



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

MASSACHUSETTS MEDICAL SOCIETY COMMENTS IN SUPPORT OF THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES REQUEST TO AMEND MASSHEALTH SECTION 1115 DEMONSTRATION

APRIL 23, 2021

The Massachusetts Medical Society (MMS) wishes to be recorded in strong support of the Executive Office of Health and Human Services (EOHHS) request to amend MassHealth Section 1115 Demonstration.

The MMS is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them a better health care system, and on behalf of physicians, to help them provide the best care possible. In pursuing those ends, the MMS strives for health equity, advocating for vulnerable patients especially during time periods most critical to their health. The EOHHS proposed amendment to the MassHealth Section 1115 Demonstration would extend eligibility for postpartum coverage to 12 months. This amendment is key to eliminating maternal health inequities and would improve the health and health care of such postpartum patients. Accordingly, and for the reasons below, the Medical Society is in strong support of the MassHealth Demonstration Amendment Request.

The postpartum period is critical to the health of both pregnant people and infants. Continuous health insurance coverage during this time period can improve the use of health care services and lead to better outcomes for pregnant people's health, which is central to infants' health. In 2018, MassHealth covered 35% of births in the Commonwealth, but the pregnancy coverage it offers ends only 60 days after childbirth, which is not sufficient to address the medical and socioemotional needs of the postpartum period. Roughly one-third of pregnancy-related deaths occur in the postpartum period, which can last several months; pregnancy-related deaths from preventable causes, including overdose and suicide, also occur more frequently during this period. Providing continuous coverage throughout this critical time can have potentially lifesaving effects.

The Medical Society is committed to combating the rise in maternal morbidity and mortality and the racial disparities therein. Inadequate postpartum care may contribute to persistent racial and ethnic disparities in maternal and infant health outcomes, and expanded MassHealth coverage in the postpartum period may help to improve these longstanding inequities. Racial disparities in maternal mortality are staggering, with African-American, Native American, and Alaska Native women dying of pregnancy-related causes at approximately 3 times the rate White women in the United States.¹ Research has shown that these disparities persist, even when controlling for factors like income, prenatal care, and maternal age.² In Massachusetts, Black women are twice as likely to die from pregnancy-related causes than White women, and overall rates of pregnancy-associated mortality increased 33% from 2012 to 2014 alone.³ Compounding this trend, Massachusetts, like the rest of the nation, is in the midst of an opioid use epidemic, which has only been intensified during the COVID-19 pandemic and is adversely impacting maternal health. A recent report from the Massachusetts Executive Office of Health and Human Services (EOHHS) found that more than a third (38.3%) of deaths among individuals delivering a live birth between 2011 and 2015 were fatal opioid-related overdoses.⁴ This same report recommended further assessment of the impact of treatment engagement and retention on maternal overdose during the postpartum period and analysis to determine factors that may predict or protect against overdose among mothers *in the first year postpartum*.

The twelve months following childbirth can be a medically vulnerable time, and postpartum care in the twelve months after having a child is critical. Postpartum care has traditionally included one follow-up appointment post-childbirth, but there has been a significant clinical paradigm shift to emphasize that postpartum care is an ongoing process that typically requires multiple visits and follow-up care that may last a year or even longer. Increasing postpartum care is particularly important for those who experience pregnancy complications or have chronic conditions, such as cardiovascular disease, hypertension, or diabetes, which also

¹ Centers for Disease Control and Prevention, *Vital Signs: Pregnancy-related Deaths, United States, 2011-2015, and Strategies for Prevention*, 13 States, 2013-2017,

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

² Howell EA. Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clin Obstet Gynecol*. 2018;61(2):387-399. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5915910/>

³ Massachusetts Department of Public Health, Maternal Mental Health & Pregnancy Associated Deaths, <https://www.mass.gov/files/documents/2018/05/07/maternal-mental-health-data-brief.pdf>.

⁴ Massachusetts Department of Public Health. Legislative Report: Chapter 55 – An Assessment of Fatal and Non-fatal Overdoses in Massachusetts (2011-2015). Available at: <https://www.mass.gov/files/documents/2017/08/31/legislative-report-chapter-55-aug-2017.pdf>.

disproportionately affect people of color. Medicaid-enrolled pregnant women are more likely than women with private coverage to have certain chronic conditions, preterm births, or low birthweight babies, putting them at higher risk for poor maternal outcomes. Further, coverage disruptions during the perinatal period disproportionately affect Black, Native American and Alaskan Native, and Hispanic birthing individuals.⁵ Notably, infants born to birthing individuals with Medicaid coverage for pregnancy are eligible for Medicaid for the first year of life, but the availability of postpartum health coverage for birthing individuals, particularly those who meet the Medicaid income limits, is constrained to 60 days. It is vital to health outcomes for them and their families to expand postpartum MassHealth coverage.

The requested updates to coverage would not only extend the time period of postpartum coverage but also expand the scope of those who qualify for MassHealth coverage, authorizing postpartum coverage for those who have attested modified adjusted gross income (MAGI) at or below 200% of the federal poverty level and for those who are not otherwise eligible due to immigration status. Pregnant individuals with undocumented immigration status are less likely than other residents in the United States to have health insurance, making access to pre- and postnatal care difficult. Improving access to quality health care for pregnant individuals regardless of their immigration status is essential to improving public health in the Commonwealth. This expansion further improves health equity by providing coverage to populations who have experienced substantial barriers to care and who are disproportionately affected by maternal morbidity and mortality. While the expansion is only one part of the requested amendment, the Medical Society sees it as fundamental to the success of maternal health care services provided through MassHealth and believes it necessary to progress maternal health care in our Commonwealth.

The Massachusetts Medical Society appreciates this opportunity to comment in support on the EOHHS request to amend MassHealth Section 1115 Demonstration. We are in full support of this request and stand ready to assist in any fashion that may be necessary to realize the amendments contained therein.

⁵ Racial and Ethnic Disparities in Perinatal Insurance Coverage, *Obstetrics & Gynecology*, April 2020, available at https://journals.lww.com/greenjournal/Fulltext/2020/04000/Racial_and_Ethnic_Disparities_in_Perinatal.20.aspx.