



February 12, 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: Illinois Continuity of Care Section 1115 Demonstration Waiver Application**

Dear Secretary Azar:

Thank you for the opportunity to comment on Illinois Continuity of Care and Administrative Simplification Section 1115 demonstration proposal. 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, CCF conducts research, develops strategies, and offers solutions to improve the health of America's children and families, especially those with low and moderate incomes.

Illinois' Section 1115 request proposes to extend postpartum coverage for pregnant women from 60 days postpartum to 12 months postpartum for women with incomes at or below 213% of poverty, as well as to provide continuous eligibility throughout the entire postpartum period. *We strongly support the proposed eligibility changes for pregnant and postpartum women and urge you to approve Illinois' request.* It is clear that the state's request aligns with statutory intent to ensure that the objectives of Medicaid are paramount in approving such requests for demonstration authority – as reducing maternal mortality and morbidity for lower income women by extending access to Medicaid coverage aligns with the objectives of the program.

**Illinois' Proposal Would Work to Reduce Maternal Mortality in the State**

Under federal law, pregnant women currently receive Medicaid coverage for 60 days postpartum, at which time mothers must transition to other insurance or become uninsured if they do not remain otherwise eligible for Medicaid. However, there are necessary treatments and services mothers need to avoid pregnancy-related complications up to one year after pregnancy. 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.<sup>1</sup> Of all pregnancy-related deaths, approximately 60 percent of the deaths were determined to be preventable. Illinois has experienced high rates of maternal mortality in recent years, especially during the postpartum period, which reflects a disturbing national trend of increasing maternal mortality rates.<sup>2</sup>

Illinois has alarming statistics on pregnancy-related deaths. 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 pregnancy complications. In 2015, Illinois had more than 30 pregnancy-related deaths; 33 percent of these deaths occurred after 42 days postpartum up to one year after giving birth.<sup>3</sup> The proposal to extend coverage to 12 months after labor and delivery would help address Illinois’ maternal deaths by reducing the likelihood of lower income women transitioning to private insurance with higher out of pocket costs or becoming uninsured, both of which increase the risk of lapses in critical postpartum care.

State and national trends, with respect to both pregnancy-related and pregnancy-associated deaths, reveal very troubling racial disparities in maternal outcomes. Maternal mortality rates are significantly higher for African American women, who are six times more likely to die from a pregnancy-related cause than white women in Illinois.<sup>4</sup> Extending postpartum coverage to 12 months in Illinois would reduce negative maternal outcomes that disproportionately affect women of color and reduce the risk of pregnancy-related deaths.

### **Extending Postpartum Coverage Would Improve Access to Necessary Postpartum Care and Reduce Coverage Gaps**

Medicaid covers nearly half of all births in the state of Illinois. Women with Medicaid coverage at the time of delivery were five times more likely to die from a pregnancy-related cause than mothers with private insurance. The high rate of pregnancy-related deaths among mothers with Medicaid may be explained, at least in part, by the 60-day postpartum coverage cutoff. The abrupt cutoff can thrust new mothers into uninsurance or higher cost insurance, and limit their access to necessary treatments, visits, and medications. A recent

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<sup>1</sup>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](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w).

<sup>2</sup>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/doi/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/>.

<sup>3</sup>Illinois Department of Public Health, “Illinois Maternal Morbidity and Mortality Report,” October 2018, <http://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport12018.pdf>.

<sup>4</sup>Ibid.

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.<sup>5</sup>

Illinois' proposal would reduce the likelihood of mothers becoming uninsured in the year following delivery by eliminating the 60-day cutoff. Women would be able to maintain prescribed treatments and recommended postpartum check-ups throughout the year with little to no disruption of care and no copayments. Research has shown imposing copayments on low income populations creates barriers to utilization of necessary care and increases financial burdens.<sup>6</sup> Following pregnancy, mothers remain at risk for a number of complications for up to a year after delivery, including cardiomyopathy and embolism. Despite the health needs new mothers have up to a year postpartum, only 60 percent of mothers on Medicaid receive a postpartum visit.<sup>7</sup> Giving women more time to access postpartum care through a longer coverage period will likely result in higher rates of necessary postpartum visits and may provide an opportunity for them to address other health needs that could lead to complications.

