



June 1, 2025

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

Dear Secretary Kennedy,

The Bazelon Center for Mental Health Law submits these comments in response to Georgia’s Section 1115 Demonstration Waiver Extension Request. The Bazelon Center is a national non-profit legal advocacy organization that promotes equal opportunity for individuals with mental disabilities in all aspects of life, including health care, community living, housing, education, employment, voting, and other areas.

Georgia’s partial Medicaid expansion—the Georgia Pathways to Coverage Program (“Pathways”)—extends health care coverage to individuals between the ages of 19 and 64 with incomes up to 100% of the federal poverty level.¹ This program operates through a Section 1115 demonstration waiver that includes the only current Medicaid work requirement in the country. The program, which Georgia seeks to extend, is far from a model of success. Georgia’s uninsured rate for individuals between the ages of 19 and 64 is 16.1%, which is one of the highest in the nation² and, by the state’s own admission, higher than the national average of 10.9%.³

Granting the proposed extension would continue the large-scale inappropriate exclusion of Georgians from coverage and would likely be unlawful. Work requirements imposed on those eligible for Pathways have been proven to deter, rather than promote, access to health care and lead to significant numbers of people being barred from needed coverage, not because they are failing to work or look for work, but because they are caught in bureaucratic red tape with respect to reporting requirements, or because they should be exempt from the requirement.

We urge CMS to reject Georgia’s proposal because it does not promote the objectives of the Medicaid program; is not an experiment, pilot, or demonstration of the sort contemplated by the Medicaid statute; and would be particularly harmful for beneficiaries with disabilities.

¹ State of Georgia, Georgia Department of Community Health, Georgia Section 1115 Demonstration Waiver Extension Request 4 (Apr. 28, 2025) [hereinafter Georgia Application].

² Margaret Coker, ProPublica, *Georgia Touts Its Medicaid Experiment as a Success. The Numbers Tell a Different Story* (Feb. 19, 2025), <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>.

³ Georgia Application at 5.

1. The Department of Health and Human Services (HHS) does not have the authority to grant Georgia’s request for an extension of its Section 1115 Demonstration Waiver.

HHS lacks authority to approve the proposal to continue conditioning Medicaid eligibility for Section 1115 waiver participants on these individuals engaging in work, work-related activities, or community service activities. In accordance with Congress’s direction, and as HHS has repeatedly acknowledged, Section 1115 waivers may only be approved for “any experimental, pilot, or demonstration project which, in the judgment of the secretary, is likely to assist in promoting the objectives of the Medicaid program.”⁴ Georgia’s proposal is not a demonstration pilot and does not promote the objectives of Medicaid. It should not be extended.

A. Georgia’s work requirements do not promote the objectives of Medicaid.

The statutory objectives of the Medicaid program are to furnish (1) “medical assistance” to people with disabilities, seniors, and families with dependent children, whose income and resources are insufficient to secure needed medical services, and (2) services to help such individuals and families attain or retain independence and self-care.⁵ As the D.C. Circuit held, “‘the intent of Congress is clear’ that Medicaid’s objective is to provide health care coverage, and, as a result, the Secretary ‘must give effect to [that] unambiguously expressed intent of Congress.’”⁶ Further, “[t]he Secretary’s discretion in approving or denying demonstrations is guided by the statutory directive that the demonstration must be ‘likely to assist in promoting the objectives’ of Medicaid.”⁷ HHS should reject Georgia’s proposed extension because its current work requirements program does not further Medicaid’s statutory goal, and neither would its proposed changes.

Past experience with Medicaid work requirements has consistently shown that these requirements do not assist individuals in obtaining employment and independence, and that they do the opposite of furthering Medicaid’s goal of furnishing health care coverage: they cause widespread loss of health care coverage due to misunderstandings about or failure to correctly adhere to opaque and confusing requirements to report work or job searches.⁸ Georgia’s low rate

⁴ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, *About Section 1115 Demonstrations*, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations>.

⁵ 42 U.S.C. 1396-1.

