



April 7, 2025

Secretary Robert F. Kennedy, Jr.
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Submitted electronically via Medicaid.gov

RE: Ohio Group VIII Section 1115 Demonstration Waiver

Dear Secretary Kennedy,

On behalf of Families USA, thank you for the opportunity to comment on the Ohio Department of Medicaid's (ODM) Group VIII Demonstration Waiver. Families USA is the longtime national, non-partisan voice for health care consumers, dedicated to achieving high-quality, affordable health care and improved health for all by working closely with organizations on the ground in Ohio and across the nation. Families USA greatly appreciates the opportunity to comment as Ohio's waiver application would impact the lives of the 769,585 people who qualify for health care coverage under the state's Medicaid expansion¹—comprising 53% of Medicaid-enrolled adults in Ohio,² and 11.5% of all adults in the state.³

Families USA strongly urges CMS to reject Ohio's Group VIII Demonstration Waiver and all future attempts from states to adopt work reporting or so called "community engagement" requirements for Medicaid eligible populations. The Group VIII Demonstration Waiver, as proposed, remains substantially the same as Ohio's previous attempt to implement a Medicaid work reporting requirement.⁴ Like its failed predecessor and similar failed efforts in other states, Ohio's Group VIII Demonstration Waiver establishes onerous and punitive work/community engagement requirements for the Medicaid expansion population. While ODM goes to great lengths to differentiate their proposed program as different from attempts in other states (namely, that the state will not require enrollees to regularly fill out any forms or report work activities), in the end, what ODM proposes to do is the same as what all states who establish work reporting requirements intend to do: push eligible residents off health coverage. ODM projects that **61,826 Ohioans will lose Medicaid coverage** because of the demonstration waiver.⁵

Families USA strongly opposes work reporting requirement programs as unnecessary bureaucratic barriers to care and coverage, when **92% of Medicaid enrollees across the country are already working or would meet an exemption because they are in school, ill or disabled, or caregiving.**⁶ These programs all create an immense administrative hurdle that makes it more difficult for eligible people—including working people, and especially rural Americans, people with disabilities, and veterans—to enroll in or maintain Medicaid coverage, and leave many working families uninsured, living sicker, dying younger, and one emergency from financial ruin.⁷ Furthermore, and fundamentally, work reporting requirements do not promote Medicaid's primary objective—that is, to "furnish medical assistance."⁸

As we outline in our comments below, Ohio’s Group VIII Demonstration Waiver will only serve to further threaten the financial security of Ohioans, directly undermining the will of the people who just voted in the national election for greater economic stability. Moreover, by continuing to push its demonstration waiver forward, **ODM ignores a whopping 90.1% of commenting stakeholders who stated strong opposition**,⁹ pointing out, as we do in our comments, that the program will fail to improve employment, drive economic instability for families, put hospitals and the health system at risk, and cause Ohio to incur significant administrative costs—not to mention costs to the federal government that must finance at least 50% of the program’s administrative expenses, totaling millions of dollars in wasteful spending.

Families USA strongly urges CMS to stand with families and consumers and the clear consensus of stakeholders in Ohio who want to protect access to Medicaid, and reject this harmful and economically destructive proposed demonstration waiver.

- I. **Ohio’s Group VIII Demonstration Waiver does not meet Medicaid’s primary objective of furnishing medical assistance; the waiver is contrary to Medicaid goals in that it serves to push eligible people off Medicaid coverage.**

ODM states its objective in implementing the Group VIII Demonstration Waiver is to “promote economic stability and financial independence” for Medicaid-eligible Ohio residents.¹⁰ While every state should be concerned with providing their residents economic stability, federal Medicaid law does not allow states to condition Medicaid eligibility on financial independence, employment status or occupational training.

The primary objective of Medicaid is to “furnish medical assistance,” as required by the Social Security Act.¹¹ ODM’s proposed demonstration stands in direct opposition to this fundamental Medicaid objective, as the program will disenroll anyone who cannot meet these new unwarranted eligibility criteria. This means that thousands of otherwise eligible people will have no access to the health care services to which they are entitled. ODM projects that **61,826 Ohioans will lose Medicaid coverage—that’s 8% of all enrollees subject to the demonstration waiver**.¹² This estimate does not account for the thousands of potential enrollees who will be locked out from gaining access to Medicaid in the first place, as new applicants for Ohio’s Medicaid expansion cannot become enrolled unless they meet the new eligibility criteria.

ODM attempts to justify its approach by discussing their work reporting requirements as investing in Medicaid-eligible populations to help them “improv[e] their situation and reach[] independence,” while describing the well-established links between poverty and poor health, along with Medicaid’s role “to help individuals and families rise out of poverty.” But no amount of dressed up language about poverty and health can redeem the proposed demonstration. The Group VIII Demonstration Waiver is designed, very simply, to push people off Medicaid.

