December 16, 2022

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

**Re: Wisconsin 1115 Demonstration Waiver Extension**

Dear Secretary Becerra:

Thank you for the opportunity to provide feedback on the Wisconsin 1115 Demonstration Waiver Extension.

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 Wisconsin's Medicaid program provides quality and affordable healthcare coverage. While we support providing Medicaid coverage for childless non-elderly adults with incomes at or below 100% of the Federal Poverty Level (FPL), our organizations continue to urge Wisconsin to fully expand its Medicaid program to those with incomes at or below 138% FPL and benefit from the enhanced federal funding that would come with full expansion. Additionally, our organizations oppose the imposition of premiums, lockouts, emergency department copayments and

health risk assessment requirements included in the waiver application, and we urge CMS to reject these requests. Wisconsin's waiver also does not adequately detail how these proposals will be implemented, particularly with the impending end of the COVID-19 public health emergency (PHE). Our organizations offer the following comments on the Wisconsin 1115 Demonstration Waiver Extension:

**Monthly Premiums and Lockouts**

Our organizations oppose the monthly premiums included in Wisconsin's proposal. The evidence is clear that premiums make it harder for individuals to obtain or keep healthcare coverage through the Medicaid program.[1] The inclusion of premiums can also exacerbate existing disparities in access to healthcare, as they have been shown to lead to lower enrollments for Black enrollees and lower-income enrollees, compared to their white and higher-income counterparts, respectively.[2] Premiums can be a significant barrier for individuals accessing care, and removing them increases equitable access to care for all enrollees.

Our organizations are opposed to the proposal to disenroll beneficiaries and lock them out of coverage for up to six months for not paying premiums. Lockouts reduce coverage and do not promote the objectives of the Medicaid program. In Indiana, for example, an estimated 1,000 individuals were locked out of coverage per year as a result of a similar rule, and up to 8.5% of beneficiaries subject to this policy since the start of the program experienced periods of coverage lockout.[3] For patients with chronic health conditions, being locked out of coverage and consistent healthcare can worsen health outcomes.

Our organizations urge CMS to reject the premiums in this waiver as they are outside of those permitted in the Medicaid statute, and to reject the proposed lockouts as well. CMS previously found that premiums do not promote the objectives of the Medicaid program, as seen in recent decisions regarding waivers for Montana[4] and Arkansas[5]. Our organizations urge CMS to keep Medicaid accessible and equitable by rejecting both of these requests.

**Emergency Department Copayments**

Our organizations oppose the $8 copay for non-emergent use of the emergency department. Emergency department copays deter patients from seeking care, which can result in negative health outcomes for patients with acute and chronic diseases. For example, a study of enrollees in Oregon's Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.[6] People should not be financially penalized for seeking lifesaving care for a breathing problem, complications from a cancer treatment or any other critical health problem that requires immediate care. Our organizations urge CMS to reject Wisconsin's request for an emergency department copay.

**Health Risk Assessment Requirements**

Our organizations oppose the use of a mandatory health risk assessment requirements to promote healthy behaviors among beneficiaries. Mandatory health risk assessments do not promote the objectives of Medicaid as they risk the loss of coverage for beneficiaries. Additionally, research has found that positive consequences for completing healthy behaviors are more likely to motivate individuals than facing negative outcomes.[7] It is therefore likely that requiring these assessments will be an administrative barrier to coverage and deter eligible enrollees from enrolling in healthcare, rather than actually improving health outcomes. We urge CMS to reject this requirement.

**Conclusion**
Our organizations support the continuation of coverage for low-income childless non-elderly adults making, but we urge CMS to reject the requests that jeopardize health coverage, including monthly premiums, lockouts, emergency department copays and health risk assessment requirements. In his January 28, 2021 executive order, President Biden directed agencies to re-examine "demonstrations and waivers under Medicaid and the ACA that may reduce coverage or undermine the programs;"[8] all of these policies will decrease coverage and harm access to care for the patients we represent.

These policies were approved in 2018 but have not yet been implemented due to the COVID-19 PHE. In addition to denying the requests in the current application, CMS should make clear that these policies cannot be implemented under current demonstration authority during the PHE unwinding period if it begins before the current approval expires in December 2023. Resuming routine operations is already going to be difficult for eligibility workers; establishing new policies and procedures simultaneously will likely be a disaster, potentially leading to backlogs, overworked staff, and greater erroneous coverage losses.

Thank you for the opportunity to provide comments.

Sincerely,

American Heart Association
American Lung Association
Asthma and Allergy Foundation of America
Cancer Support Community
Cancer*Care*
Epilepsy Foundation
Hemophilia Federation of America
Immune Deficiency Foundation
Lupus Foundation of America
Lutheran Services in America
March of Dimes
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
Susan G. Komen
The Leukemia & Lymphoma Society

---

[1] 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/

[2] University of Wisconsin-Madison Institute for Research on Poverty. (2019). Evaluation of Wisconsin's BadgerCare Plus Health Coverage for Parents & Caretaker Adults and for Childless Adults 2014 Waiver Provisions. Available at

https://www.irp.wisc.edu/wp/wp-content/uploads/2019/11/BC-2014-Waiver-Provisions-Final-Report-08302019.pdf

[3] Evaluation of Wisconsin's BadgerCare Plus Health Coverage for Parents & Caretaker Adults and for Childless Adults, Institute for Research on Poverty, University of Wisconsin-Madison, August 2019. Available at: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/in-healthy-indiana-plan-support-20-pa8.pdf#page=249

[4] Letter from Centers for Medicare and Medicaid Services to Marie Matthews, Medicaid Director, Montana Department of Public Health and Human Services, December 21, 2021. Available at: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-HELP-program-ca.pdf

[5] Letter from Centers for Medicare and Medicaid Services to Dawn Stehle, Deputy Director for Health & Medicaid, Arkansas Department of Human Services, December 21, 2021. Available at: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ar-arhome-ca.pdf

[6] Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. Health Serv Res. 2008 April; 43(2): 515–530.

[7] Saunders, Rob, et al, "Are Carrots Good for Your Health? Current Evidence on Behavior Incentives in the Medicaid Program," Duke University, Margolis Center for Health Policy, June 2018. Available at: https://healthpolicy.duke.edu/sites/default/files/2020-07/DUKE_HealthyBehaviorIncentives_6.1.pdf

[8] FACT SHEET: President Biden to Sign Executive Orders Strengthening Americans' Access to Quality, Affordable Health Care, The White House, Statements and Releases, January 28, 2021. Available at: https://www.whitehouse.gov/briefing-room/statements-releases/2021/01/28/fact-sheet-president-biden-to-sign-executive-orders-strengthening-americans-access-to-quality-affordable-health-care/