

MEMORANDUM

TO: Honorable Members of the Senate Committee on Economic and Workforce Development

FROM: Sarah Diedrick-Kasdorf, Director of Outreach & Member Engagement
Chelsea Fibert, Government Affairs Associate

DATE: February 9, 2022

SUBJECT: Opposition to Senate Bill 902, Senate Bill 905, and Senate Bill 912

The Legislature's *Stronger Workforce* initiative includes three bills that will have a significant impact on the state's county-operated income maintenance consortia.

Senate Bill 902: Requires the Department of Health Services (DHS) to enforce work requirements on able-bodied adults without dependents; the FSET requirement on able-bodied adults; and the drug screening, testing, and treatment requirements.

Senate Bill 905: Prohibits DHS from automatically renewing the eligibility of a recipient for Medical Assistance (MA) program benefits. DHS must determine an individual's eligibility every six months under the bill. Additionally, any recipient of Medical Assistance benefits that fails to timely report to DHS or its designee any change that may affect eligibility is ineligible for benefits for six months. The bill also requires DHS to promptly remove from eligibility for the Medical Assistance program any individual who has been determined to be ineligible for the program. The bill also requires quarterly reports on eligibility status if the bill's implementation affects enhanced federal financial participation.

Senate Bill 912: Adds to prohibited conduct for MA eligibility knowingly failing to accept an offer of legal, paid employment and knowingly failing to accept an increase in paid work hours or wages to maintain eligibility for MA benefits.

With the exception of cases in Milwaukee County, all of the eligibility work required in this set of bills will be conducted by our 10 county-operated income maintenance consortia. The workload increases associated with these bills is significant. For example, Senate Bill 905 requires MA eligibility to be determined every six months, as opposed to

every 12 months under current law. That provision alone doubles the eligibility work associated with the MA program. If quarterly reports must be submitted to DHS that workload could actually quadruple. Counties raised concerns about the increased costs associated with FSET work requirements and drug testing when those provisions were first proposed.

These three bills fail to recognize the workload increases on income maintenance consortia and in so doing, fail to provide the resources income maintenance consortia will need to implement the program changes contained in Senate Bills 902, 905, and 912.

The state provides the 10 income maintenance consortia with funding to perform eligibility determinations for Wisconsin's economic support programs through the income maintenance administration allocation (IMAA). Historically, IMAA funding levels have not kept pace with the work involved in processing and managing FoodShare and Medical Assistance cases. In fact, county levy invested in economic support programs is greater than the state's GPR investment – in 2017, the state invested \$17.7 million GPR while county levy investment was over \$30 million. The 2021-23 state biennial budget proposed by the Governor contained increased funding for the IM consortia to cover projected workload increases due to significantly increasing caseloads. Unfortunately, the Legislature rejected the Governor's increase, causing IM consortia to bear an even greater percentage of costs. Counties simply do not have the levy capacity to fund the increased costs associated with these three bills.

Therefore, due to the failure to fund the increased workload for IM consortia, the Wisconsin Counties Association respectfully requests your opposition to Senate Bill 902, Senate Bill 905, and Senate Bill 912.

Thank you for considering our comments.



WISCONSIN CATHOLIC CONFERENCE

TO: Members, Senate Committee on Economic and Workforce Development

FROM: Barbara Sella, Associate Director for Respect Life and Social Concerns

DATE: February 9, 2022

RE: Senate Bills 902, 905, & 912, FoodShare and Medicaid Continuing Eligibility

On behalf of the Catholic bishops of Wisconsin, we respectfully urge you to oppose Senate Bills 902, 905, and 912, which limit access to programs that allow vulnerable persons to receive medical care and food assistance. Now, more than ever, we must ensure that people have the resources necessary to recover from the ongoing pandemic.

The WCC has opposed efforts to condition food or health care supports upon a person's productivity. Public assistance programs exist to aid vulnerable individuals and families whose situation prevents them from being able to meet basic needs. Frequently, those who most need FoodShare and Medicaid benefits are facing a myriad of challenges, some of which may be lifelong. Addiction, trauma, illness, accidents, and the loss of family, housing, or employment can all stymie efforts to build stability. The goal of these programs is to accompany vulnerable individuals so they can move out of poverty.

Today, we all have experienced the universal challenge of a pandemic and many continue to face heightened uncertainty. Employees do not know how or when their work will be interrupted by infections in their home or workplace. Many are experiencing the long-term effects of COVID-19 and families are dealing with the loss of loved ones. Finally, all are experiencing heightened food, heating, and other costs associated with widespread inflation.

Senate Bill 902. In response to the pandemic, the State of Wisconsin suspended efforts to enforce FoodShare work requirements and did not seek further implementation of drug testing and FoodShare Employment and Training (FSET) requirements. The pandemic is still with us, so it is appropriate that these suspensions continue. It is also worth noting that our Catholic food pantries, Society of St. Vincent de Paul Conferences, and other charities across the state assist families in need, regardless of health condition, drug addiction, or employment status. These charitable agencies have learned that underlying and untreated mental health issues often prevent individuals from seeking and maintaining work and lead them to self-medicate with drugs and alcohol. Senate Bill 902 would require that these individuals, struggling to return to normalcy, dedicate further time, transportation, and resources towards compliance with drug testing, treatment, and FSET requirements.

Before the pandemic, effective trauma-informed drug treatment programs were too few, but current access to treatment, especially in-person treatment, has been further limited by the

pandemic. Times of stress can foster relapses, making successful participation in FSET more difficult. In a time of rising food costs and uncertainty, we must remove, not increase, these impediments to alleviating hunger.

Senate Bills 905 and 912. In a similar way, Senate Bills 905 and 912 make it more difficult to retain health care coverage during the pandemic. Senate Bill 905 would require that the Wisconsin Department of Health Services (DHS) determine an individual's eligibility every six months. Currently, most Medicaid recipients must complete a program renewal at least once a year to determine ongoing program eligibility.

