



June 17, 2020

**VIA ELECTRONIC SUBMISSION**

The Honorable Alex Azar, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**RE: Flint Michigan Section 1115 Demonstration Extension Request**

Dear Secretary Azar:

Thank you for the opportunity to comment on Michigan's request to extend its Section 1115 Flint demonstration for ten years. The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005. As part of the McCourt School of Public Policy, CCF conducts research, develops strategies, and offers solutions to improve the health of America's children and families, especially those with low and moderate incomes.

Michigan's Section 1115 demonstration extension request proposes to continue providing Medicaid coverage to children and pregnant women at or below 400 percent of the federal poverty level (FPL) who are or have been served by the Flint water system, resulting in possible lead exposure. The demonstration promotes the objectives of the Medicaid program by providing coverage and enhanced benefits to thousands of women and children who were or potentially may be exposed to toxic levels of lead through Flint's water system, and the demonstration's evaluation shows increases in important screenings for these groups. Specifically, the waiver extends coverage to children with household incomes between 212 percent FPL and 400 percent FPL and pregnant women with household incomes between 195 percent FPL and 400 percent FPL. *We strongly support the proposed extension of Michigan's demonstration project and urge you to approve the state's request.*

**Michigan's Demonstration Promotes the Objectives of Medicaid Program**

The Flint Michigan Section 1115 demonstration has extended coverage to thousands of pregnant women and children by increasing eligibility levels as well as enhancing benefits for those previously eligible, to mitigate risks from possible lead exposure. According to the state's enrollment data, over 43,000 children and pregnant women have been enrolled in

the Flint demonstration since its inception – of these, almost 91 percent are children.<sup>1</sup> The state projects 25,000 beneficiaries would lose benefits, or coverage altogether, if the waiver is not extended.<sup>2</sup>

All children enrolled in Medicaid are entitled to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits, which includes lead testing and treatment. Individuals enrolled in the demonstration receive full Medicaid state plan benefits including EPSDT benefits for children, as well as additional targeted case management (TCM) services. Screenings provided through EPSDT help ensure conditions do not go untreated or undiagnosed, which could affect a child’s long-term health and well-being.<sup>3</sup> Extending coverage, and thus EPSDT benefits, to children up to 400 percent FPL increases the likelihood they receive all necessary care and screenings. TCM services provided through the demonstration were not widely taken up during the first four years, so this is an area where the state could improve, but about 600 enrollees did receive ongoing TCM services.<sup>4</sup>

Michigan’s demonstration also increases the likelihood that children and pregnant women enroll, or stay enrolled, in coverage by removing barriers to coverage for beneficiaries. As part of the demonstration, enrollees pay no premiums or cost-sharing. Children under 19 who are covered by MICHild and would otherwise be subject to premiums (children with household incomes between 160 percent and 212 percent FPL) are also exempt from premiums. Research has shown that imposing premiums and copayments on low-income populations create barriers to coverage and reduce utilization of necessary services.<sup>5</sup> Removing these burdens on enrollees makes it more likely beneficiaries will get the care they need, especially since almost all of those enrolled in Michigan’s demonstration have household incomes below 200 percent FPL.<sup>6</sup>

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<sup>1</sup> Michigan State University Institute of Health Policy, “Flint, Michigan Section 1115 Demonstration: 2018/2019 Cumulative Interim Report,” January 15, 2020, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mi-health-impacts-potential-lead-exposure-pa.pdf>.

<sup>2</sup> Ibid.

<sup>3</sup> Whitener, Kelly, “EPSDT: A Primer on Medicaid’s Pediatric Benefit,” Georgetown University Center for Children and Families, March 6, 2016, <https://ccf.georgetown.edu/2016/03/04/what-is-epsdt-medicaid-benefit-big-idea/>.

<sup>4</sup> State of Michigan, “Flint Michigan Section 1115 Demonstration Extension,” April 30, 2020, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mi-health-impacts-potential-lead-exposure-pa.pdf>.

<sup>5</sup> Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost-Sharing on Low-Income Populations: Updated Review of Research Findings,” The Kaiser Family Foundation, June 2017, <http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Premiums-and-Cost-Sharing-on-Low-Income-Populations>.

