

May 7, 2021

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

Re: Virginia's "FAMIS MOMS and FAMIS Select" Section 1115 Demonstration Amendment

Dear Secretary Becerra,

The undersigned organizations appreciate the opportunity to comment on Virginia's section 1115 demonstration "FAMIS MOMS and FAMIS Select" (No. 21-W-00058/3). Virginia's amendment proposes to extend postpartum health coverage for 12 months after the end of pregnancy for people whose incomes are between 139 and 148 percent of the poverty line in Medicaid and from 0 to 200 percent of poverty in the Children's Health Insurance Program (CHIP). Enrollees would receive full Medicaid and CHIP benefits for the extended postpartum period.

Virginia covers pregnant people in CHIP through its "FAMIS MOMS and FAMIS Select" demonstration rather than through a state plan, which makes a section 1115 waiver amendment the appropriate pathway for Virginia to extend postpartum coverage. Though we believe the newly-created state plan amendment option is the best path for states to extend postpartum coverage for 12 months in most circumstances, the design of Virginia's eligibility pathways for pregnant women necessitates a section 1115 waiver for the state to adopt this policy.

We strongly support Virginia's proposal and urge you to approve the state's request to extend postpartum coverage. The goal of the proposal — to demonstrate that extending postpartum coverage for a longer period will improve continuity of coverage and access to care — promotes Medicaid objectives. The demonstration also seeks to reduce maternal and infant mortality and racial disparities in maternal and infant health by trying this new approach.

Extending Postpartum Coverage Would Improve Access to Necessary Postpartum Care, Reduce Coverage Gaps, and Address Troubling Racial Disparities

Medicaid and CHIP cover about one-third of all births in the state of Virginia.¹ Under current law, Medicaid or CHIP coverage extends for 60 days postpartum, at which time people must transition to another category of Medicaid coverage or to other insurance, or they become uninsured. A recent study found that 55 percent of women with Medicaid at the time of delivery experienced at least one month of being uninsured in the six months after delivery.² In a national survey of women who had given birth in the last year, researchers found that roughly half of all uninsured new mothers reported that losing Medicaid or other coverage after pregnancy was the

¹ Medicaid and CHIP Payment and Access Commission (MACPAC), "Medicaid's Role in Financing Maternity Care," January 2020, available at <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>.

² J.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, available at <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>.

reason they were uninsured, suggesting that they would benefit from an extension of postpartum Medicaid coverage.³

Virginia's proposal would reduce the likelihood of mothers becoming uninsured in the year following delivery by eliminating the 60-day postpartum cutoff. People would be able to maintain prescribed treatments and recommend check-ups for a longer period after giving birth with little to no disruption of care and no copayments. Research has shown that imposing copayments on low-income populations creates barriers to utilization of necessary care and increases financial burdens.⁴

Despite the pregnancy-related health complications that new mothers may experience up to a year postpartum, such as cardiovascular conditions, diabetes, or maternal mental health disorders, only 60 percent of mothers on Medicaid receive a postpartum visit.⁵ Educational guidance for clinicians issued in 2018 by the American College of Obstetricians and Gynecologists (ACOG) and other health professionals, such as the American College of Nurse Midwives, recommends that postpartum care extend beyond the standard one-time postpartum visit which normally occurs 4 to 6 weeks after delivery.⁶ Instead, ACOG et al recommend a comprehensive postpartum care approach -- Virginia's proposal would enable the state to align its practices with standards of care recommended by the nation's leading health professionals.

Maintaining continuous access to coordinated care in the postpartum period is particularly critical for women with chronic conditions. The Virginia Maternal Mortality Review Team found that a lack of care coordination contributed to maternal mortality in a significant number of cases, particularly among women with chronic health conditions.⁷ The state's application points out that this is an important health equity consideration, as the Commonwealth's historical data indicates that chronic disease is more likely to be a contributing factor in maternal death for Black women than for white women.⁸

³ S. McMorrow, *et al.*, "Uninsured New Mothers' Health and Health Care Challenges Highlight the Benefits of Increasing Postpartum Medicaid Coverage," available at https://www.urban.org/sites/default/files/publication/102296/uninsured-newmothers-health-and-health-carechallenges-highlight-the-benefits-ofincreasing-postpartum-medicaid-coverage_0.pdf.

