



American Association on Health & Disability

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AAHD - Dedicated to better health for people with disabilities through health promotion and wellness



LAKESHORE

August 15, 2017

Re: MassHealth Section 1115 Demonstration Application

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

Dear Administrator Verma,

The American Association on Health and Disability and Lakeshore Foundation appreciate the opportunity to comment on Massachusetts's [proposed amendment](#) to its MassHealth Section 1115 demonstration. Our associations are committed to ensuring that low-income individuals and vulnerable populations obtain access to affordable health coverage, care and necessary health services. Therefore, we are concerned by the proposal to eliminate the non-emergency medical transportation (NEMT) benefit for MassHealth CarePlus enrollees, otherwise known as the Medicaid expansion population, except for transportation for substance use disorder (SUD)-related services.

We associate ourselves with separate letters submitted by Community Catalyst and a coalition coordinated by Simon and Company.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a

primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

[Section 1902](#) of the Social Security Act ("the Act") authorizes Medicaid NEMT benefits, and federal rules require states to "[ensure necessary transportation for beneficiaries to and from providers](#)." However, Section 1115 of the Act allows states to waive certain federal requirements so long as the waiver continues to promote the objectives of the Medicaid program: to provide coverage and care to individuals who cannot afford the cost of medically necessary care. We believe Massachusetts' request to eliminate NEMT for CarePlus enrollees does not promote the objectives of the Medicaid program, however, and therefore we request this provision not be approved. Specifically, we believe denying NEMT to the majority of the Medicaid expansion population hinders the goal of providing medically necessary services to low-income populations, and therefore recommend the provision be rejected.

Non-emergency medical transportation is crucial for accessing necessary care

Low-income consumers, such as MassHealth CarePlus enrollees, may not have access to reliable and affordable transportation, and therefore NEMT is a critical component to access health care services. A number of studies suggest that transportation barriers often lead to delayed or missed care for patients, and Medicaid enrollees are disproportionately impacted by transportation barriers. Estimates show that [nearly 3.6 million people nationally](#) miss or delay medical care each year because they lack available or affordable transportation. Additionally, 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."

Providing NEMT only for substance use disorder-related services will lead to barriers to care

While we appreciate that the MassHealth CarePlus program will continue to cover transportation for SUD services, it is challenging to see how carving out transportation for this one kind of service will actually improve the health of enrollees with substance use disorders. Many people who struggle with SUD have co-occurring mental health disorders and other physical health conditions. These enrollees require services for *all* of these conditions to move forward in their recovery. In fact, more than [1.2 million individuals](#) nationwide who are eligible for Medicaid expansion are projected to have some form of mental illness, including over 550,000 who will have disorders that impair their everyday functioning. Mental health services may be provided separately from SUD services, and therefore lack of transportation to these services will impose a barrier to recovery.

Furthermore, eliminating NEMT for all services other than SUD services will likely exacerbate the ability of individuals with chronic conditions to receive care. For example, Medicaid patients diagnosed with conditions like cancer, mental illness and end-stage renal disease account for more than half of Medicaid transportation utilization, and these patients already face the greatest transportation barriers to receiving healthcare. Without NEMT, Medicaid expansion enrollees with these conditions will be unable to access critical treatment, which may result in increased spending for more expensive services, such as emergency room visits, hospitalizations and/or institutionalizations.

NEMT is a cost effective service that removes one of the most significant barriers to quality health care for low-income people. Eliminating this service strikes us as penny-wise and pound-foolish, and we urge you to reject this element of the Massachusetts waiver.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkross10@comcast.net.

Sincerely,



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<http://www.qualityforum.org/>) and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (<http://www.c-c-d.org/>).

2017 member, NQF MAP workgroup on Medicaid adult measures. 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. Member, ONC (Office of the National Coordinator for Health Information Technology) Health IT Policy Committee, Consumer Workgroup, March 2013-November 2015; Consumer Task Force, November 2015-April 2016.

(<http://www.healthit.gov/policy-researchers-implementers/federal-advisory-committees-facas/consumer-empowerment-workgroup>). Member, SAMHSA Wellness Campaign National Steering Committee – January 2011-September 2014.

(<http://promoteacceptance.samhsa.gov/10by10/>).

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