



December 09, 2020

VIA ELECTRONIC SUBMISSION

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

Re: Indiana Application for Maternal Opioid Misuse Indiana Initiative (MOMII) Section 1115 Waiver

Dear Secretary Azar,

Thank you for the opportunity to comment on Indiana's "Application for Maternal Opioid Misuse Indiana Initiative (MOMII) Section 1115 Waiver." The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005. 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.

We offer qualified support of the state's proposal to extend post-partum coverage to women with opioid use disorder, but remain concerned that the state's approach uses a diagnosis-specific approach that does not address critical drivers of maternal mortality and morbidity in Indiana, including for Black women who experience the highest rate of pregnancy-related deaths.

There is a critical need in Indiana and across the country to reduce the rates of maternal mortality and morbidity.<sup>1</sup> The proposal addresses this goal in a limited way by extending Medicaid coverage from 60-days postpartum to one year for women with opioid use disorder, providing greater continuity and access to care through the postpartum period. Indiana has already taken the essential first step to expand Medicaid coverage to all adults, which research has shown to reduce maternal mortality and improve access to care for all women, including

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<sup>1</sup> Centers for Disease Control and Prevention, "Pregnancy-Related Deaths Happen Before, During, and Up to a Year After Delivery," Press Release (May 7, 2019), available at <https://www.cdc.gov/media/releases/2019/p0507-pregnancy-related-deaths.html> (accessed December 2, 2020).

women of color and those women with opioid use disorders.<sup>2</sup> However, we are concerned that the proposal to extend postpartum Medicaid coverage only for women with opioid use disorder does not go far enough to address the drivers of maternal mortality and morbidity in the state.

*The state's proposed demonstration does not match what state data identify as the problem.*

In Indiana, state maternal mortality data show that Black women have the highest rate of pregnancy-related<sup>3</sup> deaths at 37 deaths per 100,000 live births between 2012 and 2016, which was about 60 percent higher than the rate for White women, and almost twice as high as the death rate for Hispanic women.<sup>4</sup> *The single leading known cause of pregnancy-related death for women in Indiana between 2012-2016 was cardiovascular conditions.*<sup>5</sup> In a Centers for Disease Control review of causes of maternal mortality, researchers found that cardiomyopathy and cardiovascular conditions were the two leading underlying causes of pregnancy-related deaths among non-Hispanic Black women.<sup>6</sup> In contrast, the leading underlying cause of death among non-Hispanic White women was mental health conditions.<sup>7</sup>

The limited scope of the proposed demonstration to extend postpartum coverage for women with opioid use disorder is not aligned with what the data show is the state's single leading cause of maternal mortality: cardiovascular conditions. While the proposal is a step forward, the application in its current form does not appear to be broad enough to address these factors.

In its proposal, the state estimates that about 725 women would enroll in the extended postpartum coverage each year due to diagnosed opioid use disorder, compared to the 5,500 women who, as the state's own estimate shows, lost postpartum Medicaid coverage after 60 days in 2018.<sup>8</sup> This coverage cutoff often leads to periods of uninsurance while women are managing a newborn and their own postpartum health. Nationally, about one-third of women experience some disruption in coverage between the month before they become pregnant and

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<sup>2</sup> A. Searing, and D.C. Ross, "Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies," Georgetown University Center for Children and Families (May 2019), available at <https://ccf.georgetown.edu/wp-content/uploads/2019/05/Maternal-Health-3a.pdf> (accessed December 2, 2020).

<sup>3</sup> The term "pregnancy-related" is defined as the death of a woman while pregnant or within one year of the end of pregnancy due to a cause directly related, aggravated by or made worse by the pregnancy or its management.

<sup>4</sup> Fact Sheet: "Indiana Maternal Mortality Review Committee (MMRC) 2019," <https://www.in.gov/isdh/files/MMRC%20Fact%20Sheet.pdf> (accessed December 2, 2020).

<sup>5</sup> Op. cit. (4).

<sup>6</sup> Davis NL, Smoots AN, Goodman DA. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019. Available at <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html#table3> (accessed December 8, 2020).

<sup>7</sup> Op. cit. (7).

