October 14, 2022

Lisa Olson
Medicaid Director
Department of Health Services
PO Box 309
Madison, WI 53707

Dear Director Olson:

Great Lakes Hemophilia Foundation, Hemophilia Federation of America (HFA), and the National Hemophilia Foundation (NHF) appreciate the opportunity to submit comments on the Wisconsin 1115 Demonstration Waiver Extension.

GHLF, HFA, and NHF are non-profit organizations representing individuals with bleeding disorders across Wisconsin and nationwide. Our missions are to ensure that persons with inherited bleeding disorders such as hemophilia have timely access to quality medical care, therapies, and services, regardless of their financial circumstances or place of residence.

About Bleeding Disorders

Hemophilia is a rare, genetic bleeding disorder affecting about 30,000 Americans that impairs the ability of blood to clot properly. Without treatment, people with hemophilia bleed internally. This is sometimes due to trauma but can also simply result from everyday activities. Bleeds can lead to severe joint damage and permanent disability, or even – with respect to bleeds in the head, throat, or abdomen – death. Related conditions include von Willebrand disease, another inherited bleeding disorder that is estimated to affect more than three million Americans.

Patients with bleeding disorders have complex, lifelong medical needs. They depend on prescription medications (clotting factor or other new treatments) to treat or avoid painful bleeding episodes that can lead to advanced medical issues. Current treatments are highly effective and allow individuals to lead healthy and productive lives. However, these therapies are also extremely expensive, costing anywhere from $350,000 to $1 million or more per year depending on the severity of the disorder and whether complications such as an inhibitor are present. As a result, low-income individuals and families coping with bleeding disorders are at great risk if they lack affordable health insurance. Medicaid provides essential coverage for this segment of the bleeding disorders population.

GLHF, HFA, and NHF 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), we encourage the state to fully expand Wisconsin's Medicaid program. Our organizations also oppose the imposition of premiums, lockouts, and health risk assessment requirements. GLHF, HFA, and NHF offer the following comments on the Wisconsin 1115 Demonstration Waiver Extension:

Medicaid Expansion
While we support the state's efforts to continue to provide coverage to certain low-income adults, we are concerned that Wisconsin's partial expansion inadequately addresses the needs of the state's low-income adult population. Under the state's existing structure, which allows coverage only to those with incomes up to 100% of the FPL ($1,919/month for a family of three), thousands of Wisconsinites who fall between 100% and 138% of the FPL struggle to find affordable coverage. Even with premium subsidies, Marketplace plans with deductibles and other out-of-pocket costs will likely remain out of reach for these individuals. Many low-income adults will continue to be locked out of accessing affordable health coverage without a full expansion of Medicaid.

The evidence is clear that Medicaid expansion has important health benefits across a range of dimensions: primary health care, chronic disease management, mortality, behavioral health, reducing health disparities, and more.[1] Uninterrupted, quality coverage is especially critical for individuals living with serious and chronic health conditions such as bleeding disorders.

Expanding to 138% of the FPL is also more fiscally beneficial for the state. With a partial expansion in place, Wisconsin currently only receives 60.1% of Federal Medical Assistance Percentage (FMAP) for this population.[2] Full expansion, by contrast, would allow the state to receive 90% FMAP for the expansion population. It is estimated that Wisconsin would have saved $635 million between 2021 and 2023 if it had fully expanded Medicaid.[3] GLHF, HFA, and NHF urge Wisconsin to expand Medicaid coverage to 138% of the FPL to improve the value of the program for the state and to cover all eligible low-income individuals.

Monthly Premiums and Lockouts
Our organizations oppose monthly premiums. The evidence is clear that premiums make it harder for individuals to obtain or keep healthcare coverage through the Medicaid program.[4] 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.[5] Premiums – even nominal premiums – can be a significant barrier for individuals accessing care, and removing them increases equitable access to care for all enrollees.

We also oppose 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.[6]

The Centers for Medicaid and Medicare Services (CMS) has made it clear that it will not approve premiums outside of those permitted in the Medicaid statute.[7]. CMS previously found that premiums do not promote the objectives of the Medicaid program, as seen in Montana[8] and Arkansas[9]. GLHF, HFA, and NHF urge Wisconsin to make Medicaid more accessible and equitable by removing both the premiums and lockouts it proposes to impose on adult beneficiaries.

Emergency Department Copayments
Our organizations also oppose the $8 copay for non-emergent use of the Emergency Department. These 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.[10] We urge Wisconsin to remove this copay from its waiver request.

Health Risk Assessment Requirements

GLHF, HFA, and NHF oppose the use of a mandatory health risk assessment requirements to promote healthy behaviors among beneficiaries. Mandatory health risk assessments are not in line with the objectives of Medicaid as they risk the loss of coverage for beneficiaries. Research has found that positive consequences for completing healthy behaviors are more likely to motivate individuals than facing negative outcomes.[11] It is likely that requiring these assessments for enrollment will deter eligible enrollees and serve as an unnecessary barrier to coverage. We urge the state to remove this requirement.

Thank you for the opportunity to provide comments. If you have any questions, please contact Miriam Goldstein, m.goldstein@hemophiliafed.org, or Nathan Schaefer, nschaefer@hemophilia.org.

Sincerely,

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