⁴ S. Artiga, P. Ubri, & J. Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017, available at <https://www.kff.org/medicaid/issuebrief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

⁵ A. Stuebe, *et al.*, "Extending Medicaid Coverage for Postpartum Moms," Health Affairs Blog, May 2019, available at <https://www.healthaffairs.org/doi/10.1377/hblog20190501.254675/full/>.

⁶ The American College of Obstetricians and Gynecologists, "ACOG Committee Opinion," May 2018, available at <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-ObstetricPractice/Optimizing-Postpartum-Care?IsMobileSet=false>.

⁷ Virginia Maternal Mortality Review Team, "Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordination of Care," August 2019, available at <https://www.vdh.virginia.gov/content/uploads/sites/18/2019/08/MMRT-Chronic-Disease-Report-FINAL-VERSION.pdf>.

⁸ The Commonwealth of Virginia, "FAMIS MOMS and FAMIS Select Section 1115 Demonstration Amendment," March 31, 2021, available at <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/va-famis-moms-famis-select-pa4.pdf>.

In Virginia, as in the rest of the country, Black women and infants experience unacceptably high rates of maternal and infant mortality in the postpartum year.⁹ Black women in Virginia are twice as likely to die from pregnancy related causes than are White women, and the mortality rate for Black infants (10.1 per 1,000) is nearly twice as high as the state average (5.9 per 1,000).¹⁰ Nationally, Black women and Native American women have the highest maternal mortality rates of any racial or ethnic group.¹¹ According to recent data published by the Centers for Disease Control (CDC), one-third of pregnancy-related deaths occurred between one week and one year postpartum.¹² A death is determined to be “pregnancy-related” when death occurs within one year of the end of a pregnancy due to causes related to or aggravated by pregnancy or its management.

Providing extended postpartum Medicaid and CHIP coverage is supported by policymakers at the federal, state and local levels. As you know, the American Rescue Plan created a Medicaid and CHIP state plan amendment option to extend postpartum coverage for 12 months after delivery, and the Medicaid and CHIP Payment and Access Commission (MACPAC) recently recommended that Congress make 12 months of postpartum coverage mandatory.¹³ State and local maternal mortality review committees across the country have recommended extended postpartum coverage as an essential step to reduce maternal mortality and morbidity.¹⁴

Extending postpartum coverage for 12 months after the end of pregnancy in Virginia would work to reduce maternal and infant mortality and morbidity, which disproportionately affect women and infants of color, by ensuring access to critical postpartum care needed beyond the 60-day cutoff.

Improved Coverage for Mothers Will Have a Positive Impact on Their Children as Well

Children would also benefit from this proposal. While federal law guarantees enrollment for infants born to mothers whose deliveries are covered by Medicaid, there is evidence that many infants experience breaks in enrollment attributable at least in part to their mothers’ loss of

⁹ MACPAC, “Chapter 2: Advancing Maternal and Infant Health by Extending the Postpartum Coverage Period,” March 2021, available at <https://www.macpac.gov/wp-content/uploads/2021/03/Chapter-2-Advancing-Maternal-and-Infant-Health-by-Extending-the-Postpartum-Coverage-Period.pdf>.

¹⁰ Virginia Maternal Mortality Review Team, “Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordination of Care,” August 2019, available at <https://www.vdh.virginia.gov/content/uploads/sites/18/2019/08/MMRT-Chronic-Disease-Report-FINAL-VERSION.pdf>; and March of Dimes, “Infant mortality rates by race/ethnicity: Virginia and US, 2015-2017 Average,” available at <https://www.marchofdimes.org/peristats/ViewSubtopic.aspx?reg=51&top=6&stop=92&lev=1&obj=1&cmp=99&slev=4&sty=9999&eny=-1&chy=>.

¹¹ Center for Disease Control, “Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016,” available at <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>.

¹² Centers for Disease Control, “Vital Signs: Pregnancy-related Deaths,” May 2019, available at <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>.

¹³ *American Rescue Plan Act of 2021*, H.R. 1319, 117th U.S. Congress, March 11, 2021, available at <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>; and MACPAC, “Chapter 2: Advancing Maternal and Infant Health by Extending the Postpartum Coverage Period,” March 2021, available at <https://www.macpac.gov/wp-content/uploads/2021/03/Chapter-2-Advancing-Maternal-and-Infant-Health-by-Extending-the-Postpartum-Coverage-Period.pdf>.

