



December 8, 2017

Eric D. Hargan  
Acting Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Seema Verma  
Administrator  
Center for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Acting Secretary Hargan and Administrator Verma:

On behalf of the more than 560,000 physicians and medical students represented by the combined memberships of the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, and the American Psychiatric Association, we request that you consider the [attached principles](#) for designing, evaluating, reviewing and approving proposals to change Medicaid benefits, financing and cost-sharing through Section 1115 demonstration waivers or other legislative or regulatory policies. These principles were released jointly today by our respective organizations. Our members are the front-line physicians who care for patients in rural, urban, wealthy and low-income communities, including many of the more than 70 million Americans enrolled in Medicaid. As the foundation of the American health care system, our members believe that Section 1115 demonstration waivers, and other legislative or regulatory policies, must be evaluated based on the standard of *first, do no harm* to patients enrolled in Medicaid.

To this end, we urge that you consider the following recommendations, explained more fully in the attached document, before approving Section 1115 demonstration waivers, including the 21 state waiver requests pending as of September, 2017:<sup>1</sup>

- 1. Maintain and/or strengthen affordability protections: CMS should ensure that waivers and other proposed changes to Medicaid do not create barriers to coverage and care by requiring enrollees to pay significantly higher premiums, deductibles, co-payments and other out-of-pocket costs for Medicaid enrollees compared to current federal and state requirements and/or by establishing time limits on eligibility.*
- 2. Maintain/and or strengthen benefits: CMS should ensure that the full range of care, treatment, and services that would otherwise be provided is maintained and/or strengthened. CMS should ensure that waivers and other proposed changes to Medicaid do not reduce coverage of essential benefits compared to current federal and state requirements including mandatory coverage of contraception, maternity care, substance use disorder treatment, mental health services, immunizations, and for children, services covered under the federal Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, which mandates basic preventive and therapeutic health services that are deemed medically appropriate and necessary for children.*
- 3. Limiting Barriers to Eligibility and Coverage: CMS should ensure that waivers and other proposed changes to Medicaid do not impose punitive requirements that individuals be employed, be actively seeking a job, or be enrolled in a job training or job recruitment program and/or impose mandatory drug testing as a condition of eligibility.*
- 4. Maintaining and/or strengthening access to any qualified provider: CMS should ensure that waivers and other proposed changes to Medicaid do not discriminate against otherwise qualified providers of women's health services by denying state or federal funding to them.*
- 5. Preserve and enhance existing funding mechanisms.*
- 6. Sustain and strengthen waiver transparency, stakeholder engagement, and evaluation: CMS should ensure states and the federal government include stakeholders in waiver development, follow required comment periods at both the state and federal level, and properly evaluate waiver impact on enrollees, families, and providers.*

We note that 8 of the pending waiver requests as of September include eligibility and enrollment restrictions, 6 include work requirements, and 6 include benefit restrictions, copays and healthy behavior requirements.<sup>2</sup> These pending requests, in particular, should be carefully evaluated based on

---

<sup>1</sup> <https://www.kff.org/report-section/section-1115-medicaid-demonstration-waivers-a-look-at-the-current-landscape-appendices/>

<sup>2</sup> <https://www.kff.org/report-section/section-1115-medicaid-demonstration-waivers-a-look-at-the-current-landscape-appendices/>

the above recommendations and as detailed in the attached joint statement of principles, and if found to be inconsistent with them, they should not be granted approval as currently proposed.

We look forward to working with the Department of Health and Human Services and the Center for Medicare and Medicaid Innovation on strengthening and preserving Medicaid for the many millions who depend on it, including supporting Section 1115 waivers that advance this objective and rejecting those that do not.

American Academy of Family Physicians

American Academy of Pediatrics

American College of Obstetricians and Gynecologists

American College of Physicians

American Osteopathic Association

American Psychiatric Association