



January 25, 2023

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

Re: New Mexico 1115 Demonstration Waiver Renewal Request

Dear Secretary Becerra:

Thank you for the opportunity to provide feedback on the New Mexico 1115 Demonstration Waiver Renewal Request.

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 New Mexico’s Medicaid program provides quality and affordable healthcare coverage. Our organizations appreciate the emphasis on health equity in this waiver and support the inclusion of continuous eligibility for children under 6 and pre-release coverage for justice-involved populations. Our organizations urge you to approve these policies and offer the following comments on the New Mexico 1115 Demonstration:

Continuous Eligibility for Children Under 6

Our organizations support the request for continuous eligibility for children under six. The state estimates that over 71,000 children will maintain coverage as a result of this provision. Implementing continuous eligibility is an important step in improving health equity.¹ Studies show that children of

color are more likely to be affected by gaps in coverage that continuous eligibility would address, rendering it crucial for increasing equitable access to care.²

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.³ 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.⁴

This policy will also reduce churn within the program and its administrative burden on Medicaid offices, which will be particularly important at the end of the COVID-19 continuous coverage requirements. The state estimates that 44% of children disenrolled from Medicaid coverage in New Mexico are reenrolled in the program within 12 months. Continuous eligibility eases the administrative burden that these changes in enrollment status place on the program.

Our organizations support continuous eligibility as a method to reduce negative health outcomes for patients and to reduce administrative burden for Medicaid offices and urge you to approve this request.

Pre-Release Services for Justice-Involved Populations

Our organizations support the proposed coverage 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.⁵ Research has also shown that cancer mortality is higher among those who are incarcerated or in the first year after incarceration,⁶ further highlighting the necessity of transition services for this population.

New Mexico states that individuals eligible for benefits would include, but are not limited to, those with SMIs, SEDs, SUDs or intellectual or developmental disabilities. Given the important benefits of this policy, we encourage CMS to work with the state to clarify which conditions will be included and expand eligibility to as many individuals as possible who qualify for Medicaid coverage 30 days prior to release. Other individuals may have undiagnosed health conditions and/or still benefit from being connected to a regular source of health coverage than can provide preventive health services, primary care and other services needed to stay healthy.

Conclusion

Our organizations support New Mexico's efforts to expand access to quality, affordable coverage, we urge you to approve the state's requests to expand continuous eligibility for children under 6 and pre-release coverage for justice-involved populations. Thank you for the opportunity to provide comments.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Asthma and Allergy Foundation of America
Cancer Support Community

CancerCare
Chronic Disease Coalition
Hemophilia Federation of America
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
The Leukemia & Lymphoma Society

¹ 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>

² 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 \(georgetown.edu\)](https://www.georgetown.edu/health-policy/institute/publications/gaps-in-coverage-a-look-at-child-health-insurance-trends)

³ 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>

⁴ MACPAC. Effect of Churn on Potentially Preventable Hospital Use. July 2022. Available at: [Effects of Churn on Potentially Preventable Hospital Use \(macpac.gov\)](https://www.macpac.gov/effect-of-churn-on-potentially-preventable-hospital-use/)

⁵ 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.

⁶ Oladeru OT, Aminawung JA, Lin HJ, Gonsalves L, Puglisi L, et al. (2022) Incarceration status and cancer mortality: A population-based study. *PLOS ONE* 17(9): e0274703. <https://doi.org/10.1371/journal.pone.0274703>