ODM itself freely admits to the true objective of its proposed demonstration when, on the first page of the application, it states:

“Ohio is seeking Social Security Act Section 1115 Demonstration waiver authority to implement this statewide pre-enrollment requirement by limiting pathways to qualifying for this covered group.”¹³

Later, ODM states: “The requirements are an eligibility restriction on the Medicaid Group VIII population.”¹⁴ ODM openly shows its hand that limiting Medicaid enrollment and restricting eligibility

are the primary objectives of its demonstration waiver. These overt objectives are in direct conflict with requirements under federal statute and render the proposed waiver disqualifying.

II. Ohio's Group VIII Demonstration Waiver threatens working families, health providers, and local economies.

Even if it could make the argument that the Group VIII Demonstration Waiver promotes Medicaid objectives, ODM cannot make the argument that this proposed program will achieve the stated goal to “promote economic stability and financial independence” for Medicaid enrollees.¹⁵ As described above, ODM will disenroll working people from Medicaid, leaving them without access to the health care services they need to stay healthy and working. In addition to coverage losses, work reporting requirements fail to improve employment, are expensive to implement (both to states and the federal government), place unfair paperwork burdens on enrollees, drive economic insecurity for working families, and put hospitals and the health system at risk.

i. Work reporting requirements fail to improve employment.

No evidence shows that work reporting requirements result in higher employment rates.¹⁶ In fact, multiple government and independent analyses definitively conclude that these programs do *not* result in sustainable employment gains.¹⁷ For example, an evaluation of Arkansas’ work reporting requirement program found no evidence that low-income adults had increased their employment activities either in the first year or in the longer term.¹⁸ Requirements to report on work activities could not change the realities of Arkansas’ regional labor market, where factors beyond individual control—few job opportunities beyond low-wage retail and fast food, a shrinking labor market, lack of public transportation and employers that offer unpredictable work schedules—made it difficult for people to work more hours or for better pay.¹⁹

These challenges are not unique, as low-income workers across the country experience similar employment conditions.²⁰ Working Ohioans face challenging economic realities:

- An Ohioan with a family of three who works full time, year-round for minimum wage earns \$21,736 a year, which falls \$4,084 short of the poverty level.²¹
- Half of Ohio’s lowest-paid workers make less than \$14.71 an hour, and only two of the state’s 10 most common jobs offer median pay that would make rent affordable for a working family.²²
- In Ohio, the majority of communities are still working to restore jobs lost to the COVID recession.²³

Add to this that Ohio families face extraordinary costs of going to work: in Ohio, 27% of household income goes to transportation costs (12 percentage points higher than the accepted threshold of affordability),²⁴ and 16.9% of median family income goes to childcare costs (10 percentage points higher than what the U.S. Department of Health and Human Services considers as “affordable”).²⁵

There is no reason to conclude that ODM’s attempt at putting a work requirement in place under the Group VIII Demonstration Waiver will fare better than other states at combatting difficult labor market forces for low-income participants. ODM openly acknowledges this, stating: “Factors such as high unemployment and transportation are not included for consideration.”²⁶

Meanwhile, the program as designed will terminate coverage for anyone from whom the state cannot determine their eligibility status. While ODM argues these policies bring employment opportunities, in

fact, the opposite is true: barring otherwise eligible people from the Medicaid program only makes it *more* difficult for working-poor adults to maintain employment.

- Research shows that Medicaid enrollees are *already* motivated to work to make ends meet (e.g., to pay utilities or buy food), and work reporting programs do nothing to provide an additional incentive.²⁷
- Having access to Medicaid makes people more ready and able to get and keep a job. When uninsured people obtain Medicaid, they report that the positive impact Medicaid has on their health helps them to do a better job at work and enables them to look for better-paying positions; in turn, better employment leads to health improvement.²⁸
- People with disabilities are also more likely to be employed if they have Medicaid, showing the impact access to health care services has on working ability.²⁹

In short, because it forces people off Medicaid, the Group VIII Demonstration Waiver does nothing but add to the rolls of the state's uninsured, with consequences for the health and working ability of its residents.

ii. Work reporting requirements are expensive—for both states like Ohio to implement as well as for the federal government which would face new and considerable administrative costs.

Work reporting requirements are extremely costly to states.³⁰ They require substantial financial resources to administer and place a considerable financial burden on already strained state budgets, like Ohio's.³¹ ODM does not offer an estimated administrative budget for implementing its waiver other than to allude to needing a third-party vendor to verify basic eligibility requirements and stating "[c]osts for such a vendor have not been determined."³² But such vendor-related costs are likely to be just a fraction of the total administrative expenses should Ohio move forward with this demonstration waiver. All other states who have developed Medicaid work reporting requirements have had to pay for multiple areas of implementation, such as data and information technology upgrades, modifications to enrollment and eligibility systems, additional staffing to verify employment and exemptions, infrastructure investments to existing workforce development programs, modifications to managed care contracting, and funding for beneficiary outreach, monitoring and evaluation.³³

Despite ODM skirting the issue in their application, there is no reason to believe that the state can get around these administrative burdens, especially when the state has to sort out, through data matching, whether hundreds of thousands of current and future enrollees meet one or more of the enrollment criteria. The state is setting itself up for an immense and expensive administrative burden.