⁶ *Gresham v. Azar*, 950 F.3d 93, 100 (D.C. Cir. 2020) (citation omitted).

⁷ *Id.* at 99.

⁸ Jennifer Wagner and Jessica Schubel, Center on Budget and Policy Priorities, *States’ Experiences Confirm Harmful Effects of Medicaid Work Requirements* (Nov. 2020), <https://www.cbpp.org/sites/default/files/atoms/files/12-18-18health.pdf> (due to complex rules, insufficient and ineffective outreach, complex reporting systems, and a lack of staff support, in Arkansas, Michigan, and New Hampshire “people who were working and people with serious health needs who should have been eligible for [work requirement] exemptions lost coverage or were at risk of losing coverage due to red tape”); Michael Karpman et al., The Urban Institute and the Robert Wood Johnson Foundation, *Assessing Potential Coverage Losses among Medicaid Expansion Adults under a Federal Medicaid Work Requirement* (Mar. 2025), <https://www.urban.org/sites/default/files/2025-03/AssessingPotential-Coverage-Losses-among-Medicaid-Expansion-Adults-under-a-Federal-Medicaid-WorkRequirement.pdf> (Study of Arkansas, the only state to fully implement Medicaid work requirements, and New Hampshire, which made significant progress toward implementation, showed that despite nearly all those subject to the requirements either working or qualifying for an

of enrollment in the Pathways program appears consistent with that experience. As we explain below, extending Georgia’s existing work requirements can be expected to have the same outcomes.

The failure of work requirements programs to advance the goals of Medicaid is already evident in Georgia. The Interim Evaluation Report for the Pathways program clearly indicates that Pathways is not furthering Medicaid’s primary goal of providing health care coverage. During the first 13 months of the program, approximately 26,000 individuals applied to Pathways, and an overwhelming 83% were determined to be ineligible.⁹ Older adults were particularly likely to be unable to access care based on the requirement.¹⁰ Although the state projected enrollment of 25,000 individuals in the first year, the actual enrollment was only approximately 4,300 individuals.¹¹ Of the over 110,000 interested Georgians, only about 5% were able to successfully enroll in the program.¹²

Procedural requirements have also resulted in disenrollment of many eligible individuals. Between May 2023 and April 2024, [nearly 800,000 people](#) lost Medicaid coverage as Georgia redetermined eligibility after the pandemic-era continuous enrollment requirement ended. Nearly three-quarters of those who lost coverage lost it due to procedural reasons like failing to return paperwork, and not because they were ineligible.¹³

Despite the Pathways program covering significantly fewer people than the Affordable Care Act’s Medicaid Expansion, more than 90 percent of Pathways’ costs have gone toward administrative costs and consulting fees rather than health care.¹⁴ Further, there appears to be no evidence that the waiver has increased the number of employed enrollees.¹⁵

The need for an applicant to meet the work reporting requirement at the time of application is not only a barrier to getting coverage, but deters otherwise eligible people from even applying.¹⁶ In June 2024, 42% of the people who expressed interest in applying for Pathways were not considered to have a complete application because they did not complete a report demonstrating qualifying activity hours.¹⁷ Among those that did have complete applications, 19% were denied

exemption, “enrollees faced a range of barriers to compliance with the new requirements, including low awareness or understanding of the policy, confusion related to state notices, and difficulties accessing or using online portals or other reporting systems.”).

⁹ Georgia Application at 9-10.

¹⁰ *Id.* at 10.

¹¹ *Id.*

¹² Leah Chan, Georgia Budget & Policy Institute, *Georgia’s Pathways to Coverage Program: The First Year in Review*, <https://gbpi.org/georgias-pathways-to-coverage-program-the-first-year-in-review/?emci=0e230691-3737-f011-a5f1-6045bda9d96b&emdi=bf66cddd-8c3c-f011-a5f1-6045bda9d96b&ceid=12312037>.

¹³ Mary Beth Musumeci et al., *Few Georgians Are Enrolled in the State’s Medicaid Work Requirements Program* (Sept. 11, 2024), <https://www.commonwealthfund.org/>.

