May 9, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via Medicaid.gov

RE: Request to Amend the ARHOME Section 1115 Demonstration Project (No. 11-W-00365/4)

Dear Administrator Oz,

On behalf of Families USA, thank you for the opportunity to comment on Arkansas' request to amend its Medicaid Section 1115 Demonstration Project, *Arkansas Health and Opportunity for Me (ARHOME)*. 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 Arkansas and across the nation. Families USA greatly appreciates the opportunity to comment to the Centers for Medicare and Medicaid Services (CMS) on the "Pathway to Prosperity" amendment that Arkansas proposes to add to its current ARHOME Demonstration, as the proposed amendment will significantly impact the lives of over 237,000 ARHOME program enrollees aged 19-64 who qualify for the state's Medicaid expansion[1]—comprising over 50% of Medicaid-enrolled adults in Arkansas,[2] and over 13% of all non-elderly adults in the state.[3]

Families USA strongly urges CMS to reject Arkansas' "Pathway to Prosperity" amendment and all future attempts from states to adopt work reporting or so called "community engagement" requirements for Medicaid eligible populations. Like its 2018-2019 failed predecessor, "Arkansas Works," Pathway to Prosperity establishes onerous and punitive work and community engagement requirements for the Medicaid expansion population. While the Arkansas Department of Human Services (DHS) goes to great lengths to differentiate this new program from its former attempt, in the end, Pathway to Prosperity is the same flawed policy—a policy that previously pushed over 18,000 Arkansans off Medicaid (one in four people subject to the requirement),[4] while costing the state millions of taxpayer dollars[5] and failing to increase employment.[6] DHS estimates ***25% of people subject to the Pathway to Prosperity requirements will see their Medicaid coverage and benefits suspended***.[7]

Families USA strongly opposes all work reporting requirement programs including programs disguised as "community engagement" or as a "solution to poverty." No matter what you call them, these programs are unnecessary bureaucratic barriers to care and coverage, given that ***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***.[8] 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.[9] Furthermore, and

fundamentally, work reporting requirements do not promote Medicaid's primary objective—that is, to "furnish medical assistance."[10]

As we outline in our comments, Pathway to Prosperity will only serve to further threaten the financial security of Arkansans, directly undermining the will of the people who just voted in the 2024 national election for greater economic stability. Moreover, by continuing to push its demonstration waiver forward, DHS ignores the outcomes of its prior attempt at instituting work reporting requirements in the state, as their program previously failed to improve employment, drove economic instability for families, put hospitals and the health system at risk, and caused Arkansas to incur significant administrative costs—not to mention costs to the federal government that financed an estimated 83% of the program's administrative expenses, totaling millions of dollars in wasteful spending.[11]

Families USA strongly urges CMS to stand with families and consumers who want to protect access to Medicaid, and reject this harmful and economically destructive proposed demonstration waiver.

I. Pathway to Prosperity does not meet the statutory objectives of the Medicaid program.

Under Section 1115 of the Social Security Act, the Secretary of Health and Human Services may approve "any experimental, pilot, or demonstration project" so long as such project "is likely to assist in promoting the objectives" of Medicaid, that is, to "furnish medical assistance."[12] A fundamental question, therefore, as CMS determines whether to approve of Arkansas' Pathway to Prosperity amendment is whether the program meets this threshold statutory requirement.

DHS makes clear that the primary goal of Pathway to Prosperity has nothing to do with furnishing medical assistance to people that qualify for ARHOME. DHS states:

> "The fundamental goal of this new Pathway to Prosperity amendment is to support Governor Sarah Huckabee Sanders' vision to assist low-income Arkansans enrolled in ARHOME to move from government dependence to economic independence and ultimately to obtain health insurance coverage through employment or the individual insurance marketplace as do most Americans."[13]

i. Pathway to Prosperity 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.

In its application, DHS appropriately acknowledges that, given the court ruling in *Gresham v. Azar*[14] (the 2020 District Court case that struck down the original Arkansas Works program), it has to do a better job of justifying how its proposed work and community engagement requirements for ARHOME enrollees promote the primary objective of Medicaid: to "furnish medical assistance," as required by the Social Security Act.[15] To this end, DHS aims to justify its approach by discussing it in a framework of "investments" in health and "economic stability," while describing the well-established links between poverty and poor health, along with Medicaid's role as an "anti-poverty program."[16]

While every state health department should be concerned about improving health and decreasing poverty, the truth is that Pathway to Prosperity is a program designed to undermine that very goal by pushing eligible people off Medicaid. In its waiver amendment proposal, DHS estimates that ***25% of Arkansans*** assigned so-called "success coaching" under the proposed program ***will have their ARHOME***

coverage suspended.[17]

Despite these estimated coverage losses, DHS attempts to position itself as continuing to "furnish medical assistance," by stating the Pathway to Prosperity program "does not make compliance a condition of eligibility" because individuals are merely suspended, rather than disenrolled.[18] But this is a distinction without meaning, as suspension and disenrollment have the same effect: under the program, suspended adults have *no access* to Medicaid coverage. This means no access to the health care that ARHOME enrollees need to keep them healthy and keep them working.

