February 13, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Box 8016, Baltimore, MD 21244-8016

RE: Illinois Continuity of Care and Administrative Simplification Section 1115 Waiver

Dear Administrator Verma:

As organizations dedicated to promoting the health of our nation's children and pregnant women, we are writing today in strong support of Illinois' proposed Section 1115 Continuity of Care and Administrative Simplification Section 1115 Waiver. We recognize that ensuring access to continuous care for women before, during, and in the months following pregnancy is critical to addressing our nation's growing rates of maternal mortality and severe maternal morbidity. This waiver would take the important step of promoting continuity of care by extending Medicaid coverage from 60 days to 12 months for mothers whose incomes are at or below 213% of the Federal Poverty Level (FPL).

The need for continuous coverage for postpartum services exists well beyond the current limit in federal law of 60 days after the end of pregnancy.[i] Extending Medicaid coverage to one year is rooted in clinical evidence. Since 1986, when Congress established the 60-day postpartum period for Medicaid coverage for pregnant women,[ii] we have learned much more about pregnancy-related deaths and delivering postpartum care. Nearly 12% of pregnancy-related deaths—*not* counting those that were caused by suicide or overdose—occur 43 to 365 days postpartum.[iii,iv] Some states' analyses of pregnancy-associated deaths, which include behavioral health-related causes, find that 50% or more of deaths occur beyond the 60-day period.[v]

It is critical that we ensure women maintain access to coverage and are not subject to "churn" or disruption in access to insurance coverage.[vi] Adequate postpartum coverage enables new mothers to obtain the services needed for a full recovery and ensure their next pregnancy, if any, can be healthy. This includes postpartum visits where their physical, emotional, and psychosocial well-being can be evaluated. For this reason, medical professionals have recognized the importance of providing postpartum care and supports during this time based on each woman's specific needs.[vii] This allows women to receive treatment to manage chronic conditions that can put them at higher risk for pregnancy-related complications, including cardiovascular disease, diabetes, and chronic hypertension. A wide array of conditions, including mental health challenges, domestic violence, and substance use disorders all play a role in maternal mortality and broader maternal health outcomes. Nearly 70% of women report at least one physical problem in the postpartum period, and one in seven experience symptoms of postpartum depression in the year after giving birth.[viii,ix] In addition, women with substance use disorder are more likely to experience relapse and overdose 7-12 months postpartum.[x]

In the U.S., 700 mothers die from pregnancy-related causes each year, and more than 50,000 others experience dangerous complications that could have killed them—making our nation the most dangerous place in the developed world to give birth.[xi] The Centers for Disease Control and Prevention

estimate that up to 60% of these deaths are preventable.[xii,xiii] Of the 700 deaths that occur in the U.S. each year, one third occur one week to one year after a pregnancy ends.[xiv] For women of color, the dangers of giving birth are even more acute. Black mothers of all ages are more than three times as likely to die from pregnancy-related complications as their white peers.[xv] The rates of pregnancy-related death for black and native women over the age of thirty are four to five times higher than their white peers.[xvi]

In Illinois, the maternal mortality and severe morbidity rates represent one of the highest in the nation. According to the Illinois Morbidity and Mortality Reported, issued by the Illinois Department of Public Health in 2018, there were an average of 73 women who died within one year of pregnancy between 2008 and 2016, including a high of 93 women in 2015. The average of 73 deaths translates to pregnancy-associated mortality rate of more than 45 deaths per 100,000 live births.[xvii] During the period of 2008 to 2016, a total of 655 Illinois women died within one year of pregnancy.[xviii] During this time, black women were six times as likely to die as a result of a pregnancy-related condition compared to non-Hispanic white women.[xix] Medicaid covers 30 percent of black women of reproductive age in this country.[xx] During 2015 to 2017, 34% of the pregnancy-related deaths in Illinois occurred more than 60 days after the end of pregnancy.[xxi] Of these deaths occurring during the postpartum period, the Illinois Maternal Mortality Review Committee determined that 71% were potentially preventable.[xxii]

