

July 20, 2016

The Honorable Sylvia Mathews Burwell, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Burwell:

We appreciate the opportunity to comment on Iowa's Section 1115 waiver amendment. In particular, we recommend denying the state's request extend its waiver of Non-Emergency Medical Transportation benefits (NEMT) through December 31, 2019. The evidence the state has presented does not support extending its previous temporary NEMT waiver. In fact, data the state has provided shows there is an unmet need for transportation benefits for both beneficiaries enrolled in the Iowa Health and Wellness Medicaid expansion waiver and those in traditional Medicaid.

**Survey data presented with Iowa's waiver application demonstrates continued need for the NEMT benefit.**

The state contends that because Iowa Health and Wellness Plan members report that a lack of transportation is a barrier to care at comparable levels to beneficiaries in traditional Medicaid, who have access to the NEMT benefit, there is sufficient evidence to justify further extending the state's waiver of NEMT benefits. We draw the opposite conclusion. Comparable levels of unmet need for transportation to care underscore the need for NEMT benefits for both groups.

In 2014 the University of Iowa's Public Policy Center's research found that about 20 percent of beneficiaries in both the Iowa Wellness Plan and traditional Medicaid reported usually or always needing help from others to get to a health care visit, and approximately 13 percent of both groups reported an unmet need for transportation to or from a health care visit. These data do not support Iowa's request to waive the NEMT benefit. Rather, they demonstrate the continued need to provide the NEMT benefit to ensure access to care for both Medicaid and Iowa Health and Wellness plan enrollees.

A follow up survey conducted by the University of Iowa's Public Policy Center found that from October 28, 2015 to January 15, 2016 enrollees in both traditional Medicaid and the Wellness plan reported that transportation was a barrier to access to care. While 13 percent of Wellness Plan enrollees reported having an unmet need for transportation to health care visits, 16 percent of those in traditional Medicaid did so. Among those enrolled in traditional Medicaid with an unmet need for routine care, 17 percent reported not being able to get transportation to the doctor. For those in the Wellness Plan with an unmet need for routine care, 23 percent were not able to get transportation. These data suggest that transportation remains a barrier to care for both groups of Medicaid beneficiaries. Further, if there is unmet need for transportation to care among those enrolled in traditional Medicaid, as the data presented by the state suggests, this is evidence of problems with how the state is administering the NEMT program for those who do have access to it rather than an argument against providing NEMT for newly eligible beneficiaries.

**Waiving the NEMT benefit is inconsistent with the objectives of the Medicaid program.**

Data collected from other states corroborate the importance of the NEMT benefit in ensuring Medicaid beneficiaries' access to medically necessary and preventive care. According to data collected by the Community Transportation Association of America from a transportation broker that administered the NEMT benefit in 39 states, half of all NEMT trips were provided to access dialysis treatment (17.9 percent) or behavioral health services (31.9 percent). Continuing to waive the NEMT benefit could prevent Medicaid beneficiaries from accessing the primary, specialty, and preventive services that enable them to identify and address their health needs as they arise and prevent more costly care as undiagnosed medical problems worsen.

The data provided by Iowa showing an unmet need for transportation to care among both traditional Medicaid enrollees and those in the Wellness Plan is consistent with research suggesting that transportation is a greater barrier to care for Medicaid beneficiaries, because of their low incomes, compared with those enrolled in private insurance. A 2012 study based on National Health Interview Survey data published in the *Annals of Emergency Medicine* found that between 1999 and 2009, only six tenths of one percent of those with private insurance reported that transportation was a barrier to accessing timely primary care treatment, while seven percent of Medicaid beneficiaries did so. Likewise, a study in the *Journal of Community Health* notes that transportation is a serious barrier for lower income populations in accessing care while a study by the National Conference of State Legislatures finds that 3.6 million Americans miss or delay care due to a lack of transportation. In light of these studies, a January 2016 report by the United States Government Accountability Office concluded that the NEMT benefit "can be an important safety net for enrollees as research has identified the lack of transportation as affecting Medicaid enrollees' access to services." Iowa's waiver amendment request does not further the objectives of the Medicaid program, because it limits access to care for the population that Medicaid is intended to serve.

**Waiving the NEMT benefit sets a bad precedent that leads to the erosion of Medicaid benefits in other states.**

In the highly politicized environment in which states make decisions regarding Medicaid expansion, exemptions granted to one state quickly attract attention from other states looking to make changes to their own Medicaid programs. Since CMS allowed Iowa to waive the NEMT benefit, Pennsylvania and Indiana have also been allowed to temporarily waive NEMT coverage. Kentucky's pending 1115 waiver application requests permission to stop providing the NEMT benefit. Clearly, the decision to allow Iowa to temporarily waive the NEMT benefit has had repercussions across other states and CMS would be wise to prevent this precedent from becoming institutionalized, thereby undermining Medicaid beneficiaries' access to care.

Thank you for your willingness to consider our comments. Please contact Joan Alker (jca25@georgetown.edu) at the Georgetown University Center for Children and Families or Judy Solomon (solomon@cbpp.org) at the Center on Budget and Policy Priorities if you would like any additional information.