There's just no way around it: compliance with the Pathway to Prosperity program *is* a condition of receiving Medicaid. DHS' attempt to argue otherwise falls apart on page 26 when it boasts the savings the program will achieve yearly by hitting suspension targets.[19] Here, DHS shows its hand that suspension—decreased access to Medicaid coverage—is the primary objective of the program, just as it was under Arkansas Works. No amount of ornamental language about poverty and health can redeem DHS' actions here, and even if it could, we remind CMS of the *Gresham* court's ruling:

> *"[a] focus on health is no substitute for considering Medicaid's central concern: covering health costs through the provision of free or low-cost health coverage*."[20]

ii. Pathway to Prosperity does not meet Medicaid's secondary objective of furnishing rehabilitation and other services, and DHS' proposal misunderstands the intent behind the statute.

As its argument about furnishing medical assistance fails, DHS attempts an additional argument for why the Pathway to Prosperity program meets a second Medicaid objective set out by the Social Security Act, which is to furnish "*rehabilitation and other services to help such families and individuals attain or retain capability for independence or self care*."[21]

In a self-serving misreading of the statutory term "independence," DHS attempts to argue that by putting in place a work requirement and community engagement program that assists individuals in attaining "economic independence," this promotes Medicaid objectives because it will "lead to better health outcomes due to the strong connection between health and income."[22] In reality, this additional objective of the Medicaid program is not about helping people attain skills for applying to higher paying jobs. Instead, "independence" in the statute refers to Medicaid's important role in supporting eligible people in need of institutionalized care (inpatient hospital care, nursing facilities etc.), and the goal of helping people "attain or retain capability for independence" so they can return home from institutional settings.[23] While Arkansas may want to support citizens in finding employment, it cannot manipulate the words of the statute for its own gain to justify the misuse of Medicaid as a workforce training program, with suspension of benefits for noncompliance as the main goal.

II. Pathway to Prosperity threatens the health and financial stability of working families.

Even if DHS could make the argument that Pathway to Prosperity promotes any Medicaid objective, it cannot make the argument that this proposed program will achieve DHS' goal to "drive improved health and economic independence outcomes for working age nondisabled adults."[24] As described above, Pathway to Prosperity will suspend working people from Medicaid, leaving them without access to ARHOME and the health care services they need to stay healthy and working. In addition to coverage losses, work reporting requirements fail to improve employment, place unfair paperwork burdens on enrollees, and drive economic insecurity for working families.

i. Work reporting requirements fail to improve employment or increase access to private health insurance coverage.

No evidence shows that work reporting requirements result in higher employment rates.[25] In fact, multiple government and independent analyses definitively conclude that these programs do *not* result in sustainable employment gains.[26] A study of the prior Arkansas Works program found no evidence that low-income adults had increased their employment or other community engagement activities either in the first year (when the program was in effect) or in the longer term.[27] Focus group interviews of Arkansans subject to the program show that the work requirement did not provide an additional incentive to work because people were *already* motivated to work to make ends meet (for example, to pay utilities or buy food).[28]

Furthermore, two different focus group studies explained that the Arkansas Works program could not change the realities of the Arkansas labor market, where factors beyond individual control—few regional job opportunities beyond low-wage retail and fast food, a shrinking labor market (due to farming and welding jobs becoming more automated), lack of public transportation and employers that offer unpredictable work schedules—made it difficult for people to work more hours or for better pay.[29] The Arkansas Division of Workforce Services has also explained that poor access to childcare in the state is one of the driving factors in Arkansas' declining labor force participation rate.[30] Despite these challenges, ***95 percent of Medicaid beneficiaries subject to Arkansas Works were already working enough hours to meet the requirements (or were otherwise caregivers, ill or disabled, or attending school)***.[31]

The Arkansas Works program, then, did not serve as a solution to any problem in the state: Medicaid-enrollees were already working, were motivated to keep working, and were achieving what they could in a tough labor market. Arkansas Works did nothing to change these realities, and it's hard to imagine Pathway to Prosperity could achieve any different result. DHS offers no details on how its proposed "Success Coaching" will combat difficult regional labor market forces for ARHOME participants.

