

September 1, 2017

The Honorable Tom Price, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Price:

The undersigned organizations appreciate the opportunity to comment on Massachusetts' proposed amendment to its 1115 Demonstration Waiver, known as MassHealth.

In the amendment, Massachusetts proposes to eliminate coverage of non-emergency medical transportation (NEMT), except for transportation to Substance Use Disorders (SUD) services, offered through the CarePlus program, which covers the expansion population / new adult group. The state rightly states that NEMT is a valuable service for patients needing access to substance abuse services but provides no explanation for why CarePlus should not cover access to other services.

Medicaid patients with the highest need for chronic services, including those diagnosed with cancer, mental health conditions, HIV, and end-stage renal disease account for more than half of Medicaid transportation utilization (see chart below) and these patients face the greatest transportation barriers to receiving healthcare. Without NEMT, patients will be unable to access critical treatment, resulting in increased Medicaid expenditures for more expensive services such as catastrophic hospitalization or institutionalization.

A study for the Transportation Research Board (TRB) of the National Academies found that if access to NEMT services saved only 1 hospitalization in 100 trips, the return on investment (ROI) would be 10 to 1. A similar study conducted by Florida State University found NEMT's ROI factor to be 11 to 1. Citing both studies, The Stephen Group (TSG) recommended that Arkansas retain NEMT for the Medicaid population. The Governor of Arkansas subsequently dropped his request to eliminate NEMT for the Medicaid expansion population.

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve demonstration projects that promote the objectives of the Medicaid program. Massachusetts' request to eliminate NEMT does not promote the objectives of the Medicaid program and includes no evaluation of the policy as required by Section 1115.

We urge you to reject this element of the amendment and provide equal access to healthcare services for all Medicaid patients by maintaining coverage for safe, reliable transportation to medical services.

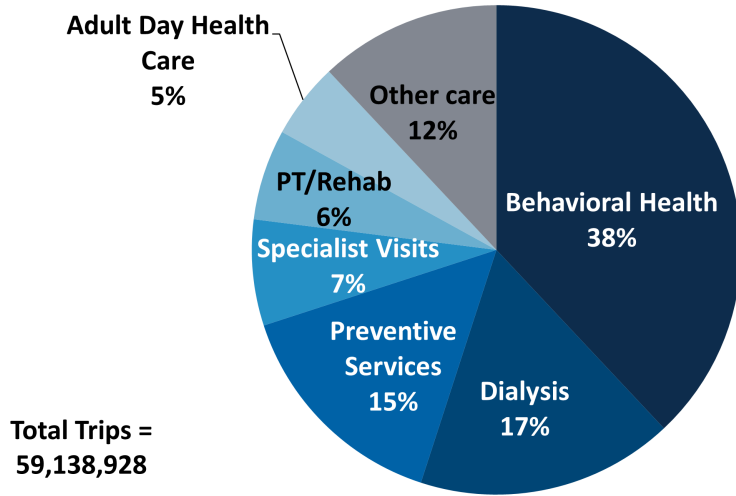
Thank you for considering our comments. If you have any questions or need any further information, please contact Michael Massiwer (mmassiwer@mjsimonandcompany.com; 202-204-4707), Government Affairs Manager at Simon&Co.

Sincerely,

American Association on Health and Disability
American Academy of Addiction Psychiatry
American Kidney Fund
Association for Ambulatory Behavioral Healthcare
Bay State Council of the Blind
Center for Autism and Related Disorders
Center for Independence
Centers for Dialysis Care
Center for Public Representation
Children's Health Fund
Disability Power and Pride
Disability Policy Consortium
Epilepsy Foundation
Greater Boston Chapter, United Spinal Association
Lakeshore Foundation
MTAC, the Medical Transportation Access Coalition
NAADAC, the Association for Addiction Professionals
NAMI, the National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Community Health Centers
National Association of Emergency Medical Technicians
National Coalition for Latinxs with Disabilities
National Council for Behavioral Health
National Disability Rights Network
National Federation of Families for Children's Mental Health
National Health Care for the Homeless Council
National Kidney Foundation
National Organization of Nurses with Disabilities
Schizophrenia and Related Disorders Alliance of America

Figure 1

Medicaid Non-Emergency Medical Transportation Trips in 32 States, by Treatment Type (Nov. 2015 year-to-date)



SOURCE: LogisticCare Solutions, *Medicaid Gross Trips by Treatment Type* (Nov. 2015) (data available for 32 states).

