

The Honorable Bruce Rauner  
Governor, State of Illinois  
State Capitol Room 207  
Springfield, IL 62706

February 7, 2018

Dear Governor Rauner,

As leading state and local organizations concerned about the health and well-being of Illinois' families, we urge you to oppose adding work requirements to Illinois' Medicaid program. Medicaid protects the health and financial security of Illinoisans, while punitive work requirements would strip people of these benefits—and cost the State of Illinois billions of Federal dollars—all with no benefit for our state. Simply put, work requirements do not work.

The Centers for Medicare and Medicaid (CMS) recently announced that they will allow states to apply for waivers to add work requirements for “able bodied” Medicaid recipients. Such a move creates barriers to accessing care, penalizes individuals who have lost employment or have difficulty securing consistent employment by denying them health coverage, and undermines the purpose of Medicaid all together: assisting low-income people to obtain medical services. Imposing work requirements would damage the health of people who would lose access to lifesaving healthcare as a result.

Medicaid is instrumental to Illinois' safety net, supporting the health, well-being, and financial security of over three million individuals<sup>1</sup> in our state. The evidence is clear that when consumers have a reliable source of high-quality health coverage, they are able to access critical health services, including prevention and behavioral health services; experience better overall health status and improved health outcomes; and are protected against unexpected medical expenses. Reductions in program eligibility—which will result from instituting punitive work requirements, fundamentally jeopardize the health and financial security of people across Illinois.

In addition to jeopardizing the health of individuals in Illinois, work requirements in Medicaid would mean that Illinois would forfeit billions of federal dollars putting an immense strain on an already strained state budget. Medicaid insurance coverage supports families and fiscally supports the health clinics and hospitals where enrollees receive care. When people don't have coverage, their health problems go unaddressed until acute conditions land them in costly emergency room healthcare—a whopping bill that will be felt across Illinois communities. Medicaid supports those institutions' ability to provide better, more cost-effective primary and preventive healthcare, rather than allowing medical conditions to fester and worsen, which would multiply the costs and harm of the illness to the patient and the cost of uncompensated care for our local providers. In short, work requirements would result in huge costs to hospitals, clinics, and local governments caused by reduced coverage for some patients, loss of reimbursement for their care, and a reversal toward costlier healthcare delivery. This is the wrong direction for the health system and Illinoisans cannot afford to pay more for worse care.

Moreover, Illinois would be short-sighted to implement these policies: there is no evidence that work requirements increase long-term employment, reduce poverty, or promote positive health outcomes. Instead, such a move will create barriers, penalize individuals, and hurt health outcomes for over one

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<sup>1</sup> Illinois Department of Healthcare and Family Services, “Number of Persons Enrolled in the Entire State – FY 2017” <https://www.illinois.gov/hfs/info/factsfigures/Program%20Enrollment/Pages/Statewide.aspx>

million individuals<sup>2</sup> by denying them health coverage for circumstances beyond their control. Furthermore, creating new, onerous Medicaid eligibility criteria will make it more difficult for Illinoisans to access healthcare, including mental health and substance use treatment. As opioid fatalities continue to skyrocket in our state, we recognize that we are battling a public health crisis. Access to treatment is critical in Illinois' goal to reduce opioid deaths by a third in 2020. Now is not the time for more red tape that puts treatment even further out of reach when it is so desperately needed.

Lastly, requiring work for Medicaid eligibility would further alienate people struggling to make ends meet. Most adults with Medicaid already work or are ill or have a disability or are caring for family or in school – but nearly all would face new obstacles to coverage from work requirements. Additionally, the administration of work requirements in other programs has proved time consuming, lacking real-time accuracy, and has presented a costly bureaucratic burden to states. Adding more bureaucratic red tape will only lead to more budget and backlog issues for the Illinois Department of Healthcare and Family Services.

Work requirements won't work for the people of Illinois. To support working people and enable them to work, we need solutions that increase access to employment, income, economic opportunities, affordable childcare—and healthcare. People's ability to work is dependent in large part on their relative health, which is linked in part to healthcare access. Adding a new barrier to insurance would do nothing to support people going to work. We call on you to denounce this short-sighted and backward policy and reassure low income people in Illinois that the state will not implement cruel work requirements—but will instead continue to help meet the health needs of all Illinoisans so they can truly thrive.

