



March 29, 2018

Dear Members of the Senate Health and Human Services Finance and Policy Committee:

We write to express our deep concerns about SF 3611. There are better ways to move people on Medicaid/Medical Assistance into the workforce than requiring work as a condition for health insurance.

Workforce goals

The Catholic Church values the dignity of work. The first responsibility God gave human persons was to be stewards of his vineyard—to till, and to keep. Work is ennobling to the person, is necessary for the sustenance of one's family, and is part of the person's contribution to the common good.¹

We appreciate the proposed legislation's goal of encouraging people to be productive and responsible members of the community. This is consistent with the legislation's rightful exclusion of many different populations from the work and community engagement requirements and its focus on able-bodied adults.

The legislation, however, is unlikely to make significant impacts moving people into the workforce or ameliorating a workforce shortage.² The majority of Minnesota's Medical Assistance recipients are already working. Those who are not often face barriers such as lack of education, struggles with mental health, substance abuse, or a criminal conviction. These same Minnesotans would likely have difficulty navigating the new reporting requirements.³ Others face challenges with transportation or chronic physical health conditions. We must ask ourselves whether, given the data, these requirements are unfairly stigmatizing the poor.

Controlling costs

Human services command a significant portion of the budget, and we understand the desire to ensure that it does not consume an even larger share. There are a lot of competing budget pressures. Still, when it comes to healthcare—an essential component of ensuring human dignity—maintaining access should be prioritized over costs. We should identify our responsibilities and ensure that the resources are there to meet them. It is a policy priority because investments in healthcare are investments in people.

¹ Pope John Paul II dedicated a whole encyclical letter to work and its dignity and importance in the life of persons. He stated that “[w]ork is a good thing for man—a good thing for his humanity—because through work man *not only transforms nature*, adapting it to his own needs, but he also *achieves fulfillment* as a human being and indeed, in a sense, becomes ‘more a human being.’” Pope John Paul II, *On Human Work*, No. 9.

² Kaiser Family Foundation, “Understanding the Intersection of Medicaid and Work,” *available at* <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>

³ The new rules will also create a hurdle for everybody already on Medicaid. People who are working are going to have to prove they are employed or volunteering, so even people with jobs could stand to lose their insurance because of red tape.



Furthermore, this legislation is unlikely to save money. Those who lose their health coverage under this bill will still need medical care, placing an additional burden on taxpayer-supported hospitals at the most expensive part of the care cycle. The bill creates costly recordkeeping obligations for Minnesota's counties, and it induces people to declare themselves permanently disabled and remain out of the workforce.

A better path forward

Across the state, we see our neighbors struggling. Our experience leads us to the conclusion that people would be in a better position to seek employment if they have the healthcare that they need.

There are more effective ways than this legislation to promote workforce participation, and we urge the Legislature to set this proposal aside and consider them. These include better educational opportunities, job training, more accessible treatment programs, and reintegration programs for ex-offenders.

We all share a desire to help Minnesotans be prosperous and successful. Access to health care is a critical tool to ensure people can re-enter the workforce.

Thank you.

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