

November 3, 2022

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
PO Box 8016
Baltimore, MD 21244-8016

CMS-2421-P

Re: Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes

Dear Administrator Brooks-LaSure:

On behalf of the nearly 40,000 members of the American College of Emergency Physicians (ACEP), we appreciate the opportunity to comment on the “Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes” proposed rule. We strongly support the proposals that the Centers for Medicare & Medicaid Services (CMS) is making to streamline Medicaid and Children's Health Insurance Program (CHIP) enrollment opportunities and eliminate barriers to Medicaid access.

If finalized, this proposed rule would remove barriers and facilitate enrollment of new applicants and align enrollment and renewal requirements for most individuals in Medicaid. These policies would help reduce disparities in care and promote health equity by eliminating barriers to and ensuring ease of enrollment in Medicaid, thereby expanding healthcare coverage.

Expanded access to Medicaid coverage would likely result in better health and health outcomes both for affected individuals as well as others in our country. As emergency physicians, we see every day the positive effect that insurance coverage has on our patients and their overall health—and this correlation is supported by a plethora of research. The Kaiser Family Foundation found in a 2019 study that one in five uninsured adults went without needed care in the previous year because of cost, as opposed to eight percent of publicly insured adults. Further, nineteen percent of uninsured adults said they delayed or did not get a needed prescription drug due to cost.¹ Medicaid coverage specifically is associated with improved self-reported health status; higher rates of preventive health screenings; lower likelihood of delaying care because of costs;

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¹ Kaiser Family Foundation, “The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act,” January 2019, available at: <https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/>.

decreased hospital and emergency department utilization; and decreased infant, child, and adult mortality rates.² A Center on Budget and Policy Priorities study found that between 2014 and 2017, the lives of 19,200 adults were saved due to their states' expansion of Medicaid; conversely, about 15,600 adults lost their lives due to "health-care-amenable" conditions in states without Medicaid expansion. The Center cites increases in regular check-ups and prescriptions filled for heart disease and diabetes and decreases in the share of low-income adults without a primary care physician or those who skip medications due to cost as primary reasons for these mortality rates.³

Losing health care coverage hampers the financial stability of families and creates a burden to receiving necessary care. When people become uninsured, they may delay or avoid seeking vital care. Deferring or delaying care will often result in exacerbation of a person's condition or symptoms, and eventually result in a trip to the emergency department (ED). At this point, due to the progression of their condition, the person's care in the ED will be much costlier and more complex than if he or she had earlier access to more routine care in a physician's office. An increase in the uninsured percentage leads to an overall worsening of health outcomes, including increased prevalence of obesity and malnutrition and reduced prescription adherence. It also affects patients' "social determinates of health," leading to increased rates of poverty and housing instability and reduced productivity and educational attainment. By streamlining the enrollment and renewal process for Medicaid and CHIP, thereby eliminating barriers to these processes and protecting Medicaid and CHIP coverage, these policies are clearly designed to address these issues and would therefore likely improve overall health outcomes.

If finalized, these provisions may also help maintain the financial viability of the emergency care safety net. Emergency physicians proudly serve as the country's safety net, treating all patients regardless of their insurance status or ability to pay. As a result of this vital role that we play, we incur unique financial risks, which include higher rates of uncompensated care than other clinicians. We depend on adequate reimbursement from public and private payers to allow for the recruitment and retention of sufficient numbers of qualified providers with sufficient staffing 24 hours a day, seven days a week. By eliminating barriers to enrollment in Medicaid programs, which we anticipate would increase the number of enrollees in government-assisted health insurance programs, uncompensated care costs could decline, guaranteeing the viability of the emergency care safety net.

In all, ACEP strongly supports the proposed provisions and urges CMS to implement the policies as proposed. If you have any questions, please contact Jeffrey Davis, ACEP's Director of Regulatory Affairs, at jdavis@acep.org.

Sincerely,



Christopher S. Kang, MD, FACEP
ACEP President

² Robert Wood Johnson Foundation, "Medicaid's Impact on Health Care Access, Outcomes and State Economies," February 2019, available at: <https://www.rwjf.org/en/library/research/2019/02/medicaid-s-impact-on-health-care-access-outcomes-and-state-economies.html>

³ Center on Budget and Policy Priorities, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," November 2019, available at: <https://www.cbpp.org/sites/default/files/atoms/files/11-6-19health.pdf>