



July 10, 2015

The Honorable Sylvia Mathews Burwell
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

By E-Mail to: Sylvia.Burwell@hhs.gov

Re: Iowa's request to extend its Non-Emergency Medical Transportation (NEMT) waiver for the Iowa Health and Wellness Program

Dear Secretary Burwell:

Families USA appreciates the opportunity to comment on Iowa's request to amend its 1115 Demonstration waiver. If approved, Iowa would be allowed to extend its current waiver of non-emergency medical transportation (NEMT) in the Iowa Health and Wellness Plan (IHWP). If granted, this would be the second extension of its NEMT waiver for this program.

Families USA is a national healthcare advocacy organization with the mission of supporting policy changes that will expand access to affordable healthcare for all Americans. We focus on access to affordable health care for low-income individuals.

We are pleased that Iowa has accepted federal funding to extend Medicaid coverage to low-income parents and adults. However, we have concerns with Iowa's proposal to extend its current waiver through December 31, 2016. We urge CMS to allow the NEMT waiver to sunset on August 1, 2015.

Data in Iowa's waiver application shows that continuing to waive NEMT will present an unnecessary barrier to care for enrollees in the Health and Wellness Plan.

In this and Iowa's prior request to extend its NEMT waiver, the state presented enrollee survey data collected by the University of Iowa Public Policy Center to support its application.

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However, rather than supporting extension of the NEMT waiver, in both instances, the data presented demonstrated unmet need for transportation that is affecting access to care among IHWP enrollees.

CMS noted that the data the state presented in September 2014 to support its initial extension request “raised concerns about beneficiary access.” Given that, CMS extended the NEMT waiver for only six months while the state collected more data. That additional data, provided to support the current application, shows that 22 percent (over one fifth) of IHWP members reported usually or always needing help from others to get to a health care visit. Thirteen percent reported an unmet need for transportation to or from a health care visit. These are not inconsequential percentages.

The survey data presented compares transportation-related access issues for enrollees in the IHWP and the state’s traditional Medicaid program. Iowa uses the fact that transportation-related access issues occur at comparable rates in its traditional Medicaid program as in the IHWP as a reason for CMS to extend the NEMT waiver for the IHWP program. However, rather than supporting the waiver request, the data show that there is a continuing need for NEMT in both the IHWP and the state’s traditional Medicaid program.

Iowa’s waiver amendment request does not further the objectives of the Medicaid program.

One of Iowa’s stated rationales for its waiver request is the goal of making Medicaid expansion “look more like a commercial benefit than traditional Medicaid coverage.” However, private insurance – or coverage designed to resemble private insurance - is not inherently superior to meeting the needs of the low-income population that obtains coverage through Medicaid.

Medicaid’s purpose is to provide low-income individuals with access to health care. The program’s benefits were designed to address the unique needs of the low-income population. Among those unique needs is a greater need for transportation assistance than among the privately insured population.¹ The NEMT benefit helps address that need, and helps Medicaid fulfill its purpose.

By ignoring the unique transportation needs of the Medicaid population and omitting a standard benefit designed to address those needs, Iowa’s waiver amendment request does not further the objectives of the Medicaid program. Continuing to allow the state to waive the NEMT benefit would limit access to care for the population that Medicaid is intended to serve.

¹ A study based on National Health Interview Survey data found that Medicaid enrollees were 10 times more likely to report that transportation was a barrier to accessing timely primary care than were people who were privately insured. P.T. Cheung, et al., “National Study of Barriers to Timely Primary Care and Emergency Department Utilization Among Medicaid Beneficiaries,” *Annals of Emergency Medicine* 60, no. 1 (March 2012: 4-10).

Waiving NEMT does not align with the goals of the Iowa wellness plan.

The IHWP encourages enrollees to participate in wellness activities, i.e., getting a wellness exam and completing a health risk assessment. Completing these activities can reduce enrollees' premiums, making care more affordable. The program should be designed to support enrollees' efforts to meet the wellness requirements and lower their out of pocket costs. Covering non-emergency transportation can make it easier for IHWP enrollees to get to a provider, get an exam, and complete the wellness requirements. It is incongruous to have a wellness program rewards structure yet omit a benefit (NEMT) that would make it easier for enrollees to complete the program requirements.

There is a consensus among public commenters that the NEMT waiver should not continue.

In its waiver application, the state notes that "None of the public comments supports extension of the NEMT." The commenters included the Transportation Association of America, consumer groups, People's Community Health Clinic, and the Iowa Primary Care Association. The commenters, particularly People's Clinic, which serves over 19,000 active patients, and the Iowa Primary Care Association, which represents the state's health clinics and safety net providers, are in a position to be particularly sensitive to patients' need for supportive transportation services. The fact that none of them supported extending the waiver should carry heavy weight in CMS's evaluation.

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

In the highly politicized environment surrounding state Medicaid expansion decisions, 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 temporarily waive the NEMT benefit, Pennsylvania and Indiana have been allowed to waive NEMT coverage temporarily and Arkansas lawmakers have publically expressed regret over not getting the same exemption.

Clearly, the decision to allow Iowa to temporarily waive the NEMT benefit has had repercussions across other states. We urge CMS to prevent this precedent from becoming institutionalized, thereby undermining Medicaid beneficiaries' access to care, particularly when the data Iowa has presented clearly shows enrollees' ongoing need for NEMT services.

Conclusion

To ensure all participants in the IHWP have access to health care services, and to support the underlying objectives of the Medicaid program, we urge you to allow Iowa's current waiver of NEMT to expire as currently scheduled on August 1, 2015.

Thank you for the opportunity to submit these comments. If you have any questions, please do not hesitate to contact us at (202) 628-3030.

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