Park. All these cities were under State Emergency Management. The Corp. took the best assets, the people were left more impoverished and sicker by mass water shutoffs. Nobody can be healthy without life giving water. Now they want to cut healthcare. It is clear that people don't have transportation or childcare witch the state does not provide. Some people don't even have a supermarket the can get to buy healthy food. This is they way the state set it up. Now they say we need more workers and the only place to get them is work requirements. There is no bottom.



Dear Michigan Department of Health and Human Services,

Everyone should have a right to healthcare regardless of the situation they are in. This would be extremely damaging to many people in Michigan. Please don't let this happen.



Dear Michigan Department of Health and Human Services,  
Gov. Snyder fails Michiganders yet again.



Dear Michigan Department of Health and Human Services,

Most people receiving Medicaid are seniors, the disabled and working poor. You're imposing work requirements on those already working and on people who are not able to work.



Dear Michigan Department of Health and Human Services,

Work requirements for Medicaid are BAD! Do not promote legislation that would require them. I have an 88 year old, unemployed father who, due to dementia, would not be eligible for employment anywhere. Do away with work requirements for Medicaid.



Dear Michigan Department of Health and Human Services,

The Michigan Legislature needs to get it's act together. Lost health care coverage is not an option.





Dear Michigan Department of Health and Human Services,

I think that requiring Medicaid recipients to work in order to continue receiving their benefits is shocking, thoughtless, and unjust. So many people with disabilities rely on Medicaid for their treatment, and they are unable to work, not unwilling. Many of them have disability (SSD) payments that are too low to support their medical care! Medicare leaves a 20% copay on every medical treatment, and so many people are unable to afford it.

Please reconsider this Medicaid work requirements bill! It will cause thousands of Michigan residents to lose access to health care that they desperately need and cannot work to afford!



Dear Michigan Department of Health and Human Services,

The mandatory work requirements for Medicaid will put more of a burden on people who are caregivers for children, the sick and the elderly. There will be unintended consequences for strict work requirements that must be explored before implementation.



Dear Michigan Department of Health and Human Services,

Healthcare is a human right. Work requirements are just to make healthcare harder to obtain.



Dear Michigan Department of Health and Human Services,

This is horrible

Let's hope it pans out



Dear Michigan Department of Health and Human Services,

Medicaid is an essential program that helps struggling families and individuals get back on their feet.



Dear Michigan Department of Health and Human Services,

I have lost my insurance due to work requirements I am unable to fulfill. I am physically unable to work and am waiting on a disability hearing, and am now unable to get the ongoing treatment I need to keep my pain levels down and my level of ADL function up. This loss of insurance has been very hard on me, and I have had to stop taking some of my medications because I can't afford them. I feel abandoned by Michigan and have no idea what's going to happen as I have no foreseeable options for obtaining insurance any time soon.



Dear Michigan Department of Health and Human Services,

While the requirements may seem superficially a good idea, as a health care provider I feel undue burden will be placed on recipients. I have seen nothing but positive health impact since Medicaid expanded in Michigan. I anticipate a slip backwards if these requirements are implemented with loss of gains made and impact on some of our most vulnerable.



Dear Michigan Department of Health and Human Services,

We can have a single-payer system in Michigan (and every state) if we would stop giving tax breaks to the wealthy and corporations.

This is NOT rocket science.





Dear Michigan Department of Health and Human Services,

I strongly oppose Medicaid work requirements. Keeping parents, caretakers and low-income people, and their children, healthy benefits all Michigan citizens. Imposing burdensome red tape work requirements as a condition for Medicaid coverage is unethical and creates unnecessary expenses not only for people who are already struggling but also in bureaucracy that must be supported by Michigan taxpayers. As a lifelong Michigan resident, I do not want my tax dollars going for such a bureaucracy. Nor do I want the added costs that will show up in my own health insurance premiums as a result of preventing people from having Medicaid. I find it appallingly unethical to create a harmful system that takes healthcare away from people who need it and cannot afford to get it any other way.



Dear Michigan Department of Health and Human Services,

I understand the impulse to try to reduce the costs of government programs. That's why imposing work requirements on Medicaid recipients makes no sense. Experience in Kentucky proves that imposing work requirements costs government more!

Let's treat our Michigan families and the working poor with respect and stop this needless, expensive assault on their basic human rights.



Dear Michigan Department of Health and Human Services,

I oppose the work requirements to Medicaid. They don't work, they cost more money and administration than they save, and they harm a vital government program. Stop with the terrible ideas!



Dear Michigan Department of Health and Human Services,

This is cruel, to add a work burden to people who are already suffering or too ill for a job requirement.



Dear Michigan Department of Health and Human Services,

As you add more unnecessary requirements/red tape for Medicare recipients, the increase cost to monitor this will negatively impact individuals that rely on this important benefit.

Michiganders do not need this bill.



Dear Michigan Department of Health and Human Services,

this is immoral



Dear Michigan Department of Health and Human Services,

I can't understand why politicians want to make it MORE difficult for parents and children who cannot afford health insurance to receive healthcare - and in many cases it will cause Americans to LOSE what little healthcare they are now receiving. That is just shameful & disgraceful & immoral. Why punish poor Americans?! Does it make any sense? NO!!!! PLEASE don't do this to people who need help. PLEASE?!



Dear Michigan Department of Health and Human Services,

We do not agree with the Medicaid work requirements because they will in the end cost Michigan taxpayers a lot more than what we pay for Medicaid now, with worse coverage for our citizens. This is simply another case of Republicans hating the poor and does nothing to make our state better or a more desirable place to live.

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Dear Michigan Department of Health and Human Services,

Medicaid work requirements will hurt people and cost our communities more money. While some people may game the system, the vast majority of people who use medicaid are doing their best. Let's make Michigan successful instead of hurting people to look tough.



Dear Michigan Department of Health and Human Services,

imagine if you had a 44 year old son who became an alcoholic, only had occasional minimal wage jobs with no health care benefits, and would relapse and end up in an emergency room.



Dear Michigan Department of Health and Human Services,

Medicaid should not have a work requirement for many reasons. First let me start by pointing out that there are people who either are fighting for disability or unable to receive disability who need medical coverage the most but cannot work. Next, there are people like me who suffer from disorders that will allow me to work 40 hours one week and 0 the next. The last point I would like to make is PFAS. I haven't researched where it is popping up but this week I learned that Parchment is at 20 times the acceptable levels and no one knows how long it has been this way. If it dates back to the paper mill I could have been ingesting this my entire life. I now have thyroid issues (no one else in my family does) as well as a slew of anxiety disorders that could have been caused by this poison. We need our healthcare without restriction... it should be a human right.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Medicaid work requirements have been empirically proven to harm recipients, even those who are able to find jobs. They are often "last hired, first fired."

They often do not make enough to afford child care. They often do not have access to reliable transportation.

This plan is not well-designed to have the intended effect. It IS well-designed to make Americans sicker and more disabled.



Dear Michigan Department of Health and Human Services,

Making a Person with a Medical condition,WORK, is Cruel and Unreasonable! Not all people on Medicaid are SCAMMERS like MOST REPUBLICANS think!



Dear Michigan Department of Health and Human Services,

Medicaid is a health program, not a work program. Some people cannot work even 20 hours per week because of unresolved health issues. If we cannot take care of the weakest among us, what does that say about our society? This bill is a moral issue.



Dear Michigan Department of Health and Human Services,

Medicaid makes a big difference to low income people. I had it for twenty years. My income went up slightly and I ended up with a huge deductible, now I'm rationing my health care. Uninsured medical expenses, regardless of how important they are, don't go toward your deductible.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Medicaid work requirements are a terrible idea, and counter to the very nature of the program. Medicaid should be there to help the most vulnerable: the sick, the disabled, and those who can't work. Anyone on Medicaid has value as a person, regardless of whether they work. Work requirements will waste resources that could otherwise go towards helping people, rather than punishing them.





Dear Michigan Department of Health and Human Services,

Requiring that people work to receive health care is a bad idea, and will harm everyone in the State of Michigan. When people don't have access to healthcare they delay or avoid treatments they can't afford, lowering their quality of life and in the end costing all Michiganders more in the form of emergency services. Access to health care obviously results in a healthier community.



Dear Michigan Department of Health and Human Services,

I think they have taken in account why some cannot work 30 hours a week



Dear Michigan Department of Health and Human Services,

I strongly disagree with instituting work requirements in order to receive health insurance. The requirement would disproportionately burden and harm people in the northern Upper Peninsula, where I live. In an area with few available jobs, finding employment is likely to be impossible for some people; thus, despite their efforts, they will be punished by losing their health insurance. In addition, child care can be expensive and difficult to find, again penalizing families with young children, who need health insurance the most.



Dear Michigan Department of Health and Human Services,

I think these requirements are arbitrary, capricious, and founded on a fundamental misunderstanding about the impact of health conditions on recipients' ability to work. I also believe they violate the equal protection clause of the 14th amendment to the US constitution, since they impose different requirements on Medicaid recipients based on where they live.



Dear Michigan Department of Health and Human Services,

Medicaid has been a literal lifeline for our low-income fellow citizens. I have a friend who was recently able to get Medicaid and as a result is now getting treatment for her diabetes and routine dental care. She's in a stable relationship with a good family practice doctor instead of using emergency rooms the way she had to in the past. When she came back from her last visit to the dentist she was practically crying because it was the first time in her life that she'd gone to the dentist and didn't have a tooth that had to be pulled or even any new cavities

She has significant physical and mental disabilities, including PTSD from a series of sexual assaults, but none with enough medical documentation to qualify her for benefits. She has worked in the past, but she is now in her 50s and has not been able to even get an interview for a job she might be able to handle in the last ten years. There is no question that a Medicaid work requirement would trim Michigan's Medicaid rolls because she is one who would just drop out, convinced that it's hopeless. She would be back to using emergency rooms and would lose what teeth she has left. If she survives to 65 she will come back to Medicaid in much worse health for whatever years she may have remaining at that point.

I won't get into the arguments about whether creating another bureaucracy to enforce the work requirements is economically sensible. As far as I can tell, no one is even trying to justify this on economic grounds. But let me plead, on behalf of my friend, on humanitarian grounds. Our crazy economic times have left far too many of our friends and families behind. While we can work toward a state where there is productive work for everyone able to work, in the meantime we must be sure that our safety net is secure and strong.



Dear Michigan Department of Health and Human Services,

This is an attack on women, who are the caregivers for multiple generations and for sick relatives and are not rewarded with Social Security for their work at home. More cruelty from this gerrymandered state legislature; taking their lead from the Abuser-in-Chief !  
Stop the madness now.



Dear Michigan Department of Health and Human Services,

Medicaid helps children and low-income adults get the care they need. Isn't that all you need to know?



Dear Michigan Department of Health and Human Services,

I don't agree with work requirements to receive health insurance. It's an unnecessary burden on people who need this type of health insurance.





Dear Michigan Department of Health and Human Services,  
Michigan is STRONGER with Medicaid. Our people need it!



Dear Michigan Department of Health and Human Services,

My children are going to be on this due to medical disabilities. The fact that the rich feel they deserve to have their cake and eat it too, while the rest take it in the shorts is just plain wrong.

Stop cutting and gutting just so some rich waste of flesh can laugh his/her way to the bank for another million dollar withdraw.



Dear Michigan Department of Health and Human Services,

I disagree with the Medicaid work requirements bill that was recently passed. I believe this bill will lead to people losing their health care coverage--a bad idea for both the people involved and the society. It also involves unneeded bureaucracy. I would much rather my tax dollars go to providing health care than to checking to see if someone is working--which a large proportion of able-bodied Medicaid recipients are anyway.



Dear Michigan Department of Health and Human Services,

Stop cutting aid for poor people. It's mean and stupid.



Dear Michigan Department of Health and Human Services,

Healthcare is a basic right. We are all better when our society and our state takes care of the basic responsibilities of seeing that our citizens are healthy. It is arrogant at best to make a law that is burdensome just to ease your mind that someone out there somewhere is taking advantage of the system. As if you do not use every thing at your disposal to ride that line between legal and illegal whether it driving over the speed limit or doing your taxes.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

It is shameful that injured or otherwise disabled individuals should have a mandate placed on their eligibility for a program we all pay to support. This set of bills will inflate government and create more waste as they require more agents to check backgrounds and police recipients. Individuals do not choose to go on public assistance, regardless of what is reported by so-called conservatives. And they would gladly get health insurance from their employers if it were available or accessible. Time and treasure would be better spent on checking the massive overreach into private lives, providing health care and education to all people so that we can all grow to our maximum potential without hindrance.

Do not add a work/school requirement to Medicaid availability.

Thank you for your attention.



Dear Michigan Department of Health and Human Services,

In a country with the largest GDP in the world, every person should have access to health care. And in a country built on the Constitution and Bill of Rights, every person deserves health care. Even the poor and disadvantaged among us. Most people are doing their best with what they have. Don't put more onerous burdens on those who already face enormous odds in our country.



Dear Michigan Department of Health and Human Services,

My husband works full time and I stay home to care for our children. Our family depends on our health insurance through medicaid for vaccinations, and prescriptions, dental care, and emergency room visits when things go wrong. Years ago a family like ours wouldn't have struggled so much. What happened to the American dream that a working family can afford to pay for their needs a mother can be home with her babies?! Please protect the American working family trying to live a normal life.





Dear Michigan Department of Health and Human Services,

No work requirements for Medicaid recipients



Dear Michigan Department of Health and Human Services,

I strongly disagree with having work requirements to receive Medicaid in Michigan. So many families, some with young children, rely on Medicaid to take care of themselves. Some people simply cannot work or cannot find work and these people deserve to be able to see a doctor when they're sick too.



Dear Michigan Department of Health and Human Services,

Able bodied people not participating in the traditional workforce are frequently doing other things of value to the community. I have friends and family who have provided meals and services to the homeless, rescued dogs, and cared for neighbors' children or elders. Health care should be available to all, not only to people getting a regular paycheck. Please reconsider work requirements for Medicaid- a healthy community benefits everyone.



Dear Michigan Department of Health and Human Services,

The recent work requirements placed on Medicaid recipients is too horrible, dangerous and inhumane for words. What was supposed to be a safety net has turned into a just plain net that will catch up vulnerable people in it if it is allowed to put into action. It is a burden for the administration of health care in the way of more paperwork and bureaucracy and affects individuals who are caretakers for other individuals; work for those who are already working as caretakers! There are many, many reasons why so-called healthy individuals don't have paying jobs, because they already have obligations. And the unskilled labor market here is already abominable. Should a person have to work two or three low paying jobs to keep healthcare? It is lack of union protection that put many of them in that situation in the first place. Right to work, my foot. Right to work for less. Wake up!

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

A healthy population is a productive and strong population.



Dear Michigan Department of Health and Human Services,

I really disagree with work requirements in order to receive health insurance.



Dear Michigan Department of Health and Human Services,

Please help the people who need this plan to survive!



Dear Michigan Department of Health and Human Services,

This harmful bill would result in lost health care coverage and burdensome red tape for recipients as well as added bureaucracy for Michigan's Department of Health and Human Services. The 675,000 Michiganders on the Healthy Michigan Plan are most at risk of losing their health care if they are unable to abide by the strict work requirements this includes parents, caretakers, and low-income people. Please don't penalize those who need Medicaid benefits the most. I disagree with and vehemently oppose adding strict work requirements to Medicaid. Health insurance is a right and those who need it most should have access to it without ridiculous hoops to jump through or red tape to navigate. Thank you.





