



August 31, 2022

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

**Re: Washington Medicaid Transformation Project Waiver Renewal**

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the Washington Medicaid Transformation Project Waiver Renewal.

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. We appreciate the emphasis on health equity in this waiver and support the inclusion of continuous eligibility for children under six, pre-release coverage for the justice-involved population, and expanded postpartum coverage. Our organizations offer the following comments on the Washington Medicaid Transformation Project Demonstration.

***Continuous Eligibility for Children Under Six***

Our organizations support the request for continuous eligibility for children under six. Implementing continuous eligibility is an important step in improving health equity.<sup>1</sup> For example, the state's data shows that Black Hispanic children experience significantly greater gaps in coverage compared to White

Hispanic children.<sup>2</sup> Other studies also show that children of color are more likely to be affected by gaps in coverage that continuous eligibility would address, rendering the policy crucial for increasing equitable access to care.<sup>3</sup>

For patients with serious and chronic conditions, a gap in healthcare coverage could mean delays in receiving needed treatments and services that ultimately lead to a worsening of their condition and other negative health outcomes. Between 2016 and 2019, the number of uninsured children in the state of Washington increased by 50%.<sup>4</sup> 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.<sup>5</sup> Gaps in Medicaid coverage have also been shown to increase hospitalizations and negative health outcomes for ambulatory care-sensitive conditions like respiratory diseases and heart disease.<sup>6</sup> Our organizations support continuous eligibility as a method to reduce these negative health outcomes for patients.

This policy will also reduce churn within the program and its administrative burden on Medicaid offices. For example, in an evaluation of the Montana's 1115 waiver demonstration, state officials said continuous eligibility had been "cost-neutral if not beneficial" because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.<sup>7</sup> These benefits will be particularly important at the end of the COVID-19 public health emergency.

#### ***Pre-Release and Re-Entry Services for Incarcerated Individuals***

Our organizations support the proposed provision of targeted Medicaid services for incarcerated individuals up to 30 days prior to release. This is consistent with the goals of Medicaid and will be an important step in improving the continuity of care for individuals. 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.<sup>8</sup>

Our organizations note that these services will cover just a small component of the care individuals need while in the prison system, as well as when reentering the community. The state will still need to continue to invest in the prison health care system and community-based services.

#### ***Postpartum Coverage***

Our organizations support Washington's proposal to expand postpartum coverage from 60 days to twelve months through a state plan amendment (SPA), while also extending postpartum coverage for additional populations not covered through that SPA in this waiver application. Washington's proposal will help to prevent gaps in healthcare coverage for low-income women during the postpartum period, helping patients to better manage serious and chronic health conditions. The need to increase coverage during this period is clear. Approximately 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery.<sup>9</sup>

Improving postpartum coverage is an important component of reducing maternal mortality in Washington. According to research from the Centers for Disease Control and Prevention (CDC), an estimated three out of five pregnancy-related deaths are preventable.<sup>10</sup> Access to a regular source of healthcare is important for conditions to be caught early and negative health outcomes to be avoided if possible.

Extending postpartum coverage is also important to reduce health disparities. Negative maternal outcomes disproportionately affect women of color. In Washington, American Indian and Alaska Native women are more likely to die from pregnancy-related causes than any other race/ethnicity. Nationally, Medicaid covers 43% of births in the United States, including 60% of births to Hispanic women, 65% of births to African American women, and 67% of births to American Indian or Alaskan Native women.<sup>11</sup> Extending postpartum coverage is therefore a critical opportunity to improve access to care and reduce pregnancy-related deaths in communities of color.

### ***Health-Related Services***

Our organizations appreciate the inclusion of health-related services in this waiver. These services include housing and transitional care and daily living supports. These supports can be critical to address social determinants of health for patients who already struggle to manage their chronic conditions. It is crucial that the state ensure that these services are implemented with emphasis on health equity and cultural competence. Additionally, the state should ensure that rates are sufficient to sustain the required Medicaid state plan services, in-lieu-of services and any additional health-related services in all cases.

### ***Conclusion***

Our organizations support Washington's proposed waiver renewal and the state's efforts to expand access to quality, affordable coverage. We urge HHS to approve this proposal. Thank you for the opportunity to provide comments.

Sincerely,

American Heart Association  
American Lung Association  
Arthritis Foundation  
Hemophilia Federation of America  
Lupus Foundation of America  
National Alliance on Mental Illness (NAMI)  
National Multiple Sclerosis Society  
National Organization for Rare Disorders  
National Psoriasis Foundation  
Susan G. Komen  
The AIDS Institute  
The Leukemia & Lymphoma Society

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<sup>1</sup> 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>

<sup>2</sup> [Medicaid Transformation Project \(MTP\) waiver renewal application - final](#)

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<sup>3</sup> Osorio, Aubrianna. Alker, Joan, “Gaps in Coverage: A Look at Child Health Insurance Trends”, Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, November 21, 2021. [Gaps in Coverage: A Look at Child Health Insurance Trends – Center For Children and Families \(georgetown.edu\)](#)

<sup>4</sup> Number of Uninsured Children Under Age 6, 2016-2019. Georgetown University Health Policy Institute Center for Children and Families. Available at: [Microsoft Word - U6 Tables for Website.docx \(georgetown.edu\)](#)

<sup>5</sup> 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>

<sup>6</sup> MACPAC. Effect of Churn on Potentially Preventable Hospital Use. July 2022. Available at: [Effects of Churn on Potentially Preventable Hospital Use \(macpac.gov\)](#)

<sup>7</sup> Niranjana Kowlessar et al. Federal Evaluation of Montana Health and Economic Livelihood Partnership (HELP): Summative Evaluation Report. Social and Scientific Systems, Inc. November 30, 2020. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>

<sup>8</sup> 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.

<sup>9</sup> Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage ‘churn’ in months before and after childbirth. *Health Aff (Millwood)*. 2017; 36(4): 598–606. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>.

<sup>10</sup> Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

<sup>11</sup> MACPAC. Medicaid’s Role in Financing Maternity Care. January 2020. Available at: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>