



July 24, 2024

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

Re: District of Columbia Whole-Person Care Transformation Section 1115 Demonstration Renewal

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the District of Columbia’s 1115 Demonstration 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 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 the District of Columbia’s (D.C.) Medicaid program provides quality and affordable healthcare coverage. We applaud the District’s work to improve health equity in this waiver and support the inclusion of pre-release services for the justice-involved population and the waiver of cost-sharing requirements for medication-assisted treatment (MAT). Our organizations urge CMS to approve these proposals and offer the following comments on D.C.’s Whole-Person Care Transformation:

Our organizations support D.C.’s proposal to provide Medicaid services for justice-involved populations who are otherwise eligible for Medicaid for up to 90 days prior to release. 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.¹ This proposal is consistent with the goals of Medicaid and will be an important step in improving continuity of care. CMS should work with the city to ensure that existing city spending on healthcare for this population is supplemented, not replaced when implementing this policy.

D.C.'s application includes a request to extend pre-release services to some individuals in Federal Bureau of Prisons (BOP) custody who are not in state prison, only because D.C. does not operate its own state prisons. In consideration of the unique circumstances, our organizations urge CMS to issue a one-of-a-kind approval to the District's request, assuming the additional services are not duplicative of BOP services. Residents of D.C. should not have less access to adequate pre-release services and coordination as a result of being in the District.

Additionally, our organizations urge CMS to encourage the District to provide 12 months of continuous eligibility after release to ensure that this high-risk population is protected from gaps in care that can worsen health outcomes. 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.²

Finally, our organizations support the requested extension of the current waiver of cost-sharing requirements for MAT prescriptions. Research consistently shows that cost-sharing, even small copays, is associated with a reduction in care and in prescription fills.³ Eliminating cost-sharing requirements for individuals seeking treatment of substance use disorders (SUDs) promotes better maintenance of SUDs and ensures that they do not avoid necessary treatment or medications due to cost.

Our organizations support D.C.'s efforts to improve equitable access to quality and affordable health coverage. We urge CMS to approve the District's proposals to provide pre-release services for the justice-involved population and to waive MAT copayments.

Thank you for the opportunity to provide comments.

Sincerely,

American Heart Association
American Lung Association
Child Neurology Foundation
Hemophilia Federation of America
National Bleeding Disorders Foundation
National Patient Advocate Foundation
National Psoriasis Foundation
The AIDS Institute
The Leukemia & Lymphoma Society

¹Joseph 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.

²Sugar 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>

³ Samantha Artiga, Petry Ubri, Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. KFF, June 1, 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/>