Dear Michigan Department of Health and Human Services,

I am horrified that this Medicaid work requirement bill has passed and been signed into law. This bill would result in lost health care coverage and burdensome red tape for recipients as well as added bureaucracy for Michigan's Department of Health and Human Services. Most Medicaid recipients \*already\* work (and work harder than many of us who don't utilize it); this is such a misguided piece of legislation.

A large black rectangular redaction box covering the signature area of the letter.

Dear Michigan Department of Health and Human Services,

I am against the terrible changes in Michigan Medicaid laws, because they would unfairly impact minority and low income eoe.



Dear Michigan Department of Health and Human Services,

I believe the Michigan Medicaid work requirement is a mean-spirited, punitive law that will penalize many who are not fit to be employed. If Michigan insists on walking down this road, then the legislation must be set up in such a way that work requirements are waived for those for whom satisfying a work requirement is impossible.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

It is so short-sighted to cut medical care for our citizens, not to mention unethical. People need to have access to health care to be contributing members to society. Many jobs are just not paying enough, or providing health care coverage, for their employees to have access to health care. We are falling behind as a nation with our failure to look after our more vulnerable citizens.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Plenty of finger pointing and lots of blame, but no one wants to walk a mile in the shoes of the poor and disenfranchised. For one reason or another there is a reason. It is our to understand. Leave it to the Have's to place blame and pressures on the Have Not's. Taking care and helping one another is Biblical in Origin and from that we can take hope. No Government and no Politics can ever shelter from our human responsibilities. Stop and ask yourself, WHAT WOULD JESUS DO.



Dear Michigan Department of Health and Human Services,

Most people who can work, do work. This is only going to punish people who already have it rough.



Dear Michigan Department of Health and Human Services,

Some people are unable to work and medicad is from Medicare money leave my money alone and all hard working people



Dear Michigan Department of Health and Human Services,

I disagree with the work requirements in order to receive health insurance. This will be harmful to thousands of Michigan families.





Dear Michigan Department of Health and Human Services,

People who are on Medicaid are on because for some reason or another they CANNOT work! Don't penalize them for that!



Dear Michigan Department of Health and Human Services,

My adult daughter became pregnant unexpectedly. She was not covered by our health insurance. Thanks to Medicaid she received excellent prenatal care and delivered A healthy child. She and her partner have recently purchased their own home, and she will transfer to his excellent health insurance as soon as they marry. It's simple: do you want to health for our future as a nation? Do the right thing .



Dear Michigan Department of Health and Human Services,

My MIL with Alzheimer's obviously cannot work, yet needs Medicaid for treatment.

My disabled sister can only work a small amount, and needs Medicaid for things that Medicare won't cover.

My developmentally impaired niece is on Medicaid, to cover her therapies that she needs and does not get at their small-town school.

My parents are retired and beginning to show the weaknesses of age; they use Medicaid to pay for some of their health care when Medicare won't cover it.

DO NOT allow this work requirements bill to ruin their lives. They do not have the energy and time to push through red tape proving that they are genuinely unable to work -- why would anyone put that burden on an old woman with Alzheimer's, a severely disabled woman, a little girl who will never mentally grow up, and kindhearted grandparents who worked so hard during their prime that they're now old and worn out? It's cruel, and it will ruin people's lives.

On behalf of my family, and other Michigan families, strike this "work requirement" policy down!



Dear Michigan Department of Health and Human Services,

As a Michigander, it gives me great pride to live in a state with a strong history of providing social services for our citizens. Other states that have added work requirements for obtaining health insurance have not had positive outcomes - it does not support our neediest citizens. I firmly disagree with work requirements for obtaining health insurance and hope DHHS will fight this law.



Dear Michigan Department of Health and Human Services,

As a retired R.N. I've had the unfortunate experience of seeing the effects of families having to choose between seeking treatment for a medical problem for which they have no insurance coverage and hoping it will go away. The severity of the health problem when treatment MUST be sought and its cost far outweighs the expense of routine care and prevention. No parent should be forced to make these decisions.



Dear Michigan Department of Health and Human Services,

Cutting Medicaid would be devastating!!! Because of the ever increasing cost of healthcare, losing Medicaid would be fatal for far too many. Instead of cutting Medicaid it would be far better to cut what the medical field is charging rather than allowing elderly and poor to die in the street.



Dear Michigan Department of Health and Human Services,

I strongly OPPOSE work requirements for Medicaid. They will serve only for force people in need out of Medicaid. Medicaid is a health care program NOT a work program. NO work requirements should get in the way of low-income people getting health care.

A large black rectangular redaction box covering the signature area of the letter.

Dear Michigan Department of Health and Human Services,

Protect Medicaid for all You have already made serous cuts to life saving medications shakes for eldrers and hypoglycemia everyone is one step close to homeless if you look at the statistics





Dear Michigan Department of Health and Human Services,

I disagree with a requirement for work to receive Medicaid benefits. It is insensitive and ignorant. As a counselor I know that this is undue hardship for many people with untreated trauma that date back to childhood. Absolutely no!

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

I do not even have a family to help care for me. I have severe arthritis and a replaced hip. What if I just plain cannot ambulate? Work requirements are insane and especially cruel in the shadow of the gross upward transfer of wealth to the wealthy by GOP tax legislation (which they want paid for by this and other cuts of benefits to anyone not a millionaire).

A large black rectangular redaction box covering the signature area of the letter.

Dear Michigan Department of Health and Human Services,

Medicaid work requirements for disabled people is cruel. My older sister is a dialysis patient and cannot work, she needs Medicare/Medicaid to receive life-saving medicines and her treatments. Passing this horrible bill only hurts people, not help them.



Dear Michigan Department of Health and Human Services,

I strongly oppose work requirements to receive Medicaid. In many cases, the person requires Medicaid for the same reasons that work is prohibited. I am appalled my state would play with people's health this way. Shame on the Legislature.

A large black rectangular redaction box covering the signature area of the letter.

Dear Michigan Department of Health and Human Services,

My 2 adult developmentally disabled adult children are on Medicaid. My daughter was left severely brain damaged from her birth parent's abuse, and my son has Down Syndrome. Do you really think someone is going to hire them? Where do these jobs come from when even physically and mentally whole people are unable to find work? What about the over 60% of our vulnerable seniors in Nursing Homes? Are they supposed to get jobs to qualify? There are states that have already sent out eviction notices to some seniors in nursing homes. Are unprepared and overwhelmed families supposed to care for these seniors suddenly and unceremoniously dumped on their doorstep? Who stays home with them and gives up THEIR job, putting them in danger of needing health coverage assistance? Have you ever cared for someone with dementia 24/7? No rotating shifts, no relief, no help. Too many families already face this reality because they're unable to afford assisted living. Medicaid is their only potential rescue. Back to my personal plea. People with Down Syndrome have a wide range of abilities. Some are TV stars and some struggle to make themselves understood and make themselves learn simple life skills. Also, many on Medicaid already have two and three jobs, none of which offer insurance and they don't make enough to buy insurance. Please find your compassion and humanity when considering work for Medicaid requirements. The percentage of people trying to defraud the system is actually very low, check out the actual facts. Thank you for your time.



Dear Michigan Department of Health and Human Services,

Once you have provided Medicaid recipients with the education to get a job, child care/caregiving, and transportation to get to the job, only then can you think about a work requirement.



Dear Michigan Department of Health and Human Services,

I think the work requirements are an added burden on people already struggling just to get by. While I don't receive public assistance, I know people who do, and if they were able to find work, they would do so!

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

Our families need health care. A healthy beginning gives children a good start in life. They do better in school. They will b healthier adults. All of this makes for a stronger adult population. Don't be penny wise and pound foolish.





Dear Michigan Department of Health and Human Services,

THIS IS BEING USED TO HURT THE VERY PEOPLE IT SHOULD BE HELPING -  
THE MAJORITY OF THE PEOPLE WHO CAN WORK ARE WORKING -



Dear Michigan Department of Health and Human Services,

The state of Michigan should be HELPING not punishing its most vulnerable citizens.



Dear Michigan Department of Health and Human Services,

Low and mid income families need healthcare insurance. Is work necessary? Yes - but there are times when it isn't possible. Keep medicaid in place for all Michigan citizens who need it!

[REDACTED]

[REDACTED]

Dear Michigan Department of Health and Human Services,

Hard working, low income people are in need of good health care. The Medicaid expansion made that possible.

Do not chip away at this crucial benefit. Children are covered by health insurance, their parents need to be covered as well. The Medicaid work requirements are cruel, unnecessary and costly. Some reports show that it

would cost the state more money to monitor this program than the state would save from taking low income working people off the health care rolls.



Dear Michigan Department of Health and Human Services,

Michigan Medicaid work requirements are problematic for a number of reasons. I would like to comment on two.

One, they have the potential to compromise healthcare even for those eligible for exemptions, as it requires recipients to prove they are eligible. I have a mother currently receiving Medicaid who is eligible for exemption under multiple criteria. But she is an older woman with chronic health issues who struggles with basic computer knowledge. Even now she has to battle through red tape to receive services. These work requirements create more red tape--undermining the purpose of Medicaid to increase access. Two, these work requirements require a government infrastructure to manage it. Our governor and state legislators already struggle to maximize the budget as it is. It does not make sense to add more administrative work that costs money that could be used instead to increase residents' access to healthcare. I urge MDHHS to take these issues into consideration.

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

I'm writing to urge you to drop work requirements in order to receive Medicaid health insurance benefits in Michigan. Even in a healthy economy, there are many people who are unable to find work. Health or family problems may necessitate solving those issues before obtaining employment. I prefer to give people the option of having Medicaid pay for medical expenses instead of just going to the emergency room for treatment (and thus having the public pay for their services anyway).



Dear Michigan Department of Health and Human Services,

Medicaid is the health insurance that makes it possible for 2.4 million low income people to access health care. They can go to a doctor or hospital, as well as buying medications. This health care is now at risk for this population. In June Governor Snyder signed a rush bill that asks the federal government to allow Michigan to cut coverage for who can least afford health insurance out of pocket. In addition the state wants to impose red tape and 80 hours of work monthly or lose their insurance. Such requirements are for only low income people. I hope that this unconscionable bill dies and the Healthy Michigan Plan will live.



Dear Michigan Department of Health and Human Services,

Stop the strict & harmful changes to Medicaid.





Dear Michigan Department of Health and Human Services,

There are too many people who need the assistance of Medicaid. One of my oldest Son's got Juvenile Diabetes at 16 yrs old. He was covered by CSHC at that time back in 1999-2000. Well, as he turned 18 it was hard for him to continue his ongoing health care visits, screenings, etc. Medicaid (MDHHS) kept denying & cutting him off. It's sad and embarrassing when our own Government WILL NOT help our own citizen's with lifetime illnesses that really depends on the assistance of health care and LONG term medication to live...How can they work and have life threatening illnesses ? It's like leaving people to die ! How long can they work without proper care, meds, maintenance ? They end up sick, calling off work because they're too sick, hospitalized constantly, etc. They'll lose a job before getting the help they really need. I feel like our Government is just letting people die or in their eyes people are just allowing self destruction to get attention... Who really wants to sit and die ? But when people feel they have NO choices, No help, what are they to do ? And who is going to help them ? Especially the young and Elderly people. America has to do better than that. America used to be a proud, Strong Country who cared for ALL Americans, and ALL people....I feel our country has weakened and been broken by self destruction with our Government. We need the right people in the right places to strengthen our country once again for ALL mankind, the human race, and Justice for all. To solely and proudly do what's right for longevity of life. Thank you !



Dear Michigan Department of Health and Human Services,

Low-income people do all they can to earn a living and sometimes have to work multiple jobs just to barely get on! And often they cannot find suitable or affordable child care so that they can work all those hours at outrageously low pay! To add this work burden in order for people to obtain much-needed medical care is immoral!



Dear Michigan Department of Health and Human Services,

Being poor and/ or disabled is not a crime. Punishing people who need assistance is abhorrent. Many people on Medicaid already work. It's due to their low wages that they need the extra help.

Healthcare should be a right in this wealthy country.



Dear Michigan Department of Health and Human Services,

It's difficult for people with disabilities to find a job period, let alone a full time position that fulfills the work requirements.



Dear Michigan Department of Health and Human Services,

The Michigan Legislature has passed their terrible, horrible, harmful, and unnecessary Medicaid work requirements bill, which was signed into law by Governor Snyder in June. This bill would result in lost health care coverage and burdensome red tape for recipients as well as added bureaucracy for Michigan's Department of Health and Human Services. The 675,000 Michiganders on the Healthy Michigan Plan are most at risk of losing their health care if they are unable to abide by the strict work requirements, this includes parents, caretakers, and low-income people. This is UNACCEPTABLE and SHAMEFUL!



Dear Michigan Department of Health and Human Services,

Keep Medicaid for all children and disability and oldest ppl too they need their supportive through their keep Medicaid health ins it's important for them cause they can't afford any medical of their low income ... thank you



Dear Michigan Department of Health and Human Services,

People who are unable to work at all most often suffer from mental illness and/or are victims of the opioid crisis. They are the ones who need medical assistance most. Cutting Medicaid for these - the poorest, most unfortunate and vulnerable members of our society is not only cruel and inhumane, but it shifts the entire financial responsibility to the hospitals. In addition, treating these patients only when they present to the emergency room in life-threatening situations ends up being expensive and inefficient.

[REDACTED]

[REDACTED]

Dear Michigan Department of Health and Human Services,

Medicaid coverage is critical to a very large number of low income families and individuals with disability conditions. Those who do not work, do so because they are unable to work. Rather than punishing large categories of medicaid recipients, add investigators and refine procedures to determine scofflaws. Adding work requirements would cruel and some cases life-threatening.





Dear Michigan Department of Health and Human Services,

I think it's a war on the poor and middle class and we should do everything in our power to help those who need assistance than make it impossible to get the help they need!



Dear Michigan Department of Health and Human Services,

The government created illness in Flint. Now you're stopping protection of the sick. Callous. callous. A denial of the Right to Life, which your party hypocritically pretends to support. Are you going to provide union wages for those on the work requirement? If not this will give employers (who are dunsing your campa8gns an incentive to fire more people, expanding unemployment). Let public officials dig ditches before they get government pensions.



Dear Michigan Department of Health and Human Services,

Medicaid is an incredibly important for so many, as is Medicare and Social Security. I know the ultearich don't want to pay taxes, but we ALL need to pay OUR share

I do it, as someone who is definitely paying my fair share with pleasure. One NEVER knows when a person might just need it!

A large black rectangular redaction box covering the signature and name of the sender.

Dear Michigan Department of Health and Human Services,

I think that the 675,000 Michiganders on the Healthy Michigan Plan are unemployed not because they chose not to work. They are unable to get a job because most of them have mental disorders. Because of these mental disorders they are also unable to claim disability benefits. in my opinion, the passing of this bill will have therefore, a devastating effect on this vulnerable group.



Dear Michigan Department of Health and Human Services,

I truly believe that all people have the right to have affordable health care. If we expect that Medicaid recipients work more hours for this right, we need to be sure that they have quality affordable day care and transportation. Also, that they have the emotional and physical health to work. I don't see enough support for these challenges. Most people want to work. We can not take their health care away.



