

YEAR-END REPORT - 2022

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Access to Health Insurance
State Children's Health Insurance Program (SCHIP)

This Issue Brief was written by a contributing writer.

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Introduction

The Centers for Medicare & Medicaid Services (CMS) has released enrollment data for the Children's Health Insurance Program (CHIP).

According to a recent study by researchers at the University of Pittsburgh School of Medicine, one third of children in the United States lacked adequate health insurance coverage in the years prior to the COVID-19 pandemic.

Health and child advocates are in favor of the Build Back Better Act because of the provisions in the bill relating to children's health insurance coverage.

Researchers from the Robert Wood Johnson Foundation's State Health and Value Strategies program prepared a new issue brief addressing considerations for policymakers contemplating extending health insurance coverage through the Children's Health Insurance Program (CHIP) to pregnant immigrants and immigrant children regardless of immigration status.

The Biden-Harris Administration announced requirements that insurance companies and group health plans as well as Medicaid and the Children's Health Insurance Program (CHIP) cover the cost of at-home COVID-19 tests beginning January 15.

Stakeholders expressed concern to the Medicaid and Children's Health Insurance Program Payment and Access Commission that Medicaid redeterminations set to resume after the COVID-19 public health emergency is over will lead to coverage interruptions for vulnerable populations.

The Centers for Medicare & Medicaid Services (CMS) announced that it was committing \$49.4 million to fund organizations aimed at enrolling eligible children, parents and pregnant people in health insurance coverage through Medicaid and the Children's Health Insurance Program (CHIP).

The Nebraska Health and Human Services Committee heard testimony recently regarding a bill that would streamline the enrollment process for children applying for health insurance coverage under Medicaid or the Children's Health Insurance Program (CHIP).

The Department of Homeland Security (DHS) proposed changes to the definition of public charge for purposes of immigration that would allow immigrants receiving Children's Health Insurance Benefits (CHIP) and other benefits to apply for lawful permanent residence from within the United States.

Patient advocates in Connecticut favor the extension of Medicaid coverage for postpartum care for one year that will take effect April 1.

The Centers for Medicare & Medicaid Services (CMS) announced that it is seeking feedback on topics related to health care access.

Legislators in Connecticut are continuing their support of the proposal for the expansion of Medicaid to cover older undocumented children despite the defeat of the bill in committee.

A program that serves babies and young people facing inequitable stressors received a grant to expand its services.

The Centers for Medicare & Medicaid Services (CMS) announced the creation of a new program aimed at improving maternal health outcomes.

In a recent study, researchers found that children gaining health insurance coverage through Medicaid and CHIP benefits their families in other ways as well.



When the COVID-19 public health emergency lifts, children covered under Medicaid and the Children's Health Insurance Program (CHIP) will be at high risk for losing coverage when disenrollment resumes.

The United States Department of Health and Human Services (HHS) Secretary Xavier Becerra recently released a statement commending Tennessee and South Carolina for working with the Centers for Medicare & Medicaid Services (CMS) to expand Medicaid and Children's Health Insurance Program (CHIP) coverage to 12 months postpartum to an estimated 22,000 and 16,000 parents.

Jennifer L. Gerstorff, FSA MAAA, has been appointed to the Medicaid and CHIP Payment and Access Commission (MACPAC).

Government agencies across the U.S. Department of Health and Human Services (HHS) issued a joint letter urging states, tribes, and jurisdictions to prioritize and maximize efforts to address children's mental health and well-being.

The U.S. Department of Health and Human Services (HHS) through the Centers for Medicare & Medicaid Services (CMS) recently approved California, Florida, Kentucky, and Oregon plans to expand Medicaid and Children's Health Insurance Program (CHIP) coverage to 12 months postpartum.

The Medicaid and Children's Health Insurance Program in California, Medi-Cal, recently agreed to the extension of postpartum coverage for 12 months. The state is focused on addressing maternal health disparities, particularly for Black maternal health.

The U.S. Department of Health and Human Services (HHS) through the Centers for Medicare & Medicaid Services (CMS) announced that 253,000 parents have gained access to 12 months of health insurance coverage postpartum under recent extensions to Medicaid and the Children's Health Insurance Program (CHIP).

