



May 7, 2021

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

Re: Virginia Family Access to Medical Insurance Security (FAMIS) MOMS and FAMIS Select Section 1115 Amendment

Dear Secretary Becerra:

Thank you for the opportunity to provide comments on Virginia's FAMIS MOMS and FAMIS Select Section 1115 Waiver Amendment.

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 Virginia's Medicaid program provides quality and affordable healthcare coverage. Our organizations support Virginia's request to extend postpartum coverage from 60 days to twelve months, as this will improve access to care, help patients better manage serious and chronic health conditions and reduce negative maternal outcomes that disproportionately affect women of color.

Virginia's waiver will help to prevent gaps in healthcare coverage for low-income women during the postpartum period. According to the state's application, this demonstration would provide healthcare coverage to between 910 and 1,590 women with incomes up to 205% of the federal poverty level (\$3,752 per month for a family of three) each 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 acute and chronic illnesses; for example, patients with cancer who are in the middle of chemotherapy and patients who must take daily medications to manage their 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 Financial barriers should not deter a patient from visiting their doctor or filling a prescription.

Improving postpartum coverage is an important component of reducing maternal mortality in Virginia. A report from the state's Maternal Mortality Review Team found that in a 14-year period, more than 400 women with chronic diseases died from complications associated with pregnancy.³ Nearly two-thirds of these women died 43 days or more after giving birth. 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 The postpartum period is also important time to ensure the women have access to the support they need to quit smoking and stay quit. In addition to the health impact on the mother, babies with mothers who smoke during pregnancy or who are exposed to secondhand smoke after birth have weaker lungs and are more likely to die from sudden infant death syndrome (SIDS).¹⁰

Finally, extending postpartum coverage is important to reduce health disparities. Negative maternal outcomes disproportionately affect women of color. Black women in Virginia are more than two times as likely to die from a pregnancy-related cause than white women in the state. 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.

Our organizations strongly support Virginia’s request to extend postpartum coverage to twelve months and urge you to approve this waiver. Thank you for the opportunity to provide comments.

Sincerely,

American Diabetes Association
American Heart Association
American Lung Association
Epilepsy Foundation
Hemophilia Federation of America
March of Dimes
Mended Little Hearts
National Alliance on Mental Illness
National Coalition for Cancer Survivorship
National Patient Advocate Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
United Way Worldwide
WomenHeart: The National Coalition for Women with Heart Disease

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 [MMRT-Chronic-Disease-Report-FINAL-VERSION.pdf \(virginia.gov\)](#)

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>

⁵ 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>
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 Centers for Disease Control and Prevention. Smoking During Pregnancy. April 28, 2020. Available at: https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm

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>