October 21, 2018

The Honorable Alex Azar
Secretary,
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC

Dear Secretary Azar,

The undersigned organizations appreciate the opportunity to comment on Alabama's proposal for the "Medicaid Workforce Initiative" Medicaid demonstration project (or "waiver"), which Alabama submitted to you on July 31, 2018, and updated on September 10, 2018, under section 1115 of the Social Security Act (the Act). Section 1115 of the Act provides authority for the Secretary of the Department of Health and Human Services (HHS) to approve demonstration projects that promote the objectives of Medicaid. States may waive certain provisions of the Medicaid statute to carry out these projects but only to the extent necessary to implement the demonstration project and test new or experimental policies that promote the objectives of Medicaid.

In its waiver application, Alabama is proposing to take away Medicaid coverage from two mandatory categories of Medicaid beneficiaries for not meeting a work requirement model: parents and caretaker relatives who have incomes below 18 percent of the poverty line ($312 per month for a family of 3), and parents and caretaker relatives who qualify for Transitional Medical Assistance (TMA) because their income rose above the Medicaid eligibility level due to employment or increased earnings. Our comments show that taking coverage away from low-income parents who don't meet the state's proposed work requirements will cause large numbers of Alabamans to lose coverage and become uninsured. Moreover, the state's proposal would cause these poor parents to lose coverage even if they meet the work requirements, because their higher earnings would cause their incomes to exceed the state's very low Medicaid eligibility threshold but likely remain below the poverty line, which is the minimum income level to receive subsidized coverage in the marketplace.

In the recent *Stewart v. Azar* decision vacating HHS' approval of Kentucky's waiver proposal that would have taken coverage away from adults who didn't meet a work requirement, pay premiums, or renew their coverage or report changes on time, the court found that Medicaid's primary objective is to provide coverage to people who otherwise wouldn't have it. Alabama's waiver proposal would cause thousands of poor parents to lose coverage and become uninsured. Given Medicaid's objective to provide coverage to people who would otherwise be uninsured, Alabama's proposal cannot be justified as a proper use of section 1115 waiver authority.

Alabama's Proposal Would Cause Substantial Numbers of Poor Parents to Lose Coverage and Become Uninsured

Alabama hasn't taken up the Medicaid expansion, and the state seeks to apply a work requirement to poor parents. Both expansion and non-expansion state work requirement policies violate the objectives of the Medicaid program. But it's worth noting that Alabama's waiver even runs afoul of one of HHS's own justifications for approving work requirements in Kentucky (an expansion state).

In attempting to justify its approval of Kentucky's proposed waiver, HHS argued that Kentucky's work requirement would allow Kentucky "to focus more of its finite resources" on the traditional Medicaid population, including low-income parents who are exempt under Kentucky's proposal, but who are the target of Alabama's proposal.[1]

Medicaid plays an important role in the health and well-being of poor parents in Alabama, the nation's poorest state, covering 14 percent of nonelderly adults with children.[2] To be eligible for Medicaid in Alabama, parents must have income less than 18 percent of the poverty line, or $312 per month for a family of three. Almost all (85 percent) of parents enrolled in Medicaid in Alabama are mothers, 35 percent are young parents under age 30, and 58 percent are African American, according to an analysis of data from the American Community Survey.[3]

Alabama's proposal projects that enrollment of these very low-income parents in Medicaid will fall by 13,800 in the third year of the waiver, rising to 14,700 in the fifth, even after allowing for transitional Medicaid coverage. Most of these parents are likely to become uninsured as only 17 percent of persons living below the poverty line in Alabama have employer-sponsored insurance.[4] This loss of coverage and increase in uninsurance that would result in a loss of access to care and worse health for Alabamans can't be justified. Simply stated, Alabama's waiver proposal doesn't promote the objectives of Medicaid and should not be approved.