<sup>6</sup> Michigan State University Institute of Health Policy, “Flint, Michigan Section 1115 Demonstration: 2018/2019 Cumulative Interim Report,” January 15, 2020, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mi-health-impacts-potential-lead-exposure-pa.pdf>.

## **The Demonstration Has Been Important for Communities of Color and African Americans in Particular**

The city of Flint has a majority Black population (54 percent compared to 14 percent for the state of Michigan).<sup>7</sup> As a consequence, Black children were also disproportionately harmed by the lead poisoning of Flint's water system. According to the state's evaluation data, over 58 percent of demonstration enrollees were non-Hispanic African Americans for all three demonstration years evaluated while about 33 percent were non-Hispanic white.<sup>8</sup>

Michigan's demonstration extends coverage to pregnant women up to 400 percent FPL, which has significant consequences for Black women in particular since they experience disproportionately high rates of maternal mortality. A recent report from the Centers for Disease Control and Prevention (CDC) found that the maternal mortality rate for Black women in the United States was 2.5 times higher than for White women (37.1 compared to 14.7).<sup>9</sup> Extending coverage to more pregnant women increases the likelihood of having timely access to prenatal and postpartum care and, while not enough, is an essential first step to reducing negative maternal outcomes that disparately affect women of color, especially in a predominately Black community like Flint.

Black children are at greater risk of not being able to access health care, increasing the importance of the demonstration. An analysis of over 100 articles found widespread racial disparities in child health care, including access to care and use of services.<sup>10</sup> The state's demonstration should be extended to continue to ensure greater coverage and access to care for thousands of Black children in Flint.

## **The State's Evaluation Shows Increased Access to Necessary Care and Screenings**

The waiver's evaluation conducted by Michigan State University shows the demonstration has resulted in improved access to care and necessary screenings for beneficiaries. The evaluation provides evidence that screenings related to the water crisis (lead screenings and rescreenings) increased after the demonstration was implemented. According to the state's data, blood lead level retesting for children was 11.9 percent in the first year of the water crisis and then jumped to 42.5 percent by the third demonstration

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<sup>7</sup> Georgetown University Center for Children and Families analysis of American Community Survey (ACS) 1-year estimates

<sup>8</sup> Michigan State University Institute of Health Policy, "Flint, Michigan Section 1115 Demonstration: 2018/2019 Cumulative Interim Report," January 15, 2020, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mi-health-impacts-potential-lead-exposure-pa.pdf>.

<sup>9</sup> Donna L. Hoyert and Arialdi M. Minino, "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release," Center for Disease Control National Vital Statistics Systems, January 30, 2020, [https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69\\_02-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf).

<sup>10</sup> Glenn Flores, "Technical Report – Racial and Ethnic Disparities in the Health and Health Care of Children," American Academy of Pediatrics, April 2010, <https://pediatrics.aappublications.org/content/125/4/e979>.

year.<sup>11</sup> Lead screenings for pregnant women experienced an even steeper increase, going from 10.2 percent in 2015 to 78.5 percent in 2019 following the demonstration.

The evaluation also found positive spillover effects such as increased well child visits and behavioral screenings. There was an almost 4 percentage point increase in well-child visits across age categories between the start of the water crisis and the last year evaluated for the demonstration. Developmental and behavioral screenings, which can indicate a child's exposure to high levels of lead among other things, doubled from 2014 to 2019.

The rise in service utilization and screening rates may be in part due to the perceived ease of receiving care – over half of the individuals who responded to the survey portion of the state's evaluation indicated it was easy to get themselves or their child needed care once enrolled in the demonstration. The state should be encouraged to build on these results and aspire for an ever higher proportion. The state's demonstration should be extended for 10 years as children impacted by the water crisis at a young age grow into adulthood.

Our comments include citations to supporting research, including direct links to the research for HHS's benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Thank you for consideration of our comments. If you need any additional information, please contact Joan Alker ([jca25@georgetown.edu](mailto:jca25@georgetown.edu)).

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<sup>11</sup> Michigan State University Institute of Health Policy, "Flint, Michigan Section 1115 Demonstration: 2018/2019 Cumulative Interim Report," January 15, 2020, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mi-health-impacts-potential-lead-exposure-pa.pdf>.