

June 17, 2020

The Honorable Alex Azar, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**Re: Comments on Flint, Michigan Section 1115 Extension Request**

**Submitted electronically via [Medicaid.gov](https://www.medicaid.gov)**

Dear Secretary Azar:

Thank you for this opportunity to comment on the state of Michigan's request to renew the Flint, Michigan Section 1115 Medicaid Demonstration for a ten-year period.

Families USA, a leading national voice for health care consumers, is dedicated to achieving high quality, affordable health care and improved health for all. We seek to make concrete and tangible improvements to the health and health care of the nation – improvements that make a real difference in people's lives. We strive to elevate the interests of children and families in public policy to ensure that their health and well-being is foremost on the minds of policymakers.

We support the Section 1115 extension request and believe that it is critical to maintain expanded Medicaid coverage to children and pregnant women served by the Flint water system with incomes up to 400 percent of the federal poverty level.

The evidence is clear on how lead exposure increases risk for heart disease, kidney disease, and reduced fertility for adults, and damage to the brain and nervous system, in addition to slowed growth and development for children.<sup>1</sup> The ongoing water crisis also speaks to underlying social and structural drivers of health inequities, which in turn now are compounded by the COVID-19 pandemic. Extending the section 1115 request would be a step toward health justice for Flint residents. In these comments we recommend measures to strengthen access to behavioral health under the waiver and program changes to make the Targeted Case Management benefit more effective and appealing to beneficiaries.<sup>1</sup>

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<sup>1</sup> A broader comment: lead-contaminated water is an environmental injustice that has broader implications, beyond Flint and beyond Medicaid policy. We recommend that CMS pursue a national approach that can include section 1115 authorities.

## **Comments on Specific Provisions in the Amendment Request**

We support extending the section 1115 waiver which preliminary data show to be a successful, cost-effective strategy to improve the quality and accessibility of health care for children and families. We also support key components of the waiver including access to the full array of Medicaid services with no cost sharing or premiums, targeted case management, and lead abatement services.

### ***Eligibility and Enrollment***

In response to lead exposure in the water in Flint, Michigan received approval to extend Medicaid and Children's Health Insurance Program (CHIP) coverage to children and pregnant women with incomes up to 400% of the federal poverty level (FPL) served by the Flint water system. Since 2016, this waiver has provided comprehensive Medicaid coverage to over 43,000 Michigan residents—the vast majority of whom are children – as part of the public health response to the lead exposure. Without this waiver, many of these pregnant women and children would have gone without critical care such as developmental and behavioral screenings. As residents of Michigan continue to reap the consequences of this public health disaster, it is crucial that Medicaid continues to cover children and pregnant women up to 400% of FPL to help address the long-term health impacts from lead exposure.

### ***Targeted Case Management***

As proposed in the state's waiver amendment, we support the expansion of the Medicaid Targeted Case Management (TCM) benefit which assists eligible children and pregnant women gain access to needed behavioral health-related services, nutritional supports, early education programs and social supports. Flint residents exposed to lead through the water crisis are at increased risk for both physical and behavioral health consequences. A 2020 study on the mental health effects of the water crisis suggests negative psychological consequences, including anxiety and worry, which are exacerbated due to the COVID-19 pandemic.<sup>ii</sup> This study underscores the need for increased resources for behavioral health services and the value of TCM.

We know that addressing social determinants of health (SDOH) is important for improving overall health and that SDOH drive health outcomes and health care costs<sup>iii</sup> For Flint residents, social determinants need to be understood in the context of the underlying community and systemic issues related to health inequities. Addressing social determinants of health is contingent upon a closed loop community coordination system which connects individuals to health promotion and support services.<sup>iv</sup>

Interim evaluation results revealed that TCM was utilized “much less than anticipated despite the reports of satisfaction from those who do engage” and it was hypothesized that low utilization may have been because beneficiaries “experienced delays in being able to secure the referrals.”<sup>v</sup> The interim evaluation report also notes that Medicaid Health Plans do not make “warm handoffs” when referring beneficiaries to TCM providers in the community, but instead rely on spreadsheets with contact information, which may impact participation. To improve this referral

process and increase participation, Medicaid Health Plans should hire community-based staff, such as Community Health Workers, to deliver TCM services. CMS should also enable providers at Community Based Organizations and Community Mental Health Organizations in areas outside Genesee County to provide TCM benefits to waiver beneficiaries who have relocated and still need those services.

