



March 6, 2024

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

Re: Hawaii 1115 Demonstration Extension

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on Hawaii’s QUEST Integration 1115 Demonstration 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 Hawaii’s Medicaid program provides quality and affordable healthcare coverage. This demonstration is consistent with Hawaii’s efforts to support healthy families and improve equitable access to care. Our organization supports the inclusion of continuous eligibility for children and pre-release coverage for justice-involved populations, and we urge

CMS to approve these requests. Our organizations offer the following comments on the Hawaii QUEST 1115 Demonstration Extension:

Continuous Eligibility for Children

Our organizations support the proposal to provide multi-year continuous coverage for children under 6, as well as two-year continuous eligibility for older children. Continuous eligibility protects patients and families from gaps in care and promotes health equity.¹ 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 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.³

Hawaii estimates that a quarter of all children in the state experience gaps in coverage each year, and that 9,250 children would be newly enrolled as a result of this proposal.⁴ 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. The COVID-19 continuous coverage requirements have highlighted how important continuous eligibility is for maintaining access to care, and our organizations support Hawaii's plans to implement these policies as soon as system infrastructure allows.

Additionally, our organizations urge CMS to include an analysis of changes to utilization of care, specifically recommended well-child visits, in the final evaluation design. Testing whether multi-year continuous eligibility is associated with improvements in rates of care utilization would provide an improved understanding of this policy's implications not just on coverage, but also access to care.

Pre-Release Services for Justice-Involved Populations

Our organizations support the proposed coverage for incarcerated individuals who are otherwise eligible for Medicaid for up to 90 days prior to release. Hawaii's demonstration estimates that 1,300 individuals will benefit from this policy each year. 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.⁷ 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.

Our organizations support Hawaii's efforts to improve equitable access to quality and affordable health coverage. We urge CMS to approve the state's requests for continuous eligibility for children and pre-release services for the justice-involved population.

Thank you for the opportunity to provide comments.

Sincerely,

ALS Association
American Heart Association
American Lung Association

Arthritis Foundation
Asthma and Allergy Foundation of America
CancerCare
Child Neurology Foundation
Chronic Disease Coalition
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
The AIDS Institute
The Leukemia & Lymphoma Society
WomenHeart

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 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>

³ “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

⁴ QUEST Integration Section 1115 Demonstration. State of Hawai’i, Department of Human Services, Med-QUEST Division. January 17, 2024. Available at: <https://www.medicaid.gov/sites/default/files/2024-02/hi-quest-pa-01172024.pdf#page=67>

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 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.