

Public Comments on Proposed MassHealth 1115 Demonstration Amendment Request
March 23, 2021 to April 25, 2021

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From MassHealth information release:

i) Updates to eligibility for postpartum coverage

A. Extend eligibility for postpartum coverage to 12 months for members who are citizens or lawfully present immigrants and who have attested modified adjusted gross income (MAGI) at or below 200% of the federal poverty level

B. Authorize postpartum coverage for members not otherwise eligible due to immigration status

ii) Enhancing services for specialized populations

Provide Community Support Program benefits with a particularized focus for individuals with justice involvement living in the community

iii) Providing flexibilities related to place of service

Permit the state to make payments for clinic services delivered via telehealth and in other non-clinic locations.

We strongly support MassHealth's intention to file an 1115 waiver amendment to extend postpartum coverage from 60 days to 12 months, including lawfully present immigrant members. As pediatricians, we know well that healthy parents raise healthy children, and that first year of life is critically important for many elements of young family life – bonding, stimulation, avoiding early adversity. Mothers who lose eligibility have less capacity for these critical aspects of caring for newborns. There is ample research to show that 60 days of postpartum coverage is not sufficient to address the medical and behavioral health needs of young parents. We appreciate MassHealth's taking this important step, even before the state option through the American Rescue Act takes effect.

We know that MassHealth has worked on newborn enrollment over the past year. We strongly encourage MassHealth to assure that all infants born to mothers enrolled in Medicaid are themselves enrolled in Medicaid at birth. Assuring that both members of the mother-child dyad are covered in this critical early period is critical for family and child development.

We also support MassHealth's efforts to enhance services and community support programs for individuals with experience with the justice system living in the community. This includes late adolescents and young adults who particularly need such services – and helps to address the substantial physical and mental/behavioral health morbidity in this group.

And we appreciate the support that MassHealth has provided for the rapid expansion of telehealth during the COVID pandemic. In child and adolescent health, unfortunately, many of our patients have gone without adequate immunizations and with unattended mental health conditions, as well as management of their chronic conditions. The expansion of telehealth has partly helped with addressing the needs of these populations, and we appreciate the 1115 waiver amendment to confirm these payments for telehealth services.



**TESTIMONY RELATIVE TO THE
1115 MASSHEALTH DEMONSTRATION WAIVER**

April 20, 2021

The Massachusetts Section of the American College of Obstetricians and Gynecologists (MA-ACOG) is pleased to provide public comments in response to the Executive Office of Health and Human Services (EOHHS) submission of a request to the Centers for Medicare and Medicaid Services (CMS) to amend the MassHealth Section 1115 Demonstration.

The Demonstration Amendment Request outlines the specific authorities being requested from CMS to expand eligibility for the Medicare Savings Programs to comply with state law, to extend eligibility for postpartum coverage to 12 months, to authorize postpartum coverage for members not otherwise eligible due to immigration status, to enhance services for specialized populations, and to provide flexibility related to place of services.

MA-ACOG strongly supports the provisions that would extend eligibility for postpartum coverage to 12 months and authorize postpartum coverage for members not otherwise eligible due to immigration status. The public comments provided below focus on those provisions of the Demonstration Amendment Request.

Maternal mortality is a growing health crisis in Massachusetts and indeed, across the country. While the majority of pregnancy-related deaths are preventable, maternal mortality is increasing at an alarming rate. Furthermore, 60% of pregnancy-related deaths occur during the postpartum period. Medicaid plays an important role in improving maternal and perinatal health outcomes. Timely postpartum visits provide an opportunity to address chronic health conditions, such as diabetes and hypertension; mental health status, including postpartum depression; and substance use disorders.

Pregnancy-associated mortality increased 33% in Massachusetts between 2012 and 2014, the latest time period for which publicly available data is available. Moreover, for every person who dies from pregnancy-related causes, another 70 suffer from severe physical illness or disability, including behavioral health conditions.

Under current federal rules, pregnant and birthing individuals who are eligible for Medicaid on the basis of their pregnancy only receive coverage during their pregnancy and 60 days postpartum. This timeframe is not sufficient to address the medical, psychologic, social needs of the postpartum period.

Specifically, federal rules require states to offer Medicaid to pregnant women with incomes up to at least 138% of the federal poverty level (FPL). States can be more generous and adjust this threshold, as Massachusetts has in setting it at 205% FPL. This coverage is mandated to cover up to 60 days postpartum after which many individuals can fall into the “coverage gap” if they don’t qualify under another eligibility category.

While Medicaid expansion states like MA already have pathways for continued postpartum coverage (via continued Medicaid, Marketplace subsidies, employer self-insurance, etc.), extending Medicaid for individuals who recently experienced pregnancy to 12 months postpartum could allow for greater continuity with Medicaid providers and reduce “churn” in coverage as patients have to deal with switching insurance at the tenuous 60-day mark when they’re still dealing with postpartum/delivery complications.

The waiver request is important to MA-ACOG and our patients because while Massachusetts has expanded MassHealth to more low-income residents, including pregnant and birthing individuals, some postpartum individuals experience disruptions in coverage and care under current eligibility rules, leading to delays in identifying and treating pressing health challenges.

Indeed, 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. These disparities impact immigrants even more due to policies that promote unequal access to quality maternity care.

In conclusion, MA-ACOG appreciates EOHHS' intent to submit a request to CMS to amend the MassHealth Section 1115 Demonstration to extend eligibility for postpartum coverage to 12 months and to authorize postpartum coverage for members not otherwise eligible due to immigration status.

MA-ACOG thanks you for your consideration of our comments. We would be happy to answer any questions you may have. Please feel free to reach out at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Glenn', with a stylized flourish extending to the right.

Glenn Markenson, MD
Chair, MA-ACOG
Glenn.markenson@bmc.org



**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.



April 23, 2021

Daniel Tsai, Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Submitted via email to 1115-Comments@mass.gov

Re: MassHealth Section 1115 Demonstration Waiver Amendment

Dear Assistant Secretary Tsai,

On behalf of the Children's Health Access Coalition (CHAC), thank you and the whole MassHealth team for your leadership to improve important health coverage and care programs for children, adolescents and families, including pregnant people. The COVID-19 pandemic has had immense impacts on families throughout the Commonwealth, disproportionately impacting Black, Indigenous and other People of Color (BIPOC) and immigrants. The health, educational and economic effects will outlast the end of the public health emergency and the 1115 waiver amendment and related policies offer an opportunity to make progress in addressing some of these issues.

CHAC is a coalition of providers, advocates, community organizations and other stakeholders committed to ensuring that every child in Massachusetts has access to high quality, affordable, and culturally appropriate health coverage and services, from prenatal through young adult years. CHAC strongly supports the MassHealth 1115 waiver amendment proposal to extend postpartum coverage from 60 days to 12 months, including for immigrant birthing people who are currently eligible in the Commonwealth. We applaud MassHealth for utilizing 1115 waiver authority to enact this policy now with the intent to file a State Plan Amendment when it becomes available under the American Rescue Plan Act for implementation in April 2022.

Medicaid plays an important role in improving maternal and perinatal outcomes. Timely postpartum visits provide an opportunity to address chronic and pregnancy-related health conditions, such as diabetes and hypertension; mental health status, including postpartum depression; and substance use disorders. While Massachusetts has expanded Medicaid and subsidized health coverage to many low-income residents, it is common for postpartum individuals to experience disruptions in coverage and care under current eligibility rules that end postpartum coverage after 60 days. Extending MassHealth eligibility to 12 months after the end of a pregnancy would provide an automatic coverage pathway during a vulnerable time and prevent disruptions in care. It would positively impact the long-term health and wellbeing of pregnant and birthing individuals, their families and their communities.

The Medicaid postpartum coverage extension is also a tangible policy to help address maternal racial health inequities. Maternal mortality has been a growing health crisis in the United States for decades. The majority of pregnancy-related deaths are preventable, and they are increasing at an alarming rate,

with major inequities for BIPOC individuals. Black and Indigenous birthing people are three times more likely to die from pregnancy-related complications than white birthing people.¹ For every person who dies from pregnancy-related causes, another seventy suffer from severe physical illness or disability, including behavioral health conditions, at a rate of two times as often for Black birthing people.^{2,3} There is ample research to show that 60 days of postpartum coverage is not a sufficient period to address the medical and behavioral health needs of birthing people. In fact, many postpartum depression symptoms or substance use may first occur or escalate after 60 days postpartum. In Massachusetts, Black birthing people are nearly 2.5 times as likely to experience postpartum depression symptoms as white birthing people.⁴ Pregnancy-related and substance use-related deaths among postpartum individuals in the Commonwealth occur most often between 42 and 365 days postpartum.⁵ Having continuous coverage ensures that birthing individuals get the uninterrupted care and support they need during this vulnerable time, helping to avert crisis situations, the development of intensive longer-term conditions, and potentially mortality.

Thank you for your commitment to improving maternal health and the health of children and families in the Commonwealth. CHAC is hopeful that the Centers for Medicare and Medicaid Services (CMS) will quickly approve this 1115 waiver amendment request. We look forward to working with you to implement continuous coverage for birthing people enrolled in MassHealth. Please do not hesitate to contact Yaminah Romulus at yromulus@hcfama.org or Suzanne Curry at scurry@hcfama.org with any questions or to discuss this issue further.

Sincerely,

Yaminah Romulus
Policy & Project Coordinator/Project Team Lead, Health Care For All
On behalf of the Children's Health Access Coalition

Cc: Amanda Cassel Kraft, Deputy Medicaid Director
Alison Kirchgasser, Director of Federal and State Relations, MassHealth

¹ <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>

² <https://www.ajmc.com/view/racial-disparities-persist-in-maternal-morbidity-mortality-and-infant-health>

³ https://blackrj.org/wp-content/uploads/2020/04/6217-IOOV_Maternal_trifold.pdf

⁴ <https://www.mass.gov/guides/phit-data-pregnancy-risk-assessment-monitoring-system-prams>

⁵ <https://www.mass.gov/doc/substance-use-among-pregnancy-associated-deaths-massachusetts-2005-2014/download>

CHAC Member Organizations

Action for Boston Community Development, Inc.
Alliance for Inclusion and Prevention
American Academy of Pediatrics MA Chapter
Association for Behavioral Healthcare
Boston Children's Hospital
Boston Medical Center
Boston Public Health Commission
Cambridge Health Alliance
Children's Law Center of Massachusetts
Children's League of Massachusetts
Children's Vision Massachusetts
Coalition for Social Justice
Codman Square Health Center
Community Catalyst
Economic Mobility Pathways (EMPath)
East Boston Ecumenical Community Council (EBECC)
Federation for Children with Special Needs
Franciscan Children's
Health Care For All
The Health Foundation of Central Massachusetts
Health Law Advocates
Home Care Alliance of Massachusetts
The Home for Little Wanderers
Joint Committee for Children's Health Care in Everett
Massachusetts Advocates for Children
Massachusetts Coalition of School-Based Health Centers
Massachusetts Commission on LGBTQ Youth
Massachusetts Early Intervention Consortium
Mass General Brigham
Massachusetts Health & Hospital Association
Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition
Massachusetts Law Reform Institute
Massachusetts League of Community Health Centers
Massachusetts Medical Society
Massachusetts Pediatric Home Nursing Care Campaign
Massachusetts School Based Health Alliance
Massachusetts School Nurse Organization, Inc.
Medical-Legal Partnership Boston
Mental Health Legal Advisors Committee
Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)
National Association of Social Workers, MA Chapter
New England Alliance for Children's Health
Parent/Professional Advocacy League
United Way of Massachusetts Bay and Merrimack Valley

April 23, 2021

Massachusetts Executive Office of Health and Human Services,

My name is Isabella Hernandez, and I am currently a Master of Bioethics candidate at Harvard Medical School. Over the past academic year, I have been studying ways to improve postpartum maternal health. I write to encourage you to extend MassHealth coverage from 60 days to 12 months postpartum. There is a clear need to provide care and support during this vulnerable period, but also, I would argue, there is an obligation for Massachusetts to provide additional postpartum coverage. Extending coverage is a high-value investment in women and children's health and futures, which will reduce overdose rates, address maternal mortality, *and* improve health broadly.