Furthermore, the Pathway to Prosperity program does not alter the availability of private health insurance for low-income residents. DHS explains that the state's "fundamental goal" in implementing Pathway to Prosperity is to help low-income Arkansans "move from government dependence to economic independence and ultimately to obtain health insurance coverage through employment or the individual insurance marketplace."[32] However, DHS incorrectly assumes that low-income populations have sufficient access to these insurance markets.

- Medicaid-eligible individuals are more likely to have jobs where health insurance is rarely offered to employees, such as jobs offered by small businesses or in the agricultural and service industries.[33] I**n Arkansas, fewer than half of private-sector employers offer health insurance to employees.**[34]
- Obtaining insurance through the Federally-Facilitated Marketplace is often out of reach: the low-wages offered by many Arkansas employers do not give workers enough income to purchase health insurance on their own.[35] By definition, the income levels of those who qualify for ARHOME mean that an individual is working but making less than $21,597 per year.[36]
- In Arkansas, 12.5% of residents aged 19 to 64 are uninsured—health insurance is unaffordable and unavailable to these residents.[37]
- In its application, DHS acknowledges these constraints, stating, "Individuals are less likely to have employer coverage and are more likely to have Medicare or Medicaid coverage or to be uninsured in Arkansas."[38]

Despite recognizing the challenges its residents may face in obtaining coverage, Pathway to Prosperity does not address the wider constraints of the health insurance market, where access to private insurance is unrealistic for low-income residents. Meanwhile, the program, as designed, will suspend coverage for anyone who is "not on track" towards meeting "economic goals." While DHS 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:

- Having access to Medicaid is in and of itself a job enhancer. 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.[39]
- 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.[40]

In short, because it forces people off Medicaid, Pathway to Prosperity 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 place unfair paperwork burdens on working Medicaid enrollees.

Pathway to Prosperity, if implemented, will place significant reporting burdens on ARHOME beneficiaries. While DHS proposes to determine eligibility itself through data matching rather than requiring beneficiaries to manually report work status (in a departure from the original Arkansas Works requirements), DHS is silent on the burdens Pathway to Prosperity will lay on beneficiaries who are not considered "on track towards meeting their personal health and economic goals."[41]

DHS positions its program as if it is not putting *any* burden on ARHOME-eligible populations to report work status, but all DHS is doing is delaying that reporting until such time that DHS has moved an individual's case to "Success Coaching." DHS states: "By engaging the individual in Success Coaching, it may become clear that the individual is on track and does not need further assistance."[42] DHS does not elaborate on how it will "become clear" that an individual is on track, but logic dictates that this "clarity" will only arise when the individual submits to DHS paperwork, data or other information to prove they are "on track." DHS is also silent on what administrative burdens—paperwork, in-person meetings etc.—might be required of ARHOME-suspended beneficiaries to regain coverage, but surely coverage reinstatement does not happen without *some* level (and likely a significant level) of administrative hoops to jump through before suspended individuals can prove they are "on track" or sufficiently "engaging" in Success Coaching.

What DHS proposes will cause impacted populations to navigate every bit of paperwork and red tape as was required under Arkansas Works, just at a later point in the process. DHS already anticipates that its administrative burdens will be at least as significant as their former program, as they predict the same portion of beneficiaries as under Arkansas Works (25%) will lose access to ARHOME benefits because of Pathway to Prosperity requirements. Impacted populations who have been flagged as not being "on track" are likely to have enormous difficulty showing they meet program requirements, as, presumably, if it were easy to confirm them as being "on track," they would not have been assigned to Success Coaching in the first place.

Invariably, as these programs do, this leaves the *most vulnerable* populations exposed—those populations for whom reporting work 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.[43] Documenting legitimate reasons for being without a job (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.[44] Barriers to reporting are not hypothetical: under the previous Arkansas Works iteration of this program, 90% of Medicaid enrollees were unable to document *any* work activities or exemptions,[45] despite the fact that 95% of people subject to the state's program would have met all program requirements.[46]

iii. Work reporting requirements drive economic instability for Arkansas families.