Mental health advocates in Texas asked legislators to improve mental health care support for children and in schools.

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS) announced the release of a suite of new resources to improve CMS and state oversight of Medicaid and Children's Health Insurance Program (CHIP) managed care programs.

A nonprofit in West Virginia announced that it received a three-year grant to fund insurance coverage for children.

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS) announced the award of \$49 million to a program that will fund organizations aimed at reducing uninsured rates among children, parents, and families.

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced the approval of the extension of Medicaid and Children's Health Insurance Program (CHIP) coverage for 12 months after pregnancy in Hawaii, Maryland, and Ohio.

The latest data from the national Kids Count rankings showed recent improvements in the health insurance coverage of children living in Michigan.

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), approved the extension of Medicaid and Children's Health Insurance Program (CHIP) coverage for 12 months after pregnancy in Indiana and West Virginia.

The Centers for Medicare & Medicaid Services (CMS) outlined the Biden-Harris Administration's efforts to support child and maternal health through expansion of affordable high-quality health care and continuous postpartum coverage through Medicaid and the Children's Health Insurance Program (CHIP) for a year after birth.

Legislation was introduced in the United States Senate aimed at improving mental health care for children covered by Medicaid and the Children's Health Insurance Program (CHIP).

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS) announced the approval of Medicaid section 1115 initiatives in Massachusetts and Oregon aimed at helping people, particularly children, keep Medicaid coverage.

Federal officials indicated that an estimated 15 million people will be disenrolled from Medicaid and the Children's Health Insurance Program (CHIP) during the eligibility redetermination process when the COVID-19 public health emergency ends in the coming year.

Alabama celebrated the 25th anniversary of the Children's Health Insurance Program (CHIP) in the state.

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced that over half of all states expanded access of Medicaid and CHIP coverage to 12 months after pregnancy.

In Colorado, hundreds of thousands of people, many of them children, are at risk of losing government-subsidized health insurance coverage next year with the ending of the federal public health emergency.

CMS Releases CHIP Enrollment Data

The Centers for Medicare & Medicaid Services (CMS) has released enrollment data for the Children's Health Insurance Program (CHIP).



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Since February 2020, enrollment in both Medicaid and CHIP has increased by over seventeen percent.

As of May 2021, enrollment in CHIP totaled 6,872,427.

According to CMS, 'The COVID-19 Public Health Emergency (PHE) continues to play a significant role in Medicaid/CHIP enrollment, which is why CMS continues to develop tools and strategies to support operations and enrollees in times of crisis, including granting states additional temporary flexibilities in their Medicaid and CHIP operations.' ^[FN2]

Health Care and Child Advocates Favor Build Back Better Plan for Children's Health Insurance

Health and child advocates are in favor of the Build Back Better Act because of the provisions in the bill relating to children's health insurance coverage.

According to Julianne Yacovone, child health director for West Virginians for Affordable Healthcare, the bill would help children to receive regular checkups and developmental screenings. Children have these needs year-round, despite their parents' income level or the availability of employer sponsored health insurance.

'They will be covered for a year without being removed, without their health insurance being questioned,' said Yacovone. 'This is really, really reassuring to West Virginia parents, who will not have to be stressed or worried that their kids won't have access to the health care that they need.'

Sen. Joe Manchin - D-W.Va. has not put his support behind the bill due to its cost, \$1.75 trillion. Other lawmakers are hopeful that the House-passed version of the bill could be revised further to gain support.

Under the bill, the Children's Health Insurance Program (CHIP) would receive permanent funding. Children living in households in West Virginia earning less than \$45,000 per year are eligible for coverage through CHIP.

'We have 200,000 kids on CHIP and Medicaid in West Virginia,' said Yacovone. 'So if for some reason that federal funding did not come through, it could be really damaging to us as a state. Because we would have to step in with state funds to address any kind of gap that was there.'

According to Joan Alker, executive director of the Georgetown University Center for Children and Families, the bill could lead to fewer children lacking health insurance coverage.

'After we saw this troubling reverse in the progress we'd made as a country in reducing the number of uninsured kids - which came to a halt in 2017 and started going in the wrong direction,' said Alker, 'the Build Back Better bill would really turn that around and start moving the country in the right direction.'

