



**National Patient
Advocate Foundation**

October 20, 2017

Eric D. Hargan, Acting Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: MassHealth Section 1115 Demonstration Amendment Request

Dear Acting Secretary Hargan,

National Patient Advocate Foundation appreciates the opportunity to comment on the MassHealth Section 1115 Demonstration Amendment Request. We write to express opposition to several proposals in the waiver amendment that would scale back coverage for low-income, vulnerable adults and children, restrict access to potentially one prescription drug per class and eliminate coverage of non-emergency medical transportation.

NPAF represents the voices of millions of adults, children and families coping with serious and chronic illnesses nationwide as the advocacy affiliate of Patient Advocate Foundation (PAF). PAF provides direct case management, financial support and educational services to tens of thousands of primarily low-income patients and caregivers each year who are experiencing distressing financial, employment, insurance coverage, or material hardships as a result of their health conditions. For more than 20 years, PAF has provided personalized assistance to thousands of patients in Massachusetts.

The Massachusetts waiver proposal would shift Medicaid patients earning over 100% FPL to state exchange plans, despite their existing struggles with debt crisis and cost of living issues. In fact, approximately 85 percent of people with Medicaid coverage who received PAF assistance in 2016 generally fell within 150% of the federal poverty level (FPL) and almost half (47 percent) of them sought financial assistance from PAF due to cost of living issues.¹ In our experience, it is unlikely that this population would be able to afford comprehensive health insurance plans in the marketplace without experiencing financial distress or an inability to afford basic living expenses such as food, rent and transportation.

Additionally we are concerned with the proposal to eliminate coverage of non-emergency medical transportation (NEMT), a service many Medicaid patients rely upon to see their providers and maintain their health. Almost every year, inability to afford transportation expenses is one of the most common concerns of patients seeking PAF assistance. Among all cost of living issues, approximately 40% of

¹ Patient Advocate Foundation. Case Management Data. 2016.

patients who contacted PAF in 2016 sought assistance due to their inability to afford transportation expenses. The same percentage of people reported being overwhelmed by the efforts to secure transportation and admitted skipping trips to pick up needed medication as a result.² The need is so great that PAF has devoted specific funds to providing transportation assistance for patients with certain serious illnesses. Currently, the most vulnerable adults and families receive the NEMT benefit after meeting criteria related to inability to drive, afford a vehicle, and other social, physical and cognitive factors.³ We support the NEMT benefit as an equitable approach to care delivery and urge CMS to reject proposals that undermine its availability.

Finally we do recognize the role formularies play in containing drug spending among public and private insurance plans. However, implementing a closed formulary in the Medicaid program as proposed in this request would expose vulnerable children and adults to lapses in care, unnecessary therapeutic interchange and potentially poorer health outcomes. Patients and their families consider numerous clinical and social factors when selecting a treatment with their providers. Limiting access to potentially only one drug per therapeutic class would eliminate patient choice, diminish shared decision-making and undermine the patient-provider relationship. While exceptions may be granted for those appealing a coverage decision, this entails a lengthy administrative process and superfluous communications between care providers (i.e., physicians, insurance representatives and pharmacists) that could delay needed care. Adults and children with serious or chronic illnesses should have guaranteed access to uninterrupted treatment in the Medicaid program. We recommend rejecting the proposal to create a closed formulary and consider alternative solutions to lowering drug costs alongside total costs of care.

To protect individuals coping with serious or chronic illness in the Commonwealth, we strongly urge the Centers for Medicare and Medicaid Services (CMS) to reject Massachusetts' 1115 demonstration amendment request in its current form. NPAF stands ready to work with you to develop and implement policies that will ensure equitable access to affordable, quality healthcare for all adults and children through a sustainable Medicaid program. Please contact Nicole Braccio, Policy Director, at Nicole.Braccio@npaf.org if NPAF can provide additional details or assistance.

Respectfully submitted,



Rebecca A. Kirch
EVP Health Care Quality and Value
National Patient Advocate Foundation

Cc: Senator Edward Markey
Senator Elizabeth Warren
Representative Michael Capuano

Representative Joseph P. Kennedy III
Representative Richard Neal

² *Ibid*

³ Centers for Medicare & Medicaid Services. Medicaid Non-Emergency Medical Transportation Booklet for Providers. April 2016.