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August 30, 2018

Commissioner Jill Hunter
Department for Medicaid Services
275 E. Main Street
Frankfort, KY 40621

RE: Comments on Proposed Title 895 Kentucky Administrative Regulations

Kentucky Voices for Health (KVH) appreciates the opportunity to comment on the proposed Title 895 Kentucky Administrative Regulations that would implement Kentucky Medicaid's 1115 waiver, called Kentucky HEALTH. As the leader of a coalition of concerned Kentuckians and organizations from across the Commonwealth, we once again offer our strong, evidence-based opposition to the overall concept of this waiver and its individual requirements. This waiver will result in loss of coverage, loss of or gaps in access to health care, and worse health outcomes for, at minimum, around 100,000 low-income Kentuckians.

Our specific policy concerns and supporting evidence have been documented in previous federal and state comment periods, and those past comments are attached and incorporated as part of these comments. In addition, KVH offers specific comments relating to various provisions of the Title 895 regulations.

Chapter 1:010, Eligibility

- Section 4 subsection (3) paragraph (b) states that if a beneficiary doesn't follow through with recertification requirements, they shall be granted an additional 90 days. Reenrollment is effective the first day of the month in which the recertification requirements were completed, "unless the individual was subject to a suspension during the recertification process." Because this is written in the past tense, it is assumed there are no penalties or suspensions in place in this situation. If past tense was intentional, there should be additional instructions that apply to this situation. If it should have been written in the present tense, or "currently subject to a suspension", it doesn't appear this language would be necessary.
- Section 7: This section goes into detail about what happens if the appeal is regarding the amount of the premium but does not address when an appeal is about whether a premium should be required in the first place, such as individuals claiming the need for and denied medically frail or temporarily vulnerable protections. In this situation, must payments be made regardless? If so, this will directly impact the eligibility of individuals appealing the denial or loss of those important protections, as appeal decisions may take many months to adjudicate.
- There appears to be an error in numbering, as Sections 11-13 do not exist.

Chapter 1:015, Premium Payments Within the Kentucky HEALTH Program

- In accordance with KRS 13A.100 (3), Section 2 subsection (1) paragraph (a) should contain the dollar amount the Department intends to charge its beneficiaries. Omitting these actual amounts makes it too easy for DMS to change the amounts on a whim, up to the maximum allowed by the CMS. KVH believes the amount should be specified in the regulation since it requires a payment from affected individuals. The regulation does not specify the conditions that must be met nor the process DMS must undertake before increasing premiums. The regulation promulgation process should be followed for any premium changes.
- Subsections (2) and (3) identify the combined premium/copay maximum of 5% in a calendar quarter. If someone hits the maximum, their premium is reduced to \$1, and they still have to pay it to avoid non-payment penalties. Also, the premium is only reduced “for the remainder of the calendar quarter”. First, it’s difficult to envision a system, from benefit all the way to the Managed Care Organization, being nimble and accurate enough to do this on a quarterly basis. Secondly, if the maximum is reached, there should be no additional premium requirement during the specified period. This will be confusing and will add another administrative burden on both the agency and beneficiaries that will lead to gaps in coverage.
- Subsection (4), like subsection (1), should specify the dollar amount of any increased premiums, again in accordance with KRS 13A.100 (3).
- In accordance with KRS 13A.100 (1) and (3), Section 4, subsection (2) paragraph (a) subparagraph 3 and subsection (2) paragraph (b) subparagraph 2 should specify the dollar amount of deductions for premium non-payment penalties out of the MyRewards accounts. Because these account balances directly impact the ability of beneficiaries to receive dental and vision services, anything that impacts the dollar amount of this account should be included in regulation.
- Subsection 2 paragraph (c) provides the good cause reasons for nonpayment of premiums as required by the CMS Special Terms and Conditions. However, it will be important to know what kind of verification will be required; this is especially important for survivors of domestic violence. Also, some of these will be long-term issues. The regulation is not clear regarding whether these situations must be re-verified monthly or if there can be a specified exemption period.

Chapter 1:020, PATH Requirement for the Kentucky Health Program

- Section 2 subsection (3) contains an important requirement that must be emphasized here. It *requires* that beneficiaries report all hours, send all documentation, or make requests for good cause through the online portal created by the Cabinet. The word “SHALL” is used, and no other acceptable modality for completing these actions is specified. If it is the Department’s intention, as stated in various settings, to offer other modalities, they should be specified in the regulation. It is understandable for the Department to encourage use of the online portal for ease of program administration. But for many Kentuckians living below the poverty line or in rural, remote areas, internet access is often a luxury that is simply out of their reach. While there may be areas in a community where this access is available, transportation to those areas will also be a barrier because there are no provisions for this important support in the waiver. Arkansas had a similar requirement as they rolled out their work-related provision, and only about 2% of those required to report were able to successfully do so. Requiring a similar, singular modality in Kentucky will lead to that same outcome. KVH strongly encourages the regulation language be changed from prescriptive to permissive, and to specify other acceptable paths to complete this requirement.

- Section 3 subsection (3) paragraph (b) subparagraph 1 appears to require a 1-month break before being able to even reapply after discontinuance due to not meeting PATH requirements. This is a new provision to many of us tracking the development of Kentucky HEALTH. It should be removed.
- Section 4 Subsection (1) paragraph (e) states that an individual “diagnosed with a serious chronic medical condition, validated by a medical professional pursuant to department guidance and review...” is exempt from PATH requirements. This is a separate category from “medically frail”, although it sounds a lot like it. Because this provision can directly impact the ability of an individual to maintain eligibility in the program, the “department guidance” should be incorporated by reference into this regulation.

Chapter 1:030, Establishment and use of the MyRewards program

- Section 3, Accruals Within a MyRewards Account, does not specify “dollar” amounts for the activities in which a user engages to accrue “dollars”. In accordance with KRS 13A.100, and because the balance in this account will impact an individual’s ability to access dental and vision services, the regulation should specify the amounts that can be earned for each type of activity. It is understood the Department may seek new individual activities, but each will fall into a general category for which the Department should establish a dollar value in the regulation.
- Section 4 establishes the conditions under which MyReward “dollars” are deducted from an account. As in Section 3, and in accordance with KRS 13A.100, the balance of this account will impact an individual’s ability to access dental and vision services, so the regulation should specify the amounts that can be deducted for each condition.
- Section 5, Payout of Account, should require the Department to notify a former beneficiary of the availability of the payout. Without notification, it appears the state is relying on most former beneficiaries to forget this payout is available—18 months after leaving the program. The Department should develop a notice for this purpose, and it should be incorporated by reference in this regulation.

Chapter 1:040, Deductible accounts within the Kentucky HEALTH program

- Section 4 subsection (1) details that 50% of a deductible left over at the end of a benefit year can rollover into a MyRewards account. However, it appears it takes an action of the beneficiary to transfer these funds. It is curious as to why this would not be done automatically. It is also unknown if a beneficiary will be notified when eligible to claim these rewards “dollars”. This action should take place automatically. If the Department insists a beneficiary take this action, a notice should be developed for this purpose, and it should be incorporated by reference in this regulation.

Chapter 1:045, Accommodations, modifications, and appeals for beneficiaries participating in the Kentucky HEALTH program.

- Section 1 subsection (2) paragraph (b) does not specify how the Department will determine an alternative number of hours an individual may participate. This should be detailed in the regulation or in a document incorporated by reference.

Chapter 1:055, Designation or determination of medically frail status or accommodation due to temporary vulnerability in the Kentucky HEALTH program.

- In Section 1 subsection (3)—or in the proposed 895 KAR 1:001—“chronic homelessness” should be defined to avoid confusion with the HUD definition. At a minimum, this definition should include the thresholds that set it apart from the federal definition. The Department has confirmed on multiple occasions that chronic homelessness will be met after 3 months

of homelessness rather than 12, and that a separate disabling condition will not be required. Those thresholds should be included here.

- Section 2 discusses Medically Frail screenings. Because of the direct impact to an individual's eligibility for services and plan type, the physician attestation form should be incorporated by reference in this regulation.
- Although CMS has refused to recognize recent refugees and survivors of domestic and interpersonal violence as eligible for medically frail protections, the Department has vowed to treat these populations in the same manner. However, Section 3 appears to require a \$1 monthly premium in order to access the MyRewards account these beneficiaries must use to access dental and vision services. This will create a barrier to care for individuals who are supposed to be protected. If the intention is to treat these individuals with the same protections as medically frail individuals, the regulation language should be nearly identical.

Thank you again for the opportunity to comment on these regulations. Kentucky Voices for Health believes these changes would provide some measure of protection for Kentucky's low-income population if the Kentucky HEALTH waiver is ultimately approved and allowed to be implemented. We look forward to reviewing the Department's Statement of Consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Beauregard', with a stylized flourish at the end.

Emily Beauregard, MPH
Executive Director
Kentucky Voices for Health

Attachments

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August 17, 2018

The Honorable Alex M. Azar II, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

RE: Comments on the Kentucky Department for Medicaid Services Proposed Section 1115 Demonstration Waiver (filed in 2016), Operational Modifications to the Waiver (filed in 2017), and CMS Special Terms and Conditions (issued January 2018)

Dear Secretary Azar:

On behalf of the organizations and individuals represented by Kentucky Voices for Health (KVH), I am pleased to submit comments regarding the Bevin Administration's proposed Section 1115 demonstration waiver, called Kentucky HEALTH, its operational modifications, and the Special Terms and Conditions issued by the Centers for Medicare and Medicaid Services (CMS). We appreciate the opportunity to again urge both the Bevin Administration and CMS to work with stakeholders to design a Medicaid program that will achieve the objectives that 1115 Waivers are intended to address, including increased access, reduced barriers, improved health outcomes, and simplified administrative processes. We would be remiss if we did not mention our attached request, on behalf of 38 organizations across the state, to establish a stakeholder advisory council that would have accomplished this goal. Mailed to then-Acting Secretary Scott Brinkman on April 16, 2018, the cabinet never responded.

Because the proposed demonstration project remains unchanged during this comment period, all of our past concerns remain. As such, we are attaching the past submissions of our comments from the original submission as well as comments from the operational modifications made last year. During the intervening months, however, additional evidence continues to conclude that the increased red tape proposed by the Bevin Administration will have a negative impact on up to 1.2 MILLION Medicaid beneficiaries in Kentucky. This evidence is important; U.S. District Court decision in Civil Action 18-152 highlighted the need to adequately analyze and consider whether Kentucky HEALTH's waiver would cause recipients to lose coverage or, as the law requires, promote coverage.

Loss of Medicaid Coverage Due to Kentucky HEALTH

Governor Bevin has stated recently that the projected 95,000 individuals who will lose coverage because of Kentucky HEALTH will do so not because of administrative barriers, but rather because they move into jobs with employer coverage. However, many will lose coverage due to new eligibility restrictions and will be highly unlikely to move into private coverage.¹ The Governor's

assertion is also refuted by the administration's own numbers. With the original Kentucky HEALTH submission, which contained a mixture of community engagement mandates as well as other administrative and punitive measures, administration officials estimated a reduction of 86,000 beneficiaries over the waiver's five-year period. The modifications filed in 2017, however, were largely administrative in nature, including a new six-month lockout penalty for failure to report a change in circumstances. With these administrative changes, the administration increased the estimates in loss of coverage to 95,000 individuals—an increase of over 10%. Other estimates place the estimate much higher—175,000 to 300,000—over the same period.²

While it is difficult to predict what the true outcome may be, recent events appear to validate the higher estimates. The state of Arkansas implemented a Medicaid work requirement a month prior to Kentucky's scheduled launch. Of the 8,000 individuals required to report work hours during the month of June 2018, over 7,000 did not.³ It is often tricky to use one state's experience to predict the outcome of another's, but one can easily conclude the impact in Kentucky will be worse. We'll start with how Kentucky and Arkansas' programs will be similar. Like Kentucky, Arkansas Medicaid officials created an online portal to either submit documentation of work hours or request an exemption based on good cause criteria. Many Medicaid beneficiaries are not connected to the internet, nor do they have transportation to connected places, such as libraries. Even for those who do have access, however, these portals can be difficult and cumbersome to navigate to the novice user; Kentucky's "Quick Reference Guide" for using its reporting system is 35 pages.⁴

Obviously, rigid security measures and the required level of technical savvy can be a deterrent to full reporting in and of itself. A seemingly-small example illustrates this point. We understand a Kentucky beneficiary cannot simply take a picture of their documentation and send it in; the picture must first be converted to a .pdf file type or it will not be accepted. The same barriers that keep individuals away from work—especially low levels of education and lack of transportation and internet access—will also be a barrier to complete reporting requirements.

Unlike Arkansas, however, the impact on Kentuckians will be larger based on two factors. First, Arkansas policy allows for a larger portion of its Medicaid population to be deemed as meeting work requirements utilizing wage data already available to the agency. This wage data is used to determine if a member is making the equivalent of minimum wage multiplied by the monthly hourly requirement. If the answer is "yes", the individual is not required to report. In Kentucky, everyone working under 30 hours per week will be required to report, document effort, or claim good cause regardless of hourly wage. Second, a larger portion of Kentucky's Medicaid population will be required to report, document, or request good cause from work requirements. At a Stakeholder Advisory Forum on August 2, 2018, Cabinet officials estimated between 175,000 and 200,000 individuals will be required to participate in the community engagement requirement each month. For comparison, the 8,000 individuals required to report in Arkansas during the month of June 2018 was the first of three cohorts that will be required to meet reporting requirements.

Medicaid Supports Work and Addresses the Social Determinants of Health

The idea behind the "community engagement" portion of the waiver—that Medicaid beneficiaries simply need an extra "push" into employment that provides health coverage—isn't borne out by studies conducted by both state and federal government agencies. We have reported before on Ohio's study of the impact of expanded Medicaid,⁵ and it bears repeating here. Just over half of all

respondents stated the coverage made it easier to look for and retain employment. For those currently unemployed, that number rose to 74.8%. A study in Michigan produced similar results.⁶ Additionally, the non-partisan Medicaid and CHIP Payment and Access Commission (MACPAC) recently produced a July 2018 Issue Brief⁷ that describes the ways some states, such as Montana,⁸ have provided employment supports and resources through targeted case management and other approaches, without the need for punitive, access-denying measures.

The Bevin Administration touts Kentucky Health as an avenue to address the “social determinants of health.” However, the literature regarding social determinants of health and the means to address them demonstrate how programs such as Kentucky HEALTH pervert the concept in order to inform policies that inject harsh penalties and lockouts.⁹ Another report put it more succinctly: “It is nonsensical for a policy that is pitched by policymakers as improving health to actually do the opposite, as people will lose access to health care. Such an approach will likely make it even more difficult for individuals to find employment in addition to impacting their health.”¹⁰ Access to care, including insurance, transportation, and available healthcare resources, is highlighted as a “key issue in the health and healthcare domain”, according to the Centers for Disease Control and Prevention’s (CDC) Healthy People 2020 campaign.¹¹ Ensuring a base level of access to health care services must be the foundation upon which additional efforts to improve health are built.

Other determinants that impact health include (but are not limited to) unstable, unsafe, or unaffordable housing; low income (not just employment); unsafe neighborhoods; substandard education; and access to health care.¹² There is a large body of evidence as well as plans of action on how to identify, monitor, and address many of these determinants.¹³ But nowhere in the CDC literature can one find a suggestion to create a bureaucratic Medicaid eligibility maze with snares and pitfalls lurking around each corner that result in a lack of coverage. Attacking health issues relating to social determinants, many of them systemic rather than personal, goes well beyond the reach and capabilities of any one administrative requirement.

Interestingly, it is not always clear that employment and improved health go hand in hand. A recent literature review noted that “Research about the relationship between work and health finds only limited evidence that employment improves health, with some studies showing a positive impact and others showing no relationship or only limited effects.”¹⁴ Even so, there were several caveats on the implications of work requirements for Medicaid beneficiaries. For example:

- The work-health relationship may differ for the Medicaid population compared to the broader populations studied in the literature, as Medicaid enrollees report worse health than the general population and face significant challenges related to social determinants of health.
- Limited job availability or poor job quality may moderate or reverse any positive effects of work.
- Work or volunteering to fulfill a requirement may produce different health effects than work or volunteer activities studied in existing literature.
- Loss of Medicaid coverage under work requirements could negatively impact health care access and outcomes, as well as exacerbate health disparities.¹⁵

While the findings show a limited correlation between work and health, the opposite is true when viewed from a coverage-first perspective: “Research has demonstrated that being in poor health is associated with an increased risk of job loss or unemployment. Additional research suggests that...access to affordable health insurance and care, which may help people maintain or manage their health, promotes individuals’ ability to obtain and maintain employment.” The literature also reveals the limited impact of self-oriented volunteerism (volunteerism motivated by being able to keep benefits rather than the more natural other-oriented volunteerism) through a review of TANF programs with similar requirements.¹⁶

Kentucky has been following the lead of CMS in making assertions that Kentucky HEALTH would address the social determinants of health, and similar assertions were again repeated by the Council of Economic Advisers (CEA) in a recent document supporting work requirements in various non-cash assistance programs, including Medicaid.¹⁷ However, as a recent synthesis of studies demonstrates, there are many studies that counter these claims and cast “real doubt that work requirements will boost employment.” Additionally, the synthesis finds that “Contrary to CEA claims, multiple recent studies find that many people who are most likely to need assistance from programs to help them meet their basic needs are workers, but the low-wage labor market is characterized by job volatility, higher unemployment and less job stability.”¹⁸

By contrast, a report from this same group in 2014 discussed the missed opportunities for states that chose not to expand Medicaid, including expanded coverage, greater financial security for beneficiaries, better mental health, better overall health, more federal funds for states, and more jobs.¹⁹ Kentucky has experienced all of these benefits, yet the Kentucky HEALTH waiver seeks to undermine those gains with unproven hypotheses that run counter to evidence.

The Coverage Gap

We already know what happens when individuals lose Medicaid coverage. In states that have chosen not to expand Medicaid coverage, adults without an income high enough to qualify for subsidies in the health insurance marketplace are simply out of luck. The only adults who can qualify for Medicaid are very low-income parents, but once their income reaches a certain threshold (only about 27% FPL in Kentucky), they fall into the gap as well. According to a Henry J Kaiser Family Foundation report, most of these adults work, about three quarters are childless, and about half work for small employers in service and agriculture industries.²⁰ A Kentucky-specific study showed that adults losing Medicaid coverage, and falling into this gap, are faced with unaffordable employer-provided insurance (if it’s available at all).²¹ They avoid preventative health care services and face insurmountable medical bills when their health is ultimately compromised. This is the path Kentucky and CMS are choosing for, at a bare minimum, 95,000 of its current Medicaid beneficiaries if this waiver is ultimately approved.

Kentucky HEALTH is Bad for the State’s Economy

While the path Kentucky and CMS are choosing is a poor one for the physical and financial health of those falling off Medicaid coverage (and even for some who manage to stay on), it is also proving to be a poor path for the state’s financial health as well. Fitch Ratings, self-described as “A global leader in financial information services with operations in more than 30 countries”, has taken notice of the effort and expense behind work requirements for Medicaid beneficiaries, and singled out Kentucky in particular. In its press release, Fitch noted:

Kentucky's Medicaid administration costs increased more than 40%, or \$35 million, from the prior biennium to \$116 million, which Fitch partially attributes to implementing Medicaid work requirements. In addition to systems development and ongoing monitoring for the roughly 200,000 Medicaid enrollees, Kentucky estimates could be subject to the work requirements and could also contribute to the higher administration costs.²²

Ultimately, Fitch concludes that any savings achieved through reducing rolls will be largely negated by the expenses created by the development of new systems and ongoing administrative effort. Fitch also noted the impact of sending more adults into the coverage gap mentioned previously. Citing Kentucky's dramatic reduction in the uninsured and the waiver's predicted declines in coverage (contrary to a primary aim of the Medicaid program in general and 1115 waivers specifically), Fitch highlights the negative financial impact on local and state government as well as health care providers were enrollment to decrease.

By contrast, Kentucky's Medicaid expansion as it currently exists has been a boost for Kentucky's economic health in addition to its beneficiaries' physical and mental health. An analysis completed by the Kentucky Center for Economic Policy demonstrates the strides made in the reduction of uninsured Kentuckians and the associated declines in uncompensated care.²³ Further, the additional funding provided through Medicaid expansion has improved hospital facilities in all parts of Kentucky—especially rural areas—and provides billions in spending for new buildings and staff, boosting the state's and local economies.

Unanswered Questions—Medical Frailty

Throughout the period leading up to the original implementation date of Kentucky HEALTH, KVH asked the Cabinet many questions regarding various policy and operational aspects of the program if the waiver were to be approved. These questions were collected by KVH partners, including provider-based and community-based organizations. While we were thankful to have received answers to some questions, other questions regarding the community engagement requirement, cost sharing, and other operational considerations were either conflicting or unanswered. When it came to cost sharing for the medically frail, we questioned whether those with a medically frail designation, for whom premiums are optional, would automatically receive invoices (and “opt out” of paying), or if a more intentional “opt in” action would be required. In a May forum, Cabinet officials said individuals who are medically frail would not receive an invoice unless requested. At the same forum, contract IT systems staff confirmed systems were being built for the more confusing “opt out” path. As time progressed, it became clear that the “opt out” path had been chosen. Cabinet officials also provided conflicting answers regarding the treatment and definitions surrounding homelessness, domestic violence, and refugee status (the latter two exacerbated by CMS decisions). Several of these were finalized only in the last weeks prior to scheduled implementation, yet operational issues related to claiming these important protections continued.

Unanswered Questions—Appeals Infrastructure

Another question that was unanswered until recently relates to the timeliness of appeals and hearings. A longstanding issue within the Cabinet, appeals and hearings often take months and months to resolve, in many cases over a year. With Kentucky HEALTH, multiple new eligibility requirements—including community engagement, premiums and copayments, penalties, suspensions, medical frailty determinations, and access to services through “My Rewards”—create

multiple new appealable actions. Most of these are time-sensitive and trigger a negative consequence if not resolved quickly. When asked publicly at an August 2, 2018 forum, the cabinet stated simply that they're "hiring more staff", which doesn't fully answer the question or resolve the problem. In its Special Terms and Conditions issued on January 12, 2018, CMS requires the Cabinet to "ensure the availability of adequate resources for implementation and monitoring of the demonstration..." (STC 13, page 14). Ensuring a robust, timely, and responsive appeals process for all the new administrative red tape will be vital to Kentuckians' access to coverage and care if the waiver is approved.

Unanswered Questions—Assessment of Work Opportunities

Another of these terms and conditions, STC 48(j), also requires Kentucky to:

...Assess areas within the state that experience high rates of unemployment, areas with limited economies and/or educational opportunities, and areas with lack of public transportation to determine whether there should be further exemptions from the community engagement requirements and/or additional mitigation strategies, so that the community engagement requirements will not be impossible or unreasonably burdensome for beneficiaries to meet.

Although KVH asked to see these assessments and the definition of "area" used by the state over two months ago, this question had gone unanswered until the recent forum on August 2. In its response, the Cabinet stated that "area" was defined as Workforce Investment Areas, which in Kentucky cover multiple counties with a combination of urban/rural settings. For example, the Kentuckiana Works area includes the state's largest urban area (Louisville) as well as 6 counties from the South to the Northeast of Louisville that range from suburban to extremely rural. It is difficult to imagine an assessment for this area that takes into consideration all these areas, most of which have no public transportation system. The Workforce Investment Area in the Appalachian part of the state, covering more than 20 rural and mountainous counties, contains some of the most impoverished counties in the country²⁴.

As for the actual assessments, the Cabinet replied that it was relying on an assessment conducted for the Supplemental Nutrition Assistance Program (SNAP) Employment and Training program. This assessment, which would have been conducted over 6 months ago, was described as a "checklist" used to determine whether the state should remove long-standing work program waivers for SNAP recipients due to the lack of jobs, educational opportunities and transportation available in the county. These waivers were rescinded, presumably as a result of these checklists, for all but 8 counties, which are participating in a USDA-funded SNAP Employment and Training demonstration project. In removing these waivers, the assumption is that the assessment checklists revealed an adequate supply of jobs, educational opportunities, and transportation opportunities for the SNAP population. This assumption, however, is refuted by the realities Kentucky faces. Data shows that Kentucky has a long way to go in addressing issues of high unemployment, lack of jobs, and persistent poverty in counties from far Western Kentucky to far Eastern Kentucky.²⁵ These problems won't disappear by the imposition of additional, burdensome requirements on Medicaid beneficiaries.

While it will be interesting to see what these assessments actually contain, the primary concern with transferring an assessment "checklist" conducted solely for the SNAP Employment and Training

program is that the number of individuals subject to the SNAP requirements is relatively small compared with the numbers that will be subject to the Medicaid requirement. The Cabinet stated it will make these assessments available for the public, and KVH will be interested to see how Kentucky has overcome some of its most intractable problems, including the lack of a coordinated public transportation system in all but a few urban portions of the state. In any event, the Cabinet should publish the results of placing these new work requirements on SNAP recipients across the state to better understand how similar requirements will impact Medicaid beneficiaries.

Other Unanswered Questions

While there are many unanswered questions related to Kentucky HEALTH, below are some of the more important ones submitted to the Cabinet since approval was obtained on January 12, 2018:

For Medical Frailty:

- How long will it take to obtain a Medically Frail designation when sought through an attestation with a provider? Will MCOs be required to meet a certain time frame?
- What is the appeals process? What will coverage be like while awaiting a hearing and final order? (The state answered this question in regards to someone losing a previous designation, but not in regards to a denial of an initial request for a medically frail status).
- Will there be retroactive eligibility for someone who is covered under Kentucky HEALTH, but is deemed medically frail and moves back to the "state plan"?
- Scenario: an individual, who is suspended due to failure to complete PATH requirements or make premium payments, presents to a provider and needs immediate services. The individual has a condition that likely will make them Medically Frail (the specific scenario was an individual needing immediate entry into a residential SUD treatment facility). What will the process be to ensure coverage for the immediate provision of services? The provider can submit a MF attestation form immediately, but how will they be assured coverage/payment if the MF attestation process isn't complete until the following month?

For Premiums and Cost Sharing:

- How will the State ensure that co-pays don't exceed 2% and 5% caps of total income?
- How will the State ensure that the cost of Medicaid coverage will never be more than a subsidized QHP for someone with an income of 139% FPL?

For My Rewards:

- Who will determine if someone has missed too many appointments without enough notice or good cause? And what criteria will be used to make this determination?
- Members can earn dollars for preventive dental care, but can all members receive this benefit, or will some need to use My Rewards to get the preventive service?

For Community Engagement:

- Most counties in Kentucky have received a waiver of SNAP (Food Stamps) work requirements because there are not enough jobs available. Will Medicaid members living in these counties have their community engagement requirement waived for the same reason? (Asked before SNAP waivers were removed)

- Will there be an exemption for those who do not have reliable transportation, are living in an area without available work or volunteer opportunities, have been convicted of a felony, or are facing other hardships?
- Will people be provided with the equivalent of "paid time off" for holidays, vacation, sick time, and/or family leave? Or will they be required to work 52 weeks a year?
- What would be the impact of the community engagement requirement on nonprofit organizations in the state in terms of their capacity to handle the influx of new workers as well as the jobs and wages of low-income employees of those organizations who will now have to compete with unpaid labor?
- [Will there be] Liability insurance coverage for organizations?
- [Will there be] Assistance to organizations with required background checks?
- How will compliance with the Fair Labor Standards Act be determined?
- Will there be flexibility on switching which parent is granted the dependent caregiver exemption as family dynamics change?

Conclusion

Kentucky Voices for Health appreciates the opportunity to again express its strong opposition to the Kentucky HEALTH waiver. The design of the program starts with an assumption that beneficiaries simply aren't trying hard enough to extricate themselves from the grips of poverty. It then piles on layer upon layer of red tape and penalties that are in no way designed to accomplish the primary goal of the program embedded in Federal law and central to the June 29, 2018 U.S. District Court decision: to provide health care coverage for individuals and families in poverty. In addition to applying these untested and unevidenced policies to over a million Kentuckians, operational issues identified and expressed during the design and rollout will only exacerbate the policies' negative impacts. We urge CMS to deny approval of the waiver for these reasons.

Sincerely,



Emily Beauregard, MPH
Executive Director
Kentucky Voices for Health

Enclosures (past comment submissions, letter to Sec. Brinkman)

Endnotes

1. Aviva Aron-Dine, “Eligibility Restrictions in Recent Medicaid Waivers Would Cause Many Thousands of People to Become Uninsured,” Center on Budget and Policy Priorities, <https://www.cbpp.org/research/health/eligibility-restrictions-in-recent-medicaid-waivers-would-cause-many-thousands-of>, August 9, 2018.
2. Brief for Deans, Chairs and Scholars as Amici Curiae in Support of Plaintiffs, Stewart et al. v. Azar et al., 1:18-cv-152.
3. Jennifer Wagner, “Commentary: As Predicted, Eligible Arkansas Medicaid Beneficiaries Struggling to Meet Rigid Work Requirements,” Center on Budget and Policy Priorities, <https://www.cbpp.org/health/commentary-as-predicted-eligible-arkansas-medicaid-beneficiaries-struggling-to-meet-rigid>, July 30, 2018.
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Comments on Kentucky's 1115 Medicaid Waiver Application

Kentucky Voices for Health is a coalition of more than 200 consumer advocacy groups, healthcare organizations, and individuals working to improve the health of ALL Kentuckians. We believe that the best healthcare solutions are found when everyone works together to build them.

As health advocates who have worked hand-in-hand with state agencies, providers, kynectors, legal aid programs and others across the Commonwealth to get Kentucky covered, we are proud of Kentucky's success and the difference coverage is making in the lives of more than 440,000 Kentuckians.

With the health and wellbeing of nearly half a million Kentuckians at stake, we find it alarming that Governor Bevin has vowed to end Medicaid expansion if the U.S. Department for Health & Human Services does not approve the Kentucky HEALTH plan. We strongly urge Governor Bevin not to put the health and economic security of our Commonwealth at risk. Medicaid expansion is working for Kentucky and we must take steps that build on that success.

As consumer advocates, we believe it is imperative that there be meaningful stakeholder input to ensure that the 1115 waiver is designed to meet the unique needs of Kentuckians and improve access to critically needed healthcare services for our most vulnerable citizens. The following comments have been prepared with direct input and support from well over 1000 Kentuckians as well as a number of our member organizations, including:

Advocacy Action Network
American Lung Association
Campaign for Tobacco-Free Kids
Catholic Conference of Kentucky
Cumberland Family Medical Centers
Fairview Community Health Center
Family Health Centers
Friedell Committee
Greater Louisville Reentry Coalition
Health Reentry Coalition of Kentucky

Kentuckians for the Commonwealth
Kentucky Center for Economic Policy
Kentucky Coalition Against Domestic Violence
Kentucky Council of Churches
Kentucky Equal Justice Center
Kentucky Housing & Homeless Coalition
Kentucky Primary Care Association
Kentucky Psychological Association
National Multiple Sclerosis Society
Shawnee Christian Healthcare Center

We appreciate this opportunity to provide feedback on Governor Matt Bevin's proposed 1115 Medicaid waiver called Kentucky HEALTH. We submit our comments with the hope federal regulators will listen closely to the needs and concerns of Kentuckians and work collaboratively with the Governor as well as other stakeholders in Kentucky to design a final proposal that will truly move Kentucky's health, economy and quality of life forward.

SUMMARY

Kentucky Voices for Health believes ALL Kentuckians deserve access to high quality, affordable healthcare, regardless of their circumstances. We view coverage as the essential *foundation* for better care, better health and better value. Medicaid expansion has given Kentucky an unprecedented opportunity to build that foundation and it's working.

Governor Bevin's proposed 1115 Medicaid waiver puts Kentucky's successful Medicaid expansion and the coverage of nearly HALF A MILLION Kentuckians at risk. It will mean less coverage and more barriers for the most vulnerable Kentuckians, including veterans, people with disabilities, formally resettled refugees fleeing persecution, low-income workers and families. This plan threatens to undermine the health and economic gains we have made in the past two and a half years as a result of Medicaid expansion. It would be a giant step backward for Kentucky.

The purpose of an 1115 waiver is to demonstrate that Kentucky can provide better access and better care than we are already doing. Therefore, any proposed changes should build on the success of Kentucky's Medicaid expansion to increase access to care, improve health outcomes, and create system efficiencies.

Our job as consumer advocates is to ask the same questions that we hope HHS will be asking as negotiations begin: Will the proposed reforms improve the health of Kentuckians? Will this proposal reduce barriers to care? Will this demonstration build on Kentucky's successful Medicaid expansion and the tremendous health gains we've made over the past two and a half years?