The bill would also increase coverage for people who have given birth to a year postpartum. Current Medicaid and CHIP coverage is 60 days. Advocates assert that the increased coverage could prevent significant maternal mortality. Medicaid and CHIP currently cover approximately 43% of births in the U.S. ^[FN3]

Study: 1/3 of Children Lack Adequate Health Insurance

According to a recent study by researchers at the University of Pittsburgh School of Medicine, one third of children in the United States lacked adequate health insurance coverage in the years prior to the COVID-19 pandemic.

The pandemic has made the issue of inadequate coverage more pressing.

In 2016, 30 percent of children were underinsured. By 2019, that rate increased to 34 percent. Underinsured refers to children who have insurance coverage but cannot afford to pay for care due to the cost of deductibles and other out-of-pocket costs.

Families falling under this metric were most likely covered through employer-sponsored health insurance and earned too much to qualify for Medicaid or CHIP.

'There's this perception that if you have a decent job and you have employer-based insurance you're all set. That's just obviously not the case,' said Justin Yu, an assistant professor of pediatrics at Pitt's School of Medicine and the study's lead author.

In 2019 in Pennsylvania and New Jersey, almost 1.5 million children lacked adequate and continuous health insurance coverage.

Researchers collected data from the National Survey of Children's Health of children through age 17.

During the three-year period of the study, about 34 percent of children living in New Jersey were underinsured.

In Pennsylvania, the underinsured rate of children increased by almost 8 percentage points to 31 percent.

Researchers pointed to increases in out-of-pocket costs of private health insurance plans. The average deductible for employer-sponsored plans in 2021 was \$1,669. This amount has increased by 68 percent in ten years.

The cost of co-pays, premiums and prescriptions have increased at a rate higher than household income.

In Pennsylvania, CHIP has no income limit. The amount for CHIP coverage varies depending on income. Families finding employer insurance too expensive have the option of enrolling their children in coverage through CHIP. ^[FN4]



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CHIP Covers Cost of At-Home Covid Testing

The Biden-Harris Administration announced requirements that insurance companies and group health plans as well as Medicaid and the Children's Health Insurance Program (CHIP) cover the cost of at-home COVID-19 tests beginning January 15.

Most consumers with private health coverage will be able to access tests online, at a pharmacy or store. Tests will either be free up front through their health coverage, or consumers will be reimbursed by submitting a claim to their plan.

The new requirement incentivized health insurers to cover the cost of the tests up front. Consumers will not need an order from a health care provider to obtain the free at-home tests.

To be eligible, the over-the-counter COVID-19 diagnostic tests must be authorized, cleared, or approved by the U.S. Food and Drug Administration (FDA).

Insurance companies and health plans are required to cover 8 free at-home tests per covered individual per month.

There is no limit to the number of covered tests, including at-home tests, if a health care provider has ordered or administered the test after an individual clinical assessment. Health care providers may order an unlimited number of covered tests for people with underlying medical conditions.

'Under President Biden's leadership, we are requiring insurers and group health plans to make tests free for millions of Americans. This is all part of our overall strategy to ramp-up access to easy-to-use, at-home tests at no cost,' said HHS Secretary Xavier Becerra. 'Since we took office, we have more than tripled the number of sites where people can get COVID-19 tests for free, and we're also purchasing half a billion at-home, rapid tests to send for free to Americans who need them. By requiring private health plans to cover people's at-home tests, we are further expanding Americans' ability to get tests for free when they need them.'

The free tests will be available without cost-sharing requirements including deductibles, co-payments, or coinsurance.

The Administration is providing incentives to insurance companies and group health plans that create programs for consumers to obtain the tests directly through pharmacies, retailers, or other entities without cost. These tests will be available for free without a need for consumers to submit a reimbursement claim.

If plans and insurers create programs for upfront coverage through preferred pharmacies or retailers, they still must reimburse the cost of tests consumers purchase elsewhere up to \$12 per individual test.

Plans and insurers should provide consumers with more information about the coverage of over-the-counter tests.