Health care is a basic human right and access to health care for all has been a policy goal of the U.S. bishops since 1919. It is important to remember that those who currently receive Medicaid are individuals who are elderly, blind, disabled, pregnant, with chronic conditions or diseases, children and their parents, or individuals living in poverty. By definition they are in need of services and do not have access to the resources necessary to receive treatment and medications without Medicaid. These are individuals and families who are likely struggling to meet home and transportation expenses, as well as meeting the basic needs of their loved ones. They frequently must transition from one home to another, as well as from one employment situation to another, changing addresses, phone numbers, and earnings along the way.

Without the follow-up and case management needed to help Medicaid recipients better assess how to exit poverty and manage the demands of daily life, repeated six-month eligibility reviews become administratively burdensome to both the State and Medicaid participants. The requirement will lead to missed deadlines, appointments, treatments, and medications, rather than a meaningful path towards self-improvement. Many will not even realize that their coverage has lapsed until care is needed.

Senate Bill 912 would punish able-bodied, adult Medicaid participants up to age 65 who do not accept an offer of legal, paid employment or an offer of increased work hours or wages. There is no accounting for when those hours are scheduled, the benefits that may accompany the offer, or whether it is a position that offers any kind of long-term advancement. There is no exception for those who may have retired spouses living at home who do not meet the definition of being "dependent," but may still require greater attention and care. Senate Bill 912 does not acknowledge those who might not be able to hazard the added anxiety or responsibility that comes with increased hours and wages. Still others may be coping with life-limiting conditions or progressive illnesses and may wish to opt for less than a 40-hour workweek.

Under both SB 905 and SB 912, a failure to disclose information in a timely manner can result in a six-month suspension from the Medicaid program. In effect, these bills will force individuals to place immediate employment considerations above family and health commitments and long-term employment strategies. These bills place productivity above individual health and family responsibility and force vulnerable people to take the best short-term offer placed in front of them, regardless of other considerations.

Finally, it is important to note the impact all three bills will have on private charitable actors. Depriving the poorest among us of needed food and health care will only shift the burden to the

hundreds of private charities, Catholic and other, which are already overwhelmed. While as Catholics we stand ready to serve the common good, we cannot be expected to serve more with less.

In conclusion, reforming public assistance programs so as to reduce poverty and dependency requires the involvement of government and the private sector working cooperatively. Reforms must ensure that people in poverty do not become targets, but rather that they receive the supports and services appropriate to their needs. Self-sufficiency and self-determination require that those in poverty be listened to and respectfully engaged. Overly bureaucratic and punitive measures to reduce fraud and encourage responsibility all too often have the opposite effect of deepening hopelessness and further impoverishing the most vulnerable. The problem of poverty requires a holistic approach, something that our Catholic Charities agencies and Society of St. Vincent de Paul councils are adept at doing. Everyone has an interest in reducing drug dependency, improving health, and encouraging labor force participation. We urge you not to tie the hands of our state's most vulnerable individuals by enacting laws that limit their recovery, but instead work together to improve the lives of all of Wisconsin's residents.

Thank you.



February 8, 2022

The Honorable Dan Feyen
Chair, Senate Committee on Economic and Workforce Development
PO Box 7882
Madison, WI 53708

Written testimony in opposition to SB 905 and SB 912

Dear Chairman Feyen and members of the Committee:

Thank you for the opportunity to submit written testimony in opposition to SB 905 and SB 912.

The mission of The Leukemia & Lymphoma Society (LLS) is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma and improve the quality of life for the more than 1.3 million Americans living with blood cancer, and their families. To ensure they receive appropriate and timely care, LLS works to guarantee that blood cancer patients have access to meaningful health insurance coverage.

Medicaid is one of these coverage sources. Its mission is to provide comprehensive coverage to low-income people so they can obtain the health care services they need.¹ In service of that mission, the ACA streamlined Medicaid enrollment and renewal processes across all states.² The intent was to reduce the number of uninsured and keep individuals covered over time by reducing the burden of paperwork.

Unfortunately, neither of these bills serves that purpose. Both proposals will erect new barriers and impose excessively burdensome requirements that are contrary to the goal and intent of the Medicaid program, which will result in coverage losses and an expensive administrative burden to the state.

With regard to SB 912, this proposal would set an unreasonable and even impossible standard for enrollees to meet, potentially requiring individuals to choose between their health coverage or their ability to determine the cadence of their own lives simply because an employer mandated a schedule change. Imagine, for instance, that an employer asked an enrollee to switch from daytime to overnight shifts, or vice versa: if that scheduled resulted in even minimal increases in hours, this bill would force the individual to accept the change or lose their health coverage. There would be no accommodation for any other factor that allowed the individual to determine a schedule that best suits their needs.

¹ 42 U.S.C. 1396

² Kaiser Family Foundation, "Implication of Emerging Waivers on Streamlined Medicaid Enrollment and Renewal Processes," February 2018, <https://www.kff.org/medicaid/fact-sheet/implications-of-emerging-waivers-on-streamlined-medicaid-enrollment-and-renewal-processes/>



The fact is loss of coverage is a grave prospect for anyone, in particular a patient living with a serious disease or condition. People in the midst of cancer treatment, for example, rely on regular visits with healthcare providers, and many of those patients must adhere to frequent, if not daily, medication protocols.

SB 905 would similarly impose an unnecessary and counterproductive burden on beneficiaries that will likely result in improper coverage terminations. A recent issue brief by the office of the Assistant Secretary for Planning and Evaluation, Office of Health Policy at the Department of Health and Human Services found that Medicaid-eligible populations experience significant disruptions to their coverage, and consequently to their care and treatments, when forced to endure excessive and frequent redeterminations such as those proposed in this legislation.³ That study also found that consumers who enrolled in and maintained Medicaid coverage for 12 months resulted in lower and more stable state administrative spending, and less overall spending per beneficiary, than those subjected to more frequent redeterminations.

LLS is seriously concerned that these bills may cause patients to go without necessary care, perhaps for an extended period. LLS is equally concerned about Medicaid enrollees who do not currently live with a cancer diagnosis; if during a lock-out period an individual develops blood cancer, it's likely the disease won't be diagnosed early enough to ensure the best possible health outcomes.