Need for Extended Coverage in Massachusetts

MassHealth covers approximately 35% of all births in Massachusetts.¹ While the postpartum period lasts until 12 months post-delivery, MassHealth only provides pregnancy-related coverage until 60 days post-delivery. When this coverage ends, some women are no longer eligible for Medicaid, do not find insurance through the marketplace or through employment, and ultimately become uninsured. It is in this postpartum period that one third of all instances of maternal mortality occur.² The data suggests that maternal health problems, while historically low in Massachusetts, continue to exist and disproportionately impact marginalized communities that are frequently MassHealth members. 52.6% of MassHealth members are Black, Indigenous,

¹ Health Care for All Massachusetts. (2021). *An Act relative to expanding equitable access to maternal postpartum care: HD 2470 / SD 1929*. Health Care for All. <https://hcfama.org/wp-content/uploads/2021/02/An-Act-relative-to-expanding-equitable-access-to-maternal-postpartum-care.pdf>

² Centers for Disease Control and Prevention. (2019, May 14). *Pregnancy-Related Deaths Happen Before, During, and Up to a Year After Delivery* | CDC Online Newsroom | CDC. <https://www.cdc.gov/media/releases/2019/p0507-pregnancy-related-deaths.html>

people of color.³ In Worcester, MA, infant mortality rates (IMR), which are often directly related to maternal health, have been higher than the rest of the state for over 20 years. In 2016, “the Hispanic infant mortality rate in Worcester was 10.15 deaths per 1,000 live births, compared to 5.5 per 1,000 statewide. Among blacks, it was 8.18 per 1,000 in Worcester compared to 7.9 per 1,000 statewide. And it was 3.55 per 1,000 among whites and Asians in Worcester.”⁴ Racial and ethnic disparities in IMR reflect unequal access to needed maternal health care across the state.

General Maternal Mortality: Pregnancy-associated mortality increased 33% in Massachusetts from 30.4/100,000 live births in 2012 to 40.4/100,000 live births in 2014, regardless of the cause.⁵ More than half of the 69 pregnancy-associated deaths from 2012-2014 had a documented mental health diagnosis, with the most common diagnosis being depressive disorder (57.1%) and anxiety disorder (51.4%).⁶

Most Common Mental Health Diagnoses	N	%
Depressive Disorder	20	57.1
Anxiety Disorder	18	51.4
History of Postpartum Depression in Prior Pregnancy	6	17.1
Posttraumatic Stress Disorder	6	17.1
Bipolar Disorder	6	17.1

Credit: Massachusetts Department of Public Health 2017c

³ Health Care for All Massachusetts. (2021). *An Act relative to expanding equitable access to maternal postpartum care: HD 2470 / SD 1929*. Health Care for All. <https://hcfama.org/wp-content/uploads/2021/02/An-Act-relative-to-expanding-equitable-access-to-maternal-postpartum-care.pdf>

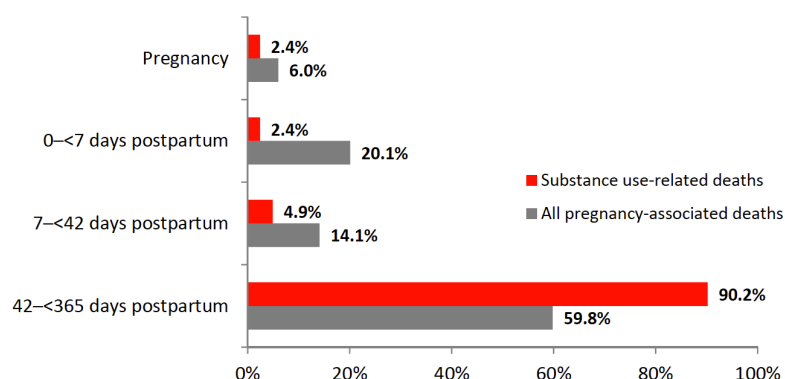
⁴ Spencer, S. (n.d.). *Worcester infant mortality summit targets racial disparities, bias*. Telegram.Com. Retrieved April 20, 2021, from <https://www.telegram.com/news/20190923/worcester-infant-mortality-summit-targets-racial-disparities-bias>

⁵ Massachusetts Department of Public Health. (2017c). *Maternal Mental Health & Pregnancy-Associated Deaths* (pp. 1). Massachusetts Department of Public Health. <https://www.mass.gov/doc/maternal-mental-health-pregnancy-associated-deaths-0/download>

⁶ Massachusetts Department of Public Health. (2017c). *Maternal Mental Health & Pregnancy-Associated Deaths* (pp. 1). Massachusetts Department of Public Health. <https://www.mass.gov/doc/maternal-mental-health-pregnancy-associated-deaths-0/download>

Substance use: From 2005 to 2014, the proportion of substance use related deaths for pregnant women and women in the postpartum period increased from 8.7% to 41.4%.⁷ And the majority of those substance use related deaths (90.2%) occurred in the postpartum period between day 42 and 365. Thus, pregnant women covered by MassHealth because of their pregnancy status who lose coverage after day 60 may be at a heightened risk of substance use related deaths because they cannot receive the continuous care that they need to prevent such deaths from occurring.

Figure 2: Timing of substance use-related vs. all pregnancy-associated deaths —Massachusetts, 2005–2014.



Credit: Massachusetts Department of Public Health 2018

In Massachusetts, opioid overdose deaths have remained consistently high. From 2017–2019, the age-adjusted rate of opioid overdose was 31.8/100,000 people, 32.8 and 32.1, respectively.⁸ Although opioid use disorder (OUD) can affect anyone, in Massachusetts, “mothers with opioid use disorder are more likely to be younger than 30 years of age, White non-Hispanic, US-born, unmarried, unemployed, of low educational attainment, receiving prenatal care at a

⁷ Massachusetts Department of Public Health. (2018). *Substance Use among Pregnancy-Associated Deaths—Massachusetts, 2005–2014* (pp. 2). Massachusetts Department of Public Health. <https://www.mass.gov/doc/substance-use-among-pregnancy-associated-deaths-massachusetts-2005-2014/download>

⁸ Centers for Disease Control and Prevention. (2021, March 25). *Data Overview | Drug Overdose | CDC Injury Center*. Opioid Overdose. <https://www.cdc.gov/drugoverdose/data/index.html>

hospital clinic, and covered by MassHealth.”⁹ And while the rates of opioid-related overdose decrease during pregnancy, they increase almost four-fold between the third trimester and the first six weeks postpartum. The highest rates, though, are between six months to a year post-delivery – a period not currently covered under MassHealth with pregnancy eligibility.¹⁰ Mothers with OUD have a higher co-occurrence of mental health diagnoses. For instance, according to data from 2011-2015, 82% of mothers with OUD who overdosed during pregnancy or within a year post-delivery had a depression diagnosis compared to 63% of mothers with OUD and 18.0% of mothers without evidence of OUD.¹¹

Fortunately, there was a significant decline in smoking during the postpartum period from 2012 (12.5%) to 2016 (8.2%).¹² Despite the significant statewide decline in smoking during the postpartum period, disparities still persist: there was a higher prevalence of smoking in this period reported by mothers living at or below 100% of the FPL (22.5%) compared to those living above 100% of the FPL (4.5%) and those with less than a high school education or a high school diploma (17.5% and 18.8% respectively) compared to mothers with a college degree (1.5%).¹³ Extending postpartum coverage provides an important opportunity to provide coverage that can hopefully address this health disparity.

⁹ Massachusetts Department of Public Health. (2017a). *CHAPTER 2: Maternal, Infant, and Child Health* (pp. 54). Massachusetts Department of Public Health. <https://www.mass.gov/doc/chapter-2-maternal-infant-and-child-health/download>

¹⁰ Massachusetts Department of Public Health. (2017b). *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015* (pp. 6). Massachusetts Department of Public Health. <https://www.mass.gov/doc/data-brief-chapter-55-opioid-overdose-study-august-2017/download>

¹¹ Massachusetts Department of Public Health. (2017b). *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015* (pp. 6). Massachusetts Department of Public Health. <https://www.mass.gov/doc/data-brief-chapter-55-opioid-overdose-study-august-2017/download>

¹² Massachusetts Department of Public Health. (2019). *Massachusetts PRAMS 2012–2016 Surveillance Report* (pp. 9). Massachusetts Department of Public Health. <https://www.mass.gov/service-details/pregnancy-risk-assessment-monitoring-system-prams>

¹³ Massachusetts Department of Public Health. (2019). *Massachusetts PRAMS 2012–2016 Surveillance Report* (pp. 9). Massachusetts Department of Public Health. <https://www.mass.gov/service-details/pregnancy-risk-assessment-monitoring-system-prams>

Insurance: A majority of pregnancy-related deaths are preventable.¹⁴ The churn in health insurance, which is “associated with a 65 percent increase in the likelihood of delaying care because of cost” and can aggravate health conditions, is a preventable health care problem.¹⁵ By extending MassHealth postpartum coverage to one year, coverage disruptions can be reduced or eliminated. Pregnant women will be able to receive the care necessary to not only remain secure in their health, but flourish. We already know that Medicaid expansion improves maternal health. Medicaid expansion states, like Massachusetts, have been associated with 1.6 fewer maternal deaths per 100,000 women compared to states that did not expand Medicaid.¹⁶ And, based on a study using nationally representative survey data from 2005-2013, those with private insurance remained stable before, during and after pregnancy, with 64% of those women holding onto that same insurance continuously for six months after delivery.¹⁷ This is in contrast to the 41% of women with Medicaid or CHIP coverage who maintained their insurance continuously for six months post-delivery.¹⁸ Continuous Medicaid coverage gives women the ability to manage their health and prevent postpartum health problems and pre-existing conditions from worsening. There is an opportunity, through extended coverage, for preventive services that screen women for “high blood pressure; high cholesterol; breast, cervical, and colorectal cancers; depression; gonorrhea

