



August 17, 2018

The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid Services  
U.S. Department of Health & Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

Re: Maryland HealthChoice Program Section 1115 Demonstration Waiver Amendment

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA) and MedChi, The Maryland State Medical Society (MedChi), we are pleased to submit comments in strong support of the Maryland HealthChoice Program Section 1115 demonstration waiver amendment.

### **National Diabetes Prevention Program Pilot**

The AMA and MedChi are encouraged that the HealthChoice proposal prioritizes chronic disease prevention and seeks to enable Medicaid managed care organizations to cover the National Diabetes Prevention Program (National DPP). In Maryland, 1.6 million adults are estimated to have prediabetes, yet only about 408,000, or 10.5 percent, are aware of their condition. People at risk for type 2 diabetes can prevent or delay the disease by making modest lifestyle changes that include weight loss and physical activity through lifestyle modification programs like the evidence-based National DPP.

The AMA and MedChi have been active partners with the Centers for Disease Control and Prevention, National Association of Chronic Disease Directors, and Maryland Department of Health in the implementation of the National DPP in Maryland. We have also undertaken broad-based efforts to engage physicians and clinical care teams to raise awareness about the disease and treatment options with the goal of increasing the number of physicians who screen and refer patients to the National DPP. As recognized by the U.S. Preventive Services Task Force, physician screening, referral, and follow-up, as well as intensive behavioral counseling intervention, are critical elements in diabetes prevention.

The National DPP pilot project has been a success in Maryland and has met enrollment targets and improved clinical outcomes. Expanding the reach of Maryland's National DPP initiative to thousands more Medicaid beneficiaries will have a positive impact on the health of Medicaid beneficiaries, many of whom are more likely to suffer from chronic conditions than the general population, as well as generate long-term cost savings for the Medicaid program by lowering the incidence of diabetes in the state. We

are encouraged that Maryland intends to continue this vital program and pledge to continue to do our part to engage physicians on preventing type 2 diabetes and obesity. We urge the Centers for Medicare & Medicaid Services (CMS) to approve this request.

### **Expansion of Substance Use Disorder Residential Services**

The AMA and MedChi strongly support the HealthChoice proposal to expand Medicaid coverage to an additional level of care for substance use disorder (SUD) treatment provided in Institutions for Mental Disease (IMDs) to adults with a primary SUD diagnosis and a secondary mental health diagnosis. As the proposal states, many Medicaid patients suffer from co-occurring mental health disorders and SUD. Medicaid provides a critical path to treatment for these especially vulnerable patients and, in particular, IMDs can deliver specialized services for patients whose active psychiatric symptoms limit their access to other SUD treatment programs.

The AMA and MedChi have been actively involved over the past several years in efforts to reverse the nation's opioid epidemic, and in 2014 the AMA convened the Opioid Task Force to coordinate efforts that were underway within organized medicine to help address the epidemic. Ending this epidemic requires leadership and commitment from all health care stakeholders, policymakers, law enforcement, the justice system, and local communities. It also requires strong, dedicated physician leadership and a commitment by physicians and all health care professionals to reduce prescription opioid-related mortality and increase access to treatment for opioid use disorder, while at the same time ensuring that patients with pain receive appropriate treatment. While progress has been made, there is still an enormous gap between the number of people who need treatment and those who are receiving it. The HealthChoice proposal will help to fill this gap in the Medicaid population.

We applaud CMS for previously approving a range of inpatient SUD treatment options provided in IMDs and believe that further expanding coverage to the American Society of Addiction Medicine (ASAM) Level 4.0 (medically managed intensive inpatient services) is the next necessary step. Offering the full continuum of treatment options in IMDs will provide a critical enhancement to the existing program and will enable Maryland to more thoroughly address the opioid epidemic.

### **Adult Dental Pilot Program**

Finally, we support the provisions in the HealthChoice proposal to establish an adult dental pilot program for patients dually eligible for Medicaid and Medicare. The AMA and MedChi recognize the importance of managing oral health and access to dental care as a part of optimal patient care. Yet too often low-income patients, particularly the elderly, forgo dental care, risking tooth loss, infection and chronic pain, as well as early detection of disease, including some cancers. This element of the HealthChoice proposal is also needed to address a coverage gap in the Medicaid program: other adult Medicaid populations receive a limited dental benefit in Maryland, but dual eligibles do not. Filling this coverage gap will undoubtedly improve the health outcomes for this particularly disadvantaged patient population.

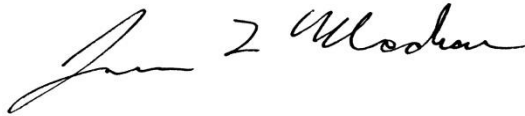
### **Conclusion**

The AMA and MedChi appreciate the opportunity to provide our comments on the Maryland HealthChoice Section 1115 demonstration waiver proposal. We commend both CMS and the Maryland

The Honorable Seema Verma  
August 17, 2018  
Page 3

Department of Health for their commitment to addressing challenging health care needs and barriers to access. Approval of this waiver will substantially improve the lives of low-income patients in Maryland.

Sincerely,

Handwritten signature of James L. Madara in blue ink.

James L. Madara, MD  
Executive Vice President, CEO  
American Medical Association

Handwritten signature of Gene M. Ransom, III in blue ink.

Gene M. Ransom, III  
Chief Executive Officer  
MedChi, The Maryland State Medical Society