



February 28, 2025

The Honorable Robert F. Kennedy
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Minnesota Reentry 1115 Demonstration

Dear Secretary Kennedy:

Thank you for the opportunity to submit comments on Minnesota's Reentry 1115 Demonstration.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Minnesota's Medicaid program provides quality and affordable healthcare coverage. We applaud the state's work to improve access to care in this waiver and support the proposal to provide targeted pre-release services for justice-involved adults otherwise eligible for Medicaid. Our organizations urge CMS to approve this proposal and offer the following comments on the Minnesota's Reentry 1115 Demonstration:

Our organizations support Minnesota's proposal to provide a targeted set of Medicaid services for justice-involved populations who are otherwise eligible for Medicaid for up to 90 days prior to release. This is consistent with both the goals of Medicaid and CMS guidance and will be an important step in improving the continuity of care. Minnesota's proposal will help these high-risk populations access critical supports needed to treat physical and behavioral health conditions. For example, studies in Washington and Florida reported that people with severe mental illness and Medicaid coverage at the time of their release were more likely to access community mental health services and had fewer detentions and stayed out of jail longer than those without coverage.¹ By aiming to reduce post-release overdoses and deaths, this proposal is also aligned with federal efforts combat the opioid crisis. CMS

should work with the state to ensure that existing state spending on healthcare for this population is supplemented, not replaced when implementing this policy.

The proposal states that individuals eligible for pre-release benefits would be those with a qualifying condition, including mental illness, substance use disorder, chronic medical conditions, or pregnancy/postpartum status. Given the important benefits of this policy, our organizations urge CMS to work with Minnesota to expand this eligibility to all individuals who qualify for Medicaid coverage 90 days prior to release, regardless of their medical history. These individuals may have undiagnosed health conditions and/or still benefit from being connected to a regular source of health coverage that can provide preventive health services, primary care and other services needed to stay healthy.

Our organizations further urge CMS to work with the state to ensure that it includes a robust evaluation. While Minnesota's evaluation includes important metrics around health outcomes and service utilization, it would be strengthened by including more detailed health outcomes for specific populations.

Our organizations support Minnesota's proposal to implement pre-release services for the justice-involved population and we urge CMS to approve this proposal. Thank you for the opportunity to provide comments.

Sincerely,

AiArthritis
American Cancer Society Cancer Action Network
American Lung Association
Epilepsy Foundation of America
National Bleeding Disorders Foundation
National Patient Advocate Foundation
The AIDS Institute
The Leukemia & Lymphoma Society

¹Joseph Morrissey et al. Medicaid Enrollment and Mental Health Service Use Following Release of Jail Detainees with Severe Mental Illness. *Psychiatric Services* 57, no. 6 (June 2006): 809-815. DOI: 10.1176/ps.2006.57.6.809, and Joseph Morrissey et al. The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons with Severe Mental Illness. *Psychiatric Services* 58, no. 6 (June 2007): 794–801. DOI: 10.1176/ps.2007.58.6.794.