'Testing is critically important to help reduce the spread of COVID-19, as well as to quickly diagnose COVID-19 so that it can be effectively treated. Today's action further removes financial barriers and expands access to COVID-19 tests for millions of people,' said CMS Administrator Chiquita Brooks-LaSure.

Medicaid and CHIP programs are required to cover FDA-authorized at-home COVID-19 tests without cost-sharing. The Biden-Harris Administration issued guidance in 2021 requiring Medicaid and CHIP to cover FDA-authorized COVID-19 tests without cost sharing under the American Rescue Plan Act of 2019 (ARP). ^[FN5]

Report: Considerations for Extending CHIP to Immigrants

Researchers from the Robert Wood Johnson Foundation's State Health and Value Strategies program prepared a new issue brief addressing considerations for policymakers contemplating extending health insurance coverage through the Children's Health Insurance Program (CHIP) to pregnant immigrants and immigrant children regardless of immigration status.

The issue brief, 'Supporting Health Equity and Affordable Health Coverage for Immigrant Populations: CHIP Coverage Option for Pregnant Immigrants and their Children,' is the second in a series addressing health equity and access to health coverage for immigrants.

Researchers noted, 'Access to affordable health coverage and healthcare is critical for pregnant individuals and translates to better outcomes for their children. Immigrants who are subject to Medicaid's five-year bar or who are undocumented are less likely than U.S. citizens or those with a legal status to have health coverage, including adequate prenatal care, in part due to more limited interactions with the healthcare system as a result of previous public charge and other exclusionary immigration policies.'

They argued that healthcare for all immigrants is important to achieve health equity throughout the nation and to reduce health disparities between immigrants and people born in the United States.

Federal regulations permit states to provide health coverage for pregnancy-related issues under CHIP, including pregnant immigrants. Coverage can include prenatal, labor and delivery, and postpartum services to pregnant individuals, regardless of immigration status.

In January 2021, about one-third of states allowed this coverage.

Researchers indicated that 'many more states could still elect to draw down available federal funding to strengthen access to care for their pregnant residents and prioritize the health of children who will become U.S. citizens at birth.'



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They concluded that allowing the CHIP coverage option for pregnant immigrants and their children was an important step in addressing maternal and infant mortality and morbidity throughout the United States. ^[FN6]

CMS Commits \$49.4 Million to Enrollment Efforts

The Centers for Medicare & Medicaid Services (CMS) announced that it was committing \$49.4 million to fund organizations aimed at enrolling eligible children, parents and pregnant people in health insurance coverage through Medicaid and the Children's Health Insurance Program (CHIP).

Organizations that will receive funds include state/local governments, tribal organizations, federal health safety net organizations, non-profits, and schools, among others. Each organization will receive up to \$1.5 million for a three-year period. The money is to be used to reduce the number of uninsured children through enrollment in CHIP and Medicaid and maintaining that enrollment.

'No one should be left without access to critical health care, especially during the pandemic,' said Health and Human Services Secretary Xavier Becerra. 'This historic funding opportunity is part of the Biden-Harris Administration's ongoing efforts to get as many Americans covered with affordable, quality health coverage. We encourage grassroots organizations and other trusted voices to help us reach and enroll some of our hardest-to-reach populations, including children and parents-to-be.'

'CMS is using every tool available to expand access to coverage and care,' said CMS Administrator Chiquita Brooks-LaSure. 'The Biden-Harris Administration is committed to advancing health equity, and encourages organizations that serve children, their parents, and pregnant individuals in diverse and underserved communities to apply. These organizations play a pivotal role in connecting people to coverage since families and individuals often seek help from community organizations they know and trust.'

The funding commitment supports President Joe Biden's 2021 Executive Order on Strengthening Medicaid and the Affordable Care Act. It aims to leverage the Connecting Kids to Coverage program to make health insurance more affordable and accessible to children and families. The initiative newly targets pregnant people for enrollment in health coverage.

Organizations receiving funding will be encouraged to utilize activities such as:

Engaging schools and other programs serving young people;

Bridging racial and demographic health coverage disparities by targeting communities with low coverage rates;

Establishing and developing application assistance resources to provide high-quality, reliable enrollment and renewal services in local communities;

Using social media to conduct virtual outreach and enrollment assistance; and

Using parent mentors and community health workers to assist families with enrolling in Medicaid and CHIP, retaining coverage, and addressing social determinants of health.

