



April 8, 2022

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

Re: New Jersey FamilyCare Comprehensive Demonstration

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the New Jersey FamilyCare Comprehensive Demonstration.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Department of Health and Human Services (HHS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that any changes to the healthcare system achieve coverage that is adequate, affordable and accessible for patients and consumers.¹ New Jersey's proposed continuous eligibility of coverage for adult beneficiaries will improve health equity and reduce negative health outcomes. New Jersey's request to extend postpartum coverage from 60 days to 12 months will help patients to better manage serious and chronic health conditions and reduce negative maternal outcomes that disproportionately affect women of color. Our organizations urge HHS to approve both of these requests. We also appreciate that the state has included subgroup analyses by race and ethnicity into the proposed evaluation design, which is an important step forward in collecting the necessary data to monitor the impact of this waiver on health equity. Our organizations offer the following comments on the New Jersey FamilyCare Demonstration Renewal Request.

Continuous Eligibility

Our organizations support the proposal to provide 12 months of continuous eligibility for adults enrolled through the Modified Adjusted Gross Income (MAGI) pathway. Implementing continuous eligibility is an important step in improving health equity and is considered a recommended course of action for states looking to improve access to coverage and health equity.² Continuous eligibility increases equitable access to care, as individuals of color are more likely than their white counterparts to experience poverty and thus have changes to income eligibility.³

For patients with serious and chronic conditions, a gap in healthcare coverage could mean delays in receiving needed treatments and services that ultimately lead to a worsening of their condition and other negative health outcomes. Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.⁴ Our organizations support continuous eligibility as a method to reduce these negative health outcomes for patients. Additionally, the proposal estimates that continuous eligibility will reduce churn, which will in turn reduce the administrative burden on Medicaid offices. We encourage HHS to approve this proposal.

Postpartum Coverage

Our organizations support reapproving New Jersey's proposal to extend postpartum coverage from 60 days to twelve months, as this will help patients to better manage serious and chronic health conditions. New Jersey's proposal will help to prevent gaps in healthcare coverage for low-income women during the postpartum period. The need to increase coverage during this period is clear. Approximately 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery.⁵

Improving postpartum coverage is an important component of reducing maternal mortality in New Jersey. According to research from the Centers for Disease Control and Prevention (CDC), an estimated three out of five pregnancy-related deaths are preventable.⁶ Access to a regular source of healthcare is important for conditions to be caught early and negative health outcomes to be avoided if possible. Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies.

Extending postpartum coverage is also important to reduce health disparities. Negative maternal outcomes disproportionately affect women of color. Black women in New Jersey are almost two times as likely to die from a pregnancy-related cause than white women in the state.⁷ Nationally, Medicaid covers 43% of births in the United States, including 60% of births to Hispanic women, 65% of births to African American women, and 67% of births to American Indian or Alaskan Native women.⁸ Extending postpartum coverage is therefore a critical opportunity to improve access to care and reduce pregnancy-related deaths in communities of color.

Conclusion

Our organizations urge HHS to reapprove the extension of postpartum coverage to twelve months, as well as approve New Jersey’s continuous eligibility proposal. Thank you for the opportunity to provide comments.

Sincerely,

American Heart Association
American Lung Association
Arthritis Foundation
Epilepsy Foundation
Hemophilia Federation of America
Lupus Foundation of America
March of Dimes
National Alliance on Mental Illness
National Multiple Sclerosis Society
National Organization for Rare Disorders
Susan G. Komen
The Leukemia & Lymphoma Society

¹ “Consensus Health Reform Principles.” March 9, 2022. Available at: <https://www.lung.org/getmedia/0912cd7f-c2f9-4112-aaa6-f54d690d6e65/ppc-coalition-principles-final.pdf>.

² Chomilo, Nathan. Building Racial Equity into the Walls of Minnesota Medicaid. Minnesota Department of Human Services. February 2022. Available at: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8209A-ENG>

³ Brooks T, Gardner A. Continuous Coverage in Medicaid and CHIP. Georgetown University Health Policy Institute, Center for Children and Families. July 2021. Available at: [Continuous-Coverage-Medicaid-CHIP-final.pdf \(georgetown.edu\)](https://www.georgetown.edu/sites/georgetown.edu/files/continuous-coverage-medicaid-chip-final.pdf)

⁴ Sugar S, Peters C, De Lew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the Covid-19 Pandemic. Assistant Secretary for Planning and Evaluation, Office of Healthy Policy. April 12, 2021. Available at: <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

⁵ Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage ‘churn’ in months before and after childbirth. *Health Aff (Millwood)*. 2017; 36(4): 598–606. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>.

⁶ Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. Available at: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

⁷ Trends in Statewide Maternal Mortality, New Jersey 2009–2013. New Jersey Department of Health, Division of Family Health Services Reproductive and Perinatal Health. Available at: https://www.nj.gov/health/fhs/maternalchild/documents/nj_maternal_mortality_trends_2009_2013.pdf

⁸ MACPAC. Medicaid’s Role in Financing Maternity Care. January 2020. Available at: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>