Our answer to all of these questions is an unequivocal "no". Kentucky HEALTH does not meet the criteria set forth by the Centers for Medicare and Medicaid Services (CMS) under Section 1115 to increase access, improve health and create efficiencies. To the contrary, it will:

- Eliminate coverage for an estimated 88,000 eligible Kentuckians and potentially many more who will be unable to meet the new requirements or understand complex system changes.
- Penalize hard-working, low-income Kentuckians and their families.
- Put more burden on our most vulnerable citizens.
- Create significant financial and administrative barriers to care.
- Reduce access to medically necessary services.
- Expand bureaucracy with increased administrative cost and red tape.

As the federal comment period comes to an end and negotiations between HHS and Kentucky begin, we strongly urge Governor Bevin and federal regulators not to put the health and economic security of our Commonwealth at risk. Medicaid expansion is working for Kentucky. We must take steps that build on our success to move Kentucky's health, economy and quality of life forward.

THE VALUE OF EXPANDED COVERAGE & WHAT KENTUCKY STANDS TO LOSE

Members of Kentucky Voices for Health (KVH) participated actively in each of the three hearings held during the state comment period in Bowling Green, Frankfort and Hazard. At each, we were surprised and dismayed to hear Secretary Glisson say repeatedly that Medicaid coverage - and the Medicaid expansion in particular - has not "moved the needle" on Kentucky's health. We respectfully disagree. The impact of expanded coverage has been tremendous.

Kentucky leads the nation in the decrease in our rate of uninsured, dropping from 20.4 percent in 2013 to 7.5 percent in 2015. This translates into nearly 440,000 Kentuckians gaining affordable coverage - many for the first time in their adult lives. Coverage alone is not the end goal. It's the foundation for better care, better health and better value.

Dr. Eli Pendleton has witnessed the impact first-hand as a family practice physician in Louisville, saying that patients came "to me with tears in their eyes, overjoyed that they were finally able to take charge of their health problems. I had people quit smoking, get their blood pressure and diabetes under control, get much needed glasses, and finally address long-standing dental issues. Many of these patients were then able to rejoin the work force, often enthusiastically..."

For all of these reasons, we cannot afford to lose the gains we have made in terms of Kentucky's health and our economy. Below are a few of the many ways that ALL Kentuckians benefit, including those with Medicaid coverage as well as employers, healthcare providers, and taxpayers.

Covering low-income workers, caregivers and students

The majority of Kentuckians who benefit from Medicaid expansion are working adults in low-wage jobs. The majority of those who aren't working outside of the home are caregivers or students.

Improving health

In 2014 ALONE preventive screenings for diabetes, cholesterol, and cancer DOUBLED. Trips to the emergency room in Kentucky decreased by 3%. The share of low-income Kentuckians with chronic conditions receiving regular care has increased by 15%. Tens of thousands more Kentuckians are benefiting from early detection, treatment and disease management. And that's good for all of us. Their ability to go to the doctor when they get sick means the rest of the state can stay healthier.

Strengthening families

Medicaid coverage for parents, in particular, has meant that more kids are getting enrolled in coverage and getting the care they need for a healthier future. And it means that parents have the peace-of-mind and security they need to be better parents. They can finally take care of their own health issues – which many have had to ignore in the past – and they are more financially secure, knowing that a medical problem isn't going to lead to bankruptcy.

Investing in our healthcare providers and expanded services

Expanded coverage means more payments to providers and less uncompensated care. In 2014-15, Medicaid providers received more than \$3 BILLION in additional revenue. This was further bolstered by a similar decrease in uncompensated care. By the beginning of 2015, this has translated into an increase in over 13,000 jobs in the healthcare and social services sector as well as a significant expansion of services, particularly in greatly needed areas, such as school-based health, behavioral health, substance use treatment and oral health.

Helping employers

A healthy workforce is a productive workforce, which helps businesses and local economies grow. Businesses have also directly benefited from the infusion of more than \$1.5 billion annually into Kentucky's economy due to expanded coverage.

Creating more value for taxpayers

Decreases in uncompensated care are being further bolstered by increases in tax revenue. Kentucky's biennial budget has benefited from an additional \$300 MILLION in tax revenue directly related to Medicaid expansion, while saving \$265 MILLION from shifting the cost of safety-net and charity care

programs to Medicaid reimbursable services. Add to this the increase in local tax revenue that is now being invested in every community across the Commonwealth and it becomes clear that Kentucky simply cannot afford to lose expanded coverage.

KENTUCKY HEALTH ELIGIBILITY

The Kentucky HEALTH plan states that the program is designed for “able-bodied”, working age adults and their families. Underlying this proposal is an outdated sense of paternalism. The plan implies that low income Kentuckians aren’t already interested in their health, engaged in their communities, and contributing meaningfully to our economy.

Kentucky HEALTH is designed on the assumptions that: 1) low-income Kentuckians covered under the Medicaid expansion are not working; and 2) individuals who are unemployed have chosen not to work. We disagree with these assumptions. First, U.S. Census data tells us that more than half of Kentuckians eligible for Medicaid expansion are working, while the majority of those not working are caregivers or students. Second, the number of available jobs - in particular those that would move an individual or family above 138% of the Federal Poverty Level - are lacking in many parts of the state, making it difficult for many Kentuckians to find or maintain employment.

It is misguided to treat Medicaid as a Welfare program that creates dependency for “able-bodied” adults. To the contrary, Medicaid coverage KEEPS Kentuckians working, helps parents get healthy and stay healthy so they can be better parents, and gives kids a healthy start so they can reach their potential. Access to care without barriers helps to break the cycle of poverty.

Medicaid is a safety-net program for low-income individuals and families. It is neither appropriate nor productive to create separate classes of the deserving and undeserving poor. Instead, Kentuckians would be better served by policies and programs that recognize and address the numerous barriers low-income individuals and families face in finding and maintaining gainful employment.

Finally, we are concerned that Kentucky HEALTH is designed for the “able-bodied” expansion population, but also includes children, pregnant women, parents and caretakers, those on transitional medical assistance, and those considered “medically frail”. While the plan states that this is intended to provide more seamless coverage for entire families, we are concerned that there will be unintended consequences. New system requirements and added complexity would create more barriers for all eligible Medicaid members.

Community engagement and employment requirements

Increasing employment among low-income Kentuckians is a laudable goal of Governor Bevin’s and one we share. However, transforming Medicaid into a jobs program would be counterproductive. Access to care for vulnerable populations *improves* their ability to work. Placing additional requirements and penalties on low-income Kentuckians as a condition of qualifying for or maintaining Medicaid coverage will only serve to reduce the number of those enrolled in coverage, making it more difficult for them to find and maintain employment.

It has long been demonstrated that work requirements in other safety-net programs are not only ineffective at promoting long-term employment and wage growth, but keeps many in a cycle of deep poverty.

Additionally, the proposed work and volunteer requirements would add a significant amount of administrative cost and burden to an already overwhelmed and fragmented system. Neither the Department for Medicaid Services nor the individual Managed Care Organizations have the existing infrastructure or staff capacity to track and manage these requirements effectively.

Furthermore, it is unrealistic to expect local governments and nonprofit organizations to develop the necessary jobs and volunteer positions to carry out the mandates of this program without significant support. This plan does not take into account the cost of job development, background checks, training, supervision, liability or the additional administrative burden of tracking and reporting these activities. During the state comment period, members of the Kentucky Nonprofit Network voiced concerns that the community engagement requirement would be a burden on their organizations.

Moreover, we find it troubling that Governor Bevin has proposed work and volunteer mandates that are not approvable. CMS has made it clear that states may not limit access to coverage or benefits by conditioning Medicaid eligibility on work or other activities.

Projected Enrollment

The purpose of 1115 Medicaid waivers is to test ways to expand coverage or to otherwise improve care, not to move backwards on health care access. For that reason, we are gravely concerned by the projected decrease in enrollment of the five-year demonstration period and expect that many more could lose coverage or experience severely limited access to care as a result of the proposed changes.

The proposed change to the current effective date is more administratively complex and would create a significant barrier to coverage. Extensive research has shown that premiums are largely unaffordable for the Medicaid population, leading to significant reductions in coverage and access to care. For this reason, we can expect that many Medicaid members with incomes at 100% FPL and below will experience a delay of approximately 60 days and will then be subject to unaffordable premiums for at least 6 months. While those with incomes above 100% FPL will face a similar delay if they cannot pay their premium at the time of application or will simply be unable to enroll if they are unable to pay their premium by the end of the 60-day period. Both of these scenarios are counter to the purpose and stated goals of the Medicaid program and to the waiver demonstration criteria.

The proposed elimination of retroactive eligibility would further reduce access to care and shift a significant burden to safety-net providers who are already operating with fewer and fewer charity care dollars. This is especially unwise in light of the recent benefind debacle in which thousands of Kentuckians lost coverage and tens of thousands more were at risk of losing coverage due to a system failure. At that time, the Administration asked providers to continue seeing Medicaid eligible members even while they were disenrolled, with the promise that providers could bill retroactively. If this eligibility is eliminated, providers would either take on the financial burden of providing uncompensated care to their patients or would be forced to turn them away.

With the transition from kynect to benefind and healthcare.gov currently underway, there is no reason to believe that a system failure won't happen again. In the case of many refugee benefit-eligible new Kentuckians, ongoing computer system glitches persist which erroneously deem them ineligible for Medicaid. Moreover, with a fully online enrollment system, some applications get caught in a "hard pend," stopping the process for a number of reasons that could delay enrollment for an individual or family at no fault of their own. In these situations, it is critical that Medicaid eligible Kentuckians and their providers know they'll be covered without being faced with the decision of incurring crippling medical debt or going without care entirely.

The proposed open enrollment period will further reduce access to care by eliminating passive enrollment and introducing a six-month lock-out period for those who don't complete their annual redetermination within a 6-month window. No other state has implemented lockouts for failure to enroll according to requirements. To do so in concert with removing passive enrollment intentionally creates more work and more opportunities for an individual to fall through the cracks. It is important to recognize that some Medicaid members will not be aware that their coverage has expired until they seek care. This could be due to the fact that many don't have a regular address at which they receive mail or are unable to understand the notices they receive.

Furthermore, eliminating passive enrollment will put more burden on the already understaffed and budget-strapped Department for Community Based Services (DCBS). Currently, kynectors carry a significant load of enrollment and renewal volume and provide in-person assistance to those who often need it the most. Without knowing whether these kynectors will continue to be funded by the state and in what capacity, it is unwise to place more burden on DCBS and consequently provide less enrollment assistance to Medicaid members, while imposing new requirements that wield such drastic penalties. For these reasons, it seems unnecessarily harsh and counterproductive to impose a six-month lock-out.

We believe that each of these eligibility changes would greatly reduce access to care, leaving tens of thousands of Kentuckians to rely on the emergency room for acute care, while their preventive and chronic care needs go unmet entirely.

Unanswered Questions

- How were enrollment projections calculated? How many of the 86K will lose coverage because they are unable to pay premiums or keep up with various requirements vs losing coverage because their income increases?
- What is the state's plan to create more and better-paying jobs?
- How many people currently on waiver waiting lists would be affected by these changes?
- How many adults would be affected by therapy limits?
- How would the state or MCOs manage the pre-payment for those not yet determined eligible? How would this work if they were ultimately determined ineligible?
- If coverage begins on the first day of month the premium is paid, would this provide up to 30 days of retro coverage?
- If retro-eligibility is eliminated, can a Medicaid member who has been locked-out of coverage legally be charged premiums for months of service in which they did not receive Medicaid-reimbursable care?
- In the case of Kentucky's refugee-eligible populations, how would community engagement and employment requirements fit in with long-standing, federally prescribed requirements?

KENTUCKY HEALTH BENEFITS

The Kentucky HEALTH plan seeks to provide its members with a commercial health insurance experience. Those of us with commercial insurance are confounded by this goal. Commercial insurers design their products first and foremost to create profit, often at the expense of access to care and health outcomes. Kentucky HEALTH proposes to do this through benefit reductions, ER penalties and a complicated and laborious process for "earning" critical benefits. The justification for this is that Medicaid expansion benefits should align with the current Kentucky State Employees' Health Plan. However, this seems to be an arbitrary benchmark to set and does not justify a reduction in benefits. If anything, it suggests that state employees deserve better benefits.

Eliminating Benefits

Kentucky is just beginning to shake off the shameful reputation of being the most toothless state in the nation. Prior to Medicaid expansion, Kentucky was ranked 47th on a laundry list of national health measures, including the prevalence of cancer, heart disease and diabetes. With these statistics in mind, it makes no sense to reduce necessary benefits that directly prevent, diagnose and treat these conditions.

Kentucky Medicaid is far from a Cadillac plan. In fact, it only covers necessary medical services that are comparable to many of our fellow states and less generous than some. In addition, MCOs are already given too much discretion in determining what is “medically necessary”, leaving some Medicaid members without sufficient access to critical services or adequate formularies. Eliminating dental care, vision care, private duty nursing and non-emergency medical transportation for some or all Medicaid members will greatly reduce access to needed care. This, in turn, will lead to poorer health outcomes for almost one-third of Kentuckians.

Dental and vision coverage, in particular, are essential benefits for adults, especially for those who have gone most of their adult lives without needed care. Regular visits to the dentist and eye doctor are an effective way to prevent and detect disease. These visits often lead to early diagnosis of certain cancers, high blood pressure, high cholesterol and diabetes. By eliminating these benefits for Medicaid expansion adults, they will be much less likely to get necessary preventive care or benefit from early detection, leading to more advanced chronic health conditions down the road. Untreated oral health and vision problems will only make it more difficult for these individuals to find and maintain gainful employment. Even more illogical is the fact that these benefits make up less than 2% of the Medicaid budget, and cutting them will result in higher costs to the state as Medicaid members delay needed care until it becomes an emergency while chronic health conditions go undetected and untreated longer.

The elimination of private duty nursing also raises significant concerns. Doing away with this benefit will have a direct and negative impact on many Medicaid members that will, again, result in more emergency care, more advanced chronic health conditions and more disabled Kentuckians being forced to leave their homes to receive care in facilities.

Finally, the elimination of non-emergency medical transportation will further exacerbate the many barriers to care this plan puts in place. Medicaid members already have to apply separately for this benefit and provide proof that they have no reliable transportation, so it is unlikely that the benefit is being misused. In addition, public transportation in Kentucky’s largest cities is woefully insufficient, often requiring multiple transfers that can easily take 1-2 hours each way. For those living in rural areas, there are even fewer public transportation options, if any. Without reliable transportation, these individuals will be more likely to miss important preventive care and delay necessary acute and chronic care until it becomes an emergency. The result is simple - less access to care, reduced health outcomes, and increased cost to the system.

My Rewards Account

The Kentucky HEALTH plan proposes the creation of a My Rewards Account to allow Medicaid members to earn incentives and to buy certain healthcare benefits. While KVH supports the use of incentives to encourage healthy behaviors, there is little evidence to suggest that wellness programs in Medicaid are effective at improving health outcomes. Moreover, there is strong evidence that these programs are administratively complex and costly, with little return on investment in terms of improved health outcomes or lower cost to the system.

In addition, we view many of these “rewards” more accurately as “reverse incentives” because they are tied to penalties or the withholding of necessary benefits for not participating. For that reason, we are concerned that the My Rewards Program will primarily serve to limit access to care. Furthermore, based on our analysis of: 1) the various reward activities; 2) potential reward dollars one can earn; and 3) the cost of purchasing necessary services on a fee-for-service basis; it is clear that this program is not designed to meet even the most basic dental and vision needs, let alone the cost of over-the-counter medications or gym membership. In order to earn the majority of these rewards dollars, one would have to be unemployed, chronically ill, a smoker, and have a substance use addiction. For the vast majority of Medicaid members, this program will be overly complicated and effectively useless.

Employer Premium Assistance Program

This plan would require Kentuckians who work for the same employer for at least one year to enroll in health insurance provided by their employer, if it’s offered. While we recognize that the Kentucky HEALTH plan would “wrap” necessary benefits offered under Medicaid and pay all out-of-pocket expenses after the employee meets their premium contribution, we are concerned that it will reduce continuity of care. This is especially concerning in terms of provider networks and formularies, neither of which would be “wrapped” by Kentucky HEALTH. Furthermore, employees would be required to transition from Medicaid to their employer’s plan and would have to move back to Medicaid if they were to lose their job, change jobs, or if the employer no longer offered health benefits. For these reasons, enrolling in employer coverage would not be beneficial for the vast majority of Medicaid members.

Perhaps more concerning is the potential that employers may want to avoid paying their share for health insurance benefits, which would be an additional cost shifted to them by the state. This could result in employers choosing to stop offering health benefits, limiting the hours of low-income workers so they won’t qualify for employer benefits, or simply employing fewer low-income workers.

Moreover, healthcare providers who serve patients that have a blend of employer-sponsored health insurance and Medicaid, will have to determine which insurer to bill, and create systems to be able to make those determinations. This will add more administrative overhead and inefficiency in delivering care.

Population Exemptions

This plan proposes certain exemptions for those considered “medically frail”, pregnant woman and children. We strongly agree that pregnant women and children should be exempt from all cost-sharing requirements and benefit reductions. However, we are concerned that the exemption for those considered “medically frail” is not enough to protect people with disabilities, serious mental health disorders, complex health conditions or other impairments from the additional barriers being put in place through this new plan.

The definition of “medically frail” is vague and hard to understand, which will make it difficult to apply appropriately. The criteria are unclear, and the conditions to which they apply could fluctuate over time. Furthermore, the “medically frail” determination will only apply automatically to Medicaid members with SSDI, receiving hospice care or diagnosed with HIV/AIDS. For all other “medically frail” individuals, the determination process has not been fully defined. We assume that these Medicaid members would need to enroll in coverage in the same way as “able-bodied” members and would be subject to all of the new requirements and penalties until they are able to get the official designation of “medically frail”. By that time, some individuals with severe functional limitations may have already lost their coverage.

During this application period, premiums would be difficult to collect and difficult for the members to pay. They would too easily fall into the co-pay category, which would be much more expensive, when they have not historically been paying co-pays. The individuals with severe mental illness (SMI) who would be in this category are difficult to engage and to keep on a treatment regimen, especially with regard to medications. To impose a payment burden on them will make that engagement many times more difficult. We question whether this category is necessary at all, as it seems an undue burden to impose cost-sharing on those who ostensibly would fall into that category.

Unanswered Questions

- What evidence/rationale has the state used to determine that a reduction in benefits will improve access or health outcomes?
- How were activities and reward amounts determined? Why aren't they sufficient to earn all benefits?
- What criteria will be used to determine who is "medically frail"? Who will make this determination and what will the process entail?
- How will an emergency be defined? And who will make that determination? How will the State ensure that it is objective and accurate?
- Who will determine if someone has missed too many appointments without enough notice or good cause? And what criteria will be used to make this determination?
- What happens if someone gets penalized for "inappropriate use" of the ER or a missed appointment and does not have sufficient funds in their rewards account to pay? Would there be a debt to the State or MCO?
- In terms of employer-sponsored health plans - how will the state address issues of narrow networks, limited formularies, and different appeals or prior authorization requirements?

KENTUCKY HEALTH COST-SHARING

The cost-sharing and penalties proposed in this plan would introduce significant financial barriers and administrative complexity that would result in fewer Kentuckians with coverage and reduced access to care. Ultimately, the health and economic well-being of low-income Kentuckians will suffer as a result. Effectively, this plan is imposing financial penalties on Kentuckians simply for being poor.

Member-managed Deductible Accounts

Nearly one-third of Kentucky households with family incomes under \$15,000 are unbanked. Requiring monthly payments to deductible accounts will present yet another barrier for individuals and families that are already struggling.

Payments into and out of these accounts will need to be managed regularly, which will be almost impossible to do without internet access. If beneficiaries have any indication, the amount of mail in the form of EOBs and bills will be difficult to understand and process - and that's assuming the information sent out is accurate. Any issues with the account or questions about bills and payments will need to be made during business hours, requiring time and cell phone minutes that low-income working Kentuckians simply don't have.

These accounts will be an even more significant impediment to those considered "medically frail", who may not have the capacity to manage an account. This also threatens to undo the significant progress Kentucky has recently made in covering adults who are experiencing homelessness or re-entering society from incarceration. Many do not have regular addresses or resources to manage these accounts.

Additionally, we know from the experience of other states that HSA accounts for the Medicaid population cost much more to administer than they collect. If each MCO is responsible for managing these accounts separately, there will also be significant variation that will make them that much more complicated to understand and use. Providers, too, could be penalized through this process, if payments must be initiated by members.

Emergency Room Penalties

The penalties proposed for non-emergency use of the ER of \$20 - \$75 per visit are extreme in comparison to the \$8 maximum currently allowed under federal regulations. There is also no clear definition of an emergency vs non-emergency. For instance, it is not uncommon for someone to think they are having a heart attack when, in fact, they are having indigestion or experiencing extreme anxiety. Likewise, it often comes down to a person's own judgement and health literacy level when deciding whether or not to go to the ER for a high fever or allergy attack. And where will Medicaid expansion members go for a painful oral infection if they haven't been able to earn enough for a dental visit or can't get an appointment in their area? For all of these reasons, we worry that Medicaid members will be penalized for using the ER when it was an appropriate choice. Or, more troubling, that someone may avoid using the ER even when it's truly needed.

Premium Contributions & Co-pays

This plan proposes premiums of \$1 - \$37.50 for individuals with incomes from 0% - 138% FPL. For those over 100% FPL, failure to pay your premium can keep you from ever being enrolled in coverage or could mean that you get locked out for six months. For many, these premium payments will simply be unaffordable. This is especially true for those individuals, like farmers, who have fluctuating incomes and never know how much they'll earn in a given month. Healthy members, in particular, will be forced to choose at the end of the month whether to pay their electricity bill, put food on the table, or pay their Medicaid premium. If they are healthy at the moment, the rational choice will be to take care of other, more urgent necessities.

The co-pays proposed for Medicaid members with incomes of 100% FPL and below will effectively be a lock-out for many. For those without cash on hand, it will mean delaying needed acute and chronic care, which could end up leading to more serious health problems and the use of urgent or emergency care that could have been avoided.

For those who need regular prescriptions, specialty care, therapy, hospitalization or chronic care management, the potential for delayed care could be disastrous. This will force many of the most vulnerable "medically frail" and chronically ill to pick and choose which prescriptions they can afford and to go longer between appointments or treatments than their provider recommends. For those who do continue to seek services, co-pays will quickly add up to more than the premium payments and could easily reach 2% of income. It is unclear in this plan how the state will determine when someone has met the 2% cap and will no longer be charged co-pays.

We know from our own experience that enrollment dropped when premiums were instituted in Kentucky's CHIP program. Similar efforts to implement cost-sharing in five other states resulted in marked decreases in enrollment and more churn on and off coverage. While Indiana's HIP 2.0 demonstration is still in the early phases, there have already been reports that upwards of 30% of plan members are unable to make their monthly premium payments, even with the assistance of third parties.

Finally, imposing escalating premiums on Medicaid members with incomes over 100% FPL who have been enrolled in coverage for at least two years is nothing more than a penalty for making poverty-level

wages. In most parts of the state, the majority of low-income Kentuckians have few options for making higher wages or accessing affordable benefits. While we share the Governor's goal of helping low-income Kentuckians to become more self-sufficient, we believe education and economic development are called for, not healthcare penalties. This plan will penalize low-income workers. The goal of this waiver shouldn't be to move Medicaid members onto commercial insurance. It should be to improve the health of low income Kentuckians. To improve their economic status, we need to increase the minimum wage and create better jobs in Kentucky.

Non-payment Penalties & Early Re-entry

There is no doubt that a six-month lock-out for failing to pay premiums or re-enroll on time will leave many low-income Kentuckians without coverage for significant periods of time. As mentioned already, Governor Pence reported to the Indianapolis Star in February of this year that approximately 70% of HIP 2.0 members are paying premiums. What this tells us is that almost one in three are not able to do so, despite the fact that third party payers are able to contribute premiums on behalf of Medicaid members.

The proposed "on-ramps" are no more realistic than the premiums or work and volunteer requirements. If someone cannot pay their premiums on a regular monthly basis, it is hard to imagine that they could pay back-premiums, the current month's premium and participate in a class that may take them away from work or require transportation that they don't have.

The reality for public safety-net programs is that if a Medicaid member is locked-out and is being treated for a serious condition, the provider will likely continue care due to legal, moral, and ethical obligations. And they will be doing so without any reimbursement for care provided. State general fund dollars to support this indigent care were largely eliminated from the State budget when Medicaid expansion went into effect.

For these reasons, it would be irresponsible for Kentucky to impose penalties that are certain to reduce coverage. To improve health, continuity of care is critical. Preserving access to care by ensuring uninterrupted coverage should be a priority.

Cost-sharing Exemptions

We strongly agree with the proposed cost-sharing exemptions for pregnant women and children. However, we strongly urge the Administration to exempt all Medicaid recipients from cost-sharing, as there is no evidence that cost-sharing or penalties improve access to care or health outcomes.

For Medicaid members subject to cost-sharing, reduced benefits and ER penalties, these barriers may be discouraging enough that some may decide it would be more cost-effective to be uninsured, especially if they are relatively healthy members who don't seek regular care. If fewer Medicaid members see the value in keeping their coverage, they will continue to seek care in emergency rooms, when needed, but will not receive regular preventive or chronic care. This would be another lost opportunity for Kentucky to improve the health of our population.

Unanswered Questions

- How will the State ensure that co-pays don't exceed 2% and 5% caps of total income?
- Is there a family plan option or is cost-sharing always based on individuals?
- How will the State ensure that the cost of Medicaid coverage will never be more than a subsidized QHP plan for someone with an income of 139% FPL?

Delivery System Reforms

This plan proposes delivery system reforms to improve quality and outcomes. In particular, we appreciate the Administration's expressed interest in improving data collection and interoperability efforts. We agree strongly that meaningful data is a key to understanding Kentucky's greatest health challenges and creating targeted solutions to improve health. We strongly urge the Administration to continue developing the Kentucky Health Data Trust to include claims, clinical and population health data. Moreover, we request that Kentucky HEALTH include a public dashboard that can be used to set baselines and track progress to determine how and whether the improved changes are moving the needle on Kentucky's health.

We are also pleased that the plan proposes the continuation of important public health and chronic disease management initiatives. However, it is unclear how chronic disease management would *increase* as a result of this plan. MCO budgets were recently cut by 4%, with additional cuts anticipated in the near future. In addition, there have been significant budget cuts for the State Department of Public Health. While efficiencies are important, it is unrealistic to expect that health plans and public health departments can continue to do more with less. Especially in light of the fact that this plan will require a significant investment – presumably on the part of the MCOs – in infrastructure and staffing to build and support the additional administratively complex systems needed for managing premiums and deductibles, tracking activities and benefits, and closely monitoring utilization.

We appreciate that the Administration recognizes that opioid abuse is one of the most critical public health epidemics facing Kentucky. We support the proposed IMD exclusion to afford more inpatient and residential care and urge the Administration to make clear that those with a dual diagnosis of SUD and mental illness (MI) will be included. Maintaining SUD services and expanding services to Kentuckians with SUD and co-occurring mental illness should be a priority.

However, we remain very concerned that numerous financial and administrative barriers to care proposed in this plan will make it nearly impossible for Medicaid members struggling with an opioid addiction to maintain their coverage in order to receive the necessary substance use treatment over a period of time. In addition, dental pain is known to be the leading gateway to opioid addiction, making it all the more irresponsible to remove dental coverage from the basic benefit package. If Kentuckians are left to rely on the ER as their only source of dental care, it would *increase* the likelihood that more low-income Kentuckians fall into the grasp of addiction.

Managed Care Reforms

We appreciate the proposed MCO reforms, including uniform credentialing as well as consistency of formularies, prior authorization policies and forms. Since managed care was implemented in 2011, providers have struggled to manage the administrative burden of working with multiple MCOs that have different policies and processes. We also agree that there is a need to revise MCO contracts to better manage costs, increase access to care and drive improved health outcomes. However, it is important to note that these changes can be accomplished without a waiver.

Additionally, we are concerned that the Administration's goal of controlling costs will undermine any proposed improvements in access and health outcomes. Revising contracts to control costs while requiring more spending on medical benefits is incompatible with the proposed changes in this plan. MCOs are being paid less to build, manage and staff new systems. That can only mean that spending on direct healthcare services will suffer.

Moreover, the proposed MCO “payment incentives” for quality are described as a withhold. If there’s no additional funding for quality, one simply cannot expect to get more for less. A withhold alone is not a value-based incentive—it’s a penalty. And these are on top of the current budget cuts to the MCOs that will be going up to 8% with the new contract in 2017.

Provider bonuses—while appreciated—are not the ideal way to incentivize value. This is because bonuses are not reliable income that be can budgeted for and anticipated. Therefore, they cannot be used to support the necessary investment in infrastructure and transformation activities (data collection and analysis, care coordination, etc.) that are required to improve health outcomes. Value-driven payment must incorporate the true cost of providing better care with upfront investment.

Finally, we are concerned that this plan states that MCOs will no longer be able to waive co-pays. This could significantly reduce access to care for the most vulnerable Medicaid members - those with incomes below 100% FPL or waiting to be determined “medically frail”. If they are unable to pay premiums, it is unlikely that they will be able to afford the HIGHER cost of co-pays. If co-pays are required, providers will be forced to turn patients away or provide uncompensated care.

Unanswered Questions

- How will these deductible account and My Rewards account be designed? Who will pay for them and manage them? How will they be integrated with each other and benefit?
- How will the current public health system address chronic health within its current underfunded budget and outdated infrastructure?

IMPLEMENTATION OF DEMONSTRATION & EVALUATION PLAN

Kentucky HEALTH Implementation

This plan proposes a phased implementation throughout different regions of Kentucky. We agree that a phased approach is best when making such immense changes. However, the proposed timeline would have implementation beginning six months following approval of the waiver. This seems extremely ambitious and much too short. During this time, MCO contracts would need to be renegotiated and sophisticated new systems would need to be designed and tested. Most importantly, a great deal of patient and provider education would have to be designed and implemented.

This plan will require Medicaid members to use no less than THREE separate accounts - benefit, My Rewards, and an HSA. That is more than any commercial health insurance plan we are aware of. This will introduce not only a significant amount of confusion and complexity to the system, but opportunities for system errors that could lead to lost “rewards”, lock-out, or disenrollment.

With the complicated transition already taking place as kynect is being dismantled, we would also caution the Administration that an additional transition - especially one with so much administrative complexity - could cause significant disruption of coverage and access to care. We are concerned that many Medicaid members – in particular those considered “medically frail” or waiting for that determination – could fall through the gaps.

Kentucky HEALTH Evaluation Plan

The proposed evaluation plan includes a number of important measures, however, they are heavily focused on cost and utilization. In order to determine if Kentucky HEALTH is meeting the criteria set

forth by HHS for this demonstration, measures must be included to track access to care, utilization and patient experience.

In addition, we urge that the following recommendations be adopted for the implementation and evaluation of Kentucky HEALTH:

1. Provide a rationale for each element of the proposal based on the “triple aim” of improving patient experience, improving population health and better managing cost. Conduct a cost-effectiveness analysis of each waiver element to determine if it increases access, improves health, and lowers or maintains administrative cost.
2. Establish and empower a governance structure with multi-stakeholder representation, including advocates and consumers. Ensure meaningful stakeholder participation in decision-making and oversight.
3. Ensure transparency throughout the development, implementation and evaluation of the waiver. Create a dashboard, updated monthly, that contains implementation and evaluation data to be shared with the governance body at regular stakeholder meetings and with the public.
4. Conduct rigorous evaluation using a third-party evaluator selected by the governance body.

Unanswered Questions

- How will communities be assessed to determine whether they will have the necessary infrastructure and resources for community engagement, work requirements and education classes? And what will be done to assist communities that don’t?
- How will the state ensure that no one loses coverage due to system failures?
- What is the timeline for amending the state plan? Will the state take public comments into account when making these amendments?

DEMONSTRATION OF FINANCING & BUDGET NEUTRALITY

According to the Kentucky Center for Economic Policy, the Medicaid waiver proposal claims the changes will save \$2.2 billion in federal and state money over the first 5 years of the program. But the waiver document shows those savings would occur because fewer Kentuckians are covered. The data provided shows thousands fewer Kentuckians will be covered by Medicaid in the first year of the demonstration compared to not having the waiver, a number that would grow to nearly 88,000 in year five.

Other elements of the waiver don’t explain the projected cost savings because the estimated cost per member, per month is actually higher for the Medicaid expansion population under the waiver, though it is slightly lower for children and non-expansion adults.

