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December 9, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U. S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Administrator Verma:

First Focus on Children is a bipartisan advocacy organization dedicated to making children and families a priority in federal and budget decisions. We advocate on behalf of children in all areas of their lives, including several programs within the Department of Health and Human Services.

We appreciate the opportunity to comment on the Section 1115 waiver submitted by the state of Indiana entitled, “Maternal Opioid Misuse Indiana Initiative (MOMII).” This waiver request would expand Medicaid coverage for certain postpartum women with opioid use disorders for up to 12 months and would provide continuous eligibility for these women and their babies. We support the expansion of postpartum Medicaid coverage, but we strongly believe that in order to benefit the greatest number of women and children, coverage must be expanded broadly and not limited only to some postpartum women.

Approximately 700 women die in the United States each year due to pregnancy or delivery, which is a rate higher than nearly all other developed countries.¹ The statistics are significantly worse for Black women and infants compared to their white peers². Black women are 3.5 times more likely to die from a pregnancy or birth than white women.³ And the United States has an infant mortality rate that ranks 33 out of the 36 Organization for Economic Cooperation and Development member countries and is 1.5 times the average of those countries’ rates.⁴

¹ “Pregnancy-Related Deaths.” U.S. Centers for Disease Control and Prevention, 26 February 2019.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

² “Pregnancy Mortality Surveillance System.” U.S. Centers for Disease Control and Prevention, 4 June 2019.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>. Accessed 22 June 2020.

³ “Pregnancy Mortality Surveillance System,” U.S. Centers for Disease Control and Prevention, 4 February 2020.

https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.html. Accessed 22 June 2020.

⁴ “2018 Annual Report: International Comparison,” United Health Organization, *America’s Health Rankings*,

<https://www.americashealthrankings.org/learn/reports/2018-annual-report/findings-international-comparison>. Accessed 22 June 2020.

Medicaid coverage for pregnant and postpartum women varies greatly by state, and women and children's outcomes by state therefore also vary greatly. Fifty-five percent of mothers who were insured by Medicaid for their delivery were uninsured six months after giving birth. The decline in infant mortality rates is 50 percent greater in Medicaid expansion states versus non-expansion states, and this includes a significant reduction in racial disparities.⁵ The uninsured rate for women of childbearing age is nearly two times higher in non-expansion states as opposed to expansion states.⁶ Medicaid expansion has been shown to lower maternal deaths by seven deaths per 100,000 live births compared to states that have not expanded Medicaid. These positive effects were found mostly among Black women, and therefore Medicaid expansion could help decrease some racial disparities found in maternal health.⁷ Postpartum coverage is vital for helping to manage chronic or pregnancy-induced conditions that can have long-term effects on women and their children, including depression, obesity, gestational diabetes, and pregnancy-related hypertension.

We know that the opioid epidemic is negatively impacting children in numerous ways. In 2017, 2.2 million children (2.8 percent of U.S. children) were directly impacted by opioid use. Two million of these were impacted by parental use, including living with a parent with opioid use disorder (OUD), losing a parent to an opioid-related death, having a parent in prison because of opioids, or having been removed from their homes due to opioids.⁸ Cases of babies born with prenatal substance exposure have increased in recent years – four times as many babies were born with prenatal substance exposure in 2014 than in 1999.⁹ Opioid overdose deaths among postpartum mothers decline during pregnancy, but peak in the seven to 12 months postpartum, which does not overlap with the current 60-day Medicaid post-partum coverage period. Twelve months of postpartum coverage is certainly needed for these women, and we believe that coverage would benefit many more women and children if this benefit was expanded and not limited to only women impacted by opioid use disorder.

Indiana's Section 1115 waiver request is a positive step and an improvement over current postpartum coverage in the state. We applaud states that are looking for ways to improve infant and maternal health through their Medicaid programs. However, we encourage the federal government and states both to take bolder and more impactful actions to improve care and reduce disparities in health. Extending Medicaid for twelve months postpartum for all pregnant women would more dramatically help reduce the rates of maternal and infant mortality. According to Indiana's waiver request, in 2018, 5500 postpartum women in the state lost coverage 60 days after giving birth. This waiver request would allow up to 725, or only 13 percent, of those women to maintain coverage. While an improvement, we believe more women and children should be afforded benefits that we know work to improve their health and reduce racial disparities.

⁵ "Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies", <https://ccf.georgetown.edu/wp-content/uploads/2019/05/Maternal-Health-3a.pdf>

⁶ Ranji, Usha, Gomez, Ivette, and Salganicoff, Alina, "Expanding Postpartum Medicaid Coverage," May 2019. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

⁷ Eliason, Erica L. 2020. "Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality." *Women's Health Issues*.

⁸ "The Ripple Effect: National and State Estimates of the U.S. Opioid Epidemic's Impact on Children." *United Hospital Fund*, November 2019. https://uhfnyc.org/media/filer_public/6e/80/6e80760f-d579-46a3-998d-1aa816ab06f6/uhf_ripple_effect_national_and_state_estimates_chartbook.pdf

⁹ "US Opioid Crisis: Addressing Maternal and Infant Health." *CDC*. <https://www.cdc.gov/reproductivehealth/opioid-use-disorder-pregnancy/pdf/MMWR-Opioids-Use-Disorder-Pregnancy-Infographic-h.pdf>

There is no single solution to changing the current trajectory and disparities in maternal and infant health in this country, but rather a variety of steps that include increased access to prenatal and postpartum coverage and care, understanding and addressing racial bias in our society and among medical providers, improved tracking of disparities in health outcomes, and support for programs that work with women and their families to improve outcomes. We support states and the federal government in implementing policies that improve maternal and infant care and reduce disparities, and we encourage them to enact policies that will be as impactful as possible.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive style with a distinct loop at the end of the last name.

Bruce Lesley
President