Indeed, when Ohio applied for a substantially similar waiver in 2018, an independent analysis projected that the state would incur almost **\$380 million over five years** in costs on technology and case management services—an expense of \$323.52 per person subject to the program.³⁴ Ohio's program did not, ultimately, get off the ground, so we do not know actual costs.³⁵ However, these estimates seem reasonable considering cost evidence from other states. In a 2019 review of five similar state programs, the Government Accountability Office (GAO) estimated administrative costs to be between \$83.57 to \$462.67 per enrollee, with an average of \$267 per enrollee.³⁶ GAO's estimation does not account for all costs, such as increased payments to Medicaid managed care organizations to administer the program, which may be substantial.³⁷ Of course, actual costs in a given state may be *much* higher: in Georgia, the state spent \$2,490 per enrollee in the first year of their work reporting requirement program,³⁸ with more than 92% of costs paying for program administration.³⁹

While the previous Ohio cost estimate does not account for inflation, using that estimate (at \$323.52 per enrollee) with the current projection of 769,585 people being subject to the Group VIII Demonstration Waiver requirements, a reasonable (and conservative) estimate of program costs would be **\$249 million over five years (or \$49.8 million annually)**. This price tag is hard to justify for a program unlikely to meet its objective to improve health or employment. What is even more difficult to justify is the opportunity cost, when one considers what these resources could support if deployed differently. With \$49.8 million in annual administrative costs:

- ODM could instead extend one year of Medicaid to an additional 5,087 uninsured Ohioans (assuming current costs per year for the state's Medicaid expansion population).⁴⁰
- Ohio could instead support an additional 13,560 families with one year of Supplemental Nutrition Assistance Program (SNAP) benefits.⁴¹ Unlike the proposed demonstration program, SNAP is a highly effective poverty-reduction policy for individuals and families which supports low-wage workers in volatile labor markets to keep them healthy and working.⁴²

In addition, it is also hard to justify—to CMS and to taxpayers—the amount of administrative burden that will be paid by the federal government to support Ohio's program. As CMS is aware, administrative costs incurred by states are usually matched by the federal government at 50%. However, some functions such as upgrades to eligibility/enrollment systems or computer and data systems may be eligible for a 75% or even 90% federal match (if certain criteria are met).⁴³ In GAO's 2019 analysis across five state work requirement programs, the federal government paid (or would have paid) between 55% and 87% of program administrative costs.⁴⁴

Arguably, at least some of what ODM proposes could be eligible for a higher match rate. Even assuming the lower (50%) match, that's still an estimated **\$124.5 million in administrative costs to the federal government over five years** to prop up a program in Ohio that does not improve employment or health and does not meet the basic objectives of the Medicaid statute. At a time when the new Administration is focused on wasteful spending, spending money to get less people covered seems counterproductive.

CMS should scrutinize heavily any proposed demonstration that claims to be budget neutral to the federal government, but where the state has not formed a budget for administrative costs nor estimated how these costs may fall on federal taxpayers.

iii. Work reporting requirements place unfair paperwork burdens on working Medicaid enrollees.

The Group VIII Demonstration Waiver, if implemented, will place significant reporting burdens on Medicaid enrollees. While ODM proposes to determine eligibility through data matching with existing data sources and claims that its demonstration would not require individuals to "report activities" or "fill out forms,"⁴⁵ the truth is that what ODM proposes will cause impacted populations to jump through every bit of paperwork and red tape, just at a later point in the process.

The waiver application states that "individuals will be required to confirm or dispute any data" Ohio is using to verify eligibility.⁴⁶ Further, ODM states:

"If data is not sufficient to establish that an individual is meeting one of the eligibility factors, the individual will be contacted with a request for information to establish that they meet one of the eligibility factors."⁴⁷

ODM positions its program as if it is not putting any burden on Medicaid-eligible populations to report work activities or exemptions, but all ODM is doing is delaying that reporting until such time that ODM has moved an individual's case to a third-party vendor. Impacted populations at this stage are likely to have enormous difficulty showing they meet program requirements, as, presumably, if their case were easily confirmed, they would not have to interface with the third-party vendor in the first place.

