

Congress of the United States
Washington, DC 20515

Feb 13, 2020

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

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Azar and Administrator Verma:

The 14 undersigned members of the Illinois Congressional Delegation write to respectfully urge the Centers for Medicare and Medicaid Services (CMS) to act quickly in approving Illinois' Department of Healthcare and Family Services' Continuity of Care and Administrative Simplification 1115 Waiver proposal. If approved, this waiver would extend postpartum Medicaid to provide 12 months of continuous, comprehensive coverage to women up to 213 percent of the federal poverty level. This waiver request is consistent with the recommendations of the Illinois Maternal Mortality Review Committee (MMRC) and by MMRCs in other states. It is also recommended by the nation's leading health care organizations, including the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA), and Medicaid Health Plans of America, among other groups. We believe, along with the experts in maternal health, that extending Medicaid coverage to 12 months postpartum will improve the health of women and has the potential to save Illinois mothers' lives.

Illinois' waiver request demonstrates innovative solutions to the maternal mortality crisis and embodies the intent of Congress in creating the Medicaid program to provide medical assistance to our Nation's most vulnerable populations. Nearly half of our nation's births, and 44 percent of births in Illinois, are financed by Medicaid.¹ The Medicaid program plays a critical role in improving maternal health and combatting our Nation's rising rates of maternal mortality.

The United States is the only industrialized nation with a maternal mortality rate that is on the rise, increasing 26 percent between 2000 and 2014.² According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year.³ It is estimated that more than half of these deaths are preventable.⁴ Equally concerning are the stark racial disparities in maternal mortality: black women are three to four times more likely to die from a pregnancy-related complication than non-Hispanic white women, and American Indian/Alaska Native women are 2.5 times more likely to die from a pregnancy-related complication than non-Hispanic white

¹ Kaiser Family Foundation, Births Financed by Medicaid. Available at: [https://www.kff.org/medicaid/state-indicator/births-financed-by-](https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

[medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)
² MacDorman, M., Declercq, E., Cabral, H., Morton, C., "Is the United States Maternal Mortality Rate Increasing? Disentangling trends from measurement issues: Short title: U.S. Maternal Mortality Trends." *Obstet Gynecol.* 2016 Sep; 128(3):447-55.

³ 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.

⁴ Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Available at: https://reviewtoaction.org/Report_from_Nine_MMRCs

women.^{5,6} Of the 700 pregnancy-related deaths that occur in the U.S. each year, one-third occur one week to one year after a pregnancy ends.⁷

The maternal mortality crisis in Illinois mirrors these national trends. According to the Illinois Maternal Morbidity and Mortality Report, issued by the Illinois Department of Public Health in October 2018, an average of 73 women per year died within one year of pregnancy between 2008 and 2016.⁸ During this same time period, black women were six times as likely to die of a pregnancy-related condition compared to women of any other race/ethnicity, and 33 percent of all pregnancy-related deaths occurred between 43 and 364 days after the most recent pregnancy.⁹ According to the report, women on Medicaid during pregnancy were nearly five times as likely as women with private insurance to die from a pregnancy-related cause.¹⁰ Between 2016 and 2017, Illinois women on Medicaid also had a higher rate of severe maternal morbidity than women with private insurance (57.1 per 10,000 deliveries and 48.6 per 10,000 deliveries, respectively).¹¹ Through its waiver request, Illinois is demonstrating its commitment to addressing this crisis within the state and ending preventable maternal deaths.

Despite growing evidence that supports extended coverage for new moms, under current federal law, pregnancy-related Medicaid ends 60 days after the end of pregnancy. This arbitrary cliff leaves many women uninsured and unable to address their postpartum health needs shortly after experiencing birth. According to ACOG, the Nation's leading organization of women's health care physicians, the postpartum period should be an ongoing process "with services and support tailored to each woman's individual needs."¹² 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. Notably, the CDC defines the postpartum period as extending through 12 months after the end of pregnancy, and data demonstrate that women who have recently given birth have health needs that continue throughout an infant's first year of life.

