

28 February 2019

Senator David Wilson, Chair  
Senate Health and Social Services Committee  
Alaska Capitol  
Juneau, Alaska 99801

Dear Senator Wilson and Committee Members:

I am writing to voice my opposition to SB 7, a bill instituting work requirements for Medicaid recipients. My opinion is informed by ten years experience as a social worker serving persons with disabilities in Anchorage, Juneau and rural communities in Southeast Alaska.

I appreciate that the underlying intent of the bill is to improve the lives of Alaskans with the resultant goal of creating less dependence on state programs, however I respectfully suggest that instituting work requirements in order to receive health care, is "putting the cart before the horse."

I note that numerous health care professionals have provided astute written and oral testimony documenting their concerns and recommendations about this bill. For this reason, I would like focus my comment on the bill's goal of assuring that "the work requirement does not prevent a recipient with a substance abuse disorder from obtaining appropriate treatment for the substance abuse disorder."

As a case manager at a medical clinic in the capital city, I have been providing direct service to the persons who are likely to be seriously impacted by this bill: those who are homeless or at risk of becoming homelessness. Statistically, many of these people suffer from mental illness and have experienced significant trauma in their lives. In response to these conditions, regrettably many have sought relief with drugs and alcohol and subsequently struggle with substance use disorders. These conditions are a serious barrier to gaining and maintaining employment.

For an individual saddled with substance addiction, the path to attaining a clean and sober life is a complicated one. For those with little or no resources, this challenge is multiplied. I wish it were a simple matter of one walking into a clinic and saying "I want to get into treatment." In fact, the first step a person might be willing to take is to address an acute or chronic medical condition. A medical provider trained to address the patient as a whole will then refer them to a behavioral health professional who then can explore treatment options with the patient. Taking into consideration this scenario, a person who is denied Medicaid because they cannot get or hold down a paid job or volunteer position may lose the opportunity to get medical help and insight into their substance abuse problem.

I have spent some time of my life assisting Alaskans to navigate the red tape, waiting lists and restrictions born of budget reductions to worthy programs designed to improve their lives, and regrettably witnessed numerous individuals fall through the proverbial cracks. While I believe this legislation may contain some good intentions, I suggest that because of the complex nature of addiction treatment, SB7 will be a barrier to solving the vexing and expensive problem of substance addiction facing our great state.

Respectfully,  
Laura Lucas MSW  
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Juneau, Alaska 99801  
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**From:** Laura Keller <LKeller@diabetes.org>  
**Sent:** Thursday, February 28, 2019 11:39 AM  
**To:** Sen. David Wilson  
**Subject:** RE: SB 007 - Medicaid Work Requirement Waiver  
**Attachments:** ADA Letter-AK Work Requirements-SB07-Feb2019.pdf

Chairman Wilson,

I am writing you today on behalf of the over 254,000 people in Alaska with diabetes and prediabetes. Please see our attached comments regarding SB 007.

Medicaid access in Alaska has undoubtedly improved the lives of many residents with diabetes. Given the importance of insurance coverage in preserving health and reducing risk for disability and death, it's critical that access to coverage be preserved. The American Diabetes Association supports health insurance coverage as the cost of caring for diabetes is high, and out of reach for many without insurance coverage.

When people cannot afford the tools and services necessary to manage their diabetes, they scale back or forego the care they need to manage their health. People with uncontrolled diabetes or with diabetes complications have medical costs as high as eight times that of people with well-controlled or non-advanced diabetes. But the true cost of diabetes, can be measured in negative health outcomes. Providing health care coverage for low-income residents with diabetes and prediabetes *before* they develop disabling and costly complications not only helps those individuals maintain their health and productivity, but is also cost-effective for the state in the long-run.

The Association strongly opposes the imposition of work and community engagement requirements on Medicaid beneficiaries. Administering these requirements would likely be complicated. Providing documentation of compliance could create barriers to accessing or maintaining coverage for patients, taking away from patients' focus on maintaining their or their family's health.

On behalf of the Alaskan's who are living with diabetes, the American Diabetes Association urges your oppose SB 007 and maintain coverage to Medicaid without work and community engagement requirements and their potentially negative impact on patients and families.

Sincerely,

Laura Keller  
Director State Government Affairs  
(AK, AZ, ID, MT, NM, OR, UT, WA, WASH DC)

**#ConnectedForLife**  
**#Diabetes #AwakenTheWorld**



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**From:** Sherri Roberds <sherrimdm98@gmail.com>  
**Sent:** Thursday, February 28, 2019 10:19 PM  
**To:** Sen. David Wilson  
**Subject:** SB 007 - Medicaid Work Requirement Waiver

**Categories:** In 2D

Dear Senator Wilson,

I am writing you today on behalf of the over 254,000 people in Alaska with diabetes and prediabetes, including my two young adult children with Type 1 Diabetes.

Medicaid access in Alaska has undoubtedly improved the lives of many residents with diabetes. Given the importance of insurance coverage in preserving health and reducing risk for disability and death, it's critical that access to coverage be preserved. The American Diabetes Association supports health insurance coverage as the cost of caring for diabetes is high, and out of reach for many without insurance coverage.

When people cannot afford the tools and services necessary to manage their diabetes, they scale back or forego the care they need to manage their health. People with uncontrolled diabetes or with diabetes complications have medical costs as high as eight times that of people with well-controlled or non-advanced diabetes. But the true cost of diabetes, can be measured in negative health outcomes. Providing health care coverage for low-income residents with diabetes and prediabetes before they develop disabling and costly complications not only helps those individuals maintain their health and productivity, but is also cost-effective for the state in the long-run.

The Association strongly opposes the imposition of work requirements on Medicaid beneficiaries. Administering these requirements would likely be complicated. Providing documentation of compliance could create barriers to accessing or maintaining coverage for patients, taking away from patients' focus on maintaining their or their family's health.

On behalf of the Alaskan's who are living with diabetes, the American Diabetes Association urges your oppose SB 007 and maintain coverage to Medicaid without work and community engagement requirements and their potentially negative impact on patients and families.

Sincerely,

Sherri Roberds  
Advocacy Chair, Alaska  
American Diabetes Association

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