



**The American College of
Obstetricians and Gynecologists**
WOMEN'S HEALTH CARE PHYSICIANS

Chief Executive Officer

Maureen G. Phipps, MD, MPH, FACOG

April 30, 2020

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

RE: NJ Amendment Request: Extend Coverage for Eligible Pregnant Women to 180 Days Postpartum

Dear Administrator Verma:

The American College of Obstetricians and Gynecologists (ACOG) represents more than 60,000 obstetrician-gynecologists and partners in women's health nationwide, including more than 1,330 practicing obstetrician-gynecologists in its New Jersey Section. Collectively, we welcome the opportunity to comment on the New Jersey Department of Human Services' Section 1115 waiver amendment request #1: Extend Coverage for Eligible Pregnant Women to 180 Days Postpartum. As physicians dedicated to providing quality care to women, ACOG recognizes that continuous access to Medicaid is crucial to addressing our nation's rising rates of maternal mortality and severe maternal morbidity. ACOG applauds New Jersey for its ongoing initiatives to combat preventable maternal deaths, and we urge the Centers for Medicare and Medicaid Services (CMS) to act quickly and approve this waiver.

As CMS is aware, the United States is the only well-resourced nation with a maternal mortality rate that is on the rise. According to the most recent data from the Centers for Disease Control and Prevention (CDC), approximately 935 pregnancy-related deaths occurred in the U.S. in 2018.¹ Black women are three to four times more likely to die from a pregnancy-related cause than their white counterparts.² Twenty-nine percent of these deaths occurred in the later postpartum period, more than 43 days after the end of pregnancy.³ The experience in New Jersey mirrors these national trends. According to the New Jersey Maternal Mortality Case Review Team, there were 78 pregnancy-related deaths in the state between 2009 and 2013.⁴ The majority of deaths were to non-Hispanic Black women (46.2 percent) and occurred 43 or more days after the end of pregnancy (49.8 percent).⁵

As noted by the State in their amendment request, the days and weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. According to ACOG, the postpartum period should be an ongoing process "with services and support tailored to each woman's individual needs."⁶ This may include physical recovery from birth, an assessment of social and psychological well-being, chronic disease management, and initiation of contraception, among other services.⁷ Notably, nearly 70 percent of women report at least one physical problem in the postpartum period.⁸ Unfortunately, the time-limited nature of pregnancy-related Medicaid leaves many women uninsured at a vulnerable period in their health.

One in three women in the United States experience a disruption in insurance coverage before, during, or after pregnancy.⁹ This phenomena, known as "churn"—or the cycling on and off and between health insurance—occurs most often in the postpartum period.¹⁰ Perinatal insurance churn is prominent across

states regardless of Medicaid expansion status. Indeed, half of women in non-expansion states and nearly one in three women in Medicaid expansion states experience churn in the perinatal period.^{11,12} These coverage disruptions also disproportionately affect indigenous, Hispanic, and non-Hispanic Black women. Nearly half of all non-Hispanic Black women had discontinuous insurance from pre-pregnancy to postpartum, and half of Hispanic Spanish-speaking women became uninsured in the postpartum period.¹³

Lapses in insurance coverage and related systems of care issues have been identified by state Maternal Mortality Review Committees (MMRCs) as one of many contributing factors to our nation's growing maternal mortality crisis. The importance of continuous access to health insurance—particularly during the full 12-month postpartum period—has become more apparent as our nation learns more about the timing and causes of maternal death. The postpartum period is a time of heightened vulnerability for new mothers: one in seven women experience symptoms of postpartum depression in the year after giving birth, and evidence suggests women with substance use disorder are more likely to experience relapse and overdose in the late postpartum period.^{14,15} In fact, a study of pregnant and postpartum women in Massachusetts found that overdose events were lowest in the third trimester—a time during which resources, treatment, and access to care are prioritized for pregnant women with opioid use disorder—but risk of overdose increased in the 7-12 months postpartum. This was due, in part, to the decreased availability of and access to health care services in the postpartum period.¹⁶

Despite this clinical evidence, Medicaid coverage for pregnant women ends 60 days after the end of pregnancy.¹⁷ This arbitrary 60-day cliff leaves many women with an unsafe gap in insurance coverage shortly after experiencing a major medical event. This is especially concerning given that Medicaid beneficiaries have an 82 percent greater chance of severe maternal morbidity compared to those with private insurance.¹⁸ It is clear that these coverage disruptions are contributing to poor maternal health outcomes, including maternal mortality.