According to CMS, 'This unprecedented funding is vital to making sure children are enrolled in coverage, especially those who are eligible for but not yet enrolled in Medicaid and CHIP coverage.'

Data has revealed that about four million children are uninsured in the United States. 2.3 million of those children are eligible for coverage under Medicaid or CHIP.

Many families are unaware of the availability of coverage through these programs. Specific groups of people experience disparities in health insurance coverage. About 11.8% of American Indian and Alaska Native children are uninsured. 11.4% of Hispanic children lack health insurance coverage. 5.9% of Black children are uninsured.

Over 42% of births in the United States are covered by Medicaid or CHIP. Nearly half of those births are Black, Hispanic, or American Indian/Alaskan Native children.

The new funding is targeting pregnant individuals due to the importance of prenatal care to healthy birth outcomes. Focusing on coverage for pregnant individuals will also lead to increased coverage of children. Infants born to people enrolled in Medicaid or CHIP will receive automatic eligibility for one year in Medicaid or CHIP.

Funding is available under the Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act of 2017 (HEALTHY KIDS Act) for enrollment outreach. Over \$216 million has been awarded to organizations since 2009 to enroll and retain children in Medicaid and CHIP. ^[FN7]

Stakeholders Concerned Over Coverage Interruptions

Stakeholders expressed concern to the Medicaid and Children's Health Insurance Program Payment and Access Commission that Medicaid redeterminations set to resume after the COVID-19 public health emergency is over will lead to coverage interruptions for vulnerable populations.

They also had concerns about enough notice time to process applications that have increased significantly during the public health emergency that caused record unemployment. Lawmakers paused eligibility determinations to avoid coverage interruptions and the federal government provided a more favorable match rates to help states financially with the burden.



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States will be able to begin checking members for eligibility after the public health emergency ends.

'The stakes for getting this right are high,' Melissa McChesney, health policy adviser at UnidosUS, a Latino civil rights and advocacy organization, indicated.

McChesney predicted that significant enrollment losses for eligible people could result from resuming redeterminations.

Staff will need more time and training to make the correct redeterminations, particularly because many addresses of enrollees are outdated. ^[FN8]

DHS Proposes Rule Change for Immigrants Receiving CHIP

The Department of Homeland Security (DHS) proposed changes to the definition of public charge for purposes of immigration that would allow immigrants receiving Children's Health Insurance Benefits (CHIP) and other benefits to apply for lawful permanent residence from within the United States.

DHS will issue a Notice of Proposed Rulemaking (NPRM) that would regulate how DHS applies the public charge ground of inadmissibility.

The proposed rule aims to ensure fair and human treatment of noncitizens requesting admission to the United States, even if they are receiving government-sponsored benefits.

'The 2019 public charge rule was not consistent with our nation's values,' said Secretary Alejandro N. Mayorkas. 'Under this proposed rule, we will return to the historical understanding of the term "public charge" and individuals will not be penalized for choosing to access the health benefits and other supplemental government services available to them.'

The Trump administration changed the interpretation of the term 'public charge' in 2019 to include the consideration of more types of public benefits. According to DHS, 'It caused many noncitizens to be fearful of accessing benefits that Congress intended them to have, including noncitizens who are not subject to the public charge ground of inadmissibility, such as children in mixed-status households.'

DHS has started the rulemaking process to establish a new regulation and is soliciting comments from the public.

The proposed changes define 'likely at any time to become a public charge' as 'likely to become primarily dependent on the government for subsistence.'

DHS proposed consideration of the following public benefits consistent with long-standing practices:

- Supplemental Security Income (SSI);
- Cash assistance for income maintenance under the Temporary Assistance for Needy -Families (TANF) program;
- State, Tribal, territorial, and local cash assistance for income maintenance; and
- Long-term institutionalization at government expense.

Under the proposal, the agency would not consider noncash benefits including food and nutrition assistance programs including the Supplemental Nutrition Assistance Program (SNAP), the Children's Health Insurance Program, most Medicaid benefits (except for long-term institutionalization at government expense), housing benefits, and transportation vouchers. Nor would DHS consider disaster assistance received under the Stafford Act; pandemic assistance; benefits received via a tax credit or deduction; or Social Security, government pensions, or other earned benefits.

