



February 21, 2024

Jason Weida, J.D.
Secretary of Health Care Administration
Agency for Health Care Administration
2727 Mahan Drive, MS #20
Tallahassee, FL 32308

Re: Florida Children's Health Insurance Program Eligibility Extension

Dear Secretary Weida:

Thank you for the opportunity to submit state comments on the Florida Children's Health Insurance Program Eligibility Extension.

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 state to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Florida's Medicaid program provides quality and affordable healthcare coverage. We support the state's proposal to expand the Children's Health Insurance Program (CHIP) coverage to 300% of the Federal Poverty Level (FPL). The state estimates that this demonstration will cover an additional 14,000 children in the first year of implementation, rising to 41,000 children in the fifth year.¹ Our organizations support this expansion of health coverage, particularly at a time when thousands of children and families in Florida have lost their healthcare coverage for procedural or paperwork issues.²

However, we remain concerned by the state's continued premium requirements. Our organizations have consistently supported the need for access to quality, affordable coverage.³ The evidence is clear that premiums make it harder for individuals to obtain or keep healthcare coverage.⁴ The inclusion of premiums can also exacerbate existing disparities in access to healthcare, as they have been shown to lead to lower enrollments for Black enrollees and lower-income enrollees, compared to their white and higher-income counterparts, respectively.⁵ Premiums can be a significant barrier for individuals accessing care, and removing them increases equitable access to care for all enrollees.

Additionally, our organizations support continuous eligibility as a method to protect patients and families from gaps in care. Continuous eligibility promotes health equity,⁶ and increases continuity of coverage. 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.⁷ Our organizations support continuous eligibility in order to reduce these negative health outcomes for children in Florida, who face one of the highest uninsurance rates in the country.⁸

Our organizations support Florida's proposal to expand CHIP coverage to 300% of the FPL, and we urge the state to remove premium requirements to comply with the Consolidated Appropriations Act guidance, ensuring that children do not have gaps in coverage.

Thank you for the opportunity to provide comments.

Sincerely,

American Cancer Society Cancer Action Network
American Diabetes Association
American Lung Association
Arthritis Foundation
CancerCare
Child Neurology Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
Muscular Dystrophy Association
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
Pulmonary Hypertension Association
The AIDS Institute
The Leukemia & Lymphoma Society
WomenHeart

¹ “Children’s Health Insurance Program Eligibility Extension.” Florida Agency for Health Care Administration. January 23, 2024. Available at:

<https://ahca.myflorida.com/content/download/23900/file/Children%27s%20Health%20Insurance%20Program%20Eligibility%20Extension%20Request.pdf>

² Letter from Xavier Becerra to Governor DeSantis. Department of Health and Human Services. December 18, 2023. Available at: <https://www.hhs.gov/sites/default/files/sec-becerras-letter-to-fl-governor.pdf>

³ Consensus Healthcare Reform Principles. Partnership to Protect Coverage, 2024. Available at: <https://www.protectcoverage.org/ppc-consensus-healthcare-reform-principles>

⁴ Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 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/>

⁵ University of Wisconsin-Madison Institute for Research on Poverty. (2019). Evaluation of Wisconsin’s BadgerCare Plus Health Coverage for Parents & Caretaker Adults and for Childless Adults 2014 Waiver Provisions. Available at

<https://www.irp.wisc.edu/wp/wp-content/uploads/2019/11/BC-2014-Waiver-Provisions-Final-Report-08302019.pdf>

⁶ Chomilo, Nathan. Building Racial Equity into the Walls of Minnesota Medicaid. Minnesota Department of Human Services. February 2022. Available at: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209A-ENG>

⁷ Sugar 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>

⁸ Florida, Children’s Health Care Report Card. Center for Children and Families, McCourt School of Public Policy at Georgetown University. 2024. Available at: <https://kidshealthcarereport.ccf.georgetown.edu/states/florida/>