Dear Michigan Department of Health and Human Services,

My greatest concern is that the imposition of these strict work requirements will result in the denial of healthcare to our most vulnerable citizens. Access to healthcare is a human right, NOT a privilege reserved for the middle and upper classes.

A government with vision recognizes that healthy citizens who are treated with respect are much more productive than they would be if their access to healthcare is denied and they are assigned to a 2nd class status. Why would any elected official think this is right?

A large black rectangular redaction box covering the signature area of the letter.

Dear Michigan Department of Health and Human Services,

There was a time when we were asked to respond to Health Care Plans for Michigan Families. We would read the requirements and put our "Stamp of Approval" on the Plan. Recently, however, the tables seem to have turned for the most needy of Michigan Citizens. The Legislature and Governor have attached a series of requirements in order to receive Health 'Benefits. These "work requirements" are unnecessary and harmful and appear to be so strict as to make one wonder if the Governor and the Legislature are interested at all in making decent Health Care possible for Michigan families, or just giving the outward appearance of actually caring for the Citizens of Michigan.

This "Plan" is an insult to the People of Michigan. The Legislature should be ashamed to even put forth such a plan full of RED TAPE and ADDED BUREAUCRACY TO WHAT COULD HAVE BEEN A WORKABLE PLAN FOR THE PEOPLE OF MICHIGAN! The "Work Requirements" in this plan are a slap-in-the-face to all residents and send the message, "We really don't care about you--just ourselves!"

I sincerely trust that the Michigan Department of Health and Human Services will make the necessary changes to this Medicaid Bill that would honor each person touched by this bill and offer Medical Care that is feasible, and easily attainable by the good people of Michigan.

A large black rectangular redaction box covering the signature area of the letter.

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Comment on work rule  
**Date:** Thursday, August 9, 2018 10:02:55 AM

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As a former recipient of medicaid who is currently responsible for two young ladies aged 21 I want you to understand that until you have a fairly decent public transportation system AND fix the catastrophic cost of auto insurance, you cannot ethically institute a work rule.

Even though we happen to live [REDACTED] from the main bus route [REDACTED] the bus makes very few deviations from that road.

That means for any destination that is not within a block of that road you are looking at walking to get to any job--very few of which want to locate near Saginaw (with the exception of Grand Blanc and Mt Morris) because the area looks like a war zone (I'm not exaggerating). Both girls work, one luckily about a block away at Subway in Mt. Morris. The other at [REDACTED], 3.5 miles away. Due to problems with her growth when she was young she has issues with her knees--not enough to be disabled, but enough that she certainly couldnt walk that distance.

Not that it's safe for a 21 year old young lady to walk that distance alone. Are you kidding me? Have you heard of human trafficking? Not to mention the increase in hit and run accidents, again due to the catastrophic cost of insurance.

These are two typical kids who dont earn enough to afford cars and gas much less insurance for work transportation. The average cost of a used car is edging up around \$30,000 (again, no exaggeration, heard it on the radio yesterday).

The daughter who works at Subway also goes to Mott. She regularly plans to catch the bus 60-90 minutes prior to needing to be there because that is how long it takes to make the trip the mere 8.2 miles from here to there. Now factor in that amount of time for any job, PLUS walking time and its completely unreasonable to assume that people have transportation available to and from work. Some of these people will have small children who will need day care. How will they work that into the schedule if they have to take the bus? Just think about the logistics of it--it's staggering to imagine how that could possibly happen? Factor in getting to the grocery store a couple times a week? Impossible.

Now this is in a metro area like Flint that actually has a transportation system. Implementing the work rule in a rural are without one is just asking for disaster--there is now way it's going to work.

I hope you will seriously consider the many factors that go into having a job before you legislate what is impossible for people to do.

Sincerely

[REDACTED]



**From:** [HealthyMichiganPlan](#)  
**To:** [Boyce, Craig \(DHHS\)](#); [Prokop, Jackie \(DCH\) \(prokopj@michigan.gov\)](#); [Green, Kellie \(DHHS\)](#); [LaPres, Marie \(DHHS\)](#); [Prokop, Jackie \(DHHS\)](#)  
**Subject:** FW: Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 9:33:32 AM  
**Attachments:** [Image08-08-2018-075003.pdf](#)

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Comments from Henry Ford Health System...

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**From:** Kutter, Elizabeth <ekutter1@hfhs.org>  
**Sent:** Thursday, August 9, 2018 9:11 AM  
**To:** HealthyMichiganPlan <HealthyMichiganPlan@michigan.gov>  
**Cc:** Valade, Diane K. <DVALADE1@hfhs.org>; Corriveau, Marc R. <Marc.Corriveau@hfhs.org>  
**Subject:** Demonstration Extension Application Amendment

To Whom it May Concern,

Attached please find comments on behalf of Henry Ford Health System regarding the \$1115 Demonstration Waiver Extension Request Amendment.

Should you have questions, comments, or concerns feel free to reach out.

Thank you in advance for your consideration,

Elizabeth

**Elizabeth Kutter**

Manager, State and Federal Government Affairs  
Henry Ford Health System  
[ekutter1@hfhs.org](mailto:ekutter1@hfhs.org)  
313-574-1375

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Note to Patients: There are a number of risks you should consider before using e-mail to communicate with us. See our Privacy & Security page on [www.henryford.com](http://www.henryford.com) for more detailed information as well as information concerning MyChart, our new patient portal. If you do not believe that our policy gives you the privacy and security protection you need, do not send e-mail or Internet communications to us.



August 8, 2018

MDHHS  
Medical Services Administration  
Bureau of Medicaid Policy and Health System Innovation  
Attention: Medicaid Policy  
P.O. Box 30479  
Lansing, Michigan 48909-7979

Re: Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment

***Submitted electronically to [healthymichiganplan@michigan.gov](mailto:healthymichiganplan@michigan.gov)***

Dear Sir or Madam,

On behalf of the more than 30,000 employees of Henry Ford Health System (HFHS), I am writing to express our concerns with the Healthy Michigan Plan (HMP) §1115 Demonstration Waiver Extension Request Amendment. HFHS actively advocated for many policy changes to Senate Bill 897 (now Public Act 208 of 2018), which gave rise to the §1115 amendment. While several of our policy suggestions were incorporated into the final bill, we remain concerned that the Medicaid work requirements for the HMP (expanded Medicaid) will have an adverse impact on the most vulnerable patients we serve.

As one of the nation's leading academic and integrated health systems, HFHS, headquartered in Detroit, Michigan, serves patients across Southeastern and South Central Michigan, with five acute-care hospitals, one inpatient psychiatric hospital, and an extensive network of medical centers, emergency rooms and outpatient services. Our over 1,900 affiliated physicians, comprised of the employed Henry Ford Medical Group (HFMG) and the extended Henry Ford Physician Network (HFPN), focus on delivering high quality care while reducing medical costs through collaborative best practices, evidence-based medicine and improved efficiency.

Across our healthcare system, almost 20% of the patients we serve have Medicaid coverage (Traditional or HMP). Medicaid and the HMP have been successful in improving access to health care coverage and reducing Michigan's uninsured rate among low-income individuals. Access to health care coverage is associated with an array of beneficial effects: having a regular doctor; receiving timely preventive care services; better management of chronic health conditions; improved health status, particularly among people with chronic health problems; greater workforce participation; and longer life-expectancy. By the end of 2015, enrollment in HMP reached 613,000 statewide, and total Medicaid enrollment (both traditional Medicaid and HMP) was over 2.37 million, an increase from 1.93 million in April 2014 when HMP launched. In Wayne County, headquarters of HFHS, Medicaid enrollment grew from 28.9% to 36.4% following Medicaid expansion in the state.

Given the magnitude of the proposed change, we believe the work requirements should be introduced with careful consideration of the impacts on the most vulnerable people in Michigan. While we support the underlying concept that able-bodied individuals who receive government-sponsored health care coverage should make an effort to work, we are concerned that the addition of work requirements to the HMP

program, as required by PA 208 of 2018, will reduce the number of vulnerable people enrolled who would otherwise be eligible for HMP coverage. This will have the unfortunate effect of increasing the number of uninsured in the state, slow down the gains in health coverage we have experienced, and negatively impact access to health care services for people who may be most in need.

Our specific concerns with the proposed HMP amendment are provided below.

- Mandating work activities represents a dramatic departure from Medicaid policy over the past 50 years. The Kaiser Family Foundation analysis of the March 2017 Current Population Survey finds that, among non-elderly Medicaid adults: 42% are working full-time, 18% are working part-time, 12% are not working due to caregiving, 6% are not working due to school attendance, 14% are not working due to illness or disability, and 7% are not working for other reasons.<sup>1</sup> Given that about 60% of people on Medicaid already work at least part-time, and only 7% may actually be subject to the requirement as proposed, it is not clear that adding work requirements will result in a measurable improvement in the number of people working, once exemptions for such things as health conditions, disability, caregiving, and school attendance are considered. Given this uncertainty, we suggest that the work requirements be implemented as a pilot or demonstration project that is time-limited and includes population and potentially geographic targets. As part of the pilot/demonstration evaluation, we believe a cost-benefit analysis should be conducted to determine if the costs to implement, administer and evaluate the work requirements exceed the Medicaid program savings and other potential program benefits such as getting people to work.
- The work requirements will increase administrative burdens of the Medicaid program for the state, HMP beneficiaries, and health care providers. The state will need to pay additional staff to develop, implement, and monitor compliance with the new work requirements. People on Medicaid who are already working, in addition to people who newly meet qualifying activities or qualify for an exemption, will have to document and verify compliance on a monthly basis. This increases the burden on HMP beneficiaries to meet reporting requirements, in addition to the actual work requirements. HFHS is concerned that some eligible HMP enrollees will lose coverage due to the complexity of meeting administrative requirements, including individuals with serious health conditions or disabilities that qualify for an exemption. The loss of HMP coverage for noncompliance with the work *reporting* requirements may be disruptive to a HMP beneficiary's health care treatment. This will also be a burden for health care providers, who will have to figure out how to manage care for patients who move in and out of the HMP program, potentially disrupting continuity of care for serious medical conditions, including substance use disorders. Health care providers may also have to absorb the cost of care when these individuals lose their coverage. Loss of HMP coverage for people in these situations is not an acceptable outcome for a program whose primary purpose is to improve access to health care and coverage.

For health care providers like HFHS, we expect that many patients will show up at our doors, thinking they have HMP coverage, but have a lapse in coverage that they were not aware of. This adds an administrative burden to providers, to help these patients sort through the HMP eligibility requirements and enrollment requirements, when we should be focusing resources on their care. Also, as a result of treating more uninsured patients, HFHS and other healthcare providers across the state will see a rise in the amount of uncompensated care provided.

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<sup>1</sup> Musumeci, MB, Garfield, R. and Rudowitz, R. Medicaid and Work Requirements: New Guidance, State Waiver Details and Key Issues. Issue Brief. January 2018. Kaiser Family Foundation Issue Brief. Retrieved on March 23, 2018 from <http://files.kff.org/attachment/Issue-Brief-Medicaid-and-Work-Requirements-New-Guidance-State-Waiver-Details-and-Key-Issues>.



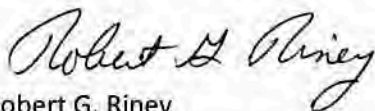
To avoid these potential complications, we recommend that enrollment rules and documentation and reporting requirements be simplified and streamlined to ensure that barriers to enrollment are not created for people who are eligible, and who may be suffering disabilities and severe health conditions.

- HFHS is concerned about the impact of changes to the cost-sharing requirements for enrollees who have had 48 months of cumulative eligibility. Research indicates that requiring individuals on Medicaid and CHIP to pay a premium creates additional barriers to access, often results in additional administrative burden on states to collect owed premiums, and most importantly has resulted in reduced use of care – particularly necessary services.<sup>2</sup> Further, individuals are frequently found to utilize more high-cost health care alternatives because they often let treatable acute or chronic conditions spiral out of control. HFHS believes in the importance of accessible health care, and we promote healthy behaviors in the communities we serve. Instituting changes to the cost-sharing requirements for enrollees beyond the 48 month limit could jeopardize the continuum of care our patients receive now.
- HFHS is deeply concerned about the implications a denial of the §1115 amendment by CMS could have on the program. Michigan has seen great growth in the number of people with healthcare coverage since the inception of the HMP and we do not want this successful program put at risk of being eliminated if the work requirement waiver is not approved. The HMP is often cited as a model for successful expansion of Medicaid to working people who cannot afford to buy private health care coverage. We do not support any plan amendment that could put those covered lives at risk.

We would be happy to discuss our concerns with you in more detail, and are committed to continuing to work with the department and other stakeholders to find solutions. Please contact Marc Corriveau, Vice President, Government Affairs at 248-921-2003 or [marc.corriveau@hfhs.org](mailto:marc.corriveau@hfhs.org) to arrange a meeting or conference with the HFHS team if you are interested in discussing our concerns in more detail.

Thank you.

Sincerely,



Robert G. Riney  
President, Healthcare Operations & Chief Operating Officer  
Henry Ford Health System

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<sup>2</sup> Artiga, Samantha et al., The Effects of Premiums and Cost Sharing on Low-Income Populations, <http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Premiums-and-Cost-Sharing-on-Low-Income-Populations>

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 9:13:10 AM

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Healthy citizens are more likely to be productive citizens in the long term. In the short term, maintaining health or addressing health issues should not be contingent upon immediate availability for work, nor for seeking employment and/or education.

Healthy citizens should be a priority for many reasons important to the economic health of our state and country, such as the cost of untreated health issues and overuse of emergency rooms. Further, if the legislature were truly committed to filling the workforce gap in Michigan they would concentrate on improving skilled trade education, public transportation, quality and affordability of childcare, and raising the minimum wage. Not to mention reinstating the prevailing wage law and passing an infrastructure bill.

Until Michigan (and the country at large) can address these chronic barriers to work for many families - adding the burden of losing healthcare is counter-productive, not to mention mean spirited.

[REDACTED]

Sent from my iPhone

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 9:26:26 AM

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I disagree with the premise that forcing people to work for 20 hrs a week, on average, should be the entitlement for Medicaid benefits.

Most people who earn between 100% and 133% of the HMP eligibility probably work in jobs that do not offer health insurance, or the cost is so high that they can't afford it. A single person earning \$16,000 or less makes \$307.69 each week before taxes, or essentially minimum wage for 40 hrs if they can get 40 hrs. After taxes it's barely enough to survive on. If they have children they can't even afford day care or babysitting costs on top of health insurance. **THEY ARE ALREADY WORKING** and can't improve their lives with the low minimum wage in Michigan.

Medicaid expansion in our state brought health insurance to over 600,000 people. Do you think those people now don't still need an affordable health care plan?

This is not a "hand up" nor is it a "hand out". Without any additional sources of affordable health insurance in Michigan you will simply be moving the state back to where it was before the expansion of Medicaid.....a lot of uninsured citizens who cannot afford health insurance for themselves or their children, including the preventive care they need to stay healthy.

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** no problem  
**Date:** Thursday, August 9, 2018 9:39:54 AM

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I have no problem with requiring able bodied adults enrolled in the Healthy Michigan Plan to work for an average of 80 hours per month to keep benefits or participate in job training, education, internships, or community service and certainly not actively job searching.

Some of these people might actually find they are employable, they can work, they can earn a living. Question is will it be more than they are raking in now.