Rather than pay more for less and sacrifice the health of many Wisconsinites by implementing these policies, the state should instead fully expand Medicaid. Not only would this reduce churn in the Medicaid program and ensure that state dollars are spent most efficiently, it would also ensure that Wisconsin residents are afforded the same opportunity as the taxpayers in 38 other states to see an available portion of their federal tax expenditure returned to them in the form of increased investment in the health and economic well-being of the people of this state.

Thank you for your consideration of LLS's comments on this important matter. If we can address any questions or provide further information, please contact me at dana.bacon@lls.org or 612.308.0479.

Sincerely,

Dana Bacon
Regional Director, Government Affairs
The Leukemia & Lymphoma Society

³ Sugar S, Peters C, De Lew N, Sommers B.D., "Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic." ASPE Office of Health Policy, Department of Health and Human Services, April 2021, <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

February 9, 2022



Testimony of the American Lung Association
Opposing Senate Bills 905 and 912
Senate Committee on Economic and Workforce Development

Dear Chair Feyen and members of the committee,

The American Lung Association represents thousands of patients and families with lung disease in Wisconsin and are committed to ensuring that BadgerCare provides adequate, affordable, and accessible health care coverage. The COVID-19 pandemic and its economic impact have highlighted the importance of the Medicaid program and its robust healthcare coverage for low-income children, adults, seniors, and people with disabilities. However, Senate Bills 905 and 912 set policies that would jeopardize coverage for patients who remain eligible for Medicaid. The Lung Association urges Wisconsin lawmakers to oppose these bills.

Senate Bill 905 would prohibit state agencies from automatically renewing people's Medicaid benefits, require eligibility to be verified every six months (instead of annually), and would require that people lose their coverage for six months if they fail to report any change that may impact their eligibility. This bill will lead to administrative chaos and massive disenrollment, including of enrollees who are eligible but lose coverage due to administrative red tape. Low-income individuals who qualify for Medicaid may move frequently and not receive notices about their eligibility, therefore not realizing they have lost their Medicaid coverage until they show up at a hospital, physician's office, or pharmacy. This loss of coverage would likely lead to delays in accessing needed care.

The evidence is clear that policies that increase administrative red tape for patients lead to coverage losses for individuals with serious and chronic health conditions, including lung disease. For example, when Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱ Additionally, a recent report found that 1.6 million individuals lost their Medicaid coverage in 2018, including 744,000 children, with the largest coverage losses in states that had burdensome redetermination processes.ⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

SB 905 would also require Medicaid enrollees' to timely report change of employment or wages or be locked out of coverage for six months. Low-income individuals' wages and housing situations often fluctuate due to the nature of hourly wages and income insecurity. The Medicaid agency should be reviewing this information at the 12-month redetermination check. Doing so more frequently will result in more churn in the Medicaid program, more gaps in coverage, worse health outcomes and ultimately higher healthcare costs.

The American Lung Association strongly opposes proposals to increase the administrative burden on individuals in the Medicaid program and lock patients out of coverage, which will decrease the number of individuals with quality, affordable healthcare. Adding this burden is especially dangerous at this time as Wisconsin will already need to devote resources to processing hundreds of thousands of eligibility redeterminations at the end of the COVID-19

public health emergency. This is not a responsible use of tax dollars because it will mean increased costs for the administration, higher medical bills for those who are forced to go without coverage, and more red tape for patients who should be focused on their health.

Senate Bill 912 would prohibit adults aged 18–64 without dependent children from not accepting an offer of employment or an increase in their hours or wages for the purpose of maintaining their Medicaid eligibility. If the state finds that individuals have failed to accept a job they were offered, they will be locked out of coverage for six months. These lock outs would negatively impact the patients we represent, whether disenrollment results in no longer having access to maintenance medication resulting in a condition worsening, or not getting a preventive screening resulting in a diagnosis at a later, less treatable phase of a disease or cancer.

The American Lung Association is also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. Regardless, even exempt enrollees may have to report their exemption, creating opportunities for administrative error that could jeopardize their coverage. No exemption criteria can circumvent this problem and the serious risk to the health of the people we represent.

Ultimately, these requirements do not further the goals of the Medicaid program or help low-income individuals find work. Most people on Medicaid who can work already do so.ⁱⁱⁱ A study published in *JAMA Internal Medicine* looked at the employment status and characteristics of Michigan's Medicaid enrollees.^{iv} The study found only about a quarter were unemployed (27.6%). Of this 27.6% of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work. Additionally, studies in *The New England Journal of Medicine* and *Health Affairs* have found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.^{v,vi}

The U.S. Court of Appeals for the District of Columbia has reaffirmed that the purpose of the Medicaid program is to provide healthcare coverage and that Arkansas' restrictive Medicaid waiver, including a work requirement policy, did not meet that objective. Additionally, considering coverage losses and the ongoing impact of the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) has withdrawn work and community engagement guidance as well as approvals of work and community engagement requirements.

If Wisconsin lawmakers want to strengthen the health of the workforce, they could agree to expand Medicaid which would mean people could earn more while maintaining their health care coverage. It would also qualify our state for more than \$1 billion in savings which could be used to bolster work supports. There are, in fact, many alternative policies that Wisconsin could pursue to ensure patients who remain eligible for Medicaid coverage maintain their access to care and we would be very happy to serve as a resource to develop ideas to strengthen this program. The American Lung Association urges Wisconsin lawmakers to reject these proposals and instead focus on policies that promote affordable, accessible, and adequate health care coverage in Wisconsin.

ⁱ Tricia Brooks, “Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP,” Georgetown University Health Policy Institute Center for Children and Families, January 2009.

