

June 22, 2015

The Honorable Sylvia Mathews Burwell, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Burwell:

We appreciate the opportunity to comment on Iowa's Section 1115 waiver amendment regarding the non-emergency transportation (NEMT) benefit.

While we support Iowa's decision to accept federal Medicaid funding to provide coverage to newly eligible low-income adults, we urge CMS to reject Iowa's request to continue waiving the NEMT benefit for Medicaid beneficiaries enrolled in the Iowa Health and Wellness plan who are not determined medically exempt.

**Survey data presented with Iowa's waiver application demonstrates continued need for the NEMT benefit.**

In September 2014, Iowa presented preliminary data on how Iowa Health and Wellness Plan enrollees are faring without the NEMT benefit. These data, collected and analyzed by the University of Iowa Public Policy Center, actually demonstrate an unmet need for transportation that is affecting access to care for enrollees. Indeed, although CMS agreed to temporarily extend Iowa's NEMT waiver while the state collected additional data, CMS noted at that time that the data "raised concerns about beneficiary access," especially for those with incomes below the Federal Poverty Level (FPL). The additional survey data that Iowa has provided in its application to waive the NEMT benefit through December 31, 2016 only reinforces these concerns.

According to the survey data Iowa provided in its application to extend the waiver, "nearly 20% of Medicaid and [Iowa Health and Wellness Program] members reported usually or always needing help from others to get a healthcare visit and nearly 13% reported an unmet need for transportation to or from a health care visit in the six months prior to the survey." In addition, 13 percent of Medicaid and Iowa Health and Wellness Plan beneficiaries expressed concern about their ability to pay for the cost of transportation to or from a health care visit. These data do not support Iowa's request to waive the NEMT benefit, rather they demonstrate the continued need to provide the NEMT benefit to ensure access to care for both Medicaid and Iowa Health and Wellness plan enrollees.

In presenting this evidence, Iowa repeatedly emphasizes that the responses from Medicaid beneficiaries and Iowa Health and Wellness Program enrollees do not differ in a statistically significant manner. But this point is not relevant in the context of questions about how the waiver of the NEMT benefit affects enrollees' access to care. Rather, the data that Iowa has presented demonstrate the importance of access to nonemergency medical transportation for both Iowa Health and Wellness Plan enrollees as well as the traditional Medicaid population.

Data collected from other states corroborate the importance of the NEMT benefit in ensuring Medicaid beneficiaries' access to medically necessary and preventive care. According to data

collected by the Community Transportation Association of America from a transportation broker that administered the NEMT benefit in 39 states for the period between January and November 2013, half of all NEMT trips were provided to access dialysis treatment (17.9 percent) or behavioral health services (31.9 percent), which include mental health services or drug abuse treatment. Continuing to waive the NEMT benefit could prevent Medicaid beneficiaries from accessing the primary, specialty, and preventive services that enable them to identify and address their health needs as they arise and preventing more costly care as undiagnosed medical problems worsen.

### **Waiving the NEMT benefit is inconsistent with 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, there is reason to believe that private insurance – or coverage designed to resemble private insurance - is not inherently superior in meeting the needs of the low-income population who obtain coverage through Medicaid. A 2012 study based on National Health Interview Survey data published in the *Annals of Emergency Medicine* found that between 1999 and 2009, while only .6 percent of those with private insurance reported that transportation was a barrier to accessing timely primary care treatment, while seven percent of Medicaid beneficiaries did so. This indicates transportation is a greater barrier to access to care for the Medicaid-eligible population and provides a strong rationale for the need to offer a set of benefits that meets these needs, including the NEMT benefit. Simply put, Iowa's waiver amendment request does not further the objectives of the Medicaid program and limits access to care for the population that Medicaid is intended to serve.

More specifically, the survey data presented in Iowa's waiver application demonstrate that waiving the NEMT benefit is inconsistent with the goals of the Iowa Health and Wellness program. The survey data that Iowa presents show that 5 percent of those in the Wellness Program and 2 percent of those in the Marketplace Choice Plan went to the emergency room for care they could have received at the doctor's office because they "had transportation problems getting to a doctor's office." Similarly, 6 percent of Wellness Plan enrollees and 2 percent of Marketplace Choice Plan members reported that difficulty in getting transportation to a doctor's office is a barrier to obtaining a physical exam. Though these percentages are small, delaying physical examinations and seeking care in an emergency room instead of a doctor's office because of transportation issues drives up costs in the Iowa Health and Wellness Program, and is certainly at odds with the program's stated goals of improving health outcomes and emphasizing healthy behaviors.

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

In the highly politicized environment in which states make decisions regarding Medicaid expansion, 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 also been allowed to waive NEMT coverage temporarily, while lawmakers in Arkansas have publically expressed regret over not getting an exemption for the NEMT benefit as Iowa did. Clearly, the decision to allow Iowa to temporarily waive the NEMT benefit has had repercussions across other states and CMS would be wise to prevent this precedent from becoming institutionalized, thereby undermining Medicaid beneficiaries' access to care.

Thank you for your willingness to consider our comments. Please contact Joan Alker ([jca25@georgetown.edu](mailto:jca25@georgetown.edu)) at the Georgetown University Center for Children and Families or Judy Solomon ([solomon@cbpp.org](mailto:solomon@cbpp.org)) at the Center on Budget and Policy Priorities if you would like any additional information.

American Association on Health and Disability  
Center for Public Policy Priorities  
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HIV Medicine Association  
National Association of Pediatric Nurse Practitioners  
National Council of La Raza  
National Health Law Program  
National Women's Law Center  
The Community Transportation Association of America