



February 21, 2013

Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Re: AAUW comments on proposed health insurance exchange and Medicaid regulations; CMS-2324-P

Dear Sir/Madam:

On behalf of the more than 150,000 members and supporters of the American Association of University Women (AAUW), I am pleased to share AAUW's comments on proposed health insurance exchange and Medicaid regulations.¹ AAUW's member-adopted Public Policy Principles support "quality affordable health care, the right to privacy, and choice in the determination of one's reproductive life."²

All Americans, as a basic right, should have access to quality affordable health care. Failure to provide for and protect that right has had numerous consequences over time, such as dismal health outcomes for Americans compared to the rest of the developed world and excessive indirect costs that take a substantial toll on the economy. Women disparately feel these negative outcomes, as they comprise a larger share of health care consumers, often manage multiple chronic conditions and pay more out-of-pocket costs, causing their health care to be prohibitively expensive and frequently unaffordable.³

When the Affordable Care Act was signed into law in March 2010, AAUW believed that, although not perfect by any stretch, many of the law's reforms would improve the collective health of the American people. It is our hope that the full implementation of the ACA's requirements will result in better health outcomes for women.

AAUW is pleased that the proposed rule extends presumptive eligibility to many groups including caretaker relatives and parents, individuals ages 19 and older and under age 65, former foster care children, pregnant women, persons eligible for family planning benefits, and persons eligible for coverage for the treatment of breast or cervical cancer.

However, we are concerned with the proposed requirement that pregnant women be limited to one presumptive eligibility period per pregnancy. Such a limit does not exist in the regulations or other sub-regulatory guidance for other groups that may be presumptively eligible. Further, the current statutory language at 42 U.S.C. § 1396r-1⁴ for pregnant women mirrors the language used for other presumptive eligibility groups, suggesting that the rules for all group should be closely aligned. *Therefore, there should be no separate and additional rule requiring a limit of one presumptive eligibility period per pregnancy for pregnant women.*

There are many circumstances under which a woman may need more than one presumptive eligibility period. Some women may experience great difficulty in completing an application for

Medicaid during their pregnancy. For example, homeless women or women living in shelters following circumstances of interpersonal violence may face added barriers in providing the information needed to complete a Medicaid application within the time required.

AAUW recognizes that HHS may seek to avoid inappropriate use of presumptive eligibility, and we support this important goal. However, we urge HHS to utilize alternative mechanisms to monitor and respond to these concerns. *AAUW urges HHS to remove this proposed addition to the rule as it is likely to create an additional and harmful barrier to care for potentially Medicaid-eligible pregnant women.*

We are also concerned about circumstances in which a pregnant woman who is determined presumptively eligible for Medicaid may need hospitalization due to the pregnancy or another unexpected situation. For example, a pregnant woman may experience a miscarriage that requires hospitalization. Services received in this situation may not qualify as “ambulatory prenatal care,” meaning that these services are only eligible for coverage if the woman is actually determined Medicaid eligible and can request retroactive coverage. This situation happens frequently, and in most cases the woman, who is no longer pregnant, fails to complete the full Medicaid application because she is no longer potentially eligible. The result is that these women often face extraordinary medical bills to cover the costs of the inpatient miscarriage management services. *AAUW urges CMS to clarify that presumptive eligibility for ambulatory prenatal care does not preclude separate and additional presumptive eligibility for hospital care.*

Passage of health care reform was vitally necessary not only to improve the well-being of all Americans but also to ensure continued economic stability and growth. When we are healthy we are more productive and more successful. With these protections, American women will not have to worry about losing their access to medical care.

Thank you for the opportunity to submit comments on this important issue. I look forward to working with you to improve women’s health care. If you have any questions, please feel free to contact me at 202-785-7720, or Beth Scott, regulatory affairs manager, at 202-728-7617.

Sincerely,



Lisa M. Maatz
Director, Public Policy and Government Relations

¹ The Federal Register. (January 22, 2013). *45 CFR Part 155; Medicaid, Children’s Health Insurance Programs, and Exchanges: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes for Medicaid and Exchange Eligibility Appeals and Other Provisions Related to Eligibility and Enrollment for Exchanges, Medicaid and CHIP, and Medicaid Premiums and Cost Sharing; Proposed Rule*. Retrieved February 20, 2013, from www.regulations.gov/#!documentDetail;D=CMS-2013-0012-0005

² AAUW. (June 2011). *2011-13 AAUW Public Policy Program*. Retrieved February 20, 2013, from www.aauw.org/act/issue_advocacy/principles_priorities.cfm

³ National Women’s Law Center. (April 2007). *Women and Health Coverage, the Affordability Gap*. Retrieved January 17, 2013, from www.commonwealthfund.org/usr_doc/1020_Patchias_women_hlt_coverage_affordability_gap.pdf.

⁴ Legal Information Institute. *42 USC § 1396r-1 - Presumptive Eligibility for Pregnant Women*. Retrieved February 20, 2013, from www.law.cornell.edu/uscode/text/42/1396r-1