



## COLLEGE of AMERICAN PATHOLOGISTS

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November 7, 2022

Chiquita Brooks-LaSure, MPP  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2421-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Subject: Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes

Dear Administrator Brooks-LaSure:

The College of American Pathologists (CAP) appreciates the opportunity to comment on the Proposed Rule CMS-2421-P entitled "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes." As the world's largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs, the CAP serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide. Additionally, pathologists have been on the frontline of the current COVID-19 crisis, responsible for developing and selecting new test methodologies, validating, and approving tests for patient use, and expanding the testing capabilities of the communities they serve to meet emergent needs. Many of our members have seen firsthand how important federal programs were in providing "a lifeline for those who may have lost their jobs or been exposed to COVID-19, or both," and how these programs "played a critical role in the national pandemic response."

As such, we applaud the Centers for Medicare & Medicaid Services (CMS) for taking important steps to streamline Medicaid and CHIP eligibility and enrollment processes, reduce administrative burden, and increase enrollment and retention of eligible individuals. As CMS explains in the proposed rule, the Medicaid program "provides free or low-cost health coverage to low-income individuals and families," while the Children's Health Insurance Program (CHIP) has "served as a bridge from Medicaid to private insurance for somewhat higher-income children." Indeed, Medicaid enrollment increased dramatically because of the COVID-19 public health emergency – and as of May 2022, nearly 89 million individuals were enrolled in Medicaid and CHIP. However, with the end of both the public health emergency and continuous enrollment conditions, it is projected that as many as 15.8 million people could lose their Medicaid coverage. Additionally, more than seven million of the nonelderly who remain uninsured are in fact eligible for Medicaid/CHIP, with the reasons they have not enrolled ranging from not being aware of their eligibility for coverage, to perceived stigma associated with public coverage, to



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facing barriers to enrollment, including those which are administrative or technical in nature.<sup>1</sup>

The CAP is concerned that without accessible health insurance, patients are more likely to delay seeking needed medical care, including diagnostic testing, and screening services. Access to preventative care, cancer, and other screening services, as well as treatment for chronic illnesses and mental health disorders, are essential for communities of color and other underserved populations. For example, people of color diagnosed with lung cancer face worse health outcomes compared to white Americans because they are less likely to be diagnosed early, less likely to receive surgical treatment, and even more likely to not receive treatment at all.

Therefore, the CAP supports efforts to improve and expand Medicaid to ensure increased health care coverage, especially for low-income people, and address health care inequalities and disparities in the U.S. health system. We have continually called for mechanisms to expand coverage to those already eligible for Medicaid through proposals such as simplified or auto-enrollment (including pre-populated renewal forms, easing transitions between programs, and requiring additional steps to resolve returned mail) and to increase outreach and education for the public. According to the American Medical Association (AMA), successful outreach and enrollment strategies that states have deployed to achieve and maintain coverage gains include developing and implementing broad marketing and outreach campaigns; providing, training, and supporting in-person assisters; and developing and implementing streamlined eligibility and enrollment systems that can coordinate with other programs.<sup>2</sup>

Further, the CAP believes Congress should require that Medicaid payment rates be raised to at least Medicare levels as a means of increasing physician participation in the Medicaid program and providing robust access to high-quality specialty care for Medicaid patients – research has consistently demonstrated that low reimbursement rates are a major reason why physicians decide not to accept Medicaid patients.<sup>3</sup> Additionally, the CAP continues to call on Congress to pass legislation to close the Medicaid coverage gap, such as by creating a federal Medicaid program in non-expansion states (i.e., states that have not adopted Medicaid expansion under the federal law), with reasonable cost-sharing that offers essential benefits, beneficiary protections, and access to care standards that are at least consistent with or equivalent to current law.

The pandemic revealed weaknesses across the U.S. health care system. Further, health care inequalities and disparities continue to be a major public health problem in the United States that forms a barrier to effective medical diagnosis and treatment and causes poorer health outcomes across diverse and underserved communities.

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<sup>1</sup> <https://www.ama-assn.org/system/files/n21-cms-report-3.pdf>

<sup>2</sup> <https://www.ama-assn.org/system/files/2020-04/2020-and-beyond-ama-plan-to-cover-the-uninsured.pdf>

<sup>3</sup> <https://www.ama-assn.org/system/files/2020-10/research-summary-medicare-physician-payment.pdf>



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Increasing ease of access to Medicaid coverage, simplifying and expanding enrollment, eliminating the Medicaid coverage gap, and ensuring adequate physician payment rates will provide comprehensive patient access to specialty care.

The CAP is committed to ensuring patients get the right test at the right time, so they get an accurate diagnosis and receive the right care regardless of their socio-economic status or geographic location in the country. We appreciate being able to provide comments on this proposed rule to improve and enhance the lives and health of all Americans.

Please contact Elizabeth Fassbender, CAP Assistant Director, Economic and Regulatory Affairs at [efassbe@cap.org](mailto:efassbe@cap.org) if you have any questions on these comments.