Evidence does not support that the waiver will result in members’ incomes increasing such that they are no longer Medicaid eligible. The administration suggests coverage reduction will happen in part because they will move people to private insurance plans; in addition, their incomes would need to rise above 138 percent of poverty so that they are no longer eligible for either regular Medicaid or premium assistance and wrap-around coverage. But it is unclear what evidence is being used to connect the assumed increase in economic well-being to the measures and requirements included in the plan. The assumption that promoting work will somehow lead to this outcome is at odds with the research on work requirements and the reality that the majority of those who have gotten coverage from the Medicaid expansion are working now; they just work in jobs where they cannot afford or are not offered coverage. Many workers are Medicaid recipients because a large portion of jobs pay low wages while wage growth has been stagnant, and because rising healthcare costs over the last few decades have led

employers to shed responsibility for coverage. Whereas 70 percent of Kentucky workers had employer-based coverage in 1980, only 56 percent do today. Even if the minority who are not working were to suddenly gain employment — which evidence does not support would result from these requirements — it should not be expected that many would obtain jobs that lift them above 138 percent of the federal poverty level.

The services being used by the expansion population are, for the most part, not the services that drive overall Medicaid spending. These enrollees are relatively inexpensive to cover and the coverage allows them to maintain health and continue working and caring for their families. And when a screening does indicate cancer or diabetes, it is still money well-spent. Left undiagnosed or untreated, these conditions worsen and become more complicated (and expensive) to treat later on. Kentucky's current Medicaid program also has a positive impact on Kentucky's economy, an impact that this waiver would put in jeopardy. For example, the General Fund savings Kentucky will realize because of Medicaid expansion in 2017 and 2018 from spending on public health, mental health, indigent care and other areas surpasses what the state will have to put in to match the federal investment. Even when 10 percent of the cost must be covered by the state beginning in 2020, the return on the state's net contribution will be large after taking into account these savings, the additional tax revenue resulting from job creation due to the injection of federal dollars and the health benefits for our communities and workforce.

Finally, it is clear from the Kentucky HEALTH proposal that this plan requires significant investment in infrastructure (creating deductible and "my rewards" accounts that integrate with each other and benefit and are easily transferrable between MCOs), administrative oversight (creating an eligibility determination process for the "medically frail"; tracking work, volunteer, health behavior and education activities), and additional complexity for Medicaid members, providers, nonprofit organizations used for volunteer requirements, MCOs and the State. What is unclear, is the full cost of building and maintaining this additional infrastructure and additional administrative personnel for both the MCOs and the State. Also unclear is the cost shifting that will occur to: 1) providers required to provide more uncompensated care in addition to the increased administrative hassles of determining who is eligible for what services and whether Medicaid or an employer plan should be billed; and 2) nonprofits that will be required to run background checks, provide training and supervision, and be responsible for tracking and reporting requirements. These costs should be included in a full cost-effectiveness analysis of this plan and measured against the 1115 Waiver criteria for increased efficiencies, greater access, and better health outcomes.

There are better ways to make Kentucky's Medicaid program more sustainable that would not require a waiver. In many states, hospitals have offered or been agreeable to an increase in the provider tax to help fund Medicaid expansion. Currently, Kentucky's provider tax on hospitals has been frozen at 2006 revenues. By simply lifting the cap, the State could bring in approximately \$100 million more in tax revenue based on FY15. Additionally, by implementing a statewide comprehensive smoke-free law and/or raising the tobacco tax, Kentucky could drive down smoking rates, saving tens of millions in direct Medicaid costs alone.

Unanswered Questions

- Were expansion savings and revenue included in this analysis?
- How many of the 86K Medicaid members are projected to lose coverage due to inability to pay or meet requirements?
- Are increased administrative costs included in this analysis?
- Of the additional administrative costs, which will be the responsibility of the State and which will be the responsibility of the MCOs?

STATE COMMENT PERIOD

The Kentucky Equal Justice Center conducted a thorough review of the public notice and public hearing process. They found that, despite Governor Bevin's assurance of "taking every step to ensure the process of applying for a Section 1115 Demonstration Waiver is open and accessible to the public," the public hearings did not meet the standards set out in 42 CFR 431.408.

Federal regulation require "postal and Internet email addresses where written comments may be sent and reviewed by the public." The administration has provided postal and email addresses where written comments may be sent, but no meaningful ability to review public comments. Legislators at the Task Force on Vulnerable Kentuckians hearing in Beattyville, Kentucky commented how easy it is to make comments online, but there was no way to submit comments others could read on this Application.

What the administration did provide, on the Cabinet for Health and Family Services' website, in line with the Frequently Asked Questions, overview, and formal public notice documents, is "Kentucky HEALTH Waiver Praise". Describing the public comments from the hearings as praise is disingenuous. It is not transparent, and a directly misleading representation of the comments at the public hearings. Not one person spoke in support of the substance of the Application at the first hearing, and the trend continued at all three. No corresponding document of Kentucky HEALTH Criticism or even a more neutral document was added.

The "Praise" document was available at the same time the Application became available to the public, which means the "praise" either was from parties who had not seen the Application, or from parties with access to the Application prior to the public, which would exclude those comments from the "public comment" category.

At the public hearings, the administration made comments that led advocates to believe public comments submitted via the process announced in the Kentucky HEALTH Formal Public Notice and website would never be available for the public to review and moved Kentucky Voices for Health to create an alternate email address to use to collect public comments.

Gov. Bevin did hold "two public hearings in geographically distinct areas of the State", but none were in a high population center. Kentucky is a rural state, and has only two cities with populations over 70,000, Lexington and Louisville. No public hearings were held in Lexington or Louisville. Requests were made by Kentuckians at the public hearing in Frankfort and Hazard to host public hearings in other regions of the Commonwealth, specifically Lexington, Louisville, Northern Kentucky, and somewhere in Western Kentucky. After the Governor's proposal was announced and released on June 22, there were only three business days before the first public hearing in Bowling Green. The room was full, and no one made any positive comments about the proposal, but many more people had anticipated being able to participate via a live stream. There was a live stream, but it did not have any audio for a significant portion of the hearing, and poor audio throughout. The overall quality was so poor that live streaming the hearing from a cell phone via Periscope was an improvement that prompted public thanks from Kentuckians trying to watch remotely. The ability to hear in the room was not much better, noted by the "Female Audience Participant: I'm so sorry. There's so much noise to follow you in the back of the room. I can't hear anything." followed by the reporter also announcing she was unable to hear Mr. Adam Meier. Even after complaint, the sound in the room was not corrected.

At the second public hearing, the next day, June 29th, less than a week after the announcement of the proposal for Medicaid Transformation in Kentucky, the disingenuous nature of the public comment process was more pronounced. The public hearing was scheduled from 1pm to 3pm. There was no live

stream. Not only was the hearing room with seating for between 100-200 people overflowing, the overflow room with the hearing on screens was overflowing. People were sitting on the floor and standing in the hallway at 1pm waiting to speak. Not one member of the public was allowed to speak between 1pm and 2:30pm. It was not until around 2:35, ninety five minutes into a scheduled period with only twenty five more, were the first members of the public invited to speak and comment. People were outraged and shouting at the delay. People who had come to Frankfort to be able to make a comment left before their names were called. The perception in the room was that the administration did not want the public to speak and were filling as much of the scheduled two hours as possible to prevent more public comment. The administration did stay in the room past 3pm, but many of the Kentuckians who had come to share their concern were unable to stay, and others did not trust that the administration would extend the hearing, based on the experience thus far.

Since the initial state comment period ended on July 22nd and was then re-opened on August 5th and ran through August 14th, additional evidence was released that will be relevant to the upcoming negotiations between HHS and Kentucky on this proposed plan.

JAMA Study Finds Improved Health Outcomes and Better Access to Care

Additional evidence of the positive impact Medicaid expansion is having in Kentucky was revealed by a recent study published in the Journal of the American Medical Association (JAMA). Interviews conducted over three-years compared the health and economic wellbeing of more than 9000 low-income residents in Texas, Arkansas and Kentucky. Researchers found that, “By 2015, two years after coverage expansion, low-income adults in Kentucky and Arkansas received more primary and preventive care, visited emergency departments less often, and reported better health than their counterparts in Texas.” The Commonwealth Institute summarized these findings, as follows:

- Between 2013 and 2015, there were dramatic drops in the uninsured rates in both Arkansas (41.8% to 14.2%) and Kentucky (40.2% to 8.6%), but much smaller changes in Texas (38.5% to 31.8%).
- In Arkansas and Kentucky, having coverage was associated with a significant increase in the likelihood of having a personal physician (12.1 percentage points) and a decreased reliance on the emergency department as a usual source of care (-6.1 points).
- Expanded coverage also was associated with fewer delays obtaining care because of cost (-18.2 points), fewer skipped prescriptions (-11.6 points), and less difficulty paying medical bills (-14.0 points). Annual out-of-pocket medical spending dropped by 29.5 percent.
- Expanded coverage in the two states also led to an increased likelihood of having a check up (16.1 points) and a glucose check (6.3 points) in the past year. Diabetics had an increased likelihood of glucose monitoring (10.7 points).
- Compared with Texas, the share of adults receiving regular care for chronic conditions increased 12.0 points, the share of adults reporting fair or poor quality of care declined 7.1 points, and the proportion reporting excellent health increased 4.8 points.
- Arkansas’ coverage gains were primarily through private insurance, and Kentucky’s were through Medicaid. While changes in glucose monitoring were larger in Kentucky than in Arkansas, none of the other 26 outcomes differed significantly between the two states.

These findings prove that Medicaid expansion has indeed moved the needle on Kentucky’s health. Not only are Kentuckians experiencing major gains in coverage and access to care, but improved health outcomes, as well.

Healthy Indiana Plan 2.0 Evaluation

On July 6th, an interim evaluation report of Indiana’s HIP 2.0 plan was published. This report reveals a

number of troubling findings, including a decrease in enrollment and more barriers to care. This evaluation reinforces what ample research has already found. Namely that cost-sharing and administrative complexity reduce coverage and access to care.

Shortly after the evaluation results were released publicly, a letter was issued by CMS on July 29th in response to requests made by Indiana to implement a new lock-out period and extend the waiver of retro-active eligibility. The letter expressed concerns about these initial findings and cited the evaluation as a primary reason that CMS chose to deny Indiana's requests. Additionally, CMS stated clearly that the proposed lock-out period was inconsistent with the objectives of the Medicaid program and could not be approved.

These findings, along with CMS's recent decisions, further indicate that Kentucky's waiver proposal cannot be approved.

Concerns about the Extended State Comment Period

The way in which the state comment period has been conducted is concerning to us on a number of fronts. This comment period was flawed from the outset when Governor Bevin unveiled Kentucky HEALTH with the threat that he would repeal expanded coverage for nearly half a million Kentuckians if his plan is not approved. As a result, we believe that many stakeholders have chosen not to comment or to moderate their comments based on this threat. Despite this, stakeholders who did respond during the original comment period were overwhelmingly opposed to the plan.

Following the July 22nd deadline, we were informed that the Administration received a much higher volume of comments than anticipated, making it necessary to push back the timeline for submitting a final waiver proposal to CMS. For this reason, we were surprised that the Administration decided to re-open the state comment period three weeks later.

The state comment period was re-opened on August 5th, citing a new deadline of August 12th. This was done by adding one sentence to the Kentucky HEALTH website, which was located near the bottom of the page, *well below* the original deadline, which still cited July 22nd when it was noticed on August 8th.

It is unclear whether the Administration had any plans to make a public announcement, which it typically does through a press release issued by the Governor's office or CHFS. KVH reached out to Administration officials upon learning of this new comment period on August 8th and was told that the Administration had tried to get information in the Sunday (8/7) news, but could not. Therefore, the plan was to run the public notice in the news on Thursday (8/11), one day before the comment period was scheduled to end. KVH then learned from a number of media sources that they were unaware of the new deadline and had not been contacted by the Administration. Upon reaching out, reporters were told that the comment deadline had been extended again to August 14th. The website was not updated until Tuesday, after KVH mentioned this oversight to the Administration twice on Monday. No press release was ever issued to our knowledge.

This strikes us ineffective at best and antithetical to the purpose of having a public comment period. While presented as an additional opportunity to comment, members of the public – and even those of

us who are following this process closely – were completely unaware and therefore, unable to take advantage of the additional time.

For these reasons, we are left with a number of questions:

- Why did the Administration decide to re-open the comment period?
- When was this decision made and why was there no effort to issue a press release or spread the word through other public channels?
- Were any groups or individuals alerted to the new deadline before August 8th? If so, who was alerted and why?
- Will any of the comments submitted to the state be shared publicly or with HHS during negotiations?

FEDERAL COMMENT PERIOD

In response to the flawed nature of the state comment period and the fact that nearly 1.2 MILLION Kentuckians would be directly affected by these proposed changes, KVH and our Keep Kentucky Covered campaign partners decided to reach out to Kentuckians to collect their input and provide them with a voice in the public comment process by conducting an online survey. We heard back from more than 700 of them during the state comment period alone and well over 500 more during the federal comment period. We asked them to tell us how the proposed changes would affect themselves, their families and their communities. The response was enormous. In no uncertain terms, Kentuckians told us that Medicaid coverage has been good for the health of Kentucky, has kept them out of bankruptcy, has made it possible for them to work and study, and SAVES LIVES. They also shared their concerns. That their health would deteriorate, that they would no longer be able to receive life-saving treatment, that they would be unable to navigate confusing changes and program requirements, that work and volunteer requirements would worsen the stigma that low-income Kentuckians already bear.

Attached to our comments, we are sharing a full survey report that reflects the opinion of Kentuckians, including those who would be directly impacted by these changes as well as many who are concerned about the impact for their communities.

During the federal comment period the Keep Kentucky Covered campaign, led by KVH, hosted a series of eight community forums throughout the Commonwealth to educate Kentuckians about the proposed changes and provide an opportunity for community members to raise their voices. These forums reached from Paducah in far Western Kentucky to Prestonsburg in Appalachia, while also hitting each of the high population areas of the state, including Louisville, Lexington and Covington. Each forum drew a wide range of community members, including private citizens, providers, business leaders and legislators. At each, Kentuckians shared their questions, concerns and outrage for the changes being proposed. They shared powerful testimony about the ways in which coverage has benefited themselves, their families and their communities and their fears about the impact of the proposed changes. A retired doctor in Morehead expressed concern that their hospital could close. Entrepreneurs in Paducah and London pointed to themselves indicating that “this is what Medicaid looks like.” An LCSW described how people with mental illness were better off since Medicaid expansion, with fewer being sent to the state-run hospital as a last resort. Testimony from these individuals, as well as dozens more, will be shared

separately with HHS, in addition to written comments KVH collected from more than a thousand Medicaid members, family members, providers, and concerned citizens.

Negotiating a Final Plan for HHS Approval

We submit these comments with the hope that HHS and Governor Bevin listen closely to the needs and concerns of Kentuckians and work collaboratively with stakeholders to design a final proposal that will truly move Kentucky's health, economy and quality of life forward.

To that end, KVH convened a Waiver Task Force to identify potential opportunities and challenges a waiver would present for Kentucky's Medicaid program. This work resulted in a paper that offers principles to guide the design of a waiver and makes recommendations for waiver provisions that would improve health and manage cost without creating barriers to care. The full set of recommendations are attached.

SUPPORTING EVIDENCE & CONSULTED WORKS

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Attachment I: Survey Results re: Governor Bevin's Proposed Medicaid Changes

	Yes	No	Total
Do you think Kentucky should keep Medicaid expansion the way it is now, without changes?	1036	227	1263
Do you think it's a good idea to require Medicaid members to manage 3 separate accounts to keep their coverage?	10	1134	1154
Charging premiums	326	937	1263
Charging co-pays for Medicaid members who are unable to pay their premiums	199	1064	1263
Enforcing a 6-month lock-out from coverage as a penalty for not paying premiums or re-enrolling on time.	155	1108	1263
Penalties for non-emergency use of the ER	447	812	1259
Requiring workers to enroll in their employer's health insurance, rather than keep their Medicaid coverage?	403	856	1259
Removing dental and vision care coverage from the basic benefit package for Medicaid expansion members?	107	1155	1262
Requiring these individuals to use a "rewards account" to earn back vision and dental benefits?	220	1039	1259
Requiring individuals to volunteer or participate in "work activities" to keep or earn Medicaid coverage?	355	908	1263
Eliminating "retro-active eligibility" coverage for Medicaid members who are eligible, but not enrolled?	150	1107	1257
Eliminating transportation assistance for necessary medical care?	144	1117	1261



Attachment II: Recommendations to Transform Kentucky's Medicaid Program

"Kentucky's Medicaid expansion has led to one of the biggest reductions of uninsured people in America, and any changes to the program should maintain or build on the historic improvements Kentucky has seen in access to coverage, access to care, and financial security."

— Ben Wakana, U.S. Department of Health and Human Services

Governor Matt Bevin plans to propose a Section 1115 Medicaid waiver to reshape Kentucky's Medicaid program. Governor Bevin says changes will improve health outcomes while making Kentucky's Medicaid expansion financially sustainable.

This paper describes the opportunities presented by Section 1115 waivers, as well as existing regulatory flexibility in the Medicaid program, to build on the foundation of Medicaid expansion. It offers principles to guide the waiver design. Most importantly, it makes recommendations for waiver provisions that would improve health and manage cost without creating barriers to care.

The KVH Waiver Task Force

Kentucky Voices for Health (KVH) is a nonpartisan coalition. It brings together consumers, advocates and stakeholders from multiple sectors of Kentucky's healthcare landscape. KVH convened a Waiver Task Force to study whether—and how—a Section 1115 waiver could be used to improve health. Task Force recommendations were informed by:

- conversations with advocates in states that are already using 1115 waivers¹
- an analysis by the State Health Access Data Assistance Center of five existing waivers²
- multi-stakeholder input collected by the Foundation for a Healthy Kentucky at a recent convening³
- a report from the Kentucky Center for Economic Policy on Medicaid's role in advancing the health of Kentucky⁴

Top Task Force recommendations include: engaging consumers in their care, fostering delivery system pilots, focusing care coordination on hot spots and high use, building Kentucky's Health Data Trust, and protecting medically fragile Kentuckians from cost-sharing.

¹ Arkansas, Indiana, Virginia, Montana

² State Health Access Data Assistance Center (May 9, 2016). Section 1115 Waivers and ACA Medicaid Expansions: A Review of Policies and Evidence from Five States. Retrieved from <http://www.healthy-ky.org/sites/default/files/1115%20BRIEF%20FINAL%205-9-16.pdf>

³ The Foundation for a Healthy Kentucky (May 2016). Medicaid Waiver Stakeholder Convening; Stakeholder Input Report. Retrieved from: <http://www.healthy-ky.org/sites/default/files/1115%20waiver%20report%20May%2025%20FINAL.pdf>

⁴ Cobb, M. (2016, May 16). Protecting Medicaid's Role in Advancing a Healthy Kentucky - KY Policy. Retrieved May 24, 2016, from <http://kypolicy.org/protecting-medicoids-role-in-advancing-a-healthy-kentucky/>

Section 1115

Section 1115 of the Social Security Act permits the U.S. Department of Health and Human Services (DHHS) to waive some requirements of the Medicaid program. The purpose is to allow states to conduct demonstration projects. Projects must promote the objectives of Medicaid and the Children's Health Insurance Program. They must cost no more than the state would have spent without them.

Section 1115 requires publication of state waiver proposals for public comment both before and after submission to DHHS. The federal agency will review to see whether a proposed waiver project will:

- increase and strengthen overall coverage of low-income individuals in the state;
- increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
- improve health outcomes for Medicaid and other low-income populations; and/or
- increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

Cost savings alone are not a sufficient basis for a waiver.

The KVH Waiver Task Force Principles

The Waiver Task Force adopted guiding principles to evaluate the proposed elements of Kentucky's demonstration project. Based on the Institute for Healthcare Improvement's "Triple Aim"⁵ and Families USA's principles for positive health system transformation⁶, the Task Force calls on state leadership and Kentucky's healthcare stakeholders to:

- Provide the right care, in the right setting, at the right time
- Invest in the things that keep people healthy
- Pay providers for better outcomes, not higher volume of care
- Reduce health disparities by addressing the social determinants of health

The Task Force viewed coverage as the essential *foundation* for better care, better outcomes and better management of cost. It viewed availability and transparency of data as the key to understanding impact. The first set of recommendations below addresses costs and care. The second addresses the waiver process itself, including evaluation.

⁵ Brooks, K. (2016). The IHI Triple Aim. Retrieved May 24, 2016, from <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

⁶ Hernandez-Cancio, S., Mitts, L., & Morris, C. (February 2016). Guiding Principles for Consumer-Friendly Health System Transformation. Retrieved from: http://familiesusa.org/sites/default/files/product_documents/HST_Principles_web.pdf

Recommendations for Better Care, Improved Outcomes and Sustainability

The Task Force recommends strategies and programs that would:

1. Test models of care delivery and payment redesign to improve health outcomes and reduce health disparities
 - *Establish a community innovation fund to give providers the flexibility to pilot new models of care in collaboration with community-based partners*
 - *Reinvest savings generated by the waiver in system transformation to create a more durable infrastructure for better care that will have a lasting benefit for Kentuckians*
2. Support whole-person, patient-centered care that addresses the needs of vulnerable populations
 - *Create care coordination and case management benefits for high utilizers and high-need populations*
 - *Promote cultural competency, language access and equitable access to care -- especially for people with physical and behavioral challenges*
 - *Remove administrative barriers to integrated care*
 - *Strengthen support services such as peer support, community-based services, housing, and transportation*
 - *Encourage healthy behaviors with evidence-based strategies that use incentives, not penalties*
3. Establish a Community Health Worker program to:
 - *Serve as a link between healthcare, social services and the community*
 - *Improve the quality and cultural competence of service delivery*
 - *Build individual and community capacity by increasing health knowledge and self-sufficiency*
4. Further develop the Kentucky Health Information Exchange and Kentucky Health Data Trust to allow providers and policy makers to:
 - *Manage care, reduce unnecessary utilization and measure health outcomes*
 - *understand utilization patterns and identify population health trends*
 - *Inform the waiver evaluation*
 - *Empower consumers to access their personal health information and to view provider and hospital quality indicators*
5. Ensure barrier-free access to medically necessary services and medications
 - *Maintain the current range and level of benefits for all Medicaid recipients*
 - *Maintain Kentucky's current level of cost-sharing with no premiums or additional co-pays*
 - *Establish a "medically fragile" category for people with chronic conditions, dual diagnoses and serious mental illness and exempt them from cost-sharing requirements*
6. Improve access by using multiple strategies to promote the "right care, right setting, right time"
 - *Increase provider reimbursement*
 - *Invest in workforce development*
 - *Strengthen network adequacy requirements for managed care organizations*
7. Reduce the complexity and cost of managed care
 - *Align benefits and formularies*
 - *Streamline current administrative processes*
 - *Ensure any new requirements or programs will decrease administrative burden for the state, MCOs, and providers*

Recommendations for Ensuring an Effective Demonstration Process

The Task Force recommends a waiver proposal and process that would:

1. Provide a rationale for each element of the proposal based on the “triple aim” of improving patient experience, improving population health and better managing cost. Conduct a cost-effectiveness analysis of each waiver element to determine if it increases access, improves health, and lowers or maintains administrative cost.
2. Establish and empower a governance structure with multi-stakeholder representation, including advocates and consumers. Ensure meaningful stakeholder participation in decision-making and oversight.
3. Ensure transparency throughout the development, implementation and evaluation of the waiver. Create a dashboard, updated monthly, that contains implementation and evaluation data to be shared with the governance body at regular stakeholder meetings and with the public.
4. Conduct rigorous evaluation using a third-party evaluator selected by the governance body.

Kentucky Voices for Health (KVH) is a nonpartisan coalition that brings together consumers and stakeholders from all sectors of the health landscape to improve the health of all Kentuckians.

June 1, 2016

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August 2, 2017

The Honorable Tom Price, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Comments on Kentucky Department for Medicaid Services Proposed §1115
Demonstration Waiver Modifications for Kentucky HEALTH, Filed July 3, 2017

Dear Secretary Price:

On behalf of the organizations and individuals represented by Kentucky Voices for Health (KVH), I am pleased to submit comments regarding the Bevin Administration's recently modified 1115 Medicaid Waiver called Kentucky HEALTH. These comments supplement the extensive comments our coalition submitted on August 14th and October 8th in 2016, urging both the Bevin Administration and CMS to work with stakeholders to design a Medicaid program that will achieve the objectives set forth by the 1115 Waiver to increase access, reduce barriers, improve health outcomes, and simplify administrative processes to create system efficiencies.

As a coalition of consumer health advocates, our mission is to ensure that Kentuckians have a voice in the health policies that affect them and that any proposed policies will be good for Kentuckians. For that reason, we have also collected comments from nearly 1,200 Kentuckians representing 104 of our 120 counties. These comments provide first-hand accounts of what Kentuckians have gained as a result of expanded coverage and how the proposed changes would impact themselves, their families, and their communities. Please find these consumer comments enclosed along with our full set of comments submitted in 2016.

Measuring Operational Modifications by 1115 Waiver Requirements

The most recent operational modifications document states that the Bevin Administration wants to make Kentucky HEALTH easier to administer. Yet the budget neutrality estimates submitted with the waiver amendment show the state expects enrollment to decrease by 95,000 under the amendment compared to 86,000 under the original proposal. These so-called operational modifications by the Administration's own admission would further decrease participation in Kentucky's Medicaid expansion.

Based on this analysis, we are deeply concerned that Governor Bevin's proposal would leave nearly 100,000 low-income Kentuckians without coverage, discourage eligible Kentuckians from enrolling in the program, and keep others from getting the care they need due to complicated new rules and onerous requirements.

This plan threatens to undermine the progress we've made in the past three years and would be a giant step backward for Kentucky. A third-year survey of the impact of Medicaid expansion in three states—Kentucky, Arkansas, and Texas—shows that gaining coverage under the Affordable Care Act “was associated with a 41-percentage point increase in having a usual source of care, a \$337 reduction in annual out-of-

pocket spending, significant increases in preventive health visits and glucose testing, and a 23-percentage point increase in “excellent” self-reported health.”¹ These gains would all be at risk with approval of Kentucky’s waiver proposal, which would lead many thousands to lose coverage and make it harder for many more to stay enrolled.

When measured against the intended purpose of the 1115 Waiver, it is simply impossible to demonstrate that Kentucky HEALTH would provide better access and better care in a more efficient way than we are already doing. Instead, this waiver will simplify administrative burden for the state by shifting that burden onto low-income, working Kentuckians and our most vulnerable citizens. It will erode our healthcare safety net and harm our fellow Kentuckians.

With nearly 100,000 fewer Kentuckians covered and thousands more churning on and off coverage, this waiver would send Kentucky’s rate of uninsured soaring again and put people right back in the emergency rooms. We can – and must – do better for our fellow Kentuckians.

Unanswered Questions

- ⇒ How will the proposed reforms improve the health of Kentuckians?
- ⇒ How will this proposal reduce barriers to care?
- ⇒ How will this demonstration build on Kentucky’s successful Medicaid expansion and the tremendous health gains we’ve made over the past three years?

Static Community Engagement and Employment

In the original Kentucky HEALTH application, the community engagement requirement was meant to be phased-in for Medicaid members, starting at 5 hours and increasing to 20 hours per week by the end of the first year. However, this has been modified to make monitoring and enforcement easier for the State. Now, the requirement will start at 20 hours per week and most “able-bodied” adults without dependents would have to meet this requirement immediately, unless they are new to the Medicaid program.

The justification for this operational modification is simply that it will be easier for the state to track work or work-related activities, presumably to hold down vendor costs for tracking the hours people should be working. However, the burden of tracking and reporting these hours is not eliminated – it just gets shifted to Medicaid members who will struggle to keep up with all of the complicated requirements and necessary documentation. Most will be unable to do so without assistance.

Making eligibility contingent on work or work-related activities is fatally flawed and will only lead to fewer people with coverage and less able to maintain or find work. Instead, Medicaid should be viewed and used as a work support. It is a clear economic benefit, because healthier Kentuckians are more able to work.

As an example, a recent evaluation of Ohio’s Medicaid expansion found that 52.1 percent of enrollees stated that attaining coverage made it easier to secure and maintain employment, with that number increasing to 74.8 percent for those currently unemployed.² This suggests

¹ Benjamin D. Sommers, *et al.*, “Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health among Low-Income Adults,” *Health Affairs*, May 2017.

² Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly.
<http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>

that access to healthcare is a critical key to increased economic mobility. A punitive carrot and stick approach will only be counterproductive.

Furthermore, requiring the maximum hours to kick-in immediately for thousands of Medicaid members in any given county will only serve to exacerbate the problem and make it more impossible for those Medicaid members to find available opportunities at the same time.

Without access to healthcare, Medicaid members will be less employable, less productive employees, and the cycle of poverty will deepen.

Unanswered Questions

- ⇒ Most counties in Kentucky have received a waiver of SNAP (food stamps) work requirements because there are not enough jobs available. Will Medicaid members living in these counties have their community engagement requirement waived for the same reason?
- ⇒ Will there be an exemption for those who do not have reliable transportation, are living in an area without available work or volunteer opportunities, have been convicted of a felony, or are facing other hardships?
- ⇒ Will people be provided with the equivalent of “paid time off” for holidays, vacation, sick time, and/or family leave? Or will they be required to work 52 weeks a year?

Disenrollment for Failure to Report a Change in Circumstances

Changes being proposed in this revised waiver would add a third six-month “lock out” period for members failing to report changes in income or employment, or falsely reporting community engagement hours. They would also be subject to prosecution for Medicaid fraud.

This is the most troubling operational modification by far. The dictionary definition of fraud is “intentional perversion of truth in order to induce another to part with something of value or to surrender a legal right.”³ It is irresponsible and misleading to equate fraud with a failure to report timely information.

While federal rules require that states have procedures for beneficiaries to make timely and accurate reports of change in circumstances that may affect their eligibility⁴, this operational modification goes beyond reasonable reporting requirements. It extends the requirement to “changes in income that would be substantial enough to impact the member’s premium amount, changes in employment status that could impact access to employer sponsored insurance, and self-attestation of community engagement and employment hours.” The proposal goes on to say that “to deter beneficiaries from failing to timely report changes in income or from falsely reporting community engagement hours, Kentucky now seeks to apply the same six-month disenrollment penalty for these intentionally fraudulent member actions.”

The Administration appears to be requiring that beneficiaries report even minor changes in income that take them from one income band to another, and then equating a failure to do so as intentional fraud. Similarly, eligibility for employer coverage does not disqualify people from receiving Medicaid. Yet Kentucky would penalize people whose hours change and many others who don’t report minor changes, equating any failure to report with intentional fraud.

³ Merriam-Webster dictionary at <https://www.merriam-webster.com/dictionary/fraud>

⁴ 42 CFR §435.916(c).

This was confirmed in testimony given at the July 17th Health & Welfare Committee meeting. When asked by a legislator about the ramifications of late reporting, Deputy Chief of Staff Adam Meier reiterated that cases would be referred to the Office of the Inspector General, which would have the authority to determine whether each case was a criminal or civil offense. Either charge would be extraordinarily punitive and unjustified in nearly every case.

The rules for KY HEALTH are so complex already that even a minor change could affect eligibility and premiums. It would be very difficult, if not impossible, for beneficiaries to understand what changes they must report and provide all of the necessary documentation.

For low-income workers and small business owners, fluctuating hours and seasonal labor are par for the course, not exceptions. By requiring people to report changes in income or work status within a 10-day period, this rule would actually discourage workers from making large sales or taking on extra hours one month, even if they know that they won't have enough income the next month.

As an example, an individual with Medicaid coverage making just over \$640 within a two-week period would technically be over 138% of the federal poverty level. Does that mean that they are required to report those few extra dollars and lose their Medicaid coverage as a result? Even if they make less than \$16,000 for the year and won't be able to afford private coverage? This will almost certainly lead to more disruption in coverage, as these members churn on and off coverage as their incomes fluctuate. And what happens if someone doesn't report a change on time? The repercussions of such a charge go far beyond a six-month lock-out period.

Rather than achieving Kentucky HEALTH's stated goal of helping people to become more self-sufficient, this requirement could very well cement people in a cycle of poverty.

