

CLASP

Policy solutions that work for low-income people

February 13, 2020

Seema Verma, 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

Electronically submitted to [Medicaid.gov](https://www.Medicaid.gov)

Dear Administrator Verma,

The Center for Law and Social Policy (CLASP) appreciates the opportunity to comment on the Illinois Department of Healthcare and Family Services' (HFS) Illinois Continuity of Care and Administrative Simplification 1115 Demonstration Waiver proposal. CLASP is a national, non-partisan, nonprofit organization with over fifty years of experience advocating for policy solutions that improve the lives of people with low incomes. We work across issue areas that impact families with low-incomes (e.g., health insurance, early education, mental health, policy related to youth and young adults, and explicitly on maternal mental health) to advocate at the local, state, and federal level for policy that will improve the health and well-being of the families with the lowest incomes in our country. CLASP strongly supports Illinois' proposal to expand Medicaid coverage to cover women¹ throughout the entire 12-month postpartum period as well as the proposal to provide retro-enrollment into prior Medicaid MCO plans.

Today, Medicaid coverage during the postpartum period is limited. Medicaid only covers postpartum care for sixty days after birth. The Illinois proposal to expand coverage from 60-days to 12-months postpartum appropriately promotes the objectives of the Medicaid program and recognizes the important benefits of health coverage during the postpartum period, including improving health outcomes and reducing preventable, pregnancy-related deaths.

Medicaid plays a critical role in supporting and improving maternal and perinatal health outcomes; and provides much needed support to women for 60 days after childbirth. Medicaid coverage enables new mothers to obtain the services needed to ensure a full recovery, as well as a postpartum visit that includes critical assessment of physical, social, and psychological wellbeing.

New mothers experience a range of physical and mental health conditions—from physical pain to exhaustion to depression—and women are more likely to die of pregnancy-related complications in the weeks and months after childbirth than during pregnancy and delivery. According to recent data

published by the Centers for Disease Control and Prevention (CDC), one-third of pregnancy-related deaths occurred from one week to one year postpartum.² This proposal could also help close stark racial inequities in maternal mortality, morbidity, and other health outcomes. According to the CDC, for every 100,000 live births in the United States, roughly 41 Black women, 30 American Indian and Alaskan Native women, 13 White women, die from pregnancy-related causes.³ Of all pregnancy-related deaths, approximately 60 percent were determined to be preventable. These burdens disproportionately impact women of color due to profound inequities in maternity care and/or access to care.

Health and mental health support during the postpartum period are critical for improving mother and child outcomes. Postpartum visits provide an opportunity to assess a woman's physical recovery from pregnancy and childbirth and to address chronic health conditions, such as diabetes and hypertension; mental health challenges, including postpartum depression; and family planning, including contraception and inter-conception counseling.

Medicaid coverage makes it possible for women to afford and access this much-needed care. In fact, both the American Medical Association and the American College of Obstetricians and Gynecologists have recommended expanding coverage throughout the entire postpartum period to address postpartum pregnancy-related tragedies.^{4, 5} However, the abrupt Medicaid 60-day cutoff can thrust new mothers into being uninsured or into insurance with much higher out-of-pocket costs, 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.⁶ This proposal would make it much less likely that new mothers would experience uninsurance after 60-days, and much more likely that they would retain continuous health insurance during the postpartum period.

The impact of even short-term gaps in health insurance coverage has been well documented. In a 2003 analysis,⁷ researchers from the Urban Institute found that people who are uninsured for less than 6 months are less likely to have a usual source of care that is not an emergency room, more likely to lack confidence in their ability to get care, and more likely to have unmet medical or prescription drug needs.⁸ A 2006 analysis⁹ of Medicaid enrollees in Oregon found that those who lost Medicaid coverage but experienced a coverage gap of fewer than 10 months were less likely to have a primary care visit and more likely to report unmet health care needs and medical debt when compared with those continuously insured.

In a scan of state policies CLASP conducted a few years ago, we found that Medicaid expansion made a significant difference for states.¹⁰ However, even in a state like Illinois that has expanded Medicaid, some women are only eligible for coverage during the pregnancy and postpartum period. Many of the stakeholders we spoke with indicated that expanded postpartum coverage would have a profound effect on the ability to be identified through screening and seek subsequent treatment. Our current work on maternal mental health across 9 states and Washington, D.C. confirms this.¹¹

In 2015, 93 Illinoisans died within a year of their pregnancy, leaving children and loved ones behind.¹² Sadly, review committees found that 72 percent of these pregnancy-related deaths and 93

percent of violent pregnancy-related deaths were preventable.¹³ When analyzed by race, non-Hispanic Black women living in Illinois were found to be six times as likely to die of a pregnancy-related cause and three times as likely to experience severe maternal morbidity compared to white women.