ⁱⁱ https://familiesusa.org/sites/default/files/product_documents/Return_of_Churn_Analysis.pdf

ⁱⁱⁱ Rachel Garfield, Robin Rudowitz, and Anthony Damico, “Understanding the Intersection of Medicaid and Work,” Kaiser Family Foundation, February 2017. Available at: <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^{iv} Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055

^v Benjamin D. Sommers, MD, et al. “Medicaid Work Requirements—Results from the First Year in Arkansas,” *New England Journal of Medicine*. Published online June 18, 2019,

https://cdf.nejm.org/register/reg_multistep.aspx?promo=ONFGMM02&cpc=FMAAALLV0818B

^{vi} Sommers, B., Chen, L., R. Blendon, E. Orav, and A. Epstein. 2020. Medicaid work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care, *Health Affairs* 39(9): 1522-1530. Accessed at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538>

February 9, 2022



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Senate Committee on Economic and Workforce Development

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ⁱⁱ https://familiesusa.org/sites/default/files/product_documents/Return_of_Churn_Analysis.pdf

ⁱⁱⁱ Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017. Available at: <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

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^{vi} Sommers, B., Chen, L., R. Blendon, E. Orav, and A. Epstein. 2020. Medicaid work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care, *Health Affairs* 39(9): 1522-1530. Accessed at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538>



Testimony in Support of Senate Bills 905 and 912

**Wisconsin State Senate
Committee on Economic and Workforce Development**

February 9, 2022

Chase Martin
Visiting Fellow
Opportunity Solutions Project

Chairman Feyen, vice-chair Testin, and members of the committee,

My name is Chase Martin, and I am a visiting fellow at Opportunity Solutions Project (OSP). OSP is a non-profit, non-partisan advocacy organization dedicated to advancing policies that reduce barriers to work and protect state benefits for the truly needy.

Thank you for hearing this legislation before your committee. I am submitting this testimony in support of two Senate bills, S.B. 905 and S.B. 912, related to Wisconsin's Medical Assistance, or Medicaid, program.

Wisconsin's Medicaid program has changed dramatically in recent years. The program, which historically was reserved for the truly needy, the elderly, disabled, and low-income families, has grown dramatically, with more able-bodied adults on the program than there ever before. In 2000, Wisconsin's Medicaid program served just over a half-a-million people. That number has ballooned to more than 1.3 million today, a staggering increase of 166 percent.¹ And the Medicaid program is eating the state budget alive as well. In 2000, Medicaid represented just 11 percent of the budget. Now, it is more than 20 percent and growing steadily.²

Swelling Medicaid rolls consume resources meant for the truly needy, roads, schools, and public safety, and perhaps worst of all, people are being driven from the workforce. It is no coincidence that as Medicaid enrollment has exploded, workforce participation has declined. As you know from seeing the hiring signs up in so many businesses across the state, Wisconsin's workforce shortage is a major crisis. In 2000, Wisconsin's workforce participation rate was over 73 percent. Today, it is just 65 percent. This direct correlation between the increase in Medicaid enrollments and the decrease in workforce participation cannot be ignored.

That is why we support S.B. 912, and S.B. 905. Both deal with issues in the Medicaid program in different ways.

First, **S.B. 912** would make sure that able-bodied adults on the program are going to work when work is available to them. This is a commonsense measure to protect benefits for those that truly need them, and to get able-bodied adults back into the workforce. It may be unlikely that the current federal administration would approve a waiver to this effect, but we do know that it is good policy. Research has shown that when work requirements are in place in welfare programs for able-bodied adults, they more quickly move from welfare to work, and incomes quickly double among those leaving the program.³

S.B. 912 is not a work requirement but would have a similar impact by ensuring individuals don't turn down opportunities to work. With more than 200,000 open jobs in Wisconsin,⁴ now is the right time to make bold moves to help able-bodied adults move from a life of dependency on welfare to one of independence and self-sufficiency that comes through a job and upward mobility.

S.B. 905 also makes key changes to the program to protect resources for the truly needy. The bill takes important steps to make sure those on the program are actually eligible and provides protection against fraud and abuse in the program. It does this by requiring the state to lock out from the program individuals who commit fraud, having redeterminations conducted twice a year

instead of once a year, and ending the practice of filling out forms for individuals and repopulating them using outdated information.

The bill also adds several basic, quarterly cross-checks. Ideally, these cross-checks would be weekly, but requiring quarterly cross-checks is a good first step toward improved program integrity. One important feature of the bill is that it requires the state to assess how many ineligible people are on the program right now. Because of the Families First Coronavirus Response Act (FFCRA) and because the state took increased federal payments for Medicaid, the state cannot currently remove anyone from Medicaid, even those who are ineligible for the program. This bill will require that the state at least accounts for how many people enrolled are currently ineligible, that way the state can get a better sense for whether the increased funding is costing the state more in the long run, and can be prepared to remove the ineligible once the requirement to maintain them on the program ends. S.B. 905 offers a good first step forward for the state on program integrity.

Together, S.B. 912 and S.B. 905 show that Wisconsin recognizes that the growth in Medicaid is unsustainable, especially when it comes to able-bodied adults who can and should be working or those who should not be on the program because they are ineligible. We support this effort to help clean up the rolls and get people back to work.

Thank you for your time.

Chase Martin
Visiting Fellow
Opportunity Solutions Project (OSP)

¹ Jonathan Bain, "The X factor: How skyrocketing Medicaid enrollment is driving down the labor force," Foundation for Government Accountability (2022), <https://thefga.org/paper/x-factor-medicaid-enrollment-driving-down-labor-force/>.

² Nicholas Horton, "The Medicaid Pac-man: How Medicaid is consuming state budgets," Foundation for Government Accountability (2019), <https://thefga.org/wp-content/uploads/2019/10/Medicaid-Pac-Man-Paper-2.pdf>.

³ Ingram, et al, "Food stamp work requirements worked for Missourians," Foundation for Government Accountability (2020), <https://thefga.org/wp-content/uploads/2020/10/missouri-food-stamp-work-requirements.pdf>.

⁴ U.S. Bureau of Labor Statistics – Jobs opening data by state, Nov 2021. <https://www.bls.gov/news.release/jltst.t01.htm>.



CHRIS KAPENGA

President | Wisconsin State Senate

Stronger Workforce Initiative

Senate Bill 912 Testimony

Senate Committee on Economic and Workforce Development

Thank you, Chairman Feyen and committee members, for hearing testimony on Senate Bill 912 today. This bill is part of a larger effort that you will hear about today to address the serious workforce shortage facing Wisconsin.