¹⁴ Searing, A., & Ross, D. C. (2019). *Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies* (pp. 2). Georgetown University Health Policy Institute. <https://ccf.georgetown.edu/2019/05/09/medicaid-expansion-fills-gaps-in-maternal-health-coverage-leading-to-healthier-mothers-and-babies/>

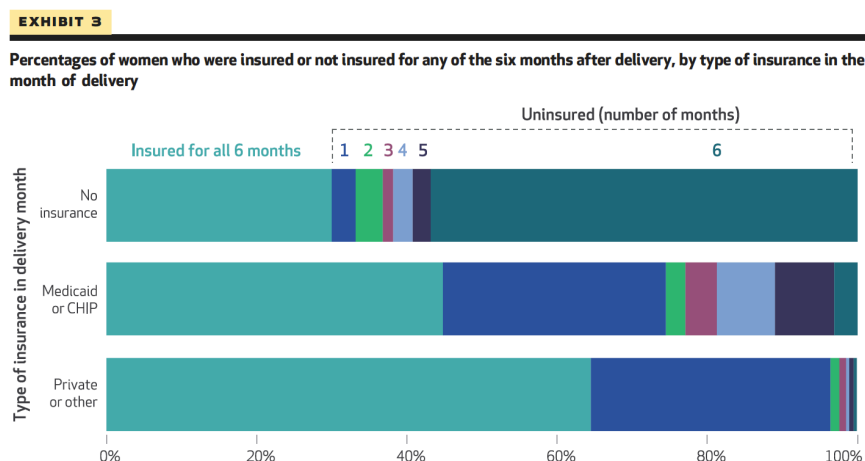
¹⁵ Daw, J. R., Hatfield, L. A., Swartz, K., & Sommers, B. D. (2017, April). *Women In The United States Experience High Rates Of Coverage ‘Churn’ In Months Before And After Childbirth* | *Health Affairs*. Health Affairs. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>

¹⁶ Eckert, E. (2020, February 6). *It’s Past Time To Provide Continuous Medicaid Coverage For One Year Postpartum* | *Health Affairs* [Blog]. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hblog20200203.639479/full/>

¹⁷ Daw, J. R., Hatfield, L. A., Swartz, K., & Sommers, B. D. (2017, April). *Women In The United States Experience High Rates Of Coverage ‘Churn’ In Months Before And After Childbirth* | *Health Affairs*. Health Affairs. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>

¹⁸ Daw, J. R., Hatfield, L. A., Swartz, K., & Sommers, B. D. (2017, April). *Women In The United States Experience High Rates Of Coverage ‘Churn’ In Months Before And After Childbirth* | *Health Affairs*. Health Affairs. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>

and chlamydia; diabetes; HIV and human papilloma virus; substance use and misuse; obesity; and intimate partner violence.”¹⁹ With support from the state, women in Massachusetts will be healthier.



Credit: Daw et al. 2017

The Massachusetts Department of Public Health has previously acknowledged that “[i]n addition to providing appropriate treatment during pregnancy, new mothers need to be supported in the postpartum period to encourage treatment adherence and long-term recovery.”²⁰ Extending coverage to one year postpartum would allow women in Massachusetts with MassHealth to receive necessary care in this pivotal period and reduce the rates of morbidity and mortality, while also promoting health.

¹⁹ Massachusetts Department of Public Health. (2017a). *CHAPTER 2: Maternal, Infant, and Child Health* (pp. 62). Massachusetts Department of Public Health. <https://www.mass.gov/doc/chapter-2-maternal-infant-and-child-health/download>

²⁰ Massachusetts Department of Public Health. (2018). *Substance Use among Pregnancy-Associated Deaths—Massachusetts, 2005–2014* (pp. 5). Massachusetts Department of Public Health. <https://www.mass.gov/doc/substance-use-among-pregnancy-associated-deaths-massachusetts-2005-2014/download>

Governmental Obligation to Pregnant Women

In addition to the fact that there is an apparent need for additional support beyond 60 days post-delivery, extending coverage is also a reproductive justice issue. As SisterSong Women of Color Reproductive Justice Coalition defines it, reproductive justice is “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”²¹ When a government does not provide the necessary resources for pregnant women to parent in safe and sustainable environments, reproductive justice cannot be realized. If women in Massachusetts covered under Medicaid lose their coverage 60 days after giving birth, they may not be able to access the care they need to flourish as patients and as parents. These women deserve the same care and support that other women with private insurance are afforded.

Throughout U.S. history, the federal government has made some strides to improve the lives of pregnant women through various laws, such as the ones listed below.

- The Title V of the Social Security Act of 1935, a federal and state partnership program, seeks to improve the health of mothers, pregnant individuals, and children.
- Title X of the Public Health Services Act, a federal grant program created in 1970, is committed exclusively to family planning and preventative health services. By providing grant funding to thousands of health centers and clinics throughout the country, as well as Planned Parenthood affiliates, non-governmental organizations and health departments, millions of low income and uninsured individuals, including but not exclusive to pregnant women and mothers, can receive medical care.

²¹ SisterSong. (n.d.). *Reproductive Justice*. Sister Song Women of Color Reproductive Justice Collective. Retrieved April 16, 2021, from <https://www.sistersong.net/reproductive-justice>

- The Pregnancy Discrimination Act of 1978, which amended Title VII of the Civil Rights Act of 1964, makes explicit that pregnancy related discrimination is a form of sex discrimination. Thus, employers cannot discriminate against individuals who are currently pregnant, were once pregnant, might become pregnant, or have a medical condition as a result of their pregnancy.
- The Americans with Disabilities Act of 1990 explicitly prohibits discrimination against an individual based on their disability. Thus, employers must provide reasonable accommodations for individuals with pregnancy-related disabilities.
- Section 1557 of the Affordable Care Act of 2010 explicitly prohibits health care providers from discriminating against patients based on sex, race, color, national origin, age or disabilities. Pregnant women, therefore, cannot be denied or provided different treatment from others because of their gender or sex, and by extension, their ability to become or their status as pregnant.
- The Preventing Maternal Deaths Act of 2018 authorizes the CDC to support state and tribal maternal mortality review committees (MMRCs). The committees are required to collect, analyze and report data related to pregnancy-associated and related deaths.
- The Improving Access to Maternity Care Act of 2018 amended the Public Health Service Act to distribute maternity care health professionals to areas with a shortage of those professionals and to areas in need of maternity care health services.
- The American Rescue Plan Act of 2021 gives states the option to extend Medicaid postpartum coverage from 60 days to 12 months by filing a state plan amendment to their Medicaid program.

Each of these laws demonstrates a recognition by the federal government that pregnant women deserve access to care and resources, as well as protection from discrimination.

In Massachusetts, the government and governmental officials have also explicitly acknowledged that maternal mortality and morbidity are problems that require addressing within the Commonwealth. Below are two bills demonstrating Massachusetts' commitment to this issue.

- An Act to Reduce Racial Inequities in Maternal Health, which was signed by Governor Charlie Baker in January 2021, establishes a legislative commission “to examine and make recommendations to reduce racial inequalities in maternal mortality and severe maternal morbidity in the commonwealth.”²²
- The Helping MOMS Act of 2020, which allows states to provide one year of postpartum coverage under Medicaid and CHIP, was co-sponsored by two Massachusetts representatives, Rep. Ayanna Pressley and Rep. James McGovern.²³ The bill would make implementing one year of continuous coverage easier by allowing states to bypass the waiver process.

Both of these examples highlight that the Massachusetts government not only understands the hardships that pregnant women and mothers face during and after pregnancy, but that they have a role in providing support for their constituents. MassHealth is a leader in health, but there are still women who fall through the cracks, especially when they lose coverage during a vulnerable period of their lives.

²² An Act to reduce racial inequities in maternal health, H.4818, 191st General Court, 1 (2019). <https://malegislature.gov/Bills/191/H4818>

²³ Helping MOMS Act of 2020, no. H. R. 4996, House of Representatives. <https://www.congress.gov/bill/116th-congress/house-bill/4996/text>

Conclusion

To further drive the point home, the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, and American Psychiatric Association, which represent over 597,000 physicians and medical students, came up with the joint principle to “ensure Medicaid coverage for women through 12 months of pregnancy.”²⁴ Providing coverage and thus “closing this critical gap in coverage during this vulnerable time can mean the difference between life and death for some women.”²⁵ If the maternal health experts are suggesting extended Medicaid coverage for new moms, to not listen and act according to their recommendation is to ignore the real experiences of Massachusetts women who need your help to flourish.

Through this letter, I hope to have demonstrated why the Massachusetts Executive Office of Health and Human Services should amend the MassHealth Section 1115 Waiver Demonstration to extend eligibility for postpartum coverage to 12 months.

Thank you for your time and consideration.

Sincerely,

Isabella Hernandez

ihernandez@hms.harvard.edu || isabellahernandeznyc@gmail.com || 1(347) 301-3396

²⁴ American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, & American Psychiatric Association. (2019). *Helping Ensure Healthy Mothers and Healthy Babies: Eliminating Preventable Maternal Mortality and Morbidity*. The Group of Six. <http://www.groupof6.org/group-six/home.html>

²⁵ American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, & American Psychiatric Association. (2019). *Helping Ensure Healthy Mothers and Healthy Babies: Eliminating Preventable Maternal Mortality and Morbidity*. The Group of Six. <http://www.groupof6.org/group-six/home.html>

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April 23, 2021

Dan Tsai
Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

RE: MassHealth Section 1115 Demonstration Waiver Amendment

Dear Assistant Secretary Tsai:

Thank you for the opportunity to submit comments on the proposed amendment to Massachusetts' current 1115 demonstration waiver. The 1115 has been a transformative demonstration in Massachusetts since its inception, bringing comprehensive health insurance to hundreds of thousands of Massachusetts residents and sustaining the health care safety net for all those who rely on it. With your leadership, the current 1115 waiver is transforming how health care is delivered in the Commonwealth and continuing to serve as a national model for health care access and delivery. I am so pleased and proud to see your team build on that history in this proposed waiver amendment by taking this opportunity to better serve the residents of the Commonwealth. While the amendment contains many valuable improvements to health care for Massachusetts residents, I am writing specifically in support of the proposed extension of eligibility for postpartum coverage to 12 months and the expansion of the Community Support Program Services (CSP) for justice-involved individuals living in the community.