Taking Coverage Away from People Who Don't Meet Alabama's Proposed Work Requirement Would Cause Thousands to Lose Coverage

Under Alabama's proposal, all parents who aren't exempt must work, volunteer, search for a job, or participate in job training or other approved activity for at least 35 hours a week to receive their benefits, unless they're parents of children under the age of 6, in which case they must participate in 20 hours of employment-related activities. Exemptions include pregnant women, primary caretakers of a disabled family member or a child, parents of a child age 12 months or younger, anyone enrolled in and compliant, or exempt from, the state's TANF JOBS Program, beneficiaries diagnosed with a mental illness, and beneficiaries who are physically or mentally unable to work. Enrollees who aren't exempt and fail to report their employment-related activities in any month will lose coverage until they come into compliance with the work requirement.

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[1] Memorandum in Support of Federal Defendants' Motion to Dismiss or, in the Alternative, for Summary Judgment, *Stewart v. Azar,* Civil Action No. 1:18-cv-152 (JEB), District Court for the District of Columbia, filed April 25, 2018.

[2] Kaiser Family Foundation, "Health Insurance Coverage of Adults with Dependent Children," 2016, https://www.kff.org/other/state-indicator/nonelderly-adults-with-dependents/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[3] Georgetown University's Center for Children and Families, "The Impact of Alabama's Proposed Medicaid Work Requirement on Low-Income Families with Children," August 2018, https://ccf.georgetown.edu/wp-content/uploads/2018/03/AL-Work-Requirements-update-8-18.pdf.

[4] Kaiser Family Foundation, "Health Insurance Coverage of the Nonelderly (0-64) with Incomes below 100% Federal Poverty Level (FPL)," 2016, https://www.kff.org/other/state-indicator/nonelderly-up-to-139-fpl/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22alabama%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

Alabama's Proposal Creates a "Catch-22"

Alabama's proposal adds an additional 6 months of transitional medical assistance (TMA) in an apparent attempt to address one of the proposal's fundamental flaws — that it would create a severe catch-22 in which parents who manage to comply with the work requirement would still lose their coverage, since working the required number of hours at a minimum-wage job would raise their incomes above the state's very low Medicaid eligibility limit.[5] Under the proposal, poor parents whose earnings go above the Medicaid eligibility limit would be eligible for up to 18 months of TMA, but only if they continue to meet the work requirement every month.

The extended TMA eligibility doesn't fix the catch-22 problem, much less the even larger core problem with Alabama's proposal — that taking Medicaid away from low-income parents who don't work or participate in specified work activities would reduce access to care and worsen health outcomes for both parents and children. The catch-22 problem arises when a parent in Alabama meets the state's work requirement at the minimum wage and loses coverage because he or she earns too much to qualify for Medicaid. Even a small increase in earnings could cause parents to lose coverage in Alabama where Medicaid eligibility is restricted to parents with incomes below 18 percent of the poverty line. Such parents could end up uninsured for either of two reasons: first, few low-wage jobs (especially part-time jobs) offer coverage; and, second, with incomes below the poverty line, parents wouldn't qualify for subsidized coverage in the Affordable Care Act's individual insurance marketplace — where people need to earn enough to reach 100 percent of the poverty line in order to get subsidized coverage.

Under the proposal, some parents would stay covered through TMA for up to 18 months if they would otherwise lose Medicaid due to new or increased earnings and if they continue to meet the work requirement during the entire period. That's an increase from TMA's current 12 months, but it doesn't solve the catch-22, because TMA is time-limited, because many parents wouldn't be able to meet the work requirement in every month, and because not all parents with earnings would even qualify for TMA. In general, to qualify for TMA, low-income parents must have met Medicaid eligibility requirements in three out of the last six months before their incomes rose above the state's eligibility limit. Some parents, particularly new Medicaid enrollees, may not meet the requirement for prior coverage and thus may not qualify for TMA even if they fully comply with the work requirement after they enroll. For those who do qualify, under current rules many parents lose TMA coverage even before TMA's 12-month eligibility period ends due to its onerous reporting requirements that apply during the last six months. Even more likely under Alabama's proposal is that parents will lose coverage sooner because they can't meet the work requirement in every month.