Senate Bill 912 materialized when I started hearing stories from employers in my district who were noticing employees and applicants for employment refusing additional work hours or full time job offers in an effort to remain on state run health insurance. In many instances, the job offers I heard about were full time jobs with employer sponsored insurance plans, but the employee or prospective employee would refuse the work opportunity and opt to remain on the state program. This is exacerbating our workforce shortage and represents a major flaw in the way we are approaching public benefits. When government benefits compete with private employers, it is not only the employers who we are failing, but also the families on these programs that are essentially giving up and locking themselves into generational dependency on social programs.

This bill would address this problem by considering intentional work refusal to be a form of fraudulent behavior on the Medicaid program. I hope we can all agree that work-eligible adults should be working full time and engaging in the workforce to the greatest extent possible, especially when they are using the social safety net to work towards independence. SB 912 includes several exemptions to protect those people who may have a circumstance that precludes them from working full time. Additionally, the financial and criminal penalties that normally apply for fraudulent behavior do not apply under this bill; instead, the participant would be ineligible for benefits for 6 months.

We cannot grow our state's economy without addressing this workforce shortage. We need everybody who can work to engage in the labor market and fill the vacancies that are harming our local economies and stifling growth. I could spend hours telling stories from my district about the impact of this shortage, and I know you all could as well, which is why I am hoping you can support this package of bills and take action to fix our broken systems and truly help people on the path to independence and prosperity.

Thank you, Chairman Feyen and committee members, for your time and consideration of this bill. I would also like to thank Representative Callahan for authoring this bill in the assembly. I would be happy to take any questions you may have.



CALVIN CALLAHAN

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Testimony in Support of Senate Bill 912 *Senate Committee on Economic & Workforce Development* February 9, 2022

Mr. Chairman and members of the committee, thank you for holding a public hearing on Senate Bill (SB) 912, relating to failure to accept employment to remain eligible for Medical Assistance.

We've all seen the "Help Wanted" signs in the windows as we drive past businesses in our districts. Employers are hurting for workers all across the state. Today, there are over 30% more job openings listed than there were before the pandemic. However, enrollment in government public assistance programs have continued to rise. As of last December, there were over 260,000 childless adults on BadgerCare – 100,000 more than before the pandemic.

SB 912 takes a step towards preventing fraud on our Medical Assistance programs and getting people back to work. Under our proposal, if someone fails to accept a job offer, increase in work hours up to 40 hours per week, or increase in wages, simply to maintain their eligibility for Medical Assistance, they would be determined ineligible for the program for six months. The bill applies to able-bodied adults without dependents who are between the ages of 18 and 65, not determined to be physically or mentally unfit for employment, not pregnant or within six months postpartum, and not a caregiver of a child who is under the age of 13 or, if the child is disabled, under the age of 19.

Some concerns were brought up during yesterday's hearing on the Assembly side in regards to the effect this bill would have on those who are caregivers, either for someone who is disabled or elderly. We understand the sacrifices and hardships that caregivers often go through, and so we are exploring a potential amendment to ensure that those folks are not impacted by this bill.

With that said, Medical Assistance was never meant to be a permanent health care option for able-bodied, work-eligible individuals without children. There is no reason why the category of adults under this proposal shouldn't be able to work 40 hours/week or accept higher wages. SB 912 will help strengthen our state's workforce and reform our state's health care safety net.

Members of the committee, again I appreciate this opportunity to testify in support of SB 912. I hope to see your support on this important legislation.



February 9, 2022

Senate Committee Economic and Workforce Development
Senator Feyen
State Capitol, Rm 306 S
Madison, WI 53707

Dear Senator Feyen and committee members:

The Wisconsin Board for People with Developmental Disabilities (BPDD) analysis of SB 912 finds this proposal will negatively and disproportionately impact people with disabilities and their families.

Wisconsin's BadgerCare program includes many people with disabilities including:

- People waiting for a disability determinacy, which can take two years.
- People with chronic or intermittent conditions, many of which can result in fluctuations in work hours and status.
- People with serious and persistent mental illness, most of whom are either in BadgerCare or the Medical Assistance Purchase Plan (MAPP)
- People with Intellectual and Developmental Disabilities (I/DD) who do not meet the nursing home level of care criteria required to qualify for Family Care or IRIS.
- People with undiagnosed I/DD.

The bill includes an exemption from the punitive aspects of the bill for people receiving disability benefits or determined to be medically certified as physically or mentally unfit for employment under the criteria described in 7 CFR 273.24 (c) (2). BPDD believes many people with disabilities will not be captured by the exemption criteria, including those waiting for a determinacy, those with undiagnosed I/DD, and people with disabilities who are currently or have a history of employment who are not receiving SSI or SSDI.

Many people with disabilities in BadgerCare work and should be encouraged to do so. Employment provides meaningful social connections, contributes to a sense of purpose and contribution, and is important to overall mental health. The Developmental Disabilities Act, Americans with Disabilities Act, and Rehabilitation Act of 1973, and Workforce Innovation Opportunities Act are among many federal laws which recognize and seek to encourage employment for people with disabilities. It goes against the spirit of independence, productivity, and integration and inclusion which BPDD is charged to move our policies towards to tie an exception for people with disabilities to "physical and mental unfitness" when so many can and do work.

The amount of work an individual can or wants to do should not be a factor in whether people with disabilities remain eligible for Medicaid health care coverage. Many people with disabilities in BadgerCare work part-time, intermittently due to seasonal employment or changes in health status and have increases and decreases in hours and income due to shift schedule changes or job changes. Whether an individual accepts a given job offer, increase in hours, or pay raise can depend on many factors—including non-driver transportation options, individual's skills and interests and health status, and job duties. Tying the idea that any refusal of an employment offer or change could result in loss of health care will have a chilling effect on people with disabilities working at all for fear changes in status

might jeopardize the Medicaid services they rely on that are simply not available, limited, or unaffordable in the private insurance market.

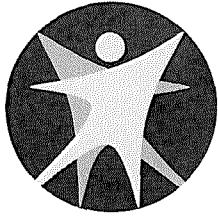
BPDD is charged under the federal Developmental Disabilities Assistance and Bill of Rights Act with advocacy, capacity building, and systems change to improve self-determination, independence, productivity, and integration and inclusion in all facets of community life for people with developmental disabilities¹.