I am writing on behalf of Boston Medical Center (BMCHS), a private, not-for-profit academic medical center located in Boston, Massachusetts. As the largest safety-net provider and busiest trauma and emergency services center in New England, our hospital's mission is to provide exceptional care, without exception to all patients. Our patient population has the highest public payer mix of any acute care hospital in Massachusetts at 77% – with over half of our patients receiving care funded through MassHealth or free care. Of our Medicare patients, who make up roughly a quarter of our patients, fully 80% are dually eligible for MassHealth. As the primary teaching affiliate of the Boston University School of Medicine, BMC providers are leaders in their fields, bringing the most advanced technologies and techniques to bear for their patients across our more than 70 medical specialties and subspecialties. BMCHS is a non-profit health plan that provides health insurance coverage to over 430,000 Massachusetts and New Hampshire residents, primarily low income, underserved, disabled and elderly populations. We have well over 200,000 members enrolled in a MassHealth Accountable Care Organization and approximately 80,000 members enrolled in Qualified Health Plans (QHPs), offered through the Massachusetts Health Connector.

Maternal Health

As part of our mission and in service to the individuals and communities we serve, BMCHS is committed to addressing health inequities, including inequities in maternal health outcomes. In the United States, black women are three to four times more likely to die from pregnancy-related complications compared to white women, and additional inequities exist in postpartum depression and maternal morbidities as wellⁱ. We applaud Congress and the Biden Administration for including a state plan option to extend coverage from 60 days to 12 months postpartum for citizens beginning 4/1/22 as part of the American Rescue Plan. And, we strongly support MassHealth's decision to not only begin this coverage as soon as possible through the proposed waiver amendment, but also to apply to expand these benefits to birthing people regardless of their immigration status. Expanding coverage ensures that birthing individuals have access to continuous and timely care, improving their health and wellbeing, as well as that of their babies and families. We appreciate MassHealth recognizing the importance of this critical health access issue and for taking a leadership role to support birthing people statewide.

Behavioral Health and Social Supports for Justice-Involved Individuals

BMCHS, with the encouragement of our Grayken Center for Addiction, wholeheartedly supports the proposed statewide expansion of the Behavioral Health Supports for Individuals who are Justice Involved (BH-JI) pilot through the Community Support Program Services (CSP) model. As you may know, BMC's Grayken Center for Addiction is a national resource for revolutionizing addiction treatment and education, replicating best practices, and providing policy, advocacy and thought leadership to the field. Justice-involved individuals, particularly those re-entering their communities, are among the most vulnerable to experience an overdose. Individuals in Massachusetts who have recently been released from incarceration are at 120 times greater risk of fatal overdose than the general population.ⁱⁱ Further, MassHealth members who are justice-involved experience non-fatal overdoses at a significantly higher rate than other individualsⁱⁱⁱ. Wrap-around services such as daily living skills, assistance in obtaining housing benefits, and prevention and recovery supports help address the social determinants that may lead to relapse and will provide improved health outcomes for this especially vulnerable population.

Expanding this programming statewide, especially to Suffolk County, is a critical step forward for the communities we serve. According to 2016 data from the Department of Corrections, Boston was the top city reported as a release address by both males (22%) and females (10%) and twenty-one percent of the total population reported a release address located in Suffolk County, the highest of all counties statewide.^{iv} Additional services for Suffolk County residents transitioning back into the community would be transformative, and we support the expansion of the BH-JI program.

BMC appreciates the opportunity to provide comments on the above provisions within the proposed 1115 waiver amendment. It is our hope that the Centers for Medicare & Medicaid Services approve this amendment request quickly and we look forward to continuing to partner with MassHealth on these important initiatives. If you have questions, please contact Vice

President for Government Affairs Melissa Shannon at 617-638-6732 or
Melissa.Shannon@bmc.org.

Sincerely,



Kate Walsh
President & CEO

ⁱ Pham O., Ranji, U., Orgera, K., & Artiga, S. Racial disparities in maternal and infant health: An overview, November 10, 2020. Accessed at <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>

ⁱⁱ Massachusetts Department of Public Health. An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011 – 2015) (Report to the Massachusetts Legislature), August 2017. Accessed at <https://www.mass.gov/doc/legislative-report-chapter-55-opioid-overdose-study-august-2017/download>

ⁱⁱⁱ Massachusetts Department of Public Health. Data Brief - Stimulants, health disparities, and the impact of the opioid epidemic on maternal health and high risk populations, March 2019. Accessed at <https://www.mass.gov/doc/phd-2019-data-brief-0/download>

^{iv} Papagiorgakis, G. Communities Inmates Released to in 2016, March 2017. Accessed at <https://www.mass.gov/doc/communities-inmates-released-to-in-2016-0/download>



April 23, 2021

Daniel Tsai
Assistant Secretary for MassHealth and Medicaid Director
Executive Office of Health and Human Services
One Ashburton Place
Boston, MA 02108

CCA Response to MassHealth Section 1115 Demonstration Amendment Request

Dear Assistant Secretary Tsai,

Commonwealth Care Alliance (CCA) appreciates this opportunity to respond to MassHealth's proposed Section 1115 Demonstration Amendment Request released on March 23, 2021.

Established in 2003, CCA is a not-for-profit, Massachusetts-based health care organization dedicated to improving care for people enrolled in both Medicare and Medicaid. Forward-thinking and mission-driven, CCA provides and manages person-centered care across the continuum, including full integration of primary care, behavioral health, long-term care, and social needs. CCA invests in innovations that enable enrollees to maximize their potential and advances alternative payment models to better align payer and provider incentives to improve outcomes and achieve cost savings. CCA is rooted in more than thirty years of experience providing care to complex populations and now serves more than 40,000 members in two nationally recognized programs focused on integrating care for Massachusetts residents dually eligible for Medicare and Medicaid. CCA enrolls approximately 12,000 Senior Care Options (SCO) Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) members and over 28,000 One Care Medicare-Medicaid Plan (MMP) members.

CCA applauds MassHealth's 1115 waiver amendment requests. CCA values MassHealth's initiatives to expand eligibility for low-income persons, enhance care for specialized populations, and provide flexibility to providers related to place of service which can reduce barriers to care. Our comments below highlight how each of the five proposed changes align with CCA's mission.



EXPANDING ELIGIBILITY

1. Updates to Medicare Savings Program language to comply with state law

A. Increase the income limit for Medicare Savings Program benefits without an asset test from 135% to 165%

B. Allow Standard members eligible through the State Plan to also be eligible for Qualified Individual Medicare Saving Program benefits

CCA care teams observe daily that when health care is made affordable to low-income individuals it can have life-changing and life-saving effects. CCA fully supports these changes that will extend these benefits to more people. We hope that these expansions will allow newly eligible beneficiaries to maintain or improve their quality of life.

2. Updates to eligibility for postpartum coverage

A. Extend eligibility for postpartum coverage to 12 months

B. Authorize postpartum coverage for members not otherwise eligible due to immigration status

CCA applauds MassHealth's proposed extension of postpartum coverage. The postpartum period, which is designated as up to one year post-birth, is an extremely vulnerable time for mothers.¹ The United States is the only industrialized nation with a rising maternal mortality rate and compounding the problem are the large racial disparities in maternal death rates.² As the single-highest payer of maternal care nationally, Medicaid has a significant role to play in ending preventable maternal deaths.³ MassHealth's current postpartum coverage period of 60 days is insufficient; 52 percent of maternal deaths occur after the day of delivery up to one year later.⁴ Aligning Medicaid with the standard period of care offered by private insurance, and the inclusion of members not otherwise eligible due to immigration status, may begin to address some of the racial disparities in maternal health outcomes.

ENHANCING SERVICES FOR SPECIALIZED POPULATIONS

3. Provide Community Support Program benefits with a particularized focus for individuals with justice involvement living in the community

¹ <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>

² <https://www.healthaffairs.org/doi/10.1377/hblog20200203.639479/full/>

³ <https://www.healthaffairs.org/doi/10.1377/hblog20200203.639479/full/>

⁴ <https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer>



CCA knows first-hand that a disproportionate amount of formerly incarcerated individuals have mental health and/or substance use disorder diagnoses. When transitioning back into the community, these individuals need specific behavioral health supports to reduce risks of recidivism, homelessness, lack of access to care, and heightened risk of opioid overdose or death. CCA has demonstrated its commitment to preventing these outcomes with innovative services such as its enhanced Crisis Stabilization Unit which often serves formerly incarcerated individuals. CCA also promotes full integration of behavioral health services throughout all of its care.

PROVIDING FLEXIBILITIES RELATED TO PLACE OF SERVICE

4. Permit the state to make payments for clinic services delivered via telehealth and in other non-clinic locations

CCA strongly supports these proposed flexibilities. These changes were inadvertently necessitated by the public health emergency but have proven their use beyond the crisis. Telehealth and mobile services reduce barriers to care such as the time and costs required to travel to physical clinic locations. The flexibilities also promote community-based care and meeting clients where they are, including in their homes – which is a central tenet of CCA’s care model. CCA has seen the benefits of this flexibility first-hand while operating COVID-19 isolation and recovery sites in partnership with the Commonwealth. Moreover, mobile and remote care are imperative to the development of the Commonwealth’s plans for Community Behavioral Health Centers (CBHCs). CCA believes CBHCs will increase community access to urgent outpatient behavioral health treatments. Access to regular outpatient treatment helps individuals avoid costly and restrictive inpatient hospitalizations during which care is often disjointed from individuals’ regular providers.

5. Authorize a Hospital at Home program to reduce cost, improve quality and safety, and improve patient experience

A core part of CCA’s fully integrated care model is the provision of care to members in their homes. CCA supports the Hospital at Home amendment because the program aligns with our care model. We believe that home-based care reduces health care costs and improves member satisfaction and overall health outcomes. CCA supports the amendment authorizing a Hospital at Home program, which would be especially beneficial for individuals with chronic conditions, who make up a significant portion of our membership. We appreciate MassHealth’s recognition that inpatient settings are associated with the risks of hospital-acquired delirium, hospital-acquired infections, and functional status loss. The COVID-19 pandemic has increased patients’ desire to avoid hospitalization when possible, to reduce the risk of secondary infection.



CONCLUSION

CCA supports MassHealth in its initiative to expand, enhance, and adapt care to best serve low-income and vulnerable populations throughout the Commonwealth. We look forward to continuing to partner with MassHealth in this important work. Please contact Ken Preede, CCA's Vice President of Government Relations, at kpreede@commonwealthcare.org with any questions.

April 23, 2021

Secretary Marylou Sudders
Massachusetts Executive Office of Health and Human Services
1 Ashburton Place
Boston, MA 02108

**Subject: MassHealth's Request to Amend the MassHealth Section 1115
Demonstration**

Dear Secretary Sudders:

Planned Parenthood League of Massachusetts (PPLM) fully supports the request to amend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services (CMS) to extend eligibility for postpartum coverage to 12 months and to authorize postpartum coverage for members not otherwise eligible due to immigration status. We appreciate the opportunity to offer public comment on the proposed Demonstration Amendment.