Simply extending the existing TMA program to 18 months doesn't change the fact that TMA offers only temporary help and may not cover all of those affected either because they don't meet TMA eligibility rules or they don't meet the state's proposed work requirement. Thus, people who manage to comply with Alabama's work requirement still could lose their health coverage either

[5] *See* Judith Solomon and Aviva Aron-Dine, "Non-Expansion States Can't Fix 'Catch-22' in Their Proposals to Take Medicaid Coverage Away From Parents Not Meeting Work Requirements," Center on Budget and Policy Priorities, June 11, 2018, https://www.cbpp.org/research/health/non-expansion-states-cant-fix-catch-22-in-their-proposals-to-take-medicaid-coverage.

immediately or within a short period of time. That's a flaw that undercuts the basic argument of those who support work requirement proposals — that they will encourage work by rewarding it.

The state's request to apply a work requirement to very vulnerable Medicaid beneficiaries is counterproductive, costly, and will likely result in thousands of very poor parents becoming uninsured.

While the supposed target population for Alabama's work requirement are people who aren't working and who don't qualify for an exemption, large numbers of people who should remain eligible, because they are working or should be exempt will likely lose coverage. Most of these individuals will become uninsured. In fact, Alabama's proposal could end up keeping parents from gaining employment, because without health services, it could be more difficult for them to find and hold a job. Ohio's Department of Medicaid found that three-quarters of Medicaid expansion enrollees who were looking for work reported that Medicaid made it easier to do so, and more than half of those who were working said that Medicaid made it easier to keep their jobs. [6]

As we have commented previously, federal law does not permit work requirements in Medicaid. The law defines the factors states can consider in defining who is eligible for Medicaid, and it does not require an individual to be working or seeking work as a permissible factor.[7] Your January guidance makes it clear that you do not share this interpretation of the law,[8] but we again respectfully disagree. The guidance attempts to justify a work requirement by misinterpreting research showing that people with jobs have better health and higher incomes than people without jobs, and claiming that requiring people to work will make them healthy. However, the causal relationship is more likely in the other direction — namely, that healthy people are likelier to have jobs than those in poor health.[9]

Requiring non-working adults to find work before allowing them to gain coverage and access to treatment could create another catch-22, where people with serious health needs can't get the medical help they need to find a job unless they first get a job. Meanwhile, work requirements could create a vicious cycle for enrollees who do work: if a health setback leads to job loss, that would in turn lead to loss of access to treatment, making it more difficult to regain health and employment.

Moreover, even if some Alabama enrollees do find jobs due to work requirements, these will probably be mostly low-wage jobs. Such jobs are unlikely to boost enrollees' incomes over the poverty line, so they wouldn't qualify for subsidized individual market coverage, and most low-wage jobs do not offer affordable health coverage. According to Labor Department data, among workers with earnings in the bottom quartile of the wage distribution, only 37 percent are offered health coverage, and less than a quarter actually obtain coverage, presumably in large part because required

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[6] Ohio Department of Medicaid, "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.

[7] Jane Perkins, "Medicaid Work Requirements: Legally Suspect," National Health Law Program, March 2017.

[8] Op. cit. SMD 18-002, January 11, 2018.

[9] For example, one of the studies cited in the 1/11/18 SMD explicitly states that "these findings do not necessarily imply that income has a *causal* effect on life expectancy" Chetty, Raj et al. *The Association Between Income and Life Expectancy in The United States, 2001-2014* Journal of the American Medical Association, April 26, 2016.

employee premium contributions are often higher than low-wage workers can afford.[10] Similarly, only 37 percent of full-time workers with family incomes below the poverty line (and only 13 percent of such part-time workers) are even offered health coverage.[11]

New data from Arkansas suggests that Alabama's coverage losses could be even greater than the state's budget neutrality numbers suggest.

Arkansas is the first state to implement Medicaid work requirements, and the experience of Medicaid beneficiaries there demonstrates how these policies will lead to coverage loss. The state requires individuals to go online and report work hours or an exemption or face losing coverage after three months of noncompliance. Arkansas does not terminate coverage until beneficiaries are out of compliance for three months. Alabama's termination rule is similar, although it's worth noting that Arkansas exempts parents from its work requirement whereas parents are the target population in Alabama. As of September 1st, 2018 – the first month of terminations – more than 4,300 beneficiaries lost coverage.[12] This month another 4,100 lost coverage. There is clear evidence that beneficiaries are unaware of the new policy and losing coverage for failure to comply with reporting rules.[13]

Most of Those Losing Coverage Will Become Uninsured

Supporters of restrictive eligibility policies claim that work requirements will potentially lead to employer coverage, but a large share of Alabamans whose coverage is terminated because they don't meet the state's work requirement would become uninsured. There's little evidence that work requirements will meaningfully increase employment, and even less to support Alabama's claim that work requirements will cause large numbers of enrollees to gain good jobs with health insurance.

