July 23, 2021

VIA ELECTRONIC SUBMISSION

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

RE: Amendment to Massachusetts' "MassHealth" Section 1115 Demonstration

Dear Secretary Becerra,

We write to express our support for the state of Massachusetts' proposal to amend its "MassHealth" demonstration to extend postpartum coverage to 12 months, covering all women regardless of immigration status with income up to 200 percent of the federal poverty level throughout the extended postpartum period. We are submitting comments solely on this aspect of the state's proposal.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005. Its mission is to expand and improve high-quality, affordable health coverage for America's children and families. As part of the McCourt School of Public Policy, Georgetown CCF conducts research, develops strategies, and offer solutions to improve the health of America's children and families, especially those with low and moderate incomes. In particular, CCF examines policy development and implementation efforts related to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act.

Extending postpartum coverage reduces the likelihood of individuals becoming uninsured in the year following pregnancy by eliminating the 60-day postpartum cutoff – allowing people to maintain prescribed treatments and recommended check-ups for a longer period after giving birth with little to no disruption of care. For example, extended coverage would ensure access to critical postpartum care needed throughout the first year after the end of pregnancy, such as care for conditions exacerbated by pregnancy, including hypertension or diabetes, as well as access to maternal depression screening and treatment. Additionally, providing coverage through 12 months postpartum would work to reduce maternal and infant mortality and morbidity, both of which disproportionately affect women and infants of color.[1]

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[1] Centers for Disease Control, "Vital Signs: Pregnancy-related Deaths," May 2019, https://www.cdc.gov/vitalsigns/maternal-deaths/index.html; Emily Peterson et al., "Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017," May 2019, https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w.

Children would benefit from extended postpartum coverage as well. Research has shown that when parents are healthy, they can better support their child's healthy cognitive and social-emotional development and help reduce the effects of adverse childhood experiences on their child's health.[2] Medicaid coverage for parents is also associated with an increased probability of their children receiving annual well-child visits.[3]

As the state indicates in its application, the proper approach to extend Medicaid coverage to postpartum people who do not face limits on their eligibility due to immigration status is through a state plan amendment, which will be available on April 1, 2022. We support the state's intent to keep these people covered for 12 months after the end of pregnancy if there is a gap in coverage due to the expiration of the COVID-19 public health emergency's disenrollment freeze prior to April 1, 2022.

The state is seeking section 1115 authority to receive federal matching funds to extend postpartum coverage to all people giving birth regardless of immigration status. We support the intent of this provision. *However, we do not believe that the Secretary could use section 1115(a)(1) to waive Section 1903(v), as the state appears to be requesting.*

We encourage CMS to work with the state to assess other options for federal support. In particular, CMS and Massachusetts should explore the use of a limited portion of the state's allotment from its Children's Health Insurance Program (Title XXI) administrative funds that can be used to support health services initiatives, or HSIs.[4] CHIP HSIs must support the health of low-income children, but allow for state flexibility in determining their exact use. Among the two dozen states that use CHIP HSIs for a variety of purposes, there are two states—Illinois and Minnesota—that already use CHIP HSI funds to provide postpartum services for people covered for prenatal care through the CHIP unborn child option, regardless of their immigration status.[5] Massachusetts has several ongoing CHIP HSI-funded projects on various topics.

Thank you for your attention to this important issue. If you need additional information, please contact me by email at: jca25@georgetown.edu.

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[2] Georgetown University Center for Children and Families, "Healthy Parents and Caregivers are Essential to Children's Healthy Development, December 2016, https://ccf.georgetown.edu/wp-content/uploads/2016/12/Parents-andCaregivers-12-12.pdf.
[3] Maya Venkataramani, Craig Evan Pollock, and Eric Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventative Services," Pediatrics, December 2017, https://pediatrics.aappublications.org/content/140/6/e20170953.
[4] For more on CHIP HSIs see blog by Tricia Brooks, https://ccf.georgetown.edu/2019/07/22/macpac-releases-factsheet-on-chip-health-services-initiatives/.
[5] MACPAC, "CHIP Health Services Initiatives: What They Are and How States Use Them," July 2019, https://www.macpac.gov/wp-content/uploads/2019/07/CHIP-Health-Services-Initiatives.pdf; Tricia Brooks, et. al., "Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey," March 2020, https://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility,-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf.

Respectfully,

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