April 16, 2024

Mike Levine, Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Submitted by email to 1115WaiverComments@mass.gov

Re: MassHealth Section 1115 Demonstration Waiver Amendment Request

Dear Assistant Secretary Levine,

On behalf of the undersigned organizations and individuals, thank you for the opportunity to submit comments on MassHealth's proposed Section 1115 Demonstration waiver amendment released on March 27, 2024. We strongly support this additional waiver amendment, which will promote health equity, support near universal coverage, improve continuity of care, increase investments in health-related social needs (HRSNs) and expand MassHealth and ConnectorCare coverage to previously excluded populations. More detailed comments about our support for this amendment's requested expenditure authority and the key provisions it would support are below.

Expenditure Authority for Designated State Health Programs

We strongly support MassHealth's request for expenditure authority for Designated State Health Programs (DSHP) to support several of the key Demonstration programs. The new federal funding this proposal would provide would help support new initiatives that aim to improve the lives of individuals and families across the Commonwealth. The new initiatives include: 1) an expansion of the ConnectorCare program (marketplace subsidies), 2) an increase in the income limit for the Medicare Savings Program, 3) short term post-hospitalization housing, 4) funding for Social Services Integration Funds and 5) pre-release MassHealth services to certain populations. As supporters of these five key initiatives, we are fully supportive of this newly requested DSHP expenditure authority request. We reiterate and reaffirm why these initiatives are so important to the goals of coverage, access, affordability, quality, and equity below.

1. **Expanded Health Connector Subsidies**

We strongly support the request for additional expenditure authority to support the pilot expansion of ConnectorCare, the state's subsidized program for uninsured individuals without access to employer-sponsored insurance. ConnectorCare is one of the key reasons that Massachusetts has the lowest uninsurance rate in the nation. Despite high levels of coverage in Massachusetts, 41% of residents struggled to afford health care during the past year. Black and Hispanic/Latinx individuals are more likely to face challenges affording care, and the disparities are most acute for those with incomes over the previous 300% of the federal poverty level (FPL) eligibility threshold for ConnectorCare. Several of our organizations have regularly heard from consumers with incomes just above 300% FPL whose only health coverage options had high deductibles and co-pays in addition to steep premiums, which too often put care out of reach. This issue is more important than ever. As MassHealth resumed the eligibility redeterminations process over the last year, individuals and families no longer eligible for MassHealth need affordable health coverage options. The two-year pilot program expanding ConnectorCare to individuals and families with incomes between 300% to 500% FPL, signed into law through the FY2024 state budget, has already brought relief to 48,000. This program will help

strengthen the state's insurance coverage rate. Massachusetts already has expenditure authority for the ConnectorCare program for eligible residents with incomes up to 300% FPL. The request for a federal match for the expanded program is essential to the state's ability to provide affordable health coverage and continuity of coverage and care to even more residents.

2. **Medicare Savings Program MassHealth Standard Members**

We strongly support the expansion of the three Medicare Savings Programs (MSPs), as required under the state's FY2023 state budget. MSPs are important benefits for low-income seniors and people with disabilities who are enrolled in Medicare. Seniors already face challenges with the rising costs of living. Unaffordable health care only adds to this burden. Increasing the income and removing the asset test for assistance provides much needed relief. Allowing members who qualify for MassHealth Standard at higher income levels, within the updated income limits for the MSPs, to benefit from both coverage and cost assistance will make health care more affordable for thousands of Massachusetts seniors.

3. **Short-Term Post Hospitalization Housing**

We strongly support the inclusion of Short-Term Post Hospitalization Housing in the request for DSHP expenditure authority. Supportive housing for those experiencing housing insecurity and homelessness provides a safe and stable place for members to continue their recuperation after discharge from inpatient treatment settings. The model, which includes integrated clinical services, has been shown to reduce lengths of hospital stays and improve clinical outcomes. It also has the potential to reduce health disparities and improve hospital wait times by providing an appropriate and supportive setting for those who no longer need an inpatient level of care.