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ Laura Parker, Center on Budget and Policy Priorities, *Georgia’s Medicaid Experiment Is the Latest to Show Work Requirements Restrict Health Care Access* (Dec. 19, 2024), <https://www.cbpp.org/blog/georgias-medicaid-experiment-is-the-latest-to-show-work-requirements-restrict-health-care>.

¹⁷ *Id.*

due to reporting too few qualifying activity hours or insufficient verification of hours.¹⁸ The state seems to have recognized the flaws in this system, pausing suspensions for failure to report qualifying hours and activities in the first months of Pathways.¹⁹

Other states that imposed Medicaid work requirements also faced significant declines in health care coverage. Arkansas's Medicaid work requirements were suspended by a federal court after they resulted in 25% of recipients losing coverage in just seven months,²⁰ and subsequent analysis determined that they failed to increase employment.²¹ Work requirements in New Hampshire were suspended one month after implementation, once it became clear that 40% of those subject to the requirement were on track to lose coverage, despite a majority of beneficiaries meeting exemption criteria.²² In Michigan, where the state spent \$28 million on outreach,²³ the work requirements program was suspended two months into implementation because one-third of recipients subject to the requirement failed to report and were about to lose coverage.²⁴

Similarly, experience with work requirements in the Temporary Assistance for Needy Families (TANF) program has shown that: (1) stable employment among recipients subject to work requirements was the exception rather than the norm, and (2) most recipients who had significant barriers to employment never found employment.²⁵ Indeed, within five years, "employment among recipients not subject to work requirements was the same as or higher than employment among recipients subject to work requirements in nearly all of the programs evaluated."²⁶

Georgia is seeking a five-year extension for its Pathways program, which offers health care coverage to individuals between ages 19 and 64 with an income up to 100% of the federal poverty level who are participating in qualifying hours and activities (QHA) at least 80 hours per

¹⁸ *Id.*

¹⁹ Georgia Application at 22.

²⁰ Sophia Tripoli et al., Families USA, *Medicaid Work Reporting Requirements: Bureaucratic Burdens That Threaten Working Families*, Providers and Local Economies (Mar. 2025), <https://familiesusa.org/wpcontent/uploads/2025/03/Medicaid-Work-Reporting-Requirements-Fact-Sheet.pdf>; *Gresham v. Azar*, 363 F. Supp. 3d 165 (D.D.C. 2019).

²¹ Benjamin D. Sommers et al., *Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, and Affordability of Care*, 39 *Health Affairs* 1522 (2020), <https://doi.org/10.1377/hlthaff.2020.00538>.

²² *States' Experiences Confirm Harmful Effects of Medicaid Work Requirements*, supra note 8; Rachel Garfield et al., KFF, *Understanding the Intersection of Medicaid and Work: What Does the Data Say?* (Aug. 2019), <https://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work-What-Does-the-Data-Say>.

²³ *States' Experiences Confirm Harmful Effects of Medicaid Work Requirements*, supra note 8.

²⁴ *Id.*; Robin Erb, Bridge Michigan, *Gretchen Whitmer Asks to Stop Michigan Medicaid Rules; 80,000 At Risk* (Feb. 25, 2020), <https://www.bridgemi.com/michigan-health-watch/gretchen-whitmer-asks-stopmichigan-medicaid-work-rules-80000-risk>.

²⁵ See, e.g., LaDonna Pavetti, Center on Budget and Policy Priorities, *Work Requirements Don't Cut Poverty, Evidence Shows* (June 2016), <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>. See also LaDonna Pavetti, Center on Budget and Policy Priorities, *Work Requirements Don't Work* (Jan. 10, 2018), <https://www.cbpp.org/blog/work-requirements-dont-work>; Marybeth Musumeci, KFF, *Medicaid Enrollees and Work Requirements: Lessons From the TANF Experience* (Aug. 18, 2017), <https://www.kff.org/medicaid/issuebrief/medicaid-enrollees-and-work-requirements-lessons-from-the-tanf-experience/>.

