



February 11, 2013

Ms. Elena Nicollela, EOHHS Medicaid Director  
Rhode Island Medicaid 1115 Waiver Taskforce  
74 West Rd., Building 74  
Cranston, RI 02920

RE: Ocean State Action Public Comment on 1115 Research and Demonstration Waiver

Dear Director Nicollela,

Ocean State Action would like to thank and applaud you for your efforts to broaden the services for eligible post-partum women to include comprehensive family planning benefits. Provision of these health services will no doubt improve the health and wellbeing of eligible women. Additionally, we would like to encourage you to utilize this opportunity to expand eligibility and thus the impact of these important health services.

Since the 1990's 31 states have recognized both the long term cost savings and added health benefits of expanding eligibility for their Medicaid Family Planning Services to include all adults who currently lack coverage of family planning services or have high deductible coverage and whose income does not exceed 250% of the federal poverty level. Given the nine to one federal match, Rhode Island can move forward with this expansion at a low cost to the state while having a significant impact on the reproductive health of our residents.

Based upon experience in other states, the Guttmacher Institute estimates that savings to RI would be considerable.

In **Year One** of a FP expansion about 3200 RI women up to 250% of the federal poverty level would participate,

- Averting 460 unintended pregnancies, 150 abortion and 60 Medicaid births.
- The State of RI would likely spend around \$80,000 on expansion services.
- Savings from Medicaid births averted would equal \$352,000
- **Net savings to the State of RI would be \$272,000.**

In a **Mature Year** of the program, around 10,700 RI women would be expected to participate,

- Averting 1530 unintended pregnancies, 510 abortions and 790 Medicaid births.
- The State of RI would likely spend around \$266,000 on services,
- The State would save \$4,691,000 on Medicaid births averted,
- **Net savings to the State of RI would be \$4,425,000.**

Some will no doubt argue that implementation of the Affordable Care Act, and the availability of subsidized coverage for this population through the Health Benefits Exchange will facilitate coverage of



these services in 2014, however we remained concerned. Given the limited cost containment mechanism, affordability standards that will not be affordable for many low income Rhode Islanders, and relatively low penalties in the initial years of exchange operation for refusing coverage there will likely be significant populations who do not obtain health coverage. Additionally, we can expect lapses in coverage, particularly for young and low income residents. A Medicaid Family Planning Benefit that is open to all Rhode Islanders under 250% FPL will be critical to filling in the gaps, and preventing women from falling through the cracks.

We thank you for your thoughtful consideration of our thoughts on this matter and for your work to ensure that low income Rhode Islanders maintain access to high quality health care.

Sincerely,

A handwritten signature in cursive script that reads "Kate Brock".

Kate Brock  
Executive Director  
Ocean State Action



## **Proposed Revisions to Rhode Island Global Waiver 1115 Extension**

### **POTENTIAL NEW SERVICES UNDER CONSIDERATION**

The State is in the process of researching and reviewing services that are designed to provide more effective and less costly alternatives to traditional Medicaid-funded services, such as emergency department visits and hospitalizations. The State looks forward to working with CMS regarding the ability to implement one or more of the following during the waiver extension period.

#### **Extended Family Planning**

To better achieve the goals of the Extended Family Planning Program, which are to ensure optimal inter-birth intervals and optimal maternal and child health for Medicaid recipients, and reduce the complexity of administration the Extended Family Planning Benefit will include the following categories of service:

1. New patient or established patient office visits
2. Screening, testing, counseling, and treatment (and, where applicable, vaccination and follow-up testing and treatment for sexually transmitted infections, including:
  - a. Gonorrhea
  - b. Chlamydia
  - c. HPV
  - d. Genital Herpes simplex
  - e. Trichomonas
  - f. Syphilis
  - g. Hepatitis B and C
  - h. HIV (screening and counseling only)
3. Screening and treatment for urinary tract infection
4. Age appropriate preventive screening, not covered by Breast and Cervical Cancer screening program, as recommended by the US Preventive Services Task Force.
5. FDA approved contraceptive pharmaceuticals and devices, including condoms, and their associated insertion and removal procedure codes. Also including reimbursement for dispensing the FDA approved contraceptive pharmaceuticals and devices and facility fees for outpatient surgical procedures.
6. Pre-conceptual counseling
7. Folic acid supplements
8. Tobacco cessation counseling and nicotine replacement therapy



These categories, while remaining within the relatively narrow definition of Family Planning Services, help avoid a short interbirth interval that can lead to adverse consequences for ~~[the subsequent pregnancy, maternal health, and birth health outcomes]~~. Providing these services to the parent of a young infant and non-pregnant individuals is a cost effective method to prevent ~~[subsequent low birthweight births]~~ low birth outcomes in the Medicaid program, and to ~~[insure]~~ ensure adequate maternal resources are available to the Medicaid-eligible child born during the prior eligibility period. ~~[All other aspects of the Extended Family Planning Program outlined in the prior demonstration remain in full effect in the extension period.]~~