Congress of the United States Washington, DC 20515

August 5, 2025

The Honorable Mehmet Oz, M.D. Administrator Centers for Medicare and Medicaid Services U.S. Department of Health and Human Services 200 Independence Ave, S.W. Washington, D.C. 20201

Dear Administrator Oz:

We are writing to request that as the Centers for Medicare & Medicaid Services (CMS) reviews Colorado's 1115 waiver renewal application, you preserve the state's ability to provide continuous Medicaid and Children's Health Insurance Program (CHIP) coverage for certain populations, as previously approved by CMS. Colorado's waiver includes a provision that allows for continuous eligibility for certain populations, including children up to age three, which relieves families and states of significant administrative burdens; promotes prevention and early intervention; and provides stability to children during a critical period of development.

Under section 1115 of the Social Security Act, CMS may waive specific requirements of the Medicaid statute and permit funds to be spent in ways not otherwise permitted if such an approach "is likely to assist in promoting the objectives" of the Medicaid program and is budget neutral.¹

Following a bipartisan vote in the Colorado legislature, the Colorado Department of Health Care Policy and Financing (HCPF) submitted an amendment request to CMS for their 1115 waiver. This request was approved by CMS on November 14, 2024.² The amendment, which expires on December 31, 2025, provides permission for Colorado to implement continuous eligibility for children ages 0-3 who are determined to be eligible for Medicaid or CHIP. The amendment also allows for 12-month continuous eligibility for individuals who are exiting incarceration, promoting stability and health as individuals reintegrate into the community.³ In approving this amendment, CMS determined that such policy "is likely to assist in promoting the objectives of Medicaid and CHIP by minimizing coverage gaps and maintaining continuity of access to program benefits for these populations, thereby improving health outcomes."⁴

¹ SSA Sec. 1115(a)

² https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/co-continuum-dmnstrtn-aprvl-11142024.pdf

³ https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/co-continuum-care-pa.pdf

⁴ https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/co-continuum-dmnstrtn-aprvl-11142024.pdf

On December 23, 2024, HCPF submitted a request to extend its 1115 waiver through 2030 and rename the waiver from "Expanding the Substance Use Disorder Continuum of Care" to "Comprehensive Care for Colorado." This request is currently pending.

On July 17, 2025, CMS released guidance to states that the Agency would not approve or extend 1115 waivers that include requests for multi-year continuous eligibility.⁶ This will negatively affect health outcomes in Colorado, including for the most vulnerable children.

Continuous eligibility furthers the objectives of the Medicaid program to improve the health of vulnerable populations, including children. It also aligns with the Administration's stated goals of reducing chronic conditions and making America healthier. Continuous eligibility ensures stable access to care and prevents costly disruptions that can lead to poorer short- and long-term health. Substantial data show that access to Medicaid and CHIP has positive effects on child health, including timely access to care and reductions in neonatal and child mortality, emergency care utilization, and avoidable hospitalizations. In addition to short-term benefits, studies show that access to Medicaid and CHIP also has significant beneficial long-term outcomes, including less chronic disease in adulthood, lower rates of teenage pregnancy, higher rates of high school graduation, increased college enrollment, and higher future wages.⁷

Colorado's experience demonstrates that children with continuous eligibility are 1.5 times more likely to receive primary care services. Children without continuous eligibility are 7.5 times more likely to be hospitalized and 4.5 times more likely to be readmitted to the hospital within 30 days of a hospital stay. Children with coverage are more likely to get care early rather than to allow a simple ailment to turn into a more complex—and more expensive—one. The fact that average total medical bills for children under three in Colorado were 3.2 times higher in 2022 for children without continuous eligibility underscores this critical point.⁸

Colorado's 1115 waiver will promote the objectives of Medicaid and CHIP as well as the Agency's goals to improve the health of Americans. We urge CMS to consider Colorado's application for renewal of the 1115 waiver on its merits and to permit states the flexibility to implement policies that promote health, save money, reduce administrative burden, and encourage prevention and early intervention.

Thank you for your consideration of this matter.

⁵ https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/co-continuum-care-pa-12232024.pdf

⁶ https://www.medicaid.gov/resources-for-states/downloads/contin-elig-ltr-to-states.pdf

⁷ https://publications.aap.org/pediatrics/article/152/5/e2023064088/194465/Medicaid-and-the-Children-s-Health-Insurance

⁸ https://www.coloradokids.org/wp-content/uploads/2025/07/Final-Report Continuous-Coverage.pdf

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