Data collected by the Illinois Department of Public Health (IDPH) Maternal Mortality and Morbidity Review Committees showed that in Illinois, the majority of deaths and severe maternal morbidity occurred after 43 days postpartum, with 45.1 percent of those with severe maternal morbidity had hypertension, 13.1 percent had diabetes, and 8.3 percent had both.¹⁴ Nationally, perinatal mood and anxiety disorders (PMADs) affect one in seven pregnant and postpartum women, and half of those with a diagnosis of depression don't get the treatment they need.¹⁵ Chronic illness and mental health challenges cannot be adequately diagnosed and treated within a 60-day period after birth, and lack of access to care has a multigenerational and societal impact. If coverage were expanded to 12-months postpartum, birthing parents and babies would be more likely to access and experience continuity of care in the first year of life, increasing positive health outcomes for both.

Expanding Medicaid for a year postpartum will also have significant benefit for children. The evidence is clear that children are more likely to be insured when their parents have coverage and research indicates that parents having coverage is associated with children being more likely to receive recommended care.^{16, 17} Moreover, when left untreated, many conditions, such as parental depression or substance use disorder can have negative effects on children's development.¹⁵ To fully support the healthy development of children, we must support the entire family, including ensuring parents have access to affordable health care. Approving Illinois' Medicaid expansion will have tremendous positive benefits on families across the state.

In addition to expanding Medicaid to cover the entire 12-month postpartum period, CLASP strongly supports the proposal to adopt continuous eligibility for people in the postpartum period. The challenges associated with filing redetermination paperwork in the time immediately following birth create a barrier to care and impede the ability to seek life-saving treatment. Implementing continuous eligibility will help patients and Managed Care Organizations better coordinate care and ensure that new parents receive the medical, mental health, and substance use treatment that they need.

The Centers for Medicare and Medicaid Services should approve the Illinois Department of Healthcare and Family Services' proposal to expand postpartum coverage as soon as possible. This investment in needed care will save many mothers' and babies' lives.

Thank you,

Center for Law and Social Policy

¹ For the purposes of this comment and as reflected in the data collection in the cited reports, every instance of “women” is presumed to refer to cisgender women.

² Centers for Disease Control, “Vital Signs: Pregnancy-related Deaths,” *U.S. Department of Health & Human Services*, May 2019, <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>; Emily Petersen, Nicole Davis, David Goodman, et al., *Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017*, U.S. Department of Health & Human Services, May 2019, https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w.

³ Emily Petersen, Nicole Davis, David Goodman, et al., *Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016*, U.S. Department of Health & Human Services, September 2019, https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w.

⁴ “ACOG Statement on AMA Support for 12 Months of Postpartum Coverage under Medicaid,” American College of Obstetricians and Gynecologists, June 2019, <https://www.acog.org/About-ACOG/News-Room/Statements/2019/AMA-Support-for-12-Months-Postpartum-Medicaid-Coverage?IsMobileSet=false>.

⁵ “AMA Adopts New Policies at 2019 Annual Meeting,” American Medical Association, June 2019, <https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policies-2019-annual-meeting>.

⁶ Jamie Daw, Laura Hatfield, Katherine Swartz, 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>.

⁷ Jennifer Haley and Stephen Zuckerman, *Is Lack of Coverage a Short- or Long-Term Condition?*, Kaiser Family Foundation, June 2003, <https://www.kff.org/uninsured/issue-brief/is-lack-of-coverage-a-short-or/>.

⁸ Ibid.

⁹ Matthew Carlson, Jennifer DeVoe, and Bill J. Wright, “Short-Term Impacts of Coverage Loss in a Medicaid Population: Early Results from a Prospective Cohort Study of the Oregon Health Plan,” *Annals of Family Medicine*, 2006, <http://www.annfam.org/content/4/5/391.short>.

¹⁰ Alisa Chester, Stephanie Schmit, Joan Alker, et al., *Medicaid Expansion Promotes Children’s Development and Family Success by Treating Maternal Depression*, Center for Law and Social Policy and Georgetown University Healthy Policy Institute – Center for Children and Families, July 2016, <https://www.clasp.org/publications/report/brief/medicaid-expansion-promotes-children%E2%80%99s-development-and-family-success>.

¹¹ Stephanie Schmit and Isha Weerasinghe, “Moving on Maternal Depression (MOMD) Project Overview,” *Center for Law and Social Policy*, November 2018, <https://www.clasp.org/publications/fact-sheet/moving-maternal-depression-momd-project-overview>.

¹² *Maternal Morbidity and Mortality Report*, Illinois Department of Public Health, October 2018, <http://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf>.

¹³ Ibid.

¹⁴ Ibid., 12.

¹⁵ Dara Lee Luca, Nellie Garlow, Colleen Staats, et al., *Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States*, Mathematica Policy Research, April 2019, <https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>.

¹⁶ Julie Hudson and Asako 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>.

¹⁷ Jennifer DeVoe, Carrie 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/>.