



September 8, 2023

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 Amendment

Dear Secretary Becerra:

Thank you for the opportunity to provide feedback on the Washington Medicaid Transformation Project Amendment.

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 Washington's Medicaid program provides quality and affordable healthcare coverage. We support the state's proposal to expand multi-year continuous eligibility for young children and urge CMS to approve this amendment.

Our organizations support Washington's proposed expansion of multi-year continuous coverage for young children in the Children's Health Insurance Program (CHIP). Continuous eligibility promotes health equity¹ and protects families with fluctuating incomes from gaps in coverage. The state has estimated that 11% of children under six experience gaps in Medicaid coverage in a given year. Washington has already adopted this policy in Medicaid and expects that an additional 16,000 children would receive continuous coverage as a result of expanding this policy to CHIP.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 Furthermore, 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.⁵ Overall, multi-year continuous eligibility would improve access to and continuity of care for children during the critical early years of life⁶ while promoting health equity.

This policy will also reduce churn within the program and its administrative burden on Medicaid offices. A recent report from KFF found that more than 40% of individuals who were disenrolled from Medicaid/CHIP eventually re-enrolled within a year.⁷ Continuous eligibility eases the administrative burden that these changes in enrollment status place on the program.

Our organizations support multi-year continuous eligibility for young children as a method to reduce negative health outcomes in Washington. We urge CMS to approve this amendment. Thank you for the opportunity to provide comments.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
CancerCare
Child Neurology Foundation
Chronic Disease Coalition
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
Lutheran Services in America
National Bleeding Disorders Foundation
National Kidney Foundation

National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
Pulmonary Hypertension Association
The AIDS Institute
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 Washington State Medicaid Transformation Project, Section 1115 Medicaid Demonstration Waiver Renewal Request. Washington State Health Care Authority, Washington State Department of Social and Health Services. 2023. Available at: https://www.medicaid.gov/sites/default/files/2022-08/wa-medicaid-transformation-pa5_0.pdf#page=38

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 “Effects of Churn on Potentially Preventable Hospital Use.” Medicaid and CHIP Payment Access Commission, July 2022. Available at: https://www.macpac.gov/wp-content/uploads/2022/07/Effects-of-churn-on-hospital-use_issue-brief.pdf

⁵ 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. Available at: <https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/>

⁶ Burak, Elisabeth Wright. “Promoting Young Children’s Healthy Development in Medicaid and the Children’s Health Insurance Program (CHIP).” Center for Children and Families, Georgetown University Health Policy Institute. October 2018. Available at: <https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf>

⁷ KFF. What Happens After People Lose Medicaid Coverage. January 2023. Available at: <https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/>