Thank you for your consideration,



Beth Swedeen, Executive Director,
Wisconsin Board for People with Developmental Disabilities

¹ More about BPDD https://wi-bpdd.org/wp-content/uploads/2018/08/Legislative_Overview_BPDD.pdf.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary-Designee

TO: Members of the Senate Committee on Economic and Workforce Development

FROM: HJ Waukau, Legislative Director

DATE: February 9, 2022

RE: Senate Bill 912, relating to: failure to accept employment to remain eligible for Medical Assistance

The Wisconsin Department of Health Services (DHS) would like to thank the Committee for the opportunity to submit written testimony for information only on Senate Bill 936 (SB 912), regarding prohibited conduct related to Medicaid benefits. Under SB 912 any able-bodied adult without dependents (ABAWD) who knowingly fails to accept an increase in wages or paid work hours in order to maintain eligibility for Medical Assistance (MA) benefits would become ineligible for MA benefits for a period of six months upon discovery by DHS. The provisions of SB 912 do not apply to a person if they already work 40 hours per week and refuse to work more than 40 hours per week.

A penalty as provided under SB 912 is an eligibility condition more stringent than is allowed under federal law. As Medicaid is an entitlement program, as long as someone meets the eligibility rules as specified under federal law, they are entitled to the benefits under the program unless a state has the explicit authority to impose other rules, either through an exception in the federal rules such as those specified under 42 CFR § 435.401(c) (2)), or through a waiver. Any exceptions to existing federal eligibility requirements would require DHS to submit a waiver. While SB 912 does provide DHS with the authority to seek a waiver it is unknown at this time how CMS would respond to a waiver request as characterized by SB 912. For the Committee's reference CMS recently rescinded Wisconsin's previous permissions to implement work requirements in April of 2021. Arizona, Arkansas, Georgia, Indiana, Michigan, New Hampshire, Ohio, South Carolina and Utah have also had their work requirement permissions rescinded.

Additionally, if DHS were to receive federal approval for a waiver as provided under SB 912 it would require significant updates to DHS's member management systems. Such updates would include application of the disenrollment penalty in DHS's Client Assistance for Re-employment and Economic Support (CARES) system, and require modifications to the state's online portal for individuals to apply for and manage their health care, FoodShare and other benefits. Recent DHS estimates for similarly complex updates project one-time costs of over \$6 million in GPR funds to make the necessary changes. SB 912 does not provide funding for DHS to make these system updates and DHS can't absorb these expenses under its existing operating budget.

DHS thanks the Committee for the opportunity to provide testimony for information only and offers its services as a resource for the Committee.

LEGAL ACTION OF WISCONSIN

Providing free legal services to low-income Wisconsin clients since 1968 • Proporcionando servicios legales gratuitos a clientes de bajos ingresos en Wisconsin desde 1968

TO: Senate Committee on Economic and Workforce Development
FROM: Abby Bar-Lev Wiley, Legislative Director, Legal Action of Wisconsin
RE: Impact of SB 912/AB 936 on Legal Action's Clients
DATE: February 9, 2022

Thank you for the opportunity to provide comments on AB 936/SB 912. Legal Action of Wisconsin (LAW) is the largest non-profit law firm providing high-quality, free civil legal aid to low-income people in 39 of Wisconsin's southern counties. Our broad reach and expertise means that we see what poverty looks like over a wide swath of the state, from urban and rural areas, from farmworkers to construction workers. One of our priority areas focuses on helping clients secure and maintain the government benefits necessary to meet their most basic needs including food, shelter, health, and income. Legal Action has serious concerns about how AB 936/SB 912 would impact our low-income clients.

AB 936/SB 912 Would Have a Devastating Impact on Low-Income Wisconsinites

AB 936/SB 912 would kick people off Medical Assistance for six months for failing to take a job or accept an increase in paid work hours or wages if done so in order to maintain eligibility for Medical Assistance. This bill would have a devastating impact on Legal Action's low-income clients and would result in gaps in coverage that could cost lives.

The vast majority of the time, our clients are thrilled to accept a job offer. Many are just as happy to accept increases in hours as well, and we have not experienced clients who have turned down increased wages for hours they are already working. However, this bill would put pressure on low-income families to accept employment or increases in hours that they may not feel capable of taking on, for a variety of reasons. Employers already have tremendous power over employees, particularly for individuals working low-wage jobs who have less education, less or no paid time off, and little or no control over the hours they work. Our clients who are able to work, as is true for working low-income people generally, tend to work hourly or several part-time jobs. Their hours and wages fluctuate based on the employer's determination. Employers are not privy to employees' personal lives, nor might they understand that their employees are working for multiple employers. AB 936/SB 912 skews the power dynamics even further in favor employers, allowing employers to rat out employees to DHS if an employee turns down a job or an increase in hours. The bill does not even require an employer's report to be "credible," opening the door for employers to report an employee any time someone rejects an employer's offer, leading to devastating results for the health and well-being of low-income Wisconsinites.

The idea that poor people must take any job, even if it does not work for them or does not sufficiently provide for their families, is an insult to the hardworking low-income Wisconsinites who work tirelessly to make ends meet. There is no real problem the bill is solving, as we have not experienced clients who turn down jobs or extra hours or wages in order to maintain benefits. There are many reasons why low-income people might decline a job or an increase in hours.

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Like everyone else, they are allowed to consider all aspects of a job or hours increase to determine whether it works for them and their families before deciding whether to accept. Many low-income individuals are working multiple part-time jobs. The bill does not specify whether the 40-hours exception applies to a single job or collectively. Under the bill, an employer could report a part-time employee for rejecting an increase in hours, putting their critical Medical Assistance benefits at risk, not knowing that the employee is working two other part-time jobs and simply cannot bear more hours.

