LEUKEMIA & LYMPHOMA SOCIETY®

October 12, 2022

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

Dear Director Olson:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to submit comments on the Wisconsin 1115 Demonstration Waiver Extension.

At The Leukemia & Lymphoma Society, our mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and to improve the quality of life of patients and their families. We support that mission by advocating that blood cancer patients have sustainable access to quality, affordable, coordinated healthcare.

While LLS supports the intent of Objective 1 in the waiver "Ensure every Wisconsin resident has access to affordable health insurance and reduce the state's uninsured rate", we fear that the current waiver falls short of that goal, and we encourage the state to fully expand Wisconsin's Medicaid program. LLS is also opposed to the imposition of premiums, lockouts, and health risk assessment requirements as these provisions further detract from that goal. The following comments further expand on our concern related to the Wisconsin 1115 Demonstration Waiver Extension.

Childless Adult and Transitional Medicaid Assistance Populations LLS supports the state's efforts to continue to provide coverage to certain adults, however, the partial expansion inadequately addresses the needs of low-income individuals in Wisconsin. By only expanding 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 will struggle to find affordable coverage. Even with premium subsidies, Marketplace plans with out-of-pocket costs like deductibles will likely be too expensive for these individuals. Many low-income adults may remain locked out of accessing affordable health coverage without a full expansion of Medicaid.

The evidence is clear that Medicaid expansion has important health benefits. Research suggests that states that expanded Medicaid experienced a 6.4% increase in early detection of cancer compared to pre-expansion levels.[i] In Kentucky, research links

Medicaid expansion both to earlier cancer detection and improved survival rates.[ii] Recent research has shown that Medicaid expansion is linked to reductions in overall cancer mortality, at least in part because patients will be able to receive a diagnosis and treatment at an earlier stage of their cancer's progress.[iii]

Expanding to 138% of the FPL is also more fiscally practical for the state. While Wisconsin currently only receives 60.1% of Federal Medical Assistance Percentage (FMAP) for this population,[iv] expansion would allow the state to receive 90% FMAP. It is estimated that Wisconsin would save $635 million between 2021 and 2023 if it had fully expanded Medicaid.[v] LLS urges 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

LLS opposes monthly premiums. The evidence is clear that premiums make it harder for individuals to obtain or keep healthcare coverage through the Medicaid program.[vi] 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.[vii] Premiums can be a significant barrier for individuals accessing care, and removing them increases equitable access to care for all enrollees.

LLS is opposed to 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.[viii] For blood cancer patients, it can be particularly vital to have steady and uninterrupted access to the providers, treatments, and medications necessary to manage their disease, and ensuring that individuals have reliable coverage will help minimize any disruptions in their treatment and support optimal survivorship outcomes.

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.[ix] CMS previously found that premiums do not promote the objectives of the Medicaid program, as seen in Montana[x] and Arkansas[xi]. LLS urges Wisconsin to make Medicaid more accessible and equitable by removing both the premiums and lockouts it proposes to impose on adult beneficiaries.

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Health Risk Assessment Requirements

LLS opposes the use of 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.[xii] 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.

Emergency Department Copayments

LLS also opposes 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.[xiii] LLS urges Wisconsin to remove this copay from its waiver request.

Conclusion

Given that Wisconsin has yet to implement monthly premium and health risk assessment requirements, we urge the state to take all available steps to eliminate these portions of the BadgerCare waiver. These provisions do not further the department's goals and pose risks to patients covered through Medicaid, and should not be implemented once the COVID-19 public health emergency ends.

Thank you for the opportunity to provide comments.

Sincerely,

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[iii] Justin Michael Barnes, Kimberly J. Johnson, Nosayaba Osazuwa-Peters, and Fumiko Chino, "Changes in cancer mortality rates after Medicaid expansion under the Affordable Care Act and the role of changes in stage at diagnosis", Journal of Clinical Oncology, September 2022. Available at: https://ascopubs.org/doi/10.1200/JCO.2022.40.28_suppl.074

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[v] Letter to Senator Jon Erpenbach from Jon Dyck, Supervising Analyst, Legislative Fiscal Bureau re Estimate of Medicaid Expansion Incentive Funding Under American Rescue Plan Act of 2021. March 9, 2021. Available at: http://www.thewheelerreport.com/wheeler_docs/files/031121lfb.pdf

[vi] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 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/

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[x] Letter from Centers for Medicare and Medicaid Services to Marie Matthews, Medicaid Director, Montana Department of Public Health and Human Services, December 21, 2021. Available at: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mt/mt-HELP-program-ca.pdf

[xi] Letter from Centers for Medicare and Medicaid Services to Dawn Stehle, Deputy Director for Health & Medicaid, Arkansas Department of Human Services, December 21, 2021. Available at: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ar-arhome-ca.pdf

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