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Medicaid work rules  
**Date:** Thursday, August 9, 2018 9:52:37 AM

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I do NOT favor changing the Medicaid eligibility rules to require recipients to work....unless you are at the same time planning to increase job training, transportation, child care and workshop opportunities for people with disabilities. Most of the people on Medicaid are children. Many of the others are unable to work for physical or mental health reasons, or because they are poorly trained and have no way to get to a bare-bones job, or if they accept a minimum-wage job, they won't be able to afford decent child care. Almost all of those not already covered are willing and able to work, if they could find a job. This is a cruel and heartless bunch of legislation.

[REDACTED]



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** "Healthy Michigan" Plan  
**Date:** Thursday, August 9, 2018 9:53:30 AM

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I was a welfare recipient as a child of divorce and as the 3 years' married mother of a 3-month old whose husband left and never paid a penny of support. Back in 1970, I was able to finish my remaining 9 months of a degree while on ADC (not allowed since) and get a job as an ADC caseworker! I am certain that the taxes I paid on the next year's income easily repaid every penny of the welfare.

As a caseworker, I found more recipients trying to work when they physically should not have than the maybe one person trying to "milk the system." One woman wanted a factory job, but no, the system wanted to train women for cutting hair or LPN, neither of which could ever get anyone with even one child out of poverty. And the system has not been improved and now the ax is out again.

Instead of requiring, how about inviting? How about having the Chamber of Commerce to list specifically all of the jobs it says are going begging and to work with organizations to recruit (that "invitation" again) from the handful of "able-bodied" remaining after exclusions and to provide the necessary counseling, training, transportation and child care to enable that result.

Article I, section 8 **of the U. S. Constitution** gave Congress the power to "lay and collect Taxes, Duties, Imposts, and Excises, to pay the Debts and provide for the common defense and **general Welfare of the United States.**" When "welfare" had a positive meaning and included health and safety.

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 9:54:04 AM

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I am a 55-year-old widow who receives Medicaid. After my husband passed away, I couldn't afford the COBRA. This proposal to make Medicaid recipients work at least 30-hour weeks will cause me to lose my Medicaid. If I could work, I wouldn't need Medicaid. I am housebound, I have no family to help me, I try and find work-from-home jobs but they aren't enough to even support me and they don't offer health insurance.

This proposal doesn't make sense and is antithetical. Shame on our legislators for putting a burden on people who are already trying their best to make it through each day while they most likely live comfortably on their large taxpayer funded salaries and health insurance.

I recently read the following comment online and I agree with it:

[REDACTED]  
[REDACTED]

*While I have generally supported some type of work/training/public service requirement for adults receiving cash benefits, I am concerned that this is a different situation. Individuals who are eligible for Medicaid do not get a cash benefit, the beneficiary is the doctor or hospital that provides care if they are ill or injured... if we remove lower income individuals from medicaid, we still pay for their health services when they can't, just in the form of higher medical bills and health insurance premiums. Medicaid is not just for the recipients, it is for health care providers and hospitals that care for low income individuals.*

[REDACTED]

From: [REDACTED]  
To: [REDACTED]  
Subject: Demonstration Extension Application Amendment  
Date: Thursday, August 9, 2018 10:02:27 AM

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This is a terrible idea. To make requirements on recipients of Medicaid is a terrible idea. Please, let us look at civilized societies around the world and emulate them. Let's move forward, not backward in time.

[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 10:25:57 AM

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I'm shocked that some people still think medicaid recipients don't deserve help if they don't work. How can we forget kindergartner [REDACTED] killed by classmate [REDACTED] [REDACTED] mother had to work to qualify for benefits. She couldn't care for her son. Her brother agreed to watch him. [REDACTED] got his uncle's gun and killed his classmate. Two families plunged into grief and shame and tragedy because politicians thought only the workers deserve benefits.

Thank you for considering this comment.

Sincerely,

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 10:15:17 AM

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As a person who worked for DHS for five years, I see this program as a system to set people up to fail. For people who've never worked in that system, I can see where this would make sense, but if you've ever had to get something accomplished like getting forms in on time or making an appointment that someone else made for you, as is what happens in the DHS system, you know that many people are not going to stay insured just because you have a worker that is not able to manage their overwhelming workload. I personally feel that this program is a waste of state money and is only adding more layers to the already confusing system. It's going to create hardship for people who are just trying to survive in some cases in their particular current situations. My experience was that most people that came in weren't happy to be in the situation they were in, were extremely frustrated by the whole process and were made to feel less than what they were. This program will only reinforce that and unfortunately take healthcare away from our most vulnerable citizens because of the red tape.

Thank you for allowing input.

[REDACTED]

Sent from my iPhone

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 10:28:39 AM

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Medicaid in Michigan should not have a work requirement for a variety of reasons. Among those:

- Michigan citizens who are eligible for Medicaid already face daunting life situations. I believe most of them would work if they could.
- My siblings and I would have been hard pressed to take care of our mother without Medicaid. And at 96 years old, Mom couldn't work. Families like ours need Medicaid to help care for the people we love.
- Simply because a job is open doesn't mean a Medicaid recipient is qualified or able to do it. I am retired and would love to find a part-time job, but I can't stand for long periods of time so my opportunities are limited. I expect situations like that are true for many people.
- Medicaid is not – and should not be – a work recruitment program.
- When did taking care of our most vulnerable citizens become a partisan issue?
- If funding is the primary issue, raise taxes. I, and I expect more people than you think, am willing to pay more in taxes to help people who need help.

[REDACTED]

She who has a garden and a library wants for nothing. ~ Cicero (mildly edited)



Virus-free. [www.avast.com](http://www.avast.com)

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 10:28:53 AM

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I strongly oppose the proposed “work rules” for Medicaid recipients.

1. There is no justification to implement these rules. They are based on an invalid assumption that recipients are “gaming” the system in some way.
2. The requirements will have an out-sized impact on communities of color, the elderly, and disabled recipients for the following reasons:
  - a. Lack of available jobs in these communities.
  - b. Lack of available jobs that offer accommodations for people with disabilities.
  - c. The documented fact that employers are hesitant to hire older workers. And when they do, the pay scale offered is far less than what they would offer to a younger worker.
  - d. Lack of transportation resources to get members of these communities out to where the jobs are located. Many Medicaid recipients have limited income with little to no access to public transportation.
  - e. Excessive paperwork to “prove” that recipients are actually working and eligible.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Thank you.

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 10:33:25 AM

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Work requirements are a terrible idea. They don't save the state any money, they only hurt people that Medicaid was supposed to help. Please make them as loose as possible so that it doesn't hurt the disabled.



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment"  
**Date:** Thursday, August 9, 2018 10:33:50 AM

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I agree overall with a 20-hour work requirement as long as it includes provisions for the following

Unemployed but healthy job seekers show 20 hours of job search. Logs similar to the UIA (unemployment insurance agency) would be helpful. Allow time in the 20 hour requirement for research, travel time to and from applying or interviews, preparing cover letters/resumes and job testing requirements by employers, travel time for drug tests, and completing applications.

Tie into the work requirement after 12 weeks of job search, that they must begin applying for a job on the listing of area employers needing workers.

Also, my biggest concern are for situations where a recipient is unable to work. What happens when a person is required to be off work for medical care?. Issues such as maternity leave, surgery, etc.

What about situations where the person is a full-time caregiver for a person that medically needs around the clock care?

Will those factors be taken into consideration?

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 10:43:23 AM

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Thank you for requesting feedback.

I am all for having work requirements to receive free healthcare. Government (state and local) do such an excellent job of enabling people. Make people get out there and get a job in order to receive free stuff. My husband, myself, and my two adult children work very hard and have to pay for our healthcare.

Many of these people getting free healthcare are working under the table or are being supported by their parents and they have no desire to work. The economy is thriving so make them work for healthcare....just like myself and everyone reading this comment.

Enough is enough! They get food stamps, free medical, free housing through MSHDA, their utility bills paid for, etc. The list is endless and it's the working people that are paying for their lack of ambition and laziness.

I'd like to see the work requirements expanded to adults with minor children also for food stamps, healthcare, and MSHDA housing also. There are so many single parents sitting home getting free rent, food stamps, and free healthcare. Where is the incentive to get off of welfare? There is none!

These should not be entitlement programs.

Thank you,  
A very concerned taxpayer and working adult.

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Comment on Medicaid work requirement  
**Date:** Thursday, August 9, 2018 11:00:25 AM

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After reading through the proposed work requirement, I have the following concerns/questions:

Who defines "able bodied"? I looked at the medically frail diagnostic codes and felt that there were many debilitating conditions missing from that list, including depression, anxiety, and the hidden diseases such as fibromyalgia, lupus, etc.

This proposal doesn't take into account those who lack reliable transportation, which is especially problematic in places that don't have public transportation options. These requirements would cause undue hardship to people who are already struggling.

Is this even a real issue that needs addressing? How many individuals are "taking advantage" of the system? Will we be wasting time and financial resources enforcing rules on something that wouldn't even have a significant impact?

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Medicaid work requirements  
**Date:** Thursday, August 9, 2018 11:07:59 AM

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If you are going to make work/volunteerism a requirement, then you have the responsibility to create the jobs and volunteer opportunities so the poor can fulfill this requirement. But, first provide them with new teeth, clothes and people skills so they can succeed. You and I both know the unemployed are not about to be qualified for a skilled job just because you are taking away their healthcare. I am not against them working, just give them the job. Some of them might be able to supervise these make do jobs. It is going cost the State money and most of the current unemployed will never become middle class workers, but we will be able to quit hating them for being poor, lazy, fat, sick, and toothless. A win win for all.

Sent from my iPad

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 11:11:33 AM

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**Dear MDHHS,**

**Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment would cause Medicaid recipients several problems. Since Medicaid recipients typically are disabled, children, or caring for disabled/children, requiring them to work to continue to receive benefits will cause these people harm. Since the requirement is most likely to hit carers, this will cause people to neglect their disabled relatives and children. In the long run, this will force more children into foster care (which is already well past its limit in Michigan) and dump families onto the streets homeless without health care.**

**This change will be extremely expensive to the State of Michigan and I want you to stop wasting our money with harmful nonsense. Paying for basic public services to struggling families up front is much cheaper than having to pay for foster children and families bouncing in and out of ERs without insurance.**

**Sincerely,**

[REDACTED]

[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 11:45:37 AM

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Thank you for allowing public comment on this proposed public policy change.

I believe this would be an irresponsible policy for so many reasons, not the least of which is that we don't really know what its impact would be on the health and well-being of families already living on the edge of survival. While workforce development is a worthwhile goal, there are much better mechanisms and incentives to employ toward that end. This policy seems likely to require more state expenditures in record-keeping, tracking, enforcement, and reporting than it would save in benefit avoidance...all while creating more hoops for participants to jump through. This seems like a giant waste of human energy and puts the health and welfare of our citizens at risk.

Respectfully yours,

[REDACTED]  
[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 11:50:25 AM

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I live and work in a small town in the Upper Peninsula that is full of people unwilling to work. There are dozens of open jobs that yes, maybe only pay minimum wage or so, but there is tons of work. Our local businesses are suffering because of the lack of manpower. In Iron County, we have a very high percentage of the population on disability/welfare-- 12.5% compared to the state average of 8.6%. I know my community and the people in it and I'm frustrated to no end seeing the welfare/Medicaid system being abused by people who are very much able to work but don't. The mentality is "why get a job and work 40 hours a week when I can claim welfare/Medicaid/food stamps and come out close to the same pay and not have to work".

This abuse of the system is making it hard for people who actually need help to get it. For example, in my early 20's (I'm currently 30), I was living on \$8/hour. Because I "made too much money", I did not qualify for HUD or any other type of assistance when I inquired about it. I couldn't afford more than a Tracfone, couldn't afford internet, and with heat bills over \$300/month, I couldn't afford gas to drive to work (so I would bike) and would have a grocery budget of about \$15/week. I made it work and I've been able to work my way out of that situation, but when I needed help with groceries (I would often eat plain rice or pasta because I couldn't afford anything to put on it), I was denied help. The woman I spoke to said if I quit my job, I'd qualify for all of it-- HUD, food stamps, Medicaid, and cash assistance. I got a CNA Certificate and started working about 65-70 hours a week and made it out of that situation, but when I needed help buying something more than plain pasta and watering down a half-gallon of milk to make it a gallon, I was denied that help. I have an acquaintance who literally times her pregnancies so she can stay on WIC and other assistance.

All that being said, I don't mind tax dollars going to help those who really need it. But the welfare system is meant to be a temporary crutch, not a lifestyle. And those who took the advice of quitting a job so you can have more money than if you work should ABSOLUTELY have to work for those benefits. If I have to work for my money, so can they.

Thank you and I hope someone actually reads this. [REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** "Demonstration Extension Application Amendment"  
**Date:** Thursday, August 9, 2018 12:32:41 PM

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Thank you for letting citizens comment on the Medicaid work requirements being implemented in Michigan. I think they are a big mistake. We do not have data about how many Medicaid recipients work now or about why those who do not work cannot do so. We should collect the relevant data before enacting a policy change.

I am also concerned about the bureaucracy we would need to pay for in order to spy on and police Medicaid recipients to make sure they are working the mandatory 20 hrs/week. This bureaucracy would be expensive and would cost more than simply letting those eligible for Medicaid receive its benefits without work requirements.

I truly oppose the Medicaid Work Requirements for Michigan.

[REDACTED]



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 1:02:00 PM

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I object to the work requirement for health benefits.

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#); [MSAPolicy](#)  
**Cc:** [GovernorsOffice](#); [info@gretchenwhitmer.com](mailto:info@gretchenwhitmer.com)  
**Subject:** Demonstration Extension Application Amendment-Healthy Michigan Plan  
**Date:** Thursday, August 9, 2018 1:07:27 PM

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### **Suggestion to the Healthy Michigan Plan**

Is it possible to offer a low monthly premium as an alternate option to the new work requirement? It would be easier/cheaper for the State to collect the premiums than to monitor work requirements. If there is a small premium policy holders may take part time jobs to cover the cost, but they could decide that.

### **My Story**

I'm 55 and retired early a few years ago. I was laid off my long term job of 20 years doing print/graphic design work. Jobs in that industry have dried up, plus I have minor carpal tunnel that prevents me from doing computer work. My biggest concern about retiring was health insurance so I was very thankful to get on the Healthy MI Plan. I do not have health issues so I'm not a burden on the system, I just need something to cover unexpected emergencies. I cannot get a plan on the ACA since I don't have an income, if I didn't have the Healthy MI Plan I would fall into the "coverage gap". Please consider offering an alternative to the 20 hour work requirement so folks can "buy-into" the plan for a small premium (under \$100 month). I would gladly pay it for the coverage.

### **Suggestion for a new 'Healthy Michigan Limited Plan'**

Perhaps MI could offer a new 'Healthy Michigan Limited Plan' with a 'buy-in option' for limited coverage only (emergency/catastrophic care). It could be similar to Medicare Part A. Many MI citizens (retirees, low income, self-employed) would benefit from this option and it would add funds to the Medicaid system. The plan could offer advice/direction on where to find free/low-cost local community health services. Folks with greater needs could apply for the full plan, or buy this with supplemental plans. It would offer citizens more options in choosing what they want and need from health insurance.

