



MISSISSIPPI DIVISION OF
MEDICAID

Public Hearing Comments

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War Memorial Building

Medicaid Workforce Training Initiative

1115 Demonstration Waiver Application

Mr. Jameson Taylor
Mississippi Center for Public Policy

Hi. Morning, everybody. I want to thank the Division of Medicaid for offering us the opportunity to have this dialogue today. My name is Dr. Jameson Taylor, and I'm with the Mississippi Center for Public Policy.

I want to begin by noting that Mississippi has one of the lowest rates of minority-owned businesses in the country. Also, I want to add that new entrepreneurs face many challenges here in Mississippi. They face regulatory challenges. They face challenges in finding skilled employees. They also face challenges in offering healthcare, offering health insurance.

Mississippi, as we all know, is also the poorest state in the country, and we have one of the highest welfare dependency rates in the country. I believe that the road out of poverty in Mississippi lies in creating new opportunities for work and entrepreneurship, not in expanding welfare dependency.

I want to encourage everyone to look at the work requirement list that notes the opportunities that people can pursue in order to fulfill the requirement. In many ways, what you see on this list, this is not a work requirement. What this is, this is an invitation, an opportunity invitation. And that was mentioned earlier, that what this is, is creating new opportunities for people.

If you'll look at that list, you'll see there are many ways in which you could fulfill the work requirement. Working in paid employment at least 20 hours a week. Being self-employed at least 20 hours a week. Participation with the Mississippi Department of Employment Security. Volunteering with approved agencies. Participation in alcohol or other drug abuse treatment program. And compliance with SNAP and TANF work requirements.

So there are many different ways, not just work, but through volunteer opportunities and through entrepreneurship opportunities, that people can fulfill this requirement.

I want to mention, though, that this waiver is not enough. State lawmakers should work with the business community and with the healthcare industry to promote healthcare solutions that, one, increase access to high-quality healthcare; and two, improve the quality of that healthcare.

Some of these options would include, for instance, healthcare reimbursement arrangements. Here in Mississippi, we see federal legislation that is encouraging states to set up HRAs. Small businesses can set up these arrangements to help provide healthcare to employees. And that's something that we should pursue and strengthen at the state level.

Another option would be HSAs, health savings accounts. That's also, you know, an option that small businesses can use to offer healthcare to their employees.

Another thing the states should do, work on creating an invisible risk pool. In other states, such as Maine, we saw such pools gave tremendous access to people that were having trouble securing insurance.

Unfortunately, due to the ACA, some of these reforms have been put on hold. But it's our hope that we can reintroduce some of these reforms, like an invisible risk pool, to expand access to patients that are having trouble getting insurance coverage on the individual market.

Another thing the state could do, deregulate insurance products to eliminate burdensome coverage mandates. And finally -- or in addition, rather, reforming the certificate of need process. That's something that could greatly reduce healthcare costs here in Mississippi.

Another option, expand low cost TeleMed options. If you've ever used TeleMed, you know that it's a wonderful option; you can use it from your couch. Many TeleMed providers start off at \$40 to see a doctor. You don't have to leave your home, and you can see a qualified Mississippi licensed doctor through TeleMed right there in your living room. There are many employers that are using that right now, such as Ingalls. That's something that could be expanded.

Also, finally, strengthening the doctor-patient relationship with reforms like direct primary care and direct surgical care. There are many healthcare policy reforms other than, for instance, expanding Medicaid insurance by which we can offer high-quality healthcare to low-income families.

I want everyone to remember that Medicaid is not healthcare. What Medicaid is, as we all know, is insurance. But it is insurance that costs a lot. Medicaid is consuming half of the total state budget, crowding out other priorities like education and roads. It also gives poor access, because we know that many doctors do not accept Medicaid insurance. So even when folks get a Medicaid card, sometimes they have trouble seeing providers.

We believe that work and an entrepreneurial mindset is the key to the Mississippi turnaround story. And we welcome this waiver as a step toward achieving that turnaround. Thank you very much.

