



December 22, 2021

ATTN: Medical Assistance Division Public Comments
New Mexico Human Services Department
Office of the Secretary
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Sent via electronic mail to: madrules@state.nm.us (no hard copy to follow)

RE: Proposed Amendments to the New Mexico Administrative Code (NMAC) rules

Dear Sir or Madam,

The American Heart Association (AHA) appreciates your time and attention and this opportunity to submit comments on the proposed amendments to the New Mexico Administrative Code (NMAC) rules *8.291.400 NMAC, Medicaid Eligibility, Affordable Care, 8.293.600 NMAC, Pregnant Women, Benefit Description, 8.294.600 NMAC, Pregnancy-Related Services, Benefit Description, 8.308.9 NMAC, Managed Care Plan, Benefit Package, 8.308.11 NMAC, Managed Care Plan, Transition of Care, 8.308.20 NMAC, Managed Care Plan, Reimbursement, 8.310.2 NMAC, Health Care Professional Services, General Benefit Description, and 8.326.3 NMAC, Case Management Services, Case Management Services for Pregnant Women and their Infants.*

The AHA believes everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, the AHA represents over 100 million patients with cardiovascular disease (CVD) including many who rely on Medicaid as their primary source of care. Nationally, about 1 in 10 adults with Medicaid coverage are estimated to have some form of CVD, with 6 in 10 having multiple chronic conditions.¹

CVD is the leading cause of maternal mortality in the U.S., accounting for over a third of pregnancy-related deaths.^{2,3} Despite major advances in science and medicine that have reduced pregnancy-related deaths in other countries, the number of overall cardiovascular deaths in the pregnant and postpartum population has continued to increase in the U.S. over the past 20 years.⁴ Multiple studies have shown lack of insurance and inability to pay for care are major barriers to accessing prenatal and postpartum care in the U.S.⁵

For this patient population that is already at a high risk of experiencing CVD, it is especially important pregnant and postpartum Medicaid patients have regular, continuous care during pregnancy and for at least the year following delivery. Expanding access to Medicaid has been shown to reduce maternal mortality, particularly benefiting racial and ethnic minorities, likely through reduced insurance turn-over rates, improved postpartum access to care, and improved care between pregnancies.⁶ Extending Medicaid coverage for one year after delivery would provide many benefits to women and their families by covering critical needs related to pregnancy, childbirth and breast-feeding, chronic conditions, mental health, and other needs.

While maternal health challenges exist nationally, the unique challenges are significantly increased for New Mexican women of color, more specifically for Hispanic and Native American mothers who are more likely to die from pregnant and postpartum-related causes. In fact, more than 60% of Hispanic mothers are uninsured

in New Mexico,⁷ posing a barrier to health care that could promote healthier babies being born and prevent or mitigate complications in the postpartum period.

The American Heart Association enthusiastically supports New Mexico's proposed rules amendment in support of postpartum coverage extension under the American Rescue Plan Act. Specifically, the AHA supports and encourages the following amendments, as they apply to the sections of the rules under review:

- Guarantee of full Medicaid benefits—to include coverage for all healthcare services—for the duration of pregnancy and throughout the 12-month postpartum period;
- Establishment of continuous eligibility for postpartum people to ensure they will receive 12 months of uninterrupted coverage regardless of changes in income; and
- Update to all relevant state and federal policies to reflect these changes to coverage determination and benefits for the postpartum population for a period of 12 months.

We applaud the state's forward-thinking efforts to grow both enrollment and access to services for New Mexico's Medicaid population. This augmented access to care will be critical to identification and treatment of pregnancy-related CVD and other postpartum health and mental health issues—all of which can have multigenerational health impacts on families and communities.

Thank you for working alongside the American Heart Association in support of longer, healthier lives for all.

Sincerely,

Mahesh Sita
Government Relations Director
American Heart Association
New Mexico

¹ Chapel, JM, Ritchey MD, Zhang D, Wang G. Prevalence and medical costs of chronic diseases among adult Medicaid beneficiaries. *AJPM*. 2017; 53(6):S143-S154.

² Centers for Disease Control and Prevention: Reproductive Health, <https://www.cdc.gov/reproductivehealth/index.html>

³ Creanga AA, Syverson C, Seed K and Callaghan WM. Pregnancy-Related Mortality in the United States, 2011-2013. *Obstet Gynecol*. 2017;130:366-373.

⁴ Creanga AA, Syverson C, Seed K and Callaghan WM. Pregnancy-Related Mortality in the United States, 2011-2013. *Obstet Gynecol*. 2017;130:366-373.

⁵ Phillippi JC. Women's perceptions of access to prenatal care in the United States: a literature review. *J Midwifery Womens Health*. 2009;54(3):219-225. doi:10.1016/j.jmwh.2009.01.002

⁶ Luther JP, Johnson DY, Joynt Maddox KE, Lindley KJ. Reducing cardiovascular maternal mortality by extending Medicaid for postpartum women. *JAHA*. 2021; 10(15):e022040.

⁷ *New Mexico Epidemiology*, September 13, 2021 Volume 2021, Number 3 Chronic Health Conditions and Insurance Status among Mothers During the Postpartum Period, New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS), 2015-2019, Published Sept. 2021, <https://www.nmhealth.org/data/view/maternal/2527/>