Congress expressly gave the Secretary of the Department of Health and Human Services (HHS) the authority to waive almost any Medicaid state plan requirement that falls under §1902 to the extent necessary to carry out a demonstration or experimental project which furthers the objectives of Medicaid. We affirm that this includes the authority to approve 1115 proposals to extend postpartum coverage. The Illinois proposal seeks to waive the following: 42 CFR 435.4 to change the definition of pregnant women to include 12 months postpartum instead of 60 days postpartum; 42 CFR 435.170 to 1) extend eligibility for pregnant women from 60 days to 12 months postpartum; 2) extend continuous eligibility for pregnant women from 60 days to 12 months postpartum; and 3) allow coverage under the pregnant woman category of eligibility when a woman applies during the postpartum period more than three months after delivery; and 42 CFR 435.916(a) to extend the renewal of Modified Adjusted Gross Income (MAGI)-based income to the end of the 12-month postpartum period. Each of these regulations falls under §1902 and is, therefore, waivable under the authority of Section 1115.

⁵ Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

⁶ 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.

⁷ *Ibid.*

⁸ Illinois Department of Public Health. Illinois Maternal Morbidity and Mortality Report. October 2018. Available at: https://reviewtoaction.org/sites/default/files/portal_resources/MaternalMorbidity_MortalityReport_2018.pdf

⁹ *Ibid.*

¹⁰ Illinois Department of Public Health. Illinois Maternal Morbidity and Mortality Report. October 2018. Available at: https://reviewtoaction.org/sites/default/files/portal_resources/MaternalMorbidity_MortalityReport_2018.pdf

¹¹ *Ibid.*

¹² Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;131:e140–50.

The Secretary can also permit federal financial participation for costs not otherwise eligible for a federal match, giving states the flexibility to cover services and populations not included in the Medicaid state plan. A recent example of the Secretary granting such authority to the states is the approval of several 1115 waivers to expand opioid and substance use disorder treatment benefits to provide residential treatment in institutions for mental disease (IMDs). Absent waiver approval, these services would not be eligible to receive federal financial participation. The same logic applies to Illinois' request to redefine pregnant women to include 12 months, rather than 60 days, of postpartum care. As such, the state's proposal is waivable under the authority of Section 1115.

The evidence is clear that disruptions in insurance coverage during the postpartum period are contributing to poor maternal health outcomes and deaths. Illinois is a frontrunner among many states eager to address its maternal health crisis by instituting 12 months of continuous, comprehensive coverage. We urge CMS to act quickly to approve this waiver request. We look forward to CMS's timely response.

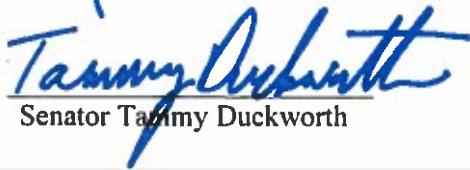
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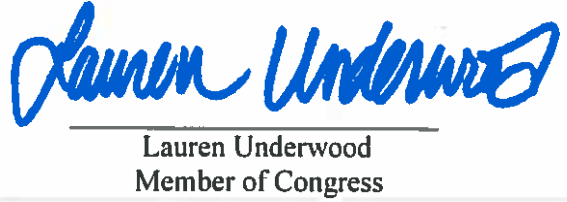
Robin L. Kelly
Member of Congress



Senator Richard J. Durbin



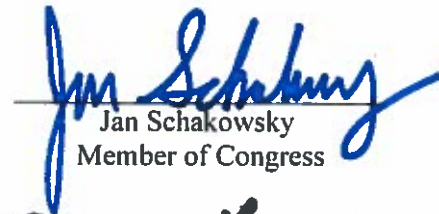
Senator Tammy Duckworth



Lauren Underwood
Member of Congress



Cheri Bustos
Member of Congress



Jan Schakowsky
Member of Congress



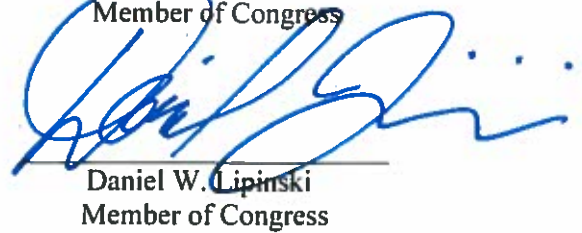
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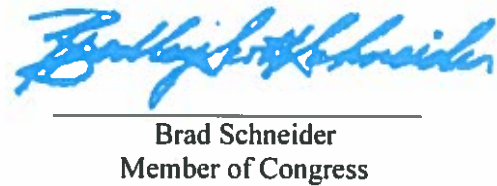
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