March 13, 2024

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

Re: Pennsylvania Keystones of Health 1115 Demonstration

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on Pennsylvania's Keystones of Health 1115 Demonstration.

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 Pennsylvania's Medicaid program provides quality and affordable healthcare coverage. We applaud the state's work to improve health equity in this waiver and support the inclusion of continuous eligibility for children and pre-release coverage and continuous eligibility for justice-involved populations. Our organizations urge CMS to approve these requests and offer the following comments on Pennsylvania's Keystones of Health Demonstration:

Continuous Eligibility for Children

Our organizations support the state's proposal to provide multi-year continuous coverage for children under six. Continuous eligibility protects patients and families from gaps in care and promotes health equity.[1] Pennsylvania estimates that 450,000 children will maintain coverage each year once this demonstration is implemented.[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 coverage would improve access to and continuity of care for children during the critical early years of life[6] while promoting health equity. Our organizations urge CMS to work with the state to ensure that multi-year continuous coverage also applies to children enrolled in CHIP.

Pre-Release Services and Continuous Eligibility for Justice-Involved Populations

Our organizations support the proposed coverage for incarcerated, 'high-risk' individuals who are otherwise eligible for Medicaid for up to 90 days prior to release. Pennsylvania's demonstration estimates that 90,500 individuals would receive services under this proposal.[7] 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.[8] 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 state to ensure that existing state spending on healthcare for this population is supplemented, not replaced when implementing this policy.

Pennsylvania states that individuals eligible for pre-release benefits would be those considered 'high-risk,' which includes those with one or more chronic conditions, substance use disorders, or serious mental illnesses. Given the important benefits of this policy, our organizations urge CMS to work with Pennsylvania to expand this eligibility to all individuals who qualify for Medicaid coverage 90 days prior to release, regardless of whether they have a diagnosis for one of the health conditions listed above. Other individuals may have undiagnosed health conditions and/or still benefit from being connected to a regular source of health coverage that can provide preventive health services, primary care and other services needed to stay healthy.

Finally, our organizations support the proposed twelve-continuous eligibility for individuals meeting the risk criteria who are exiting correctional settings. As stated above, we support continuous eligibility as a method for improving continuity of care and preventing negative health outcomes.

Conclusion

Our organizations support Pennsylvania's efforts to improve equitable access to quality and affordable health coverage by implementing continuous eligibility for children and pre-release services for the justice-involved population, and we urge CMS to approve these proposals. Thank you for the opportunity to provide comments.

Sincerely,

ALS Association
American Heart Association
American Lung Association
Asthma and Allergy Foundation of America
Cancer*Care*
Child Neurology Foundation
Chronic Disease Coalition
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society

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[2] Bridges to Success: Keystones of Health for Pennsylvania Medicaid Section 1115 Demonstration. Pennsylvania Department of Human Services. January 26, 2024. Available at: https://www.medicaid.gov/sites/default/files/2024-02/pa-keystones-of-health-01262024-pa_0.pdf

[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

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[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] Bridges to Success: Keystones of Health for Pennsylvania Medicaid Section 1115 Demonstration. Pennsylvania Department of Human Services. January 26, 2024. Available at: https://www.medicaid.gov/sites/default/files/2024-02/pa-keystones-of-health-01262024-pa_0.pdf

[8] 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.