

VIA ELECTRONIC TRANSMISSION

July 19, 2024

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

**Re: New York Medicaid Redesign Team - Continuous Eligibility Amendment Application  
Demonstration**

Dear Secretary Becerra,

The Center for Law and Social Policy (CLASP) is a national, nonpartisan nonprofit advancing anti-poverty policy solutions that disrupt structural and systemic racism and sexism and remove barriers blocking people from economic security and opportunity. We work at the federal and state levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty. CLASP works to develop and implement federal, state, and local policies (in legislation, regulation, and implementation) that reduce poverty, improve the lives of people with low incomes, and create pathways to economic security for everyone. That includes directly addressing the barriers people face because of race, ethnicity, gender, disability, and immigration status. Through high-quality analysis grounded in data and on-the-ground experience, effective advocacy, a strong public voice, and hands-on technical assistance, CLASP develops and promotes new ideas, mobilizes others, and provides guidance to government leaders and advocates to help them implement strategies that improve the lives of people across America. CLASP works to amplify the voices of directly impacted workers and families and help public officials design and implement effective programs.

Our detailed comments are below. We strongly believe that the proposal detailed in New York State's 1115 amendment demonstration aligns with the state's goal of expanding coverage to additional low-income New Yorkers. *CLASP urges CMS to approve New York's waiver request.*

**Continuous Enrollment for Children**

CLASP strongly supports New York's amendment to provide continuous enrollment to young children from birth to six who are enrolled on Medicaid or Children's Health Plus (CHP, New York State's Children's Health Insurance Program). These requests for continuous enrollment align with New York's overall approach to providing enrollees with stability and access to preventative health care. Furthermore, continuous enrollment provisions will decrease administrative casework for the agency.

Continuous enrollment can help mitigate the disproportionate impact of churn and uninsurance on children. New York, like many other states, has seen high levels of procedural disenrollment during the Medicaid unwinding process.<sup>1</sup> In their request, New York’s Public Health Department estimates that continuous coverage would provide an average of 66,177 young children with continuous healthcare per year through Medicaid or CHIP.<sup>2</sup> Providing continuous coverage will reduce churn by eliminating the burden of reporting information during a certification period and other burdensome administrative practices and reducing the likelihood of caseworker error. CLASP has long advocated for the elimination of administrative burdens within public benefit programs.<sup>3</sup> However, the administrative strain of the Medicaid unwinding process on state Medicaid agencies only highlights problems that have long existed within the program.

The types of administrative burdens eliminated by continuous enrollment tend to fall disproportionately on people of color, who are more likely to rely on Medicaid for health insurance. This disproportionality is particularly true among children. In 2022, it was estimated that New York’s Medicaid and Children’s Health Plus covers 59% of Black children, 60% of Hispanic children, and 49% of Asian American, Native Hawaiian, and Pacific Islander children.<sup>4</sup> Although Hispanic/Latino and Black children only made up 26% and 14% of all children, respectively, they collectively represent almost 55% of children insured by Medicaid or CHIP in 2020.<sup>5</sup>

Continuous enrollment is especially important for the healthy development of young children in low-income households. Children with unaddressed conditions such as asthma, vision, hearing impairment, nutritional deficiencies, and mental health challenges have greater barriers to thriving in kindergarten and beyond.<sup>6</sup> To catch early warning signs of these problems, the American Academy of Pediatrics

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<sup>1</sup> KFF, “Medicaid Enrollment and Unwinding Tracker,” Updated June 14, 2024, Accessed at <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-state-enrollment-and-unwinding-data/?state=New%20York>.

<sup>2</sup> New York Department of Health, “NEW YORK STATE MEDICAID REDESIGN TEAM (MRT) WAIVER,” June 10, 2024, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ny-medicaid-rdsgn-team-pa-06262024.pdf>.

<sup>3</sup> Suzanne Wikle, “Administrative Burdens Exacerbate Inequities and Must Be Reduced,” August 2021, <https://www.clasp.org/blog/administrative-burdens-exacerbate-inequities-and-must-be-reduced/>.

<sup>4</sup> KFF, “Medicaid Coverage by Race and Ethnicity,” Updated 2022, Accessed at <https://www.kff.org/other/state-indicator/medicaid-coverage-rates-for-children-by-race-ethnicity/?dataView=0&currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22new-york%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>5</sup> Centers for Medicare & Medicaid Services (CMS), “Race and ethnicity of the national Medicaid and CHIP population in 2020,” July 2023, <https://www.medicaid.gov/sites/default/files/2023-08/2020-race-etnctity-data-brf.pdf>.

<sup>6</sup> Delaney Gracy et al., “Health Barriers to Learning: The Prevalence and Educational Consequences in Disadvantaged Children, A Review of the Literature,” January 2017, <https://learningportal.iiep.unesco.org/en/library/health-barriers-to-learning-the-prevalence-and-educational-consequences-in-disadvantaged>.

recommends that young children receive at least 15 well-child visits in their first six years of life.<sup>7</sup> Ensuring that children under six have stable coverage would improve access to the necessary preventive care and developmental screenings that occur during these visits and set the stage for better long-term outcomes.<sup>8</sup> New York's continuous coverage proposals are exactly the type of policy experimentation for which section 1115 waivers are intended. CLASP believes there is much to be learned from New York's proposal to better understand how continuous coverage over a large range of incomes can impact children's lives and alleviates health inequities.

Thank you for the opportunity to comment on this important issue. If you have further questions, please contact Juliana Zhou at [jzhou@clasp.org](mailto:jzhou@clasp.org) and Fiona Lu at [flu@clasp.org](mailto:flu@clasp.org).

Sincerely,

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<sup>7</sup> American Academy of Pediatrics, "Recommendations for Preventive Pediatric Health Care," Updated April 2023, [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).

<sup>8</sup> Elisabeth Wright Burak, "Promoting Young Children's Healthy Development in Medicaid and CHIP," Georgetown University Center for Children and Families, <https://ccf.georgetown.edu/2018/10/17/promoting-young-childrens-healthy-development-in-medicaid-and-the-childrens-health-insurance-program-chip/>.