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Harold P. Wimmer

September 15, 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 American Lung Association appreciates the opportunity to comment on the State of Maine’s 1115 Waiver Application. The Lung Association is deeply troubled by Maine’s waiver and urges the Centers for Medicare and Medicaid Services (CMS) to reject Maine’s 1115 waiver as it does not fulfill the goals or requirements of the Medicaid program.

MaineCare provides a crucial service for the poorest of Maine’s residents. Individuals and families depend on MaineCare for life-saving treatments and medical care. The policies proposed in the waiver application would be especially harmful to lung disease patients who depend on regular access to maintenance medicine and patients who have limited ability due to their disease. The Lung Association believes all of Maine’s residents should have access to affordable, quality healthcare, especially low-income residents who depend on MaineCare.

Enforceable Premiums

Eligibility for MaineCare is largely based on income. Simply put, charging all Medicaid enrollees steep premiums will discourage enrollment in the program. The waiver outlines graduated premiums depending on income levels, down to 50 percent of the Federal Poverty Level (FPL). For a family of four, that would mean their annual income is \$12,150. They simply cannot afford the premiums as proposed, which will range from \$10 per month to \$40 per month. People who fail to pay their premiums will be locked out of the Medicaid program for 90 days –which are likely to exacerbate health problems and worsen outcomes. The federal government has never allowed a state to bar people with incomes below 100 percent FPL for failure to pay premiums and CMS should reject this waiver.

The enforceable monthly premium would harm all enrollees, but could be particularly harmful to lung disease patients. Many lung diseases, such as asthma are chronic conditions. Many of them can be treated effectively, but only if patients participate in continuous treatment, including actively taking medications and using life-saving devices. A gap in coverage could make a treatable disease, life-threatening. For patients with lung cancer, a gap in coverage could be a death sentence. Enforceable premiums could delay or halt care leading to poor health outcome or even death.

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A recent report¹ prepared for the Indiana Family and Social Services Administration (FSSA) by the Lewin Group found that 29 percent of Indiana's Healthy Indiana Plan (HIP) 2.0 enrollees failed to pay their premiums and were dis-enrolled in the HIP 2.0 program resulting in poorer coverage or no coverage depending on income level. The proposal provided no evidence that the enrollees would be able to pay the premiums.

Cost Sharing Initiatives

The American Lung Association remains concerned about the proposed policy of charging patients a \$10 co-pay for non-emergent use of the emergency department (ED). This policy could be harmful to lung disease patients. Patients experiencing difficulty in breathing should go to the emergency department to determine if they are having a serious and potentially life-threatening health issue. The risk of a co-pay could deter patients from seeking help at the emergency department when they need it most. For lung disease patients, skipping a trip to the emergency department could be a matter of life or death.

The American Lung Association urges CMS to reject this co-pay, but if CMS permits Maine to move forward with ED co-pays, CMS must require MaineCare and any managed care plans to assist patients in a way that is clear and understandable at low literacy levels. Additionally, information on how to use urgent care centers and other providers must be similarly provided to patients so they understand there is an alternative for them to receive timely care.

The Lung Association encourages CMS to work with Maine to identify evidence-based policies to further the goals of MaineCare for all enrollees, but specifically individuals and families with incomes below 100 percent FPL. These citizens are disproportionately impacted by lung disease and need quality and affordable healthcare to manage their diseases. The proposed waiver as written would not allow for that and we urge CMS to reject it.

Thank you for reviewing our comments. We appreciate the opportunity to provide feedback.

Sincerely,



Harold Wimmer
National President and CEO
American Lung Association

Cc: The Honorable Seema Verma, Administrator
Centers for Medicare and Medicaid Services

¹ *Healthy Indiana Plan 2.0: POWER Account Contribution Assessment* Prepared by the Lewin Group, Inc. March 31, 2017;
<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>