Research on work requirements in federal cash assistance programs —TANF and its precursor, Aid to Families with Dependent Children (AFDC) — finds that employment increases for those subject to work requirements are generally modest, fade over time, and don't move many families out of poverty.[14] For example, a synthesis of results from randomized trials of 13 programs

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[10] Bureau of Labor Statistics, Healthcare benefits: Access, participation, and take-up rates, https://www.bls.gov/ncs/ebs/benefits/2017/ownership/civilian/table09a.htm.

[11] Michelle Long *et al.,* "Trends in Employer-Sponsored Insurance Offer and Coverage Rates, 1999-2014," Kaiser Family Foundation, March 21, 2016, https://www.kff.org/private-insurance/issue-brief/trends-in-employer-sponsored-insurance-offer-and-coverage-rates-1999-2014/.

[13] Musumeci, MaryBeth et al., "An Early Look at Implementation of Work Requirements in Arkansas" (Washington: Kaiser Family Foundation, October 2018), available at https://www.kff.org/medicaid/issue-brief/an-early-look-at-implementation-of-medicaid-work-requirements-in-arkansas/. Also see Alker, Joan, "Coverage Losses Begin from Mean-spirited Trump Administration Medicaid Policy," available at https://ccf.georgetown.edu/2018/09/13/coverage-losses-begin-from-mean-spirited-trump-administration-medicaid-policy/.

[14] See LaDonna Pavetti, "Work Requirements Don't Work," Center on Budget and Policy Priorities, January 10, 2018, https://www.cbpp.org/blog/work-requirements-dont-work, LaDonna Pavetti, "Work Requirements Don't Cut Poverty, Evidence Shows," Center on Budget and Policy Priorities, updated June 7, 2016, https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows, and LaDonna Pavetti, "Evidence Doesn't Support Claims of Success of TANF Work Requirements," Center on Budget and Policy Priorities, April 3, 2018, https://www.cbpp.org/research/family-income-support/evidence-doesnt-support-

imposing work requirements in cash assistance programs finds that employment rose by modest amounts in the first two years, but these gains generally faded by year five (to an average effect of about 1 percentage point).[15] Meanwhile, stable employment proved the exception, not the norm, and few enrollees transitioned out of poverty as a result of the work requirements.

In addition, periods of uninsurance, or "churning," have negative consequences on people's health, health care costs, and health quality. Multiple studies suggest that eligibility churn is associated with increases in emergency room visits, higher levels of unmet health care needs during periods of uninsurance, more frequent use of costly treatments for conditions that could have been prevented through early detection and care, and significantly higher administrative costs.[16] Churn also makes it virtually impossible to monitor the quality of care that Medicaid beneficiaries are receiving.

Children are also at risk should the state's proposal be approved.

It appears from the budget neutrality documents that the declines in enrollment expected by the state are anticipated solely in the affected eligibility groups (i.e. Section 1931 parents and Transitional Medical Assistance (TMA) beneficiaries). However, it is probable that additional coverage losses may occur among children in these families. Research is clear that when parents have health insurance their children are more likely to be insured.[17] Children whose parents are insured are almost always insured themselves, whereas 21.6 percent of children whose parents are uninsured are also uninsured.[18] Moreover, when parents lose coverage, children are less likely to get the care they need. For example, increases in adult Medicaid eligibility are associated with a greater likelihood of children in low-income families receiving preventive care, according to a recent study, which finds that children are 29 percentage points more likely to have an annual well-child visit if their parents are enrolled in Medicaid.[19]As this proposal will likely result in more parents becoming

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claims-of-success-of-tanf-work-requirements. See also Ed Dolan, "Do We Really Want Expanded Work Requirements in Non-Cash Welfare Programs?" Niskanen Center, July 23, 2018, https://niskanencenter.org/blog/expanded-work-requirements-in-non-cash-welfare-programs/.