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.<sup>8</sup> Instead, ACOG et al recommends a comprehensive postpartum care approach -- Illinois' proposal would enable the state to align its practices with standards of care recommended by the nation's relevant health professionals.

### **Improved Coverage Among Mothers Will Have a Positive Impact on Their Children as Well**

Children would also benefit from this approach. Research indicates that maternal depression is a significant public health issue. The Illinois Department of Public Health estimates that 1 in 5 new mothers experience postpartum depression, which can last well beyond 60 days after labor and delivery.<sup>9</sup> If left untreated, postpartum depression can interfere with parent-child bonding and have myriad long-term health consequences for

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<sup>5</sup> 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>.

<sup>6</sup> Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017, <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

<sup>7</sup> Alison Stuebe *et al.*, "Extending Medicaid Coverage for Postpartum Moms," Health Affairs Blog, May 2019, <https://www.healthaffairs.org/doi/10.1377/hblog20190501.254675/full/>.

<sup>8</sup> The American College of Obstetricians and Gynecologists, "ACOG Committee Opinion," May 2018, <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care?IsMobileSet=false>.

<sup>9</sup> Illinois Department of Public Health, "Postpartum Depression in Illinois," [http://dph.illinois.gov/sites/default/files/publications/publicationsowhfspostpartum-depression-factsheet\\_1.pdf](http://dph.illinois.gov/sites/default/files/publications/publicationsowhfspostpartum-depression-factsheet_1.pdf).

both the mother and the baby. Other research indicates that lack of maternal mental health care has adverse effects on a child's cognitive, behavioral, and socioeconomic development.<sup>10</sup> Illinois' proposal would enable women to continue to receive covered Medicaid services for chronic disease management, breastfeeding support, and mental health through the first year following delivery— services that ensure healthier parents.

There is also clear evidence that when parents are insured, children are more likely to be insured.<sup>11</sup> The proposal would ensure new mothers have coverage through the first year following delivery which could improve children's coverage rates as well. Furthermore, research indicates that parents having coverage is associated with children being more likely to receive recommended care.<sup>12</sup>

Continuous affordable coverage is critical – especially for women in their reproductive years. Despite the wider availability of coverage post enactment of the Affordable Care Act, postpartum churn remains an issue, and it threatens new mothers' access to critical health coverage.<sup>13</sup> From 2015-2017, nearly 30 percent of women experienced a change in insurance in the postpartum period, and over half of these disruptions of insurance included a period in which the woman was uninsured. With a national increase in maternal deaths in the postpartum period, keeping women continuously insured regardless of small fluctuations in income is an essential step to ensuring they can access the treatment they need. Illinois' plan for 12-month continuous coverage postpartum in Medicaid would curb postpartum insurance churn and promote women's access to health care services. We urge you to request the state's request in its entirety, including the request for continuous eligibility.

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 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 part of the administrative record in this matter for purposes of the Administrative Procedure Act.

With a growing national crisis in maternal mortality and morbidity, I urge you to approve Illinois' request expeditiously. Thank you for consideration of our comments. If you need any additional information, please contact Joan Alker ([jca25@georgetown.edu](mailto:jca25@georgetown.edu)).

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<sup>10</sup> 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>.

<sup>11</sup> Julie L. Hudson and Asako S. Moriya, "Medicaid Expansion for Adults Had Measurable 'Welcome Mat' Effects on Their Children," *Health Affairs*, September 2017, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347>.

<sup>12</sup> Jennifer E. DeVoe, Carrie J. Tillotson, and Lorriane Wallace, "Children's Receipt of Health Care Services and Family Health Insurance Patterns," *Annals of Family Medicine*, September 2009, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2746508/>.

<sup>13</sup> Jamie R. Daw *et al.*, "High Rates of Perinatal Insurance Churn Persist After the ACA," *Health Affairs*, September 16, 2019. <https://www.healthaffairs.org/doi/10.1377/hblog20190913.387157/full/>.

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