



October 19, 2021

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

Re: Section 1115 Waivers Expanding Continuous Eligibility

Dear Secretary Becerra:

Our organizations represent millions of individuals facing serious, acute and chronic health conditions across the country, including many who receive healthcare coverage through the Medicaid program. Continuous eligibility is an important policy that improves access to care for patients and consumers. Our organizations urge you to work with states to encourage them to use section 1115 waivers to expand continuous eligibility in their Medicaid programs.

Our organizations were disappointed at Montana's request to end 12-month continuous eligibility for adults enrolled in the state's Medicaid expansion, as well as for its parent and caretaker relative eligibility group. While CMS issued a letter to state health officials in 2013 providing guidance on continuous eligibility and other enrollment strategies, Montana and New York are the only states to have waivers implementing 12-month continuous eligibility for adults. As you know, continuous eligibility for adults is only available to states through section 1115 authority.

In contrast, states may implement this policy for children through a state plan amendment. However, only about half of the states have done so – 24 in Medicaid and 26 in the Children's Health Insurance Program (CHIP).¹ Our organizations support the mandatory expansion of 12-month continuous eligibility for children in Medicaid and CHIP included in the reconciliation legislation passed by the House Energy and Commerce Committee this September. However, even if that policy is enacted, there will still be an

important role for section 1115 waivers related to continuous eligibility – both to adopt 12-month continuous eligibility for adults, as well as to provide continuous eligibility for periods longer than 12-months for children.

Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that they need. 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 For patients with serious and chronic conditions, a gap in healthcare coverage could mean delays in receiving needed treatments and services that ultimately lead to a worsening of their condition, hospitalizations, and other negative health outcomes.

Reducing churn helps to reduce the administrative burden on the state as well. For example, in an evaluation of the Montana’s Health Economic Livelihood Partnership (HELP) demonstration, state officials said continuous eligibility had been “cost-neutral if not beneficial” because it allowed state Medicaid staff to do one-time enrollment rather than having beneficiaries churn on and off of coverage.³

The COVID-19 pandemic and its economic impact have highlighted the importance of the Medicaid program and its robust healthcare coverage for low-income children, adults, seniors and people with disabilities. Reducing the administrative burden on state Medicaid programs will be crucial at the end of the COVID-19 public health emergency, when federal maintenance of effort requirements end and the agency will have a surge in eligibility redeterminations to process. Continuous eligibility can be an important tool to help states manage their work efficiently and avoid improper coverage losses during this critical time.

Our organizations urge you to encourage states to apply for section 1115 waivers that expand continuous eligibility and provide additional guidance to states on how they can do so. We look forward to partnering with you to advance this important policy for patients and families in the Medicaid program.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Arthritis Foundation
CancerCare
Cancer Support Community
Epilepsy Foundation
Hemophilia Federation of America
Mended Little Hearts

National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society

¹ <https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf>

² <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

³ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/summative-eval-rpt-montana-2020.pdf#page=19>