Thank You,  
[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 2:20:49 PM

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I definitely believe “able bodied”, as referred to in the bill, participants should be required to work to retain these health care benefits.

A large portion of our society has digressed to the belief that they are owed free hand outs and are therefor not at all motivated to better themselves and become contributing members of said society.

Requiring government aid participants to work (or train, go to school, etc...) to EARN some of these benefits, to the extent of their abilities, will result in a more success orientated attitude and should encourage

Government aid participants to become as self-sufficient as they are able to be, rather than simply sitting back with their hands out.

Government assistance is great for what it was intended, assistance to help people in difficult situations get back on their feet, but our policies on it have changed that mindset to a culture where these same

Individuals look at the assistance as a way of life, with no intention of succeeding on their own.

**From:** Rep. William Sowerby (District 31)  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment Public Comment  
**Date:** Thursday, August 9, 2018 2:48:08 PM  
**Attachments:** [Medicaid Work Requirments Public Comment.pdf](#)

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Hello,

Attached you will find my public comment on the Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment. I wish to have my comments published on the state's waiver website as part of the public record.

Sincerely,

Bill Sowerby  
State Representative  
House District 31

August 9, 2018

The Honorable Rick Snyder, Governor  
The State of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Nick Lyon, Director  
Michigan Department of Health and Human Services  
333 S. Grand Avenue  
Lansing, MI 48913

Dear Governor Snyder and Director Lyon:

I wish to offer my comments regarding the Department's proposed extension of its Healthy Michigan Section 1115 Medicaid Demonstration. The proposal includes the provisions from Senate Bill 897 that would strip Medicaid coverage away from those who fail to meet strict monthly work requirements. I am strongly opposed to this proposal, which poses a serious threat to Michigan families, children, and seniors who rely on quality health care to get ahead.

It is backward and unfair to strip individuals of their health care simply because their boss cut their hours or shortened their shift. Health care is a right and creating more hoops to jump through to preserve your access to it is wrong. For people who are battling serious medical conditions, like cancer, any interruption in medical treatment could be devastating. These people need comprehensive care, not health care that could be taken away from them just because they couldn't work due to their illness or because of a paperwork issue with state government bureaucracy.

Furthermore, SB 897 is projected to cost the state tens of millions of dollars in administrative costs to implement. This money would be much more effectively spent actually helping people improve their health or increasing access to jobs. Instead, this legislation uses taxpayer dollars to create new administrative and bureaucratic processes.

This legislation will not make people healthier, improve our economy, or create more jobs. I am opposed to the provisions from Senate Bill 897 because I believe everyone should have access to the quality, affordable health care they deserve.

Thank you for your time and attention. I ask that these comments be published on the state's waiver website as part of the public record.

Sincerely,

A handwritten signature in cursive script that reads "William J. Sowerby". The signature is written in black ink and is positioned above the printed name and title.

Bill Sowerby  
State Representative  
House District 31

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** New rules for Medicaid  
**Date:** Thursday, August 9, 2018 3:14:26 PM

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My daughter has EDS, Ehlers-Denlos Syndrome. She has been diagnosed by DeVos Medical staff. But Social Security does not yet recognize her disease. It has no category for her, therefore she has been denied disability income. Unless you believe in reincarnation as a healthcare treatment, to work that many hours will kill her. She is 44.

Sent from my iPhone

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Work requirements  
**Date:** Thursday, August 9, 2018 4:09:40 PM

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I feel that this is a bad idea! It'll cost the state more money to enforce than it would ever save. Plus extenuating circumstances will not be considered. Thus driving off worthy families. The uninsured as a result of the program will be a burden to the health care system, especially hospitals!

[REDACTED]

Sent from my iPhone

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Medicaid work requirements  
**Date:** Thursday, August 9, 2018 4:22:16 PM

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I support a qualification of work for receiving benefits. There will obviously be exceptions but as I work in the industry (pharmacy) I see way too many that I think are abusing the system. Kids under 19 and elderly over retirement age should have benefits. And I unfortunately see some elderly suffering without coverage.



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Work requirements for Medicaid.  
**Date:** Thursday, August 9, 2018 4:28:00 PM

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While to many people, the idea of requiring people to work in order to receive any assistance with healthcare may sound reasonable, it can be disastrous for many, including taxpayers.

Often those needing help are too sick to work. Does it make sense to take their healthcare away? NO!!!

Others may want to work, but childcare costs more than they make. So taking their healthcare away is only making sick families.

With all these people lacking healthcare, they will be avoiding preventive care, getting sicker and going the emergency room. This will be more expensive, the hospitals will shift these unpaid costs to others.

Please reject this cruel plan.

[REDACTED]

Sent from my iPhone

**From:** Gary Dougherty  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 2:44:45 PM  
**Attachments:** [ADAComments-MIWorkRequirementsStateComments-final.pdf](#)

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Please accept the attached comments from the American Diabetes Association regarding the Section 1115 Demonstration Extension Application and publish them on the state's waiver website as part of the public record.

Thank you.

**Gary Dougherty**  
Director – State Government Affairs and Advocacy  
(IL, IN, KY, MD, MI, OH, TN, VA, WI, WV)



Phone: 1-800-676-4065 x 4832 (office)  
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**1-800-DIABETES (800-342-2383)**



August 9, 2018

Nick Lyon  
Director  
Michigan Department of Health and Human Services  
Medical Services Administration  
Bureau of Medicaid Policy and Health System Innovation  
P.O. Box 30479  
Lansing, Michigan 48909-7979

Attention: Medicaid Policy

Dear Director Lyon:

On behalf of the more than 30 million Americans living with diabetes and the 84 million more with prediabetes, the American Diabetes Association (ADA) provides the following comments based on the information available in the State of Michigan's Department of Health and Human Services' (Department) Section 1115 Demonstration Waiver for the Healthy Michigan Plan (HMP).

As the global authority on diabetes, the ADA funds research to better understand, prevent and manage diabetes and its complications; publishes the world's two most respected scientific journals in the field, *Diabetes* and *Diabetes Care*; sets the standards for diabetes care; holds the world's most respected diabetes scientific and educational conferences; advocates to increase research funding, improve health care, enact public policies to stop diabetes, and end discrimination against those denied their rights because of the disease; and supports individuals and communities by connecting them with the resources they need to prevent diabetes and better manage the disease and its devastating complications.

According to the Centers for Disease Control and Prevention, over 9.5% of adults in Michigan have diagnosed diabetes.<sup>1</sup> Access to affordable, adequate health coverage is critically important for all people with, and at risk for, diabetes. Adults with diabetes are disproportionately covered by Medicaid.<sup>2</sup> For low-income individuals, access to Medicaid coverage is essential to managing their health. As a result of inconsistent access to Medicaid across the nation, these low-income populations experience great disparities in access to care and health status, which is reflected in geographic, race and ethnic differences in morbidity and mortality from preventable and treatable conditions.



**1 in 11**

Americans has diabetes today.



Every **23 seconds**, someone in the United States is diagnosed with diabetes.

More than **18,000** youth are diagnosed with type 1 diabetes every year.

Medicaid expansion made available through the Affordable Care Act (ACA) offers promise of significantly reducing these disparities. Specifically, in Medicaid expansion states, more individuals are being screened for and diagnosed with diabetes than states that haven't expanded.<sup>3</sup> Additionally, a new study found expansion states have a higher rate of prescription fills for diabetes medications than non-expansion states.<sup>4</sup> Regular medication use with no gap in health insurance coverage leads to fewer hospitalizations and use of acute care facilities.<sup>5,6</sup> As such, the ADA continues to support Michigan's expanded Medicaid coverage. However, we have concerns regarding some of the provisions of the state's Healthy Michigan Plan, and provide the following comments and recommendation to help ensure the needs of low income individuals with diabetes and prediabetes are met by Michigan's Medicaid program.

#### Lack of Information on Impact of Waiver

During a public comment period, the federal rules require the state include within the proposal an estimate of increase or decrease in enrollment and expenditures. The proposal presented by the Department does not provide any prediction of potential impact of the waiver on enrollment or cost over the next five years. Based on the information provided by the Department, the public does not have adequate information to comment and assess the potential impact of the Healthy Michigan Plan. In order to meet these transparency requirements, the Department must include updated projections of the impact on budget neutrality and the coverage. If the Department intends to move ahead with the proposal, it should at minimum provide the required information to the public and reopen the comment period for an additional 30 days.

#### Work Requirements

The ADA is deeply concerned by the Department's proposal to limit or revoke certain Medicaid beneficiaries' enrollment if they do not meet proposed work or community engagement standards. This type of coverage limit is in direct conflict with the Medicaid program's objective to offer health coverage to those without access to care. Most people with Medicaid who can work, do so. Nearly 8 in 10 non-disabled adults with Medicaid coverage live in working families, and nearly 60% are working themselves. Of those not working, more than one-third reported that illness or disability was the primary reason, 28% reported they were taking care of home or family, and 18% were in school.<sup>7</sup> For people who face major obstacles to employment, harsh Medicaid requirements will not help to overcome them. In addition, research shows work requirements are not likely to have a positive impact on long-term employment.<sup>8</sup> Instead, instituting a work requirement would lead to higher uninsured rates and higher emergency room visits by uninsured individuals who would have been eligible for Medicaid coverage, and increase the administrative burden for the state and its Medicaid managed care plans.<sup>9,10</sup>

A study by the National Bureau of Economic Research concluded Medicaid coverage increases utilization of primary and preventative services, lowers out-of-pocket medical spending and medical debt, and results in better self-reported physical and mental health.<sup>11</sup> In addition, Medicaid enrollees are 15% more likely to be screened for diabetes than someone who is uninsured.<sup>12</sup> CDC data show prevention

programs and early detection can prevent the onset of type 2 diabetes and reduce state spending.<sup>13</sup> Michigan's proposal to limit access to Medicaid services through the implementation of work requirements will decrease access to care for low-income Michigan residents with diabetes and increase state health care costs.

#### Premiums

The ADA has great concern with the Department's proposal to impose premiums for Michigan's Medicaid expansion population. Under this proposed waiver, Michigan seeks to require new cost-sharing requirements for individuals enrolled in Medicaid expansion for at least 48 months whose income is between 100 percent and 133 percent of the poverty level. These individuals would be required to complete a "health behavior assessment" with incrementally challenging healthy behavior requirements, and they would have to pay 5 percent of their income in premiums. Coverage will be suspended for those individuals who do not complete the healthy behavior assessment or who do not pay the 5 percent premium. Although CMS has approved premiums for low-income individuals, premiums totaling 5 percent of a household income are unprecedented in Medicaid. In the same income bracket, the ACA limits premiums on the Marketplace to 2 percent of the household's income.

When people are not able to afford the tools and care necessary to manage their diabetes, they scale back or forego the care they need. A Kaiser Family Foundation review of research related to cost-sharing and premiums in state Medicaid and CHIP programs found that "[f]or individuals with low income and significant health care needs, cost sharing can act as a barrier to accessing care, including effectiveness and essential services, which can lead to adverse health outcomes."<sup>14</sup> In addition, premiums can prevent individuals from enrolling in and maintaining coverage.<sup>15</sup> Requiring low-income Michigan residents with diabetes to pay monthly premiums to maintain Medicaid coverage puts their ability to manage the disease at risk, which could result in significantly increased health care costs for the state in the long-term. The ADA strongly urges the Department to remove this unprecedentedly high premium requirement.

#### Administrative Burden

Under this proposed waiver, individuals will need to either prove they meet certain exemptions or provide evidence of the number of hours they have worked as well as other monthly milestones they have met, all of which significantly increases the administrative burden of health care. Even though the Department has not provided an estimate of the impact the Healthy Michigan Plan will have on enrollment, it is highly likely that increasing the administrative requirements to maintain eligibility will result in fewer individuals with Medicaid coverage, even for those who meet the requirements or qualify for an exemption. An analysis of expected Medicaid disenrollment rates after implementation of work requirements shows most disenrollment would be due to administrative burdens or red tape.<sup>16</sup> Medicaid enrollees who are working may experience difficulty obtaining the required documentation from their employer on a timely basis. Furthermore, Michigan plans to impose a lock out from the Medicaid program for one year if any discrepancy or "misrepresentation of compliance" is found with an

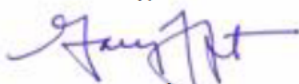
individual's work requirement reporting. Even though they meet the proposed requirements, their inability to provide timely documentation could result in them losing Medicaid coverage. Diabetes is a complex, chronic illness that requires continuous medical care,<sup>17</sup> so Medicaid enrollees with diabetes cannot afford a sudden gap in health insurance coverage. A recent study found that patients with type 1 diabetes who experience a gap or interruption in coverage, are five times more likely to use acute care services (i.e. urgent care facilities or emergency departments).<sup>18</sup> Through adding administrative barriers and burdens, this waiver proposal will impede access to health services that Michigan residents with diabetes need.

### Conclusion

Research shows work requirements are not likely to have a positive impact on long-term employment.<sup>19</sup> Instead, instituting a work requirement would lead to higher uninsured rates and higher emergency room visits by uninsured individuals who would have been eligible for Medicaid coverage, and increase the administrative burden for the state and its Medicaid managed care plans. In addition, high monthly premiums are a barrier for obtaining and maintaining Medicaid coverage. **We strongly urge the state to retract and modify the 1115 Demonstration Waiver for the Healthy Michigan Plan as it creates barriers to accessible, affordable, and adequate healthcare for low-income Michiganders with diabetes who rely on the program.**

The ADA appreciates the opportunity to comment on the Department's Waiver. Our comments include numerous citations to supporting research, including direct links to the research for the benefit of the Department in reviewing our comments. We direct the Department to each of the studies cited – made available through active hyperlinks – and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act. If you have any questions, please contact Gary Dougherty, Director of State Government Affairs and Advocacy at [GDougherty@diabetes.org](mailto:GDougherty@diabetes.org) or 800-676-4065 x4832.

Sincerely,



Gary Dougherty  
Director, State Government Affairs and Advocacy

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<sup>1</sup> Center for Disease Control and Prevention, Diagnosed Diabetes. Available at: <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>

<sup>2</sup> Kaiser Commission on Medicaid and the Uninsured, The Role of Medicaid for People with Diabetes, November 2012. Available at [http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383\\_d.pdf](http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_d.pdf).



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<sup>3</sup> Kaufman H., Chen Z., Fonseca V. and McPhaul M., “Surge in Newly Identified Diabetes Among Medicaid Patients in 2014 Within Medicaid Expansion States Under the Affordable Care Act,” *Diabetes Care*, March 2015. Available at: <http://care.diabetesjournals.org/content/early/2015/03/19/dc14-2334>

<sup>4 4</sup> Myerson R., Tianyi L., Tonnu-Mihara I., and Huang E.S., *Health Affairs*, Medicaid Eligibility Expansions May Address Gaps in Access to Diabetes Medications, August 2018. Available at: <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2018.0154>

<sup>5</sup> Id.