4. **Social Services Integration Funds**

We strongly support the expenditure authority for Social Service Integration funds. MassHealth's commitment to addressing HRSNs, particularly through the current Flexible Services Program, which connects certain members to housing and nutrition related supports, has been a crucial forward-thinking feature of the state's 1115 waiver. The new HRSN Program structure under development will integrate these supports into overall MassHealth managed care programing. Doing so will require social services organizations (SSOs) that partner with Accountable Care Organizations (ACOs) to evolve and enhance some of their capabilities. In particular, the updated HRSN program will require SSOs to become registered providers and utilize new referral platforms and billing mechanisms. This technical infrastructure will be challenging for many SSOs, especially smaller SSOs that already face resource and capacity constraints. It would be a loss for the state and for MassHealth members if SSOs that provide culturally competent and locally rooted support were unable to participate in the program because of these constraints. The expenditure authority for the Social Services Integration funds would help address these challenges by making sure SSOs have the financial resources they need to upgrade their infrastructure and capacity to successfully participate in the new HRSN program. The proposed funds are essential to maintaining and expanding the incredible partnerships between community based SSOs and ACOs in a way that will maintain and grow the HRSN supports MassHealth members need.

5. **MassHealth Services for Individuals in Carceral Settings**

We strongly support MassHealth's proposal to provide pre-release services to MassHealth eligible individuals in certain carceral settings. This proposal makes a powerful case for the value of pre-release services to strengthen access to community resources that address the health care and HRSNs of this population, improve health outcomes, address racial health inequities, and reduce emergency department visits and inpatient hospital admissions for returning individuals. We appreciate that MassHealth is committed to extending services as broadly as possible in light of the April 2023 guidance

from the Centers for Medicare and Medicaid Services (CMS) and the 1115 waivers CMS has already approved for California and Washington. We also applaud MassHealth for procuring a Community Feedback Forum for Health and Justice to advise EOHHS on key policy decisions related to the request for and implementation of this proposed Demonstration initiative. It is particularly noteworthy that over 60% of advisory council members will be people with lived experience with incarceration in a Massachusetts facility. This strategy will help ensure a more people-centered, equitable approach to implementation of this important policy.

We appreciate MassHealth's leadership in prioritizing health equity and access to care for the most underserved individuals and families in the Commonwealth. Our organizations look forward to partnering with you to successfully implement the provisions outlined in the proposed 1115 waiver amendment. Please do not hesitate to reach out to Suzanne Curry at Health Care For All at scurry@hcfama.org with any questions. Thank you.

Sincerely,

1199SEIU - Massachusetts
Boston Center for Independent Living
Disability Policy Consortium
Greater Boston Legal Services
Health Care For All
Health Law Advocates
Massachusetts Law Reform Institute
Massachusetts Medical Society
Massachusetts Public Health Association
Mass Senior Action Council
Project Bread

CENTER *for* HEALTH LAW *and* POLICY INNOVATION
HARVARD LAW SCHOOL

April 24, 2024

1115 Amendment Comments,
EOHHS Office of Medicaid
One Ashburton Place, 3rd Floor
Boston, MA 02108

Re: 1115 MassHealth Demonstration Amendment Request (March 27, 2024)

Dear Assistant Secretary Levine:

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) writes to applaud MassHealth for including in its proposed 1115 Demonstration Amendment Request metrics that will assess the waiver's impact on completion of hepatitis C treatment after release for individuals who began treatment while incarcerated. In addition, CHLPI urges you to adopt a similar metric that will measure the waiver's impact on transitions in care for people living with and vulnerable to HIV.

Both hepatitis C and HIV disproportionately impact people who are incarcerated. At least 2.2 million people in the United States are living with hepatitis C,[1] and up to 30% of these individuals spend time in a carceral facility in any given year.[2] Individuals in carceral settings are also more likely to have HIV than the general population.[3] As of 2021, 1.4% of Massachusetts' prison population was living with HIV,[4] as compared to 0.35% of the general population.[5] Further, HIV infection in carceral settings reflects the same racial disparities that we see both in the HIV epidemic more broadly and in the

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[1] *See* Karon C Lewis, Laurie K Barker, Ruth B Jiles, & Neil Gupta, Estimated Prevalence and Awareness of Hepatitis C Virus Infection Among US Adults: National Health and Nutrition Examination Survey, January 2017–March 2020, 77 Clin Infect Dis 10 (2023), doi: 10.1093/cid/ciad411.; *See also* Brian R. Edlin, et al., *Toward a more accurate estimate of the prevalence of hepatitis C in the United States*, 62 HEPATOLOGY 1353 (2015), https://pubmed.ncbi.nlm.nih.gov/26171595/ (estimates of hepatitis C prevalence are likely even higher than reports suggest).

[2] Tessa Bialek & Matthew J. Akiyama, 2023. *Policies for Expanding Hepatitis C Testing and Treatment in United States Prisons and Jails*. https://www.globalhep.org/sites/default/files/content/resource/files/2023-04/Clearinghouse WhitePaper2_Hepatitis_C_Testing_and_Treatment_in_US_Jails_and_Prisons.pdf.