Thank you for your leadership during this unprecedented time. The dual public health crises of COVID-19 and racism have shown clearly how barriers to care, systemic discrimination, and unjust policies threaten the health and well-being of our communities. In fact, the pandemic has amplified these injustices as people struggle with keeping themselves and their families safe. The need for sexual and reproductive health care and coordinated health care has not diminished during this crisis - it has increased.

As the CEO of PPLM and a primary care doctor in Massachusetts for over 26 years, I am proud of the role PPLM plays in the state's health care delivery system. As the largest freestanding reproductive health care provider in the Commonwealth, PPLM provides sexual and reproductive health care for 34,000 visitors each year. PPLM provides a wide range of preventive health care services including lifesaving cancer screenings, birth control, testing and treatment for sexually transmitted infections (STIs), HIV testing and prevention, as well as safe, legal abortion. PPLM is rising to the challenges posed by these dual public health crises, doubling down on its own efforts to foster fairness and equity in the health care system.

The postpartum period is a time of vulnerability for new mothers. According to the American College of Obstetricians and Gynecologists, (ACOG), nearly 70 percent of women describe at least one physical problem in the first year of the postpartum period, and approximately 1 in 9 women experience symptoms for postpartum depression. Currently, MassHealth only covers postpartum care for 60 days. The transition from pregnancy to postpartum is when many individuals experience unmet health needs. Unsafe gaps in health insurance coverage, particularly for women on Medicaid, are contributing to poor maternal health outcomes and the United States' maternal health crisis. Extending Medicaid coverage for postpartum women will

Planned Parenthood Advocacy Fund of Massachusetts, Inc.

help ensure new parents have continuous, uninterrupted access to care to address their ongoing health needs.

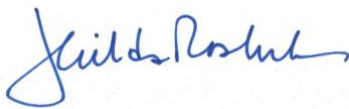
Extending postpartum coverage past 60 days will also help to address racial health disparities in maternal health. Black women and American Indian/Alaska Native women are 3.3 and 2.5 times more likely, respectively, to die from pregnancy-related causes than non-Hispanic white women. More than half of these deaths are preventable. Extending the postpartum period will help the individuals who have given birth transition from pregnancy to full recovery. Extending the coverage will allow members in Massachusetts to continue seeking the health care they need to keep themselves and their families safe and healthy.

The proposed Demonstration Amendment also authorized postpartum coverage for members not otherwise eligible due to immigration status. PPLM fully supports offering coverage to this population, which is vulnerable due to discriminatory barriers to insurance and health care. The extension of coverage for these members will reduce barriers to health care and improve continuity of care. Massachusetts is a stronger community when everyone, regardless of immigration status, is healthy and able to access the care they need.

PPLM is fully supportive of providing 12 months postpartum coverage, regardless of immigration status to individuals with income up to 200% of FPL. We join other organizations including the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association, American Psychiatric Association, Society for Maternal-Fetal Medicine, March of Dimes, Black Mamas Matter Alliance, American Hospital Association, Medicaid Health Plans of America and America's Health Insurance Plans. We support the coverage starting in the current waiver period and ask that extended coverage be included in the next 1115 waiver (beginning April 1, 2022) as well.

Thank you for your consideration of these requests. Please contact our Associate Director of Public Policy & Government Affairs, Mehreen Butt, at mbutt@pplm.org or 781-307-8710 with any questions.

Sincerely,



Jennifer Childs-Roshak, MD, MBA
President
Planned Parenthood Advocacy Fund



April 23, 2021

Ms. Amanda Cassel Kraft
Deputy Medicaid Director
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Dear Ms. Cassel Kraft:

The Massachusetts Health & Hospital Association (MHA) appreciates the opportunity to submit comments regarding the Executive Office of Health and Human Services' (EOHHS') request to amend the MassHealth Section 1115 Demonstration Waiver to the Centers for Medicare and Medicaid Services (CMS). MHA appreciates that the amendment request is centered on expansions in healthcare access for patient populations, including for immigrants, people of color, low-income patients, those with limited mobility, and justice-involved individuals.

MHA is supportive of the changes EOHHS proposed, including increased eligibility for Medicare Savings Program benefits and expanded coverage of postpartum care and substance use disorder (SUD) treatment. We also agree that flexibilities in the provision of telehealth and innovations in acute inpatient hospital site of service regulations adopted this past year to address challenges of COVID-19 should continue beyond the Public Health Emergency (PHE). Similarly, we also respectfully request consideration be given to continuing MassHealth's retroactive eligibility policy that was modified this past year to better accommodate the timing circumstances of uninsured patients applying for MassHealth coverage.

Medicare Savings Program

MHA has been supportive of the recent eligibility expansions in the Medicare Savings Program (MSP), which have doubled the asset limits and raised the income criteria for those applying for the Qualified Medicare Beneficiary (QMB) program, the Specified Low-Income Medicare Beneficiary (SLMB) program, and the Qualified Individual (QI) program. Eligibility expansions for low-income seniors were long overdue, and we commend the administration and legislature for taking this action. As to this amendment, we support the request to waive the asset test in Section 1902 of the Social Security Act for those eligible for these programs. The MSP expansions effectuated in the FY2020 budget raised the income limits and doubled the asset test. However, certain CommonHealth and MassHealth Standard members today could qualify for these programs and are currently not subject to an asset test. We fully support EOHHS' request to allow newly qualifying low-income individuals access to this MSP program without the asset test, which will better support their Medicare out-of-pocket expenses.

As the state share of the existing MSP expansion is financed in part by a funding transfer from the Health Safety Net, which is currently in shortfall, we hope that we can continue to work to ensure both programs are financed in a sustainable manner. We recognize this proposed expansion related to CommonHealth

and Standard members will not negatively affect the Health Safety Net, and we fully support the amendment request.

Extended Eligibility for Postpartum Coverage

MHA strongly supports the request for the provision of 12 months of postpartum coverage for individuals whose income is up to 200% FPL and, importantly, for both U.S. citizens as well as lawfully present immigrants. MHA was appreciative of the inclusion of this option under the American Rescue Plan. Not only will this policy align the state's Medicaid coverage of postpartum care with that offered under commercial insurance plans, it is also critical from the perspective of health equity. MassHealth members represent a larger proportion of persons of color and low-income individuals. Maternal mortality is one of the most troubling and persistent metrics that illuminates racial disparities in health outcomes. Data from the Centers for Disease Control and Prevention (CDC) demonstrates that Black mothers experience rates of maternal mortality three to four times higher than White mothers.¹ Additionally, non-citizens experience decreased access to medical care, including postpartum services, in part due to limited coverage of services via publicly funded healthcare. As such, MHA strongly supports EOHHS' request to provide 12 months of postpartum coverage for MassHealth members.

Community Support Program Services for Justice-Involved Individuals with SUD

MHA appreciates EOHHS' interagency work to provide substance use disorder treatment for individuals with justice involvement. MHA acknowledges the significantly increased incidence of SUD within justice-involved populations and notes the successes of the existing Behavioral Health Supports for Individuals who are Justice Involved (BH-JI) program, especially in appropriately reducing emergency department and hospital inpatient service utilization. Reliance upon community-based care demonstrates more lasting and positive health outcomes, particularly for certain patient populations. As such, MHA supports the request to expand the BH-JI program statewide. MHA also specifically wishes to highlight support for the request to authorize Medicaid funding for the program through the Community Support Program (CSP) under the state's current 1115 waiver. CSP services offer holistic healthcare interventions, including not only crisis response and treatment, but also the provision of assistance addressing social determinants of health (e.g. housing, the development of daily living skills, and fostering connections to peers and community resources to support long-term recovery from SUD). MHA agrees that wellness requires an interdisciplinary approach to care for the complete needs of an individual.

Authorization of Telehealth Services in Non-Clinic Locations

MHA commends EOHHS for its robust support of telehealth throughout the current PHE, which has included the provision of all MassHealth-covered services to MassHealth members that can be appropriately delivered by telehealth, including via audio and video technologies. These flexibilities have allowed for countless patients across the state to initiate and/or maintain their existing healthcare needs during the most challenging public health crisis in decades. Telehealth has proved especially beneficial in expanding access to behavioral healthcare, before and during the PHE.

In keeping with the amendment request, MHA does not perceive telehealth as a tool exclusive to the COVID-19 pandemic. MHA supports EOHHS' request for flexibility in authorizing providers to offer telehealth services from non-clinic settings. MHA sees this as being particularly important in light of the

¹ https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthalth%2Fpregnancy-mortality-surveillance-system.htm

development both of community-based healthcare services, including within the administration's Behavioral Health Redesign, as well as of other non-traditional sites of originating care that might allow providers to meet patients where they are.

Additionally, MHA welcomes any continued and expanded access to services that may address gaps in the continuum of behavioral healthcare, including the troublingly high incidence of ED boarding of psychiatric patients awaiting inpatient treatment.

MHA also notes support of the utilization of audio, video, synchronous, and asynchronous technologies as covered under telehealth services. MHA would like to highlight the importance of audio-only coverage as a priority for health equity. Many low-income communities, communities of color, rural communities, and elderly populations across the state do not have access to sufficient broadband services or video-capable technology that would allow them to take advantage of video-only telehealth. In addition, it is important to consider the potential need for interventions that support digital literacy so that telehealth services are universally accessible. We look forward to further engaging with EOHHS on future iterations of telehealth policy in the MassHealth program and we fully support this amendment request.

Authorization of Acute Inpatient Hospital Services in a Member's Home

MHA supports the amendment request authorizing a Hospital at Home (HaH) program that is not limited to designated PHEs. During the COVID-19 pandemic, CMS authorized initiatives allowing flexible utilization of non-traditional spaces for hospital services and a formal Acute Hospital Care at Home program. While these initiatives were largely grounded in the need to secure hospital surge capacity during the PHE, MHA fully supports and endorses the EOHHS proposal to extend beyond the PHE the provision of acute inpatient hospital services in a member's home where clinically appropriate.

Massachusetts hospitals are continuously exploring ways to serve their patients better and more efficiently, including outside of the walls of hospitals. There has been a steady trend of reducing inpatient hospitalizations through care in the community. Hospital at Home represents the next evolution for those still requiring inpatient service but at a level that can be clinically appropriately delivered in a home setting. Many of our members have created these programs and others are exploring this concept. With an aim at improving the patient experience (including for those with limited mobility), maintaining high-quality care, and reducing healthcare costs to the system through innovation, we fully support the continuation of the existing HaH program beyond the PHE. MHA also encourages EOHHS to study whether the HaH model may be useful in addressing the ongoing crisis of psychiatric ED boarding.

