

May 1, 2020

Jack Nocito
Project Officer
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Blvd., Mail Stop S2-01-16 Baltimore, MD 21244-1850

Re: New Jersey – Section III5 Comprehensive Demonstration Amendment

Dear Mr. Nocito:

We are writing in support of the New Jersey Division of Medical Assistance and Health Services' (DMAHS) request to amend the Special Terms and Conditions of the III5 New Jersey Comprehensive Demonstration to extend NJ FamilyCare coverage for eligible pregnant women to 180 days post-partum.

The [Medicaid Policy Center](#), a program of the [New Jersey Health Care Quality Institute](#), has been leading several efforts in the state to improve the quality of Medicaid funded maternal and child health. In partnership with DMAHS, we are convening a steering committee to develop an episode of care demonstration for Medicaid funded maternity care. We have also convened several work groups consisting of patients, providers, health plans, and support service providers to drive changes in perinatal policy, including the elimination of payment for early elective deliveries, the requirement for providers (obstetricians and midwives) to use a standardized perinatal risk assessment form, and coverage of centering programs and doula care.

There are strong policy reasons for extending coverage post-partum. First, the post-partum period can be a medically vulnerable time for many women. In fact, approximately 60 percent of pregnancy-related deaths occur within the first year after childbirth (not during pregnancy itself). Thus, assuring that low-income women have continuous coverage after pregnancy would support improvements in maternal outcomes.

In addition, health characteristics and outcomes vary amongst pregnant women by socioeconomic status. Compared to pregnant women who are privately insured, those with Medicaid are impacted by the social determinants of health and thus, due to those social, economic and commercial factors, are more likely to be overweight or obese, have higher rates of smoking before or during pregnancy, and are at greater risk for poor infant outcomes, including low birthweight and preterm births. Therefore, extending coverage to these women for an additional four months post-partum would enable them to address these health needs before another pregnancy, and thereby, potentially avoid a high-risk, high-cost pregnancy.

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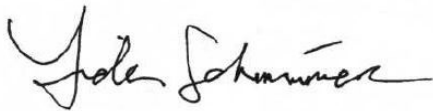
One of the most common complications for pregnant and post-partum women is depression. The American College of Obstetricians and Gynecologists (ACOG) estimates that fourteen percent of pregnant women and up to a quarter of post-partum women experience depression. Several studies have found higher rates of depression among women of color, low-income women, as well as variation between states. ACOG recommends screening during the post-partum visit and initiation of treatment or referral to a mental health provider when a woman is identified with depression. Extending coverage would enable women to afford these critical services through Medicaid coverage. See [Kaiser Family Foundation Issue Brief](#) for further discussion and support for the requested expansion of coverage post-partum.

In the absence of this extended coverage, some women may struggle to find alternative sources of coverage and, as a result, fail to receive essential care. Others may successfully find alternative coverage, such as through the Patient Protection and Affordable Care Act (“ACA”) Marketplace, but nonetheless, they still need to switch providers, and thus have their continuity of care disrupted. In addition, depending on how comprehensive a mother’s new source of coverage is, she may also lose access to critical services, such as dental care or certain behavioral health benefits.

A preliminary analysis shows that fifty-three percent of pregnant women in New Jersey who lost Medicaid coverage post-partum, re-enrolled in the Medicaid program during the two year period after their coverage was initially terminated. When this re-enrollment occurs with such frequency, the health care issues associated with lack of coverage in the interim, and the disruption of coverage, become an issue for both the women and the Medicaid program to address both clinically and financially.

Thank you for your consideration of our comments in support of New Jersey’s Section 1115 Comprehensive Demonstration Amendment to extend NJ FamilyCare coverage for eligible pregnant women to 180 days post-partum.

Respectfully,

A handwritten signature in black ink, appearing to read "Linda J. Schwimmer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Linda J. Schwimmer

Organizations Signing Onto this Letter of Support

American College of Nurse Midwives, New Jersey Affiliate

Bayer US

Camden Coalition of Healthcare Providers

Every Mother Counts

Greater Newark Health Care Coalition

Horizon Blue Cross Blue Shield of New Jersey

Institute for Perinatal Quality Improvement

Integrity House

Newark Community Health Centers Inc.

New Jersey Affiliate of the American College of Nurse-Midwives Affairs

New Jersey Association of Mental Health and Addiction

Agencies New Jersey Doctor Patient Alliance

New Jersey Education Associations

New Jersey Family Planning League

New Jersey Policy Perspective

NJ ACOG

Planned Parenthood of Northern, Central and Southern NJ

Planned Parenthood of Metropolitan New Jersey

Pretty Mama Breastfeeding, LLC

Rutgers Center for State Health Policy

Rutgers New Jersey Medical School

RWJ Barnabas Health

The Health Coalition of Passaic County
(HCPC) Trenton Health Team
Trinitas Health and Regional Medical Center
VNA Health Group
WellCare Health Plans, Inc.