



April 20, 2023

The Honorable Matt Gaetz
2021 Rayburn House Office Building
Washington, DC 20515

Dear Representative Gaetz:

I am writing on behalf of First Focus Campaign for Children, a bipartisan child advocacy organization dedicated to making children and families the priority in federal policy and budget decisions, to state our opposition to the Medicaid Work Requirements Act (H.R.1066).

Imposing work requirements as a condition of receiving Medicaid harms children, pregnant women and families and creates substantial losses in health coverage and access to care. Past implementation of work requirements has demonstrated that confusing rules, complex reporting systems and other bureaucratic red tape cause children and families to lose their health coverage. When parents lose benefits, evidence shows that children do too, making policies such as these harmful to children's health and development.¹ Moreover, the ramifications of losing coverage extend beyond health care to negatively impact financial security, employment, housing, and many other life factors for children and families.

Any legislation that imposes unnecessary work requirements harms children. A 120-hour requirement is completely inaccessible for any adult with a fluctuating schedule or a child who requires child care. Documenting work is especially onerous for low-wage workers who often have no control over their schedules and whose hours may vary from week to week. Workers in immigrant households are more likely to be paid in cash and to lack pay stubs or paychecks, making employment verification difficult. Certain employers may be unwilling to provide a letter of employment verification.² Furthermore, some parents are self-employed or may not have an employer available to provide verification. Work requirements also do not account for uncompensated childrearing and caretaking of family members, work that produces large benefits to the collective whole. Grandparents caring for grandchildren, or parents caring for children with disabilities or special health care needs face particular barriers to economic security.

¹ Health Coverage for Parents and Caregivers Helps Children. George- town University Health Policy Institute Center for Children and Families. March 2017.

<https://ccf.georgetown.edu/wp-content/uploads/2017/03/Covering-Parents-v2.p>

² Gelatt, Julia and Koball, Heather. "Immigrant Access to Health and Human Services." Urban Institute. October 2014. <http://www.urban.org/sites/default/files/publication/33551/2000012-Immigrant-Ac- cess-to-Health-and-Human-Services.pdf>.

Rather than fostering economic mobility, work requirements prevent parents and caretakers from accessing assistance programs and support, hindering healthy child development and putting additional burdens on struggling families. A 2019 nonpartisan study from the National Academy of Sciences found that “work requirements are at least as likely to increase as to decrease poverty.”³ Finding and paying for child care in order to meet work requirements, which is already unaffordable and difficult to find, presents an additional burden for many families.

When children lose coverage they lose access to critical health services, including Medicaid’s Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. EPSDT guarantees that children under age 21 have access to a comprehensive set of benefits that ensures they receive appropriate preventive, dental, mental health, developmental, and specialty services. Losing access to EPSDT would be harmful to children, especially those with special health care needs as Medicaid serves as the sole source of coverage for more than one-third of such children.⁴ Losing coverage also impacts long-term outcomes for kids. Children covered by Medicaid during childhood have better health as adults with fewer hospitalizations and emergency room visits,⁵ are more likely to graduate high school and college,⁶ have higher wages and pay more in taxes.⁷ Causing families to lose health coverage by imposing work requirements risks the short-and long-term health and development of our nation’s children with no measurable gain.

On the whole, this legislation puts children at unnecessary risk of losing their healthcare coverage during one of the most influential periods of their life. We welcome the opportunity to work with your office to advance legislation that helps children and their parents achieve financial security and maintain their access to healthcare. Thank you for your consideration.

Sincerely



Bruce Lesley
President

³ A Roadmap to Reducing Child Poverty.” National Academies of Sciences, Engineering, and Medicine. National Academies Press. 2019. <https://nap.nationalacademies.org/catalog/25246/a-roadmap-to-reducing-child-poverty>.

⁴ “Children with Special Health Care Needs: Coverage, Affordability, and HCBS Access.” Kaiser Family Foundation, Oct. 2021. <https://www.kff.org/medicaid/issue-brief/children-with-special-health-care-needs-coverage-affordability-and-hcbs-access/>.

⁵ Laura R. Wherry et al. “Childhood Medicaid Coverage and Later Life Health Care Utilization.” February 2015. https://www.nber.org/system/files/working_papers/w20929/w20929.pdf.

⁶ Sarah Cohodes et al. “The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions.” May 2014., https://www.nber.org/system/files/working_papers/w20178/w20178.pdf.

⁷ David Brown et al. “Long-Term Impacts of Childhood Medicaid Expansions on Outcomes in Adulthood.” March 2020. <https://academic.oup.com/restud/article/87/2/792/5538992>.