Unanswered Questions

- ⇒ Will member notification of reporting requirements only be provided in written form?
- ⇒ How will individuals with limited literacy or English proficiency be notified?
- ⇒ How will a change in income or employment status be reported?
- ⇒ How will the reporting requirements be tracked and enforced?
- ⇒ How will "intentionally fraudulent member actions" be defined and determined?
- ⇒ What will be the appeal process for those who believe they have been wrongly dis-enrolled?
- ⇒ Since there will be no retroactive coverage, will individuals filing an appeal keep their coverage until their appeal is heard and a decision issued?
- ⇒ Are individuals going to be dis-enrolled if they make more than \$640 in a 2-week period (temporarily above 138% of the Federal Poverty Level)?
- ⇒ If someone is charged with Medicaid fraud for late reporting, how will they get a job?

Maintenance of Current Presumptive Eligibility Sites

Changes being proposed in this modified waiver would drop the expansion of "presumptive eligibility" in favor of a "Fast Track" enrollment process which would require full enrollment and payment of premiums before coverage could begin.

Retroactive coverage is an important Medicaid provision that protects people who need medical care, and who may not know that they are eligible for coverage. Retroactive coverage is especially important when issues with a state's eligibility and enrollment systems lead to unnecessary gaps in coverage.

Initially, Kentucky indicated that expanding presumptive eligibility sites would be a way to minimize the harmful consequences of waiving retroactive eligibility. We should not waive retroactive eligibility for two reasons: 1) it protects Medicaid members from starting their healthcare treatment from a place of debt when providers are then unwilling to see them; and 2) it protects providers from uncompensated care for providing timely treatment. This rescinding of the expanded PE is troubling, and not in the best interest of Medicaid members or Medicaid Providers. Ending Retroactive Eligibility will reduce access to coverage, increase medical debt among low-income individuals, and increase financial losses among providers. Limited access to presumptive eligibility will, as the State conceded in its initial application, only exacerbate these problems.

The "fast track" is not a fix and it is not a comparable alternative to PE because it requires a fully completed application and premium payment. Members likely won't know how much their premiums is, or where or how to pay it. And if history is any guide, it is unlikely – if not impossible – to expect that the "fast track" application will be reviewed, processed, and approved by DCBS in real time or even within a 24 hour period. How then, will these individuals get the healthcare services they need at the time of application?

Unanswered Questions

- ⇒ Will Presumptive Eligibility requirements or the PE enrollment process change? How? Will this lead to fewer individuals able to enroll through PE?
- ⇒ How long will the "fast track" enrollment process take? Will financial documentation be required? Will healthcare services be covered on the same day as enrollment?
- ⇒ Will Emergency Medicaid still be available for those with critical needs who may not be able to complete the enrollment process?

Administrative Efficiency & Cost

The approach taken in the waiver to reduce Medicaid Expansion costs appears to rest in a greatly-reduced number of Kentuckians who would be covered by the program. This is worrisome. Cost-savings cannot be built on the backs of an increasing number of dis-enrolled or uninsured Kentuckians. True cost-savings in the immediate timeframe will come from building efficiencies into the program, in early detection and intervention, less use of the ER, and better care coordination. True cost-savings in the long term will require health system transformation. In the meantime, it would seem to be a bargain for Kentucky to buy \$1's worth of health care for 5 or 7 or 10 cents.

Each of the requirements in the waiver will require a significant expenditure of dollars to monitor, enforce, and to communicate with all the necessary parties for explanation and implementation. This is money that we feel could be better spent in improving the delivery system, in better communication with members and providers, in setting and measuring health outcomes, and in improving health literacy.

Conclusion

We share Governor Bevin's goals of improving health outcomes and creating a more sustainable Medicaid program. But to accomplish that, we should start by reducing barriers to

coverage – not increasing them. We should make the program easier to understand and use – not harder. And we should focus on encouraging people to use their coverage to improve their health, not enforcing new rules that are outside the scope of the Medicaid program.

Medicaid is meant to be a healthcare safety net for low-income workers, children, families and the most vulnerable Kentuckians. And, in doing so, it strengthens our economy by keeping us all healthier, making people more employable, and employees more productive.

As CMS considers these modifications to the 1115 Medicaid waiver, it is important that we remember who is benefiting. Primarily, it's low-income working Kentuckians and families, but it's also the communities they live in. Medicaid expansion created healthcare jobs and expanded services, which benefits everyone living in a community, not just Medicaid members. With fewer Kentuckians covered and higher rates of uninsured, hospitals faced with enormous increases in uncompensated care will struggle and some may close. This affects us all.

With the health and wellbeing of 1.2 MILLION Kentuckians at stake we strongly urge CMS to not to put the health and economic security of our Commonwealth at risk. Medicaid expansion is working for Kentucky and we must take steps that build on that success. KVH looks forward to our continuing conversations to meaningfully transform the health of Kentuckians with changing to the way we pay for and deliver care for all Kentuckians. If you have any questions regarding these comments, please contact me at: emily.beauregard@kyvoicesforhealth.org.

Thank you for your consideration of our comments, which include some of the analysis of national experts including Families USA, Georgetown University Center for Children & Families, Center for Budget & Policy Priorities, National Health Law Program, and others. And thank you for taking the considerable time to review the comments of all Kentuckians who have taken the time to share their input, questions, and concerns.

We appreciate this opportunity to provide feedback on Governor Bevin's proposed 1115 Medicaid waiver. We submit our comments with the hope that CMS and the Bevin Administration will listen closely to the needs and concerns of Kentuckians and work collaboratively with stakeholders to design a final proposal that will truly move Kentucky's health, economy and quality of life forward.

Respectfully,



Emily Beauregard, MPH
Executive Director

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Acting Secretary Scott Brinkman
Cabinet for Health and Family Services
275 E. Main Street
Frankfort, KY 40621

April 16, 2018

Dear Acting Secretary Brinkman:

As consumer advocates working to ensure the health and wellbeing of all Kentuckians, we are writing today as stakeholders who have a vested interest in the implementation and evaluation of Kentucky HEALTH. We represent a coalition of faith leaders, social services, health care providers, and concerned Kentuckians working to reduce poverty, support working families and improve health outcomes in our Commonwealth.

Having worked hand-in-hand with state agencies, providers, application assisters, legal aid programs and others across the Commonwealth to get Kentucky covered, we are proud of the difference coverage is making in the lives of nearly 500,000 Kentuckians and remain committed to building upon these gains to improve the health and wellbeing of Medicaid recipients.

As Kentucky nears implementation of Governor Bevin's Medicaid transformation initiative, Kentucky HEALTH, we expect there will inevitably be system issues, confusion, and new challenges to work through. Additionally, we have concerns regarding the initiative's impact on access to integrated care for our most vulnerable populations, including those impacted by mental health issues, substance use disorders, recent reentry from the justice system, interpersonal violence, limited literacy and English proficiency, and others. To that end, we respectfully request the establishment of a Kentucky HEALTH Advisory Council made up of a broad range of stakeholders to work through any unforeseen system issues and misunderstandings, both prior to and during the phased implementation of Kentucky HEALTH, to proactively and quickly address and resolve questions and issues that may arise.

The undersigned stakeholders include organizations and individuals working closest to the front lines of service provision and can be an invaluable source of information on the effects of policies and requirements on Medicaid members. By promoting a shared understanding of policies, procedures, and consumer experiences, it is our hope that all participating entities can assist in making this transition as smooth as possible with a minimum of confusion regarding the new requirements.

We appreciate the information being provided by the Cabinet as well as the advisory forums already taking place. We also understand that a My Rewards Advisory Council is being planned. However, we believe each component of the waiver is equally as important. Rather than being duplicative, this Council would allow for more hands-on engagement in the planning and implementation of the

waiver, including user testing, tailored communications for specific populations, and troubleshooting system issues for the entire program.

Clearly, there will be points of policy or requirements with which KVH and other stakeholders do not agree. Although this is understood, the positive outcomes of such an advisory council should outweigh the various philosophical and practical disagreements stakeholders may have. By bringing stakeholders to the table to work hand-in-hand with state agencies, the Council will serve as a constructive avenue for the Cabinet to more quickly hear and resolve unintended consequences.

Despite any differences, we believe the best healthcare solutions are found when everyone works together to build them. We know that you share our desire to design a program that will truly move Kentucky's health, economy, and quality of life forward, and appreciate your consideration of our request to establish a Stakeholder Advisory Council.

We look forward to hearing from you and would welcome to opportunity to discuss the ways in which we can work together to ensure the health and wellbeing of Kentucky Medicaid recipients.

Respectfully,



Emily Beauregard, MPH
Executive Director

AARP Kentucky
Advocacy Action Network
American Academy of Pediatrics, Kentucky Chapter
American Heart Association
Bridgehaven Mental Health Services
Catholic Conference of Kentucky
Centerstone
Coalition for the Homeless (Louisville)
Family Health Centers, Inc.
Friedell Committee for Health System Transformation
Healthy Reentry Coalition of Kentucky
Homeless and Housing Coalition of Kentucky
Kentuckiana Regional Planning & Development Agency
Kentucky Association of Regional Programs
Kentucky Center on Economic Policy
Kentucky Coalition Against Domestic Violence
Kentucky Council of Churches
Kentucky Counseling Association

Kentucky Nurses Association
Kentucky Office for Refugees
Kentucky Primary Care Association
Kentucky Psychiatric Medical Association
Kentucky Psychological Association
Louisville Metro Corrections
Mental Health America of Kentucky
NAMI Kentucky
NAMI Lexington
National Multiple Sclerosis Society
Natl. Association of Social Workers – Kentucky Park
DuValle Community Health Center, Inc. Pediatric
Behavioral and Mental Health Alliance of KY People
Advocating Recovery
Shawnee Christian Healthcare Center
The Arc of Kentucky
The Healing Place
Wellspring

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July 27, 2018

Commissioner Jill Hunter
Department for Medicaid Services
275 E. Main Street Frankfort, KY 40621

RE: Comments on Kentucky Department for Medicaid Services Proposed Medicaid State Plan Amendment 18-001, Modified June 30, 2018

Dear Commissioner Hunter:

On behalf of the organizations and individuals represented by Kentucky Voices for Health (KVH), I am pleased to submit comments regarding the Administration's recently modified State Plan Amendment (SPA) 18-001, which would have amended Kentucky's Alternative Benefit Plan by removing dental and vision benefits and Non-Emergency Medical Transportation services for adults in the expansion category. In response to this action, KVH and other partners developed a survey tool that collected over 500 responses and comments specific to this SPA. Although the Cabinet has announced that this change has been rescinded, we nevertheless believe it is important that the comments in this letter and those collected from the survey be officially offered to the Department for consideration in future actions.

Comments regarding policy and content aside, the manner in which the Cabinet carried out its SPA was troubling for several reasons. Civil Action 18-152, page 57, stated "The Court therefore believes that preserving the status quo — including Plaintiffs' continuity of coverage — is appropriate." This would logically include any benefits available at the time of the decision, but the Cabinet made moves the next day—a Saturday—to modify SPA 18-001 to remove dental, vision, and transportation benefits and services for 1 in 10 Kentuckians—effective the next day. This afforded no warning to beneficiaries and providers, and allowed no chance for public input. Although the U.S. District Court decision did stop the implementation of Kentucky HEALTH at the last minute, KVH believes the subsequent actions of the Cabinet were the primary causes of confusion regarding benefits available to beneficiaries on July 2nd. The modified SPA, coupled with emergency regulation 907 KAR 642E, were the opposite of a prudent person's understanding of "status quo" as used in the Court's decision. Both that decision and the Cabinet's need to abruptly rescind the SPA and emergency regulation on July 19th speak to the serious nature of providing notice and allowing for public comment periods, especially for actions that diminish services necessary to improve and preserve the health and well-being of the Medicaid population.

As a coalition of consumer health advocates, our mission is to ensure that Kentuckians have a voice in the health policies that affect them and that any proposed policies will be good for Kentuckians. The enclosed survey results and collected comments provide first-hand accounts of what Kentuckians would face as a result of losing these important benefits and

services. These comments largely speak for themselves, and are from a broad range of individuals, including beneficiaries, their family members, providers, community workers, and the public at large. An overwhelming 96% of respondents support the continuation of these vital benefits.

Dental and vision services are vital in many ways, and more than pay for themselves by providing a method of early detection of other health problems, such as high blood pressure and diabetes, before they get out of control. We agree with some of the Cabinet's earlier statements that these services are underutilized, however, cutting these services altogether cannot be the answer to addressing this issue. Dental pain caused by cavities and abscesses, if left untreated, can lead to serious health issues. As one commenter (a provider) put it, "The vision and dental care they receive is FAR LESS expensive than needing specialist and surgical care as a result of neglected routine care. It seems very fiscally irresponsible to cut basic routine care when the patient will eventually have emergency or surgical needs because of the lack of proper preventative coverage." Patients without coverage may seek refuge in a hospital emergency room, but, as we heard from providers at the DMS Provider Forums, the typical course of treatment in that setting is an antibiotic and pain pills, further exacerbating the state's opioid crisis without treating the underlying cause of pain.

Additionally, one of the stated goals of the current administration is to help individuals get back to work and increase Kentucky's labor market participation. Cutting off access to basic dental and vision services would contradict that goal. Many studies have shown that tooth decay and related issues can hinder a job applicant from getting a position, and updated prescriptions for eyewear are a must to be able to see on the job. Aside from the obvious health benefits, dental and vision coverage are important tools in Medicaid beneficiaries' ability to gain employment and progress up the career ladder.

NEMT is also a vital service for Medicaid beneficiaries. It is estimated that 43,000 individuals do not have access to transportation services, making access to any health care service impossible. Many of these individuals live in rural and remote areas of the state, with one commenter noting that her family was able to receive care in both Lexington and West Virginia for their health care appointments only because NEMT was able to help them get there. Even in urban areas, public transportation is not always available to get people to their appointments timely or easily. This lack of transportation can cause beneficiaries to delay treatment of minor issues until health conditions have progressed into an emergent state, increasing the use of ambulance services, preventing an individual from working, and adding to the program's costs for more expensive care.

In summary, the elimination of dental, vision and NEMT benefits and services, while perhaps providing some limited short-term budgetary gains, will ultimately cost the state much more in the long run. It would prevent access to services that will address health issues earlier, cost the state more to address undiagnosed and untreated health issues, and it would undermine Kentucky's ability to maintain a healthy workforce.

We appreciate this opportunity to provide feedback on the Cabinet's proposed State Plan Amendment 18-001. We submit these comments with the hope the Administration will listen closely to the needs and concerns of Kentuckians and work collaboratively with stakeholders to design a Medicaid program that will truly move Kentucky's health, economy and quality of life forward.

Respectfully,

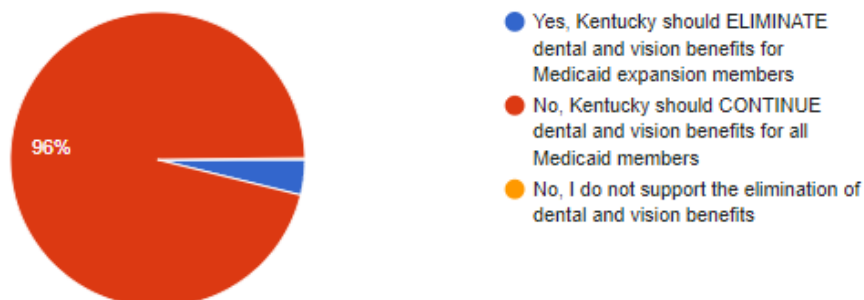
Kentucky Voices for Health

Survey collection dates July 2 – July 19, 2018

Survey Results: Elimination of Medicaid Dental, Vision, and Non-Emergency Transportation Benefits

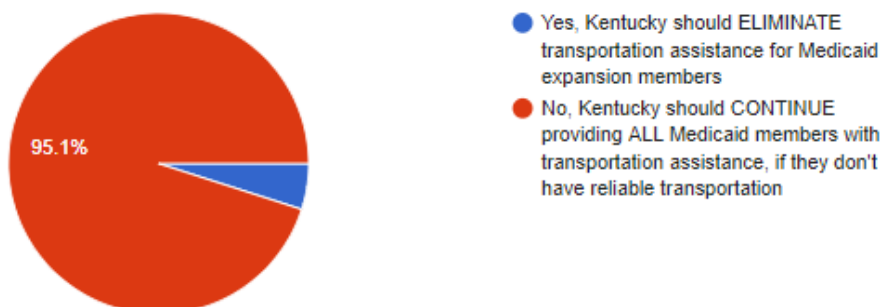
Tell us whether or not you support the Governor's decision to eliminate dental and vision benefits for the Medicaid expansion population.

571 responses



Tell us whether or not you support the Governor's decision to eliminate transportation assistance for necessary medical care.

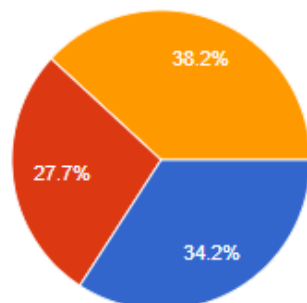
569 responses



Survey collection dates July 2 – July 19, 2018

Do you or someone in your family have Medicaid?

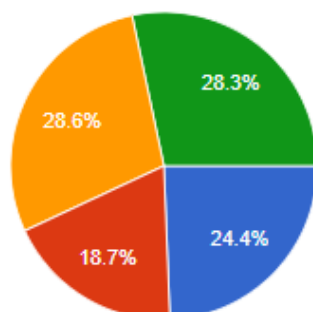
571 responses



- Yes, I do
- Yes, someone in my family does.
- No, but I'm concerned about how these changes will impact my community

Are you covered by expanded Medicaid or traditional Medicaid?

353 responses

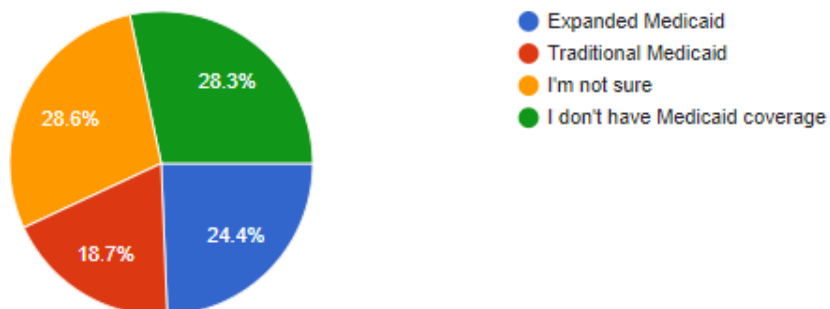


- Expanded Medicaid
- Traditional Medicaid
- I'm not sure
- I don't have Medicaid coverage

Survey collection dates July 2 – July 19, 2018

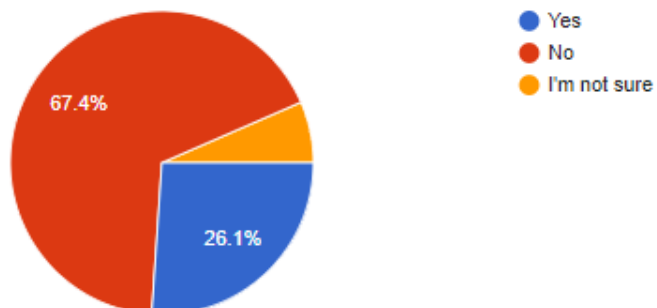
Are you covered by expanded Medicaid or traditional Medicaid?

353 responses



Did you have Medicaid coverage before 2014?

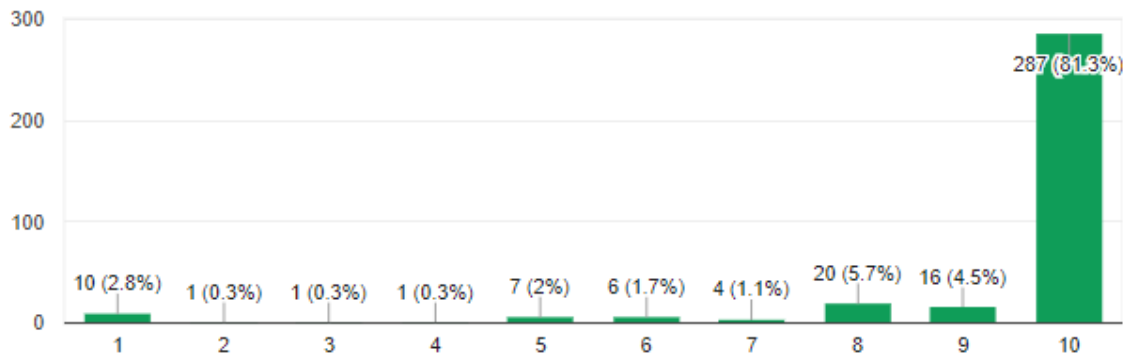
353 responses



Survey collection dates July 2 – July 19, 2018

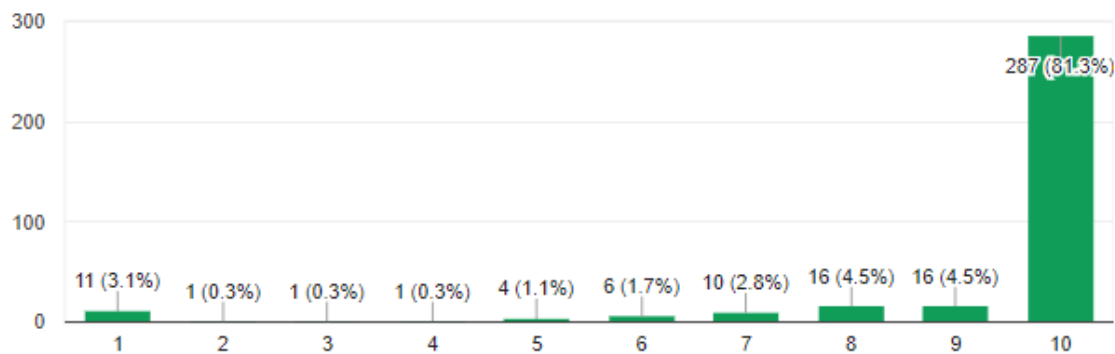
How important is it for you to have access to dental care through your Medicaid coverage?

353 responses



How important it is for you to have access to vision care through your Medicaid coverage?

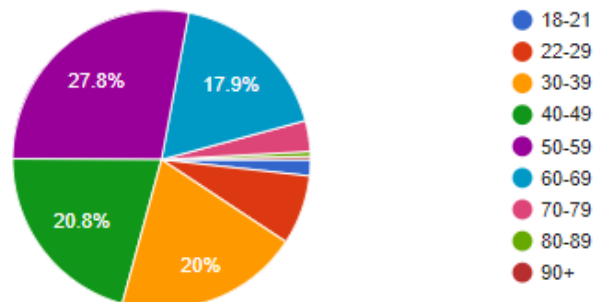
353 responses



Survey collection dates July 2 – July 19, 2018

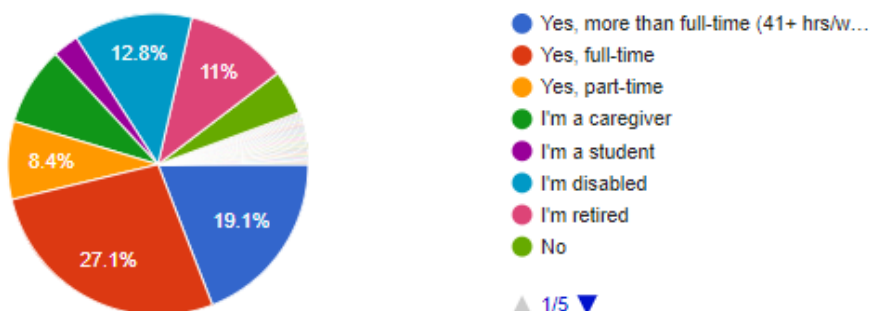
How old are you?

571 responses



Do you work?

571 responses



For those with problems affecting their Medicaid coverage since July 1, 2018, we asked for more information about the problems they experienced:

- I had a previously scheduled dentist appointment to replace bad fillings, and I was told my insurance no longer covers the procedure or any dental work. My particular dentist office is no longer accepting Medicaid at all because it's too complicated for them to process. They gave me a number for another office that *might* accept Medicaid and told me to check with my insurance company to see how many "points" I have. (3)
- Well I got a letter in the mail Saturday saying I owed a \$1.00. Well I tried calling to pay it Saturday and couldn't. Well Sunday was the 1st. So am my losing my insurance or??
- The DCBS workers are always very kind to me. However, no one is able to tell me if I am on traditional Medicaid or expansion. I am declared disabled by the state but due to being a former



Survey collection dates July 2 – July 19, 2018

teacher do not qualify for SSI. It's been difficult and I have had to jump through hoops to keep my insurance. One worker tells me I wasn't required to do PATH while another tells me I was required to complete a medically frail diagnosis. I had to struggle to get a disabled diagnosis, I shouldn't have to be relabeled disabled by them.

- It appears that the DCBS workers are under-trained and over-stressed, and every call that has to be made to them is unpleasant. My family has lost coverage in the past because of data entry errors, including the use of an incorrect address that was not our error. The State of Kentucky sent out our first statement with less than 8 days before our premium was due and has provided zero instruction on how their plans would work for the average family. It is outrageous considering this proposal would cost more than the expansion already in place.
- I do not feel confident in the security of my health, dental, or vision care through Medicaid. I am constantly worried I'll lose access to healthcare that I desperately need.
- I work at an HIV/AIDS clinic. Our patients qualify as medically frail. Some have received statements from MCOs that they shouldn't receive. Some have been told they don't qualify for transportation benefits. We, the case managers, have received different information month to month from Medicaid. Our partner, a Ryan White dental clinic, is going to be hurt by not receiving Medicaid payments for dental. This dental clinic is often the only place our patients can receive any kind of dental care. We have patients that develop a detrimental eye condition called CMV. How will they receive exams to diagnose the problem without eye care coverage? This is very unkind and uncaring, as well as petty for the Governor to take away these benefits.
- I really do not understand how he can just take away benefits, the average working people that have kids on Medicaid have to suffer due to his stupid decision, they need to cancel his benefits!
- My daughter received on 07/02/2018 the papers stating she needed to pay her 15.00 to continue coverage and it stated that it was due 07/01/2018. My daughter works at a job with no type of insurance available and they make just above min wage. She cannot afford one trip to a dentist at full price as it would take almost half of one paycheck and vision is even more if glasses are required.
- The kentuckyhealth.ky.gov site states, " if you received a notice saying you could access vision and dental services through a My Rewards Account, you will not have access to dental and vision benefits. The legal decision has stopped the ability to use the My Rewards dollars in order to purchase dental and vision services" which I interpret to mean I have no dental or vision coverage.
- I have dental pain, and am unable to be seen, and must tolerate the pain unknowing if, or when, I will be able to be seen again.
- My mother is raising her three grandchildren, she now has to somehow pay for medicaid based on a letter she received. Her income is \$880 a month, this does not make sense to me. If the children were in foster care, the foster family would likely not experience this. Over 60,000 children are being raised by grandparents in KY, why do they have to pay to ensure that children are covered, many are getting no assistance.
- It is July third. Problems will occur multiple times per week.
- So many questions with no answers to anything.
- I have had issues with food stamps and asking about the requirements with food stamps, working and how to report it. Same with how to report work stuff for medicaid



Survey collection dates July 2 – July 19, 2018

- Diabetics need vision and dental because diabetes affects the whole body
- I am due for my vision and dental exams but have put off scheduling them because of the news that they are no longer covered. I cannot pay for them out of pocket. I will have to find a way to deal with the dental pain until I figure out what to do. This has been so confusing trying to get proper information on all the changes.
- I work for a private optometrist and our patients have no choice but to go without, as they cannot afford to pay out of pocket
- They have also cut insurance for my husband and daughter as of August 1
- It's chaos, nobody has a clue as to what is going on. Even little kids are being denied services because of what bevin has done.
- My parents were told that I was initially losing my health insurance. Then my provider said I would not have access to dental or vision. As someone with a history of vision change I need access to eye care.
- I have to come up with money for my grown son and daughter and grandson to see the dentist. Even though they work, they don't have health insurance through work and are not paid enough to cover these. One has a degree and the other one year of college. Still, no decent jobs exist in our area.
- My patients have been expressing to me that they have been told they no longer have dental and vision coverage and they are scared that they will lose all coverage. (I'm a primary care physician)
- I have a severe toothe ache and can't get it pulled. I'm due for new glasses and I can't get them. Mine are broke, so I can't see good. I tho j this is awful.
- I used to be on Medicaid, now I'm a nurse and I pay my taxes. I'm worried for my neighbors, losing their care. I have friends in grad school that might lose care too. It's not right, we all need help. Matt Bevin needs to do the right thing.
- I'm due for vision AND dental exams this month. Now what???
- I rely on transportation services for pain management appointments.
- It is a mess. Nobody seems to know what is covered and what isn't.
- Most importantly, the patients served by my FQHC cannot access the essential dental services they had been promised, in spite of playing by the ridiculous and poorly distributed rules set for by the Bevin administration. Patients, who already face barriers in accessing healthcare in their normal daily lives that KY legislators couldn't begin to fathom, have modified their behaviors in the first half of 2018 to 'earn' points to spend on basic human services, and NOW can't even access those BASIC HUMAN SERVICES because the state executives can't get their act together. Additionally, as a provider of healthcare, my business is put in a dangerous position, because we are providing services to patients, who don't know if they are even covered by the benefit. We are essentially giving services away for free, because the proposed system is so complicated and has been so poorly implemented. The phrase "people in glass houses should not throw stones" could not be more apt in this situation. This rock of healthcare legislation that was thrown at the state of Kentucky is now shattering the glass house in which the Bevin administration perches.
- I know I now have to pay \$15 a month for my Medicaid, and I didn't have to before and I don't know what that's about, but I am lucky I can currently afford it. Others may not be as lucky as I.
- I got a letter that I now have a premium on my insurance



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- My eyeglasses are around 10 years old, and though I have a new prescription, I am unable to acquire new glasses and I have been waiting for several months to hear from anyone about how to do so. Even my Physician has been unable to find anything out that could help me. I am a diabetic and not being able to see correctly is affecting my overall health in adverse ways.
- I had to cancel dental appointment.
- I don't know! I've heard nothing and My optic nerves are swollen and I need vision care so I won't go blind
- Have had suddend discontinuance of coverage for certain prescription medications.
- I went to the dentist and was told By them I didn't have dental coverage and I had to pay for my visit.
- My daughter in law has an impacted wisdom tooth and was turned away from her dentist even with a large, painful abscess causing servers pain and swelling. For people like her, who have heart problems as well, an infection in her mouth can lead to heart failure.
- I just keep getting bounced between my insurance carrier, my dentist, and DCBS with no resolution or any idea on actual policy in the midst of my needing an emergency extraction that's becoming more painful & infected now that a week has passed and I cannot afford the massive cash amount the dentist demands I have available to be seen as I'm told it is not reimbursed since the dentist is supposed to be a medicaid provider. It feels like the dentist is trying to take advantage of medicaid patients & force the ones who can manage it to pay cash, but I don't have any income, so I will just suffer as one of the patients in the dental office commented that I was getting what I deserved. This whole air of blaming the poor & sick for being both poor & sick our governor has fostered in our state has made so many people think everyone is cheating DCBS for "entitlements" and since Bevin started echoing the rhetoric of "personal responsibility" as if we all enjoy being disabled (in my case) without income plus poor & sick, literally every time I've paid with my SNAP card someone in line has said I should get a job, because they expect me to work with my walker. It's nasty, but it seems to be something they want us to endure because the governor never speaks about us as if we're human beings caught in a bad situation. We're just people with no sense of responsibilities or willingness to help ourselves, so he's the hero for stepping in against us. It makes it hard to stay well mentally on top of my physical issues, and I cannot sleep really or eat because of this tooth now—but hey, less spent on SNAP if I have cannot chew.
- I've not had any bad experiences this far. I did have to pay a \$15 premium which is more than fair from my point of view. I'm currently employed part time and will be going to college this fall for a 2 year degree in applied science. I've struggled most of my life with anxiety and frequent severe depression and I've finally found a medication that helps me feel normal (rexulti) but it costs over \$1,000 per month. I will be able to get back on my feet now that I dont want to die all the time and won't need medacaoid when I land a good job, I dont know what will happen if I can't keep taking this medicine that has been a life saver for me. I'm grateful for medacaoid and my fellow taxpayers that help provide it.
- They kept saying my insurance was cancelled since April 2018.
- Just received the letter, and am totally confused. Says I need to pay a premium of \$8 a month. To who? I'm 62 yrs old and just got my last unemployment check. I know a 23 yr old boy who is



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on Medicaide, he's only worked for less than a year his entire adult life. His monthly payment is \$1. I'm really confused.