Retroactive Eligibility

The commonwealth's existing 1115 waiver provides MassHealth an exemption from the federal Medicaid retroactive eligibility requirements of three calendar months for new applicants.² Since the original waiver, EOHHS has used this flexibility to provide only 10-days of retroactive coverage from the date a person applies for MassHealth. During the COVID-19 emergency, MassHealth reverted to the federal three-month retroactive eligibility standard. MHA is grateful that EOHHS adopted this new policy to better ensure access to low-income health insurance coverage during the PHE. The suspension of the shorter retro-eligibility policy was greatly needed to address the challenges facing patients in applying for MassHealth in a timely manner due to social distance limitations and other application obstacles.

² 42 U.S. Code § 1396(a)(34)

Like the telehealth and the HaH policies that were created to address challenges of the COVID-19 environment but are now recognized as having benefit that extend beyond the PHE, we believe that the MassHealth retroactive eligibility policy should be considered in the same manner. The pre-COVID policy was insufficient to address real world circumstances of uninsured patients who newly apply for MassHealth coverage. For many low-income uninsured patients, their first engagement with state healthcare programs can be during an instance when they need immediate medical care. While many patients apply as part of their medical visit or stay, some patients elect to postpone applying for state coverage until they become aware of their financial obligations – meaning after they have received a bill from a healthcare provider. This, of course, is longer than 10 days from when the care was provided. Massachusetts hospitals go to great effort to ensure uninsured individuals are aware of their coverage options, including employing hundreds of staff dedicated to assisting residents into health coverage programs such as MassHealth. For numerous reasons, some patients may not apply for coverage at the time care is provided; they may need more time to fully understand state coverage offerings, their financial obligations, their current insurance status with a commercial payer, and potential immigration implications, to name a few. Hospitals do not delay the provision of care and, ultimately, uninsured patients will likely apply and be enrolled once they work with patient financial counselors to understand their circumstances and options. This education and application process can often take time that exceeds 10 days from receiving care.

To reduce potential medical debt for low-income uninsured patients and to financially support the healthcare providers who care for them, adequate retroactive eligibility is needed for those individuals who ultimately take the necessary steps to enroll into MassHealth. We respectfully request EOHHS amend the 1115 waiver's retroactive eligibility provisions to align with the federal standard of three months. We believe that the experience of the past year, which has included a three-month retroactive policy in the MassHealth program, has shown that this policy can be reasonably incorporated on a long-term basis. The nominal cost is greatly outweighed by the benefits this protection affords many low-income patients and their healthcare providers, especially safety net hospitals. The policy is also consistent with state and federal efforts to cover the uninsured, and to provide coverage for Medicaid beneficiaries that were previously uninsured and required immediate healthcare but were in not position to apply in a timely manner.

MHA is grateful for the opportunity to provide comment on these proposed amendments to the current MassHealth Section 1115 Demonstration Waiver. MHA supports the proposed changes and their intended effect on expanding equitable and innovative healthcare in the commonwealth. Should you have further questions, please do not hesitate to contact me at dmchale@mhalink.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. J. McHale".

Daniel J. McHale
Vice President, Healthcare Finance & Policy
Massachusetts Health & Hospital Association

April 23, 2021

Daniel Tsai, Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Submitted by email to 1115-Comments@Mass.gov

Re: MassHealth Section 1115 Amendment Comments

Dear Assistant Secretary Tsai:

Thank you for the opportunity to submit comments on MassHealth's proposed Section 1115 waiver amendment. These comments are submitted by 16 Massachusetts health advocacy and provider organizations.

MassHealth's Section 1115 waiver amendment demonstrates its commitment to ensuring that Massachusetts residents are able to access critical health services both during and after the pandemic. We support all the requests contained in MassHealth's waiver amendment, and recommend adding one more: the reinstatement of three month retroactive coverage.

Medicare Savings Plans

We support MassHealth's request to waive the asset test for applicants of the Medicare Savings Program (MSP, also known as "MassHealth Buy-In") with household income up to 165% FPL. This waiver would bring MassHealth into compliance with state law. In 2019, Massachusetts passed through a budget provision an expansion of income and asset eligibility for MSP, which went into effect January 1, 2020. MSP helps low-income older adults and people with disabilities on Medicare by paying their Medicare premiums and out-of-pocket costs. Massachusetts' MSP eligibility expansion increased the income limitations by 30% FPL, raising the highest income eligibility limit to 165% FPL. Waiving the asset test for MSP applicants with household income up to 165% FPL will enable CommonHealth members and MassHealth Standard members who were not subject to an asset test to participate in the MSP expansion.

MassHealth's request seeks to further expand MSP eligibility by making it possible for MassHealth Standard members who are eligible through the State Plan to also be eligible for MSP benefits that would pay their Medicare Part B premiums.

We strongly supported Massachusetts' MSP expansion, and we support this waiver request. It will significantly reduce Medicare costs for tens of thousands of Medicare beneficiaries, and promote much-needed economic security for low-income older adults and people with disabilities.

Postpartum Eligibility Extension

We applaud MassHealth for acting quickly to extend postpartum eligibility for full Medicaid coverage from 60 days to 12 months. Although the American Rescue Plan Act (ARPA) created a state option for this extension to go into effect April 1, 2022, MassHealth has demonstrated its strong commitment to maternal health by requesting authority to implement this extension *this year*, and requesting that it be available to people regardless of their immigration status.

The maternal mortality rate has been steadily rising in the U.S. for decades.¹ Further, communities of color are disproportionately impacted by maternal mortality: the rate of pregnancy-related deaths for Black and Indigenous people is 3-5x higher than for non-Hispanic white people.² A majority of pregnancy-related deaths are preventable, and a significant percentage occur between 60 days and 12 months postpartum. MassHealth's request to extend postpartum eligibility to 12 months for all eligible people regardless of immigration status is an important step in addressing the maternal health crisis.

Expansion of the BH-JI Project

We applaud MassHealth's plan to expand services for the justice involved population. The proposed expansion of Massachusetts' Behavior Health Supports for Individuals who are Justice-Involved ("BH-JI") program would provide much-needed community supports tailored to address the particularized needs of individuals re-entering society.

As MassHealth acknowledges, the first few months after release and re-entry into the community is a challenging transition, fraught with significant health risks and health-related social needs. MassHealth further acknowledges the racial disparities in health and in the criminal justice system, making this program of community supports a necessary step towards race equity and justice. We applaud MassHealth's focus on the re-entry population and agree that providing particularized community supports during their transition into society will improve their health and stability and increase their likelihood of a successful transition.

Authority to Provide Clinic Services Outside of Clinic Locations

Ensuring access to behavioral health services has been a longstanding challenge across the country and in Massachusetts. Mental Health America's report on the State of Mental Health in America reported that in 2017 and 2018, 19% of U.S. adults were experiencing a mental illness. The report also found that approximately 50% of Massachusetts residents who experienced a mental illness did not receive treatment, and approximately 22% of Massachusetts residents who experienced a mental illness reported that they even when tried to seek treatment, they were unable to access it.³ The COVID-19 pandemic has exacerbated an already dire behavioral health

¹ Manatt Health, *Medicaid's Crucial Role in Combating the Maternal Mortality and Morbidity Crisis*, March 2020.

² Centers for Disease Control and Prevention, *Press Release: Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths*, September, 2019. Available at: <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

³ Mental Health America, *2021 The State of Mental Health in America*, pages 12, 24-25. Available at: <https://www.mamh.org/assets/files/2021-State-of-Mental-Health-in-America.pdf>

crisis. The CDC reported just a few months into the pandemic that in June, 2020, 40% of U.S. adults reported struggling with mental health or substance use.⁴ Unfortunately, though not surprisingly, the CDC found that communities of color are experiencing the highest rise in pandemic-related behavioral health complications, as they have suffered disproportionate hardship caused by the pandemic.⁵

Recognizing the need for change, MassHealth's request for authority to provide clinic services outside of clinic locations is part of its long-term plan to reform behavioral health services in Massachusetts. MassHealth provides outpatient behavioral health services as clinic-based services. Expanding the availability of these services to non-clinic settings, such as delivery via telehealth, at a person's home, or at a mobile community site, will help fulfill EOHHS' promise to provide behavioral health services in a community-focused way, which reduces some of the barriers to accessing necessary care. We support this as a critical step towards addressing the longstanding behavioral health crisis, which predates and has been exacerbated by the pandemic, and which disproportionately impacts communities of color.

Hospital at Home Program

For many years there has been a growing movement, recently accelerated by the COVID-19 pandemic, to increase the availability of health services and supports in people's homes. As part of this movement, both Mass General Brigham and Atrius Health have operated "hospital at home" programs in recent years, offering medically necessary acute inpatient hospital services in patients' homes. In 2019, Mass General Brigham physicians conducted a study of the home hospital model of care, and found that it significantly lowered the cost of care and improved patient outcomes with 70% lower readmission rates.⁶

In response to the COVID-19 pandemic, CMS authorized the provision of hospital at home services for the duration of the public health emergency. Seeing the success of hospital at home programs in Massachusetts, MassHealth now seeks to extend these services beyond the public health emergency. We support this request. The need for and benefits of in-home hospital care predates and will outlast the pandemic.

Three Month Retroactive Coverage

While we applaud MassHealth for the steps it has taken to improve eligibility and access to critical health services in its Section 1115 waiver amendment, there is one thing we'd like to add: reinstatement of three month retroactive coverage. The original 1997 MassHealth Section 1115 demonstration and each renewal since then has included a waiver of the three calendar months of retroactive eligibility that federal law requires states to make available to applicants. 42 USC

⁴ Centers for Disease Control and Prevention, *Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic*, August 14, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

⁵ Centers for Disease Control and Prevention, *Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic*, February, 2021. Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a3.htm?s_cid=mm7005a3_w

⁶ Levine, David; Ouchi, Kei; Blanchfield, Bonnie; Diamond, Keren; Licurse, Adam; Pu, Charles; Schnipper, Jeffrey, *Hospital-Level Care at Home for Acutely Ill Adults: a Pilot Randomized Controlled Trial*, *Journal of General Internal Medicine*, February, 2018. Available at: <https://link.springer.com/article/10.1007/s11606-018-4307-z>

§1396(a)(34). As a result, MassHealth provides 3 month retroactive coverage for members 65 years old and over, and only 10 days retroactive coverage for members under 65. However, in response to the COVID-19 public health emergency, MassHealth temporarily reinstated three month retroactive coverage for those under age 65. This temporary reinstatement will end once the national public health emergency ends, which may be as early as January, 2022. While we also recommend that MassHealth seek to restore three month retroactive coverage in its Section 1115 waiver renewal, that renewal will not go into effect until July 1, 2022. To close this potential 6 month gap, we recommend that MassHealth include restoration of 3 month retroactive coverage in its Section 1115 waiver amendment request.

