

Policy Terms for Pediatrics

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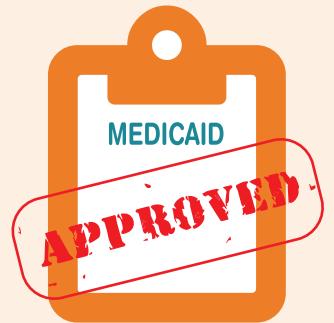
Given the dynamic landscape of health and health care policy, child advocates may feel challenged in understanding and responding to the major issues that impact children. We created Policy Terms for Pediatrics (PTP) to empower individuals invested in improving child health through policy and advocacy.

SECTION 1115 WAIVERS

WHAT DOES IT MEAN

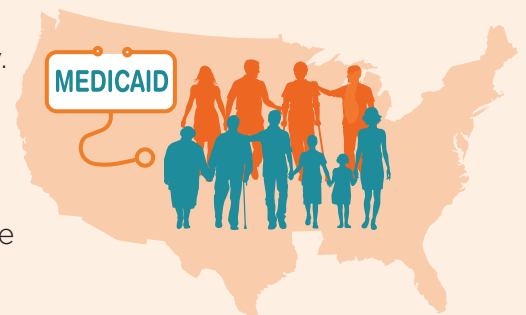
Section 1115 waivers: authority granted under Section 1115 of the Social Security Act—often referred to as “1115 waivers”—allow the Secretary of Health and Human Services to approve use of federal Medicaid funds to test innovative, state-specific demonstration projects that promote Medicaid’s objectives.

Section 1115 waivers allow states to experiment with how Medicaid operates in ways that diverge from federal requirements. The goal is to promote Medicaid reform. These waivers are used by states to implement coverage expansion; delivery system and payment reform; changes to benefits and cost-sharing; eligibility restrictions; modifications to provider payments; emergency coverage; and population-specific service programs. Waivers are typically granted for a five-year period. Section 1115 waiver applications, renewals or extensions must be approved by the Centers for Medicare and Medicaid Services (CMS). Formal evaluations and progress reports are submitted to assess implementation and to measure impact, including access to care, quality of care, health outcomes, cost, and effects of specific policy changes.



WHY DO WE CARE

Current proposed and recently approved 1115 waivers are set to fundamentally change cornerstone elements of Medicaid policy. Some new waivers implement work requirements; premiums with disenrollment for non-payment; removal of retroactive eligibility; removal of modified adjusted gross income (MAGI) methodology requirements; drug testing; lock-outs for late renewal; lower income limits for expansion eligibility; and lifetime limits on eligibility. Some states, such as Arkansas and New Hampshire, seek to place restrictions on adults with income-based Medicaid coverage. However, other states, such as Maine, seek to place restrictions on traditional Medicaid populations, including low-income parents, former foster care youth, families receiving Transitional Medical Assistance, individuals receiving solely family planning services, and individuals with HIV.



Families and individuals who rely on Medicaid for health insurance and supportive services represent some of our nation’s most vulnerable neighbors. There is concern that these unprecedented eligibility modifications will disrupt essential health services for not only Medicaid adults, but also dependent children.

As advocates, we must understand how to identify and promote health system transformation that values high quality, accessible care for all patients. Advocacy is critical as new waiver approvals set precedence for other states to follow in suit.

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WHAT DO WE DO

It is essential to remain up-to-date with ongoing Medicaid reform efforts to understand how children may be affected. Those invested in child advocacy can leverage their presence by:

1. Learning more about existing or proposed Section 1115 waivers in their state.
2. Participating in the 30-day state and federal public comment periods for new waiver applications or renewals to encourage states and CMS to address public feedback.
3. Testifying at public hearings so states and CMS can learn how proposed policy changes may affect patient families.



START BY READING MORE...

<https://www.kff.org/medicaid/issue-brief/section-1115-medicare-demonstration-waivers-the-current-landscape-of-approved-and-pending-waivers/> <https://www.medicare.gov/medicaid/section-1115-demo/about-1115/index.html>

<http://familiesusa.org/product/how-affordable-care-act-makes-section-1115-waiver-process-more-transparent-advocates-guide>

<https://www.kff.org/medicaid/issue-brief/proposed-medicare-section-1115-waivers-in-maine-and-wisconsin/>

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