### ***Lead Abatement***

We support expanded lead abatement services in the impacted areas of Flint for children and pregnant women through a continuation of existing Medicaid waiver authorities and then braiding and blending other federal funding together for these important programs. Studies show that there is no safe level of lead in children and that low levels of lead can lead to adverse health outcomes.<sup>vi</sup> Studies also show that there are effective ways to prevent lead exposure (primary prevention) in the first place through a range of lead abatement strategies primarily for lead paint and the dust that can result from it, and lead in drinking water.<sup>vii</sup>

Lead abatement is essential because of the short- and long-term consequences of elevated blood lead levels (BLL). According to the American Academy of Pediatrics (AAP), symptoms of elevated BLL may not be seen until significant damage has been done. When symptoms are present, the main consequence in children is decreased cognitive function.<sup>viii</sup> It can also lead to behavioral problem such as inattention, impulsivity, aggression and hyperactivity in children.<sup>ix</sup> Research has shown that not only do these cognitive symptoms present in childhood, but they can impact individuals through adulthood with decreased IQ and ultimately a lower socioeconomic status.<sup>x</sup> In addition to impacting children, elevated BLL in pregnant women can cause spontaneous abortion, low birth weight, and reduced growth in children.<sup>xi</sup>

### **Broader Implications beyond Medicaid Policy**

Through these comments, we would like to acknowledge publicly that the issue of lead exposure goes far beyond any Medicaid waiver, any health policy, or any one area of policy. Lead exposure has been and currently is a historic injustice impacting low-income communities and specifically communities of color.

Although the issues of lead in Flint are well documented, there are thousands of other American cities and neighborhoods that have lead poisoning rates at or above that of Flint at its peak. According to a 2016 Reuters investigation, “nearly 3,000 areas with recently recorded lead poisoning rates at least double those in Flint during the peak of that city’s contamination crisis. And more than 1,100 of these communities had a rate of elevated blood tests at least four times higher.<sup>xiii</sup>” Unfortunately, many of these communities have received little attention and little funding to prevent and mitigate lead.

Additionally, and even more troubling, is the clear pattern of racial disparities in elevated BLL and the stark difference in who lives in the affected communities. A 2016 report from Harvard explored the racial inequities associated with lead exposure and found that lead toxicity has not only been an overlooked issue in terms of racial injustices, but that it is “a major environmental pathway through which racial segregation has contributed to the legacy of Black disadvantage in

the United States.<sup>xiii</sup>” The study found “extraordinarily high rates of lead toxicity” in Black and Hispanic neighborhoods with some cases of “prevalence rates topping 90% of the child population.” The authors concluded, “Lead toxicity is a source of ecological inequity by race and a pathway through which racial inequality literally gets into the body.”<sup>xiv</sup>”

Declines in lead toxicity over time demonstrate that public health and population-level interventions can work, including historic environmental and health wins that removed lead from gasoline and dramatically reduced the use of lead-based paints, to the current screening, testing and abatement strategies mentioned above.<sup>xv</sup> We would encourage additional focus on decreasing lead exposure, particularly in communities of color to address these racial inequities and health disparities. CMCS should consider national guidance to encourage other states to use Medicaid waiver authorities similar to those in the Flint waiver braided with other funding streams to address lead poisoning comprehensively.

## Conclusion

We urge you to extend the Flint Michigan Section 1115 waiver given its documented success and the ongoing impacts of the water crisis on the health and well-being of Flint residents. We are also calling for broad change, beyond Medicaid policy, to more comprehensively address disparities in lead exposure for low-income communities and communities of color.

Thank you for the opportunity to submit these comments. Should you have questions, please do not hesitate to reach out to Amber Hewitt, Director of Health Equity ([ahewitt@familiesusa.org](mailto:ahewitt@familiesusa.org)).

