

HHS Approves Section 1115 Waiver in Indiana – Harming Medicaid Enrollees Who Need Reproductive Health Services

By [Candace Gibson](#)

Earlier today, HHS approved an extension with amendments for the “Healthy Indiana Program (HIP) 2.0” section 1115 waiver.¹ The approval allows Indiana to ignore numerous critical and long-standing Medicaid protections for eligible Hoosiers. It both extends existing waivers and adds new waivers that will worsen the problems caused by existing waivers. The approved project, effectively a health care cut, will worsen or eliminate access to Medicaid for low-income individuals. Indiana’s own independent evaluator already reported substantial barriers to coverage and care for low-income Hoosiers due to premiums and lockouts in the state’s existing waiver. This approval doubles down on those provisions and adds more red tape, including a work requirement. All told, Hoosiers living below the poverty level or nearly in poverty will be hurt by this 1115 project.²

Under the law, HHS is only allowed to approve section 1115 demonstration programs that are experimental and likely to promote the objective of Medicaid — which is to help *furnish* health services to enrollees.³ HHS’s approval raises a number of legal questions involving not only the purported demonstration quality of the project but also whether the harm that the project will cause – reducing access to coverage and care for low-income Hoosiers – reflects Medicaid’s objectives.

For more specific information on the approved proposal, see NHeLP’s [HHS Approves Harmful Section 1115 Waiver Project in Indiana – Including Work Requirements, Lockouts, and Waiting Periods](#).

This proposal will have a significant, detrimental impact on low-income individuals, particularly women, seeking reproductive health care. Here is why:

Medicaid is a vital source of coverage for reproductive health care.

- In Indiana, Medicaid covers [50 percent](#) of births.
- [Twenty percent](#) of women in Indiana between the ages of 15 and 49 receive their health coverage through Medicaid, underscoring the importance of this program for women of reproductive age who are struggling to make ends meet.
- Women who gained coverage through [Medicaid expansion](#) in Indiana have been able to get the care they need to stay healthy prior to a pregnancy. Preconception care addresses health conditions and risk factors that help or harm a healthy pregnancy. Medicaid provides screening and treatment for sexually transmitted infections, counseling and treatment for smoking,

- alcohol, and substance use, and treatment for chronic diseases, such as diabetes and heart disease.
- Medicaid is also an important source of contraceptives in Indiana. In 2014, [446,230 women in Indiana](#) were in need of publicly supported family planning services and supplies. Twenty nine percent of these were women of color, and 41 percent were women with incomes of 137% FPL or less. In 2010, [Medicaid covered 65 percent](#) of publicly funded family planning services and supplies in Indiana. Nationally, publicly funded family planning – [75% of which is covered by Medicaid](#) – is cost effective, saving [over \\$7.00](#) for every dollar spent.

Work requirements could harm caretakers, including women.

- Indiana families who enrolled in Medicaid already work. [Seventy five percent](#) of nonelderly adults enrolled in Medicaid in Indiana live in families with a worker. The vast majority of those who are not working are individuals living with a disability, or are retired, in school, or are caretakers. Women of color and low-income women [disproportionately provide care](#) to their families, as they cannot afford paid care.
- Even women who are already working, or are technically exempt from the work requirements, will face additional stress and anxiety of having to deal with new red tape and bureaucratic forms to demonstrate compliance with this work requirement. If they fail to do so, they will lose the health care that helps them stay healthy and take care of their families.

Indiana's waiver will decrease access to reproductive health services for women and others who need them, by locking them out of coverage.

- The Indiana waiver puts up red tape and bureaucratic hurdles to health coverage that will disrupt women's access to care. Under the waiver, individuals may now be terminated from the Medicaid program and prohibited from re-enrolling for three months for failing to file renewal paperwork. Others may be prohibited from re-enrolling for six months for failing to make premium payments on time.
- Consistent coverage is important for any service or treatment a person needs. Disruptions in coverage could delay or cut off access to family planning services and supplies. For example, a woman or transgender man subjected to these provisions may not be able to receive a prescription for hormonal contraception or may not be able to receive contraceptive counseling from their providers because of the disruption in coverage these provisions will create. Continued use of contraception is necessary to help individuals plan their pregnancies, particularly for individuals living with chronic conditions, as well as treat other conditions such as endometriosis, acne, and anemia.
- The waiver continues to authorize Indiana's elimination of retroactive coverage. Retroactive coverage allows individuals to apply for Medicaid *after* an accident or serious illness that requires urgent treatment, ensuring that individuals can receive the treatment they need prior to enrollment. For

example, because of retroactive coverage, a Medicaid eligible individual who needs to undergo a hysterectomy due to a life-threatening circumstance would have their hysterectomy covered if the operation occurred up to three months prior to the application date. Without retroactive coverage, an individual would face crushing medical debt for needed medical care.

Premiums may deter women from obtaining the reproductive care they need and diminish their economic well-being.

- Premiums and lock out periods can create a financially [coercive environment](#) where Medicaid enrollees may choose long-acting reversible contraceptives or sterilization out of fear that they will have coverage for a limited amount of time or to avoid the cost of a premium. This is particularly troubling for women of color and women living with disabilities as these communities have disproportionately experienced sterilization abuse at the hands of providers and governmental institutions.
- Extending premiums will continue to exacerbate the economic insecurity that women of color in Indiana face due to race and gender gaps in wages and the high rates of poverty that these women and their families experience. Among women in Indiana who have full-time, year-round employment, [Black women are paid 66 cents and Latinas are paid 54 cents](#) for every dollar paid to white, non-Hispanic men. Nearly [32 percent of family households](#) headed by women in Indiana have incomes below the poverty level. Because premiums reduce enrollment in Medicaid, Indiana's waiver will take away the benefits of health and educational and economic mobility that Medicaid provides to families, particularly for women of color.

For some women, the Indiana waiver has eliminated transportation services.

- Evaluations of similar waivers in Iowa show that this benefit cut reduces access to care, particularly for people of color and people with health problems or disabilities (even with an exemption in place).⁴

Additional Issue Briefs can be found below:

- [HHS Approves Harmful Section 1115 Waiver Project in Indiana – Including Work Requirements, Lockouts, and Waiting Periods](#)
- [HHS Approves Harmful Section 1115 Waiver in Indiana: Effects on People with Disabilities](#)
- [Indiana's Section 1115 Medicaid Waiver & Its Impact on Health Equity](#)

¹ Centers for Medicare and Medicaid Services, Indiana Health Approval Letter and Special Terms and Conditions (Feb 1, 2018), <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-ca.pdf>.

² Indiana’s actuary estimates that about 25,000 people will lose coverage due to the work requirement alone. This does not include people who lose coverage due to administrative problems verifying their exemption or their employment hours. See Milliman’s report in Indiana’s § 1115 application, at page 75-76 of the application PDF (July 20, 2018), at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/in-healthy-indiana-plan-support-20-pa5.pdf>.

³ See Social Security Act §§ 1115 and 1901.

⁴ Suzanne Bentler, et al., University of Iowa Public Policy Center, *Non-Emergency Medical Transportation and the Iowa Health and Wellness Plan*, 26 (Mar. 2016), http://ppc.uiowa.edu/sites/default/files/nemt_report.pdf.