The fact that the bill does not apply to people with dependents does not protect all people with caregiving responsibilities. There are many people with low incomes who are caregivers even if they do not have dependents: a wife caring for her husband who is an injured veteran; a grandparent caring for grandchildren; an uncle who watches his sister's young children twice a week so that she can attend AA meetings; a daughter helping to care for her ailing mother. All people live complicated lives, and that is true for people with low-incomes as well. But AB 936/SB 912 would bully low-income people into accepting work simply because they are poor. It is not fraudulent to say no to a job or an increase in hours, but the bill would punish poor people nonetheless. AB 936/SB 912 would unnecessarily add additional stress, pressure, and fear onto the most economically vulnerable Wisconsinites, putting their health and lives in jeopardy.

Medicaid Churn Leads to Greater Costs, Worse Health Outcomes, and Make It Harder to Get Back to Work

The massive administrative burden that AB 936/SB 912 places on DHS would also lead to delays in coverage and worse health outcomes and would be costly. It is unclear how long a fact-finding effort to determine “knowledge” might take, but the increase in administrative burden will undoubtedly lead to delays and gaps in coverage. Studies have found that states with more Medicaid “churn”—people moving in and out of Medicaid eligibility—see higher administrative costs, less predictable state expenditures, and higher monthly health care costs. For example, “one study found adults with 12 full months of Medicaid coverage in 2012 had lower average costs (\$371/month in 2021 after adjusting for inflation) than those with six months of coverage (\$583/month) or only three months of coverage (\$799/month).”¹ People who experience coverage disruptions are “more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.”²

The bill is going the opposite direction that many states have taken. Rather than looking for ways to create higher disenrollment and churn, many states have been looking to create more continuity in enrollment given the high costs, administrative burdens, and worse health outcomes associated with Medicaid churn. Prior to the pandemic, 35 states had adopted policies and

¹ Sarah Sugar, et. al, Health & Human Services, Asst. Secretary for Planning & Evaluation, Issue Brief, *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic* (Apr. 12, 2021), available at <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

² *Id.*

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processes to reduce churn, including such common sense measures as implementing processes to improve communication with enrollees to help prevent them from losing coverage because they do not receive or respond to notices from the state.³ Unfortunately, AB 936/SB 912 would have the opposite impact, kicking hardworking Wisconsinites off of Medical Assistance simply because they declined a job or an increase in hours.

When people are sick and are not receiving medical care they need, or when they are unable to access preventive services, it is harder for them to get work and more likely for them to lose their jobs. Research has shown time and again that being in poor health is associated with increased risk of job loss or unemployment, while access to affordable healthcare helps people maintain or manage their health and “promotes individuals’ ability to obtain and maintain employment.”⁴ People with low incomes already face greater health problems, which have been exacerbated by the Covid-19 pandemic. People with low incomes tend to face a number of chronic health problems, ranging from depression to asthma, diabetes and heart disease, at significantly greater levels than the rest of the population.⁵ Underlying medical conditions are more likely to result in serious illness from Covid-19, putting many low-income families in the hospital or in the grave during the pandemic. Studies have found that people experiencing coverage disruptions are more likely to delay medical and preventive care, refill prescriptions less often, and visit the emergency room more frequently.⁶ In fact, one study found that “unstable Medicaid coverage increased emergency department use, office visits, and hospitalizations between 10 percent and 36 percent and decreased use of prescription medications by 19 percent, compared to individuals with consistent Medicaid coverage.”⁷

As a result, AB 936/SB 912 would not only result in making low-income Wisconsinites sicker, it is also more likely lead to a greater dependence on state benefits and higher unemployment. This bill does nothing to help Legal Action’s clients; it does not help them obtain family-sustaining jobs that may include health benefits or improve the Medicaid system. It simply makes it harder for people to maintain the benefits they need to be able to work and stay well.

Thank you for your consideration.

³ Bradley Corallo et. al, *Medicaid Enrollment Churn and Implications for Continuous Coverage Policies*, Kaiser Family Foundation, Dec. 14, 2021, <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/>.

⁴ Larisa Antonisse & Rachel Garfield, *The Relationship Between Work and Health: Findings from a Literature Review*, Kaiser Family Foundation, Aug. 7, 2018, available at <https://www.kff.org/medicaid/issue-brief/the-relationship-between-work-and-health-findings-from-a-literature-review/>.

⁵ Alyssa Davis, *With Poverty Comes Depression, More Than Other Illnesses*, Gallup, Oct. 30, 2012, https://news.gallup.com/poll/158417/poverty-comes-depression-illness.aspx?utm_source=alert&utm_medium=email&utm_campaign=syndication&utm_content=morelink&utm_term=All%20Gallup%20Headlines.

⁶ Sarah Sugar, et. al, *supra* note 1 at 3-4.

⁷ Sarah Sugar, et. al., *supra* note 1 at 3-4.

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COURAGE. JUSTICE. HOLY IMAGINATION.

30 W. Mifflin, Suite 602
Madison, WI 53703

To: Members of the Senate Committee on Economic and Workforce Development
From: Peter Bakken, Coordinator for Justice and Witness, Wisconsin Council of Churches
Date: February 9, 2022
Re: Testimony in opposition to SB 912

The Wisconsin Council of Churches (WCC) is a network of Christian churches and faith-based organizations committed to working together across our many differences. We connect 21 Christian traditions, which have within them approximately 2,000 congregations and over one million church members. Exercising holy imagination, we help one another make courageous choices that lead toward peacemaking, social and economic justice for Wisconsin's most vulnerable residents, the vitality of the church, and the well-being of our neighbors.

As people of faith we want all our neighbors, without exception, to enjoy the blessings of good health. With good health, people are better able to support themselves and contribute to their community and local economy. When everyone has access to what they need to thrive, we all benefit.

Medicaid provides an important foundation for the common good by providing health insurance to low-income families, adults, and persons with disabilities. It is a necessary lifeline for those who cannot afford adequate coverage on their own or get it through their job. We must keep it strong and effective so that it can support the health of our most vulnerable neighbors and the prosperity of our whole state.

SB 912 would weaken our state's workforce and communities by making it harder for Wisconsinites to get the health care that they need. It would force someone to accept even a bad job offer or be kicked off of Medicaid. Someone might need to refuse a job or an increase of hours because they lack adequate access to transportation, or because of workplace conditions and safety concerns, or for many other valid reasons. Those who take a job that puts them above the very low limit on income for receiving Medicaid might not be able to get health insurance through the job they are offered, or be able to afford it even with the job.

