



April 5, 2021

Elizabeth Richter, Acting Administrator Centers for Medicare & Medicaid Services U.S. Department of Health and Human Services Hubert H. Humphrey Building, Room 445-G 200 Independence Avenue, S.W. Washington, D.C. 20201

Dear Administrator Richter,

We are writing with respect to pending section 1115 Medicaid demonstrations that would extend postpartum coverage beyond the current 60-day cutoff. Five states have active pending requests, all of which were submitted prior to the passage of the American Rescue Plan Act (ARPA) on March 11, 2021. As you know, the American Rescue Plan Act contains an option for states to extend pregnancy-related Medicaid and CHIP coverage to one year postpartum using a state plan amendment (SPA).

The COVID-19 pandemic presents a monumental public health crisis. The United States was already facing another crisis prior to the pandemic -- a maternal mortality crisis, which disproportionately affects women of color. Extending Medicaid coverage beyond the current 60-day postpartum cutoff to twelve months reduces the likelihood of negative maternal outcomes and would ensure continuity of coverage and care throughout the postpartum period.

Our organizations submitted comments on four of the five pending section 1115 demonstrations with postpartum coverage extensions (Illinois, New Jersey, Georgia, Indiana). Our comments offered support or qualified support for the proposals, since providing extended, continuous coverage to low-income women promotes the objectives of the Medicaid program and would test the proposition that maternal death rate and the racial disparities that exist could be reduced. We also encouraged the previous Administration to approve these quickly.¹

Our comments were submitted into the public record prior to the ARPA's state plan option to extend postpartum coverage becoming available. We would like to take this opportunity to express our continued support for extending Medicaid coverage beyond 60 days postpartum. However, we feel that demonstrations are no longer necessary to extend postpartum coverage and a SPA is now the more appropriate pathway for states to achieve this policy in general.

The state plan option is more comprehensive than many of the proposed coverage extensions in the proposed section 1115 waivers. As a result, more women would benefit from the SPA option as the majority of the pending requests would provide more limited coverage in scope and duration of benefits. With the new SPA option, Congress has provided minimum requirements for postpartum coverage up to a year after delivery; any coverage provided beyond the current 60-day cutoff should not be more restrictive than the now established statutory requirements.

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¹ Letter from 279 organizations to U.S. Health and Human Services Secretary Alex Azar, July 20, 2020, https://ccf.georgetown.edu/wp-content/uploads/2020/12/Medicaid_Supporting-Black-Women-Sign-On-Letter.pdf.

While we believe postpartum coverage extensions in general should be achieved through the federally constructed SPA pathway, we understand that the states with pending demonstrations are seeking effective dates sooner than federal funds would become available via the state plan option, April 1, 2022. We commend them on their desire to address this critical issue quickly, and believe that this is a legitimate reason to consider these requests.

If you do choose to approve any of the pending 1115 demonstrations in the interim, we request that you do so on a time-limited basis – approving the demonstrations only through the period upon which the SPA option would become available. Any approved demonstrations should also include a Special Term and Condition (STC) that would require the state to submit a SPA for implementation on April 1, 2022, to provide extended postpartum coverage through the SPA for women whose pregnancies end less than 60 days before the implementation date. Approved demonstrations should continue to cover women whose pregnancy ends more than 60 days prior to SPA implementation throughout the extended postpartum period to ensure no disruptions to coverage or care. Additionally, any waivers approved should be as expansive as the federally authorized option, extending coverage to all pregnant and postpartum women with Medicaid and CHIP through the first year after their pregnancy ends.

Thank you for the opportunity to share our views. Please contact Joan Alker (jca25@georgetown.edu) or Judith Solomon (solomon@cbpp.org) if you would like any additional information.

Sincerely,

Joan Alker Executive Director and Research Professor, Center for Children and Families Georgetown University McCourt School of Public Policy

Judith Solomon Senior Fellow and Interim Program Area Lead, Center on Budget and Policy Priorities