



January 22, 2021

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

Re: Georgia Postpartum Extension Section 1115 Demonstration Waiver Application

Dear Acting Secretary Norris Cochran:

Thank you for the opportunity to submit comments on the Georgia Postpartum Extension Section 1115 Demonstration Waiver Application.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what individuals need to prevent disease, cure illness and manage chronic health conditions. The diversity of our groups and the patients and consumers we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Department of Health and Human Services (HHS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families, and our organizations are committed to ensuring that Georgia’s Medicaid program provides quality and affordable healthcare coverage. Our organizations support Georgia’s request to extend postpartum coverage from 60 days to six months, as this will help patients to better manage serious and chronic health conditions and reduce negative maternal outcomes that disproportionately affect women of color. However, Georgia should take additional steps to ensure that women have the care they need before, during and after pregnancy.

Georgia's waiver will help to prevent gaps in healthcare coverage for low-income women during the postpartum period. According to the state's application, an additional 12,600 women would be enrolled monthly during the first year of the demonstration, increasing to 15,500 women per month by the final demonstration year. The need to increase coverage during this period is clear, as 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery.¹ These gaps in coverage are especially problematic for individuals with serious and chronic health conditions; patients who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden elimination of coverage and gap in their care.

Additionally, patients enrolled through this demonstration will not have any copayments or cost-sharing. This is an important provision for patients, as research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.²

Improving postpartum coverage is an important component of reducing maternal mortality in Georgia. A report from the state's Maternal Mortality Review Committee found that 27% of pregnancy-related deaths in Georgia occurred 43 days or more after delivery.³ According to research from the Centers for Disease Control and Prevention (CDC), an estimated three out of five pregnancy-related deaths are preventable.⁴ Access to a regular source of healthcare is important for conditions to be caught early and negative health outcomes to be avoided if possible.

Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies. According to the CDC, cardiovascular conditions, thrombotic pulmonary or other embolism, or other non-cardiovascular medical conditions are the leading causes of maternal deaths that occur between 43 days and one year after delivery.⁵ Women with bleeding disorders are also at elevated risk for postpartum hemorrhage, and secondary postpartum hemorrhage can occur as late as twelve weeks after childbirth.⁶ Additionally, postpartum coverage will extend access to mental healthcare. This is particularly important given that at least one in ten women experience perinatal depression,⁷ yet less than 20% of women get treated for perinatal mental health conditions postpartum,⁸ even when they do screen positive.⁹

Extending postpartum coverage is also important to reduce health disparities. Negative maternal outcomes disproportionately affect women of color. According to Georgia's Maternal Mortality Review Committee, black women were three times more likely to die from a pregnancy-related cause than non-Hispanic white women.¹⁰ Nationally, Medicaid covers 43% of births in the United States, including 60% of births to Hispanic women, 65% of births to African American women, and 67% of births to American Indian or Alaskan Native women.¹¹ Extending postpartum coverage is therefore a critical opportunity to improve access to care and reduce pregnancy-related deaths in communities of color.

While the pending waiver application is a step forward in improving access to care in Georgia, the state could and should take more comprehensive action to improve access to care. Most importantly, the state could fully expand its Medicaid program so that women with incomes up to 138% of the federal poverty level would have access to coverage before, during and after pregnancy. Access to quality, affordable coverage throughout the lifespan is necessary for all patients to manage their health conditions, and many chronic medical conditions that can have implications for maternal outcomes need to be managed before pregnancy as well as during and after delivery. As many of organizations

noted in comments filed in February 2020, the state’s “Pathways to Coverage” demonstration waiver is not a sufficient solution to improve access to quality and affordable healthcare for low-income Georgians.¹²

Finally, in addition to Medicaid expansion, the state should also consider extending its request for postpartum coverage from six months to twelve months. This extension of coverage has been recommended by maternal mortality review committees in many states, including Georgia.¹³

Our organizations urge the Department to approve Georgia’s request to extend postpartum coverage to six months and work with the state on additional steps to improve affordable, adequate and accessible healthcare coverage in its Medicaid program. Thank you for the opportunity to provide comments.

Sincerely,

American Diabetes Association
American Heart Association
American Lung Association
Chronic Disease Coalition
Family Voices
Hemophilia Federation of America
March of Dimes
Mended Hearts & Mended Little Hearts
National Alliance on Mental Illness
National Hemophilia Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society

CC: The Honorable Elizabeth Richter, Acting Administrator, Center for Medicare and Medicaid Services

¹ Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage ‘churn’ in months before and after childbirth. *Health Aff (Millwood)*. 2017; 36(4): 598–606. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>.

² 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. Available at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>.

³ Georgia Department of Public Health. Maternal Mortality Report 2014. March 2019. Available at: <https://dph.georgia.gov/document/publication/maternal-mortality-2014-case-review/download>

⁴ 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. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

⁵Petersen 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. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6818e1>

https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

⁶ VanderMeulen H, Petrucci J, Floros G, Meffe F, Dainty KN, Sholzberg M. The experience of postpartum bleeding in women with inherited bleeding disorders. *Res Pract Thromb Haemost*. 2019 Oct; 3(4): 733-740. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6782019/>.

⁷ Usha Ranji, Ivette Gomez, Alina Salganicoff. Expanding Postpartum Medicaid Coverage. December 21, 2020. Kaiser Family Foundation. Available at: <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

⁸ E. Cox et al. The Perinatal Depression Treatment Cascade: Baby Steps Toward Improving Outcomes. *J Clin Psychiatry* 2016;77(9):1189-1200.

⁹ Goodman JH, Tyer-Viola L: Detection, treatment, and referral of perinatal depression and anxiety by obstetrical providers. *J Womens Health (Larchmt)*. 2010;19:477-490.

¹⁰ Georgia Department of Public Health. Maternal Mortality Report 2014. March 2019. Available at: <https://dph.georgia.gov/document/publication/maternal-mortality-2014-case-review/download>

¹¹ MACPAC. Medicaid's Role in Financing Maternity Care. January 2020. Available at: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>

¹² Health Partner Coalition Comments to HHS Secretary Azar re Georgia "Pathways to Coverage" 1115 Demonstration. Available at: <https://www.lung.org/getmedia/b93587f6-bcc3-4cfa-94e5-f62b2860b2ac/ga-1115-pathways-to-coverage.pdf>

¹³ Georgia Department of Public Health. Maternal Mortality Report 2014. March 2019. Available at: <https://dph.georgia.gov/document/publication/maternal-mortality-2014-case-review/download>