<sup>8</sup> See Indiana's 1115 demonstration application: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/indiana-momii-complete-pa.pdf> (accessed December 8, 2020).

the sixth month after delivery, and more often than not, this includes a period of being uninsured.<sup>9</sup>

Roughly half of all uninsured new mothers reported in a national survey that losing Medicaid or other coverage after pregnancy was the reason they were uninsured, suggesting that they would likely benefit from an extension of postpartum Medicaid coverage.<sup>10</sup> Research shows that coverage before, during and after pregnancy increases access and utilization of preventive care and reduces maternal and infant mortality rates.<sup>11 12</sup> Extending postpartum coverage to all postpartum women—not just those with opioid use disorder—would allow women to continue receiving consistent care to address the range of needs that can arise in the postpartum year, from cardiac care to mental health support to care for chronic conditions such as hypertension or diabetes.

*Extending postpartum coverage is also beneficial for children of mothers covered, but Indiana’s proposal would limit those benefits.*

Improving coverage for mothers by removing the 60-day cutoff for women with opioid use disorder will help ensure that this subset of mothers are healthier parents, which positively impacts their children. This benefit could be experienced by more children, however, if the postpartum coverage extension was inclusive of all women. For instance, there is ample evidence that maternal depression is a significant health issue, affecting mothers and their entire family. Postpartum depression symptoms can last well beyond 60 days after delivery. A recent study from the National Institute of Health (NIH) found that postpartum symptoms may persist up to three years after giving birth.<sup>13</sup>

Untreated postpartum depression can result in a number of long-term health consequences for mothers and their children. Postpartum depression can affect parent-child bonding as well as increase the likelihood of missing routine pediatric and well-child visits.<sup>14</sup> Research shows

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<sup>9</sup> J. Daw, K. Kozhimannil, L. Admon, “High Rates of Perinatal Insurance Churn Persist After the ACA,” Health Affairs, (September 2019), available at <https://www.healthaffairs.org/doi/10.1377/hblog20190913.387157/full/> (accessed December 2, 2020).

<sup>10</sup> S. McMorro, et al., “Uninsured New Mothers’ Health and Health Care Challenges Highlight the Benefits of Increasing Postpartum Medicaid Coverage,” Urban Institute (May 2020), available at [https://www.urban.org/sites/default/files/publication/102296/uninsured-newmothers-health-and-health-care-challenges-highlight-the-benefits-of-increasing-postpartum-medicaid-coverage\\_0.pdf](https://www.urban.org/sites/default/files/publication/102296/uninsured-newmothers-health-and-health-care-challenges-highlight-the-benefits-of-increasing-postpartum-medicaid-coverage_0.pdf) (accessed December 2, 2020).

<sup>11</sup> R. Myerson, S. Crawford, L. Wherry, “Medicaid Expansion Increased Preconception Health Counseling, Folic Acid Intake, And Postpartum Contraception,” Health Affairs, (November 2020), available at <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00106> (accessed December 2, 2020).

<sup>12</sup> Op. cit. (1)

<sup>13</sup> Diane L. Putnick, et al., “Trajectories of Maternal Postpartum Depressive Symptoms,” *Pediatrics*, October 2020, <https://pediatrics.aappublications.org/content/early/2020/10/12/peds.2020-0857>.

<sup>14</sup> Mental Health America of Georgia, “Screening for Perinatal Depression: A Quick Reference Guide for Healthcare Professionals,” <https://dbhdd.georgia.gov/document/publication/screening-perinatal-depression-quick-reference-guide-healthcare-professionals/download>.

healthy parents are critical for children’s healthy cognitive and social-emotional including reducing the effects of adverse childhood experiences.<sup>15</sup> Extending postpartum coverage allows women to continue to receive Medicaid services to treat opioid use disorder, as well as services for mental health, breastfeeding support and chronic disease management which result in healthier parents. In addition, research has found that parents having Medicaid coverage is associated with an increased probability of their children receiving annual well-child visits.<sup>16</sup>

*Limiting extended coverage to women with opioid use disorder may exacerbate racial disparities.*

As in the nation at large, Black women in Indiana die from pregnancy-related causes at higher rates than White and non-Black Hispanic women.<sup>17</sup> Research has shown that postpartum coverage extension could have the greatest benefit for Black women.<sup>18</sup>

While this racial disparity is important on its own, it is even more important in the context of pregnant and new mothers accessing treatment for opioid use disorder, as would be required under the proposal. Only 10 percent of people with a substance use disorder in the general population seek treatment, and “this is magnified in the Black/African American community where there is significant historical mistrust of the health care, social services, and the justice system,” according to a recent report from the Substance Abuse and Mental Health Services Administration.<sup>19 20</sup>

Requiring women to first be diagnosed with opioid use disorder before they can receive extended postpartum coverage will undoubtedly miss women in need who are justifiably scared to reveal their opioid use for fear of going to jail or losing custody of their children. It

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<sup>15</sup> 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-and-Caregivers-12-12.pdf>.

