



May 1, 2020

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

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

Dear Administrator Verma:

On behalf of March of Dimes, the leading non-profit, non-partisan organization fighting for the health of all moms and babies, I am writing today in support of New Jersey's amendment to its FamilyCare Comprehensive Section 1115 demonstration. 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 demonstration project would amend existing FamilyCare provisions to cover enrolled women through pregnancy until 180 days postpartum. The demonstration population includes individuals enrolled in pregnancy coverage through Medicaid and CHIP who are ineligible for traditional Medicaid coverage. New Jersey expanded Medicaid to individuals with incomes of 138% Federal Poverty Level (FPL) and lower; this demonstration project includes people with incomes between 139% and 205%. The approval of this waiver proposal would benefit approximately 8,700 women per year, an important step of promoting continuity of care.

March of Dimes has long advocated in support of state efforts to extend Medicaid coverage beyond 60 days to one year. 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.<sup>1</sup> We support New Jersey's proposal and encourage additional consideration to extend coverage to one-full year. 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,<sup>2</sup> 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,<sup>3</sup>

---

<sup>1</sup> Sec. 1902 (e)(5)

<sup>2</sup> 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).

<sup>3</sup> 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](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w).

It is critical that we ensure women maintain access to coverage and are not subject to “churn” or disruption in access to insurance coverage.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

Although New Jersey has had an involved maternal mortality review program, state trends mirror national statistics. According to Center for Disease Control (CDC), New Jersey ranks 45th of 50 states in pregnancy-related deaths. In addition, significant disparities in maternal mortality persist throughout the state, such that black or African American women experience a pregnancy-related maternal mortality rate of more than five times that of their white counterparts. According to New Jersey Maternal Mortality and Morbidity 2009-2013 report, out of the 225 maternal mortalities, 78 (34.7%) deaths were pregnancy related-associated and (46.2%) of the deaths were to non-Hispanic black women.<sup>7</sup> To address increasing rates of maternal mortality as well as the racial gap in deaths, continued focus on maternal mortality as a public health priority is required.<sup>9</sup>

While this demonstration would not extend coverage to one full year postpartum, it does make significant progress in extending coverage to six months, providing about 8,700 New Jersey women with continuous coverage for four additional months. March of Dimes strongly supports and advocates for additional coverage and improvements to extend Medicaid coverage beyond 60 days to one full year postpartum. The largest barrier New Jersey and other states encounter is limited federal resources, particularly low or no federal match to compensate for the extension or expansion in care.<sup>10 11</sup> March of Dimes urges CMS to approve the demonstration project that will allow the state to address the health of

---

<sup>4</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, <http://healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>

<sup>5</sup> 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](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w).

<sup>6</sup> MMRIA. Report from Nine Maternal Mortality Review Committees. February 2018. Available at: <https://www.cdcfoundation.org/building-us-capacity-review-andprevent-maternal-deaths>

<sup>7</sup> New Jersey Health Department: Report: Trends in Statewide Maternal Mortality, New Jersey 2009-2013 [https://www.nj.gov/health/fhs/maternalchild/documents/nj\\_maternal\\_mortality\\_trends\\_2009\\_2013.pdf](https://www.nj.gov/health/fhs/maternalchild/documents/nj_maternal_mortality_trends_2009_2013.pdf)

<sup>8</sup> Center for Disease Control and Prevention, “Pregnancy Mortality Surveillance System” Maternal and Child Health, August 2018 <http://www.cdc.org/mmwr/volumes>

<sup>9</sup> 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](https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf).

<sup>10</sup> Kaiser Family Foundation, Issue Brief, <http://files.kff.org/attachment/Issue-Brief-Expanding-Postpartum-Medicaid-Coverage>

<sup>11</sup> L Zephyrin, MD, AColman, RNuznum, and Y.Getchew, Commonwealth Fund, Nov.2019, “Increasing Postpartum Medicaid Coverage Could Reduce Maternal Death and Improve Outcomes”. <https://www.commonwealthfund.org/blog/2019/increasing-postpartum-medicaid-coverage>

women during a time of increasing rates of maternal mortality and severe morbidity. Thank you for the opportunity to provide comments. If we can provide any further information, please do not hesitate to contact Erin E. Jones, Legislative and Strategic Counsel at ([ejones2@marchofdimes.org](mailto:ejones2@marchofdimes.org)) or 202.659.1848

Sincerely,



Ariel González ESQ., MA  
Senior Vice President  
Public Policy and Government Affairs