[15] Jeffrey Grogger and Lynn A. Karoly, *Welfare Reform: Effects of a Decade of Change*, Harvard University Press, 2005.

[16] L. Ku and E. Steinmetz, "Bridging the Gap: Continuity and Quality of Coverage in Medicaid" (Washington: George Washington University, Association for Community Affiliated Plans, September 10, 2013) available at http://www.communityplans.net/Portals/0/Policy/Medicaid/GW%20Continuity%20Report%20%209-10-13.pdf.; Irvin, C. et al. "Discontinuous Coverage in Medicaid and Implications for 12-Month Continuous Coverage" (Washington: Mathematica Policy Research, October 24, 2001), available at https://www.mathematica-mpr.com/our-publications-and-findings/publications/discontinuous-coverage-in-medicaid-and-the-implications-of-12month-continuous-coverage-for-children.;
M. Carlson, J. DeVoe, and B. J. Wright, "Short-Term Impacts of Coverage Loss in a Medicaid Population: Early Results from a Prospective Cohort Study of the Oregon Health Plan" (2006) Annals of Family Medicine 4(5): 391-398.

[17] See Hudson, Julie and Asako Moriya, "Medicaid Expansion for Adults Had Measurable "Welcome Mat" Effects on Their Children," *Health Affairs* September, 20117.

[18] Karpman and Kenney, op cit.

[19] Maya Venkataramani, Craig Evan Pollack, Eric T. Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," *Pediatrics*, December 2017, http://pediatrics.aappublications.org/content/140/6/e20170953.

uninsured, their children are also at greater risk of becoming uninsured and not getting the care they need.

Losing coverage would also make children and their families less financially secure as they would be at risk of going without needed medical care and incurring significant medical debt for any care they do receive. Financial insecurity doesn't just affect adults — children's development can be negatively affected by issues resulting from poverty, such as toxic stress.[20] Moreover, the provision of Medicaid coverage to low-income parents helps parents afford the health care they need and (among other benefits) improves their mental health status[21] — the loss of Medicaid coverage will reverse these gains. One recent study found that Medicaid is the third-largest anti-poverty program in the United States and kept at least 2.6 million Americans from falling into poverty in 2010.[22]

Finally, Alabama's proposal also puts children's short- and long-term health and development at risk. Children's health and development relies in part on their parents' health and well-being as children's relationships with their parents can influence their brain structure and function, and in turn, help mitigate the negative effects of trauma or adverse childhood experiences, including poverty.[23] For example, maternal depression can negatively affect children's cognitive and social-emotional development as well as their educational and employment opportunities.[24] Medicaid coverage also has a significant positive impact on children's long-term outcomes. Children covered by Medicaid during their childhood have better health as adults, with fewer hospitalizations and emergency room visits.[25] Moreover, children covered by Medicaid are more likely to graduate from high school and college, have higher wages, and pay more in taxes.[26] Medicaid work

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[20] American Academy of Pediatrics Council on Community Pediatrics, "Poverty and Child Health in the United States," *Pediatrics,* April 2016, http://pediatrics.aappublications.org/content/pediatrics/early/2016/03/07/peds.2016-0339.full.pdf.

[21] McMorrow, Stacey et al, "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Distress for Low-Income Parents," *Health Affairs May 2017.*

[22] B.D. Sommers and D. Oellrich. "The Poverty Reducing Effect of Medicaid*" Journal of Health Economics* 32, no. 5, (September 2013).

[23] Georgetown University's Center for Children and Families, "Healthy Parents and Caregivers are Essential to Children's Healthy Development," December 2016, https://ccf.georgetown.edu/wp-content/uploads/2016/12/Parents-and-Caregivers-12-12.pdf.

[24] Joan Alker and Alisa Chester, "Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression," July 21, 2016, https://ccf.georgetown.edu/2016/07/21/medicaid-expansion-promotes-childrens-development-and-family-success-by-treating-maternal-depression/.

[25] Laura Wherry *et al.,* "Childhood Medicaid Coverage and Later Life Health Care Utilization," National Bureau of Economic Research, February 2015, http://www.nber.org/papers/w20929.pdf.

