



November 8, 2024

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

Re: Louisiana Reentry 1115 Demonstration

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on Louisiana's 1115 Reentry 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 Louisiana'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 targeted pre-release services for justice-involved individuals otherwise eligible for Medicaid or CHIP. Our organizations urge CMS to approve this proposal and offer the following comments on the Louisiana's 1115 Reentry Demonstration:

Our organizations support Louisiana's proposal to provide a targeted set of Medicaid services for justice-involved populations who are otherwise eligible for Medicaid for up to 90 days prior to release. This is consistent with the goals of Medicaid and will be an important step in improving the continuity of care. 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 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 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 also appreciate the proposed evaluation design, which will allow Louisiana to better understand the impact

of the demonstration in relation to health outcomes for the justice-involved population and in the greater community.

Additionally, our organizations urge CMS to encourage Louisiana 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 continuous eligibility as a method for improving continuity of care and preventing negative health outcomes for this high-risk population.

Our organizations support Louisiana's thoughtful phased approach to implementing pre-release services for the justice-involved population and we urge CMS to approve this demonstration. Thank you for the opportunity to provide comments.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Epilepsy Foundation America
National Bleeding Disorders Foundation
National Patient Advocate Foundation
Pulmonary Hypertension Association
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.

² 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>