²⁶ *Id.*

month.²⁷ Currently, qualifying hours and activities include full- or part-time employment, activities related to preparation for employment, community service, vocational training, or enrollment in an institute of higher education or state vocational program for people with disabilities.²⁸ Georgia seeks to add two new types of qualifying hours and activities: compliance with the Supplemental Nutrition Assistance Program’s (SNAP) Able-Bodied Adults Without Dependents (ABAWD) program—another program with work requirements—and caregiving of a child under 6.²⁹ But while the SNAP ABAWD program has exemptions to its work requirements, such as for people who are homeless or physically unable to work, qualifying for those exemptions would not qualify a person for Pathways.³⁰

While the state proposes to change the reporting requirement from a monthly requirement to an annual requirement,³¹ an individual still must demonstrate compliance at the application and renewal stages and affirmatively inform the state of any changes in circumstances.³² Further, the fact that there are no exemptions in the Pathways program, including for people with disabilities that make it difficult for them to work the requisite number of hours without supported employment services, means the proposed changes would do little to mitigate the inappropriate loss of coverage for many people.³³

The proposed changes, which leave unchanged extremely stringent work reporting requirements for all, against the advice of the state’s own independent evaluators,³⁴ will not sufficiently improve a demonstration that has already failed to enroll the vast majority of people theoretically eligible and has inappropriately excluded large numbers of people. The proposal simply fails to provide any assurance that the coverage will be more available than it currently is, or that the state will provide any supports to enable people to comply with the work requirement.

Furthermore, implementation of Pathways has involved outsized administrative costs. Not only is the state’s own estimate for the program significant,³⁵ but implementation has already cost far more per person than the state initially estimated. As of March 2025, the Pathways program had cost federal and state taxpayers nearly \$92 million.³⁶ Rather than expanding access to coverage, the majority of those costs were associated with implementation and system modifications for the reporting requirements—75% went to consultants,³⁷ including over \$50 million to Deloitte Consulting for a software application that often froze and wiped all personal information in the middle of an application.³⁸ The state separately spent \$10.7 million on outreach efforts, much of

²⁷ Georgia Application at 11-12.

²⁸ *Id.* at 25-27.

²⁹ *Id.* at 28.

³⁰ *Id.* at 44.

³¹ *Id.* at 23.

³² *Id.* at 28.

³³ *Id.* at 13.

³⁴ *Id.* at 10.

³⁵ *Id.* at 38-39.

³⁶ GeorgiaPathways.org, *Program Costs, January 2021-March 2025*, <https://www.georgiapathways.org/data-tracker?emci=0e230691-3737-f011-a5f1-6045bda9d96b&emdi=bf66cddd-8c3c-f011-a5f1-6045bda9d96b&ceid=12312037#:~:text=Program%20Costs%20%0AJanuary%202021%20%20%2D%20March%202025>.

³⁷ *Georgia Touts Its Medicaid Experiment as a Success*, *supra* note 2.

³⁸ *Id.*

which also went to consultants.³⁹ Now, Georgia has stated in its proposal that it is “continuing to build an outreach strategy,”⁴⁰ without any concrete information on its plan or the associated costs. The amount of money spent on implementation and outreach has not resulted in significant numbers of people accessing health care coverage, and is proving very expensive for state taxpayers and for the federal government. In the first year of the program, Pathways cost approximately \$13,360 per enrollee in combined federal and state spending, far above the \$2,490 per enrollee initially estimated by the state in its first application.⁴¹ Despite this excessive cost, the state has failed to demonstrate that Pathways has been adequately implemented or has fulfilled Medicaid’s goal of providing health care coverage to more people.