Forcing someone to make a bad decision that undermines their health is neither a just nor an effective way to strengthen Wisconsin's workforce. It would hurt both our most vulnerable neighbors and our state as a whole.

We therefore strongly urge you to reject SB 912.

Thank you for considering our testimony.



DATE: February 7, 2021
TO: Senate Committee on Economic and Workforce Development
FR: William Parke-Sutherland, Health Policy Analyst
RE: Opposition to SB 912 – Disenrollment from Medicaid for failing to accept employment

Chairperson Feyen and committee members

Thank you for the opportunity to submit testimony on Senate Bill 912, which we strongly oppose because it would threaten access to health care for people already working, exacerbate racial inequity, increase administrative complexity, and mean more people would likely be uninsured.

Kids Forward aspires to make Wisconsin a place where every child thrives by advocating for effective, long-lasting solutions that break down barriers to success for children and families, notably children and families of color and those furthest from opportunity. Using research and a community-informed approach, Kids Forward works to help every kid, every family, and every community thrive.

SB 912 would cause adults (ages 18-64) without dependent children under age 13 to lose their Medicaid eligibility for six months if they fail to accept an offer of full-time employment or an increase in hours or an increase in wages to remain eligible. As clearly stated in federal law¹, the purpose of Medicaid is to furnish health insurance coverage to low-income families, adults, older Americans, and people with disabilities. Federal courts and the Centers for Medicare and Medicaid Services have consistently rejected related proposals which conflate Medicaid and work. It is likely this proposal would also be rejected because it is not consistent with the goals of Medicaid.

The majority of adults in Wisconsin enrolled in Medicaid already have jobs. More than 7 out of 10 adult BadgerCare enrollees in Wisconsin are working², many in jobs that do not offer health insurance or provide it at a price that is unaffordable for low-wage earners. Access to affordable health care keeps employees healthy and more productive, ensuring they have more time to spend on the job and to take care of their families. Having health insurance means people are likely to be able to work more—not less.

There is no requirement in this bill that the job someone is forced to take offers affordable, comprehensive health insurance for themselves and their families. In fact, this bill puts no

¹ § 435.901 Consistency with objectives and statutes.

The Medicaid agency's standards and methods for providing information to applicants and beneficiaries and for determining eligibility must be consistent with the objectives of the program and with the rights of individuals under the United States Constitution, the Social Security Act, title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, section 1557 of the Affordable Care Act, and all other relevant provisions of Federal and State laws and their respective implementing regulations.

² <https://files.kff.org/attachment/fact-sheet-medicaid-state-WI>

restrictions on the type of job, level of compensation, or benefits that someone would be forced to accept or else risk losing their Medicaid eligibility.

There are many reasons why people would refuse to accept a job offer or increase in hours, such as transportation, childcare, work environment, safety concerns, etc. It would be nearly impossible to prove the reason that someone decided not to accept an offer of employment. Moreover, the pandemic has upended life as we know it and many hard-working Wisconsinites have had to step in to fill gaps in care for children, grandchildren, elderly parents, or others impacted by the pandemic. We need to protect BadgerCare so these hard-working Wisconsinites can get the health care they need to continue to provide care for their loved ones, young and old alike.

This bill would greatly increase administrative burdens, which would likely exacerbate inequality and health disparities. A 2021 report from the Office of Management Budget found that barriers that make it harder for people to access public benefits worsen inequity.³ Requiring someone on BadgerCare to defend their reasons for not accepting a job, would mean more paperwork, answering notices and phone calls, gathering and submitting evidence, and going back and forth with income maintenance workers. All of that would fall hardest on those who have the least amount of time and resources. Because of long-term systemic employment and economic discrimination, Black, Indigenous, and People of Color are more likely to work in lower-paying jobs, have less access to insurance, and are more likely to face barriers such as lack of access to transportation, connectivity, and financial instability. For example, the report notes that during the *great recession Black and Hispanic workers were less likely to receive unemployment insurance benefits than White workers*. Increasing administrative burdens by implementing this proposal would likely disproportionately harm Black, Indigenous, and People of Color in Wisconsin. Senate Bill 912 would perpetuate and worsen racial inequity.

The bill intends to exclude people with mental and physical disabilities who have barriers to work, but we are concerned that many people with so-called invisible disabilities or those of a more cyclical nature will fall through the cracks. Also, Medicaid provides more robust coverage, with fewer out of pocket costs, more due process protections, and less benefit limits, such as numbers of visits. For many people with complex diagnoses and care situations, Medicaid and BadgerCare might be one of their only options for insurance that meets their treatment needs.

While the ACA marketplace does offer many people affordable coverage options, it still requires more out of pocket costs than Medicaid, and the enhanced ACA subsidies, which increase affordability, are due to expire at the end of the year. They would not be in effect when this proposal is implemented, and so cannot be taken into consideration. Someone who takes a job (and loses their coverage due to income eligibility) might end up paying considerably more for their care, causing increased financial stress and delays in seeking medical care or filling prescriptions. Due to existing problems with the structure of the ACA, someone who takes a job offering health insurance that they can't afford could lose their eligibility to get subsidized coverage all together for themselves and their spouse and would have also lost their Medicaid eligibility.

3

https://www.whitehouse.gov/wp-content/uploads/2021/08/OMB-Report-on-E013985-Implementation_508-Compliant-Secure-v1.1.pdf

This proposal would likely increase the number of people who are uninsured, and it would do little to address the worker shortage in our state. If the legislature wants to strengthen the workforce, it should help address real barriers to work such as affordable childcare, transportation, and access to broadband. It could also expand BadgerCare so people can make more money without having to worry about losing their access to health care.

Please oppose SB 912 because it won't have the intended impact, is fundamentally counter to the law, will increase inequities, will lead to more people without access to care and coverage, and is particularly harmful at a time when so many families in Wisconsin are struggling to make ends meet.

Please feel free to contact me at wparkesutherland@kidsforward.org with questions, follow up, or requests for more information. Thank you.