



May 13, 2024

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

Re: Colorado Substance Use Demonstration Amendment Request

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on Colorado's Substance Use Demonstration Amendment Request.

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 Colorado's Medicaid program provides quality and affordable healthcare coverage. We applaud the state's work to improve health equity in this waiver and support the inclusion of multi-year continuous eligibility for young children and pre-release services and continuous eligibility for the justice-involved population. Our organizations urge CMS to approve these

proposals and offer the following comments on Colorado's Substance Use Demonstration Amendment Request:

Continuous Eligibility For Children

Our organizations support the state's proposal to implement multi-year continuous eligibility for children under four. Continuous eligibility protects patients and families from gaps in care and promotes health equity.¹ The state's data shows that 20% of children in Colorado experience churn in coverage before age four, and the state estimates that 31,000 children will receive continuous coverage as a result of this policy.² 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.³

Furthermore, 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.⁴ Overall, continuous eligibility improves access to and continuity of care for children during the critical early years of life⁵ while promoting health equity. While the state seeks to implement this policy by January 2026, we urge CMS to work with Colorado to allow implementation as soon as possible.

Pre-Release Services and Continuous Eligibility for the Justice-Involved Population

Our organizations support Colorado's proposal to provide a targeted set of Medicaid services for justice-involved populations who are otherwise eligible for Medicaid for up to 90 days prior to release. The state estimates that between 4,100 and 5,500 individuals would benefit from this proposal.⁶ 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.

Finally, our organizations support the proposed twelve-month continuous eligibility for adults exiting a Department of Correction facility. As stated above, we support continuous eligibility as a method for improving continuity of care and preventing negative health outcomes.

Our organizations support Colorado'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 expanded coverage for the justice-involved population.

Thank you for the opportunity to provide comments.

Sincerely,

American Heart Association
American Lung Association
Arthritis Foundation
Child Neurology Foundation
Chronic Disease Coalition

Cystic Fibrosis Foundation
Hemophilia Federation of America
Leukemia & Lymphoma Society
National Bleeding Disorders Foundation
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
The AIDS Institute
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 Colorado Medicaid Coverage for Justice-Involved Population Re-entry, Severe Mental Illness, and Continuous Eligibility. Substance Use Demonstration Amendment Request. Colorado Department of Health Care Policy and Financing. January 25, 2024. Available at

https://hcpf.colorado.gov/sites/hcpf/files/Amendment_1115_SUD_Waiver_2024.1.24.pdf

³ 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>

⁴ 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/>

⁵ 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-](https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf)

[Development-v5-1.pdf](https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf)

⁶ Colorado Medicaid Coverage for Justice-Involved Population Re-entry, Severe Mental Illness, and Continuous Eligibility. Substance Use Demonstration Amendment Request. Colorado Department of Health Care Policy and Financing. January 25, 2024. Available at

https://hcpf.colorado.gov/sites/hcpf/files/Amendment_1115_SUD_Waiver_2024.1.24.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.