<sup>6</sup> Rogers M, Lee J, Tipirneni R, Banerjee T, and Kim C, *Health Affairs*, Interruptions in Private Health Insurance and Outcomes In Adults with Type 1 Diabetes: A Longitudinal Study. July 2018. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0204>

<sup>7</sup> Garfield R, Rudowitz R and Damico A, Understanding the Intersection of Medicaid and Work, Kaiser Family Foundation, February 2017. Available at: <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

<sup>8</sup> Kaiser Family Foundation, Are Uninsured Adults Who Could Gain Medicaid Coverage Working?, February 2015. Available at: <https://www.kff.org/medicaid/fact-sheet/are-uninsured-adults-who-could-gain-medicaid-coverage-working/>

<sup>9</sup> Rector R, Work Requirements in Medicaid Won’t Work. Here’s a Serious Alternative, Heritage Foundation, March 2017. Available at: <https://www.heritage.org/health-care-reform/commentary/work-requirements-medicaid-wont-work-heres-serious-alternative>

<sup>10</sup> Katch H, Medicaid Work Requirements Would Limit Health Care Access Without Significantly Boosting Employment, Center on Budget and Policy Priorities, July 2016. Available at: <https://www.cbpp.org/research/health/medicaid-work-requirement-would-limit-health-care-access-without-significantly>

<sup>11</sup> National Bureau of Economic Research, The Medicaid Program, July 2015, available at: <http://www.nber.org/papers/w21425.pdf>.

<sup>12</sup> Kaiser Family Foundation, The Role of Medicaid for People with Diabetes, November 2012, available at: [https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383\\_d.pdf](https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_d.pdf)

<sup>13</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, At A Glance 2016, available at: <https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/nccdphp-aag.pdf>

<sup>14</sup> Kaiser Family Foundation, Premiums and Cost-Sharing in Medicaid: A Review of Research Findings, Kaiser Commission on Medicaid and the Uninsured, February 2013. Available at: <https://www.kff.org/medicaid/issue-brief/premiums-and-cost-sharing-in-medicaid-a-review-of-research-findings/>

<sup>15</sup> Id.

<sup>16</sup> Kaiser Family Foundation, Implications of Work Requirements in Medicaid: What Does the Data Say?, June 2018, available at: <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

<sup>17</sup> American Diabetes Association, Standards of Medical Care in Diabetes – 2018, *Diabetes Care*, January 2018, available at: [http://care.diabetesjournals.org/content/41/Supplement\\_1](http://care.diabetesjournals.org/content/41/Supplement_1).

<sup>18</sup> Rogers M, Lee J, Tipirneni R, Banerjee T, and Kim C, *Health Affairs*, Interruptions in Private Health Insurance And Outcomes In Adults with Type 1 Diabetes: A Longitudinal Study. July 2018. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0204>

<sup>19</sup> Kaiser Family Foundation, Are Uninsured Adults Who Could Gain Medicaid Coverage Working?, February 2015, available at: <http://kff.org/medicaid/fact-sheet/are-uninsured-adults-who-could-gain-medicaid-coverage-working/>.

**From:** Holly Kilness Packett  
**To:** [HealthyMichiganPlan](#)  
**Cc:** [Cindy Snyder](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 5:10:29 PM  
**Attachments:** [image003.png](#)  
[ViiV Healthcare Comments - Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment\\_FINAL.pdf](#)

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Dear Director Lyon,

ViiV Healthcare appreciates the opportunity to submit comments to The Michigan Department of Health and Human Services (MDHHS) Bureau of Medicaid Policy and Health System Innovation regarding the “Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment,” and its proposed changes to the Michigan Medicaid expansion program, known as the Healthy Michigan Plan (HMP). Please feel free to contact Cindy Snyder, Community Government Relations Director, ViiV Healthcare at (919) 323-9084 or [Cindy.C.Snyder@viivhealthcare.com](mailto:Cindy.C.Snyder@viivhealthcare.com) with any questions.

Sincerely,

Holly Kilness Packett  
Manager, HIV Policy  
Public Policy US

GlaxoSmithKline (GSK)  
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August 9, 2018

Submitted via: [healthymichiganplan@michigan.gov](mailto:healthymichiganplan@michigan.gov)

Nick Lyon, Director  
MDHHS  
Medical Services Administration  
Bureau of Medicaid Policy and Health System Innovation  
Attention: Medicaid Policy  
P.O. Box 30479  
Lansing, Michigan 48909-7979

**Re: Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment**

Dear Director Lyon,

ViiV Healthcare appreciates the opportunity to submit comments to The Michigan Department of Health and Human Services (MDHHS) Bureau of Medicaid Policy and Health System Innovation regarding the “Healthy Michigan Plan §1115 Demonstration Waiver Extension Request Amendment,” and its proposed changes to the Michigan Medicaid expansion program, known as the Healthy Michigan Plan (HMP).

ViiV Healthcare is the only pharmaceutical manufacturer devoted exclusively to supporting the needs of people living with or affected by HIV. From ViiV Healthcare’s inception in 2009, we have had a singular focus to improve the health and quality of life of people affected by this disease, and have worked to address significant gaps and unmet needs in HIV care. In collaboration with the HIV community, ViiV Healthcare remains committed to developing meaningful treatment advances, improving access to our HIV medicines, and supporting the HIV community to facilitate enhanced care and treatment.

As a manufacturer of HIV medicines, we are proud of the scientific advances in the treatment of this disease. These advances have transformed HIV from a terminal illness to a manageable chronic condition. Effective HIV treatment can help people living with HIV (PLWH) to live longer, healthier lives, and has been shown to reduce HIV-related morbidity and mortality at all stages of HIV infection.<sup>1, 2</sup> Furthermore, effective HIV treatment can also prevent the transmission of the disease. In a sponsored study by the National Institutes of Health (NIH) (published in 2016), the investigators reported that when treating the HIV-positive partner in a serodiscordant couple with antiretroviral therapy,<sup>3</sup> there were no linked infections observed when the infected partner’s HIV viral load was below the limit of detection.

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<sup>1</sup> Severe P, Juste MA, Ambrose A, et al. Early versus standard antiretroviral therapy for HIV-infected adults in Haiti. *N Engl J Med*. Jul 15 2010;363(3):257-265. Available at

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\\_uids=20647201](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=20647201)

<sup>2</sup> Kitahata MM, Gange SJ, Abraham AG, et al. Effect of early versus deferred antiretroviral therapy for HIV on survival. *N Engl J Med*. Apr 30 2009;360(18):1815-1826. Available at

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\\_uids=19339714](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=19339714)

<sup>3</sup> Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011;365:493-505. See also <http://www.cdc.gov/hiv/prevention/research/art/>.

Medicaid has played a critical role in HIV care since the epidemic began, and it is the largest source of coverage for PLWH.<sup>4</sup> In 2015, there were 14,615 people living with HIV in Michigan.<sup>5</sup> Of those, approximately 78 percent were men, and 22 percent were women.<sup>6</sup> In 2015, there were 747 new HIV diagnoses in the state.<sup>7</sup> Michigan is near CDC prevention goals for 2016, with 81 percent of individuals aware of their HIV status, an 85 percent increase in HIV linkage to care, and an overall 82 percent rate of viral suppression.<sup>8</sup> These are notable accomplishments.

ViiV Healthcare wishes to share with CMS its comments on some of possible ramifications the proposed Section waiver amendment will have for PLWH in the Healthy Michigan Plan (HMP). ViiV Healthcare respectfully submits the following comments:

### Effective HIV Treatment

Treatment of HIV is a dynamic area of scientific discovery, and treatment protocols are constantly changing and being updated to reflect advances in medical science. PLWH often face a variety of medical challenges that impede access to, retention in, and adherence to HIV care and treatment.

Strict adherence to ART – taking HIV medicines every day and exactly as prescribed – is essential to sustained suppression of the virus, reduced risk of drug resistance, and improved overall health.<sup>9</sup> The Health Resources and Services Administration (HRSA) stated in its *Guide for HIV/AIDS Clinical Care* that “adherence to ART is the major factor in ensuring the virologic success of an initial regimen and is a significant determinant of survival.”<sup>10</sup> Nonadherence – or skipping HIV medicines – may lead to drug-resistant strains of the virus for which HIV medicines are less effective.<sup>11</sup> In fact, the World Health Organization (WHO) recently reported that resistance among people retained on ART ranged from four to 28 percent, while among people with unsuppressed viral load on first-line ART regimens, resistance ranged from 47 to 90 percent.<sup>12</sup>

Federal HIV clinical treatment guidelines (DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents<sup>13</sup>) emphasize the importance of adherence to ensure long-term treatment success.<sup>14</sup> The effective treatment of HIV is highly individualized and accounts for a patient’s size, gender, treatment history, viral resistance, comorbid conditions, drug interactions, immune status, and side effects<sup>15</sup>. Aging beneficiaries who are living with HIV often experience non-HIV related comorbidities.<sup>16</sup> Clinically significant drug interactions have been reported in 27 to 40 percent of HIV patients taking antiretroviral therapy requiring regimen changes or dose modifications.<sup>17</sup> Medical challenges for PLWH also include an increased risk for, and prevalence of, comorbidities such as depression and substance use disorders,<sup>18</sup> as well as cardiovascular disease, hepatic and renal disease, osteoporosis, metabolic

<sup>4</sup> Kaiser Family Foundation. Medicaid and HIV, <http://www.kff.org/hiv/aids/fact-sheet/medicaid-and-hiv/>.

<sup>5</sup> AIDS Vu, Michigan: <https://aidsvu.org/state/michigan/>

<sup>6</sup> AIDS Vu, Michigan: <https://aidsvu.org/state/michigan/>

<sup>7</sup> AIDS Vu, Michigan: <https://aidsvu.org/state/michigan/>

<sup>8</sup> AIDS Vu, Michigan: <https://aidsvu.org/state/michigan/>

<sup>9</sup> Chesney MA. The elusive gold standard. Future perspectives for HIV adherence assessment and intervention. *J Acquir Immune Defic Syndr*. 2006;43 Suppl 1:S149-155, <http://www.ncbi.nlm.nih.gov/pubmed/17133199>.

<sup>10</sup> HRSA, *Guide for HIV/AIDS Clinical Care* (April 2014), <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/2014guide.pdf>. Accessed October 13, 2017.

<sup>11</sup> AIDS Info, HIV Treatment Fact Sheet (March 2, 2017), <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/21/56/drug-resistance>. Last accessed October 13, 2017.

<sup>12</sup> WHO, HIV Drug Resistance Report 2017, <http://apps.who.int/iris/bitstream/10665/255896/1/9789241512831-eng.pdf?ua=1>. Accessed October 13, 2017.

<sup>13</sup> DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, NIH.gov <https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf> accessed: Dec. 5, 2017

<sup>14</sup> DHHS guidelines for the use of antiretroviral agents in adults and adolescents living with HIV. May 30, 2018. Accessible at <https://aidsinfo.nih.gov/guidelines> (accessed June 2018)

<sup>15</sup> HHS, Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, p. 183, <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0>. Accessed October 13, 2017.

<sup>16</sup> Schouten J, et al. *Clin Infect Dis*. 2014 Dec 15;59(12):1787-97.

<sup>17</sup> Evans-Jones JG et al. *Clin Infect Dis* 2010;50:1419–1421; Marzolini C et al. *Antivir Ther* 2010;15:413–423.

<sup>18</sup> CDC, Medical Monitoring Project, United States, 2013 Cycle (June 2013–May 2014)

disorders, and several non–AIDS-defining cancers.<sup>19,20</sup> The most common non-infectious co-morbidities of HIV are hypertension, hyperlipidemia, and endocrine disease.<sup>21</sup>

## Prevention

Effective treatment of HIV also helps to prevent new transmissions of the virus. Broad access to life-saving HIV treatments is equally important to reduce transmission rates. According to the Centers for Disease Control and Prevention (CDC), however, less than half of diagnosed PLWH are virally suppressed.<sup>22</sup> Viral load suppression means that the virus has been reduced to an undetectable level in the body.<sup>23</sup>

A 2011 clinical study from the National Institutes of Health (NIH), found that treating HIV-positive people with ART reduces the risk of transmitting the virus to HIV-negative sexual partners by 93 percent.<sup>24</sup> Reduced transmissions not only improve public health but also save money. It is estimated PLWH who are not retained in medical care may transmit the virus to an average of 5.3 additional people per 100-person years.<sup>25</sup> Other studies estimate that each HIV positive patient may approach \$338,400 in additional costs to the healthcare system over his or her lifetime even if diagnosed early and retained in care.<sup>26</sup> Successful treatment with an antiretroviral regimen results in virologic suppression and virtually eliminates secondary HIV transmission to others. As a result, it is possible to extrapolate that successful HIV treatment and medical care of each infected patient may save the system up to \$1.79 million by preventing<sup>27</sup> further transmission to others. These savings can only occur, however, if PLWH are diagnosed, have access to medical care, receive treatment, and remain adherent to their prescribed therapy.

## HIV & Medical Frailty

ViiV Healthcare encourages the state to protect HIV patients from potential disruptions in care and treatment under the HMP. One way to do this is through designation of all PLWH as “medically frail.” Uninterrupted access to medical care and drug treatment benefits is directly linked to the health and wellness of PLWH covered by public health programs. In a study, PLWH who faced drug benefit design changes were found to be nearly six times more likely to face treatment interruptions than those with more stable coverage, which can increase virologic rebound, drug resistance, and increased morbidity and mortality.<sup>28</sup> For this reason, PLWH should be exempted from penalties that create potential disruptions in access to necessary medications or care, similar to other complex medical conditions through a designation of medical frailty.

## Eligibility Requirements

ViiV Healthcare appreciates the state’s goals under the HMP to “assist, encourage, and prepare an able-bodied adult for a life of self-sufficiency and independence from governmental interference,” through

<sup>19</sup> Joel Gallant, Priscilla Y Hsue, Sanatan Shreay, Nicole Meyer; Comorbidities Among US Patients With Prevalent HIV Infection—A Trend Analysis, *The Journal of Infectious Diseases*, Volume 216, Issue 12, 19 December 2017, Pages 1525–1533, <https://doi.org/10.1093/infdis/jix518>

<sup>20</sup> Rodriguez-Penney, Alan T. et al. “Co-Morbidities in Persons Infected with HIV: Increased Burden with Older Age and Negative Effects on Health-Related Quality of Life.” *AIDS Patient Care and STDs* 27.1 (2013): 5–16. PMC. Web. 21 June 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3545369/>

<sup>21</sup> Joel Gallant, Priscilla Y Hsue, Sanatan Shreay, Nicole Meyer; Comorbidities Among US Patients With Prevalent HIV Infection—A Trend Analysis, *The Journal of Infectious Diseases*, Volume 216, Issue 12, 19 December 2017, Pages 1525–1533, <https://doi.org/10.1093/infdis/jix518>

<sup>22</sup> CDC. MIMWR. Vol 67 No.4 Feb. 2, 2018. <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6704a2-H.pdf>.

<sup>23</sup> National Institutes of Health (NIH) “Ten things to Know about HIV Suppression” <https://www.niaid.nih.gov/news-events/10-things-know-about-hiv-suppression>. Accessed July 7, 2018

<sup>24</sup> Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011;365:493-505, <http://www.nejm.org/doi/full/10.1056/NEJMoa1600693#t=article>.

<sup>25</sup> Skarbinski, et al. *JAMA Intern Med*. 2015;175(4):588-596.