Mr. Roy Mitchell:
Executive Director
Mississippi Advocacy Program

Good morning. I am Roy Mitchell, executive director of the Mississippi Health Advocacy Program. Founded in 1992 by the Sisters of Mercy, the Mississippi Health Advocacy Program is

a nonpartisan, nonprofit collaborative effort aimed at improving health policies, practices, and funding in Mississippi, especially for the low-income and needy. MHAP has strengthened the bonds of common interest among groups of different race and class backgrounds by keeping the focus on the health policy debate on the core issues of community needs and citizen participation.

We appreciate the opportunity to comment on the Division of Medicaid's Medicaid 1115 Waiver Application for its Medicaid program, which currently covers some of the most vulnerable populations in the state. We oppose this waiver in its entirety because its proposals do not promote the goals of the Medicaid program and will put the health and wellbeing of low-income Mississippians at risk by causing them to lose coverage and access to care.

The Division of Medicaid states the waiver's intended goal is to "begin building a future of healthy citizens in the state of Mississippi." However, the program as described in the proposed waiver fails to align with the intended goals of the Medicaid program, namely to provide medically necessary care to low-income individuals. Moreover, the program as described fails to recognize the economic realities of the State of Mississippi.

The proposed provisions will instead hinder the program's objectives. The work requirements will lessen access to coverage and care, disproportionately affect the lowest income people in the state, worsen health disparities, and ultimately harm the health of low-income Mississippians. This runs directly contrary to the objectives of the Medicaid program.

The Division of Medicaid's proposal suggests that current Medicaid consumers will transition from Medicaid to "other forms of healthcare." For Mississippi Medicaid consumers, the pathway to other forms of healthcare is far from certain.

In Mississippi, only about a small percentage of those who work for firms in low-wage sectors receive health insurance through their job. While the Affordable Care Act marketplace provides income-graduated tax credits to people without employer-sponsored health insurance, those tax credits are only available for people with a household income of at least 100 percent of federal poverty level up to 400 percent of federal poverty level.

The subsidies are not available below 100 percent of federal poverty level because when the Affordable Care Act was written, Medicaid expansion was an integral part of the law. It was assumed that subsidies would not be needed below 100 percent of federal poverty level since Medicaid would be available instead.

However, Mississippi failed to take advantage of Medicaid expansion, and nearly all able-bodied childless adults with incomes below 100 percent of federal poverty level, as well as a large number of parents with incomes below 100 percent of federal poverty level, are not eligible for any financial assistance to help them afford health insurance.

There are no ACA marketplace subsidies for them. Households with incomes below 100 percent of federal poverty level generally cannot afford to pay full price for health insurance. In most cases, they will remain uninsured.

Certainly improving job skills and opportunities for low-income Mississippians is a worthy goal, but are jobs readily available in Mississippi? The collective federal and state data suggests otherwise. According to the Mississippi Department of Employment Security, 70 out of 82 counties in Mississippi, or 85 percent of counties, have a higher unemployment percentage than the rest of the country.

Even more dramatic are the findings of the United States Department of Labor. The United States Department of Labor issues an annual list of labor surplus areas.

A labor surplus area is defined as a civil jurisdiction that has a civilian average annual unemployment rate during the previous two calendar years of 20 percent or more above the average annual civilian unemployment range for all states during the same 24-month reference period.

According to the United States Department of Labor's most recent report, dated October the 1st, 2017, 50 out of Mississippi's 82 counties are labor surplus areas where the average annual unemployment rate during the previous two calendar years is 20 percent or more above the national average.

Finally, we maintain that the work requirements are an inefficient use of federal and state funds. The requirements will cause the state to spend money on several new administrative processes, including: assessing whether applicants must meet the requirements or are one of the exempt populations, notifying applicants of their eligibility for or failure to meet the requirements, and reviewing documentation.

Overall, we are concerned that Mississippi's waiver will result in losses of coverage and worse health outcomes for Mississippi Medicaid enrollees, which will further reduce their well-being and economic security. In the state with the lowest per capita income in the nation, it would be irresponsible to impose additional barriers to care.

Rather than continuing to introduce barriers to coverage and care, the Division of Medicaid should be focused on providing comprehensive care and recognize the important role health coverage plays in keeping children, their families, and their communities healthy. Thank you.