Center on Budget and Policy Priorities

Georgetown University Health Policy Institute
CENTER FOR CHILDREN AND FAMILIES

January 22, 2021

Acting Secretary Norris Cochran
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Georgia Postpartum Extension Section 1115 Demonstration Waiver Application

Dear Secretary Cochran,

The Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families appreciate the opportunity to comment on Georgia's amendment to its section 1115 demonstration to extend postpartum coverage. The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy organization based in Washington, D.C. Founded in 1981, CBPP conducts research and analysis to inform public debates and policymakers about a range of budget, tax and programmatic issues affecting individuals and families with low or moderate incomes. The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission 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 offers solutions to improve the health of America's children and families, particularly those with low and moderate incomes.

Georgia's proposal would allow people eligible for Medicaid during pregnancy to maintain their coverage for 180 days postpartum, an increase from the 60 days of postpartum coverage defined in federal law. We support the state's primary goal of reducing maternal morbidity and mortality for Medicaid members in Georgia by providing 180 days of continuous Medicaid coverage and as such provide our qualified support for the approval of the demonstration with additional suggestions. If the Centers for Medicare and Medicaid Services (CMS) approves the amendment, Georgia would receive federal financial participation (FFP) at the state's regular federal matching rate for covered services provided to eligible enrollees.

While we support this proposal, we believe it does not go far enough to address the range of needs of pregnant and postpartum people in Georgia. The state should be encouraged to consider extending Medicaid coverage for 12 months (365 days) postpartum, as recommended by the Georgia Maternal Mortality Review Committee and the Georgia House of Representatives Study Committee on Infant and Toddler Social and Emotional Health, rather than six months (180 days).[1] We also note that Georgia could further extend coverage and improve health outcomes for many of

[1] Georgia Department of Public Health, "Georgia: Maternal Mortality -- What You Should Know," https://dph.georgia.gov/document/document/mm-factsheet/download; "The Final Report of the Georgia House of Representatives Study Committee on Infant and Toddler Social Emotional Health," https://www.house.ga.gov/Documents/CommitteeDocuments/2019/Infant_and_Toddler_Social_and_Emotional_Health/HR421_Final_Report.pdf.

these enrollees — and draw down enhanced FFP — by adopting the Medicaid expansion and providing coverage to people up to 138 percent of the federal poverty line, regardless of pregnancy status.

Georgia's proposal attempts to improve access to necessary care, reduce maternal mortality in the state, and address troubling racial disparities.

Under federal law, pregnant women receive Medicaid coverage for 60 days postpartum, at which time they must transition to other insurance or become uninsured if they do not remain eligible for Medicaid through another pathway. However, the needs of birthing people extend beyond the current 60-day cutoff for postpartum coverage -- there are necessary treatments and services people need to avoid pregnancy-related complications up to one year after pregnancy. The 60-day cutoff that people with Medicaid pregnancy coverage experience may affect their ability to receive necessary postpartum care.

The abrupt cutoff can cause low-income individuals to become uninsured or underinsured shortly after delivery, limiting their access to necessary treatments, visits, and medications. A recent study tracking insurance rates in the six months after childbirth found 55 percent of women with Medicaid or CHIP coverage at time of delivery experience at least one month of uninsurance in that time period.[2] These gaps in coverage are more likely in Georgia where the parent eligibility level is only 35 percent FPL ($634 per month for a family of three); once low-income birthing people reach the 60-day cutoff they are at risk of having no insurance, especially those who fall in the Medicaid coverage gap (between 35 percent and 100 percent FPL).

By eliminating the 60-day cutoff, the proposal increases the likelihood of people receiving postpartum care and reduces their chances of becoming uninsured in the six months following delivery. Postpartum people would experience greater continuity of care, allowing them to maintain recommended check-ups and necessary treatments for a longer period, when they are still at risk for postpartum complications. Complications, which include cardiomyopathy and embolism, can occur up to a year after giving birth.

The proposal's extension of postpartum coverage is particularly important given the high number of maternal deaths nationally and statewide. According to recent data published by the Centers for Disease Control (CDC), one-third of pregnancy-related deaths occurred between one week to one year postpartum.[3] Of all pregnancy-related deaths, approximately 60 percent were determined to be preventable.

Georgia has experienced high rates of maternal mortality in recent years, especially during the postpartum period, which is in line with a disturbing national trend of increasing maternal mortality

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[2] Jamie R. Daw, *et al.,* "Women in the United States Experience High Rates of Coverage 'Churn' in Months Before and After Childbirth," *Health Affairs*, April 2017, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241.