The disparities for women covered by Medicaid in Illinois compared to those with private insurance are even worse. In 2015, Illinois women enrolled in Medicaid during pregnancy were nearly five times as likely as women with private insurance to die from a pregnancy-related cause.[xxiii] Women on Medicaid from 2016-2017 also had a higher rate of severe maternal morbidity than women on private insurance with a rate of 57.1 per 10,000 deliveries compared to 48.6 per 10,000 deliveries, respectively.[xxiv] . These disparities are due to a number of factors, including social determinants of health, a lack of health insurance coverage prior to pregnancy, and structural racism that cause underlying health issues and unequal treatment in the health care system. The high rate of pregnancy-related deaths among mothers with Medicaid coverage can in part be attributed to the 60-day postpartum coverage limit that can prevent new mothers from accessing necessary treatments, visits, and medications. Fifty-five percent of women with Medicaid coverage at the time of delivery experience at least one month of being uninsured in the six months after delivery, representing significant churn in coverage.[xxv]

In addition to this clinical evidence, extending coverage is also likely to help save money for both the state and the federal government. Severe maternal morbidity costs this country billions of dollars every year, including $107.5 million in hospital charges in Illinois between 2016 and 2017.[xxvi,xxvii] According to a March 2014 report from the Medicaid and CHIP Payment and Access Commission (MACPAC), reducing churn in the Medicaid program lowers monthly per capita spending.[xxviii] Ensuring continuity of coverage for women of child-bearing age presents the opportunity to address any ongoing health concerns, including those unrelated to pregnancy, before any subsequent pregnancies. This is especially important for women on Medicaid who are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions.[xxix]

Women with postpartum depression also have higher health care costs, including emergency room usage, and early invention may reduce these costs.[xxx] The number one complication of pregnancy and childbirth—perinatal mood and anxiety disorders (PMADs)—affect at least 1 in 7 women, yet only half of perinatal women with depressive symptoms receive any treatment.[xxxi] Examining PMADs alone, the

national economic costs of not treating these disorders amounted to $14.2 billion in 2017. By addressing the full range of health concerns earlier, we can avoid long-term costs due to untreated conditions that may impact future pregnancies. In short, keeping women insured by Medicaid for one year after pregnancy would enable them to treat their health conditions before they become progressively more severe and lead to costly complications.

Once again, we strongly support the Illinois Department of Healthcare and Family Services' waiver request which has the potential to save women's lives. We urge CMS to expeditiously approve this waiver request that will allow the state to address the health of women during a time of increasing rates of maternal mortality. Thank you for the opportunity to provide comments on the Illinois Continuity of Care and Administrative Simplification Section 1115 Waiver. If you have any questions or would like additional information, please contact Stephanie Glier at the American Academy of Pediatrics, at 202-347-8600 or sglier@aap.org.

Sincerely,

American Academy of Pediatrics
Children's Defense Fund
Family Voices
First Focus on Children
Georgetown Center for Children and Families
March of Dimes
National Association of Pediatric Nurse Practitioners

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[i] Sec. 1902(e)(5)

[ii] This coverage period applies to women enrolled in Medicaid via poverty-level-related pregnancy pathways, meaning women who are mandatorily covered under SSA 1902(a)(10)(A)(i)(IV) (at or below 138% FPL and pregnant), and women who are optionally covered under SSA 1902(a)(10)(A)(ii)(IX) (above 138% FPL and pregnant).

[iii] Deaths attributable to suicide, drug overdose, homicide, and unintentional injury were excluded from the CDC analyses.

[iv] Centers for Disease Control and Prevention, "Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017," May 10, 2019, available at: https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w.

[v] For example, in Texas in 2012, 56% of pregnancy-associated deaths occurred more than 60 days postpartum; *see* Texas Health and Human Services Maternal Mortality and Morbidity Task Force, "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report," September 2018, available at: https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf. In Illinois from 2014-2016, more than half of pregnancy-related deaths occurred between 43-365 days postpartum; *see* Illinois Department of Public Health, "Illinois Maternal Morbidity and Mortality Report," October 2018, available at: http://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf.