- I don't have coverage on anything
- I was told my monthly household income was to high
- Dental and Vision no longer available. Dental and Vision important to my family and their health
- I am not lazy - I work. I think it's a crime that in the richest country in the world the "government" allows companies to pay poverty wages & not offer good & affordable health insurance to their employees. However, this does not just affect me. My disabled aunt who has no car & has serious health conditions cannot go to her doctor appointments - she has no one to take her & no money to hire a cab. She could actually die from not receiving medical care. What kind of "representatives" think that charity for the poor & disabled is wrong? Does life have no value? Where are your Christian values? This is wrong.
- Not providing for the needy is a sin. My grand-daughter works hard 40 hours a week for poverty wages & my sister could actually die from not being able to go to her doctor appointments. I live so far away, or I would take her. But I am poor myself, living only on my Social Security, & cannot afford the long drive. You are rich & don't seem to care about the suffering of the poor. This is why so many Americans are disgusted with you politicians. You work for the rich, to make them richer, and not the people you are supposed to be looking out for.
- Im getting conflicting information. I wish I could remeber what company my eye said that I have vision through it was non of the MCOs.
- Helping people access transportation in the Appalachia counties is hard enough now without Medicaid coverage this will be almost impossible. Those more fortunate making such disgusting decisions need to walk in the shoes of the poor for a week and their decision making would be handled differently.
- I was in the middle of a series of dental visits. I did not know I had any dental benefits until one month before they were abruptly cancelled. I have no idea if they will resume or not.
- Said no coverage for dental or vision
- I have to save up enough money to get my eye exam. And not being able to get dental work is going to be a financial issue. I'm very sad about it all since I'm disabled with spinal stenosis and other spinal diseases leaving me unable to work.
- NA
- I couldn't get a ride to the eye doctor and when I called them they told me I didn't have vision insurance so I'd have to pay over \$100 for my visit and I can't afford it
- Not covered, I am totally disabled
- The wait time for calling to make changes is 3 hours or more. And half the time you're disconnected, so you must call back. Using the Benefind website is almost helpful, but 9 times out of 10, you still must call the hotline.
- None as of yet
- i was charged a monthly fee from my insurer. This was an unexpected expense that hurts my extremely limited budget
- My daughter and son are both over 18 and need this coverage my son has a working diagnosis of autism and has been diagnosed with anxiety. He is using medical care to try to adapt to life. My daughter has a rare genetic condition called ehlers danlos syndrome which is a connective



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tissue disorder she also has severe depression and anxiety disorder. Her mco sent a letter saying she was medically frail from review of her medical records. Our local office said that letter was not good enough. Also when I called the 800 number to ask question the rep told me she didn't know that much about it because it was new and then hung up on me. This was after over an hour wait to get an representative on the phone. They both also lost there food stamp money. They want to get better and get help to have a normal life but we are getting road blocks. I answered the question on this document because I'm there advocate and when I'm not working also there transportation. I'm jungleing so much with both of there health needs. We were not given enough information as well. Right now we don't even know what coverage they have. The local office had no one in the waiting room but had a sign up that said to expect to wait 2 to 3 hours to be seen. I felt like they are just hoping people fall though the cracks so they save dollars. I'm a single woman with the only income in the house. Both of my children wear glasses and need eye exams to be able to see. Thank you for your time.

- I went to the eye doctor and my vision has changed causing migraines. But due to the fact that my husband works for the government as an EMT we don't have a lot of money left to buy new glasses so now I have to deal with my migraines knowing what the problem is is absolutely stressful.
- Unable to SCHEDULE eye appointment. I have sjogrens and lupus and need my eyes checked regularly as well as regular dental care due to the diseases.
- I haven't been able to find out if me and my family are still covered.
- They need to cut off work requirements for people over 60 . We sometimes have health issues that won't meet medically frail but are still unable to work any longer. We have 40+years and only need help until 65 when we become eligible for Medicare. I know it's off subject but I couldn't get Bevin or anyone else to listen. Work requirements for people over 60 is cruel. Please pass it on
- I spent hours (on hold) with DCBS. I was given conflicting information by DCBS and one rep hung up on me. I had to call the Ombudsman Office. They gave different info from DCBS.
- My kids have medicaid too and they can't got otthe dentist or eye doctor. Because they aren't insured any more

Please tell us how eliminating these benefits would affect you, your family, or your community.

- My children have benefited from it but other people's children aren't guaranteed these benefits even if they are working
- I've had a lot of Dr appts this year and wasn't allowed to drive most of the time. I don't have anyone to chauffeur me
- I did not have vision or dental benefits before 2014 and was u aware that I had diabetes and high blood pressure until I got insured. Both these services are very important in maintaing a normal way of life. I would think that I would be much more of a burden to the state as a blind person or stroke patient. That why preventative care is so important and itâ€™s less costly in dollars and lives.
- We benefit really well with it
- My relative has been able to obtain all needed dental and vision care since she has Medicaid.



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- I have been able to get dental care that has been crucial because although my teeth have no cavities, the roots of my upper teeth are inflamed causing great pain to my mouth which affects eating and sleeping. I have been able to get vision care and glasses so I can see, I'm due for an eye exam and new glasses. Without glasses I can't see to drive or read anything which affects working and driving. Diabetics need dental and vision it's very important because diabetes affects the whole body.
- A healthy community helps everyone, not just the people on Medicaid. It's just the right thing to do!
- I have epilepsy and was denied disability but I am unable to work full-time. Because of this I am unable to afford out of pocket dental care. I was unable to go for a dental cleaning for about 8 years before Medicaid Expansion. When I did to go the dentist my teeth were in terrible shape. I had moderate to severe jaw pain and my gums bled frequently. I had to get several cavities filled, 4 deep cleanings, and my wisdom teeth extracted. Without dental coverage I fear my teeth would have continued to cause me problems that only got worse with time.
- My nephews parents are deceased and his grandparents are now his legal guardians but they are retired. Medicaid Allie was him to have all medical services that 71 year olds on a fixed income can not financially afford.
- Working people can finally afford medical insurance (including dental and vision until this past weekend.) People who fell through the cracks before finally had healthcare.
- My families access the transportation assistance benefit to make sure their children get the hearing healthcare they need to fully participate in their education.
- I have a family member who has Medicaid, and any intelligent person knows that keeping the teeth and eyes healthy are crucial to good health!
- Healthier people are better students and workers.
- Bevin continues war on people in poverty, cutting vision and dental. What a low life SOB.
- Bad for Kentuckians.
- I want the community I live in to respect basic human rights.
- Helps all citizens have an opportunity to improve and maintain their health. We are all one family and what helps One ultimately helps us all.
- My dad was on Medicaid before he died and relied heavily on the vision care and transportation services. He had weekly therapy to relearn how to walk and live on his own. Thanks to these services he was able to recover enough to live without assistance. I don't know what we would have done for him without these benefits.
- As someone who works in education, I have seen first hand the damage that a lack of access to care can do to children. A child who cannot see the board will struggle in school. A child who is in pain from an untreated cavity will not be able to focus. Vision and dental care are not frills - they are essential to the health and well-being of all our citizens.
- If my daughter-in-law and granddaughter wasn't able to get dental or vision care, they wouldn't be able to afford going for these services.
- I am visually impaired, so I actually *need* to use the vision care. Glasses cost so much nowadays that I wouldn't be able to afford them without help.
- without transportation assistance, community members are not able to access any type of needed healthcare, and may need to wait until a medical situation becomes an "emergency" to



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access ambulance services, which are more expensive. Without vision coverage, adults who need glasses to drive, work, etc. might not be able to obtain these needed medical tools and this could impact their ability to get and keep a job to provide for their families. Neglecting dental care can lead to physical illnesses which require more money to address, and can even lead to serious illness or death for elderly community members or those suffering with chronic illnesses.

- I believe that all benefits are important but I also appreciate that there are only so many funds to meet all of the needs. Direct medical care would take precedence over dental vision and transportation.
- People who can't afford these benefits will not have access to this important medical care
- My daughter isn't able to work and the Medicare coverage is a blessing to her.
- It is well known that people who have poor dental health will eventually suffer from other illnesses which will cost them and their communities even more. If people do not have transportation to get to healthcare than health conditions can only worsen which again costs more in the long run.
- Everyone healthier and less stressed is good for us all as a community, in the same way that we all benefit from good quality education for all. A little universal spreading of basic public good is a worthwhile investment by governments. Even looked at thru a lens of profit--the only true value acknowledged and practiced now by the majority conservative governments--communities of a decent level of general shared wealth and health attract and hold more investors, employers and big spenders. Unless the goal truly is nothing but enriching a few cronies.
- I previously worked in a doctors office and saw many patients that would have been otherwise unable to attend necessary appointments via Medicaid provided transportation. The vision and dental care they receive is FAR LESS expensive than needing specialist and surgical care as a result of neglected routine care. It seems very fiscally irresponsible to cut basic routine care when the patient will eventually have emergency or surgical needs because of the lack of proper preventative coverage.
- Countless individuals who are low-income or indigent have been able to receive basic health care with these Medicaid benefits. Without these benefits individuals will no longer be able to afford basic health care, many will then develop depression/anxiety over all the concerns for their physical health, and some may even resort to suicide as a means to end their suffering. Please don't let this happen! We need to help those in need! These are our brothers and sisters, and we can't let them down!
- To be a healthy individual people need access to dental & vision care. If transportation assistance is stopped the more venerable will suffer.
- I've had dental issues over the last few years and lost all my back teeth. I wouldn't have been able to afford to get help for dental problems. Especially infections and extractions.
- Personally I would be okay if I lose those specific benefits, those are not life or death for me. I think the biggest benefit of vision & dental are children being able to receive preventative care. For adults it's also beneficial to be able to address vision or dental problems before they create systemic or permanent damage. And transportation is necessary b/c we don't have adequate public transportation even in bigger cities in KY and healthcare is not accessible if people do not have transportation to it.



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- Quality of life for people, and lack of results in many other ailments. Many employers insist personnel have teeth.
 - My clients largely depend upon Medicaid to at least partially pay for medically necessary dental procedures and transportation to said procedures. Without this assistance, many of them would be unable to function on a day to day basis.
 - "Dental and vision care are important for overall health and can help prevent conditions from becoming more serious. If transportation is not available folks won't seek treatment before conditions become
 - More serious"
 - I am able to get a yearly exam and x-rays without having to worry about getting a bill that I would be unable to pay.
 - Due to my income it would be impossible to have care with out medicaid
 - Medical benefits should be a right not a privilege
 - Any barriers to access for care will harm citizens in Kentucky. How can we be a thriving Commonwealth when people have impaired vision or rotting teeth? How can people work, stay healthy and be productive when they can't see or are experiencing horrendous tooth pain? This policy seems extremely shortsighted - pun intended!
 - Vision, dental and transportation assistance can be preventative care and detect major medical problems before they are exacerbated. In the grand scheme of all things healthcare, this coverage is cheap and can reap big overall savings in the long run.
-
- See my previous answer.
 - I know of community members who were able to get to their medical appointments because of the Medicaid Transportation system. With out the transportation so many people would not have the means to get to their much needed medical appointments. Dental and Vision benefits are very critical to so many Medicaid recipients. So many Kentuckians utilize these benefits to remain healthy.
 - I am a diabetic and therefore vision coverage is very important to me. I have also had dental issues that I am currently seeing a dentist for and have an upcoming appointment to fix the problem.
 - "Our community is a very rural and poor area in Ky. The children here need dental care that their family can afford or receive. The children should not be the ones to suffer for adults inability to work or provide for them. Our elderly and medically feble people need assistance to have transportation to office visits not only to their family doctors, but specialist for their heart, lungs, and etc. Without transportation these people will not only suffer but more than likely just not go to their appointments for health care.
 - Children need vision insurance. I have seen children who can not even see the eye chart that have only came in for their well child exams. No one had even picked it up, They were doing poorly in school. This can affect not only their present but their future."
 - My family has not benefited from these services, however the patient population that I work with uses these services frequently. Those who are medically compromised need access to all forms of care in order to keep their entire body healthy. Dental issues have been proven to be a

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cause for heart problems among other total body issues. All Americans should have access to dental care, not just the ones who are middle to upper class.

- It increases care for the low income population. Transportation is a big barrier.
- Most of the community is not able to afford transportation to or from their medical appointment. The medical transportation take the burned off having to figure out if I have a way to my medical appointment I need to keep up with my health. Dental care is important just as medical appointment. Some dental issue can be trigger to other health issues. For an example heart issues, even to diabetes. Some people don't take that into consideration. Dental hygiene is very important. Most older people that has glaucoma are not able to get their eyes check because of this benefit cut. Which is not ethical for our population.
- I am a nurse for White House Clinics in McKee. My patients live in a very rural area and have benefited greatly by having Medicaid coverage that allowed them to go to dental and vision exams and had it not been for transportation to get them their health would be jeopardized greatly. Transportation to and from these visits allowed for safe travel for patients and our communities. These benefits being taken away will have a huge impact on patients health.
- The community has benefited due to more people receiving preventative treatment and less burden on emergency rooms.
- We have not- w have always paid out of pocket for All and I expect itehrs to do the same
- having dental care has helped my aunt with her tooth decay and pain she has been suffering with.
- Not at all but concerned for community
- Work with cts who have HIV and they utilize so many aspects for access to care
- My husband works for a non profit organization so the salary is not high and doesnâ€™t offer health insurance. I am self employed babysitting in my home while I raise and homeschool our two young children. The expanded Medicaid has allowed us to continue working and serving in our community without having to stress about our familyâ€™s health needs.
- I am a teacher. In my county we have over 10,000 children on Medicaid. If students do not have access to health care then they miss school. When they miss school, they miss learning opportunities. Poor health and poor education leads to poor or lack of employment opportunities. It's a fierce cycle that needs to end.
- I work with people who will be affected by these benefit cuts and it will make their struggle harder if this service is not in our communities.
- I am a Nurse Practitioner. Many specialty providers are not readily accessible in our area. If pts cannot have transportation to Louisville or other medical Mecca locations their overall health will suffer
- My community needs all the above benefits, dental and vision are very important to the whole health of an individual. Transportation assistance will impact the community not only for the client that will be unable to attend appointments due to no transportation but it will impact the business that are offering transportation to individuals using Medicaid as payment for the service and that will lead to increase in unemployment as those businesses will be force to lay off.
- After years without dental coverage, I needed fillings on nearly every molar. My teeth were so painful, but KY dental coverage helped me fix everything. I am less angry and work better



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without constant mouth pain. I also found out I was nearsighted, which explained why driving was so confusing to me. With my new glasses, I'm finally learning to drive at age 30!

- "-Eliminating these costs enables members to better afford their other expenses such as co-pays and other medical bills.
- -Also for families with multiple children it ensures all children get the dental and vision care they deserve despite the ability for "
- As a provider, I have seen first hand the benefits of this coverage. Dental & vision care have often been neglected due to lack of ability to pay. I am the Health Ministries Coordinator at my church & have referred members to local vision and dental community clinics for much needed care. Living without proper fitting dentures impacts health in all sorts of ways from adequate nutrition to infections not to mention chronic pain. Lack of transportation to medical appointments, therapy is clearly a barrier to health of individuals & the community.
- I work in a federally qualified healthcare center that provides dental services. When our patients can get needed treatments and preventive car services they are healthier and costs are lower than waiting until the dental or vision issue becomes a crisis, and the individual accesses the emergency room where costs are at least triple and do not always provide comprehensive care.
- Kentuckians with substance use disorders are able to access needed treatment. People without health insurance have been diagnosed and treated for serious health conditions.
- I cannot drive a car anymore. I have MS. Without transportation assistance, I can't go anywhere! Not to the dentist, not to the eye doctor, who monitors my eye pressure for glaucoma, not to my neurologist, not to my primary care doctor, who monitors my high blood pressure and cholesterol, (I don't want to have a stroke or develop cancer), not to my gastrointestinal doctor, who monitors my Crohn's Disease and Acid Reflux, not to the hip doctor, who replaced both of my hips last year, due to avascular necrosis, not to the required therapy for hip replacement surgery. I hope you are starting to understand how important transportation assistance, eye and dental car are to a person.
- We have two cleanings a year, and vision check ups, my youngest daughter needs her vision benefits for glasses
- I work with those who are living with HIV/AIDS and their dental needs are very crucial to their overall well-being. People living with HIV/AIDS already have a daily battle of fighting off other virus and an infected tooth or gums could end up being a life or death situation for them especially if they develop an opportunistic infection. Ending benefits for those who so need it is almost cruel. In the end others could end up paying more for insurance and other things due to the inability of those who have been denied benefits cant afford to pay their bills. Please don't harm those in need because that is exactly what will happen if you take away their benefits.
- We donâ€™t have enough money to pay
- I am the retired CEO of a clinic in Eastern KY where dental care was provided. Dental care had a major impact on the health of Medicaid beneficiaries. I believe it improved children's school performance.
- There had been more preventive medicine which keeps people healthier and keeps the costs of medical services down in the long run.



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- My daughter as well as our patients in our local community cannot afford dental or vision benefits on the low wages that are paid in the state of KY .
- I was able to update my glasses prescription for the first time in two decades. My husband received updated lenses.
- So many underprivileged people were able to receive dental care, have eye screenings, and have transportation to their medical appts. Dentists are very expensive but so important for your health, therefore this was a tremendous help to people who cannot afford dental care. Also not everyone can afford the expense of having/keeping up maintenance on a vehicle therefore by having transportation to medical appts a lot of people were able to be seen for early detection health problems were as before they would not/could not go because they did not have transportation to appts. It is beyond terrible that these services were cut!! What happened to helping others in need and not focusing on just ourselves?!! Everyone has needed some type of assistance at some point in their life and we should give back to the community!
- I am a dentist at a Kentucky public health clinic and the majority of the patients I treat receive Medicaid coverage. The oral health needs in Kentucky are many and taking away dental coverage takes away the opportunity to improve the overall health of our population.
- As the dental services manager for Shawnee Christian Healthcare Center I can say that the surrounding community has been positively effected by Medicaid dental coverage and access to quality care. Kids are missing less school, adults are going back to work, and the community at large is healthier by having infections treated and pain reduced. People are smiling. This community is beginning to utilize our office for preventive treatment. The first year was mostly extractions after 2014's expansion. We now have two dental hygienists hired in September of last year working full time to keep up with the preventive volume. Medicaid reimbursement is integral to this office, accounting for 70% of our patient population. We estimate half of those are in the expansion population. We serve the working poor, who are attempting to keep up with their healthcare to stay in the workforce and take care of their families. Our clinic employs 3 dental assistants full time, 2 FT hygienists, 1 front desk receptionist, 1 FT dentist, and 3 part time dentists. We are very concerned about the health of our patients moving forward and the sustainability of our practice. We have worked hard to educate and empower our community on the importance of preventive care and hygiene. Taking their benefits sabotages the progress we have made. In a community with so many barriers to care and oral health disease, moving backward is not an option. This would force them to use the ER at the peak of disease for pain relief and antibiotic treatment of infection. It costs the state and tax payers less when we invest in preventive and routine care.
- Cancer screening rates have improved dramatically in our patient population since the ACA was implemented. Control of hypertension and diabetes A1c rates have likewise improved as the most vulnerable population in our state has had access to basic primary care in the last 4 years. As these most vulnerable again become disenfranchised, it is my belief that our state will once again drop to 50th place in every clinical measure that is evaluated on a national level.
- Because I am a human being and my health is worth preventing failures.
- Dental and vision impact overall healthcare and well being. Poor dental care leads to various other health conditions such as endocarditis; poor nutrition, etc. Poor vision leads to ones



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inability to adequately take needed medications; read vital information about healthcare and health conditions.

- Dental and vision care ARE healthcare. Dental health in particular can have a detrimental impact on health which can increase costs for medical services if not treated. Transportation is crucial to help families reach medical services at a distance from their home particularly in rural counties.
 - n/a
 - I have brittle teeth that are broken and didn't have insurance at all until the ACA. I had planned on getting my teeth fixed, after I saved up enough money, but the lack of job opportunities fell for me and set me back and was hoping it would cover the cost for me, until now. Now, I have to deal with 4 broken wisdom teeth and 2 broken front teeth, cause I won't be able to afford it, anymore.
 - A lot of low and middle class families still do not have access to proper medical care. Medicaid has helped when they needed it!
 - Many people in Eastern Kentucky do not have transportation or money for fuel, many live more than 15 miles from providers. Some have children that need transportation to and from Medical and Dental providers. There is no room for the right or the left, this is not about politics, its about humanity and getting people the care they need.
 - I have two friends covered under the expansion. They are both college educated and work full-time. The jobs they have are low-income jobs that do not offer health insurance. i.e. cleaning houses.
 - I have secondary Sjogren's syndrome caused by rheumatoid arthritis which makes dental and vision care imperative to prevent tooth loss and the chronic dry eye which is one of the major symptoms of Sjogren's syndrome, and can lead to scarring and infection of the eye.
 - Many members of my community have received care for dental and vision services once they has the opportunity. Many of our adult patients had never had a dental exam - and did not understand the overall health concerns that could be address with dental care. We have had an opportunity to change lives with the expansion.
 - if you take care of dental and vision makes less expense later on
 - People getting the healthcare they need provides economic advantages; more jobs, more money spent in the community, and a more healthy population
 - I coordinate a Summer Food Service Program, and work with hundreds of families in my community. There is not doubt that expanded medicaid ensured children and their care takers were getting care they needed, especially grandparents raising grandchildren who lack transportation to specialists in Lexington.
 - No impact. It is not being used.
 - Dental and vision benefits help keep Kentuckians healthy. Without Dental benefits people with Diabetes and other illnesses could face life threatening complications. Transportation is essential in getting patients to medical appointments.
-
- My son receives Medicaid through SSI benefits. He has multiple medical issues and his vision and dental care are extremely important to his overall health. To not provide eye and dental



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care is fiscally irresponsible. Problems with these systems can impact overall health in significant ways. It is FAR more cost effective to provide routine dental care rather than deal with chronic heart issues or nutrition issues that can result from poor dental maintenance. People without access to vision care have difficulty finding and keeping work and have impaired access to things needed for safety and daily life.

- "I was on Medicaid a few years back. I was a single unemployed new mother and I was caring for my mother who had liver cancer. During that time, my teeth were horrible. My teeth were literally black and I was ashamed to smile or even talk. Because of the Medicaid dental coverage, I was able to go to UofL dental school and get them fixed. I even had to have an emergency surgery to remove an infected tooth. The oral surgeon said if I had gone any longer, my daughter could've been an orphan. Not only are my teeth no longer black, but I was about to get a job in medical billing, making more than enough to support me and my daughter on my own. No assistance and I'm contributing to the tax system that once helped me.
- It would be very unfortunate that someone going through the same thing as I was, would not have the same opportunity to better their lives."=
- It provides a necessary health benefit to those who can't afford insurance.
- My daughter doesn't have medical insurance because her 2 part time jobs dont have coverage. She is a hard worker but insurance is expensive and everyone should have access to insurance.
- There are people who need assistance & cant afford to pay for insurance
- xrays for cavities between teeth, glaucoma screening for eyesight, new eye glasses
- I had terrible oral health before getting medicaid, because we couldn't afford it when I was a child and I couldn't afford it as an adult. I finally got most of my mouth repaired and I didn't have to worry about pain or anxiety of having to figure out how to pull a tooth at home. Dental care is extremely important to me.
- Dental care keeps me out of the er. Eye care helps people see and go to work. Transportation matters to people who do not have wheelchair accessible vans.
- I have gone to my dentist and optometrist regularly since receiving that coverage under the medicaid expansion plan in 2014.
- Many people in my communities ty rely on these benefits for basic vision and dental care. Kentucky residents already have lower dental health than many places. Why would we not want our people to be healthy?
- My grandchildren have been able to get their teeth fixed and glasses due to the coverage. My son works very hard as a court security officer but does not earn enough for these things.
- Dental care, especially for young citizens, impacts oneâ€™s overall health. From an economic standpoint, preventive dental care saves much more than the cost of treating preventable dental problems.
- Poor dental care contributes to poor health, being able to see is a fundamental need and benefits are not worth much if you canâ€™t get to the doctor.
- Semi-annual dental care is critical to my overall health.
- This is needed for the poor who depend on it, it allows them to be healthy.
- These are obvious and necessary parts of basic healthcare.
- I have severe dental problems. It was already bad enough that only 2 oral surgeons in Western Ky would accept extended Medicaid. Now we have none. I need help really bad. My mouth is



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infected all the time. Please help us we have got to have good Dentist and Oral Surgeons.
PLEASE. I will probably end up dying over teeth and gum problems.

- My husband has surgery pending because of the loss of dental care. He has to be cleared by a dentist and without that coverage the surgery he desperately needs won't happen.
- Vision care is extremely important for me because through regular exams I found out I have Glaucoma and now have to visit the eye doctor even more than normal and I could lose my vision without proper care and treatment. Dental care is important to me for preventative reasons.
- My community benefits because people cannot be productive if they are not healthy enough. We all benefit from all of us having access to affordable health care.
- I've had a lot more patients wanting to go to the dentist as well as the eye doctor. I've had a couple patients who've been able to get teeth pulled and it filled. I've had a patient who found out he had an eye disease that was causing headaches. He was able to find this out because he used Federated transportation to get him to his appointment.
- Underprivileged children rely on this assistance
- Me, and my brother, who on expanded Medicaid, we're able to get our first dental visit in about 20 years. We had cleanings, multiple fillings, and I was able to get four broken teeth extracted. We were also able to finally get new glasses, which we'd needed for about a decade. Glaucoma runs in our family, so it's important to get regular checkups as much as possible.
- I just go to the dentist once a year.
- Working people have been able to obtain all sorts of medical, dental and vision care that they previously had been unable to afford/
better teeth
- It is a benefit to all of us for our state to have more affordable health benefits/services.
- The dental and vision exams allotted to me by Medicaid are an important tool for spotting potential health risks early. To me there are an essential part of preventive care.
- I skipped the dentist for four years. I consider teeth and eyes as part of the human body and should be treated just as much as any other body part.
- My dad uses Medicaid transportation since the nursing home doesn't have their own service. I was able to get all my children's eye exams done by a licensed pediatric ophthalmologist and see a pediatric dentist to correct birth issues with my daughter's mouth.
- Although I don't have Medicaid now I at one time had to rely on Medicaid and had to use the transportation for minor surgery in Louisville since I had no one else able to do it and would not have been safe for me to drive myself. I was also able to see a dentist and get vision exam. All of these are essential health benefits.
- Dental care in Kentucky is already one of the lowest in the country. If this coverage is taken from Medicaid recipients we will decline even more. It's already bad enough that many adults with Medicaid don't even know they had the coverage, I didn't until my PCP told me. It's widely thought dental and vision is for children only.
- It has been a good send to actually be able to go to the Doctors and I don't drive or have a car so the transportation assistance is a help
- My grandfather before he passed away earlier this year received benefits that helped him to have reliable transportation to doctor appointments. This was a huge help because I didn't have



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to take off work to take him myself. He was too old to drive himself and he needed the necessary care provided by his attending physician. People like my grandfather will now suffer unnecessary consequences just so our governor can make a point. This is ridiculous! Does he not realize he is seriously affecting people's lives in a negative way?

- I'm able to get the glasses I need to see, I was able to have my teeth removed that was causing health issues, and my mom is able to get medication she couldn't afford as do I.
- dental cleanings
- My father has been able to seek dental treatment that he put off for so many years. I have been able to utilize dental services for my biologically bad teeth.
- Healthy individuals make for a healthy community.
- I have issues with my eyes type2 diabetes and histoplasmosis. Both of which can lead to blindness. So my eyes need to be monitored regularly. Without my vision I could not afford this.
- All communities benefit from the provision of basic care for citizens. Dental and vision health are essential for parenting, working and contributing to the community.
- Some people depend on these programs or would be without any healthcare benefits!
- I definitely need dental
- I'm surprised this is a question. You really need to know why dental and vision coverage is important to people who are disabled, mentally incapacitated...my son is bipolar and without this coverage, I guess he would just be blind and have no teeth. He literally cannot see without his glasses. The fact that you actually asked this question proves to me that monkeys are actually running the Kentucky Government. Geez. if you want to discuss further...my phone number is 859-985-2584
- Not applicable...my family does not use Medicaid
- Was able to take my family to regular dental and vision checkups
- My daughter and two of my friends have benefited from getting their 6 month check ups and cleanings, preventative care!
- Neither I nor my family will be impacted but thousands of others will
- Dental and vision are apart of ones well being . Dental care is hygiene ! I thought our goal was to prevent the spread of disease. Vision care can't be checked by ER or Drs office something so simple in the eye and lack of insurance can cause blindness or impairment of the vision. In some cases I'm sure someone's life would be changed as in low income worker with a family now is a dependent on more resources !
- A family member on Medicaid was able to her dental care for the first time in years.
- Diabetics can keep their eyes from getting bad by having vision care and seeing as diabetes affects the whole body dental is very essential cause poor dental hygiene creates heart disease and other health issues. Why take away dental and vision and add to a diabetics health issues?
- All of these things are important to the health and well-being of the poorest residents of our state for reasons that shouldn't even NEED an explanation. But, in particular, dental care is critical for everyone to maintain good health. There is indisputable evidence that lack of dental care leads to heart disease, and KY is already one of the worst states in the nation in terms of deaths due to heart disease.



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- Having type 2 diabetes these check ups are an essential part of my healthcare. Trying to be healthy is hard enough, but having this health issue and several more makes it even more difficult.
 - In one of my jobs I work with people going through cancer treatment and they are able to get to those treatments because of Medicaid transport.
 - Foster child used it
-
- I am diabetic with that diagnosis I need to see a dentist and eye doctor regularly to protect my vision and my health from the diabetes. Thankfully I have a vehicle but I know a lot of friends who do not have vehicles and can't afford a vehicle because of the insurance is so high and need and use the transportation to get to and from their doctor's appointment
 - One's income level should not determine whether one has access to good vision, dental and medical care. Healthcare is a human rights issue and should not be based on how much money one has. Denying those living in poverty this right simply perpetuates the problem. Manageable health problems should never be an obstacle or a barrier that prevents a person from reliably contributing to society. This benefit cut will, at best, worsen the problem and surely create a host of new ones. This is a bad move for KY.
 - Before I was on Medicaid I had not been to a dentist or eye doctor in over 3years I had three cavities and a fillin that had fallen out and was extremely painful when I finally got coverage. The glasses I was wearing were 10years old because I couldn't afford new ones and pay for an eye exam. I got new glasses for the first time and felt like I saw the world differently and experienced less headaches because of it. I am so thankful for the coverage I have. Everyone deserves a healthy smile and the ability to see the world clearly so they feel better about themselves and can be more productive.
 - I treat patients every day that depend on these services to function in life. To care for their children and elderly patients. How do you live if you can't see?
 - Several members in our wear glasses regular dental check ups have kept their teeth healthy for the most part, there are many who live in rural areas that don't have cars and have children or are elderly that rely on the transportation
 - I have a health condition that requires dental work often. Dental and vision is critical to maintaining good health.
 - I have been able to get the care I need without worrying about the high cost of vision and dental.
 - Many I know cannot afford a car and the related expenses. Busses only go around town. I know people who have had heart infections from bad teeth and have gotten to the interview stage but not been hired when they lack front teeth.
 - When more people have appropriate dental and vision care, their total health is improved. Also, many systemic illnesses are first diagnosed when patients access their dentist or optometrist. This means we are able to treat these problems earlier (blood pressure, diabetes, etc) in turn this means more people have the chance to stay out of hospitals for things like heart attacks, strokes, etc.