[3] 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.

rates.[4] Between 2012 and 2015, Georgia had 145 pregnancy-related deaths; 24 percent of these deaths occurred 61 days or more after giving birth.[5] A death is determined to be "pregnancy-related" rather than "pregnancy-associated" when death occurs within one year of the end of a pregnancy due to causes related to or aggravated by pregnancy or its management. The proposal to extend coverage to six months after labor and delivery would improve continuity of critical care, helping address Georgia's maternal deaths by reducing the likelihood of lower income new parents having to transition to private insurance with higher out of pocket costs or becoming uninsured.

The proposal would also help address the troubling racial disparities in maternal outcomes that persist nationally and in the state. *Nationally, black women are three to four times more likely to die from pregnancy-related complications than white women*. State data shows Black women face similarly high maternal mortality rates in Georgia; Black, non-Hispanic women are almost three times more likely to die from a pregnancy-related cause than white, non-Hispanic women.[6] Extending postpartum coverage to six months in Georgia is likely to reduce negative maternal outcomes that disproportionately affect pregnant people of color by ensuring access to critical postpartum care needed throughout the postpartum period.

The proposal would benefit Georgia's children as well.

Removing the 60-day cutoff ensures healthier parents, which positively impacts their children. Ample evidence has shown maternal depression is a significant health issue, affecting mothers and their entire family. According to Pregnancy Risk Assessment Monitoring System (PRAMS) data, over 12 percent of women in Georgia reported having postpartum depressive symptoms.[7] Postpartum depression 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.[8]

Untreated postpartum depression can result in many long-term health consequences for mothers and their children. Postpartum depression can affect parent-child bonding and increase the likelihood of missing routine pediatric and well-child visits.[9] Research shows healthy parents lead to children's healthy cognitive and social-emotional development and reduce the effects of adverse childhood experiences.[10] Extending coverage to six months after the end of pregnancy allows

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[4] Rachel Mayer *et al.,* "The United States Maternal Mortality Rate Will Continue to Increase Without Access to Data," *Health Affairs*, February 2019, https://www.healthaffairs.org/do/10.1377/hblog20190130.92512/full/; Marian F. MacDorman *et al.,* "U.S. Maternal Mortality Trends," *Obstetrics & Gynecology*, September 2016, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5001799/.

[5] Georgia Department of Public Health, "Georgia: Maternal Mortality -- What You Should Know," https://dph.georgia.gov/document/document/mm-factsheet/download.

[6] Ibid.

[7] Centers for Disease Control, "Prevalence of Selected Maternal and Child Health Indicators for Georgia, PRAMS, 2016-2017," https://www.cdc.gov/prams/prams-data/mch-indicators/states/pdf/2018/Georgia-508.pdf.

[8] 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.

[9] 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.

[10] 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.

postpartum people to continue to receive Medicaid services including services for mental health as well as breastfeeding support and chronic disease management. In addition, research has found that parents having Medicaid coverage is associated with an increased probability of their children receiving annual well-child visits.[11]

Expanding coverage is likely to improve health outcomes for postpartum people, but the proposal does not fully address the coverage gaps that exist in the postpartum period and beyond.

Georgia's proposed extension of continuous postpartum coverage for an additional 120 days is likely to provide essential care to many people and is positive step toward reducing maternal mortality. However, the proposal does not go far enough in addressing the gaps in coverage that exist beyond the pregnancy and immediate postpartum period. The state should be encouraged to consider extending postpartum coverage to 12 months after the end of pregnancy. The Georgia Maternal Mortality Review Committee, Georgia House of Representatives Study Committee on Infant and Toddler Social Emotional Health, the American Medical Association (AMA), and many other health professionals support extending Medicaid coverage to 12 months postpartum.[12]

The state could better ensure pregnant people have access to comprehensive health care before, during and after pregnancy by adopting the Affordable Care Act's (ACA) Medicaid expansion and providing coverage to adults up to 138 percent of the federal poverty line, regardless of pregnancy status. Georgia's current "Pathways to Coverage" Section 1115 demonstration project, which CMS approved in October 2020, only provides short periods of coverage to a small number of low-income adults who manage to meet a work requirement and pay unaffordable premiums. The "Pathways to Coverage" demonstration falls far short of full Medicaid expansion, which would provide affordable coverage to hundreds of thousands of Georgians, including many people who are likely to become pregnant or are between pregnancies.

