

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:

The American Lung Association appreciates the opportunity to submit comments on the New Jersey FamilyCare Comprehensive Demonstration.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 36 million Americans living with lung diseases. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The American Lung Association is committed to ensuring that any changes to the healthcare system achieve coverage that is adequate, affordable and accessible for patients and consumers.<sup>1</sup> 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. We urge the Department of Health and Human Services (HHS) to approve these requests.

Additionally, New Jersey's proposal includes provisions that could address home environmental triggers for patients with asthma. 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.

The American Lung Association offers the following comments on the New Jersey FamilyCare Demonstration Renewal Request.

**Continuous Eligibility**

The American Lung Association supports 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.<sup>2</sup> 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.<sup>3</sup>

For patients with lung conditions like lung cancer or COPD, 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.<sup>4</sup> We support continuous eligibility as a method to reduce these negative health outcomes for patients. 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**

The American Lung Association supports 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.<sup>5</sup>

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.<sup>6</sup> 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. The postpartum period is also an important time to ensure the women have access to the support they need to quit smoking and stay quit. In addition to the health impact on the mother, babies with mothers who smoke during pregnancy or who are exposed to secondhand smoke after birth have weaker lungs and are more likely to die from sudden infant death syndrome (SIDS).<sup>7</sup>

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.<sup>8</sup> 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.<sup>9</sup> Extending postpartum coverage is therefore a critical opportunity to improve access to care and reduce pregnancy-related deaths in communities of color. We urge HHS to reapprove this proposal.

### **Enhanced Housing Services and Community Health Worker Programs**

The American Lung Association appreciates the enhanced housing services that will allow patients to address mold and pest infestations, as these are common asthma triggers. Studies have shown that interventions with moderate remediation efforts in the home are both effective

for patients and cost-effective for providers.<sup>10</sup> We are also excited about the proposed Community Health Worker Pilot Program, which can be used to reach patients with asthma for evaluation of needs and intervention. There is strong evidence to support that home visiting programs led by community health workers can lower asthma morbidity rates in children and lead to more positive health outcomes overall for patients.<sup>11</sup> It is crucial that this program be implemented with active emphasis on health equity and cultural competence, to ensure accessibility for patients.

Thank you for the opportunity to provide comments.

Sincerely,



Harold P. Wimmer  
National President and CEO

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<sup>1</sup> “Consensus Health Reform Principles.” March 9, 2022. Available at:

<https://www.lung.org/getmedia/0912cd7f-c2f9-4112-aaa6-f54d690d6e65/ppc-coalition-principles-final.pdf>.

<sup>2</sup> 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/lfsrserver/Public/DHS-8209A-ENG>

<sup>3</sup> 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 \(georgetown.edu\)](#)

<sup>4</sup> 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>

<sup>5</sup> 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>.

<sup>6</sup> 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. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

<sup>7</sup> Centers for Disease Control and Prevention. Smoking During Pregnancy. April 28, 2020. Available at: [https://www.cdc.gov/tobacco/basic\\_information/health\\_effects/pregnancy/index.htm](https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm)

<sup>8</sup> 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](https://www.nj.gov/health/fhs/maternalchild/documents/nj_maternal_mortality_trends_2009_2013.pdf)

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<sup>9</sup> 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>

<sup>10</sup> Asthma Control: Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Children and Adolescents with Asthma. Community Preventative Services Taskforce. September 2013. Available at: <https://www.thecommunityguide.org/sites/default/files/assets/Asthma-Home-Based-Children.pdf>

<sup>11</sup> Strategies for Addressing Asthma in Homes. National Center for Environment Health, Division of Environmental Hazards and Health Effects. May 2017. Available at: [https://www.cdc.gov/asthma/pdfs/Asthma\\_In\\_Homes\\_508.pdf](https://www.cdc.gov/asthma/pdfs/Asthma_In_Homes_508.pdf)