



October 21, 2021

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

Re: Utah Section 1115 Waiver Extension Request

Dear Secretary Becerra:

Thank you for the opportunity to provide comments on the Utah Section 1115 Waiver Extension Request.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what individuals need to prevent disease, cure illness and manage chronic health conditions. The diversity of our groups and the patients and consumers we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Department of Health and Human Services (HHS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families, and our organizations are committed to ensuring that Utah's Medicaid program provides quality and affordable healthcare coverage. While Utah's waiver contains some policies that would improve access to care – such as coverage for justice-involved populations pre-release – unfortunately the waiver also contains policies that would create barriers to care. We urge you to consider our comments as you evaluate this proposal.

Benefit limits for adults with dependent children

Utah's renewal application requests continued authority to provide reduced benefits for enrolled adults with dependent children. Our organizations are concerned that this proposal will limit access to care and pose a serious risk to the health of individuals with serious, acute and chronic health conditions.

These benefit limitations include waiving non-emergency transportation. Non-emergency medical transportation ensures that patients will be able to make it to all their scheduled and routine medical appointments. Research suggests that missing routine care can lead to unnecessary costs and hospitalizations.¹

In addition to asking to waive non-emergency medical transportation for this population, Utah is also asking to limit the benefit of physical and occupational therapy for enrolled adults with dependent children and waive early and periodic screening, diagnostic and treatment (EPSDT) services for 19- and 20-year-olds. These limitations will make it harder for these populations to access the comprehensive care that they need.

Our organization urge HHS not to approve these requests and work with the state of Utah to revise the proposal and extend the full benefit package to adults with dependent children.

Coverage for justice-involved populations

The application includes a request to provide Medicaid coverage to qualified justice involved individuals in the 30-day period prior to release. Qualified individuals would include those with a chronic physical or behavioral health condition, a state-defined mental illness, or an opioid use disorder. The state estimates that 3,200 individuals would be enrolled through this proposal.

Our organizations support this proposal to improve continuity of care for individuals with the serious and chronic health conditions listed above. This proposal will help high-risk justice involved populations put critical supports needed to treat physical and behavioral health conditions in place before being released from incarceration. Improved access to care can improve health and other outcomes for justice involved populations. For example, studies in Florida and Washington reported that people with severe mental illness and 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.²

Given the important benefits of this policy, our organizations also urge HHS to work with Utah to expand eligibility to all individuals who qualify for Medicaid coverage 30 days prior to release, regardless of whether they have a diagnosis for one of the health conditions listed above. Other individuals may have undiagnosed health conditions and/or still benefit from being connected to a regular source of health coverage than can provide preventive health services, primary care, and other services needed to stay healthy.

Public Comment Period

The Centers for Medicare and Medicaid (CMS) publicly posted an updated version of the Utah Section 1115 Waiver extension request on October 19, 2021, two days before the public comment deadline. The new version of the waiver extension request includes substantial changes, including removal of work requirements. As a result of the revised proposal, CMS should provide an additional 30 days for public comment, so patients and others impacted by the proposal can have a meaningful opportunity to provide feedback.

Conclusion

While our organizations support the underlying waiver, including Utah continuing its Medicaid expansion program, our organizations urge HHS not to approve the benefit limitations for certain populations. Additionally, while we support the approval of the underlying waiver extension, we encourage HHS to only approve the extension for three years rather than five, consistent with federal Medicaid statute.³

Lastly, our organizations encourage HHS to formally reject Utah's proposed 1115 waiver, the Utah Per Capita Cap 1115 Demonstration (8/1/2019). Our organizations have expressed our opposition to per capita caps and block grants⁴ and specifically this waiver proposal.⁵ This waiver does not further the objectives of the Medicaid program and we encourage you to act upon it.

Thank you for the opportunity to provide comments on this important waiver.

Sincerely,

American Lung Association
American Heart Association
Arthritis Foundation
Cancer Support Community
CancerCare
Hemophilia Federation of America
Mended Little Hearts
National Alliance on Mental Illness
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute

¹ Michael Adelberg and Marsha Simon, "Non-Emergency Medical Transportation: Will Reshaping Medicaid Sacrifice an Important Benefit?" Health Affairs Blog, September 20, 2017. Available at:

<https://www.healthaffairs.org/doi/10.1377/hblog20170920.062063/full/>

² 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.

³ 42 U.S.C. 1315. Accessed at: https://www.ssa.gov/OP_Home/ssact/title11/1115.htm

⁴ Health Partner Letter to CMS re: Block Grant Policy Response. March 9, 2020. Accessed at: <https://www.lung.org/getmedia/d10f6d78-3304-485c-a7fc-b6a3a6ca1091/health-partner-response-to-cms-block-grant.pdf>

⁵ Health Partner Comments re: Utah Section 1115 Demonstration Application. Sept. 13, 2019. Accessed at: <https://www.lung.org/getmedia/748e18f3-aae2-4cb6-bf94-46bf410d214d/health-partner-comments-re-11.pdf.pdf>