



May 13, 2022

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

Re: Covered Connecticut Demonstration Waiver

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the Covered Connecticut Demonstration Waiver.

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 Department of Health and Human Services (HHS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that any changes to the healthcare system achieve coverage that is adequate, affordable and accessible for patients and consumers.¹ Connecticut's waiver request would provide more affordable, high-quality coverage for patients, which will be particularly critical during the unwinding of the COVID-19 public health emergency (PHE). Our organizations urge HHS to approve this application and offer the following comments on the Covered Connecticut Demonstration.

Under this waiver proposal, Connecticut would subsidize Marketplace coverage for parents/caretaker relatives and their tax dependents under age 26 as well as non-pregnant, low-income adults without dependent children with incomes up to 175% of the federal poverty level (FPL). The state would pay the remainder of the premiums and cost-sharing for these plans, as well as provide additional coverage for

dental care and non-emergency medical transportation (NEMT). The state estimates that 39,000 individuals will be covered through this demonstration by the fifth year of the demonstration.

These policies will reduce financial barriers to care and provide more robust coverage for the patients enrolled in the demonstration. For example, research on Michigan's Medicaid expansion program showed that modest increases of a few dollars in premiums resulted in disenrollment, especially among healthy individuals, from the program.² Similarly, research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.³ This waiver will therefore remove financial barriers that will help patients to maintain their coverage and use that coverage to access the treatments and services that they need. Furthermore, the addition of services like NEMT will help patients travel to medical appointments that help them to manage their health conditions. Research shows that missing routine care can lead to unnecessary costs and hospitalizations.⁴

The demonstration will also help to advance health equity. While Connecticut's uninsured rate for non-elderly adults (8.3%) is lower than the national average (12.9%), racial and ethnic disparities in coverage persist. For example, in 2019 the uninsured rate for Hispanic/Latina women of childbearing age (18-44) was 13.8%—about 2.5 times higher than the rate for Non-Hispanic/Latina women (5.6%). Making marketplace coverage free for low-income parents and other adults would help lower the uninsured rate, address coverage disparities and promote continuous access to care. We appreciate that the state will examine the uninsured rate stratified by race, ethnicity, and income in its evaluation, and we encourage HHS to work with the state to also consider how language and other factors impact program enrollment as part of its evaluation.

This demonstration will be particularly important when the continuous coverage provisions expire at the end of the COVID-19 PHE. This will be a critical period to ensure that patients who no longer qualify for Medicaid coverage transition to other sources of quality, affordable coverage without gaps in care that jeopardize their health and wellbeing. With this waiver, individuals in the eligibility groups included in the demonstration who may no longer qualify for Medicaid coverage would still be able to transition to coverage with similar benefits and cost-sharing protections. During another important coverage transition, when the state reduced the Medicaid eligibility level for parents to 160% FPL during implementation of the Affordable Care Act (assuming that those above this threshold would transition to marketplace coverage), very few individuals actually entered the marketplace and some estimated that over 30 percent of the parents became uninsured.⁵ This highlights the importance of taking additional steps to help people maintain their coverage during the transition at the end of the COVID-19 PHE. HHS should also encourage the state to launch a robust outreach campaign and invest in call center and navigator services so that beneficiaries understand the enrollment process and the affordable coverage available to them.

Finally, since Connecticut's proposed demonstration rests upon the extension of the enhanced advanced premium tax credits (APTCs) from the American Rescue Plan Act, we urge HHS to work with Connecticut to develop a contingency plan if the enhanced APTCs expire at the end of 2022. If the enhanced subsidies do expire and Connecticut cannot continue with the demonstration as intended, the state should not impose barriers to care such as limiting services or implementing an enrollment cap.

Our organizations urge HHS to approve this Covered Connecticut Demonstration. While providing marketplace coverage with enhanced cost-sharing and benefits through the Medicaid program would not necessarily make sense in other circumstances, Connecticut's proposal would reduce financial

barriers to care, improve the comprehensiveness of patients' coverage and limit coverage losses during the unwinding of the COVID-19 PHE. Thank you for the opportunity to provide comments.

Sincerely,

American Heart Association
American Lung Association
Arthritis Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
Lupus Foundation of America
Mended Little Hearts
National Organization for Rare Disorders
Pulmonary Hypertension Association
Susan G. Komen

¹ "Consensus Health Reform Principles." March 9, 2022. Available at: <https://www.lung.org/getmedia/0912cd7f-c2f9-4112-aaa6-f54d690d6e65/ppc-coalition-principles-final.pdf>.

² Cliff, B., et al. Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules. NBER Working Paper No. 28762. National Bureau of Economic Research. May 2021. Accessed at: https://www.nber.org/system/files/working_papers/w28762/w28762.pdf.

³ 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/>.

⁴ 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/>

⁵ "Potential Consequences of Proposal to Further Reduce Eligibility for HUSKY Insured Parents." Connecticut Health Foundation, April 2016. Available at: <https://www.cthealth.org/wp-content/uploads/2016/04/CT-Health-HUSKY-Parents-2016-2.pdf>