¹⁴ American College of Obstetricians and Gynecologists, “Policy Priorities: Extend Postpartum Medicaid Coverage,” available at <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage>.

eligibility.¹⁵ Extending postpartum coverage could have the dual benefit of ensuring a longer period of access to care for the mother while also serving as a safeguard against unintended loss of Medicaid coverage for babies during the first year of life.¹⁶

Ample research has shown that maternal depression is a significant public health issue. Virginia Pregnancy Risk Assessment Monitoring System (PRAMS) data estimates that 14 percent of new mothers reported experiencing postpartum depression symptoms, which can last well beyond 60 days after labor and delivery.¹⁷ A recent study from the National Institute of Health (NIH) found that postpartum depressive symptoms may persist up to three years after giving birth.¹⁸

If left untreated, postpartum depression can interfere with parent-child bonding and have myriad long-term health consequences for both the mother and the baby.¹⁹ Other research indicates that lack of maternal mental health care has adverse effects on a child's cognitive, behavioral, and socioeconomic development.²⁰ Virginia's proposal would enable women to continue to receive covered Medicaid services for chronic disease management, breastfeeding support, and mental health needs in the year following delivery—services that ensure healthier parents. This is likely to have developmental benefits for their young children as well. Furthermore, research indicates that parents having coverage is associated with children being more likely to be insured and receive recommended care.²¹

Conclusion

Virginia's proposal to extend postpartum coverage an additional ten months would improve continuous coverage and care for up to a year after pregnancy ends while also testing whether extended coverage reduces maternal and infant mortality and advances equity in health outcomes. For all of these reasons, we urge you to approve Virginia's amendment request to extend postpartum Medicaid and CHIP coverage from 60 days to 12 months.

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

¹⁵ K. Johnson, "Missing Babies: Best Practices for Ensuring Continuous Enrollment in Medicaid and Access to EPSDT," Johnson Consulting Group, Inc., January 2021, available at https://ccf.georgetown.edu/wp-content/uploads/2021/03/missing_babies_EPSDT_Medicaid_finalJan2021_Johnson.pdf.

¹⁶ K. Johnson, S. Rosenbaum, & M. Handley, "The Next Steps To Advance Maternal and Child Health in Medicaid: Filling Gaps in Postpartum Coverage and Newborn Enrollment," Health Affairs, January 9, 2020, available at <https://www.healthaffairs.org/doi/10.1377/hblog20191230.967912/full/>.

¹⁷ Virginia Department of Health, "Virginia PRAMS Facts – 2019," available at

https://www.vdh.virginia.gov/content/uploads/sites/67/2021/01/Virginia-PRAMS-FACTS-2019_FINAL.pdf

¹⁸ D.L. Putnick, *et al.*, "Trajectories of Maternal Postpartum Depressive Symptoms," *Pediatrics* 146: e20200857, October 2020, available at <https://pediatrics.aappublications.org/content/early/2020/10/12/peds.2020-0857>.

¹⁹ Center on the Developing Child at Harvard University, "Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8," 2009, available at www.developingchild.harvard.edu.

²⁰ D.L. Luca, *et al.*, "Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States," *Mathematica Policy Research*, April 2019, available at <https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>.

²¹ J.L. Hudson & A.S. Moriya, "Medicaid Expansion for Adults Had Measurable 'Welcome Mat' Effects on Their Children," Health Affairs, September 2017, available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347>; and M. Venkataramani, C.E. Pollock, & E. Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventative Services," *Pediatrics* 140:e20170953, December 2017, available at <https://pediatrics.aappublications.org/content/140/6/e20170953>.

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 consideration of our comments. If you would like any additional information, please contact Joan Alker (jca25@georgetown.edu) or Judith Solomon (Solomon@cbpp.org).

American Academy of Pediatrics - Virginia Chapter
Center for Law and Social Policy
Center for Reproductive Rights
Center on Budget and Policy Priorities
Epilepsy Foundation
First Focus on Children
Georgetown University Center for Children and Families
Guttmacher Institute
HIV Medicine Association
March for Moms
March of Dimes
Mental Health America
National Alliance on Mental Illness
National Association of Pediatric Nurse Practitioners
National Birth Equity Collaborative
National Family Planning & Reproductive Health Association
National Health Care for the Homeless Council
National League for Nursing
National Multiple Sclerosis Society
Service Employees International Union
The Commonwealth Institute for Fiscal Analysis
The Jewish Federations of North America
United Way Worldwide