

Harold P. Wimmer
National President and
CEO

September 29, 2017

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

Dear Secretary Price:

The American Lung Association appreciates the opportunity to comment on Utah's 1115 Primary Care Network (PCN) Waiver amendment.

The Primary Care Network and the Utah Medicaid program provide a vital care to the poorest residents of Utah. Families rely on these programs for life-saving treatments. The proposed amendment would create artificial and unnecessary barriers for people to get needed care, harming patients, including those with lung disease.

The American Lung Association believes all Utah residents must have affordable, quality healthcare, especially low-income residents that depend on PCN and Medicaid. We encourage you to reject this proposal and to work with Utah to develop a proposal that focuses on improving the health of Utah's most vulnerable residents.

Enrollment Limits

The amendment proposes to set enrollment limits on various sub-groups – individuals who need the most care. The subgroups are: individuals who are chronically homeless, individuals involved in the justice systems and in need of substance abuse or mental health treatment, and individuals needing substance abuse or mental health treatment. The Lung Association opposes any enrollment limits.

Enrollment limits will harm patients. These hard enrollment limits do not account for economic recessions when an increased number of individuals qualify for Medicaid. This proposed policy is short sighted. Limiting enrollment will harm lung disease patients as it will limit patients from getting treatment to manage diseases such as asthma and COPD.

Advocacy Office:

1331 Pennsylvania Avenue NW, Suite 1425 North
Washington, DC 20004-1710
Ph: 202-785-3355 F: 202-452-1805

Corporate Office:

55 West Wacker Drive, Suite 1150 | Chicago, IL 60601
Ph: 312-801-7630 F: 202-452-1805 info@Lung.org

The enrollment limit would also limit access to life-saving preventive services, including quit smoking treatments. The populations that have been identified for enrollment limits tend to smoke at higher rates than the general populations. Access to key preventive services, including quit smoking treatments, can save lives and money. Instead of setting artificial enrollment limits, Utah should focus on improving the health of these residents – starting with helping them quit through evidence-based methods – which will ultimately reduce healthcare costs and improve the quality of life for these patients.

Enrollment limits reduce the number of patients that can receive life-saving treatments. This is not aligned with the goals of the Medicaid program and will harm patients and therefore must be rejected.

Limitations on the Number of Eligible Months

Limiting the number of months an individual can be on Medicaid will harm patients. The Lung Association appreciates the revision to allow patients with chronic disease to stay on Medicaid for longer than 60-months, but still have concerns with the proposed policy.

Patients diagnosed with lung diseases such as COPD or lung cancer after the 60-month limit will not have guaranteed access to healthcare, even though their need for care will continue for the rest of their lives. Ensuring people with chronic disease are managing their disease correctly can reduce costs for Medicaid.

Moreover, data shows that both the uninsured and the Medicaid populations smoke at rates almost three times as high as the smoking rate for those with private insurance. This population will have a higher burden of smoking related illness; the 60-month time limit does not provide care for people who develop lung disease and other illnesses. Instead, the Lung Association urges Utah to focus on improving adherence to treatment and prioritizing helping smokers quit using evidence-based methods.

Emergency Department Co-Pays

The proposal to charge a \$25 co-pay for the non-emergent use of the Emergency Department (ED) when there is “sufficient access to clinics and urgent care facilities” will have negative consequences for patients. Utah does not define what “sufficient access to clinics and urgent care facilities” will be. While this raises concern and does not allow for a detailed analysis on the impact of patients, this provision is still problematic.

Lung disease patients, such as those with asthma or COPD, often have trouble breathing including acute attacks. There are limited nerve endings in the lungs. When a patient is experiencing symptoms of an asthma attack, it could feel milder than the attack actually is. It is critical that patients know they can receive the care they need from the ED and are willing to seek out treatment. The Lung Association worries that these patients might forgo treatment at the ED when these symptoms occur out of fear of being charged a \$25 co-pay. By not seeking treatment, patients could face dire consequences, including death.



Changing Eligibility through State Administrative Rule

Utah is requesting the authority to make changes to the Primary Care Network (PCN) eligibility through state rule-making processes rather than submitting waiver amendments to the Centers for Medicare and Medicaid Services (CMS). The Lung Association urges CMS to deny this request.

It is imperative that CMS review and approve changes to eligibility for the PCN. The CMS review process guarantees an open process with public comment. It is also vitally important CMS maintain its role as a steward of federal tax dollars that are spent on the state Medicaid programs- in Utah and across the country.

Thank you for the opportunity to comment on the proposal. The American Lung Association urges CMS to reject this waiver amendment. It does not further the goals of the Medicaid program and will harm patients, especially those living with lung disease.

Sincerely,

A handwritten signature in black ink that reads "Harold Wimmer". The signature is written in a cursive, flowing style.

Harold P. Wimmer
National President and CEO

CC: Seema Verma, Administrator, Center for Medicare and Medicaid Services
Brian Neale, Deputy Administrator, Centers for Medicare and Medicaid Services and Director,
Center for Medicaid and CHIP Services

