

June 27, 2023

Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services 7500 Security Boulevard Baltimore, Maryland 21244

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

Dear Administrator Brooks-LaSure,

The National Alliance to Impact Social Determinants of Health (NASDOH) thanks you for the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) Ensuring Access to Medicaid Services Proposed Rule.

NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining efforts to address social determinants of health (SDOH). Additionally, NASDOH is committed to advancing health equity as a critical component to addressing social needs and SDOH and improving the health of individuals and communities.

NASDOH provides the following comments in response to the proposals in the Ensuring Access to Medicaid Services Proposed Rule:

## Medicaid Advisory Committee:

The proposed rule reminds states that they are required to have a Medical Care Advisory Committee (MCAC) to advise the state Medicaid agency about health and medical care services. The proposed rule renames the MCAC as the Medicaid advisory committee (MAC) and establishes a beneficiary advisory group (BAG). These groups would provide bi-directional feedback between stakeholders and the state on the administration of the Medicaid program. The proposed rule would require that at least 25 percent of the MAC's membership be comprised of BAG members with Medicaid beneficiary experience either as a beneficiary or as a caretaker of a beneficiary. The rest of the committee should be members of state or local consumer advocacy groups, community-based organizations, providers, representatives from Medicaid managed care plans and representatives from other state agencies serving Medicaid beneficiaries.

NASDOH strongly supports the requirement to include beneficiaries, caretakers, community-based organizations and other organizations on the MAC. One important way to achieve equity is to have diverse representation of users of a program, including people with lived experiences of inequities, be part of program design and strategy.

NASDOH requests CMS modify the proposed requirement that at least 25 percent of the MAC's membership be comprised of BAG members to reflect that "at least 25 percent, or no less than 3 members" of the MAC's membership must be BAG members. Including a minimum number of BAG members would ensure the beneficiary and caretaker perspective is appropriately represented if a BAG member is unable to attend a meeting.

We also appreciate CMS has considered how to make meetings accessible for individuals, including by providing both in-person and virtual attendance options. NASDOH also encourage CMS to consider any costs a BAG member may experience to attend meetings (e.g., lost wages, childcare, transportation, etc.), allow for reimbursements of such costs incurred to participate, and to ensure financial compensation for such costs would not impact an individual's eligibility for Federal benefits programs, including Medicaid.

NASDOH appreciates the opportunity to comment on this proposed rule. For more information on NASDOH and our members, please visit our website at <u>www.nasdoh.org</u> or contact Sara Singleton at <u>Sara.Singleton@leavittpartners.com</u>.

Sincerely,

## **Sara Singleton**

Sara Singleton Principal, Leavitt Partners and Advisor to NASDOH