Extending pregnancy-related Medicaid beyond 60 days postpartum will give new mothers the opportunity to address their health needs, including those unrelated to pregnancy, to avoid potentially life-threatening complications. Extending this coverage for a full year after the end of pregnancy is supported by clinical evidence and has been championed by the American Medical Association, health plans, and other national groups. Moreover, this policy aligns with the CDC definition of postpartum.^{19,20}

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Thank you for the opportunity to provide comments on the New Jersey Department of Human Services' Section 1115 waiver amendment request #1: Extend Coverage for Eligible Pregnant Women to 180 Days Postpartum. We hope you have found our comments useful. To discuss these recommendations further, please contact Emily Eckert, Manager, Health Policy, at eeckert@acog.org or 202-863-2485.

Sincerely,



Maureen G. Phipps, MD, MPH, FACOG
Chief Executive Officer



Thomas Westover, MD, FACOG
Chair, New Jersey Section

¹ This data is based on a pregnancy-status checkbox on death certificates and represents the first national estimate of pregnancy-related deaths since 2007. For more information see Hoyert DL, Minino AM. Maternal Mortality in the United States: Changes in Coding, Publication, and Data Releases, 2018. National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: National Center for Health Statistics. 2020. Available at:

https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf

² Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at:

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

³ This data is based on a pregnancy-status checkbox on death certificates and represents the first national estimate of pregnancy-related deaths since 2007. For more information see Hoyert DL, Minino AM. Maternal Mortality in the United States: Changes in Coding, Publication, and Data Releases, 2018. National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: National Center for Health Statistics. 2020. Available at:

https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf

⁴ New Jersey Department of Health. Division of Family Health Services. Trends in Statewide Maternal Mortality: 2009-2013. Available at:

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

⁵ Ibid.

⁶ Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e140–50.

⁷ Ibid.

⁸ 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.

⁹ "High Rates Of Perinatal Insurance Churn Persist After The ACA, " Health Affairs Blog, September 16, 2019.

DOI: 10.1377/hblog20190913.387157

¹⁰ Ibid.

¹¹ Ibid.

¹² Extending Postpartum Medicaid Coverage Beyond 60 Days Could Benefit Over 200,000 Low-Income Uninsured Citizen New Mothers. The Incidental Economist. February 4, 2020. Available at:

<https://theincidentaleconomist.com/wordpress/extending-postpartum-medicaid/>

¹³ Daw JR, Kolenic GE, Dalton VK, Zivin K, Winkelmann T, Kozhimannil KB, Admon LK. Racial and Ethnic Disparities in Perinatal Insurance Coverage. Obstet Gynecol 2020;135(4):917-924.

¹⁴ Wisner KL, Sit D KY, 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.

¹⁵ 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

¹⁶ Ibid.

¹⁷ Sec. 1902(e)(5)

¹⁸ Kozhimannil, KB. Risk of severe maternal morbidity and mortality among Medicaid beneficiaries. Presentation to MACPAC. 2020. Retrieved from: [https://www.macpac.gov/wp-content/uploads/2020/01/Maternal-Morbidity-](https://www.macpac.gov/wp-content/uploads/2020/01/Maternal-Morbidity-among-Women-in-Medicaid.pdf)

[among-Women-in-Medicaid.pdf](https://www.macpac.gov/wp-content/uploads/2020/01/Maternal-Morbidity-among-Women-in-Medicaid.pdf)

¹⁹ American College of Obstetricians and Gynecologists. ACOG Statement on AMA Support for 12 Months of Postpartum Coverage under Medicaid. June 12, 2019. Available at: <https://www.acog.org/About-ACOG/News-Room/Statements/2019/AMA-Support-for-12-Months-Postpartum-Medicaid-Coverage?IsMobileSet=false>

²⁰ Centers for Disease Control and Prevention. Pregnancy-related Deaths. Available at:

<https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>