Full retroactive eligibility strongly fosters the purposes of the Medicaid Act, the Affordable Care Act, and Massachusetts health reform by reducing the number of months that a household is uninsured. It reduces the burden of medical debt suffered by the poor. The existence of medical debt often deters patients from seeking follow-up care, and contributes to a cascade of financial problems that adversely affect health. Retroactive coverage also fairly compensates safety net providers that provide care to patients uninsured at the time of their visit, and accommodates the practical barriers that may interfere with the ability of individuals dealing with many other pressing problems or limitations that delay completion of an application.

MassHealth's temporary reinstatement of three month retroactive coverage during the COVID-19 public health emergency has proven to be an important protection. Here are two examples, one from a hospital-based Certified Application Counselor (CAC) and one from Health Law Advocates:

Patient was admitted to the hospital for substance use treatment. Patient and hospital staff believed they still had private coverage through their parent because it ran as active coverage. Patient later learned (well after the 10-day retro period had passed) that the policy had been terminated at the time of their admission, and the insurance company was just slow in updating their enrollment records. This resulted in the patient receiving a bill for \$4,000 for the cost of their admission. The patient ended up being MassHealth eligible, and was able to have the admission and bill covered, only because of the three month retro flexibility allowed during the COVID pandemic.

Client had a 23-day MassHealth coverage gap and incurred \$2,575 in debt to a hospital for emergency services without realizing that she was uninsured. By the time she realized she was uninsured and re-enrolled in MassHealth, the 10-day retroactive period did not cover the dates of service. After MassHealth implemented the three month retroactive coverage policy for the duration of the Public Health Emergency, HLA helped this client obtain three month retroactive coverage that fully covered the debt.

Retroactive coverage serves a valuable purpose and should be available to Medicaid members under age 65 in Massachusetts just as it is in almost all other states.

Thank you for the opportunity to submit these comments. If you have further questions, please contact Kate Symmonds of Massachusetts Law Reform Institute at ksymmonds@mlri.org or 617-357-0700 ext. 349.

Yours truly,

Kate Symmonds
Health Law Attorney
Massachusetts Law Reform Institute

These comments are also submitted by the following Massachusetts organizations:

Advocacy for Access of Berkshire Medical Center
Boston Center for Independent Living
The Center for Health Law and Policy Innovation of Harvard Law School
The Central West Justice Center
Community Research Initiative
The Disability Law Center
Disability Policy Consortium
Greater Boston Legal Services
Health Care For All
Health Law Advocates
The Justice Center of Southeast Massachusetts
Massachusetts Immigrant and Refugee Advocacy Coalition
Massachusetts League of Community Health Centers
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Lydia Conley PRESIDENT / CEO
Bruce L. Bird, Ph.D. CHAIR

ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

April 23, 2021

Executive Office of Health and Human Services
C/o One Ashburton Place, 11th Floor
Boston, MA 02108

Submitted via email to 1115-Comments@Mass.gov

RE: *MassHealth Section 1115 Demonstration Amendment Request of March 23, 2021*

To Whom It May Concern:

Thank you for the opportunity to offer testimony on the MassHealth Section 1115 Demonstration Amendment Request proposed March 23, 2021. The Association for Behavioral Healthcare (ABH) appreciates the Baker-Polito Administration's continued commitment to expanding opportunities for individuals and families to access behavioral health care services and support when and where they need it, whether that be in their home, in their community, or as they prepare to re-enter their communities following incarceration.

ABH is a statewide association representing eighty community-based mental health and addiction treatment provider organizations. Our members are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people.

Enhancing services for specialized populations

ABH supports the proposal for the Community Support Program for Justice Involved Individuals (CSP-JI), which would authorize Medicaid funding for MassHealth managed care enrolled individuals who are returning to their community post-incarceration and with a mental health and/or substance use disorder. The existing state-funded demonstration to provide Behavioral Health Supports for Justice Involved Individuals (BH-JI) has shown success in providing care and resources to individuals while incarcerated and while in the community through collaboration between Advocates, Inc. of Framingham and Open Sky Community Services of Worcester and Probation, Parole, Houses of Correction, the Department of Correction, and the Department of Public Health.

Expanding this initiative statewide allows for the sustainability and accessibility of services that can improve health outcomes, decrease fatal overdoses, and equitably respond to the disproportionate representation of mental health and substance use disorders in prisons and jails.

Providing flexibilities related to place of service

Elimination of the Outreach Restriction

For at least a decade, ABH has consistently advocated for the elimination of outreach restrictions on clinic-based services, and we strongly support and applaud the proposed elimination of this antiquated restriction. Children's Behavioral Health Initiative services are strong examples of the clinical value of services delivered outside of the clinical walls. The delivery services to individuals and families with behavioral health disorders when and where they need them is vital to ongoing engagement and activation in treatment, and its importance to the Behavioral Health Roadmap cannot be overstated. The allowance of in-person service delivery in members' homes and other community settings without the current 20 hour-per-week limit will vastly expand to the reach of community behavioral health providers into underserved communities.

Telehealth

Flexibility that was granted to behavioral health providers relative to the provision of services during the COVID-19 pandemic has greatly increased the safe and timely access to quality behavioral healthcare. This includes initiatives by the Baker-Polito Administration requiring coverage and payment for telehealth services at the same levels as in-person services, and the permanency of this policy for behavioral health services as enacted by Chapter 260 of the Acts of 2020. In addition, this includes the flexibility to allow providers to continue providing services in non-clinic settings for in-person services.

Expanded access to telehealth services improves the care provided to individuals seeking mental health and addiction treatment. An ABH survey of members from March 1-May 31, 2020 showed that telehealth services improved the average "no-show" rate, reduced wait times, and particularly improved access to services for individuals whose primary language is other than English. Recently released utilization data reported by the Health Policy Commission showed that over 70% of visits for commercially-insured individuals seeking behavioral healthcare were performed via telehealth in April 2020 and remaining steady through September 2020. As compared to other types of services, the provision of behavioral healthcare remained consistently higher.¹

The recent HPC data point to increases in behavioral health-related ED boarding wait times and the loss of psychiatric bed capacity underscores the need to invest in a robust, outpatient community-based system. Such a system provides upstream care in the least restrictive setting appropriate, which prevents the utilization of downstream levels of care like emergency rooms and inpatient hospitalization. Currently, mental health and addiction treatment providers are

¹ Massachusetts Health Policy Commission. Impact of COVID-19 on the Massachusetts Health Care System: Interim Report. April 2021.

struggling with the impacts of COVID-19 on service delivery, particularly with significant disruption to the lives of clinical and nonclinical staff, while simultaneously preparing for an anticipated tsunami of need for behavioral healthcare as Massachusetts re-opens. The continued flexibility related to the place of service for telehealth and in-person services will enable the provision and access to clinically appropriate behavioral healthcare.

Thank you again for the opportunity to offer our thoughts on the proposed Amendment Request. ABH remains committed to working with EOHHS and MassHealth to ensure that together, we meet the behavioral health needs of Commonwealth residents.

Sincerely,

A handwritten signature in black ink, appearing to read "Lydia Conley". The signature is fluid and cursive, with the first name "Lydia" and last name "Conley" clearly distinguishable.

Lydia Conley
President/CEO

cc: Daniel Tsai, Assistant Secretary for MassHealth and Medicaid Director
Amanda Cassel Kraft, Deputy Medicaid Director
Aditya Mahalingam-Dhingra, Chief, Office of Payment and Care Delivery
Innovation
Christie Hager, Interim Director, Office of Behavioral Health, MassHealth



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hcfama.org

April 25, 2021

Daniel Tsai, Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Submitted by email to 1115-Comments@mass.gov

Re: MassHealth Section 1115 Demonstration Waiver Amendment

Dear Assistant Secretary Tsai,

On behalf of Health Care For All (HCFA), thank you for the opportunity to submit comments on MassHealth's Section 1115 Demonstration waiver amendment. HCFA strongly supports the proposed 1115 waiver amendment, which will help reduce barriers to care and make progress on health equity goals for MassHealth members. While this letter only addresses a subset of the provisions included in the waiver amendment, HCFA supports the proposal in its entirety.

Extending eligibility for postpartum coverage

HCFA strongly supports the extension postpartum MassHealth coverage from 60 days to 12 months, including for immigrant birthing people who are currently eligible in the Commonwealth. We applaud MassHealth for proactively requesting an 1115 waiver amendment as a glide path to filing a State Plan Amendment when this option becomes available under the American Rescue Plan Act in April 2022.

Medicaid plays an important role in improving maternal and perinatal outcomes. Timely postpartum care provides an opportunity to address both pregnancy-related and chronic physical health conditions, such as diabetes and hypertension; mental health status, including postpartum depression; and substance use disorders. While Massachusetts has expanded Medicaid and subsidized health coverage through state and federal reforms, some postpartum still experience disruptions in coverage and care after the end of their pregnancy. Sixty days of uninterrupted postpartum coverage is not enough to ensure continuity of care during a critical time.

Continuous postpartum MassHealth coverage is also one of many policies to help address maternal racial health inequities. Maternal mortality has been a growing health crisis in the United States for decades. The majority of pregnancy-related deaths are preventable, yet they are increasing at an alarming rate. Black and Indigenous birthing people are three times more likely to die from pregnancy-related complications.¹ For every person who dies from pregnancy-related causes, another seventy suffer from severe physical illness or disability, including behavioral health conditions, at a rate of two times as often for Black birthing people.^{2,3} Black birthing people in Massachusetts are nearly 2.5 times as likely to experience postpartum depression symptoms.⁴ Pregnancy-related and substance use-related deaths among postpartum individuals in the

¹ <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>

² <https://www.ajmc.com/view/racial-disparities-persist-in-maternal-morbidity-mortality-and-infant-health>

³ https://blackrj.org/wp-content/uploads/2020/04/6217-IOOV_Maternal_trifold.pdf

⁴ <https://www.mass.gov/guides/phit-data-pregnancy-risk-assessment-monitoring-system-prams>

Commonwealth occur to the largest extent between 42 and 365 days postpartum.⁵ The extension of MassHealth postpartum coverage for 12 months would provide an automatic coverage pathway during a vulnerable time, prevent disruptions in care, and positively impact the long-term health and wellbeing of pregnant and birthing individuals, their families and their communities.

Expanding Medicare Savings Programs eligibility

HCFA also strongly supports the expansion of the Medicare Savings Programs (MSPs). This change will provide much needed financial assistance to seniors and people with disabilities, including those already receiving a MassHealth coverage type but not able to get Medicare premium relief. MSPs are key programs to help ensure that seniors and people with disabilities have access to all the health care services they need and remain in the community without facing financial barriers to that care, particularly during the continued COVID-19 pandemic.