Even if the state was able to identify sufficient funding to pay for the program, Pathways’ structure and current administrative management would almost certainly lead to many people being denied coverage not because they were not gainfully employed, but because they were unable to cut through the red tape to gain coverage. Pathways already has significant application backlogs, excessive paperwork, and complex rules, which have left people waiting for coverage long after they’ve applied and kept others from applying.⁴² As of January 2025, there is a backlog of 16,000 applications awaiting processing, and in some months, upwards of 40% of people who started Pathways applications gave up.⁴³ Many applicants cited technological issues and challenges getting support during the enrollment process or being denied based purely on paperwork issues.⁴⁴ Rather than using existing data systems, Pathways requires applicants to provide paperwork verifying their work status for enrollment, renewal, and regular reporting to maintain coverage.⁴⁵ The state then has to manually verify eligibility requirements.⁴⁶ All of this leads Georgia to be among the slowest states to process Medicaid applications,⁴⁷ with the percentage of applicants waiting more than a month and a half to have their applications processed nearly tripling in the first year of Pathways.⁴⁸ While Georgia offers vague assurances that it “has established opportunities to use electronic sources and automation to support identification and verification,”⁴⁹ there is no indication that these “opportunities” can ensure accurate and efficient enrollment in Pathways.

Several individuals shared their experiences with the burdensome and complicated application process, including the online portal crashing and freezing while applying, a lack of support to restore access or assist with technical issues,⁵⁰ denials based on paperwork complications,⁵¹ and

³⁹ *Georgia’s Medicaid Experiment*, *supra* note 16.

⁴⁰ Georgia Application at 21.

⁴¹ *Georgia’s Medicaid Experiment*, *supra* note 16.

⁴² *Id.*

⁴³ *Georgia Touts Its Medicaid Experiment as a Success*, *supra* note 2.

⁴⁴ *Georgia’s Medicaid Experiment*, *supra* note 16.

⁴⁵ *Georgia Touts Its Medicaid Experiment as a Success*, *supra* note 2.

⁴⁶ *Georgia Touts Its Medicaid Experiment as a Success*, *supra* note 2.

⁴⁷ *Georgia’s Medicaid Experiment*, *supra* note 16.

⁴⁸ Andy Miller et al., ABC News, *Georgia’s work requirement slows processing of applications for Medicaid, food stamps* (Dec. 4, 2024), <https://abcnews.go.com/Health/georgias-work-requirement-slows-processing-applications-medicaid-food/story?id=116423120>.

⁴⁹ Georgia Application at 24.

⁵⁰ *Georgia Touts Its Medicaid Experiment as a Success*, *supra* note 2.

⁵¹ *Georgia’s work requirement slows processing of applications*, *supra* note 48.

benefits being cancelled without warning or explanation on several occasions.⁵² Those incorrectly disenrolled must navigate the logistically complicated and lengthy process of getting re-enrolled. And many who are eligible for the program would likely be deterred from doing so.

B. Georgia’s work requirements are not an experiment, pilot, or demonstration of the sort contemplated by the Medicaid statute.

The waiver proposal has no experimental value and should be rejected. 1115 Waiver and Demonstration programs are intended to contain clearly defined goals, identify a specific problem that is being addressed, have a reasonable basis to believe that the demonstration is likely to address the problem effectively and without harm, and put measures in place to ensure that individuals are not harmed.

Georgia’s proposal has no experimental value. Work requirements have been tested repeatedly. They are neither new nor innovative. As discussed above, work requirements are already demonstrably failing to further Medicaid’s goals in Georgia. Further, work requirements through Medicaid programs have been tested in other states,⁵³ as well as frequently through TANF and other programs, and have not been shown successfully expand work.⁵⁴ Georgia acknowledges the troubling findings of the independent evaluator and the challenges of implementing its existing work requirements program without indicating how the proposed adjustments will avoid the same results. Even with the proposed changes, the fundamental barriers caused by limited outreach, complex and lengthy enrollment, technological malfunctions, confusion about compliance, and seemingly random disenrollments remain the same. If the proposal is implemented, it is virtually certain that large numbers of people who are eligible for Pathways will be prevented from gaining coverage or will lose the coverage they manage to secure.