In Arkansas, 29% of residents have medical debt in collections.[47] Medicaid is an important way to assure Arkansans 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.[48]

Implementing a demonstration waiver that is expected to bar thousands from the Medicaid program only further threatens the financial security of Arkansas' most vulnerable residents. These threats are not hypothetical given past experience: Arkansans who erroneously lost coverage because of Arkansas Works 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.[49] In addition, among Arkansans who lost Medicaid coverage, 55.9% reported delaying needed care and 63.8% delayed taking medications because they could no longer afford them.[50] People who experience coverage suspensions as a result of Pathway to Prosperity face the same exposure to medical debt, and DHS' proposal does nothing to mitigate these concerns.

III. Pathway to Prosperity adds strain to the health care system and wasteful expenses to state and federal governments.

In addition to coverage losses and other threats to working families, work reporting requirements put hospitals and the health system at risk and lead to millions of dollars in wasteful administrative spending—both by states and the federal government.

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

Pathway to Prosperity, and accompanying Medicaid suspensions, will also impact hospitals in Arkansas that depend on Medicaid to keep them financially viable. Today, ***50% of Arkansas' rural hospitals are at risk of closure***, the highest at-risk percentage of any state.[51] Arkansas also ranks among the highest of states with premature death in rural communities, in part due to lack of hospitals and health care services in rural regions of the state.[52] Vulnerable hospitals in the state need support from DHS to remain open and serving the wider community.

However, programs like Pathway to Prosperity put hospitals at *greater* risk. Work reporting requirements drive up uncompensated care.[53] 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.[54] 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.[55]

ii. Work reporting requirements are expensive—for both states like Arkansas 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.[56] They require substantial financial resources to administer: **DHS estimates Pathway to Prosperity will cost $42.8 million over five years**, including $6.5 million in "infrastructure" costs (staff training and infrastructure upgrades) and $35.9 million in "services" costs (care coordination services offered by success coaches to eligible ARHOME enrollees).[57] We note that this price tag is $16.7 million higher than DHS' estimate for the original Arkansas Works program ($26.1 million).[58]

Not only is a $42.8 million price tag hard to justify for a program that is unlikely to meet its objective to improve health, employment or access to health insurance, what is even more difficult to justify is the opportunity cost, when one considers what these resources could support if deployed differently:

- As DHS states in its application, "Medicaid is an anti-poverty program."[59] If DHS is serious about reducing poverty, then why not divert these resources to enroll more people in ARHOME? DHS estimates its first-year cost for the proposed program will be $10.2 million. With $10.2 million, DHS could instead extend one year of Medicaid to an additional 1,083 uninsured Arkansans (assuming the current ARHOME per member per month cost of $784.31).[60]

- These resources could also be deployed toward in any number of proven anti-poverty measures, such as child tax credits, paid family leave, increased minimum wages, investments in childcare and early childhood education, and food assistance programs.[61] One 2023 study estimated that if every Arkansas resident who qualified for one of seven safety-net programs—including food and nutrition programs, childcare subsidies and subsidized housing—received these benefits (assuming administrative, funding and other barriers were removed), the poverty rate in Arkansas would decline from 16.2% to 12.5%.[62] For example, the Supplemental Nutrition Assistance Program (SNAP) is a highly effective poverty-reduction policy for individuals and families.[63] As Arkansas has the highest prevalence of food insecurity in the nation (at nearly 19% in 2023),[64] the $10.2 million in first-year administrative costs for Pathway to Prosperity could instead support an additional 2,741 families with one year of SNAP benefits.[65]

Reducing poverty *can* be achieved with smart investments in safety-net programs. Throwing millions of taxpayer dollars to cover administrative expenses for a program designed to push people off Medicaid is not an anti-poverty solution.

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 Arkansas' 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% to 90% federal match (if certain criteria are met).[66] In implementing Arkansas Works (Arkansas' prior attempt at a work reporting requirement), the Government Accountability Office estimated the federal government covered 83% of the program's administrative expenses, totaling millions of dollars in wasteful spending.[67]

This time around, as DHS describes the need for "enhancing the current infrastructure to upgrade the DHS case management system,"[68] at least some of what they have proposed will be eligible for a higher match rate. Even assuming the lower (50%) match, that's still an estimated ***$21.4 million in administrative costs to the federal government over five years*** to prop up a program in Arkansas 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.

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

Families USA strongly urges CMS to consider the economic impact and human toll of DHS' proposed amendment to its Section 1115 Demonstration Waiver. At its core, Pathway to Prosperity 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 Arkansas. We respectfully ask CMS to reject Arkansas' Pathway to Prosperity amendment.

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

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