



March 4, 2019

The Office of Governor Steve Bullock
 PO Box 200801
 Helena, MT 59620-0801

Dear Governor Bullock:

The undersigned organizations represent thousands of individuals facing serious, acute and chronic health conditions in Montana. Our organizations write to you today to thank you for your leadership and express our strong support for the continuation of Medicaid expansion in Montana.

Medicaid expansion has both health and financial benefits for its enrollees. In Montana, over 95,000 low-income adults have gained healthcare coverage through Medicaid since the state expanded the program. Over 92,000 adults have received primary and preventive care, leading to thousands of enrollees receiving prevention, early detection and diagnostic services as well as disease management and treatment for their conditions.¹ For example, over 2,000 possible cases of colon cancer have been averted, 110 women have been diagnosed with breast cancer as a result of screening and over 2,000 adults have been newly diagnosed with hypertension and now receive treatment for their conditions.² Medicaid expansion is clearly beneficial for patients with both chronic and acute health conditions.

Montana's Medicaid program also connects enrollees with Montana's Health and Economic Livelihood Partnership Link (HELP-Link), which provides workforce training to unemployed enrollees who face barriers to work such as limited skills and lack of access to support such as childcare and transportation. This program has reached 25,000 low-income adults since its launch, 70 percent of whom found jobs within a year after completing the program.³ HELP-Link provides low-income adults a pathway to the labor market and employment opportunities that have increased Montanans earning potential without imposing administrative barriers that jeopardize patients' access to care.

Because of the tremendous success of Medicaid expansion in Montana, our organizations strongly support the renewal of expansion in its current form. A mandatory work or community engagement reporting requirement would increase the administrative and financial burden on all Medicaid patients and decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. The reporting requirements would create opportunities for administrative errors that could jeopardize patients' access to care. In Arkansas, over 18,000 people have lost coverage since the implementation of a Medicaid work requirement.⁴ An analysis of one proposal in Montana found that a mandatory work requirement could cause between 26,000 and 36,000 low-income adults to lose Medicaid coverage.⁵ People who are in the middle of treatment for a life-threatening disease rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

A work requirement would not only create a financial and administrative burden for patients, but would also be expensive for the state of Montana. States such as Michigan, Pennsylvania, Kentucky and Tennessee have estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars.⁶

Medicaid expansion in Montana has been successful in improving patients' health and financial wellbeing. HELP-Link provides an example of how states can use Medicaid to promote workforce participation without jeopardizing patients' access to life-saving treatment. We urge Montana to eliminate the sunset and renew the Medicaid expansion in its current form.

Thank you for your consideration.

Sincerely,

American Cancer Society – Cancer Action Network
American Heart Association
American Lung Association in Montana
Arthritis Foundation
Cancer Support Community
Cystic Fibrosis Foundation
Epilepsy Foundation
Global Healthy Living Foundation
Leukemia & Lymphoma Society
Mended Little Hearts
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Psoriasis Foundation
Pulmonary Hypertension Association
Rocky Mountain Hemophilia & Bleeding Disorders Association
United Way Worldwide

¹ Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard January 28, 2019, <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>

² Ibid

³ Hannah Katch, “Proposed Restrictions Could Undermine Montana’s Successful Medicaid Expansion,” Center for Budget and Policy Priorities, February 13, 2019, https://www.cbpp.org/research/health/proposed-restrictions-could-undermine-montanas-successful-medicaid-expansion#_ftn1

⁴ Robin Rudowitz, MaryBeth Musumeci, and Cornelia Hall, “A Look at November State Data for Medicaid Work Requirements in Arkansas,” Kaiser Family Foundation, December 18, 2018. Accessed at: <https://www.kff.org/medicaid/issue-brief/a-look-at-november-state-data-for-medicaid-work-requirements-in-arkansas/>

⁵ Leighton Ku and Erin Brantley, “Potential Effects of Work Requirements in Montana’s Medicaid Program,” Center for Health Policy Research, Milken Institute of Public Health, George Washington University, February 13 2019, <http://gwhealthpolicymatters.com/sites/default/files/2019-02/Potential%20Effects%20of%20Work%20Requirements%20in%20Montana%E2%80%99s%20Medicaid%20Program%20%28Ku%2C%20Brantley%29%202-13-19.pdf>

⁶ Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018, <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>; House Committee on Appropriations, Fiscal Note for HB 2138, April 16, 2018, <http://www.legis.state.pa.us/WU01/LI/BI/FN/2017/0/HB2138P3328.pdf>; Misty Williams, “Medicaid Changes Require Tens of Millions in Upfront Costs,” Roll Call, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.