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- I am a pediatrician and have many Medicaid patients with visual and dental problems. Kids need to see to learn, to properly develop nerve pathways in the brain critical for overall brain development, and to generally navigate the world so they can become productive citizens. Dental health is closely linked to other health problems, most notably, cardiac. Poor dental health in childhood can lead to a multitude of adult health problems. Pediatrics is all about prevention!
- Obtaining and keeping employment is often connected to good dental care, ability to see clearly and transportation to needed services.
- These things improve long term health outcomes and decrease overall costs
- Dental and vision care are important components in preventative medicine, and they help kids and adults succeed in school and work. Transportation is vital since KY has very limited public transit, especially in rural areas.
- I had to have my bottom teeth removed and I would have been unable to pay for these services since below the federal poverty line.
- Healthy population is better for all. Plus, I have a soul.
- It has enabled me to get dental care for my children, including removal of two teeth, which I could have never afforded on my own.
- Me and my daughter have to have dental and vision. Your eyes and teeth are important especially when you have a severe toothache. I don't see why bevin don't care about the vision and dental health of us people in Kentucky. He's making cuts where cuts don't need to be made at.
- My whole family was on Medicaid while I was in nursing school. I am proud to pay my taxes for Medicaid, and proud to take care of Medicaid patients. It should be expanded, not cut.
- Made medical care affordable for my daughter and her children.
- I don't own a car so rides to dr's appt has helped immensely! I would not have been able to read if it were not for getting glasses from Ophthalmologist
- Going to the dentist at least once a year is important for my health and so having the cost of that covered is a great benefit to me. Same for vision care, for I wear glasses regularly.
- My parents run a small philanthropic organization which promotes the education of poor children in Louisville and works to help them break the cycle of poverty. We see that if one wants to rise above poverty, it takes more than a desire or even access to a good education. One needs to have their basic needs met/covered - such as being able to have good dental care and vision care (so to read!).
- We qualified for KChip through the Medicaid previously, which helped our family to maintain medical, dental and vision care for our children. At the time, my husband was the only one working and our only income. Paying for coverage on just ourselves, as adults, was difficult, to say the least, as our monthly payments were over \$600 out of his paycheck. We would've not been able to afford dental and vision for 4 children at that time.
- I need my glasses to drive, work, and attend school.
- When our son died in 2003, it left our grandson and his mother without dental & vision coverage. He was able to get dental and vision via medicaid. Because of these benefits, his Mother was able to complete college and find employment which provided insurance for him and his mother. BEVIN needs to WAKE UP and RE EVALUATE these "take aways".



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- The Medicaid coverage allowed me to receive dental care for the 1st time in 20 years! And my dependant son wouldn't be able to see the board at school if the insurance didn't cover his glasses.
 - Even though we do not receive these benefits, I personally know children who have greatly benefitted from dental and vision assistance, without this benefits they would not have glasses.
 - Glasses that are needed & dental care when necessary.
 - I used to have Medicaid and used the se services
 - If I did not have the coverage I would not be able to afford medical care. This is vital for me
 - If I did not have the coverage I would not be able to afford medical care. This is vital for me
 - decaying teeth or vision disease cannot support toward sustainable living
 - I work at Cincinnati Children's hospital. We have patients that rely on these benefits to keep children healthy.
 - I have lived in rural Kentucky, and have seen the crippling poverty that permeates both the rural and urban areas of the Commonwealth. Dental, vision, and transportation coverage mean a better quality of life for Kentuckians below the poverty line.
 - Saved me from a lot of expensive dental treatment.
 - Dental care is medical care. A tooth abscess can cause brain damage, heart attack, and death. Having a toothache can cause loss of productivity, inability to go to work, and loss of wages. If people do not have proper glasses or contacts, they cannot see to work, read, or drive. To have these benefits covered helps the patient and the community.
 - If I donâ€™t have glasses, I canâ€™t get a job, drive or even see five foot in front of me.
 - Dental care and vision care is paramount to a healthy life. Everyone, especially those that cannot afford it, in our community deserves to have access to basic dental and vision care.
 - I would not have any insurance if I didn't have Medicaid
 - Growing up, we hit hard times when my father was laid off and between jobs. Without Medicaid we would never have been able to afford doctor visits and keep our health in check.
 - I have family that has to take care of their disabled child and without this type of coverage they would have to just eliminate all care. they could not afford to go to the doctor. they would never go to the dentist or have their eyes checked
-
- Proper dental care is important for more than just teeth. Good oral hygiene affects bacteria levels throughout your body, and has been shown to impact cardiac health as well. When I moved to Kentucky, I believe I was told that Kentucky ranked near the bottom of states in terms of dental care and overall health. Likewise, vision care is essential, not only so that people can SEE properly to do their jobs, take care of their families, etc., but regular vision care can also catch other health problems like high blood pressure. I see no reason why these benefits should be eliminated when they are trying to help people live their best lives, even if that life is among the poorest citizens of our state.
 - I had cataract surgery, covered. I would have had severe difficulty seeing without surgery.
 - They can have access to dental care, if they don't have that then they do not get it. It's not affordable. They need vision care because if they don't have it they can't see to work, drive,



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read. Transportation is used for many many things. Just take a look and see how much these benefits are used before we take them away.

- My FQHC dental clinic has seen countless patients who have been able to access affordable dental care for the first time in their lives. People who have NEVER had a dental exam, are completing treatments and improving their oral health, and relatedly, their systemic health. Children of parents who were previously not covered prior to the ACA, are finally getting the dental care they need as well, because their parents understood the bare basics of the system - I am covered by the benefit and may be seen; I will take my child for services when I go as well (who we know was already covered, but wasn't accessing care because of parent ignorance). Now, the parent benefit has been revoked, and soon it will be evident that the children of these parents will also suffer the consequences of the benefit change.
- I rely on it for my care as a recent college graduate with much debt looking for better opportunities, having this coverage allows me to stay healthy during my search and allows me to focus on my search rather than how to afford my healthcare. I have glasses and need them to see.
- My friend Marie is a senior low income quadriplegiac. She is able to have eyeglasses and make medical appointments through this coverage and assistance.
- I'm healthy because of my insurance that I've had.
- The health of the community is everyone's responsibility and no one should be denied basic health coverage for dental or vision care. Your head is part of your body and should be covered. Not everyone in this country is blessed with circumstances that allow them to have dollars to afford reliable transportation, therefore, we should provide it for those in need.
- HELPS TO PROMOTE OVERALL GENERAL HEALTH
- When my son was young, I enrolled him in KCHIP because although I worked, I couldn't afford coverage. He was able to have an important dental procedure, have his teeth cleaned and cared for, and have his immunizations and other health care taken care of. I am now working and pay his care and am proud to help others struggling.
- Healthy workers provide value to local businesses. KY has a need for workers that is currently going unfilled.
- I had Medicaid when I was pregnant with both children. It helped to pay for charges I would have otherwise cause great financial hardship. We had private, primary insurance that help with a minimum of our expenses.
- I have spent my entire life in and out of RAM clinics in order to get access to oral health services. Thanks to the ACA, I no longer have to do this...had to do this. Medicaid has allowed me to have much-needed oral surgery and preventative care, all of which has been taken away from me.
- I'm seeing more people come in for preventative care. Rather than for emergency care. And due to areas where a health center is a long distance away , transportation assistance is very beneficial for pt's to seek the care they need.
- It's helped tremendously! Before I was able to acquire a vehicle, transportation benefits were the only way I could get to medical appointments.



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- I suffered an allergic reaction and had hives in my eyes covering my tear ducts. Had I not had vision care I would have had a horrible infection in my face from blocked ducts!
- I recently found out through a routine eye exam that I am at high risk for glaucoma, and without the ability to monitor its progression I could lose my vision. It requires a special test each year that is expensive. I was also told last week June 30th that I needed oral surgery to remove wisdom teeth. I am serious risk of infection and tooth loss. I am in my 40s and the longer I wait the worse it gets.
- Overall better health
- After I lost my employee based health care due to pancreatic cancer diagnosis and surgery recovery that lasted longer than 12 weeks, I would have had no way to continue my care with doctors had it not been for Medicaid. My son also would not have been covered since he was also covered under my employer-based coverage.
- My wife, son, and daughter have Medicaid. They go to the dentist to maintain good health. Our son has to have glasses in order to see.
- Glasses too see
- My daughter has very bad eyesight. She is 13 and cannot see well w/out her glasses. Every year her Rx changes drastically, we need to be able to keep up w/her changes.
- My family and I personally haven't. I just like my fellow Kentuckians to be healthy.
- My mother is 91 n in a rehab/rest home right now recovering from a fall with 2 broke arms. Transportation assistance is a must in a wheelchair ! Because the rest home n system took all her money before medicad would help pay for her stay she has no money for dental or vision care !
- Heart disease and diabetes are extremely high in Kentucky. Dental and vision care are necessary in the overall well being of these patients especially.
- The benefits give preventative and needed care to have a healthy population of people. I can't imagine not getting glasses and other services needed for healthy living.
- with Medicaid I was able to see specialists for my brain disorder
- I agree that members should have to pay a fee to continue having coverage. They should have access to "some" dental coverage as long as they pay a fee. Some jobs don't provide insurance and this is all that some people can afford.
- I know many people depend on these benefits. Especially the transportation benefits
- I am 56 years old, divorced with no alimony/child support at this time. I had to retire from Walmart due to badly arthritic knees which will need replacement soon. I am disabled although I am having trouble getting disability benefits on my own and cannot afford a lawyer. I am a college student at Eastern KY University studying Psychology. I live with my 24 year old daughter, my 20 year old daughter and 2-year-old granddaughter. Both daughters are enrolled full time in college. One has work study at Berea College and one has a part time job at a hotel. We are all on Medicaid and rely on it for healthcare. We cannot possibly pay out of pocket for healthcare, dental, or vision. We will just have to go without if these benefits are cut.
- If Bevin is a Christian, perhaps he forgot how he is commanded to care for the poor by his Savior.
- I take medications that cause a constant dry mouth which has lead to numerous small cavities on my teeth regardless of dental care. Because of the Medicaid expansion I have been able to



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get regular checkups, get numerous fillings, my wisdom teeth extracted and have kept small cavities from becoming major problems. I do not know how I could have paid for the services I received. Regular vision checkups have also allowed me to keep my glasses and contacts up to date which helps greatly with work.

- As an Adult, I went through a majority of my childhood without dental coverage. I'm blessed to be covered by Dental to fix issues with my teeth that happened a while ago.
- Both my wife and I have eyeglasses. She has multiple teeth that need attention. We cannot afford traditional insurance.
- Dental care is crucial for a person's overall health and well being. I don't really know why I have to sit here and tell the state why having dental care is important and necessary. It is common sense to cover dental care as many dental conditions, if left untreated, become medical issues. This is insane and Kentucky is so backwards!
- I have vision loss because of an accident when I was 4. 20 years later I still have vision maintenance I need to take care of. I also have several cavities my dentist was in the middle of fixing.
- As someone with very poor eyesight I understand that if a person can't see it can affect everything. Legally I cannot drive a car without my glasses. I couldn't work without them. Bevin's mean spirited actions are not helpful. I have vision insurance. Last August my new eyeglasses prescription, WITH insurance, was over \$400. I had to get a new prescription last week, again over \$400. How is someone who is poor enough to be covered by Medicaid supposed to afford that?
- Two of my children received dental braces on Friday, June 29th. They were both having serious gingivitis, tooth decay, and mouth infections from severe overcrowding. It was essential that they have them put on to stop these issues from becoming worse, causing the possibility of decaying teeth and the permanent loss of adult teeth.
- I have worked in high poverty schools for 14 years and have seen the benefits Medicaid has had for kids needing glasses to engage in learning and their self confidence once they can see. I am not as knowledgeable about dental care except for the research about the affect of poor dental health and other illnesses.
- I have had Medicaid in the past and needed dental work badly as it is a big part of our health. Dental procedures are already outrageously high and hugely limited which drastically puts poorer people at more health risks in the future.
- If people can't see, they can't take care of themselves and others. They can't contribute to society. If people's teeth are unhealthy, their whole body will be unhealthy. A dental abscess can kill. It is the least we can do to help people have a decent quality of life.
- My father is severely physically disabled and sometimes needs help getting to and from appointments when he has them. Transportation assistance is an important part of our lives when my parents do not have a vehicle and I cannot get time away from work. Both of my parents have lost all of their teeth. Being able to provide care and upkeep for their mouth health is also important so that it doesn't end up causing other infections. Regular check ups are a must.
- I have had to have surgery on my eyes and I have cataracts that needs kept a close eye on.



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- I was able to get glasses for the first time in years. I can finally see clearly again. This is important to me as a student.
- We have been able to go in for regular eye exams, the whole family of six, every year in order to take care of our eyes. this has provided two of my children glasses, they needed taking care of critical medical needs. My whole family has been going faithfully to the dentist twice a year, keeping our teeth healthy and avoiding major problems. I have three friends who have been hired in my community directly because of the increased demand of dental care thanks to expanded medicaid. There has been huge increase since 2014 in families receiving care they could not afford any other way.
- I was just about to schedule dental cleanings. Am newly widowed and its been a year since my and my dependants teeth were cleanwd, back when we had commerial insurance rhroufh my late husband's employer.
- We have used the dental care every 6 months to keep our teeth healthy and not my husband and I wear glasses so the vision exams have also been helpful.
- I work for government providing housing to the homeless. Dental coverage is essential for persons coming from the street life. They often have serious dental issues that compromise their everyday health.
- Dental care and vision care are important. I would not be able to go to eye exams if I had to pay for them.
- Routine vision and dental care are part of maintaining overall health, thereby reducing overall health care costs
- A healthy community is more productive and as a Tax Accountant in my community I see the devastation an illness can bring to a family without insurance.
- I come from a low-income family and so having Medicaid coverage really does help us with what we need.
- Those who had not previously had access to care (at an affordable level) had gone YEARS, literal YEARS, without any sort of medical care. My father in law could have used some medical care in that time, but according to the guidelines at the time, he did not qualify for any assistance. He had a severe stroke due to not being able to afford medications, medications that could have prevented this. We could not even help him because the cost was so high. Now, he has care, but it is too late. He will never have the ability to walk and talk like before, simply because he couldn't afford his medicines that could have prevented this, he may not live to see his grand kids or see his other children get married. In fact, we moved up our date because we weren't sure if he was going to make it. Every person should have access to basic care at a cost that doesn't mean choosing between food and medicines. This is something everyone should have no matter what. People in my community can now see a doctor to manage their health. I have seen grandparents live longer and be able to meet their grand kids because they can now afford to see a doctor. Dental infections can become deadly very quickly because of how quickly it can spread to your blood stream. Dental care is literally essential to living. People who were in pain before because of their teeth can now eat again, amazing what dental care can do! Vision services mean that people can see, and if you can see, you can get a job, learn how to read, help children with homework or go back to school. You can't do any of that with glasses that are 5 years old and an outdated prescription when the cheapest glasses you can get out of pocket at



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Vision Works starts at \$70, and that's without an exam. Transportation means people can get to and from a decent grocery store (which is severely lacking in the west end of Louisville) they can get to the doctor, to a job interview, work or school. With a public transportation system as unreliable as TARC, those of us who have the ability to help those in need should do so. If that means this is what my taxes go to, helping my fellow humans in need, I am 100% in support of it.

- I recently started having severe dental issues. I had some work done and granted Medicaid doesn't cover a lot on dental it did save me from using my care credit for charge for the procedures I had such as the basic visits and stays. I currently have a \$500 dental bill already from a bad abscess that required a root canal. I still need fillings and a cleaning but had to cancel my appointments to get them done. This has left me with constant pain everytime I eat due to a broken tooth, which was up next to fix before the Governor's cancellation of benefits.
- My children in particular have benefitted, and so have many of the clients that I work with.....especially with helping to fix oral health issues.
- The Shawnee Community has improved tremendously in both Dental and Vision Care, which has made a huge difference in those patients' lives. And without adequate transportation, they would not be able to benefit from these services.
- Able to get patients out of pain so that they can eat, also my son was born with a disability he benefits from Medicaid
- Keeps patients out of ER and in provider offices for care
- Oral care is paramount for overall good health. An abscessed tooth can turn septic. Vision care can lead to stroke prevention, along with other eye care issues, such as cataracts. If you don't drive, you cannot get to appointments. It gives especially one pause, if our governor is trying to "thin the herd" by eliminating necessary services.
- Decreased ER visits, less need for free clinics
- Diabetes complications worsen with lack of dental care. Checkups help make sure my mom is OK.
- My grandchildren and daughter in law have been able to get glasses, fillings, extractions and transportation to UK when my grandson had to be life flighted to the NICU.
- My grand children have been able to receive preventive care.
- The health problems suffered by my family members has to do a lot with the importance of a vision screening and checkup for eye health!!!
- I used to be a outreach worker for needed families and I know how much these services are needed.
- As a community with a large population dependent on Medicaid coverage for preventive healthcare, this is the only way to empower the community for self responsibility geared to improved health.
- My son has glasses and has to be seen 2x year because he has pressure behind his eyes. I can't afford for him to see specialist and me pay out of pocket. Therefore chance he could go blind without proper care but we don't have the money
- Some people cannot afford dental or vision on their own and that leads to multiple problems in their health that may have been avoided.
- If it wasn't for this my grandchildren could not go to the dentist
- Healthy people make a healthy community



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- I have a relative with no working vehicle who can't always get a ride who depends on transportation, but I've personally been lucky & not needed or had to use it, but I'm a breakdown away from being in trouble myself. I had my eye exam back in March & got glasses after 5 years of not getting an exam. I've been unable to actually get dental care because I've tried calling for check-ups and a cleaning but every dentist who takes medicaid tells me they're full except this time when I explained I had a broken molar they had me come in to see what were my options. The dentist looked at the tooth & told me I needed between \$500-750 cash someone could pay, or they'd take a check, and when I said I didn't have any income myself, the dentist said "no one you could call? no one who will loan it to you?" it looks painful, with a smirk. None of the other dentists I called as far as three counties away would see any medicaid patients until the current issues settle. Obviously dental care is critical to anyone's overall health, but if I die from an infected tooth "one less disabled person needing benefits.
- I live in Harlan county and many people here are diabetic and have trouble with vision as well as needing dental coverage. We have many elderly disabled people on social security who cannot afford transportation to medical appointments
- I can't drive so I've already missed important doctor visits
- Since I've had Medicaid I've never used the dental benefits because I'm lucky enough to have good teeth. I found an eye dr that takes medicaid for a pair of basic eye glasses and used it once for a new pair of glasses. Eye glasses can get expensive for things like bifocal, transition lenses or anti scratch lenses, however I feel medicaid should only cover what is necessary.
- People need to be able to get to doctors appointments including mental health care to protect their health. This makes it easier for them to work and contribute to the community. It decreases use of emergency rooms and more costly crisis care including for mental health issues. Dental and vision care also make it easier for people to work and to avoid more expensive care later on.
- No benefits for myself or anyone in family.
- Less pain due to dental care, people can see to drive, students can see in school-improved grades
- Good vision and dental care
- Got my eyes examined which normally I couldn't do cause I couldn't afford it. I have diabetes and need my eyes examined yearly.
- My kids were on Medicaid for a time when their employers did not offer health insurance.
- College student on financial aid has no way to pay for insurance.
- I received glasses that I definitely need for driving. Also cataracts that will need surgery in a year or so. My extremely dry eyes, now have the medical drops to keep them healthy.
- I think coverage for vision, dental and transportation are as important as coverage for other health related problems
- Improves health drastically of people
- People are able to get care they need instead of having to go without
- I would be able to get help
- Public health requires the public to have access to healthcare. Many diseases stem from poor dental care. And who can do anything for themselves without glasses if they need them?



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- Overall health, transportation to day programs.
- Comprehensive services are needed to adequately care for the human body. Furthermore in doing so, it is also the most economical, the most caring and the right thing to do. Without these services my family member would not be as healthy today
- People need it
- People can't afford it
- People get the care they need. Dental and vision are as important as medical care. Not everyone can afford a vehicle or have someone they can depend on to take them to appointments so they can get the care they need.
- she is diabetic and needs her eyes checked often.
- I possibly have hereditary eye problems from my mother and need access to vision care
- It is a negative situation removing benefits from patients in our community. Can we remove the same benefits from the governors community and let him see how he feels.
- My son is legally blind but doesn't qualify for SSI. I am out a great amount of money on medication and glasses for him. For a brief period of time, he qualified for expanded Medicaid and it was a huge help for me to be able to give him his inhalers and for help with glasses that he needed.
- I have been able to get preventive and standard treatment for conditions that would have become severe if not treated promptly by primary care. Two such treatment meant I could return to work within days, rather than losing my job.
- Dental care is basic essential health care, necessary for good health.
- If it wasn't for Medicaid, I wouldn't have gotten the proper dental care I needed after having my son. Now, I'm worried about my son getting the dental care he really needs!
- People are able to take care of their gum hygiene better
- Both my family and community have benefited from dental and vision care. I work for an HIV/AIDS Ryan White clinic. We all know that good oral/dental health is tied directly to overall health, and even more so to patients with HIV/AIDS. Taking these benefits away will cost us more in the long run. I don't have to write a book for you to know what I am talking about. Don't just save now, save long term and keep our Kentucky communities healthy!
- My son and his family used dental and vision coverage before he qualified for employee-provide HC coverage, and were grateful for it!
- I did not want to be on Medicaid but circumstances have led me to be from the beginning of this year. I was SOOOOOO excited to be able to afford to go to the dentist again.
- Several men and women that live in shelters do not have insurance. Our elderly have limited income and need transportation to get groceries and get to dr. appts.
- some people do not have access to transportation for basic health care needs
- I work with several hard-working single mothers whose families are on Medicaid. They have many things to worry about in their lives, but I see that they have access to health care, and that is one less thing to worry about.
- I was able to use both benefits this year for some much needed services I have not been able to previously afford.
- I know of many people who have benefited. Our state should not be going backward on providing this help for those who need it.



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- Our income level makes eye-care and dental care very difficult to keep up. Thanks to Medicaid our four children were able to have their teeth cleaned regularly, learn about the importance of dental care, and have minor problems repaired. Medicaid also made it possible to have our children's eyes examined. An eye doctor discovered our youngest has amblyopia and was able to correct his vision. Had we been without Medicaid our choices of insurance would have been very limited and it is doubtful we would have had vision coverage. Medicaid has also made it possible for my husband and I to have vision and dental check exams.
- Wellness health has made it possible for my child to live a more healthy life
- My family has benefited from the dental and vision care because he could not afford and other coverage
- It should be obvious that healthy citizens can contribute to the economy
- A healthier community means that people have jobs and unemployment remains low in addition to children being able to go to school.
- My first cousin was HIV positive due to his former wife's drug abuse. He has worked all his life remodeling homes. Medicaid saved his life b/c he could not afford the premiums for even a sketchy 80/20 policy. At 58 he is losing his teeth. He can't afford the needed dental bridge work with the limited money he can earn.
- I receive all of my health benefits through medicaid, including free birth control. I utilize my medicaid services for yearly papa smears and routine checkups. I am currently a student with little to no income, so medicaid provides me with the opportunity to be attentive to my health and overall well-being.
- I have a son who is physically handicapped. On occasions when he has been out of work he has depended on Medicaid. Much of my professional work has been with poor families whose resources are limited and dental care can be expensive. See next response.
- There is no way my family member would be able to go to the dentist or get glasses without this program. People cannot stop going to the dentist when they turn 65!
- My grand-daughter used to be able to get her glasses when she needed them (she needs to be able to see to be able to work) and my sister had a way to go to her doctor appointments (which she NEEDS to stay alive as she has several serious health problems).
- I wouldn't be able to afford to see a dentist or get the glasses I need in order to work, drive, or do anything where my vision is needed without full coverage Medicaid
- My step son has rotten teeth I think we went 15 times in the last 2 years.
- If it wasn't for dental and vision would be able to work to the best of their ability. As for transportation a lot of people would not be working because that's their only way to get to work.
- Our family of three relies on Medicaid coverage. My husband is a full time medical student and I am a full time caregiver to our two year old, thus we have no income and are relying on student loans to get by
- Does the Governor have dental and vision insurance? My Handicap daughter deserve it!!! My daughter has Williams Syndrome. She was born this way. It's imperative she has Dental care and Medical care& transportation!!!!



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- Access to standard medical care helps eliminate high priced emergencies. Uncorrected vision could lead to accidents, poor dental care could lead to medical conditions and reduce employability
- For the first time in over 5 years, I was able to see a dentist when a crown recently broke. It was essentialâ€” just as much as if I had broken my arm.
- My parents are Family practice doctors. They have been on the front line of caring for people both of means and those who have nothing. In Appalachia public transportation is severely unavailable. The ability to drive, see and eat. Are quite frankly necessary to function here and across the state in rural communities.
- When I had no car I was able to call transportation for all of mine my husbands and my 5 children to go to all of our apt even in Lexington or West Virginia. Also getting glasses is not possible for me with no vision also dental I would not have access for getting my teeth cleaned I problem wouldn't have teeth anymore. We couldn't have had a way there or even c without the medical card paying I'd still be walking around not even being able to read a book without help thank you Dawn R. Whitt 606-7690255
- Luckily I donâ€™t need transportation assistance and I had just gotten my eyes examined the week before I lost my benefits. But not having dental is really awful. Dental health can affect a personâ€™s overall health. If neglected, it can become a much more expensive issue. This will only end up costing more money.
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- My children get their teeth cleaned & any problem taken care of every six months. Two of my children also wear contacts & glasses
- The community I reside in has the worst health rating, poor oral health and families who need all these services. Plus there are very few jobs poor economy and losing what few business that have been here for years. A sad time in Perry Co Ky.
- My husband and I have both been able to go the dentist and eye doctor for the first time in years
- I was (briefly) able to get some dental services I needed.
- I can get my teeth fixed! I got my cataracts fixed!
- My granddaughter has Medicaid and it has helped to provide her with braces and glasses that she needs.
- The patients I serve have benefited from preventive health services and access to outpatient care rather than access only to emergency and hospital services.
- Medicaid coverage has been vital for my son. He would not have the life he has without these benefits.



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- "Dental care should be medical care. It has a huge bearing on overall health including heart health. There's no scientific reason to treat it as less important."
- We live in a rural state with limited public transportation even in more populated areas. Transportation assistance is a must."
- Prior to Medicaid I was left to begging for medication refills from the free clinic or mostly just living without medication for HBP. I had to plead with providers to help, split pills, and skip days to just to make it to the end of the month.
- Bc I can't afford to take care of my eyes and teeth with no helo
- The data tells us that people wait until there is an emergency, which is far more expensive than preventive care.
- Being a diabetic you have to have yearly dental & vision checkups. Me & my son gets checked every year.
- As the director of a crisis hotline, we hear from many community members that the only way they are able to address basic health needs is through Medicaid coverage. When dental care and vision needs are not addressed in a timely manner, this can lead to far more costly and debilitating issues down the road.
- Dental and Vision are so important to Physical, Mental and Emotional Health. To delete these vital parts would certainly keep someone from applying for a job
- I had some serious pain and infections going on because of abscessed teeth and having dental care helped me clear up most of those issues.
- I had dental x-rays for the first time in 20 years. I need special tests for my eyes because I am on Plaquenil for an autoimmune.
- I'm covered by employer insurance, but I know firsthand how expensive dental procedures can be, and that's IF you are getting regular check ups. Eyewear is also pricey but unless you have 20/20 vision, you need to be able to see clearly. These are important body parts and should be included in health care plans.
- Kentucky children entering into the public schools systems, either at age 3 for preschool, age 4 for Head Start, or age 5 for kindergarten, are REQUIRED to have vision and dental screenings. After the grace period of a few weeks, the student is no long allowed to come to school until the screening has been completed. Bevin is removing the resource to meet this REQUIREMENT of public education. Transportation must be reinstated as well for these REQUIREMENTS to be met. You cannot require something of a community and then remove the very safety net that helps the marginalized members of the community meet that requirement.
- Children in our community have benefited from dental and vision care as it is required for a child entering kindergarten have both exams.
- I am disabled and some doctors are farther away than I can drive to. I depend on this service to get me there if I cannot get another ride.
- Teeth taken care of, and vision
- I am a pediatrician in Morehead. A high percentage of my patients have Medicaid and rely on transportation assistance to get to local appts. and to see specialists in Lexington, Ashland, Louisville and other cities.
- I was able to get my eye exam two years ago. I had to have several teeth pulled and some filled including much needed antibiotics for abscesses I endured.



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- I have bad eyes and very sensitive teeth problems.
- Vision and dental care are essential to wellness AND employability. Cheaper to supply basic services than correct catastrophic illness.
- It has helped me to be able to work more instead of laying in bed with a headache. Ive been able to keep my teeth better maintained. And if I didnt have the medical transport when I passed out last year, then I dont know what would have happened while i was grocery shopping.
- I am concerned about folks who need this coverage and find themselves very confused about all of it. A lot of them are seniors with low literacy skills and especially with health literacy. It is very upsetting how we are treating the poor. How a government treats these citizens says so much about who they are and right now I am ashamed of who we are.
- I could not afford to have glass or get dental work if it's cut out
- I had infection in my jaw and the only way to get rid of it was to get all my teeth pulled. If I hadn't had dental insurance I wouldn't have been able to afford it and the dentist said it would have eventually went to my brain and killed me. I am also diabetic so it is important for me to get my eyes checked and now I can't afford it. It's bad enough I have to buy my glasses. But paying for the exam also is too expensive.
- it has helped to keep more kids in school because they have better oral health. Older people on Medicaid sometimes can not sit in a car to get to a Drs appointment and the only way they can get there is in an ambulance
- I provide case management services for Medicaid recipients and I have witnessed the positive impact dental and vision care have made on my clients. Have you ever had a toothache? Have you ever needed eyeglasses to be able see? Taking away these benefits from the most vulnerable people in our community is abusive and negligent.
- My granddaughters have medical problems and vision problems. The discontinuation of the benefits would severely impact their lives
- Providing transport when cant afford it or have no possible way to none bus line offices
- My mother has been able to keep her dental health and vision health in check.
- My disability causes me to have issues such as inability to operate a vehicle; as well as poor teeth. My benefits made it possible for me to be able to access the resources that I need.
- I am totally disabled, I need this coverage, my eyes are bad
- Cause we need it in our community
- People without transportation are able to get to the doctor when they may otherwise not be able to. Dental and vision are also very important for people to take care of and they need these services for their overall health.
- Medicaid funds have improved the economic situation of our Hospitals and Health Care Providers. We would not have a hospital in Morehead if Medicaid did not exist!
- Dental care is important and should be a right to everyone. Why is the United States so far behind, when other countries such as Canada have free service?
- I'm able to get me and my son to our appointments. I have doctors three hours away I see once a month.
- I am able to drive because WITHOUT glasses I can't see and if I couldn't see I couldn't drive to work everyday. Not working, well we know that leads to homelessness.
- My teeth are horrible, without dental care I cant afford dental coverage



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- Son is going through major dental repairs now. And I am needing Lazer on my eye after cataract surgery. Along with failing eye sight.
- Vision testing for child and parent caregiver, Mom. Dental check up for both also, preventive
- My community and I have been in the process of applying for Medicaid coverage for dental care and vision care.
- Able to receive needed care
- When my son was younger and on Medicaid these benefits helped him get glasses and dental care when I couldn't afford to get these for him despite working full time
- Been a tremendous help for my children and myself. We have suffered vision loss and dental issues. I could not afford these services.
- My daughter is under 18 and has benefited greatly for the extra care. She will still need care once she's legally independent.
- My boys need to see the dentist on a regular basis. Now I cannot afford glasses for my child.
- Quality of life is much better with transportation assistance, vision and dental care.
- It's quite expensive for me to obtain glasses and dental care since I am part-time and my husband is self employed
- "I have 3 children who are covered under traditional SSI medicaid, while myself and another child are covered under expanded Medicaid. Without this coverage, the two of us on expanded Medicaid would have no way of obtaining dental and vision care. We are both in need of both services
- I am a registered nurse and many of my patients depend on Medicaid for dental care, vision care, and transportation. Without it their lives will be negatively impacted to say the least. Recently one of my patients went to a dental appointment for an accessed tooth and was told that he no longer has coverage. He is now suffering with this condition until this Medicaid situation is resolved.
- I can't afford dental and vision care.
- Had several eye surgeries
- I work in a community that needs these services. I don't believe any of them are taking advantage of the program and getting greedy or misusing this program.
- In receive free dental care,
- I had transportation for my self and my mom through Medicaid my mother is in a mobile wheelchair and I have seizures and can't drive
- It helped me in regard to some dental care I needed.
- It has helped us in getting and paying for needed services.
- I see how many children who would go without if not for these services.
- I have a son born with a medical condition called hemophilia with no cure insight. The dental, vision and transportation services have been extremely important and beneficial to him through out his life.
- If patients do not have access to transport their health will deteriorate and be more of a burden monetarily and it is morally an obligation to take care of those who cannot take care of themselves.
- Cause dental care is important to your health also



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- Dental and vision care are part of health care! Without proper dental care health can be dramatically affected. Poor dental health is strongly linked to heart health and other major systems.
- I am not able to get glasses. Or dental
- Its a very important to your health.
- Many children were able to receive hospital care where I worked because of Medicaid. Also many vulnerable adults were able to access treatment with KCHIP. Now that benefits are being taken away I fear more mental health issues that will directly effect our community which is already in a substance abuse crisis.
- I couldn't afford these services for years. After receiving these benefits, I was able to get glasses and have dental work completed. I was told by my optician that it was not legal for me to drive without glasses. I also had several bad teeth removed. These services allowed me to work and stop calling in sick
- I had a cracked tooth. By having coverage I was able to save my tooth. If I didn't have medicaid I would have lost my tooth.
- I've Always tried to take care of my teeth. Now, that I don't have dental coverage, I can no longer see a dentist.
- My husband wears glasses full time, he cannot see without them... we need this coverage because his glasses costs over \$300
- I have benefits from dental and vision by using the coverage that was available to me.
- If people in our state are eligible for these benefits and they need them, then they should be able to receive these services.
- If patients can't get to an appointment, why have health care providers at all?
- I am a diabetic and having vision care is very important to me
- Gave them so much they couldn't afford. Also making it possible for them to keep their apts
- I have had glasses since grade school. I am also diabetic. I need vision and dental care.
- My husband was able to have his teeth, which were in very bad shape, extracted. This put a stop to the excruciating pain he dealt with daily and gave him the means to be able to eat again normally.
- Was able to have some bad teeth pulled that caused me terrible pain daily.
- People on Medicaid are there for a reason. Taking away vision, dental, and even transportation is taking away a key part of our health and a way to get to vital appointments.
- A healthy population helps families, businesses, and economies.
- I have family members on Medicaid.
- "Regular check dental check ups and cleanings allowing me to maintain good oral health. I have been able to get vision screenings as I have visual difficulties and allowing my eye Dr. to watch rising pressure in my eyes that may eventually affect my vision. I would not be able to afford this on my own let alone any new glasses I may need in the future.
- Also gum disease can cause heart disease especially as people age. Regular cleanings and checkups can prevent this and increase health and longevity overall"
- "Dental problems cause pain and make it hard to be functioning on a normal level and I can not afford glasses, I am a cancer survivor but the effects of cancer has left me physical disabilities



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that I will have for the rest of my life. I need dental and vision care! Without it my quality of life will be greatly reduced!