Further, there is no reason to believe this demonstration is likely to address the high rates of uninsured people in the state, nor serve Georgia’s stated goals. In its proposal, Georgia identifies as the goal of Pathways to “improve access, affordability, and quality of healthcare.”⁵⁵ Simultaneously, Georgia admits that its existing program has resulted in significant quantities of rejected applications and enrollment numbers far below what was anticipated.⁵⁶ There is no indication that either its current program, or the proposed changes in its new application, will improve access to health care and address the concerning high rates of people without health care coverage in the state.

2. Georgia’s proposal will have a harmful impact on people with disabilities

Georgia’s proposal is particularly troubling for people with disabilities. Pathways does not exempt individuals with disabilities from the work requirement. Although the independent evaluation and state commenters urged Georgia to consider exemptions, particularly for older adults who had been disproportionately prevented from enrolling in the program, the state makes

⁵² *Georgia Touts Its Medicaid Experiment as a Success*, *supra* note 2.

⁵³ *Medicaid Work Requirements In Arkansas: Two-Year Impact*, *supra* note 21.

⁵⁴ *Work Requirements Don’t Work*, *supra* note 25.

⁵⁵ Georgia Application at 7-8.

⁵⁶ *Id.* at 10.

no reply in its proposal.⁵⁷ Instead, for people with disabilities, the proposal includes among its qualifying activities enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program, and states that “an individual with a disability may request a reasonable modification if they need assistance in meeting the Qualifying Activities.”⁵⁸ Neither the GVRA program nor the potential for some type of assistance upon request (for which individuals’ qualification is uncertain and barriers to access are predictable) are likely to prevent the inappropriate loss of coverage for people with disabilities. The GVRA program has had among the worst outcomes in the country for helping people with disabilities secure employment. From July 2021 to June 2022, Georgia had the lowest employment rate in the country for people exiting its vocational rehabilitation program—21.5%—with a slight improvement the following year that was still among the nation’s worst.⁵⁹ Records show that GVRA “has been mired in problems for years,” Records show the agency has been mired in problems for years, including due to extremely high counselor turnover and crushing workloads.⁶⁰

The overwhelming majority of people with disabilities want to and can work, but many are not working as a result of attitudinal barriers among employers, the need for reasonable accommodations that have not been provided, the need for supported employment services that are scarcely available, or the lack of reliable, accessible transportation. Because of those barriers, the employment rate of people with disabilities has remained far lower than that of any other group tracked by the Bureau of Labor Statistics. Among working age adults, the employment rate of people with disabilities is half of that for people without disabilities.⁶¹ For people with serious mental illness, the employment rate is even lower; it has been estimated over time at about 22%, with approximately 12% working full-time.⁶² The dramatic gap between the desire of people with serious mental illness to work and their low employment rates is not an inability to work, but rather “attitudinal, service, and system barriers” such as stigma and discrimination, inadequate treatment, and lack of employment services.⁶³

Additionally, many people with disabilities who are working may be working part-time schedules of fewer than 80 hours/month as an accommodation, or may have seasonal, temporary, or contractor work, which would potentially lead to loss of coverage between work opportunities

⁵⁷ *Id.* at 10, 43.

⁵⁸ *Id.* at 26-27.

⁵⁹ Katherine Landergan, Atlanta Journal Constitution, ‘It’s So Broken Right Now’: How a Voc Rehab Agency Failed to Help People Find Work (July 30, 2024), Disability Scoop, https://www.disabilityscoop.com/2024/07/30/its-so-broken-right-now-how-a-voc-rehab-agency-failed-to-help-people-find-work/30992/?fbclid=IwY2xjawKpx9tleHRuA2F1bQIxMQBicmlkETE5UmY3N21ZZ2RibUF4d11GAR4NMWf_CDT0Hdx0e-WgDYCTvGnSirWWPshSqkiZNHctxZILF2auZ4a4Dm7Ukg_aem_5N28ZgBXnROxCCufdHGFmA.

⁶⁰ *Id.*

⁶¹ U.S. Department of Labor, Bureau of Labor Statistics, *Persons with a Disability: Labor Force Characteristics* (Feb. 25, 2025), <https://www.bls.gov/news.release/pdf/disabl.pdf> (among persons age 16 to 64, the employment-population ratio in 2024 for people with disabilities was 37.4 percent, in contrast to 74.9 percent for people without disabilities).