Medicaid expansion has extended health coverage to millions of people, and at least 2.2 million more uninsured women could gain coverage if the 12 states that haven't yet implemented the expansion did so, including more than 700,000 in Georgia.[13] Medicaid expansion has also been associated with decreased maternal and infant mortality, with the greatest benefit for Black women

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[11] 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.

[12] Georgia DPH, "Georgia: Maternal Mortality -- What You Should Know"; "The Final Report of the Georgia House of Representatives Study Committee on Infant and Toddler Social Emotional Health"; American Medical Association Policy Directive, "Extending Medicaid Coverage for One Year Postpartum," 2019, https://policysearch.ama-assn.org/policyfinder/detail/Extending%20Medicaid%20Coverage%20for%20One%20Year%20Postpartum%20D-290.974?uri=%2FAMADoc%2Fdirectives.xml-D-290.974.xml.; American College of Obstetricians and Gynecologists, "Policy Priorities: Extend Postpartum Medicaid Coverage," https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage.

[13] Matthew Buettgens, "The Implications of Medicaid Expansion in the Remaining States: 2018 Update," The Urban Institute, May 2018, https://www.urban.org/sites/default/files/publication/98467/the_implications_of_medicaid_expansion_2001838_2.pdf.

and infants. [14] One study found that in states that have not expand Medicaid, postpartum people were three times likelier to be uninsured three to six months after childbirth than postpartum parents in states that expanded Medicaid.[15] Expansion was also found to reduce "churn," which occurs when people lose Medicaid and then re-enroll within a short period of time, among people who had recently given birth by 28 percent.[16]

To achieve Georgia's primary goal of improving maternal health, we therefore urge CMS to work with Georgia to revise its proposal to extend postpartum coverage to 12 months to provide a greater continuity of care and ensure fewer gaps in coverage, especially if paired with Medicaid expansion.

The proposal's goal of fiscal substantiality does not further the objectives of the Medicaid program.

The second stated goal of Georgia's amendment is to "support the long-term fiscal sustainability of the Medicaid program in Georgia" by targeting Medicaid for postpartum people rather than fully expanding. This goal does not further the objectives of the Medicaid program, as saving money has not been found to be a permissible purpose for a section 1115 demonstration.[17]

In *Gresham v. Azar,* the D.C. Circuit Court of Appeals noted, "The statute and the case law demonstrate that the primary objective of Medicaid is to provide access to medical care. There might be secondary benefits that the government was hoping to incentivize, such as healthier outcomes for beneficiaries or more engagement in their health care, but the 'means [Congress] has deemed appropriate' is providing health care coverage."

Conclusion

While we support Georgia's primary goal of improving the health of postpartum people by extending continuous health coverage and the approval of this demonstration, we urge CMS to work with the state to revise its proposal to extend full Medicaid benefits to all pregnant people for one year after the end of their pregnancy. Comprehensive 12-month postpartum Medicaid coverage, paired with Medicaid expansion for all adults earning less than 138 percent of the federal poverty line, would best promote improved maternal and infant health in Georgia.

Our comments include citations to supporting research, including direct links to the research for HHS's benefit in reviewing our comments. We direct HHS to each of the studies cited and made

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[14] Erica L. Eliason, "Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality," *Women's Health Issues*, May-June 2020, https://www.sciencedirect.com/science/article/abs/pii/S1049386720300050; Chintan B. Bhatt and Consuelo M. Beck-Sague, "Medicaid Expansion and Infant Mortality in the United States," *American Journal of Public Health,* April 2018, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5844390/.

[15] Jamie R. Daw, Katy Backes Kozhimannil, and Lindsay K. Admon, "High Rates of Perinatal Insurance Churn Persist After the ACA," Health Affairs, September 16, 2019, https://www.healthaffairs.org/do/10.1377/hblog20190913.387157/full/.

[16] Jamie R. Draw *et al.,* "Medicaid Expansion Improved Perinatal Insurance Continuity for Low-Income Women," *Health Affairs*, September 2020, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.01835.

[17] *Beno v. Shalala* 30 F.3d 1057, 1069 (9th Cir. 1994) states that "a simple benefits cut, which might save money, but has no research or experimental goal, would not satisfy" the statutory requirement than an 1115 Waiver be an experimental, demonstration or pilot project.

available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered as part of the administrative record in this matter for the purposes of the Administrative Procedures Act.

Thank you for your willingness to consider our comments. If you would like any additional information, please contact Joan Alker (jca25@georgetown.edu) or Judith Solomon (Solomon@cbpp.org).