

July 3, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244–1850

Re: Medicaid Program; Ensuring Access to Medicaid Services; Proposed Rule - CMS-2442-P

Dear Administrator Brooks-LaSure:

The American Kidney Fund appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) proposed rule: "Medicaid Program; Ensuring Access to Medicaid Services."

The American Kidney Fund (AKF) fights kidney disease on all fronts as the nation's leading kidney nonprofit. AKF works on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease—from prevention through transplant. Through programs of prevention, early detection, financial support, disease management, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. AKF is one of the nation's top-rated nonprofits, investing 97 cents of every donated dollar in programs, and holds the highest 4-Star rating from Charity Navigator and the Platinum Seal of Transparency from GuideStar.

Medicaid plays a vital role in helping enrollees prevent and manage chronic conditions such as chronic kidney disease and its leading causes, diabetes and hypertension. Studies have shown the difference in health status in the states that expanded Medicaid and those that did not: 75% of new end-stage renal disease (ESRD) cases are due to diabetes and hypertension/heart disease, and people who live in Medicaid expansion states have better blood pressure and blood glucose levels.¹

Additionally, compared to states that did not expand Medicaid, people living in states that did expand the program had lower mortality rates in the first year for people who started dialysis

¹ <https://www.medicalnewstoday.com/articles/medicaid-expansion-improves-hypertension-and-diabetes-control>

and, in those states, more patients were preemptively placed on the transplant list so they could be on dialysis for a shorter time.²³

However, issues with access to needed and timely care in both Medicaid fee-for-service and Medicaid managed care can have serious adverse effects on the health of beneficiaries. AKF commends CMS for the proposals in this rule that will improve access to care for beneficiaries and make state Medicaid programs more responsive to the lived experiences of enrollees.

Medicaid Advisory Committee and Beneficiary Access Group

AKF supports the important changes in the proposed rule to update the current Medical Care Advisory Committee (MCAC) structure in Medicaid. Specifically, we support the following CMS proposals:

- Change the MCAC name to Medicaid Advisory Committee (MAC) and create a new Beneficiary Advisory Group (BAG), comprised entirely of individuals with lived experience in Medicaid (including beneficiaries, family members, or caregivers), that will provide direct feedback to the state Medicaid agency and participate in the MAC.
- Require that at least 25% of the MAC be BAG members, and require the MAC include at least one stakeholder from each of several categories, including a beneficiary advocacy organization.
- Transparency requirements for states to develop and publish processes to recruit and appoint committee members, bylaws for committee governance, committee member lists, the meeting schedule, and past meeting minutes and attendee lists.
- Requirements for states to support the recruitment of MAC and BAG members, planning of meetings, producing meeting minutes and state response lists, and to provide information and research.
- Requirement for states to take reasonable steps to make MAC and BAG meetings accessible to people with disabilities and limited English proficiency, including allowing participation virtually or by phone.
- Require states to select meeting times and locations to maximize attendance.
- Expand the role of the MAC and BAG to provide recommendations on all elements of state Medicaid programs, including services, eligibility and enrollment processes, communications, and quality of care, among other policy development topics.
- Requirement for states to support the MAC in the development of an annual report discussing MAC activities and recommendations, including a summary of BAG recommendations and state follow-up.

² <https://ldi.upenn.edu/our-work/research-updates/addressing-kidney-transplant-waiting-list-disparities-through-medicaid-expansion/>

³ <https://jamanetwork.com/journals/jama/fullarticle/2710505>

AKF commends CMS for these substantive and needed changes to the MCAC. We especially appreciate that the changes center on the lived experience of people in the Medicaid program and their family members and caregivers.

In addition to voicing our support for the proposed changes, we also offer the following recommendations:

- In terms of composition of the BAG, we recommend that CMS require states to include a diverse range of enrollees on their BAGs, considering factors such as categorical eligibility for Medicaid; race and ethnicity; age; disability, illness, and functional status; and geographic location (rural or urban area).
- While we are pleased the proposed rule requires (at least) quarterly MAC meetings, we recommend that all MAC meetings should be open to the public (the proposed rule would require only two public meetings). The BAG should retain flexibility to make its meetings public at the BAG's choice, as it may be necessary for beneficiaries to have a private forum for difficult conversations, and beneficiaries may be private individuals who do not wish to have public exposure.
- We recommend that CMS explicitly consider ways that states should be required to consult with the MAC and BAG in policy development. For example, CMS should require that state Medicaid application designs and notice templates (including those used for managed care), should be provided to the BAG for comment prior to completion.

Thank you for the opportunity to provide comments on this proposed rule.

Sincerely,



Holly Bode
Vice President of Government Affairs