- Oral health is directly tied to overall health, specifically cardiac conditions. Eyesight is one of our 5 senses and many diseases and conditions manifest in both these areas. An integrative functional approach will lead to better outcomes.
- I still have healthy teeth however the ins I have will not help pay for my glasses I really need them.
- Students and families with whom I work need dental and vision care, and many cannot access that care without support from Medicaid. Children with cavities can't concentrate on learning, and if they can't see they can't read.
- I have students who were failing in school because they couldn't see. Medicaid provided eye exams and glasses that they will now lose. The dental clinics brought to the school's made a difference in oral health.
- I have students who were failing in school because they couldn't see. Medicaid provided eye exams and glasses that they will now lose. The dental clinics brought to the school's made a difference in oral health.
- The community benefits when children have access to these services. Poor vision/poor dental health has a negative impact on a child's ability to benefit from instruction. Adults have difficulty working if they are in pain due to poor dental health. DRIVING, and therefore public safety can be impacted by poor vision.
- It is important for everyone to have coverage for dental and vision care.
- Me and my family really need it right now I don't work
- I work in hemodialysis and our patients utilize transportation services to get to their life saving treatments. It also helps them get to doctor appointments for preventative visits or visits needed when ill.
- Living so far from town and with no jobs here , the people here need assistance.
- Many of my clients have received dental and vision care through Medicaid expansion. Without such coverage, minor issues (e.g., toothache) can turn into major medical issues which would require medical attention and costly care. I have seen firsthand how access to medical and dental care can keep clients healthy and can prevent more serious health issues from developing.
- Medicaid dental coverage lessens ER use for dental emergencies, vision coverage helps detect diabetes. Preventive care reduces costs.
- It will cause people to be more invested in what they get for free!
- I would be crippled and homeless. Though getting an eye exam and not being able to afford new glasses doesn't help much. I did catch a couple teeth that needed fillings. I would have had to suffer and somehow get them pulled without help. I don't have many problems with my teeth so far.
- As a diabetic patient with high blood pressure , I could lose my eye sight or develop heart problems without preventative care. Also, my health affects my elderly father who I care for. He has Alzheimer's and I am his caregiver. If I become ill then he would have to go to a nursing home.



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- My sons would be unable to get the care they need, dental and vision is important where they are in school and need eye glasses, I am also diabetic and need vision care
- It would affect me and my daughter bad. For one , she 5 months old she's going back and forth to the doctor. Me on the other hand , it would hurt me a lot
- My relative would be unable to afford dental care if not for her Medicaid benefit.
- Without dental and vision I'm left to suffer with oral pain, and numerous ER visits. Diabetics without dental suffer the same. Without vision I cannot get eye exams & no glasses therefore I can't drive to work or read anything pertaining to work. All in all it'll affect keeping a job.
- It hurts my heart that our governor can be so uncaring and callous!
- I fear I will get gum disease despite my best efforts to brush, floss, and use mouth wash twice daily. I follow the instructions from my dentist for good oral hygiene but without access to yearly cleanings I believe my efforts will be for nothing.
- I feel that this will weaken the overall physical health of those in my community that need this assistance.
- I desperately need healthcare. I am on a limited income and can not afford private insurance. I am disabled and really need my Medicaid. I cannot survive without it
- This decision jeopardizes the ability of many Kentuckians to receive needed services. Dental care and heart health are closely linked. To remove dental benefits will increase the cost to Medicaid for cardiac issues.
- My partner works 40 hours a week as a temp tech at UK, and therefore does not qualify for employer sponsored insurance. He has been denied for private insurance, so Medicaid is the only option if he wants healthcare coverage. Without it, he will have to pay out of pocket for every trip to the doctor, and therefore will likely not seek medical care unless there is an emergency.
- Possibly lose teeth, which would cause them not to eat properly, which could result in death. Possibly cause their eye sight to get weak, which could be dangerous to the recipient and others, or even loss of eye sight, which would be devastating.
- Healthier people make better citizens.
- Bevin continues war on people in poverty, cutting vision and dental. What a low life SOB.
- How will it not!!!!
- Elimination of such benefits undercuts the basic concern for one another that should undergird every community.
- Population as a whole becomes less healthy and ER cost rise.
- People with limited transportation will suffer the most. This can cause more frequent hospital visits and la larger burden of expense on the Medicaid system.
- When I taught in Maryland, a local student died from an untreated tooth infection. That we would create the conditions here where that could happen is unacceptable.
- Children and adults will not have a way to see a dentist or eye doctor to benefit and allow them to have the same services that others would have from their commercial insurance.
- I would have to continue to wear my existing prescription glasses, without knowing whether the prescription has changed, because I cannot afford to pay for either an eye exam or new lenses if needed.



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- Many people in our community rely on these benefits to have true access to basic medical care-- vision and dental services are not "extras" or "luxuries" that can be cut out without having a negative impact on overall health and well-being; the less healthy any member of our community is, the more it costs the entire community--it just doesn't make sense, financially or morally!!!!
- All of the downstream effects of patients not getting the care they need and also the vendors not receiving revenues
- It will cost more money in the long term
- My daughter, and so many like her, would not continue to be healthy without the Medicare coverage.
- At present I would not be directly affected, yet, as stated, this will have an effect that ripples from the individuals felled by this cruel, high-handed deprivation throughout our entire shared society, culture and even geographical place. I've just recently driven cross-country; it's not hard to tell which areas are more "liberal", making some provisions for the general public good, or "conservative", offering nothing to the general public. Roads, services, attitudes, even visible signs of health, are noticeably different. I saw many heartbreakingly unhealthy looking people bravely zombie-ing their way thru their work. If you truly believe government's role is to insure profits flow to a very few select people, then, yes, support its actions like this. How many of us can there really be that truly choose this? Why would the majority of us wish for the best to go only to an inside few? Government has a role in offering every citizen some basic security. It is in fact good for all of us if it does that. This is a greater good than a few friends of the governor getting to be even richer.
- These cuts will hurt small doctors offices who care for these patients, and will hurt the patients and potentially cause them a great deal of pain and risk to their lives. I can only imagine the strain this will also put on non-profit entities like The Lion's Club.
- I am not directly affected by these proposed benefit cuts, but I don't want to see people in my community (who are already struggling to raise families, pay bills, etc.) suffer even further if they lose these benefits. Without affordable access to basic needs our society will crumble.
- The community of Kentucky will continue to lag behind the rest of the country if members are not able to access basic care.
- "Yes I need dental that I cant afford and vision care that I cannot afford
- Financial burden of infections going untreated are life threatening. How are people supposed to save their teeth if they can't afford to get help. Not to mention missing work. Removing these benefits is barbaric.
- Loss of these benefits will directly impact vulnerable individuals in obvious ways relating to quality of life & over all health. It will also impact the ability for some to be a productive & active member of their community as it could impact their daily functioning, their confidence & mental health, and how they are perceived in society. The impact on general health will also be costly. Leaving dental or vision concerns unaddressed or not being able to maintain adequate or consistent medical care due to limited transportation will only lead to worsening conditions & increasingly systemic effects. The longer a health issue goes without management or intervention the larger the problem becomes and the more costly it will be to address.
- All of the above.



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- Denying an individual access to these benefits is, in essence, denying them a significant portion of their quality of life.
- Minor health issues can become major and increase cost of treatment
- I and many other people in my community are extremely poor and would not be able to afford exams without Medicaid.
- I have high blood pressure and would not be able to get a prescription
- Reducing such benefits reduces wellness in the community.
- Many low income will be hurt with these changes. Shame on them for being cruel to the less fortunate. They need to have their perks eliminated and have to like their fellow citizens.
- "If someone needs dental care and doesn't have Medicaid dental coverage, my understanding is that the only thing that is able to be reimbursed is an extraction. Extracting a tooth for a cavity or other problem where the tooth can be salvaged makes no sense medically or for the overall health of a person.
- We have a terrible opioid problem in our state. Most people who develop an opioid abuse problem began using pain medication through legitimate sources for a legitimate medical issue. If someone has dental coverage and routinely goes to the dentist, the chances of a major dental emergency is lessened. Without dental care, someone who develops a dental emergency will be in great pain with their only recourse being the emergency room. They will treat their pain with opioids and could end up on a path to addiction that is all too familiar to our community. Let's do what makes economic sense and care for others the way that we would want to be treated. "
- My community would suffer as women and children's needs will not be met. A true leader ensures that the people he represents have their needs met and flourish under his/her watch. This governor does not seem to care about the people of Kentucky. He only cares about lining his and his cronies pockets. Disgusting
- For the population I serve, it could be undiagnosed Opportunistic Infections, untreated HIV due to lack of transportation, and therefore an increase in new infections in the community.
- Eliminating these benefits would be very hard on people I know in the community. Dental benefits have helped so many people start dental treatment plans for the first time in their lives! If these dental benefits were eliminated, many people would not get the preventive treatment they need or take care of dental issues when they first arise, leading to more complicated procedures down the road.
- We would not be able to get the services that we need
- Eliminating these benefits to our community would be devastating and detrimental to them. Our governor needs to come personally visit communities like ours and see for himself what issues and lack of services we have for our poor, elderly, and mentally and physically disabled.
- I think it is a good change. It is not being cut (as far as I understand) for people who can not work. The \$3 co-pay is not too much to ask for, as working members have to pay several times that amount.
- The elimination of these benefits means that those in need of dental care won't get it, the effects of this should be pretty obvious, then again if the folks who have always had money and access to care are the ones making the decisions, then they won't have a chance of understanding how this will affect our community!
- Decrease quality of life.



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- It will make the KY budget more sustainable
- It has already affect everyone in which ways only a medical provider, family member or anyone who has any concerns regarding anyone's health. More ways that can be mention. An seems as if the only route to take if its available is going to the emergency room. That's the only alternative they have left us with.
- I am a nurse for White House Clinics in McKee. My patients live in a very rural area and have benefited greatly by having Medicaid coverage that allowed them to go to dental and vision exams and had it not been for transportation to get them their health would be jeopardized greatly. Transportation to and from these visits allowed for safe travel for patients and our communities. These benefits being taken away will have a huge impact on patients health.
- The elimination of these benefits will negatively affect the community by pushing more people to the visit the emergency room instead of preventative care.
- It would caus others to take responsibility for themselves and their families as opposed to putting the burden in th public
- not having dental care affects peoples health. People die from tooth pain!
- Mire ER visits for dental psi for our community
- Puts me at risk every time I drive and a person who needs glasses and doesn't have them. Puts children at risk of ignorance and failure if they can't see the chalkboard, read papers, do homework.
- all of the cts I work with would have major cuts in healthcare
- We have received great care and coverage, but if we lose dental and vision coverage our family may not always be able to access preventive care when itâ€™s needed and have to rely on savings for emergency health situations
- It's about education and employment as I stated above.
- The agency I work for would have to find other ways to get these people to Health care appointments, which will be very hard to find.
- If overall health suffers, then the burden of care will cost Medicaid more in the long run
- Low income families already have to choose health care, medications, or how much food am I able to purchase this day, week, or month. We are the richest country in the world and it is hard to believe that we have such high poverty and homeless numbers. All the politicians living in their castle on top of the hill need a reality check of how day to day life is for the average family. For low income families Medicaid is the only way they could ever receive dental care or vision care, and transportation is their only way to health care appointments. This is the only health care insurance they have, they can not afford any thing else and the Market Place insurance is a joke. With out good dental care you loose teeth, no teeth you can not eat healthy, if your not eating healthy your physical health declines, teeth become infected and can lead to a coma if the infection enters the blood stream, self confidence lowers and depression can occur, no vision care and individual will be unable to thrive with a decline in the ability to see. You try closing your eyes and function for the day. I know that a large amount of funds are spent on Medicaid coverage, I get that, but you have to look at the long term fall out of not having these benefits.



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- I am about to move from KY, but it will certainly hurt the state. There are many people like me who suffered in the past without glasses or necessary dental work. They've seen improvements in productivity and in their quality of the. I would hate for the state to lose this!
- As a health care provider I know breaking down barriers for patients is key in prevention, appointment adherence, and better outcomes. One of the key barriers we see in patients is cost and transportation is a close second. The fact is if someone can't afford something they must go without. I don't believe it is smart on the states behalf to eliminate paying for these services. Health care will always be costly but eliminating these services will not only cause people to need more costly follow-up care as well as costing the state more money in the long run, people will be more unhealthy because of it. And as we all know, two wrongs don't make a right.
- You are hurting people that need the most help.
- As stated above, eliminating these benefits presents clear barriers to the health of individuals & our community.
- I could potentially lose my job because I work for a clinic that depends on Medicaid billing for a large portion of income. This would cause increased stress on myself and my family, who would worry about me until i find a new job. I would not have income to then use to support community businesses which impacts their overall fiscal and employee health.
- Total health of a person depend on these services. More money may be needed if these services are not covered. That could become more of a tax burden long term.
- Dental and vision services are necessary to keep individuals healthy, to detect early signs of illnesses and to help people to become "job-ready" without dental or vision problems interfering.
- I would be missing two teeth, not be able to see clearly as my eyesight deteriorates, and would have issues, along with other people getting to medical providers.
- If no benefits then kids won't be able to get proper dental cleanings and vision checks
- See answer above
- The kids don't have access to this benefit
- My Sister had to quit her job to provide care for four children ages nine months to 11 years old while their mother is in jail for drugs without this benefit they would have gone bankrupt
- Adequate dental care directly impacts health including cardiovascular disease.
- "Many in my community live on the margins. Without assistance, they and their children will be unable to afford reasonable dental and vision care. Nor will they even be able to seek needed health care because of lack of transportation. The result will
- be more catastrophic and expensive health care interventions that we will all be paying for. A Stronger and healthier population does better at work and at school and our community benefits.
- Our disabled as well as patients that are employed at low wages in our rural communities cannot afford dental and vision care. This is going to increase emergency room visits at outrageous prices when a patient is having dental pain instead of them being able to see a dentist. Transportation for our low income patients or our patients who cannot even afford to keep their insurance on their cars in a necessity.
- I don't drive, so should my "medically frail" husband fall ill, or need a ride to a doctor's appointment, it will be a struggle to find transportation for him. Taxis in my area are notoriously



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unreliable, at times requiring a wait of five hours. Eliminating dental services creates a risk to those for whom infected teeth can cause pneumonia or bacterial endocarditis. Eliminating vision care puts more dangerous drivers on the road.

- People will not be able to afford to go to the dentist therefore will end up neglecting this therefore will end up having poor oral health care. Also by not having transportation to medical appts people will not be seen early therefore early detection screenings such as colon cancer and breast cancer screenings will not be completed and I fear medical issues like cancer will not be found until it is past the point to help someone. Also people will be forced to put their health on the back burner b/c for some they will have no choice as some have no family or friends that can transport them to appts!!
- Most of my patients will be unable to continue their treatment plans and/or to receive treatment when they have life threatening dental infections. There are proven connections between someone's oral health and their overall health. By hindering access to dental care, we are impacting the overall health of my patients and our neighbors in the community.
- My brother would probably end up in a terrible situation.
- Dental and vision cannot be separated from "physical health"....if the goal is to have folks return to work, then proper/healthy dentition is vital, as is the ability to see well. In addition, lack of consistent diabetic retinal screening can lead to blindness in patients with diabetes. Transportation to both PCP offices and specialists offices for basic primary preventive care, as well as cancer screening such as mammography and colonoscopy, are vital in saving lives. Overall healthcare costs will rise on the backside as Medicaid patients become disenfranchised from basic primary care and preventive screenings.
- "As the breadwinner in a single parent household, my self care teaches my children important lessons about the value of my life, and theirs, and keeps me
- healthy enough to work and earn a living. "
- Communities have to be able to take ownership of their healthcare and health status. This is what all the politicians keep reminding us of, yet it is these very individuals that want to take away the very basic needs required for individuals to manage the basics of healthcare--being able to see and eat (healthy nutrition). This is not rocket science and it doesn't take a neurosurgeon to know taking these benefits will result in devastating results for our communities. Growing the problems with healthcare not healing them.
- Kentuckians have a really low life expectancy compared to the rest of the nation. I am concerned that a move like this will cause this to worsen.
- Things not handled early build to serious, more costly and more painful conditions that could be avoided through preventative dental/vision coverage.
- I wear glasses for driving. I have night blindness too, so this definitely will hurt me getting my glasses renewed. I have to get a special subscription that cost more.
- These families will go without the medical care they desperately need!
- it will have a huge impact on all families
- I am a provider, actually, if I stopped taking Medicaid it would probably open up more appointments for paying patients but who will take care of the states most vulnerable if we all do this. Many of these were the working poor, they have minimum wage jobs, they will have more days missed at their jobs and more money will be spent at the Emergency Rooms.



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- If low-income workers lose Medicaid benefits, then they will have to go to the ER for care, which is more costly. They will also lose preventative services that will help keep them well and able to work the low income jobs.
- potential tooth and vision loss
- My community will suffer considerably. Oral and Visual health is just as important as general health. Keeping the availability to Medicaid users will also decrease the foot traffic of ER services for dental pain.
- my sister would have a terribly hard time as I know others would also
- People getting the aid they need will be hurt health-wise.
- I will need to pay out of pocket for my son's dental and eye care...the result is that I may not be able to make student loan payments. There are many children who may not get to go to the dentist, people who will have their dental issues continue to get worse, and we will lose preventative care. Issues that could have been treated inexpensively will get worse, and the treatment will cost more. Many will not receive treatment.
- Also no impact since it is not because my used.
- My community will be impacted in numerous ways. Emergency rooms will be flooded with patients who have neglected their care due to not being able to see their PCP.
- it would eliminate access to care.
- Plenty of people on Medicaid are disabled, elderly, or a child. Punishing these groups is wrong in every way!
- It's going to put a great burden on our communities and our country. There will be more disease and deaths. And this will cross all economic lines.
- So many people would lose medical coverage, & would suffer
- no way to be able to go to the dentist or to get eye prevention screenings
- I'm already experiencing a tremendous amount of worry over this, as I have a tooth needing repair right now, but I can't afford to pay what my dentist will charge if I don't have my Medicaid coverage. I'm even having to pay a premium now, but I'm getting less care. I'm willing to pay extra if it means I can keep my dental coverage.
- It kills people.
- I know what it's like to need glasses and dental work and not be able to afford to get it. It is known that poor dental health leads to digestive issues. Dental insurance can help reduce trips to the doctor.
- Dental and vision care is necessary for my overall care. I don't understand why any insurance sets these apart as parts of a person's needed care.
- My students would suffer by potentially not being able to adequately participate in class without proper vision care. Everyone without dental care would be higher risk for cardiac problems.
- My community will go without the basic care for vision and dental care. We are a poor community. Not a lot of jobs to be had.
- The separation of vision and dental health from other forms of health care is arbitrary and uninformed. Health is a function of full bodies, and dental issues in particular often cause significant health issues that reverberate for individual as well as family and community health. (This is the reason public health dentistry exists as a field.) The state could prevent such health



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consequences--and prevent having to pay for them!--by maintaining effective vision and dental coverage.

- Eliminating vision coverage will have a negative impact on the learning and development which limits lifelong success of citizens.
- Reduced services reflects on all of us.
- I have a heart condition. If I don't get regular checkups, my cardiac health could be compromised.
- I suppose if people can't afford eye care to be able to see they can always apply for SSI benefits because then they would be put in the handicap bracket
- My family requires dental and vision care and can not afford these services on their own. I was also previously a Medicaid recipient and this would have impacted me greatly.
- "It's sad already that we don't even have a dentist anymore in Trigg County that will accept extended Medicaid. The only one who would died recently. We need more oral surgeons and more dentist to help people.
- My husband just became disabled and has to wait 2 years for Medicare. Eliminating these benefits would put a drastic hardship on my family.
- "Due to having Glaucoma, Losing my vision benefits would greatly affect me because Without my vision benefits I could potentially lose my vision if I could not afford to go to all of my eye doctor appointments or receive the treatments and regular test that are required to manage my condition. It would also affect every other person who could not go to the eye doctor or dentist for their regular exams that could possibly detect problems like mine or other problems.
- People will work less, be educated less and will seek more costly treatment due to lack of coverage for preventive care.
- "Having these things taken away will and can cause additional problems with your eyes and teeth with what is already present. It may cause an increase in ER visits if a person feel they can't go to the proper place to get care.
- As far as transportation, it's this is sometimes the only a person will get to their appointments when family is either not available or around. "
- Underprivileged children will go without needed vision and dental services
- It would be devastating. There's a lot of extreme poverty in our area, and plenty that goes along with it like food insecurity, and lack of good quality water. Many people resort to drinking pop, because it's cheap and "clean," or bottled water which is not fluoridated. "Mountain dew mouth" is a common ailment, especially in young kids. Also, many recovering addicts have drug related issues with their teeth, and getting dental care with Medicaid can help them regain self-esteem and become better able to be hired into the workforce. Medicaid dental coverage has been a godsend.
- won't be able to go
- As an HIV positive person a dentist could be one first medical professionals to notice thrush, or lesions that could indicate that my HIV medication was not suppressing the virus to undetectable levels.
- bad teeth
- KY had risen slightly - from 47th to 44th in health ranking. Cutting benefits will put us back toward the bottom rankings.



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- Especially with dental care, I may have problems that I will be unable to treat that will escalate far worse than they would have if I had care.
- Possible tooth loss. If I can't get my eyes checked regularly it would impact my ability to drive or have quality of life wearing contacts or glasses that need updating.
- We wouldn't be able to pay for my oldest 2 kids allergy shots or appointments for their asthma. I wouldn't be able to pay for their inhalers and emergency medications.
- I've personally witnessed Kentuckians trying to make ends meet and suffering from lack of healthcare. It is cruel and unjust to take away these much needed benefits. All of them affect the overall health of individuals. This decision is cruel and unjust and does nothing to promote wellness.
- For myself, I need at least four teeth worked on because of vitamin deficiencies and poor preventative care. (I didn't know I had dental coverage for a long time) I already have to pay out of pocket for the crowns, at over \$400 a piece. Because of my families budget issues I will have to have the 4 extracted and a partial plate made. Even with me paying out of pocket for the partial plate, around \$500 to cover all missing teeth, it's more economical than the crowns. If I lose the coverage I do have I guess I will have to walk around with the front of my mouth rotted out because I do not have the money to pay for the needed work out of pocket. And with tooth decay comes even more medical issues that my Medicaid will have to pay to correct.
- It would just be devastating, I hurt too bad to work, and I have social problems I get anxiety when around a lot of people. But I can not get disability so some of us get pushed to the side and not helped. I feel like they just didn't care they just wanted us off Medicaid so they could pocket it. Please help us, this is not right
- Eliminating these benefits will cause serious harm to people in need of these services that wouldn't get then otherwise. This includes our most vulnerable citizens such as the elderly and children. The quality of life will be drastically diminished for these individuals. Our Constitution in this country has the following words from the preamble, "promote the general welfare." This means it is the responsibility of the government to do things that will help improve the lives of its citizens. How is this accomplishing this?!
- I have small children at home that need my care and I have glasses that need replacing every couple of years due to my vision getting worse.
- It could promote health issues that are detected by dental/vision screenings!
- I have a toothache now, but I am afraid to call the dentist as I'm afraid I will be told that I no longer have coverage.
- Limiting access to healthcare for the poor just makes people poorer and takes the overall health of the community down.
- I would not be able to afford my eye exams or my glasses. Believe me I really need these glasses!
- It is immoral to not do so. Such policy reduces us as a civil society. Not to mention the impact it will have on the productivity of Medicaid recipients when they cannot adequately see to work or get to work. Also it is clear that poor dental health adversely impacts overall health thereby increasing overall cost of health care.
- "Vision and dental care are as important as medical for overall health!"
- I am grateful that I don't need these programs!
- I work full time and I have 2 college degrees!"



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- I'm afraid I will have worse health problems if denied these benefits
- see above and feel free to call me for further discussion.
- My family will not be affected....we do not use Medicaid.
- Have you ever tried to work with a toothache , can't work if we can't see
- Eliminating dental care can lead to more physical health problems, such as cardiac issues. An ounce of prevention is worth gallon of trouble.
- Not me or my family directlyâ€”but these cuts are narrow-minded, hard-hearted, and mean-spirited. And not necessary.
- Our community would be affected by not having access to proper hygiene ! Control of disease spread on a wide scale !
- Eliminating these benefits will have a detrimental impact on the entire state. Dental disease can lead to other serious issues such as heart disease and can also lead to spontaneous abortions for pregnant women.
- It's just going to add terrible health problems to people's health issues.
- No one in my immediate family is unfortunate enough to rely on Medicaid benefits, but a couple of my extended family members do (including my almost 90-year-old uncle who can't drive anymore and my ex-husband, who is disabled due to severe scoliosis since childhood that required him to have metal rods inserted into his spine at the age of 15 and multiple surgeries over the years since). Also, I have worked extensively in Eastern KY, where nearly everyone lives well below poverty level. Losing these benefits will be devastating to the most vulnerable residents of our state.
- We will surely be in the boat soon about wondering to eat or to pay the dentist.
- In one of my jobs I work with people going through cancer treatment. If it weren't for Medicaid transport many of them would not be able to make it to life saving treatment and would very likely die much sooner. Additionally, I believe that everyone should have access to healthcare regardless of their background or ability to pay as I feel like it is a basic human right. When we are all better taken care of, we are all better off.
- I'm a nurse whose patients would be negatively affected
- This will devastate many families in my community, including many people I know and love.
- Prior to the Obamacare coming in I had 5 teeth that needed to be pulled and do not have the money to be able to get those pulled and was in pain continuously because of the damage to my teeth from the diabetes I also have experienced eye damage because of not being able to go to the doctor and the eye dr. Unlike Governor Bevin we who are poor do not have the luxury of having unlimited insurance protection for life.
- I feel like it would put a hardship on my family I mean we wouldn't be able to afford it so we wouldn't go which could lead to worse medical conditions then those that could be prevented if we were going to regular checkups.
- People deserve to have their basic needs met, how can anyone contribute to society if their health is failing?
- It's creating a hardship
- I would get sicker, and have to go to the we more often. I would not be able to afford dental care out-of-pocket. I'm a single mom.

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- I will not be able to afford new glasses every year. I will not be able to get dental work done if needed.
- I will have to pay for 3 people's lost care by scrimping on necessities.
- When people have less access to appropriate health care, more people are unhealthy, more people die and for the Republicans less people can work the jobs that don't provide health insurance coverage in the first place.
- Even if my patients could get appointments with specialists in Lexington, it would do them no good, unless they could get there. Transportation assistance is essential.
- See my answer to the question above.
- The opposite of the above
- Thankfully, I have not had many family members who have died in my lifetime. This also means that many in my family are very old. Throughout my life I have always relied on my grandparents and great grandparents for so much whether it was a place to stay, someone to talk to, or a ride from school. But, as they are aging their faculties are leaving them. I am watching my grandfather, a doctor and once a professor at UK and UofL, go blind. I understand this happens naturally as we age but despite his age he still has so much to contribute to society and to his family that he will be unable to do without vision assistance he was once guaranteed from his health insurance. Now that he no longer will have this assistance his vision will fade even faster than it was before and it's hard. It's so incredibly hard to watch this brilliant man slowly lose confidence in himself and it's even harder to watch as the state that he so valiantly protected in several wars turns it's back on him.
- I'm a teacher, so I see kids whose needs are not met regularly. Trying to help a child learn when they can't see clearly or their mouth hurts is a challenge that is unfair to the kids and the teachers. They don't deserve to struggle just because their parents are poor.
- I have diabetes type 2 and without my coverage I would not be able to get my yearly exam.
- Lack of access to routine care helps stop disease before it reaches emergency stage.
- I would be unable to afford dental care for anyone in my family without these benefits at this time.
- It's affected my family in a very negative way. Me and my daughter were supposed to go have oral surgery this month. For toothaches.
- I have friends at risk. Please don't take their care away.
- A lack of preventive care will result in higher costs from sicker people.
- no rides to dr, no help with age vision loss
- I would be less apt to make a dentist or vision appointment because of the potential cost.
- Removing these benefits does not help people get out of poverty, in fact it helps keep them there. With insufficient annual pay (given minimum wage levels these days, this is not uncommon) these individuals must sacrifice more their earning to take care of themselves and their families, perpetuating the cycle of poverty and as each generation is greater in number than the one before, increase the number of poor in our community.
- If there is ever a need for my family to qualify for any benefits, dental and vision not being included would be a substantial cause of my children's dental and vision health decline. It is



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much more expensive to pay for dental and vision than it is for medical. This will impact our emergency rooms to become even more crowded in an emergency as community parents would have no option but to utilize the care there, which would create even more debt to our hospitals, doctors, and community as a whole.

- I hope to start a decent-paying job with benefits now that I've earned my professional license, but what happens in the interim? I was about to get my annual eye exam and my six-month dental cleaning.
- Simple math. If a low income family does nothing but pay medical bills,,,,,and with Bevin in charge, this could happen....much of our state will become impoverished. THINK!
- I could not afford coverage or appointments for either service if Medicaid benefits were eliminated.
- Children would go without vital vision and dental assistance.
- Would not be able to pay for glasses, exam or dental care.
- It would hurt quite a lot of ppl in my community
- I would be very sick as I depend on the care and medicine
- I would be very sick as I depend on the care and medicine
- The working poor cannot even afford small fees- everyone needs access to adequate health care.
- Some children in my community will not get the preventative and necessary medical care they need to stay healthy.
- Denying the poor these services is just adding insult to injury - without a good reason.
- It would harm my health and that of other local residents.
- see above
- I could not afford to get my teeth cleaned.
- So many people don't have transportation and now can't get to appointments. I know a lady who has cancer and she has to have all her teeth pulled, now they are telling her that she is no longer covered. She must figure out how to pay for it.
- Hard times can hit at any moment and the government should be there to help pick us back up so we can have the chance to start over again.
- My daughter is currently covered under expanded Medicaid, its essential she continue to receive benefits, minimum wage jobs do not provide financial means to afford dental and eye care.
- my community is my family and I also have close family that gets Medicaid, they barely survive on paying their rent on what they make and without their Medicaid coverage would be devastating to the whole community
- If the Governor believes that people should be working, how can he expect them to work without access to affordable dental and vision care? Keeping people from these services will also affect the types of jobs they can apply for to support their families. A lack of transportation for many Kentuckians who live in areas where bus service is lacking degrades their ability to receive care and for those who are parenting young children and unable to receive these benefits, how will the children grow into healthy adults, ready to take on the world. We have to get over this me-first attitude that has developed in this country and look out for each other.
- I have no current dental or vision problems so I'm not sure.