Invariably, as these programs do, this leaves the *most vulnerable* populations exposed—those populations for whom reporting work or justifying exemptions is challenging given their life circumstances. Proving hours worked can be especially difficult for people with multiple jobs, with inconsistent work hours, without internet or computer access, and/or with limited English proficiency.⁴⁸ Documenting legitimate exemptions (including mental health conditions and other disabilities) is also a challenge, where individuals are unable to obtain medical records, physician testimony, and other required documentations.⁴⁹ Barriers to reporting are not hypothetical: in Arkansas, where Medicaid enrollees were subject to similar onerous data collection (albeit at an earlier stage in the process), 90% of Medicaid enrollees were unable to document any work activities or exemptions,⁵⁰ despite the fact that 95% of people subject to the state's program would have met all program requirements.⁵¹

iv. Work reporting requirements drive economic instability for Ohio families.

In Ohio, one in four (24%) residents has medical debt in collections⁵² and two in five (43%) of Ohio adults report barriers to paying for needed health care due to cost.⁵³ Medicaid is an important way to assure Ohioans do not face the steep economic consequences of necessary medical care. With Medicaid, families have reduced exposure to medical debt, are better able to put food on the table and are less likely to be evicted from their homes.⁵⁴

Implementing a demonstration waiver that is expected to bar thousands from the Medicaid program only further threatens the financial security of Ohio's most vulnerable residents. These threats are not hypothetical given the experience of impacted residents in other states: Arkansans who erroneously lost coverage because of the state's work requirement program had increased medical debt (averaging over \$2,200) and the program roughly doubled the portion of adults who reported having serious problems paying their medical bills, while increasing the portion that delayed needed care because of cost.⁵⁵ People who experience Medicaid disenrollment as a result of the Group VIII Demonstration Waiver face the same exposure to medical debt, and ODM's proposal does nothing to mitigate these concerns.

v. Work reporting requirements put hospitals and the health care system at risk.

The Group VIII Demonstration Waiver, and accompanying Medicaid disenrollments, will also impact hospitals in Ohio that depend on Medicaid to keep them financially viable. According to a February 2025 analysis, eight rural hospitals in Ohio—11% of all rural hospitals in the state—are in danger of shuttering.⁵⁶ Furthermore, six rural maternity wards in Ohio have closed in the last two years, with five others under threat of closure.⁵⁷ Hospital closures put everyone's health at risk (even those who have private insurance) and translate to a loss of employment for providers and staff: in 2024, 944 Ohio hospital workers lost their jobs when local hospitals closed their doors.⁵⁸

Vulnerable hospitals in the state need support from ODM to remain open and serving the wider community. However, programs like the Group VIII Demonstration Waiver put hospitals at *greater* risk. Work reporting requirements drive up uncompensated care.⁵⁹ Medicaid is an integral part of addressing these problems. Medicaid provides health coverage for low-income patients and, thus, reduces

uncompensated care, lowering the need or demand for hospital charity care and debt expenses for uninsured people.⁶⁰ Further, when people lose Medicaid (such as those pushed off Medicaid by work reporting requirements), they are forced to seek care in expensive settings like emergency rooms, further straining hospital workers who are overburdened and understaffed.⁶¹

The bottom line: Medicaid work reporting and community engagement programs do not work for Ohio or for any state Medicaid program.

Families USA strongly urges CMS to consider the economic impact and human toll of Ohio's Group VIII Demonstration Waiver. At its core, ODM's demonstration does not promote the objectives of Medicaid as the proposed program is set up to keep low-income adults out of Medicaid, with a hefty price tag for state and federal taxpayers, hospitals and low-income health care consumers. Weakening the health care system with work reporting requirements only worsens existing challenges and endangers the financial and physical health of families in Ohio. We respectfully ask CMS to reject the Ohio Group VIII Demonstration Waiver.

For questions or comments regarding the recommendations made in this letter, please reach out to Mary-Beth Malcarney, Senior Advisor on Medicaid Policy, Families USA at: mmalcarney@familiesusa.org.

Thank you for your time and consideration.

Sincerely,



Sophia Tripoli
Senior Director of Health Policy

¹ "Group VIII 1115 Demonstration Waiver Application," Ohio Department of Medicaid, February 28, 2025, at page 5, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/oh-work-reqirmnt-comunity-engmnt-pa-03072025.pdf>.

² "Enrolled Population for the Month of February, 2025," Ohio Department of Medicaid, March 10, 2025. <https://analytics.das.ohio.gov/t/ODMPUB/views/MedicaidDemographicandExpenditure/WhoWeServe?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>.

³ U.S. Census Bureau, U.S. Department of Commerce. "Age and Sex." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101, 2023, <https://data.census.gov/table/ACSST1Y2023.S0101?q=S0101&g=040XX00US39>. Accessed on March 31, 2025.

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⁶ Jennifer Tolbert, Sammy Cervantes, Robin Rudowitz, and Alice Burns, "Understanding the Intersection of Medicaid and Work: An Update," KFF, Feb 04, 2025, <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>.

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