

May 1, 2020

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

Re: New Jersey's FamilyCare Comprehensive Section 1115 Demonstration Amendment

Dear Secretary Azar:

The undersigned organizations appreciate the opportunity to comment on New Jersey's amendment to its FamilyCare Comprehensive Section 1115 demonstration. New Jersey proposes to extend postpartum coverage for pregnant women from 60 days postpartum to six months postpartum for women with incomes at or below 205 percent of the poverty line.

We strongly support New Jersey'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 will improve access to and continuity of care as well as improve outcomes by ensuring Medicaid coverage for a longer period — promotes Medicaid objectives.

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

Medicaid covers around a third of all births in the state of New Jersey.¹ Women with pregnancy coverage through Medicaid face a 60-day postpartum coverage cutoff which may affect their ability to receive postpartum care. 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 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

New Jersey's proposal would reduce the likelihood of mothers becoming uninsured in the six months following delivery by eliminating the 60-day cutoff. Women 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 imposing copayments on low income populations creates barriers to utilization of necessary care and increases financial burdens.³ 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 of new mothers, only 60

¹ https://www.nj.gov/health/fhs/maternalchild/documents/prams_2016_chart.xlsx

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 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/>.

percent of mothers on Medicaid receive a postpartum visit.⁴ Giving mothers 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 women 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.⁵ Instead, ACOG et al recommend a comprehensive postpartum care approach – New Jersey’s proposal would enable the state to align its practices with standards of care recommended by the nation’s relevant health professionals.

Under the Families First Coronavirus Response Act, states must meet several maintenance of effort (MOE) requirements in order to receive a temporary increase in their federal matching rate.⁶ One of these requirements is that states cannot disenroll individuals from Medicaid as of March 18, 2020 through the end of the public health emergency. This means states must continue to provide coverage to pregnant women who are currently enrolled and not otherwise eligible for Medicaid throughout the duration of the public health emergency. The MOE requirement will ensure that women who give birth will continue to receive postpartum coverage without the 60-day cutoff during the ongoing pandemic. However, this provision is tied to the length of the public health emergency whose duration is uncertain. As such, we urge you to approve New Jersey’s request for additional post-partum coverage.

New Jersey’s Proposal Would Work to 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, there are necessary treatments and services women 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.⁷ Of all pregnancy-related deaths, approximately 60 percent were determined to be preventable. New Jersey has

⁴ 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/>.

⁵ 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>.

⁶ Families First Coronavirus Response Act, Pub. L. No. 116-127, 134 Stat. 178, 6008 (2020) (29 USC 2601). <https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>

⁷ 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.

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 rates.⁸

Between 2009 and 2013, New Jersey had almost 80 pregnancy-related deaths; 32 percent of these deaths occurred 43 days or more after giving birth.⁹ 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. The proposal to extend coverage to six months after labor and delivery would improve continuity of critical care, helping address New Jersey’s maternal deaths by reducing the likelihood of lower income women having to transition to private insurance with higher out of pocket costs or becoming uninsured.

State and national data on 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 almost twice as likely as White women to die from a pregnancy-related cause in New Jersey.¹⁰ Extending postpartum coverage to six months in New Jersey would reduce negative maternal outcomes that disproportionately affect women of color by ensuring access to critical postpartum care needed beyond the 60-day cutoff.

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

Children would also benefit from this proposal. Research indicates that maternal depression is a significant public health issue. New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS) data estimates that 12 percent of new mothers reported experiencing postpartum depression symptoms, which can last well beyond 60 days after labor and delivery.¹¹ 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. Other research indicates that lack of maternal mental health care has adverse effects on a child’s cognitive, behavioral, and socioeconomic development.¹² New Jersey’s proposal would enable women to continue to receive covered Medicaid services for chronic disease management, breastfeeding support, and mental health through the first six months following delivery— services that ensure healthier parents. Furthermore, research indicates that parents having coverage is associated with children being more likely to receive recommended care.¹³

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

⁸ 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/>.

⁹ https://nj.gov/health/fhs/maternalchild/documents/nj_maternal_mortality_trends_2009_2013.pdf

¹⁰ *Ibid.*

¹¹ <https://www.nj.gov/health/fhs/maternalchild/documents/Maternal%20Depression.pdf>

¹² 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>.

¹³ 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/>.

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.

For all of these reasons, we urge you to approve New Jersey's Section 1115 demonstration request. Thank you for consideration of our comments. If you need any additional information, please contact Joan Alker (jca25@georgetown.edu) or Judy Solomon (Solomonn@cbpp.org).

American College of Obstetricians and Gynecologists (ACOG)
American Diabetes Association
Center on Budget and Policy Priorities
Children's Defense Fund
Community Catalyst
First Focus on Children
Georgetown University Center for Children and Families
Guttmacher Institute
March of Dimes
Mental Health America
National Alliance on Mental Illness
National Association of Pediatric Nurse Practitioners
National Family Planning & Reproductive Health Association
National Health Care for the Homeless Council
Professor Deborah Spitalnik, Professor at Rutgers Robert Wood Johnson Medical School, Chair of
NJ Medical Assistance Advisory Committee