Some categories of noncitizens are exempt from the public charge ground of inadmissibility, including refugees, asylees, noncitizens applying for or re-registering for temporary protected status (TPS), special immigration juveniles, T and U nonimmigrants, and self-petitioners under the Violence Against Women Act (VAWA). DHS would not consider any person's receipt of benefits while a member of these categories as part of a public charge determination. ^[FN9]

Nebraska Bill to Streamline CHIP Enrollment

The Nebraska Health and Human Services Committee heard testimony recently regarding a bill that would streamline the enrollment process for children applying for health insurance coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Omaha Sen. Jen Day introduced LB857. The bill would implement 'express lane eligibility' for automatic enrollment of children receiving federal Supplemental Nutrition Assistance Program benefits in either Medicaid or the Children's Health Insurance Program.

The legislation would require the state Department of Health and Human Services to apply to the Centers for Medicare and Medicaid Services for a state plan amendment to implement express lane eligibility by Oct. 1, 2022.

Under the bill, the change would affect initial eligibility determinations, redeterminations, automatic enrollment and automatic renewals for health care coverage under Medicaid or CHIP.

According to Day, Nebraska was 31st in the United States in 2020 for CHIP enrollment of eligible children. The bill aims to identify those children and efficiently give them access to coverage.



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Kelsey Arends of Nebraska Appleseed testified in support of the bill. She cited the ability of the bill to increase administrative efficiency, reduce the paperwork burden on families receiving benefits and expand health insurance access for children.

"When kids go without health insurance they miss out on necessary checkups and preventative care," Arends indicated.

Kenny McMorris, CEO of Charles Drew Health Center in Omaha, also testified in support of the bill. He pointed to the difficulty that some non-English speakers and other individuals unfamiliar with the enrollment process encounter.

"Ensuring children have easy access to the Medicaid benefits they're entitled to is significant to the health and future of young Nebraskans," McMorris said.

Kevin Bagley, director of the Division of Medicaid and Long-Term Care for DHHS, testified opposing the bill. He asserted that express lane eligibility places a great administrative burden on the department. He also claimed that seven other states discontinued their use of express lane eligibility due to some ineligible children receiving benefits. ^[FN10]

CMS Seeks Feedback for Equitable Access to Care

The Centers for Medicare & Medicaid Services (CMS) announced that it is seeking feedback on topics related to health care access.

These topics include enrollment in coverage, maintaining coverage, accessing health care services and supports. CMS is also concerned about adequacy of provider payment rates with the aim of improving provider availability and quality.

CMS indicated that it is taking this Request for Information (RFI) as part of a comprehensive access strategy for Medicaid and CHIP. It is part of the Biden-Harris Administration's work to advance health equity and reduce health disparities.

"We are committed to providing equitable access to quality health care and removing any barriers to quality health care," said Health and Human Services Secretary Xavier Becerra. "We want to hear directly from stakeholders so we can strengthen our programs for the more than 80 million Americans with Medicaid or CHIP health insurance. Together, by advancing health equity, we can ensure quality health care is within reach for everyone who needs it."

"Medicaid and CHIP provide essential health coverage for over 80 million individuals and families," said CMS Administrator Chiquita Brooks-LaSure. "Ensuring every eligible person can access the coverage and care to which they are entitled is a foundational principle of health equity and our work at CMS. We invite interested stakeholders and individuals with lived experience to join us in this mission, starting by responding to the request for information."

"With this RFI, we are taking a first step towards a broader perspective of what 'access' to Medicaid means," said CMS Director of the Center for Medicaid and CHIP Services Daniel Tsai. "Ensuring access to Medicaid includes addressing a range of barriers current and potential Medicaid beneficiaries may experience, from enrolling in Medicaid to maintaining coverage, to accessing care across both fee-for-service and managed care delivery systems. Access must also cross physical health care, behavioral health, and home and community based services. We look forward to capturing a wide range of perspectives from different stakeholders with this RFI."

CMS hopes to better understand barriers to enrolling in and maintaining coverage and accessing needed health care services and support from Medicaid and CHIP through the feedback.