[vi] "High Rates Of Perinatal Insurance Churn Persist After The ACA," Health Affairs Blog, September 16, 2019. DOI: 10.1377/hblog20190913.387157

[vii] Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;131:140-150.

[viii] Cheng CY, Fowels ER, Walker LO. Continuing education model: postpartum maternal health care in the United States: a critical review. *J Perinat Educ* 2006;15:34-42.
[ix] Wisner KL, Sit DKY, McShea MC. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women with Screen-Positive Depression Findings. *JAMA Psychiatry* 2013;70(5):490-498.
[x] Schiff DM, Nielsen T, Terplan M, et al. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. *Obstet Gynecol* 2018;132(2):466-474.
[xi] March of Dimes. *Nowhere to Go: Maternity Care Deserts Across the U.S.* October 2018. Available at: https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.
[xii] Berg CJ, Harper MA, Atkinson SM, et al. Preventability of pregnancy-related deaths: results off a statewide review. Obstet Gynecol 2005;106(6):1228-1234.
[xiii] MMRIA. Report from Nine Maternal Mortality Review Committees. February 2018. Available at: https://www.cdcfoundation.org/building-us-capacity-review-andprevent-maternal-deaths
[xiv] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. Available at: http://dx.doi.org/10.15585/mmwr.mm6818e1.
[xv]Ibid.
[xvi] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. Available at: http://dx.doi.org/10.15585/mmwr.mm6835a3external.
[xvii] Illinois Department of Public Health 2018 Maternal Morbidity and Mortality Report. October 2018. Available at: https://reviewtoaction.org/sites/default/files/portal_resources/MaternalMorbidity_MortalityReport_2018.pdf
[xviii] Ibid.
[xix] Ibid.
[xx] https://firstfocus.org/wp-content/uploads/2019/11/Maternal-and-Infant-Mortality-What-does-the-data-tell-us-what-can-we-do-1.pdf
[xxi] Information from the Illinois Continuity of Care and Administrative Simplification Section 1115 Waiver. Original source: Illinois Department of Public Health, Office of Women's Health and Family Services. Data Summary: Later Postpartum Maternal Deaths in Illinois. Updated data from the Illinois Department of Healthcare and Family Services. December 2019.
[xxii] Ibid.
[xxiii] Illinois Department of Public Health 2018 Maternal Morbidity and Mortality Report. October 2018. Available at: https://reviewtoaction.org/sites/default/files/portal_resources/MaternalMorbidity_MortalityReport_2018.pdf
[xxiv] Ibid.
[xxv] https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241
[xxvi] Ellison K. "Nearly Dying in Childbirth: Why Preventable Complications Are Growing in U.S." NPR. December 22, 2017. Available at: https://www.npr.org/2017/12/22/572298802/nearly-dying-in-childbirth-why-preventable-complications-are-growing-in-u-s
[xxvii] Illinois Department of Public Health. Illinois Maternal Morbidity and Mortality Report. October 2018. Available at: https://reviewtoaction.org/sites/default/files/portal_resources/MaternalMorbidity_MortalityReport_2018.pdf
[xxviii] Medicaid and CHIP Payment and Access Commission. Report to the Congress on Medicaid and CHIP. Chapter 2: Promoting Continuity of Medicaid Coverage among Adults under Age 65. March 2014. Available at: https://www.macpac.gov/wp-content/uploads/2015/01/Promoting_Continuity_of_Medicaid_Coverage_among_Adults_under_65.pdf
[xxix] Medicaid and CHIP Payment and Access Commission. Access in Brief: Pregnant Women and Medicaid. November 2018. Available at: https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf
[xxx] Postpartum depression and health services expenditures among employed women, Journal of Occupational & Environmental Medicine. 54(2):210-215, February 2012.
[xxxi] Mathematica Policy Research, "Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States," 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