



May 13, 2024

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Connecticut Substance Use Disorder 1115 Demonstration

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on Connecticut's Substance Use Disorder 1115 Demonstration.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Connecticut's Medicaid program provides quality and affordable healthcare coverage. We applaud the state's work to improve health equity in this waiver and support the proposal to provide pre-release services for the justice-involved population. Our organizations urge CMS to approve this request and offer the following comments on Connecticut's Substance Use Disorder 1115 Demonstration:

Our organizations support the proposed coverage for incarcerated youths and adults with additional health conditions who are otherwise eligible for Medicaid for up to 90 days prior to release. This

proposal will help these high-risk populations access critical supports needed to treat physical and behavioral health conditions. For example, studies in Washington and Florida reported that people with severe mental illness that had Medicaid coverage at the time of their release were more likely to access community mental health services and had fewer detentions and stayed out of jail longer than those without coverage.¹ This proposal is consistent with the goals of Medicaid and will be an important step in improving continuity of care. CMS should work with the state to ensure that existing state spending on healthcare for this population is supplemented, not replaced when implementing this policy.

Connecticut states that adults eligible for pre-release benefits would be those that meet Health Care Need Criteria. Given the important benefits of this policy, our organizations urge CMS to work with Connecticut to expand this eligibility to all individuals who will qualify for Medicaid coverage 90 days prior to release, regardless of their medical history, as soon as is feasible. These individuals may have undiagnosed health conditions and/or still benefit from being connected to a regular source of health coverage that can provide preventive health services, primary care and other services needed to stay healthy.

Our organizations urge CMS to encourage Connecticut to clarify and eliminate cost-sharing requirements for this population for at least 12 months during their reentry period. The state indicates that it will follow regular state plan cost-sharing requirements but does not specify what those are. Research consistently shows that cost-sharing, even small copays, is associated with a reduction in care and in prescription fills.² Eliminating cost-sharing requirements for individuals who the state has already identified as having high health needs while transitioning back into the community would promote better maintenance of health conditions and ensure they do not avoid necessary treatment or medications due to cost. Additionally, we urge CMS to encourage Connecticut to provide 12 months of continuous eligibility after release to ensure that this high-risk population is protected from gaps in care that can worsen health outcomes.

Our organizations support Connecticut's efforts to improve equitable access to quality and affordable health coverage by implementing pre-release services for the justice-involved population, and we urge CMS to approve this proposal. Thank you for the opportunity to provide comments.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Child Neurology Foundation
Chronic Disease Coalition
Hemophilia Federation of America
Leukemia & Lymphoma Society
National Bleeding Disorders Foundation
National Kidney Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation
The AIDS Institute
WomenHeart

¹ Joseph Morrissey et al. Medicaid Enrollment and Mental Health Service Use Following Release of Jail Detainees with Severe Mental Illness. *Psychiatric Services* 57, no. 6 (June 2006): 809-815. DOI: 10.1176/ps.2006.57.6.809, and Joseph Morrissey et al. The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons with Severe Mental Illness. *Psychiatric Services* 58, no. 6 (June 2007): 794–801. DOI: 10.1176/ps.2007.58.6.794.

² Samantha Artiga, Petry Ubri, Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. KFF, June 1, 2017. Available at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>