<sup>26</sup> Schackman BR, Fleishman JA, Su AE, Berkowitz BK, Moore RD, Walensky RP, et al. The lifetime medical cost savings from preventing HIV in the United States. *Medical care*. 2015;53(4):293–301, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4359630/>

<sup>27</sup> Schackman BR, Fleishman JA, Su AE, Berkowitz BK, Moore RD, Walensky RP, et al. The lifetime medical cost savings from preventing HIV in the United States. *Medical care*. 2015;53(4):293–301, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4359630/>

<sup>28</sup> Das-Douglas, Moupali, et al. "Implementation of the Medicare Part D prescription drug benefit is associated with antiretroviral therapy interruptions." *AIDS and Behavior* 13.1 (2009): 1

workforce and community engagement requirements, and to create “structural incentives to increase beneficiary engagement in healthy behaviors and to promote personal responsibility in maintaining health care coverage.” (p.4)<sup>29</sup>

ViiV Healthcare’s prevailing concern is the proposed penalty for failing to meet these requirements is loss of eligibility for the program, and therefore loss of covered benefits such as medical care and treatment. According to the proposal (p.7):

*“Beneficiaries who have not met the program’s healthy behavior or cost-sharing requirements will be notified 60 days before the end of their 48th month that their coverage under the HMP program will be ending. Their HMP eligibility will be suspended until the individual comes into compliance with the healthy behavior and cost-sharing requirements, at which point they will be re-enrolled the first day of the next available month.”<sup>30</sup>*

For PLWH, adherence to antiretroviral medication is paramount in maintaining their health, avoiding viral resistance, and preventing medical complications and co-morbidities. Access to qualified medical care providers is also highly important for PLWH in order to monitor disease progression and screen for signs of viral resistance.

Although the proposal exempts medically frail individuals from these penalties, it is not specified in the proposal that all PLWH would be included in this definition or exempt from these penalties. ViiV Healthcare encourages the state to consider including specific provisions to designate PLWH as medically frail.

### **Medically Frail Designation**

- **Self-Attestation**

ViiV Healthcare values the state’s proposal to allow individuals to self-report medically frail status. (p.12) However, Attachment L<sup>31</sup> of the proposal amendment specifies that an individual must attest that he/she has “a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home” in order to self-identify as medically frail.

Many PLWH may not be able to attest to these qualifications as stated. However, given the fact that their health and wellness is entirely dependent on uninterrupted access to medical care and treatment, they should be exempted from penalties that would threaten this important coverage. Therefore, ViiV Healthcare encourages the state to consider expanding the self-attestation proposal to allow individuals with HIV/AIDS to also be exempted through self-attestation.

- **Retrospective Claims Analysis**

The state proposes, as outlined in Attachment L,<sup>32</sup> to also identify medically frail populations through diagnosis codes, including ICD-10 diagnosis codes that identify individuals with “serious and complex medical conditions.”<sup>33</sup> Consistent with the state’s efforts to identify these individuals who should be

<sup>29</sup> Section 1115 Demonstration Extension Application, Healthy Michigan Plan, Project No. 11-W-00245/5, AMENDED: JULY 9, 2018

<sup>30</sup> Section 1115 Demonstration Extension Application, Healthy Michigan Plan, Project No. 11-W-00245/5, AMENDED: JULY 9, 2018

<sup>31</sup> Attachment L, “Medically Frail Identification Process Proposed Amendment: Revised July 9, 2018”

[https://www.michigan.gov/documents/mdhhs/Attachment\\_L\\_Medically\\_Frail\\_Process\\_DRAFT\\_070518\\_627125\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Attachment_L_Medically_Frail_Process_DRAFT_070518_627125_7.pdf)

<sup>32</sup> Attachment L, “Medically Frail Identification Process Proposed Amendment: Revised July 9, 2018”

[https://www.michigan.gov/documents/mdhhs/Attachment\\_L\\_Medically\\_Frail\\_Process\\_DRAFT\\_070518\\_627125\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Attachment_L_Medically_Frail_Process_DRAFT_070518_627125_7.pdf)

<sup>33</sup> Attachment L, “Medically Frail Identification Process Proposed Amendment: Revised July 9, 2018”

[https://www.michigan.gov/documents/mdhhs/Attachment\\_L\\_Medically\\_Frail\\_Process\\_DRAFT\\_070518\\_627125\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Attachment_L_Medically_Frail_Process_DRAFT_070518_627125_7.pdf)

automatically designated as medically frail, ViiV Healthcare recommends that ICD codes related HIV and AIDS should be included in the state's list.

There are two main ICD-10 categories for coding HIV and they have subsequent clarifying details with extra digits added to the category number. These two main codes are:

*B20 – Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases*

*Z21 – Asymptomatic human immunodeficiency virus [HIV] infection status<sup>34</sup>*

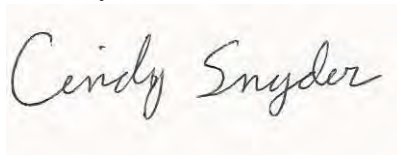
ViiV Healthcare recommends that at a minimum, the state include both codes within its list of automatic designations. These codes would include many PLWH whose condition is well controlled through medications; therefore, these patients are not easily identified through codes for more severe comorbidities and conditions. However, these individuals are dependent on uninterrupted access to medical treatment due to the complexity of the disease, and should be included in the state's efforts to define medical complexity through claims analysis.

### **Conclusion**

ViiV thanks the state for its consideration of its comments and applauds the commitment to improving health outcomes for most vulnerable patients. The state has clearly been successful in getting individuals tested, linking PLWH to care, and achieving an overall 82 percent rate of viral suppression. As indicated above, ViiV Healthcare requests that the state maintain Medicaid coverage for PLWH by including HIV in the medically frail designation. ViiV Healthcare looks forward to working with the MDHHS, and other stakeholders to ensure that Michigan's public programs continue to ensure PLWH have access to quality care and to improve health outcomes.

Please feel free to contact me at (919) 323-9084 or [Cindy.C.Snyder@viihealthcare.com](mailto:Cindy.C.Snyder@viihealthcare.com) with any questions.

Sincerely,

A handwritten signature in black ink that reads "Cindy Snyder". The signature is written in a cursive, flowing style.

Cindy Snyder  
Community Government Relations Director  
ViiV Healthcare

---

<sup>34</sup> ICD-10 codes for HIV <https://www.ncbi.nlm.nih.gov/books/NBK236995/bin/annex2-m1.pdf>

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 5:38:40 PM

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As a mother and grandmother, I am very concerned about the bill passed by the Michigan Legislators requiring Medicaid recipients to work 20 hours per week.

I believe this bill is grossly unfair to single parents, especially those with no support system to help with childcare. I believe they make accommodations for children who are not in school, however no child is school 24/7. Also, you are assuming there are employers who will grant hours only when children are normally in school. It may be very difficult to find such a job. You are also assuming that this poor person has reliable transportation, which also may not be true. Daycare is also very expensive and would wipe out any earnings this person would make. I live in a rural area with the closest city being 15 miles away, which would add close to an hour of travel time each day, adding up to 25 hours per week of paying for childcare.

A few years back I recall a case of a single mother leaving her children alone while she worked because she had no childcare that day. A tragedy happened and she was charged with neglect, lost custody of her children and jailed. This is the type of desperate situation you are creating!

This bill is based on the premise that Michigan has a shortage of workers. We all know why this is true! When hundreds of thousands of undocumented immigrants are being deported, they leave a huge vacuum in the work force. Not to mention the tax base. However, experience tells us that you cannot solve one problem by creating another!

I believe this bill creates a huge burden on poor people just struggling to survive and my prayer is that it will be rescinded!

Sincerely,

[REDACTED]

Sent from my iPhone

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** bill to require people to work for benefits  
**Date:** Thursday, August 9, 2018 6:53:50 PM

---

to whom it may concern:

both of my adult children have autism, ADHD, and general problems with brain organization; each struggle with everyday activities typical people take for granted.

Due to their disorganized brains and other differences in their personhood it is hard for them to get work and easy for them to lose a job due to no transportation (neither drive) being late, forgetful, perhaps not as thorough or as complete (follow through) with some tasks or not handling a situation as others might.

one of my children works 15 hours a week and that is about all he can handle at the present and the other child who is managing to live independently has been without a job now for several months but is currently and actively seeking employment. ironically the one who lives alone may be evicted and lose her housing subsidy because she forgot to attend a meeting and submit that she is not making any money outside of my husband's social security disability. this is so typical of her disability.

Considered to have an invisible disability, because of their high function and no outward physical impairment (they are able to do many things and are enjoyable people) they are often judged harshly and cruelly by others for what they are unable to do.

My kids do not need harder lives. they do need better program assistance to be successful in the world.  
we are very active in their lives and try to help as much as we can but sadly fall short, and we are not getting any younger. I only hope we don't die before they can take care of themselves.

sincerely,

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Medicaid Work Requirements  
**Date:** Thursday, August 9, 2018 8:51:28 PM

---

I am against these proposed requirements. Further strain on our system and going after some of our most vulnerable people- Why? For the first time, many people who can't work steady jobs 12 months a year have a prayer of getting medical help when they need it with coverage.

Many people all ready work. Some have irregular schedules and may not get their required hours in a month so they loose their medical coverage? I have seen the exemptions- not enough. Just don't do it!

Terrible idea! Will be difficult to manage and track and make poor people even more stressed and limit their care options.

[REDACTED]

Sent from my iPhone



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Thursday, August 9, 2018 9:00:41 PM

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To whom it may concern,

I strongly believe (as a working mother, college student, home-owning, Medicaid recipient) that the bill requiring Medicaid receipts to work is an attack on our states most vulnerable population.

I vote NO to senate bill 897.

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 5:44:22 AM

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I am against the idea of forcing recipients of Medicaid to work for the benefits. It will add another layer of government administration to investigate and make sure the work requirement is happening. I do not want to see that happen. Many folks who are getting Medicaid are working! They are the working poor and don't need any additional hardship. The infirm and elderly cannot have more stress added to their lives by the idea of needing to work. Please do not allow this rule to pass.

[REDACTED]

Sent from my iPhone

**From:** [Diebolt, Pamela J. \(DHHS\)](#)  
**To:** [HealthyMichiganPlan](#)  
**Subject:** FW: Comment in opposition to Michigan Medicaid work requirement waiver  
**Date:** Friday, August 10, 2018 8:40:35 AM  
**Attachments:** [Medicaid waiver comment Rabhi.pdf](#)  
[ATT00001.htm](#)

---

**From:** Emerson, Erin (DHHS)  
**Sent:** Wednesday, August 8, 2018 7:17 PM  
**To:** Prokop, Jackie (DHHS) <prokopj@michigan.gov>; Diebolt, Pamela J. (DHHS) <DieboltP@michigan.gov>  
**Cc:** Stiffler, Kathleen A. (DHHS) <StifflerK@michigan.gov>  
**Subject:** Fwd: Comment in opposition to Michigan Medicaid work requirement waiver

Sent from my iPhone

Begin forwarded message:

**From:** "Lyon, Nick (DHHS)" <[LyonN2@michigan.gov](mailto:LyonN2@michigan.gov)>  
**Date:** August 8, 2018 at 7:13:01 PM EDT  
**To:** "Stiffler, Kathleen A. (DHHS)" <[StifflerK@michigan.gov](mailto:StifflerK@michigan.gov)>, "Emerson, Erin (DHHS)" <[EmersonE@michigan.gov](mailto:EmersonE@michigan.gov)>  
**Subject:** **Fwd: Comment in opposition to Michigan Medicaid work requirement waiver**

Please incorporate.

Begin forwarded message:

**From:** "Rep. Yousef Rabhi (District 53)" <[YousefRabhi@house.mi.gov](mailto:YousefRabhi@house.mi.gov)>  
**Date:** August 8, 2018 at 2:24:13 PM PDT  
**To:** "[scotta12@michigan.gov](mailto:scotta12@michigan.gov)" <[scotta12@michigan.gov](mailto:scotta12@michigan.gov)>, "[Rick.Snyder@michigan.gov](mailto:Rick.Snyder@michigan.gov)" <[Rick.Snyder@michigan.gov](mailto:Rick.Snyder@michigan.gov)>, "[LyonN2@michigan.gov](mailto:LyonN2@michigan.gov)" <[LyonN2@michigan.gov](mailto:LyonN2@michigan.gov)>  
**Cc:** "[SchuetteB@michigan.gov](mailto:SchuetteB@michigan.gov)" <[SchuetteB@michigan.gov](mailto:SchuetteB@michigan.gov)>, "[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)" <[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)>  
**Subject:** **Comment in opposition to Michigan Medicaid work requirement waiver**

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Nick Lyon  
Director, Michigan Department of Health and Human Services  
333 S. Grand Avenue  
P.O. Box 30195  
Lansing, Michigan 48909

Dear Governor Snyder and Director Lyon:

I am writing on behalf of my constituents to oppose adding work requirements to Michigan Medicaid. Please publish these comments on the state's Section 1115 waiver website as part of the public record. Since 1965, Medicaid has provided access to healthcare for some of our most vulnerable citizens. Recently, Michigan has proposed imposing a work requirement that is incompatible with the intent of Medicaid. This bureaucratic barrier would keep tens of thousands of Michiganders from accessing needed care, including many who are simply unable to document that they are meeting the requirement or qualify for an exemption. The House Fiscal Agency estimates that 54,000 Michiganders would lose coverage. Many of them would suffer as a result, and about 50 of them would die every year due to reduced access to care.

Administering a work requirement will inevitably divert resources from providing healthcare to expanding bureaucracy. In Kentucky, the first state to be approved for a Medicaid work requirement, **Medicaid administration costs increased by 40 percent**. The work requirement also incurred legal costs for Kentucky; their waiver's approval was struck down by a federal judge because it was not in keeping with the purpose of Medicaid—to pay for the health care of vulnerable people. Michigan should learn from this example and avoid wasting taxpayer resources on a failed attempt to take away our citizens' healthcare.

Medicaid expansion has been hugely successful in extending health coverage to over 680,000 Michiganders, a legacy of which the Snyder administration can be justifiably proud. I strongly urge you not to undermine that progress with this hastily constructed and ill-conceived Medicaid waiver application. Please act in the best interests of the people of our state by protecting their access to healthcare from bureaucratic interference.

Sincerely,  
Yousef Rabhi

*CC: Attorney General Bill Schuette, CMS Administrator Seema Verma*

Yousef Rabhi  
Representative, 53rd District (Ann Arbor)

517-373-2577

To subscribe to my enewsletter, please email me at

[YousefRabhi@house.mi.gov](mailto:YousefRabhi@house.mi.gov)



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STATE CAPITOL  
P.O. BOX 30014  
LANSING, MI 48909-7514  
PHONE: (517) 373-2577  
FAX: (517) 373-5808  
E-MAIL: yousefrabhi@house.mi.gov

MICHIGAN HOUSE OF REPRESENTATIVES

**YUSEF RABHI**  
STATE REPRESENTATIVE

August 7<sup>th</sup>, 2018

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Nick Lyon  
Director, Michigan Department of Health and Human Services  
333 S. Grand Avenue  
P.O. Box 30195  
Lansing, Michigan 48909

Dear Governor Snyder and Director Lyon:

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Medicaid expansion has been hugely successful in extending health coverage to over 680,000 Michiganders, a legacy of which the Snyder administration can be justifiably proud. I strongly urge you not to undermine that progress with this hastily constructed and ill-conceived Medicaid waiver application. Please act in the best interests of the people of our state by protecting their access to healthcare from bureaucratic interference.

Sincerely,

Yousef Rabhi

CC: Attorney General Bill Schuette, CMS Administrator Seema Verma

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:13:38 AM

---

On behalf of a Michigan resident...

