March 18, 2018

Barbara Sears
Director, Ohio Department of Medicaid
c/o Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W. Town St.; 5th Floor
Columbus, OH 43215

Re: Group VIII Work Requirements and Community Engagement 1115 Waiver

Dear Ms. Sears:

The Epilepsy Foundation appreciates the opportunity to submit comments on Ohio’s Section 1115 Waiver Request: Group VIII Work Requirements and Community Engagement.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the at least 3.4 million Americans with epilepsy and seizures. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime, and more than one third of people living with epilepsy rely on Medicaid for their health coverage, including many children and those with the severest forms of epilepsy who cannot gain seizure control.

The Epilepsy Foundation believes everyone, including Medicaid enrollees, should have access to quality and affordable healthcare coverage. Unfortunately, the proposed waiver will jeopardize access to care and will have harmful implications for patients.

Work Requirements and Community Engagement

The proposed waiver would require some Ohio Medicaid enrollees to meet a 20-hour week work requirement. Conditioning Medicaid coverage on this type of work or community engagement requirement will reduce the number of patients enrolled in the program. The proposal estimates that up to 18,000 individuals will lose coverage as a result of the waiver – many of whom are likely to have serious medical conditions requiring care.

One major consequence of these proposed requirements will be to increase the paperwork burden on all patients. Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, after 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 2004.¹

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases including epilepsy. If the state finds that individuals have failed to comply with the new requirements, their health coverage could be terminated. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.
Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so. A recent study, published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan’s Medicaid enrollees. The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent 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.

The Epilepsy Foundation believes healthcare should affordable, accessible, and adequate. No patient should risk losing coverage for failing to complete paperwork or lack of hours worked per month. The proposed 1115 Waiver would result in thousands of individuals losing healthcare coverage. Thank you for the opportunity to provide comments.

Sincerely,

Philip M. Gattone, M.Ed.
President & CEO
Epilepsy Foundation

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\[i\] 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.
