

## Request Self Sufficiency Waiver Medicaid Program (SB18-214)

Testimony to Senate Health and Human Services Committee  
Natalie Wood, Senior Policy Analyst  
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Thank you for the opportunity to present this testimony.

I'm Natalie Wood and I'm a senior policy analyst at the Bell Policy Center. The Bell Policy Center provides policymakers, advocates, and the public with reliable resources to create a practical policy agenda that promotes economic mobility for every Coloradan.

The Bell Policy Center opposes SB18-214. It fails to address and acknowledge real, pressing challenges to our health care system, such as changing demographics and skyrocketing health costs. It imposes onerous requirements and barriers to care on Coloradans who are already working hard to get ahead. Most Colorado Medicaid enrollees work, including those in the expansion population. Those who don't have good reasons for not doing so. Because of this, a work requirement is unlikely to spur large numbers of additional non-disabled adults to get a job, but it will lead to tens of thousands of people losing coverage. At a time when an historic number of Coloradans have access to health care, and an increase in our older adult population requires policies that support older adults and their caregivers, SB18-214 takes us in the wrong direction.

I'm going to focus my testimony on how it affects our older adult population and caregivers.

Colorado's Medicaid expansion helped people get health care and coverage, improved our economy, and created jobs at no cost to the General Fund. Descriptive data about Colorado's expansion population, the group most impacted by this proposal, reveal who could be hurt. According to the Colorado Department of Health Care Policy and Financing, most are adults without dependent children, nearly half are under the age of 35, and 40 percent are white. All counties have expansion enrollees, though they are more concentrated in Denver and the southern, rural parts of the state. All make very little money — just over \$16,000 for an individual.

About three-fourths of non-elderly, non-disabled Medicaid adults in Colorado are working. Of those **who don't**, one-third have an illness or disability, nearly one-third are caregivers, and most others are in school, looking for work, or retired. Though this bill would exempt some enrollees who fit those categories, the Bell is particularly concerned with how it fails to acknowledge and adequately protect adults nearing traditional retirement age and caregivers of older adults.

Colorado's older adult population is growing rapidly, faster than the average state. While Medicare is the predominant insurer for most adults over age 65, many adults nearing that age benefitted from Medicaid expansion. According to the Center for Budget and Policy Priorities, Medicaid expansion helped drive down the uninsured rate by 40 percent nationwide for lower-income people ages 50-64. However, enrollees in this age group are more likely not to work due to early retirement and/or chronic

health conditions, such as heart disease or diabetes. These conditions don't qualify people for disability benefits, but they make it hard to maintain steady employment. In fact, CBPP points to research showing access to health care actually improves ability to work for those with chronic disease, suggesting work depends on health care, not the other way around.

Older Coloradans are increasingly dependent on informal caregivers, and 4 out of 10 informal caregivers are not employed. They provide invaluable support for their loved ones, allowing them to age in place and saving the state from spending Medicaid funds on long-term care. They sacrifice their physical, mental and financial health to do this important work. Research conducted for the Strategic Action Planning Group on Aging by the Colorado Health Institute offered 33 actionable policy levers that could better support informal caregivers. Limiting their ability to access health care and subjecting low-income caregivers to work requirements did not make the list.

Kentucky is the first state to receive federal approval to implement work requirements. We can't yet evaluate the efficacy of the program, but we can learn from stakeholder expertise. Late last summer researchers asked Kentucky Medicaid enrollees what they thought about requiring work and premium payments as a means to improve their mobility and as a condition for Medicaid. Focus group participants doubted the proposal understood their everyday realities, nor would it solve their problems — namely the difficult transition from Medicaid to private insurance, and the lack of affordable health care options. They suggested policymakers focus on these real, pressing challenges instead. Similarly, the Bell's research finds if Colorado wants to support residents' self-sufficiency, our public dollars would be best spent supporting informal and formal caregiving, job training, and affordable housing, to name a few examples.

We urge a no vote on SB18-214. Thank you for the opportunity to share my thoughts, and I'm happy to answer any questions.