Sincerely,

AARP

ACA Consumer Advocacy

Access Living

ACLU of Illinois

Action for a Better Tomorrow

Action for a Better Tomorrow - Northern Suburbs

Action Illinois

Age Options

AIDS Foundation of Chicago

Alliance for Community Services - IL

American Diabetes Association

Association House of Chicago

Center on Halsted

Champaign County Health Care Consumers

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<sup>2</sup> Illinois Department of Healthcare and Family Services, "Number of Persons Enrolled in the Entire State – FY 2017" <https://www.illinois.gov/hfs/info/factsfigures/Program%20Enrollment/Pages/Statewide.aspx>. For this figure, we included the "ACA Newly Eligible Adults" and "Other Adults."

Chicago Coalition for the Homeless  
Chicago Hispanic Health Coalition  
Chicago Metropolitan Battered Women's Network  
Chicago Women's AIDS Project  
Children's Home and Aid  
Citizen Action/Illinois  
Community Behavioral Healthcare Association (CBHA)  
Cook County Department of Public Health  
Cook County Health and Hospitals System  
Disability Resource Center  
E-Town Wellness  
Eastern Illinois Foodbank  
Ecker Center for Mental Health  
Erikson Institute  
Esperanza Health Centers  
Everthrive Illinois  
Family Service and Mental Health Center of Cicero  
Greater Chicago Food Depository  
Greater Illinois Pediatric Palliative Care Coalition  
Health & Medicine Policy Research Group  
Health Justice Project, Beazley Institute for Health Law and Policy, Loyola University Chicago School of Law  
Healthy Illinois Campaign  
Heartland Alliance  
Housing Action Illinois  
Illinois Coalition for Immigrant and Refugee Rights  
Illinois 123GO  
Illinois Action for Children  
Illinois Alliance for Retired Americans  
Illinois Association for Behavioral Health  
Illinois Chapter, American Academy of Pediatrics  
Illinois Collaboration on Youth  
Illinois Primary Health Care Association  
Illinois Psychiatric Society  
Illinois Public Health Institute

Inclusion PAC  
Indivisible Brookfield  
Indivisible Carbondale  
Indivisible IL 12th  
Indivisible Illinois  
Indivisible Lincoln Square (Health Care Committee)  
Indivisible NWIL  
Indivisible Oak Park Area  
Indivisible Rock Island County  
Indivisible South Suburban Chicago  
Indivisible Springfield  
Indivisible West Suburban Action League  
Indivisible Women Chicago  
Infant Welfare Society of Chicago  
Jewish Child & Family Services  
Kaleidoscope  
Lake County Health Department and Community Health Center  
League of Women Voters of Illinois  
Legal Council for Health Justice  
Memorial Behavioral Health  
Mental Health America of Illinois  
Mental Health Board McHenry County II.  
Mental Health Summit  
Metropolitan Chicago Breast Cancer Task Force  
Mobile Care Chicago  
NAMI Barrington Area  
NAMI CCNS  
NAMI Chicago  
NAMI Illinois  
NAMI Lake County  
National Association of Social Workers, Illinois Chapter  
National Kidney Foundation of Illinois  
North/Northwest Suburban Task Force on Supportive Housing for Individuals with Mental Illness  
OFA Springfield

Open Door Clinic of Greater Elgin  
Organizing Neighborhoods for Equality: Northside (ONE Northside)  
Ounce of Prevention Fund  
Pediatric AIDS Chicago Prevention Initiative  
Planned Parenthood of Illinois  
Protect Our Care Illinois  
Public Health Institute of Metropolitan Chicago  
Rosecrance  
Sinai Health Systems  
Smart Policy Works  
Supportive Housing Providers Association (SHPA)  
Tazwood Center for Wellness  
The Arc of Illinois  
The Sargent Shriver National Center on Poverty Law  
Thresholds  
Trilogy, Inc.  
Voices of Reason  
Young Invincibles  
YWCA Metropolitan Chicago