**"I have family members that are disabled, unable to hold down a job, and cannot afford healthcare. Medicaid expansion is the only reason they receive the care they do right now."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:16:47 AM

---

On behalf of a Michigan resident...

**"People need help... no one chooses to have these issues and the belief that people are abusing the system is wrong"**



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:17:55 AM

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On behalf of a Michigan resident...

**"Healthcare costs are overall better when people can see a primary care doctor for preventative care, or at least before they are so sick that they require an emergency room visit or hospitalization. The community does better when everyone is healthier."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:19:09 AM

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On behalf of a Michigan resident...

**"I work with people living with HIV and Healthy Michigan has been so helpful for them in their other health needs too."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:20:38 AM

---

On behalf of a Michigan resident...

**"My daughter, who is 24, cannot receive coverage under my husbands insurance (state of MI retiree). She attends college and works part time. With Medicaid we don't have to worry about her health needs while she works to continue her education. Though she is a healthy young woman, like all people she occasionally gets ill (sinus infection, strep, etc.), when that happens she can see a doctor w/o fear of the cost. Also her regular checkups and birth control are covered so that there does not need to be a disruption to education.**

**Also, this program briefly covered our son, who has Type 1 diabetes, when he was done with college, but had not yet found a teaching position. The cost of his insulin would have been impossible for us to manage without Healthy Michigan Medicaid."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:22:14 AM

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On behalf of a Michigan resident...

**"After being without insurance for many years, Medicaid allowed me to receive care for a chronic issue that adversely affected my life for many years. I was able to work function but at a limited level. Healthy Mi allowed me to get constant care and raise my health level."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:23:40 AM

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On behalf of a Michigan resident...

**"It's very important to provide assistance to the community. Not everyone has the same opportunities provided as others. Not everyone gets their start in the same place. Providing assistance is crucial to a better economy to allow the less fortunate a chance to catch up where others are just starting."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:24:45 AM

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On behalf of a Michigan resident...

**"My father was covered by Medicaid when he had life saving surgery for an aortic aneurysm and at the end of his life when he was hospitalized for over a month. These conditions would have bankrupted all of his children (myself and my 2 siblings)."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:25:37 AM

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On behalf of a Michigan resident...

**" When I left my job to become a full time law student I was placed on Medicaid. Without it I could not have afforded insurance. It saved me!"**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:26:48 AM

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On behalf of a Michigan resident...

**"Many members of my community have benefited from Medicaid coverage. It has allowed them to see doctors and get medical care outside of emergency rooms. This kind of health care allows people to take care of their families, to go to school, to work. Medicaid helps hospitals survive, especially in rural areas, because uncompensated care costs are reduced."**



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:27:53 AM

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On behalf of a Michigan resident...

**"Healthy Michigan has effectively eliminated the uninsured population in Southeast Michigan, with the exception of some outlying populations. This has been a major first step toward reducing health disparities and creating health equity within the region. It will take considerable time to create healthy behaviors that will lead to better management of chronic disease and health promotion."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:29:17 AM

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On behalf of a Michigan resident...

**" My brother-in-law has struggled with mental health and addiction issues his entire adult life. Without Medicaid, he often would not have any healthcare at all. His life is already overwhelming for him most of the time. Adding more hurdles will not help his situation."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:30:28 AM

---

On behalf of a Michigan resident...

**"People are now able to access needed medical services that otherwise they haven't been able to. Healthier people lead to a healthier community."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** "Demonstration Extension Application Amendment"  
**Date:** Friday, August 10, 2018 9:30:30 AM

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These seemingly arbitrary work requirements are only going to harass and stress out those who are least able to deal with bureaucratic red tape!

Legislators seem to have no idea, or don't care, about the daily grind that low income people experience, or how capricious employers are with hours, seasonal work, etc. These new requirements would cause many people to lose health care EVEN if they are working, which only makes them more likely to be unemployable when they can't get treatment and must miss work because of injury or illness.

My husband and I oppose this proposal.

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:32:30 AM

---

On behalf of a Michigan resident...

**"I no longer have fear of cost to seek medical care and it has helped with high cost of medications such as Insulin"**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:33:42 AM

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On behalf of a Michigan resident...

**"My brother is severely disabled. He has been able to enjoy a full and happy life because of his access to Medicaid. Many if my coworkers would not even be able to work if they didn't have Medicaid."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:35:28 AM

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On behalf of a Michigan resident...

**"I am 36 years old, with a Master's degree. I had been unable to work any kind of regular job because of multiple health issues, including narcolepsy, fibromyalgia, arthritis, and liver disease. I worked as an independent contractor, editing and publishing, piecing together just enough money to pay bills. I received food benefits, but made "too much money" to qualify for Medicaid. I seldom went to the doctor and unsuccessfully attempted to self-treat my pain and overwhelming fatigue.**

**After the Medicaid expansion, I was eligible for the Healthy Michigan Plan. As a result, I found doctors who helped me devise a treatment plan, including lifestyle changes, physical therapy, as well as medications to treat symptoms. In the fall of 2016, I was able to return to work as an adjunct English professor. Since then, I've continued work, found purpose in my life again, and have contributed to my health plan as my income has risen."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:36:36 AM

---

On behalf of a Michigan resident...

**" My husband has multiple health issues that preclude employment. He's tried several times. It hasn't worked out because of his health."**



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:38:25 AM

---

On behalf of a Michigan resident...

**"My sister is a person with a developmental disability who receive Medicaid behavioral services and supports. Her direct support staff rely on Medicaid since the direct support positions do not offer benefits. These hardworking individuals also receive wages that make it difficult to pay insurance premiums."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:40:33 AM

---

On behalf of a Michigan resident...

**"Healthy Michigan has slowed people from using ER as a PCP and provided stability for those without access to insurance and given them dignity in seeking ongoing care"**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:42:05 AM

---

On behalf of a Michigan resident...

**"Healthy population, less stress on health system."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:44:15 AM

---

On behalf of a Michigan resident...

**"Individuals with disabilities qualify for services that give them more independence and equity in their lives."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:46:07 AM

---

On behalf of a Michigan resident...

**"It has helped my children because we don't have insurance available for them through our workplace."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:47:14 AM

---

On behalf of a Michigan resident...

**"Healthcare creates a more robust community."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:48:39 AM

---

On behalf of a Michigan resident...

**"I used to work for the Welfare office...I KNOW how it's helped, by keeping people HEALTHY"**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:49:47 AM

---

On behalf of a Michigan resident...

**"I have Medicaid because I am a single mom, a student, and I have Multiple Sclerosis. Without Medicaid, I would not have insurance PERIOD. Without insurance, I would not have access to my MS medication which retails for \$75 per pill. I take two pills per day. This medication keeps my disease from progressing. So Medicaid is preventing my disease from progressing so I can continue my education and become a graphic designer."**



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:50:48 AM

---

On behalf of a Michigan resident...

**"Medicaid has allowed people with disabilities to live meaningful lives with access to support staff and transportation. Without these Medicaid benefits, people would be living in institutions. "**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:52:00 AM

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On behalf of a Michigan resident...

**"My husband passed away at age 60. At the time I was 51 and hadn't worked in 14 years. I couldn't afford to pay COBRA. Thank goodness I applied and was approved for the Healthy Michigan Plan. If I could work outside the home, I wouldn't need Medicaid. I am housebound, I have no family to help me, I try and find work-from-home jobs but they aren't enough to even support me and they don't offer health insurance. S.B. 897 doesn't make sense and is antithetical."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:55:27 AM

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On behalf of a Michigan resident...

**" Medicaid and Healthy Michigan coverage has been a huge stress relief for our family. Thankfully we have no chronic health issues, but to have health care during this low income time in our life means that there is one less thing to keep us up at night."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:56:46 AM

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On behalf of a Michigan resident...

**"I am taking care of my husband who is disabled and I have health issues as well. Healthy Michigan is helping me get the medical attention I need right now that I can't afford being on a fixed income."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 9:57:58 AM

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On behalf of a Michigan resident...

**"My father was diagnosed with prostate cancer in 2014. Without Medicaid expansion he would not have had any medical insurance upon his diagnosis and would never have been able to afford insurance or his treatments."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 10:00:30 AM

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On behalf of a Michigan resident...

**"My fiance has been able to see a doctor for the first time in years! She only ever saw a doctor when her illnesses got too severe, and she hadn't been to a doctor for a regular checkup since she was a child."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 10:26:25 AM

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On behalf of a Michigan resident...

**" My brother developed grand mal seizures and is unable to work. His employer fired him because he has seizures at any time of the day without warning and has actually hurt himself while at work. Without Medicaid he cannot receive the diagnosis and treatment necessary to prevent the seizures from occurring. He applied for disability but that could take years to get approved. He is unable to work. His seizures make him unable to drive."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:06:15 AM

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On behalf of a Michigan resident...

**"I help people every day who are able to receive mental health care and home health care support and needs through Medicaid waiver program."**



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:06:46 AM

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On behalf of a Michigan resident...

**" My father is in a long term care facility and is unable to live on his own. If it wasn't for his Medicaid coverage, I don't know what we would do."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:07:54 AM

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On behalf of a Michigan resident...

**"The Medicaid expansion helped me get through law school."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:09:31 AM

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On behalf of a Michigan resident...

**"Many people are now back in workforce as their health needs addressed. Complications from chronic conditions reduced as they are getting early intervention and management. Not using emergency room when really sick, can get care early. Charity care and bad debt reduced at hospitals. More people getting vital dental care to prevent sepsis. Supports employers in health care to hire more people-created jobs where I work."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:10:23 AM

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On behalf of a Michigan resident...

**" Medicaid helped my mom, a single parent, put herself through nursing school.  
The shaming associated with Medicaid needs to stop- listen to the nurses!"**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:11:20 AM

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On behalf of a Michigan resident...

**" My son has a congenital disability and he needs expensive medical equipment in order to function in society. Without coverage, he would not be able to be independent in the community."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:12:39 AM

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On behalf of a Michigan resident...

**"I had a stroke a year ago. Without the medications and medical care I get now through Healthy Michigan, I'll just keep having strokes and going to the E.R. without being able to pay for it. The medications I take keep my blood pressure under control. I was also able to get a surgery that fixed an issue that hindered my ability to work for almost 10 years."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:13:35 AM

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On behalf of a Michigan resident...

**"Medicaid allows persons who previously had little or no healthcare to receive fuller healthcare coverage."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:15:39 AM

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On behalf of a Michigan resident...

**"Medicaid expansion means members of the community receive health care and that reduces the likelihood of spreading communicable diseases. It also reduces the financial burden on hospitals of providing care to the poor."**



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:16:35 AM

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On behalf of a Michgian resident...

**" My two adult daughters suffer from anxiety. They are unable to work full time. The Medicaid has helped them to receive necessary medical care and support for doctor visits and medication."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:17:32 AM

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On behalf of a Michigan resident...

**"All people deserve to have a basic level of health care available to them"**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:18:44 AM

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On behalf of a Michigan resident...

**"Medicaid coverage allows my children access to the medical care and medications they need to be healthy and successful without us going bankrupt as a family."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:19:47 AM

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On behalf of a Michigan resident...

**"I am a single foster mom with medically fragile children who need this. It is nice to know I have insurance too so that I can stay healthy for them."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:21:10 AM

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On behalf of a Michigan resident...

**" After the ACA was passed, I was able to quit my government job and start my own businesses. A younger person was able to take my position and I am able to provide services in my community that no one ever has before. It's pretty amazing! I would never have been able to become a small business owner without Medicaid. "**

[REDACTED]

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:22:21 AM

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On behalf of a Michigan resident...

**" I believe that everyone should have some basic level of healthcare so that people don't have to chose between their health and a job. I know people who have jobs who can't afford to use their insurance because it's too expensive."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:29:53 AM

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On behalf of a Michigan resident...

**" Medicaid is so important to my brother because when he was diagnosed with cancer, Blue Cross dropped him. He needs Medicaid to stay alive."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:31:23 AM

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On behalf of a Michigan resident...

**"I have never needed this service but have seen it save lives"**



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:33:23 AM

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On behalf of a Michigan resident...

**"Medicaid is an important program in our community. We all benefit when healthcare is accessible for all people."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:34:36 AM

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On behalf of a Michigan resident...

**" I have had rough times with low income and have personally seen the relief Medicaid has provided. This allowed me to advance my personal goal so I no longer need Medicaid."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:35:32 AM

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On behalf of a Michigan resident...

**" My little sister is autistic and my older brother has several medical issues. Neither of them can work. Medicaid allows them both to live independent lives but still have necessary care."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:37:12 AM

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On behalf of a Michigan resident...

**" After my husband left & we divorced, he actively sought work with no health benefits, leaving my children without health insurance. In addition, he consistently has not earned enough to pay his full spousal or child support, leaving me no option to work full-time due to childcare costs (he surely would not pay). Also without the help I receive, our cost of living expenses would overwhelm me throwing me into bankruptcy. Without Medicaid, myself & my children would be without Medical coverage. There is no job waiting for me at \$50-60,000 per year. I am active job searching. I am a college degreed, white, divorced suburban single parent. I am not an urban poor person. I am what Americans don't believe exists. I am stuck right now, in financial limbo, until both my children attend school fulltime."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:40:18 AM

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On behalf of a Michigan resident...

**"My sister is Autistic and is unable to work due to the severe depression and anxiety that comes along with her autism. Healthy Michigan allowed her to be able to maintain health insurance after she turned 26 and allows her to be able to see her mental health professionals, as well as other healthcare providers. She would not be able to do this if it weren't for the current Healthy Michigan program."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:41:10 AM

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On behalf of a Michigan resident...

**" My spouse and I both work directly with low income or special needs populations that depend on Medicaid for their healthcare. Without Medicaid, our clientele would have no access to healthcare."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:42:55 AM

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On behalf of a Michigan resident...

**"I have been able to maintain health through regular check-ups and address injuries when they occurred, instead of having to wait until they develop into something worse."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:44:07 AM

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On behalf of a Michigan resident...

**" People that are struggling financial have been able to rely on this form of welfare. The whole community benefits from good health, including those that are struggling financially."**



**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:44:56 AM

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On behalf of a Michigan resident...

**"When our community is healthier, we all benefit."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:46:29 AM

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On behalf of a Michigan resident...

**" Healthy Michigan enables us to have good healthcare even though, as self-employed small business owners and freelancers, our income often fluctuates."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:47:42 AM

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On behalf of a Michigan resident...

**" Without it I would have no coverage and would probably die from diabetes."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:48:37 AM

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On behalf of a Michigan resident...

**" Due to financial difficulty, I enrolled in Medicaid in March. To date, I have not needed to use it. However, it's nice to know that in case of emergency I have health insurance to fall back on and I can seek medical treatment if needed. It's reassuring to know that I won't go bankrupt due to a medical emergency."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:49:31 AM

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On behalf of a Michigan resident...

**" People in my community can continue to work in jobs that offer lower pay and hours while keeping in better health. Many of these folks work in direct service with people in need or food service. They need care and coverage. Prevents the spread of disease."**

**From:** [REDACTED]  
**To:** [HealthyMichiganPlan](#)  
**Subject:** Demonstration Extension Application Amendment  
**Date:** Friday, August 10, 2018 11:50:19 AM

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On behalf of a Michigan resident...

**" If it wasn't for Medicaid by suicidal father wouldn't have received the mental health help he needed."**