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- Most people that have medicaid coverage for dental, vision or transportation are already struggling to get by. We know that people that make minimum wage and work full time can't afford to pay all their bills and take care of all their responsibilities. I have family that is hugely affected by this and I work at a small federally funded HIV clinic in WKY, our patients are hugely affected by these changes. They can not afford to pay for dental and vision, so they don't get it. What does that mean? They get infections, they get sicker, they can't see to do work. Add on that they don't have a ride to get to their medical dr. to treat the sickness and side effects of not having the care and services they need.
- There are only two Medicaid accepting dental providers in Rockcastle County. My FQHC, and a flighty private office with unreliable hours. If the dental benefit is eliminated entirely, an overwhelming percent of the county's population will not have dental coverage. This will decrease the frequency in which exams and cleaning are completed, increasing the incidence of decay and infection in patients. When dental decay and infection go untreated and a dental benefit is not in place to address the need, the local emergency rooms become the triage center for dental pain. Emergency departments are not equipped to address dental/oral health needs, so patients are most often given pain meds to address the pain, and get the patient out of the ER. In an accelerating opioid crisis, additional, unnecessary prescription drug practices are the last thing central and eastern Kentucky need. Removal of a dental benefit plays directly in to the institutionalization of the opioid epidemic.
- I would no longer be able to afford my medical care and neither will my family members who are also on Medicaid. It will only give poor people more money issues and more things to worry about rather than working to improve their situations and becoming more productive members of society.
- Many seniors and disabled persons in my community would be left without eyeglasses, eye and dental care.
- I have glasses and need to keep those updated because if not my eyes can just become worse than they already are.
- Not allowing these benefits will cost us more in the long wrong when simple preventative measures could have stopped costly medical bills later when disease has progressed.
- "SOME PEOPLE HAVE HAD ILLNESS, POOR HEALTH OR LIFE EVENTS THAT HAVE LED TO PROBLEMS WITH ORAL CARE. IE THE PERSON WITHOUT TEETH IS A RISK FOR MALNUTRITION OR THE PERSON WITH UNCONTROLLED DIABETES MAY ENDURE CHANGES IN VISION WITH POSSIBILITY OF BLINDNESS. HOWEVER WITH OUT THESE SERVICES YOU LOSE THE ABILITY TO SCREEN AND TREAT MAKING IT MORES COSTLY ON THE BACK END.
- It wouldn't affect me, but so many people would have issues that would, at some point, need addressed. As a public health professional, I am well aware how the expense of neglect of care multiplies difficulties and costs. This is a terrible idea.
- More uncovered people will resort to Emergency Room visits and not be able to pay those charges.
- "I work in a public health care facility. These changes affect a great deal of my patient load. Losing patients could cost me my job.
- Taking away dental coverage will cause more patients to go to the emergency room for non-emergency needs, costing the tax payer more, and a net loss for hospitals.



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- I healthier community, breeds a working community. "
- I will have to go back to waiting in line until 4am to see a dental student at a RAM clinic somewhere in the state. My current needed dental work will have to be put off until I can find such a clinic.
- It hurts the working poor who have been cast as the villains to divert attention away from corporate welfare that cost taxpayers billions of dollars!
- Eliminating these benefits would mean more pt's holding off on being seen because they can't afford the visit or get to the health centre. So this leads to more emergency visits where the outcome is more sever (ie. lost of tooth or surgical extraction) Then there's the situation where the ER at hospitals are swamped by pt's because they can't afford tx due to lack of insurance.
- Without vision benefits, I could possibly lose my vision completely, and I'm scared of that possibility.
- I can't afford to see eye doc or a dentist....
- Basically I will get sick without my preventive care. I work 30 hrs a week and I have a college degree but cannot find full time work with benefits in my field as of yet. I was able to go back to school and further my education because I was eligible for Medicaid. I look every day for something better but in the meantime I need my benefits. Dental health is directly linked to good overall health and it is shameful that this governor just doesn't care about the most vulnerable people in his state. I do my best to stay healthy but without vision and dental insurance it just won't matter what I do. I am ashamed of this administration.
- An unhealthy community is a less resourceful one.
- Less access to care- more uncontrolled medical and dental disease
- I'm honestly not sure if my son and I have coverage now. We both wear glasses, and my lens were \$500 without frames the last time I got glasses. Dental care is always a need. Without it, rotting teeth and infections can lead to life threatening consequences and even death if untreated.
- I'm a teacher and my students use these benefits.
- They are the only insurance that some people can afford
- It means my family will have to do without something!!!
- Probably will loose some food budget to cover additional cost
- It would negatively impact my work as I'm a designer and need bifocals to do my work. It will negatively impact my child as she's a teenager likely in need of braces and new Rx glasses. My husband has issues w/ sensitivities in his teeth. I anticipate we will all be negatively impacted.
- People going into a rest home lose all money before Medicaid will help them. After that you have no means to pay for anything ! The income you do have all goes to the rest home except for \$40 dollars a month to by personal items.
- It would only complicate these particular health issues. Also, we would have children with poor teeth and not being able to see in the classrooms without yearly vision exams.
- Health care costs will rise because people won't get the services needed and then the health issues will be worse
- I will go blind!



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- I agree that members need to pay to receive care, as I have to do with my private insurance. However not all dental should be eliminated, they should have some type of coverage. The system was being abused and we were funding Medicaid far too much. Medicaid members would live at the doctors office, for free, while us private insurances couldn't afford to go even once. I agree with a small fee, but do not agree with completely cutting dental for Medicaid members.
- I will not be able to have the dental work done that I need.
- These benefits are needed by my community
- Losing dental care has already affected me. I badly need several fillings and 6 teeth pulled. I had seen a dentist and an oral surgeon and was evaluated, but my appointments to get the work done was for this week and next. I went to my dentist Tuesday, July 3 for fillings. I was told I have no coverage and unless I could pay for my fillings I would not be able to get them. I have been in pain for weeks and have been taking several Motrin tablets every day just to make it until my appointments. I left the dentist in tears and had to cancel future appointments and also cancel the oral surgeon appointment for next week. I have no current income and am trying to find part-time work. However, that would only help me to pay bills and would not be enough for dental or vision care. I was supposed to have a vision screening soon because pressure was found on my eyes during the last visit and I need to be checked periodically to see if it becomes worse. Again, no vision care means I cannot be checked for pressure problems which unchecked can lead to glaucoma. One of my daughters needs dental care soon.
- The most vulnerable suffer enough. They don't need more suffering from selfish career politicians.
- I do not have the to pay for any future dental and vision services. I am sure this will lead to more missed work and time with family.
- My teeth would be in poor shape
- Without Medicaid, we could not get needed vision and dental care.
- My significant other receives Medicaid benefits and would lose access to dental care that is needed. IT seems to me that leaving dental care out for Medicaid users, a large part of Kentucky's residents, would end up costing the state more due to untreated infections.
- My son would not be able to keep his therapy appointments without Medi-Cab.
- Dental health is directly linked to overall health. It's important. Bevin's telling these people that they must work and then taking away the things that help them do so. Being poor is a struggle. He's piling on these people for no other reason than to be cruel.
- I do not know what will happen with their braces now. I can not afford to pay for them on my own. I am saddened and discouraged. I also rely on the vision insurance because I have astigmatism. My eyesight is poor without corrective lenses. I am concerned I will no longer be able to drive or work if I have limited vision.
- As an educator I have seen the affect poor dental care has in young kids and I support being proactive rather than be reactive. Not only is it morally right but economically sound.
- They don't directly affect me, but if they affect my community, it affects standards of life and the ability to get better nutrition and stay pain free and keep poisonous infections at bay.



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- It will lower people's quality of life, take away their ability to care for themselves and others, and limit their ability to be part of society. It will further the gap between the have and have not's.
- My father has extremely poor vision and has previously had cataracts. He was able to get the surgery and his vision and quality of life improved significantly. He needs another surgery on his other eye and not being able to have that will severely impact his quality of life. He is also diabetic and getting regular eye exams and being able to update his vision prescription is crucial to his care.
- I wouldn't be able to go to the eye doctor or dentist because I only draw \$755. a month. It's hard to live on that and pay bills and food. At the end of the month it's to the point that you don't have something you need.
- I would struggle with vision - an increasingly important element as a student nearing graduation.
- We could not afford to take care of our children's dental or vision needs. We would not be able to go to the dentist or eye doctor. This would cause both of them to lose business. Three of my friends would lose their jobs. And many in our community would no longer be able to care for themselves or their children in this manner. It would be a huge disaster and cost many people their livelihoods.
- Dental health is physical health. Bad teeth increase heart disease risk and cancer risk. Poor eyesight makes it harder for students and workers to do well. Very bad decision on Bevin's part.
- We would end up not going to the dentist or seeing the eye doctor as often because we cannot afford to.
- "Of the 236 persons we provide housing for, they will be further stressed trying to find and/or pay for dental care. They will run up bills they cannot possibly pay on their limited incomes. This could compromise their success coming off the streets or out of shelters.
- I would not get the necessary eye care that my family and I need to be able to see. If left untreated, I would go blind. I would not be able to afford the care needed.
- Increase in oral disease which will impact overall health.
- I am a single person with insurance so these benefits do not affect me, but I do not want to live in a State that is unwilling to help those less fortunate. These people are the backbone of Kentucky.
- For myself, I am having some dental issues and now have to find a way to pay out of pocket for the issues I need fixed. If I had the coverage still, I wouldn't have to be worrying about this. I'm already paying out of pocket for my school as a full-time student.
- HOW? THEY WON'T BE ABLE TO AFFORD TO SEE A DOCTOR! People will pick their children over themselves. And that usually means going without, in this case going to the doctor, the eye doctor, the dentist. How can we expect people to be involved in their community when their mouth hurts too much to even open it? Or when they can't see the street sign because their glasses are so old. How can we expect people to pay so much for vision and dental services, and the cost of living, on less than \$10/hr? People are going to forgo their medical needs for their other immediate needs. Not because they want to, but because they have to. Everyday we hear people in our office say they hadn't been to a doctor in years before ObamaCare because they couldn't afford it. This is not acceptable now. It will never be acceptable. Eliminating benefits would mean that people are going to get sicker and sicker and use money in other places (like



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ER visits) because they can't see a primary care doctor without insurance or a whole lot of money. People are going to lose their vision, their teeth and much more by taking these thing away. How would I feel if it were my mother?

- This is the only way I can afford any type of medical coverage
- I cannot afford extra coverage or the basic non-insured rates per procedure that I would need over the coming months to get my mouth back to healthy.
- Many will not be able to afford corrective lenses or dental care that could prevent more serious health issues in the future.
- The Shawnee Community will simply go back to being underserved in both Dental and Vision care; and that lack of care will only lead to further problems as these patients age.
- People who are unable to afford dental care will be unable to have teeth treated and go somewhere locally for care
- Increases ER visits instead of PCP's and dentists, etc.
- My son has to take a lot of medicine, blood pressure and other kinds, he would die if he didn't have his medicine, not to mention if he has an emergency and needs to go to the dr. taking sick people's insurance away from them is not the thing to do. it seems they have money for everything else, but not for the poor.
- My grandchildren will no longer have access to dental and optical care. Neighbors who are visually impaired will have no way to make their appointments without transportation.
- No longer can get dental causing a lot of health problems
- We need to reduce the number of people on government assistance. Everywhere you go, you see employment opportunity signs. If we don't fill these positions the industries will pull out of KY. Why not encourage people to work for money instead of handing it to them. If people want these benefits, they can earn them by working. This will improve their self-esteem and increase the work force. This will result in positive economic growth while cutting back on government costs.
- Individuals will use the ER at much higher rates, drug addiction will increase and drug seekers will soon learn the easy way to obtain narcotics
- Kentucky was a leader in expanding Medicaid which was important because of the prevalence of poverty here. We were a role model for the nation. Governor Bevin and his supporters are willfully and viciously undermining that leadership. Their incompetence is embarrassing and staggering, and the recent reaction to the federal ruling on KY HEALTH shows that they have no idea to care for its citizens.
- Children will no longer get the required vision and dental screenings for school because they will not be able to afford them. People will lose teeth, have infections go untreated and will ultimately have their overall health affected by these cuts. It's wrong, and not good for the poorest Kentuckians. Those who work in the fields, factories and coal mines and are the very backbone of our state economy will be impacted the most severely. Do not take these vital coverages away from people who already have so little.
- Without these benefits my grandchildren will be unable to receive any dental care nor will they have the glasses they need.
- It would be devastating to not be able to afford a vision screening when there is a medical history of lupus, diabetes, etc



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- Would have to go without important services
- Without these benefits the preventable, and monitoring of prevalent diseases in my community will continue to rise, as well as the mortality rate associated with the lack of access to care.
- It will make it harder to get necessary help at the correct locations and will cause an increase in er visits.
- They could not go
- Unhealthy people make an unhealthy community
- Personally, I hope I donâ€™t die from oral infectionâ€™as anyone with a bad tooth could. People obviously need healthcare for their vision, especially with so many having high blood pressure or diabetes, and the means to get there if they donâ€™t have other transportation optionsâ€™we donâ€™t even have cabs or rideshares or anything like that in my area, no mass transit. Our community will end up with many of us in the ER over our teeth, going blind if we have no vision care, and we have no other transit options in a rural area like the limited bus service in Louisville or Lexington and they made taxicabs illegal in our county so if you canâ€™t find a dependable ride you canâ€™t get to appointments, some of which are life or death.
- I would like to see it continue but the real problem is that Mr.Bevin done it secretly without notice and we all know heâ€™s trying to get money because they canâ€™t afford to pay the teachers
- Itâ€™s my only way
- I will have to pay for my own glasses and I'm ok with that.
- With the elimination of benefits, more people will end up needing emergency room and crisis care. This increases expenses in the long term for everyone. This also hurts the income of rural health providers and may result in some going out of business.
- None !!!!
- Without vision benefits I could lose my eyesight.
- Car accidents due to poor vision, poor grades due to poor vision, poor health and pain due to gum disease and cavities
- People will have pain-could turn to opioids
- I could go blind.
- I already had my Medicaid terminated on Feb 28 of this year by the state because I started receiving Medicare 2 years after I started receiving disability.. I was told I could not have both. I appealed but was denied that appeal with them telling me I was no longer eligible to receive it.
- I really worry about the effects of ending the program on the community.
- Many children would not have vision or dental care. Poor dental care can lead to many more dangerous & expensive conditions.
- I wouldn't have been able to pay for the eye medicine and glasses. Very dangerous for me to drive without the glasses.
- People I know and care about would lose coverage
- Great decline in health and work attendance, increases in # of people asking for disability payments
- Reduced quality of life



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- While these benefits seem superfluous to many, dental and vision problems lead to greater issues. I am not covered by Medicaid, but I have a heart murmur, which allows blood to leak back and pool in my heart; a dental issues leading to an infection, can kill me. It is easy to say, "it's just a toothache (infected) but untreated, it becomes more complicated. These basic benefits mean much more.
- It take from are bill money for us to live
- It might get people to have to do something for themselves in instead of waiting on a hand out from the government people who have worked all there lives and now need it can't get anything but people who have never done anything can get everything there need to be a lot of changes made
- Public health requires the public to have access to healthcare. Many diseases stem from poor dental care. And who can do anything for themselves without glasses if they need them?
- Isolating individuals and risking their overall wellbeing.
- Without these services her medical conditions would be much worse and would require more medications and assistance from others.
- Can't afford it in my own
- People will have to do without
- We would see more people in emergency rooms getting treatment, causing overcrowded ER's, longer wait times. Possibly people losing jobs because of having to miss work to take people to doctors appointments.
- we have a plan through humania and they pay allher bills.We had to have a medical card in order for her to have Michelle p Waiver.We were told we had to go to Michelle P waiver and in order to do that ...we had to have a medicard.....we have never used it...she has her own insurance.Medicad card is not used.
- Same as above. Vision care is important due to hereditary concerns
- This has a negative impact on the community and the already drug infested area. People will turn to something for pain relief.
- Dental health affects your over health. It's extremely important to maintain proper dental care. For those with vision problems - glasses are too expensive!
- I will become a physical wreck, and I may lose my employment.
- I have worked with dialysis patients who require transportation three times per week. Eliminating this benefit is potentially a death sentence for some.
- If my son doesn't get help from a dentist, I'm not sure how well his teeth will turn out. He has a fused tooth that his dentist is monitoring at the moment.
- Patients who do have anyone in their household that is able to drive them around and get to get to doctors appointments
- Poor oral health leads to unhealthy individuals which in turn will impact Medicaid's medical. It's bad enough that the providers dont want to see these patients when they do have insurance. Imagine not being able to see a dentist. Some people no matter how much they brush, they are prone to cavities. We all could go on and on about this topic. Bottom line, everyone should have access to medical, dental and vision coverage period. No one should be left out. It's for the good of everyone.
- The hospitals in my community will see increased ER usage.



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- Elimination of these benefits is shortsighted and will result in greater Medicaid expenses later. Dental problems lead to all kinds of physical health problems. People need to be able to see in order to work. If you can only get to a medical service when it is an emergency, that will lead people to wait until things worsen and then need higher level (and more expensive) services. Not to mention that this was obvious retaliation for the court's ruling!
- Can't afford consistent medical for family of 5. Prescriptions important also
- Oral health is integral to overall health. I guess now Medicaid will be contributing less to my overall health, which is foolish.
- It will affect the community that is already suffering. It will make it worse. People will need to pick between food, shelter and health care. If people can't take care of basic shelter needs, then the whole community suffers in property value, crime, etc.
- One woman I work with is raising two boys. She herself needs dental care currently, but is more concerned with her oldest son being able to have checkups.
- I would no longer have access to dental and vision.
- People who need these benefits are some of the most vulnerable in this state. Removing those benefits for them would just be cruel.
- It would affect many low-income people in Danville. Kentucky is behind many other states in providing dental care. Why go backward?
- Needed care may be put off.
- Eliminating these benefits completely would be very hard on our family.
- We won't be able to provide these health care
- By eliminating these benefits my family would be without coverage
- This will affect the poor most of all , the most vulnerable.
- Eliminating these benefits will make the cycle of poverty that includes health, jobs, education - and which further leads to lack of food, housing and deterioration of the community, more prevalent.
- Meth addiction is a huge problem in Ky. Most people in families of a meth addicted member are too poor or ignorant of how important good dental care is to their digestive system and overall health. Kentucky needs to spend more money on dental care for the poor and needy on Medicaid, not less.
- This would prevent me from having access to affordable medical services that keep me healthy. It would make it more difficult for me to get routine eye exams and dental exams, which could be harmful to my health and well-being.
- Six years ago I had a grand mal seizure and nearly died due to a brain abscess. The condition required neurosurgery, a period in the ICU and several months of treatment with heavy duty anti-biotics. The most common cause of such conditions is a tooth infection. Avoiding dental care because of financial constraints is not an issue to take lightly.
- Dental health is closely tied to other health outcomes. Infections in the mouth spread to other parts of the body and can affect nutrition if eating becomes difficult! As with any preventive care, it saves money in the long term.
- My grand-daughter could lose her job & my sister could actually die.
- Governments are there to support the people. Healthcare is a right, and Medicaid is absolutely crucial to lower income Kentuckians like myself. Dental and vision are important to ones overall



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physical health and quality of life. By removing dental and vision crucial services are put out of reach of lower income individuals. That is not the government doing its job.

- I wear glasses and I can't afford them let alone for insurance not to pay for my yearly screening. I can see to walk without them and I know I need a new pair due to prescription change almost yearly.
- Without dental, vision and transportation it would affect everyone! If teeth are bad you feel bad, if vision is bad and can't get help but don't have anyone to help with way to get to work then what. I don't understand how taking away transportation will work at all. They are so many in the state that this is the only means to get to work, doctors appt. and get medicine.
- I will lose my dental coverage. Most likely I will delay getting my cavity filled due to our strict budget
- I would have to quit working!!
- If these benefits are eliminated, I will no longer be able to afford dental care, and will have to go without.
- The knock on effect of taking any of these things away would only add to the amounts of people on disability, increasing need for both welfare and Medicaid in the long term.
- Same as question before
- I feel really badly for those who really need transportation assistance or healthcare that now will not have it. I'm worried for the future of my dental health.
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- I feel really badly for those who really need transportation assistance or healthcare that now will not have it. I'm worried for the future of my dental health.
- My kids would not be able to have good dental care & would probably have more issues with their teeth
- Great negative impact on a already struggling community.
- My daughter who is in college will not be able to get regular eye check ups which I feel will affect her grades
- Well no glasses no teeth, I guess the rich can see and eat.
- I was without any dental benefits for two years and one small cavity, untreated, has now completely destroyed it irreparably. It will have to be removed and replaced with a \$3000+ implant. If dental benefits are not resumed, more teeth may be permanently lost, or need exorbitant funds to replace them. "For want of a nail, the shoe was lost. For want of a shoe, the horse was lost."
- My teeth would go bad! I would lose my eye sight!
- It would make it hard for her mother to provide her with the glasses she needs to see.
- I am a diabetic I am losing my eye sight my teeth are in bad shape I can barely drive my back and legs I live by myself I wish that no one had to live like I do
- Our community benefits from having a healthy population who contribute to the work force and utilize health dollars efficiently.
- While benefits would be nice, someone has to pay for them and if we keep going as-is, our country could bankrupt.



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- I see first hand how much these benefits impact families and lives. Perhaps if Mr. Bevin had to go without vision or dental coverage he would feel differently. Perhaps if Mr. Bevin could not get a ride to a doctor appointment, he would feel differently.
- It hurts the least amongst us, and makes my community less than what it should be.
- My HBP would no longer be under control. A heart attack and stroke would be just around the corner. Everyday.
- I would not get help with teeth or eyes bc I can't afford it
- The obvious answer is that we will once again be approaching problems at the crisis level, instead of being proactive. For some reason, it is believed that this reaction is more cost-efficient; nothing could be further from the truth.
- It costs alot for glasses in which I cannot afford or get the necessary dental cleanings that we need if its taken away.
- There will literally be more illness, more issues with community members finding and keeping employment, and will cost more over time than the small outlay for preventive services.
- The community would certainly find the Emergency Dept. caring for these individuals more
- I haven't had dental care in years and some of my dental issues were causing medical problems. Now that I don't have benefits to be able to continue my dental care, I'm worried those health issues may worsen
- At best, I will return to irregular dental and vision care. I may have to forego it completely.
- It's not hard to guess that people with limited resources will go without these basic needs and end up in poorer health with decreased chances to be full-time and productive workers.
- It does not impact me nor my family, but the children and families I serve through work and volunteer opportunities are greatly impacted, to the tune of missing out on public education as the limitations are written.
- Persons with dental issue would be forced into the ER of our local failing hospital to seek palliative care.
- I have a loss of vision already and need to be able to see my eye doctor, I know my future holds cataract surgery in the near future. I also suffer from from occipital nuralgia and need my doctors to keep checks on how it's effecting the optic nerves
- Too pay teeth and vision care wouldn't happen
- Vision and dental care are not luxuries. They both affect overall health, and often are necessary to being a viable candidate in the job market. My patients and there parents need these services as much as private insurance patients do, to be healthy and pursue their educations and careers.
- Itâ€™s going to be a great financial situation because lâ€™m unable to work. My husband is aging and he is our only source of income.
- I would not get the glasses I need and I need to get my teeth looked at because of problems I have.
- When I worked in Frankfort, I interviewed a woman who had pulled her own tooth. No dentist would treat her without prepayment. In this day and age, pulling your tooth worth pliers. I never forgot her face.
- People wouldn't have good oral hygiene, they wouldn't be able to read to their kids or work without glasses or to drive. If they get hurt they couldmt take an ambulance or couldn't get to a dr appt if they neded too.



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- Dental care is vital for overall health. We know when one has dental problems it affect the whole system. Additionally, if one cannot see and cannot get help with vision, it is very disabling to be able to function. This will create depression, loneliness which will increase chronic disease complications and especially mental health. Shame on us again!
 - So many people that I work with are on Medicaid (approximately 200 patients) and they are going to be at risk to return back to poor health. Cutting Medicaid benefits is a poor decision because it will cost more in the long term.
 - I wouldn't be going to either because I'm disabled and I could afford to go to either one because it takes everything I draw to pay bills
 - I can't get my eyes checked or my husbands and children's eyes. My husband and I are both diabetic so it's important for us to have our eyes checked yearly. I'm concerned that my children will have eye problems as well and we can't afford over \$400 for just eye exams for four people.
 - The only income we have is from my husband's social security check and there is not enough left for dental or vision health with out Medicaid I would have to do with out glasses
 - They wouldn't have the necessary benefits for them to have a normal life
 - my kids paying for all services with no help
 - People would not be able to keep their health conditions cared for and prevents potentially dangerous or deadly disease from affecting people.
 - A lot but rich people don't get that
 - My ability to get around, as well as access to other necessary resources, has ultimately been compromised. This will surely cause me much grief in the future.
 - It would be terrible, Kentucky doesn't have expanded Medicaid, we need it !!
-
- Well we need these benefits for our family and kids cause people needs their eyes check and vision so we need these benefits
 - Those who need care will not be able to get it unless covered by Medicaid.
 - These people will be denied benefits and not have the money for necessities.
 - I would lose my mental health services with out transportation. And my vision would suffer more without being able to see an eye doctor
 - WITHOUT vision coverage I wouldn't be able to keep driving myself to my full time job.
 - My family wouldn't be able to afford dental or vision
 - Families without Medicaid vision and dental will suffer whereas poor dental health leads to other health problems.
 - Because I am a single parent and these 3 things are very important to me and my childrrn
 - Not being able to receive these benefits would stretch our budget so much that some of us may end up living in dire poverty.
 - Will go without care even though I work 40 hrs a week
 - I know several working families who need these benefits
 - I can't drive without glasses. So if I get well enough to go back to work I can't drive to go look for work.



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- If they eliminate coverage, I can not afford dental and vision on my own. My children will suffer with dental issues and more problems may arise. Both my children wear glasses and have vision problems as well.
- Dental and vision are part of overall health. They are essential parts of the body so getting care is essential. Preventive care is cheaper in the long run for everyone and leads to longer, more productive lives. Being sick and not being able to get to your doctor through no choice or fault of your own doesn't mean you don't deserve care either.
- Many in my community will not be able to see to do their school work.
- Bad vision, rotten teeth and no way to doctor appointments so lots of health concerns!!!
- I would not be able to get the appropriate care I need.
- Without this coverage, the glasses and eye care needed for myself and one of my children would be not available, as would dental care. Both of us are in ongoing need of both services. Both of us have vision problems that require glasses, both of us have dental issues requiring ongoing treatment. Without glasses, daily tasks (including schoolwork for my son) would be difficult or impossible, and without needed dental care the issues we already have with our teeth would worsen and lead to very bad situations.
- I also have many patients who depend on Medicaid for transportation to be able to attend dialysis treatments which are a life saving treatment that they must attend 3 times per week. Without transportation their lives will be shortened of much less quality.
- Would deteriorate the health of my adult daughter
- I would have to pay for my dental care,
- To get them to appts when I'm not able to or when my car is broke down. So they can have the correct glasses to see properly. Dental care is highly expensive. Good teeth help digestion which in turn helps people process food correctly.
- If the transportation is gone me and my mother won't be able to attend Dr appointment anymore. It's very sad I need my seizure Medication and my Dr is in a different county
- It would create a greater financial burden on us.
- Our health care expenses would increase significantly.
- I work in a school so I see many poverty stricken kids and they shouldn't suffer because their parents or care givers can't afford these things.
- Preventable care covered under those benefits could possibly turn into a life threatening situation for my son.
- Poor health because of limited access makes communities weak. If people cannot obtain dental and vision care their general health and well being will suffer as a result.
- I wouldn't have dental or vision coverage. That would mean bad oral hygiene and not to be able to have your eyes tested
- We would be unable to get proper dental care and decent vision aids. Most of Kentucky is already in a state of hopelessness. Why in the world would Bevin and his administration want to add to that poverty and despair??? How does it improve the state as a whole? The simple answer is that It does the exact opposite.
- Not being able to get the right amount of vision and dental coverage



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- "I have glaucoma open range I would be able to go keep close check on my eyes I would go blind if I couldn't get help for my eyes and I have to go every 6 months for cancer check ups had breast cancer
- Unable to get eyes seen effects a lot.
- We as a community need substance abuse treatment, dental and vision as well as regular medical care for our most vulnerable adults and children. The KY HEALTH plan is too confusing for those of us in the medical field and apparently those in government, so it's impossible to think those who can't read or have other disabilities can understand this new alternative plan or KY HEALTH.
- The day Matt Bevin took away these benefits, my front tooth fell out and I had to skip buying groceries in order to pay for my eye exam. I am not opposed to paying for my healthcare, but I'd like to be able to pay my other bills as well. I've been very frugal about using the insurance...using it only when needed.
- I know many on Medicaid, including myself. I don't know how I could make it without it. I'm not able to work and it has been a lifesaver for me and my Mom.
- It affects everyone on Medicaid
- Everyone deserves this coverage... EVERYONE!!! We shouldn't be singled out just because we don't make as much money as the upper class
- My dental and vision health will decline rapidly with the diseases I have.
- Quality of life would drastically change for our citizens.
- Many of my neighbors have no car and there is no public transport here. They may have to pay someone up to twenty dollars to take them to town. This was half of their food budget for that trip.
- Not having vision care is really bad for me because I can't have my diabetic eye exams. I have some teeth that need pulled but I can't now
- We wouldn't be able to afford most of our health care needs
- It would put hardship on family to pay up front for dental and vision appointments.
- Everyone receiving Medicaid is affected negatively, because without these benefits you must suffer with dental pain, and many without vision benefits struggle daily to see properly. We are an income group that CANNOT afford these benefits out of pocket, even though we work every day.
- Will have to do without vision and dental. My vision is bad and won't be able to get glasses without Medicaid.
- If my husband and I can't get vision or dental, it can leave me paying almost \$1,000 a year just for an eye exam and glasses. Without those I'm not even legally (or safely) able to drive my children to doctor appointments and we have 2 medically needy children. My husband is not able to have the dental work that he needs and he's struggling to even eat.
- An unhealthy population becomes a burden to the whole community. It negatively affects children in education, and the productivity of the workforce. Preventive health is less expensive than chronic health issues that are left to fester
- "Right now, I have a tooth that is achy. I had to put off calling my dentist about it due to some family issues.... and then July 1st happened.



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- Today, I had to reschedule - to late November - my annual diabetic eye exam, because I was told I have no vision coverage, but that my MD could request a 'prior authorization' for said exam. I doubt very highly it would be approved. This puts my eyesight in danger, as I've been a Type 1 diabetic for 35 years.
- I wake up every day wondering if this is the day I'll open my eyes to find I have no coverage at all. The stress of it all is affecting my blood sugar levels, causing depression, and exacerbating my autoimmune arthritis.
- It's beyond disheartening to know that the current administration really doesn't care how many people they kill. "
- My family members would not be able to afford dental, vision, and transportation if needed.
- "Access to regular dental screenings and cleanings improves our overall health. Gum disease contributes to heart disease and enables our dentist to catch small cavities which can quickly be repaired before they become larger, more painful and much more expensive treatments which we won't be able to afford.
- I have poor vision and need glasses, I also have increasing pressure in my eyes which may need treatment at some point to preserve my vision as well as new glasses as this gets worse. I will not be able to afford these on my own so my quality of life will be decreased as I deal with visual limitations "
- Without these services I will not be able to do normal daily activities, and I will not be able to go anywhere, I would have to stay home all the time and would need assistance from others!
- I was diagnosed with stage 4 thyroid cancer in late 2014. Eliminating these benefits directly impact my health and wellbeing and would contribute to my decline and inability to work at all.
- Of course my teeth will decay and I will not be able to afford the dentist or eye doctor
- It will force already-strapped school systems to provide yet more social services that should be the responsibility of government, thereby reducing the funds that can be spent on children's education.
- Children will suffer.
- Children will suffer.
- Poor vision can lead to accidents, poor dental health can lead to illness & missed work. It doesn't make sense to not take care of BASIC health care needs.
- We cannot have a viable work force if they cannot see properly or have rotten teeth. Aside from the fact that it is the humane thing to do
- By eliminating these benefits my kids can't go to the dentist or the eye doctor.
- Losing these benefits would increase illness, promote loss of adherence to medical regimens and recommendations, placing more strain on an already overwhelmed healthcare system.
- The removal of Medicaid will require citizens to engage in a marketplace they can't afford. With a business that is often too necessary for the average citizen to have any ability to bargain.
- Lots of people here in my community would not be able to travel and get the treatments they need. Our community would be in distress.



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- Without access to basic dental and vision care, minor issues can develop into major health issues. One of my agency volunteers was able--with the assistance of Medicaid-- to receive treatment for an eye issue which would have resulted in eventual blindness if left untreated, according to his eye doctor. This is but one example of how absolutely essential these benefits are!
- Kentuckians will pay more in emergency care, disease will progress further without detection and more work time will be lost.
- Allowing access to dental and vision benefits saves Medicaid recipients from relying on emergency room care which is more costly.