[3] Ryan Westergaard et al., Current Opin. Infect. Disease, *HIV among persons incarcerated in the US: a review of evolving concepts in testing, treatment and linkage to community care*, (Feb. 2013), doi: 10.1097/QCO.0b013e32835c1dd0.

[4] U.S. Dep't of Justice, Bureau of Justice Statistics, HIV in Prisons, 2021 – Statistical Tables, p. 11, https://bjs.ojp.gov/document/hivp21st.pdf.

[5] *See* AIDSVu, Local Data: Massachusetts, https://aidsvu.org/local-data/united-states/northeast/massachusetts/#:~:text=In%202021%2C%20there%20were%2021%2C122,were%20newly%20diagnosed%20with%20HIV..

criminal justice system: Black men are five times more likely to be diagnosed with HIV in prison compared to white men.[6]

Section 1115 waivers for prerelease Medicaid coverage are a prime opportunity to reduce these disparities by improving delivery of hepatitis C and HIV care in prisons and jails and for people returning to their communities.[7] We therefore applaud MassHealth's proposal to incorporate a metric that will measure the impact of the waiver on completion of hepatitis C treatment after release, and we urge you to consider adopting similar metrics for HIV.

People with HIV can live full, healthy lives when they achieve viral suppression. But a recent report from the U.S. Department of Health and Human Services Office of the Inspector General found that as many as 27% of Medicaid enrollees with HIV may not have received one of three services critical for achieving viral suppression (a medical visit, viral load test, or antiretroviral therapy (ART) prescription) in 2021.[8] Massachusetts scored particularly poorly in this regard, with at least 36% of enrollees with HIV missing one or more of these services.[9]

MassHealth's Section 1115 waiver for prerelease coverage can help address this problem by supporting people who are incarcerated and living with HIV to smoothly transition their care from prison or jail to community providers. We therefore urge you to prioritize this work and assess its progress by including an HIV care evaluation metric similar to the hepatitis C metric. For example, the evaluation metric could measure the percentage of Medicaid enrollees with HIV who successfully complete a medical visit, a viral load test, and a refill of their ART prescription within a specified period after reentry, such as 90 or 120 days.

MassHealth could also adopt a metric to measure the rates of people prescribed HIV Pre-Exposure Prophylaxis (PrEP) at the time of their release. HIV PrEP is highly effective at preventing transmission of HIV through sex or injection drug use.[10] However, PrEP use still lags considerably behind the need for PrEP, including in Massachusetts; this is especially true among people of color who would benefit from PrEP.[11] Given the

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[6] Shufang Sun, Natasha Crooks, Rebecca Kemnitz & Ryan P. Westergaard, *Re-entry experiences of Black men living with HIV/AIDS after release from prison: Intersectionality and implications for care*, 211 Social Science & Medicine 78 (2018), doi: 10.1016/j.socscimed.2018.06.003.

[7] *See* Wurcel et al, *Medicaid inmate exclusion policy and infectious diseases care for justice-involved populations*, Emerging Infectious Diseases, 30(13) (2024) https://doi.org/10.3201/eid3013.230742

[8] HHS Office of Inspector General, *One Quarter of Medicaid Enrollees with HIV May Not Have Received Critical Services in 2021*, (Aug. 2023), https://www.oig.hhs.gov/oei/reports/OEI-05-22-00240.pdf.

[9] *Id*. at p. 5.

[10] CDC, *How effective is PrEP?*, https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html.

[11] AIDSVU, Local Data: Massachusetts.

risks of adverse health events at the time of release from jail or prison[12], including potential exposure to HIV[13], we urge you to prioritize connecting people to PrEP who are vulnerable to HIV and leaving jail or prison. This could be done by including a waiver evaluation metric that measures the number of people leaving incarceration who are on PrEP and connected to a community PrEP provider.

Thank you for your consideration. We would be happy to provide any additional information that would be helpful.

Sincerely,

Liz Kaplan
Health Care Access Team Director

John Card
Staff Attorney

Center for Health Law and Policy Innovation

[12] Stacy Weiner, Association of American Medical Colleges, *Out of prison, but struggling to stay healthy*, (Jan. 10, 2023) https://www.aamc.org/news/out-prison-struggling-stay-healthy#:~:text=One%20statistic%20is%20particularly%20telling,wraps%20its%20arms%20around%20us.%E2%80%9D

[13] Nickolas Zaller et al., PLoS One, *Barriers to linking high-risk jail detainees to HIV pre-exposure prophylaxis*, (April 17, 2020) https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0231951.