<sup>16</sup> 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>.

<sup>17</sup> Centers for Disease Control and Prevention, “Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007–2016,” available at <https://www.cdc.gov/reproductivehealth/maternalmortality/disparities-pregnancy-related-deaths/infographic.html> (accessed December 2, 2020).

<sup>18</sup> E. L. Eliason, “Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality,” *Women’s Health Issues*, 30: 147-152 (2020), available at [https://www.whijournal.com/article/S1049-3867\(20\)30005-0/abstract](https://www.whijournal.com/article/S1049-3867(20)30005-0/abstract) (accessed December 2, 2020).

<sup>19</sup> Elinore F. McCance-Katz, “The National Survey on Drug Use and Health: 2018,” available at [https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Assistant-Secretary-nsduh2018\\_presentation.pdf](https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Assistant-Secretary-nsduh2018_presentation.pdf) (accessed December 2, 2020).

<sup>20</sup> Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Black/African American Population: An Urgent Issue. Publication No. PEP20-05-02-001. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration, 2020. Available at [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP20-05-02-001\\_508%20Final.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf) (accessed December 2, 2020).

could also create a confusing environment for women who struggle with other types of substance use, such as alcohol or cocaine, who need coverage to access treatment but won't be able to access health care because they are not specifically addicted to opiates.

This restricted approach will limit the success towards the goal of the demonstration. By instead extending coverage to all women for the year after the end of their pregnancy, women can feel safe to access the care they need, which will better support the state's goal to reduce maternal deaths and support better health of moms and babies in the postpartum year.

*Limiting coverage to women with opioid use disorder creates administrative burden for state agency, new mothers.*

We support the plan's design that once a woman is determined eligible based on her opioid use disorder, she remains continuously eligible for the duration of the postpartum year regardless of income fluctuation. However, it would be much simpler for the state to extend coverage to all postpartum women for the full year rather than administering a separate coverage program just for women with opioid use disorder.

It is unclear from the state's application how a woman or her provider must document her opioid use disorder diagnosis in order to prove her eligibility for extended postpartum coverage. This diagnosis requirement creates a red tape barrier for the mother who is recovering from childbirth and managing a newborn, and may be reluctant to self-identify as having an opioid addiction, much less be able to travel to appointments or schedule consultations with providers.

There may also be racial disparity in how women navigate the administrative complexity of the proposed program, as was seen in the evaluation of the Healthy Indiana Program (HIP), the state's Medicaid expansion program. In the evaluation, the data showed that, "Black HIP Plus members had a higher likelihood of disenrolling due to non-payment of premiums or other reasons compared to non-Hispanic White members" and were more often disenrolled for any reason than non-Hispanic White members.<sup>21</sup> These evaluation results suggest that adding administrative complexity to extended postpartum benefits as well could limit the waiver's overall effectiveness for Black women, the group at highest risk for pregnancy-related mortality.

In conclusion, while we offer qualified support of Indiana's proposal to extend postpartum coverage to one year for a subset of women with opioid use disorder, we urge you to review the proposal with an eye to its potential to worsen racial disparities in the provision of care to

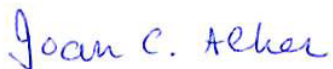
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<sup>21</sup> Indiana Family and Social Services Administration, "Renewal Request for the Healthy Indiana Plan (HIP) Section 1115 Waiver (Project Number 11-W-00296/5)," available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/in-healthy-indiana-plan-support-20-pa8.pdf> (accessed December 2, 2020).

postpartum women. A stronger proposal would include all postpartum women to promote improved maternal and infant health outcomes.

Thank you for the consideration of our comments. If you have any questions, please contact Elisabeth Wright Burak ([ewb27@georgetown.edu](mailto:ewb27@georgetown.edu)) or Maggie Clark ([Maggie.Clark@georgetown.edu](mailto:Maggie.Clark@georgetown.edu)).

Sincerely,



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