[26] Sarah Cohodes *et al.*, "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions," National Bureau of Economic Research, October 2014, http://www.nber.org/papers/w20178.pdf; David Brown, Amanda Kowalski, and Ithai Lurie, "Medicaid as an Investment in Children: What is the Long-Term Impact on Tax Receipts?" National Bureau of Economic Research, January 2015, http://www.nber.org/papers/w20835.pdf.

requirements that cost parents their coverage will put low-income children's short- and long-term health-related gains at risk.

Alabama has not provided a legitimate hypothesis for the proposed demonstration, and the demonstration is unlikely to meet the objectives the state has provided.

Alabama is clear on the purpose of the demonstration: To reduce the number of parent/caretaker beneficiaries enrolled in Alabama Medicaid. At page 1, the state notes that over the past 5 years, enrollment in this mandatory eligibility group has "more than doubled from 31,889 to more than 74,000". This in turn "places a burden upon the State's General Fund." The state is proposing a work requirement for "able bodied" parents and caretakers in order to reduce enrollment in this mandatory eligibility group. This is confirmed by the state's budget neutrality projections in Tables 2 and 3, which show that enrollment in this mandatory group (Pop. 1) will be reduced by 10,700 in the first year of the demonstration, rising to 16,000 by the fifth, when compared with the "without waiver" projection. Over the course of the demonstration, the state expects to save a total of $238.2 million (Table 4). This, the state notes on page 2, "will allow Alabama to have a more sustainable Medicaid program."

Saving money is not an acceptable basis for a Section 1115 demonstration,[27] and certainly saving money by reducing the number of extremely poor parents enrolled in a mandatory Medicaid eligibility group is unacceptable and incompatible with the purposes of the program.

The state attempts to justify its disenrollment initiative by claiming that it will "assist able-bodied POCR recipients improve their health outcomes and improve their economic stability, which will assist the state in having healthier citizens." The state does not explain how taking mandatory Medicaid coverage away from parents in deep poverty will improve their health outcomes, much less those of their children. Nor does it explain how conditioning mandatory Medicaid eligibility on work/employment-related activities requirements will actually enable very poor parents to have stable, well-paying employment that offers affordable health insurance. The state neither brings nor requests any new resources to address affordable child care, inadequate transportation, or high rates of unemployment in rural areas – in other words, the many serious barriers these very low-income families face in finding and holding a good job.

The state also gives another reason for the proposed demonstration: "to assist able-bodied [Parent or Caretaker Relative] recipients [improve] improve their health outcomes and improve their economic stability which will assist the state in having healthier citizens. There is nothing in the proposed demonstration that would allow the state to accomplish any of these objectives even if they were proper objectives for a Medicaid waiver. The proposal does nothing to improve the health outcomes of parents in deep poverty, much less improve their economic stability. In fact, by increasing the number of low-income uninsured Alabama parents, the proposal will have precisely the opposite effect.

[27] *Beno v. Shalala*, 30 F.3d 1057, 1069 (9th Cir. 1994).

Conclusion

To approve a state proposal for a demonstration project under section 1115 of the Act, HHS must find that the state's proposal is in fact experimental in nature and that it would promote the objectives of Medicaid. The recent court decision in *Stewart v. Azar* confirmed that providing affordable coverage is a primary objective of the Medicaid program. Our comments show that Alabama's proposal is not a proper experiment and that it would lead large numbers of Alabamans to become uninsured or have poorer access to health care services. For all these reasons you should not approve it.

We also note that our comments include numerous citations to supporting research, including direct links to the research for HHS' benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

If you need any additional information, please contact Joan Alker (jca25@georgetown.edu) or Judith Solomon (Solomon@cbpp.org).

Asian & Pacific Islander American Health Forum
Autistic Self Advocacy Network
Center for Reproductive Rights
Center on Budget and Policy Priorities
Children's Defense Fund
Children's Dental Health Project
First Focus
Georgetown University Center for Children and Families
HIV Medicine Association
Justice in Aging
National Alliance on Mental Illness
National Association of Community Health Centers
National Employment Law Project
National Health Care for the Homeless Council
National Multiple Sclerosis Society
National Partnership for Women & Families