



***From: The AfricaLogical Institute - Indianapolis, Indiana
To: Edward Mitchell Roob, Junior & The Indiana Family and Social
Services Administration***

Please understand plainly that the proposed HIP 3.0 can cause poor and sick people to delay necessary medical care, become sicker, and potentially suffer preventable and even life-threatening consequences. Our research shows that people can be devastated and vitally harmed when public policy creates additional barriers between economically vulnerable people and the health care they need. These consequences reach people in rural communities, people managing disabilities and chronic illness, working families with low incomes, older adults, caregivers, and others who have historically experienced barriers to care.

If the data and voices of the wider community demonstrate the severe harm that additional bureaucratic hurdles can cause to people who are already hurting and vulnerable, and civil servants choose to ignore that evidence, what can we call that?
HIP 3.0 is, in applied effect, a poverty tax on those suffering with sickness.

The AfricaLogical Institute is a group of community research scholars. For almost a decade, concentrated attention has been given to Indiana Medicaid policy and specifically HIP (Healthy Indiana Plan). Our work examines Indiana Medicaid not merely through government reports and policy documents, but through the lived experiences of actual humans; Medicaid members and other community experts, civic leaders - county and regional health advocates. We have listened to people trying to maintain Medicaid coverage while working irregular schedules, caring for family members, managing chronic illness, finding transportation, navigating technology, responding to government notices, and attempting to satisfy administrative requirements that perhaps make far greater sense on paper than they do in real life.

HIP 3.0, as proposed, represents a tragic lean into the “bureaucratic hazing” described in our previous study, Health Equity, Urban Congregations, and HIP (Healthy Indiana Plan). The burdens now proposed will be piled onto people who already struggle with poverty, sickness, instability, and the challenges of these times. Work and

community engagement requirements, repeated eligibility verification, and additional reporting expectations can discourage people who are legally eligible for assistance; by requiring sick, recovering, working, caregiving human beings to repeatedly prove, document, verify, and navigate their way through government systems - simply to obtain health care necessary to maintain their health.

Indiana should be extraordinarily cautious before implementing a system that requires substantial administrative supervision of people who, in most instances, are simply trying to make it. Government must also acknowledge the enormous administrative costs associated with policing compliance, processing exemptions, verifying information, correcting errors, communicating requirements, and restoring coverage when systems fail. There are current reports of Medicaid applicants waiting 6-12 months to get approval from your office, and being bumped off of their health plan while waiting on you.

Those requirements alone create substantial opportunities for administrative failure; failure to identify exemptions, failure to verify qualifying activity, failure to receive notices, failure of technology, failure of transportation, failure of communication, and failure to distinguish someone who refuses to comply from someone who simply could not successfully navigate an arduous process.

Now HIP 3.0 proposes to layer financial burdens on top of those administrative burdens.

People covered by HIP live on very limited incomes. To intentionally add charges when people are in need seeking health care, is not an abstraction. Our research has shown us that, for a person living on a fixed or extremely limited income, even five dollars spent differently than a carefully constructed monthly budget anticipates can matter. Fifteen dollars can be burdensome. Twenty dollars can be problematic. A prescription and urgent care copayment can discourage and frustrate people when resources are meager. An emergency department charge matters - to most.

These expenditures may seem inconsequential to people with greater resources. For a family experiencing acute poverty, however, additional health care costs can mean that something else important is forfeited: rent, utilities, child care, transportation, medication for an older family member, or food for children.

Then, there is a troubling contradiction at the heart of the proposed HIP 3.0.

The more health care a sick person needs, the more it seems that person will have to pay. For someone managing several illnesses, taking several medications, or requiring repeated appointments, these deliberately increasing costs can keep the vulnerable

away from needed health care. ***HIP 3.0 will make poor people pay more for being sick. That is not personal responsibility. That is a poverty tax.***

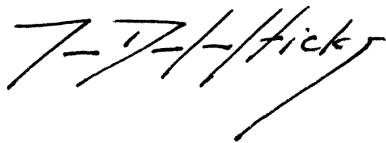
We challenge and urge the FSSA to do the right thing concerning poor people. Withdraw or at least substantially revise the proposed HIP 3.0 cost-sharing provisions and examine their combined impact of Indiana's current policies enacted; and coming work, community engagement, reporting, and verification requirements before imposing additional burdens upon people already struggling to maintain their health and economic stability.

Our appeal is not merely for civility or fair play. We pray for morality informed by data and evidence and empathetic toward real members of the human family; our neighbors who need adequate health care to live.

Our work (AfricaLogical.Com) continues to build a growing community of friends, researchers, faith leaders, advocates, organizations, and people directly affected by Medicaid policy who stand in solidarity around a simple proposition: People should not perish because public policy pays greater attention to numbers and trends than to the human beings whose lives are affected by the decisions of people entrusted with power.

We have studied, traveled Indiana, and listened to too many people whose lives depend upon Medicaid, to miss this moment to appeal to our common great commitment, to the people of this community we are called to serve. Our resolve is to continue in creative ways to fight for those that cannot easily fight for themselves. We want you to understand that our attention now turns to you because even more people will die in this state by the intent of HIP 3.0, if it moves forward to implementation.

HIP 3.0 is a poverty tax on sickness.

A handwritten signature in black ink, appearing to read "Ivan Douglas Hicks". The signature is stylized with a large "I" and "H", and a long, sweeping underline.

Ivan Douglas Hicks, Ph.D.
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