⁶² U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy, *Federal Financing of Supported Employment and Customized Employment for People with Mental Illness: Final Report* vii (Feb. 1, 2011) <http://aspe.hhs.gov/daltcp/reports/2011/supempFR.pdf>.

⁶³ Written Testimony of Dr. Gary Bond, *U.S. Equal Employment Opportunity Commission public meeting on Employment of People with Mental Disabilities* (Mar. 15, 2011), <https://www.eeoc.gov/eeoc/meetings/3-15-11/bond.cfm>.

or even while working. In other programs that have implemented work requirements, participants with physical and mental health issues were more likely to be sanctioned for not completing the work requirement.⁶⁴ Even when there has been (unlike in Georgia) an explicit exemption for individuals unable to comply due to health conditions, in practice, those exemption processes have failed, leaving individuals with disabilities more likely than others to lose benefits. After Arkansas implemented its work requirements, a study found that “people with disabilities were particularly vulnerable to losing coverage under the Arkansas work and reporting requirements, despite remaining eligible.”⁶⁵ If work requirements that included explicit exemptions for people with disabilities were still insufficient to protect them, Pathways’ utter lack of exemptions or clear accommodations is certain to prevent them from accessing coverage.

The work requirements also fail to ensure that beneficiaries who come into compliance after coverage is suspended will regain access to care. The proposal states that an enrollee who fails to meet the qualifying hours and activities threshold will be suspended from Pathways for 3 months until they come into compliance.⁶⁶ If they do not come back into compliance, their coverage is terminated.⁶⁷ The proposal does not offer any information about whether the process for coming into compliance is less burdensome and flawed than the process to enroll has proven to be, or whether if coverage is terminated, how long it would take to re-enroll. Any coverage interruptions, even brief, may have severe consequences for many beneficiaries, particularly those with disabilities.⁶⁸

While we agree with the goals of increasing employment and encouraging involvement in the community, the proposed work requirements are not a credible means to achieve those goals and, as demonstrated by the existing Pathways program, their primary result would be the widespread denial of needed health coverage. Lacking health care will make it harder, not easier, for people, especially those with mental health needs, who are unemployed and facing challenges securing work to get and keep a job. The proposal, which lacks any evidence to the contrary, should be rejected.

We appreciate the opportunity to provide comments on the Georgia Application. Our comments include citations to supporting research including direct links for the benefit of HHS in reviewing our comments. We direct HHS to the studies cited and made available to the agency through active hyperlinks, and we request the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for the purposes of the Administrative Procedure Act.

⁶⁴ See, e.g., Yeheskel Hasenfeld et al., *The Logic of Sanctioning Welfare Recipients: An Empirical Assessment Departmental Paper*, University of Pennsylvania School of Social Policy and Practice (2004), http://repository.upenn.edu/spp_papers/88.

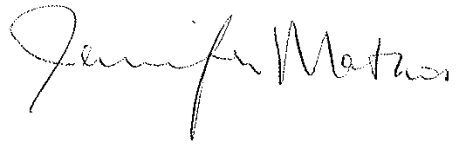
⁶⁵ MaryBeth Musumeci, *Disability and Technical Issues Were Key Barriers to Meeting Arkansas’ Medicaid Work and Reporting Requirements in 2018*, KFF (June 11, 2019), <https://www.kff.org/medicaid/issuebrief/disability-and-technical-issues-were-key-barriers-to-meeting-arkansas-medicaid-work-and-reporting-requirements-in-2018/>.

⁶⁶ Georgia Application at 13.

⁶⁷ *Id.*

⁶⁸ Anna Bailey and Judith Soloman, Center on Budget and Policy Priorities, *Medicaid Work Requirements Don’t Protect People with Disabilities* (Nov. 14, 2018), <https://www.cbpp.org/research/health/medicaid-work-requirements-dont-protect-people-with-disabilities>.

Respectfully submitted,

A handwritten signature in black ink that reads "Jennifer Mathis". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

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