



October 31, 2024

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

Re: Michigan Reentry 1115 Demonstration

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on Michigan's Reentry 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 the Michigan Medicaid program provides quality and affordable healthcare coverage. We applaud Michigan's work to improve health equity in this waiver and support the inclusion of pre-release services for the justice-involved population. Our organizations urge CMS to approve this proposal and offer the following comments on the Michigan Reentry 1115 Demonstration:

Our organizations support Michigan's proposal to provide Medicaid services for justice-involved populations who are otherwise eligible for Medicaid for up to 90 days prior to release. This proposal will help these high-risk populations access critical support needed to treat physical and behavioral health conditions. For example, studies in Washington and Florida 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.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.

Our organizations encourage the evaluation of Section 1115 demonstration projects. It is important that Michigan designs an evaluation with the appropriate data collection to be able to robustly evaluate the waiver. This could include additional data points than what have been proposed, such as evaluating the health outcomes for the justice-involved population but also the investment impact on health systems and other partnerships.

Additionally, our organizations urge CMS to encourage Michigan 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. Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.²

Our organizations support Michigan's efforts to improve equitable access to quality and affordable health coverage. We urge CMS to approve Michigan's proposal to provide pre-release services for the justice-involved population.

Thank you for the opportunity to provide comments.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
CancerCare
Hemophilia Federation of America
National Bleeding Disorders Foundation
National Patient Advocate Foundation
The AIDS Institute
The Leukemia & Lymphoma Society

¹Joseph 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.

²Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the Covid-19 Pandemic. Assistant Secretary for Planning and Evaluation, Office of Healthy Policy. April 12, 2021. Available at: <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>