Respectfully submitted,

Frederick Isasi  
Executive Director at Families USA

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<sup>i</sup> Council on Environmental Health. *Prevention of Childhood Lead Toxicity* (Pediatrics, August 2017), <https://pubmed.ncbi.nlm.nih.gov/28771419/>

<sup>ii</sup> Samantha Brooks and Sonny Patel, *Psychological consequences of the Flint Water Crisis: A systematic review* (medRxiv, June 2020), <https://doi.org/10.1101/2020.05.30.20117952>

<sup>iii</sup> Samantha Artiga and Elizabeth Hinton, *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity* (Kaiser Family Foundation, May 2018), <https://collections.nlm.nih.gov/master/borndig/101740257/issue-brief-beyond-health-care.pdf>

<sup>iv</sup> “Community Care Coordination Systems: Technology Supports,” Nemours National Office of Policy and Prevention, 2018. [http://www.movinghealthcareupstream.org/wp-content/uploads/2018/09/FINAL\\_Nemours\\_CommCareSysTechSupp.pdf](http://www.movinghealthcareupstream.org/wp-content/uploads/2018/09/FINAL_Nemours_CommCareSysTechSupp.pdf)

<sup>v</sup> *Section 1115 Waiver – Medicaid Eligibility for Flint Residents* (Michigan Department of Health and Human Services, May 2020), <https://www.michigan.gov/mdhhs/0,5885,7-339-71547-376862--,00.html>

<sup>vi</sup> Perri Ruckart, Adrienne Ettinger, Mona Hanna-Attisha, Nicole Jones, Stephanie Davis, and Patrick Breyse, *The Flint Water Crisis: A Coordinated Public Health Emergency Response and recovery Initiative* (JPHMP, January 2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6309965/#R10>

<sup>vii</sup> *Childhood Lead Poisoning Prevention* (Centers for Disease and Control, April 2020), <https://www.cdc.gov/nceh/lead/prevention/sources.htm>

<sup>viii</sup> *Lead Exposure in Children* (American Academy of Pediatrics, 2016), <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/lead-exposure/Pages/Lead-Exposure-in-Children.aspx>

<sup>ix</sup> *Prevention of Childhood Lead Toxicity* (Pediatrics, July 2016), <https://pediatrics.aappublications.org/content/138/1/e20161493>

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- <sup>x</sup> Aaron Reuben, Avshalom Caspi, and Daniel Belsky, *Association of Childhood Blood Lead Levels With Cognitive Function and Socioeconomic Status at Age 38 Years and With IQ Change and Socioeconomic Mobility Between Childhood and Adulthood* (JAMA, March 2017), <https://jamanetwork.com/journals/jama/fullarticle/2613157>
- <sup>xi</sup> *Prevention of Childhood Lead Toxicity* (Pediatrics, July 2016), <https://pediatrics.aappublications.org/content/138/1/e20161493>
- <sup>xii</sup> M.B. Pell and Joshua Schneyer, *The thousands of U.S. locales where lead poisoning is worse than in Flint* (Reuters, December 2016), <https://www.reuters.com/investigates/special-report/usa-lead-testing/>
- <sup>xiii</sup> Robert Sampson and Alix Winter, *The Racial Ecology of Lead Poisoning: Toxic Inequality in Chicago Neighborhoods, 1995-2013* (Cambridge University Press, August 2016), <https://doi.org/10.1017/S1742058X16000151>
- <sup>xiv</sup> Robert Sampson and Alix Winter, *The Racial Ecology of Lead Poisoning: Toxic Inequality in Chicago Neighborhoods, 1995-2013* (Cambridge University Press, August 2016), <https://doi.org/10.1017/S1742058X16000151>
- <sup>xv</sup> Timothy Dignam, Rachel Kaufmann, Lauren LeSturgeon, and Mary Brown, *Control of Lead Sources in the United States, 1970-2017: Public Health Progress and Current Challenges to Eliminating Lead Exposure* (JPHMP, January 2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6522252/pdf/nihms-1006171.pdf>