Thousands of seniors and people with disabilities in Massachusetts struggle to afford their health care. The monthly premium rate for Medicare Part B in 2021 is \$148.50. For people with income below 165% of the federal poverty level (FPL), this is a huge monthly cost, especially compared with the premium rates for ConnectorCare enrollees at the same income level. In addition to reducing financial and access barriers, increasing the income limit for MSPs without an asset test from 135% to 165% FPL and allowing MassHealth Standard members eligible through the State Plan to receive Qualified Individual benefits are necessary changes to bring the program into compliance with state law.

Allowing payment for clinic services delivered in non-clinic locations

HCFA supports MassHealth's request to continue and enhance flexibility authorized under the 1135 waiver to allow clinic services to be provided outside of the physical clinic location after the public health emergency ends. The behavioral health needs of adults, children, youth and families have increased substantially during the COVID-19 pandemic, especially for BIPOC people. These needs are not going to diminish – and in fact may further escalate – in the years following the end of the public health emergency. Expanding the availability of services to non-clinic settings, such as delivery via telehealth, in a person's home, or at a mobile community site, will help support new levels of care envisioned in the Executive Office of Health and Human Services Behavioral Health Roadmap. Building a stronger community-focused behavioral health infrastructure can help decrease fragmentation of care and increase opportunities to bring care to people where and when they need it.

Thank you for the opportunity to comment in support of MassHealth's proposed 1115 waiver amendment. We appreciate MassHealth's leadership in prioritizing policies and programs that improve access and promote equity. Please contact Suzanne Curry at scurry@hcfama.org with any questions or to discuss these comments further.

Sincerely,



Amy Rosenthal
Executive Director

Cc: Amanda Cassel Kraft, Deputy Medicaid Director
Alison Kirchgasser, Director of Federal and State Relations, MassHealth

⁵ <https://www.mass.gov/doc/substance-use-among-pregnancy-associated-deaths-massachusetts-2005-2014/download>

April 23, 2021

Daniel Tsai
Assistant Secretary, Medicaid Director, MassHealth
MassHealth Central Office
100 Hancock Street, 6th floor
Quincy, MA 02171

Re: MassHealth Section 1115 Demonstration Amendment Comments 12-Months Postpartum Coverage

Dear Director Tsai:

On behalf of the Massachusetts Academy of Family Physicians (MassAFP), which represents more than 1,800 physicians and medical students across the Commonwealth of Massachusetts, I am pleased to submit comments in support of the proposed [amendment](#) to our state's Section 1115 demonstration waiver, which would extend Medicaid health insurance coverage to pregnant women with incomes below 200 percent of the federal poverty level (FPL) from 60 days to 12 months postpartum, regardless of immigration status. From approval of the amendment through March 31, 2022, MassHealth will provide 12 months of postpartum coverage until the full postpartum coverage extension goes into effect on April 1, 2022 under the American Rescue Plan Act.

On March 23, 2021, Massachusetts became one of the first states to pursue the option of extending postpartum coverage for pregnant women enrolled in Medicaid to 12 months under the American Rescue Plan Act's (ARPA) state plan amendment option. While we applaud Massachusetts in being an early leader in extending Medicaid coverage to women 12 months postpartum under the ARPA, this coverage does not take effect until April 1, 2022. In the interim, this waiver amendment is needed to ensure women have coverage up to 12 months postpartum through March 31, 2022, which will also improve maternal health in our state.

Both our nation and Massachusetts have long been facing an unacceptable maternal health crisis. The ratio of maternal deaths per 100,000 live births has been steadily [increasing](#) nationwide over the past several decades and disproportionately affects Black Massachusetts residents compared to their White counterparts. About 30 percent of pregnancy-related deaths nationwide occur after 43 days postpartum, and the issue is just as severe in Massachusetts.¹ According to findings from a maternal mortality and morbidity review in the state from 2000-2007, Black non-Hispanic women had a higher pregnancy-associated mortality ratio than women in other racial ethnic groups, and women with public insurance were 2.7 times as likely to die during pregnancy or within one year postpartum.² This trend has continued for more than a decade. According to the latest report in September 2017, pregnancy-associated mortality increased 33 percent from 30.4 deaths per 100,000 live births in 2012 to 40.4 deaths per 100,000 live births in 2014.³

¹ Babbs G, McCloskey L, Gordon S. (2021). "Expanding Postpartum Medicaid Benefits To Combat Maternal Mortality And Morbidity." *Health Affairs*. Web.

² Patrick DL, Polanowicz JW, Bartlett C, Benham R, Diop H, Downs K. (2014). "Pregnancy-Associated Mortality 2000-2007." *Massachusetts Department of Public Health Bureau of Family Health and Nutrition*. Web.

³ Buxton B. (2017). "Maternal Mental Health and Pregnancy-Associated Deaths." *Massachusetts Department of Public Health*. Web.

The maternal health crisis is even further complicated by substance use and mental health disorders. The proportion of pregnancy-associated deaths with any indication of substance use has increased from just over 13 percent in 2005/2006 to over 35 percent in 2013/2014.⁴ A critical benefit of access to health care is the ability for new mothers to be screened and treated for mental health disorders, which are serious and debilitating condition that affect non-Hispanic Black, Asian, and Hispanic mothers at a higher rate than White women.⁵ Even further, women with household incomes lower than 100% of the federal poverty level are twice as likely to report postpartum depressive symptoms than higher-income women. Expanded and stable Medicaid coverage that provides access to quality, preventive care is crucial in improving health outcomes for women across the Commonwealth.

Postpartum women who lose their Medicaid coverage after 60 days under current law are uniquely susceptible to challenges in health care access and may experience delays in seeking care to treat a wide range of conditions, such as depression or high blood pressure. In fact, [evidence](#) indicates that insurance disruptions are one of many factors that contribute to high rates of maternal mortality among the Medicaid-eligible population. Approximately half of all uninsured postpartum women report that losing Medicaid or other coverage is the reason they are uninsured, often causing detrimental effects to their health.⁶

Expanding Medicaid eligibility for women beyond 60 days to 12 months postpartum is part of the solution to address this crisis. Medicaid coverage plays a critical role in improving maternal health access and outcomes, and in particular, lowering maternal and infant mortality.⁷ Because Medicaid enrollees tend to be disproportionately Black and Hispanic, extending postpartum coverage could address racial disparities in health care access and outcomes. MassAFP appreciates the governor's attention to eliminating the racial disparities in maternal mortality and morbidity and believes this waiver amendment will build on existing progress undertaken by the administration to address health equity, especially among low-income and minority populations.

MassAFP is appreciative of the opportunity to comment on this waiver amendment to extend Medicaid coverage for postpartum women and stands ready to work with stakeholders and policymakers to identify innovative strategies, such as this waiver amendment, to strengthen Medicaid, improve health outcomes, and increase access to high-quality care in Massachusetts. Should you have any questions, please contact George Cronin, MassAFP's Government Affairs Director from Rasky Partners at (617) 391-9655.

Sincerely,

Julie Johnston, MD
President

Becky Wimmer
Executive Director

⁴ Massachusetts Department of Public Health. (2017). "2017 State Health Assessment Chapter 2: Maternal, Infant, and Child Health." Web.

⁵ Buxton B. (2017). "Maternal Mental Health and Pregnancy-Associated Deaths." *Massachusetts Department of Public Health*. Web.

⁶ McMorrow S, Dubay L, Kenney G, Johnston E, Caraveo C. (2020). "Uninsured New Mothers' Health and Health Care Challenges Highlight the Benefits of Increasing Postpartum Coverage." *Urban Institute*. Web.

⁷ Searing A, Ross D. (2019). "Medicaid Expansion Fills Gaps in Maternal Coverage Leading to Healthier Mothers and Babies." *Georgetown Center for Children and Families*. Web.

Executive Office of Health and Human Services
1 Ashburton Place, 11th floor
Boston, MA 02108

April 23, 2021

Dear Madam Secretary,

Mass General Brigham commends the Executive Office of Health and Human Service (EOHHS) and MassHealth for its March 23, 2021 proposed Amendment (proposed Amendment) to the current 1115 Waiver with the Centers for Medicare and Medicaid (CMS). The flexibilities the proposed Amendment seeks will increase equity and access for vulnerable populations and allow for the continuation of innovative health care models

While the entire proposed Amendment contains positive coverage expansions, Mass General Brigham strongly supports two expansions in the proposed Amendment that are intrinsically tied to our mission to serve the community, enhance patient care and dismantle racism in healthcare.

Extending eligibility for postpartum coverage to 12 months and authorizing postpartum coverage for members not otherwise eligible due to immigration status

Postpartum care is critical for monitoring and addressing serious, and sometimes life threatening, health conditions that can arise post childbirth. Mass General Brigham applauds EOHHS and MassHealth for adopting 12-month coverage eligibility- for *all*, regardless of immigration status- as soon as possible. A full year of postpartum coverage could make a meaningful impact of addressing the maternal mortality gap.

Mass General Brigham has oriented all strategic work around its United Against Racism initiative with a goal to expand equity and access to communities of color. Disparities in maternal mortality follow closely along racial lines and can be ameliorated with consistent inter-partum care over the course of the first-year post-birth. Our organization strongly supports the quick and whole-population approach included by Mass Health in this proposed Amendment.

Authorization to reimburse qualified acute inpatient hospitals rendering acute inpatient hospital services in a member's home when clinically appropriate

Mass General Brigham strongly supports the extension of coverage of the Hospital at Home (HaH) program beyond the Public Health Emergency (PHE). Delivering the right care at the right place for the right reason is a shared value among the Mass General Brigham system and MassHealth. HaH provides a key opportunity to properly provide innovative acute care for conditions for which hospital stays within a traditional hospital setting may result in costly clinical complications.

The two hospital at home (HaH) programs within the Mass General Brigham system are evidence-based care models that provide substitutive hospital-level acute care in the comfort of a patient's home. The program admits ~550 patients per year resulting in a lower 30-day rates of emergency department visits and readmissions to comparable inpatients. Since the inception of the HaH program within our two academic medical centers, over 7,500 inpatient days have been saved. Including MassHealth patients in the HaH program has made these critical services available to a vulnerable population and has already yielded successful outcomes during the PHE. The continuation of this eligibility for these programs will advance the opportunities and positive results from the HaH program to appropriate MassHealth patients.

Mass General Brigham appreciates the collaborative and transparent process that the MassHealth and the Executive Office of Health and Human services has undergone with this critical proposed Amendment. Should there be any questions regarding this comment letter please contact Kelly Driscoll, Director Government Payer Policy, kdriscoll12@partners.org.

Sincerely,

Handwritten signature of Gregg Meyer in black ink.

Gregg Meyer
President, Community Division
President, Value Based Care
Mass General Brigham

Handwritten signature of Tom Sequist in black ink.

Tom Sequist
Chief, Patient Experience & Equity
Mass General Brigham