CMS will use the feedback to inform future policies, monitoring, and regulatory actions. The changes will be aimed at improving equitable access to high-quality and appropriate care for Medicaid and CHIP beneficiaries.

The changes will encompass all Medicaid and CHIP payment and delivery systems, including fee-for-service, managed care, and alternative payment models.

CMS will also look to the RFI submissions to ensure timely access to critical services, such as behavioral health care and home and community-based services.

Researchers have found that Medicaid and CHIP generally provide comprehensive health care coverage for beneficiaries. However, some beneficiaries have a harder time accessing health care providers and medical services even though laws are in place to protect access under Medicaid.

The access RFI is focused on gathering information relevant to these inequities. CMS is seeking feedback from experts, beneficiaries, and community members with lived experience of the agency's programs.

According to CMS, "The RFI seeks feedback from a diverse set of stakeholders on a broad set of topics from ensuring adequate payment rates to encouraging provider availability and quality, to culturally and linguistically competent care and reducing gaps in health care coverage. Interested parties may access the RFI questions and provide comment on Medicaid.gov. The RFI is open for a 60 day public comment period beginning February 17, 2022." ^[FN11]

CT Patient Advocates Favor Extensions for Postpartum Care

Patient advocates in Connecticut favor the extension of Medicaid coverage for postpartum care for one year that will take effect April 1.

The Connecticut General Assembly included a measure in the biennial state budget last year that will extend postpartum Medicaid coverage to one year. Currently, people who do not qualify for full Medicaid coverage are eligible for 60 days of postpartum care under the program.



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People in a family of three earning between \$37,000 and \$60,000 will be eligible for a full year of Medicaid coverage postpartum beginning April 1.

Connecticut estimates that 4,000 people in the state each year will qualify for the one-year coverage.

Funding from the federal government under the American Rescue Plan Act will cover the cost of the Medicaid extension program for five years.

Prenatal health care coverage will also be extended under the state's Children's Health Insurance Program (CHIP) beginning next year. Undocumented pregnant people, who were ineligible for coverage previously, will now be eligible for prenatal care.

'The eligibility rules for the new CHIP program will be in the same systems as the rest of our medical programs, and all of these folks will start through the Access Health CT "door,' like the vast majority of HUSKY Health recipients," said David Dearborn, a spokesperson for the state Department of Social Services.

Dearborn indicated that additional changes will also begin next year, including coverage for undocumented children up to age 8. ^[FN12]

Legislators Continue to Support Medicaid for Undocumented Children

Legislators in Connecticut are continuing their support of the proposal for the expansion of Medicaid to cover older undocumented children despite the defeat of the bill in committee.

Advocates are pushing for the proposal to become part of the state budget implementer.

Legislators approved an expansion of Medicaid, the HUSKY program in Connecticut, to cover children age 8 and younger without looking to immigration status. That coverage will begin on January 1, 2023. To be eligible, children must live in households earning up to 323% of the federal poverty level.

Some legislators supported increasing the eligibility range up to children 18 and younger, regardless of immigration status.

The issue was raised in the Human Services Committee but failed to advance after the vote tied.

Advocates are now interested in adding the initiative to the budget implementer, a measure that implements the provisions of the adopted state budget.

'Every child should have a right to health care coverage. It's a fundamental right," said Jay Sicklick, deputy director of the Center for Children's Advocacy. 'From an access issue, why are we drawing the line that this cohort of individuals should not be covered?'

According to Sicklick, Connecticut already covers the cost of medical treatment for undocumented children as uncompensated hospital care. Allowing them to access care through HUSKY would provide them with better preventative and primary care.

'If we're going to exclude a group, they're going to have to get treatment somewhere and somehow, and somebody is going to pay for it, either through an inpatient stay or a shifting around of uncompensated care monies," he said. 'So why not embolden the primary and preventative care system to handle these, to reduce the costs on the back end? That's good public health policy, but it's also supported by data and even more significant in a pandemic.'

Dr. Julia Rosenberg, an instructor of pediatrics at the Yale School of Medicine, is also in favor of the expansion.

'I was trying to make sure that I could get a child a tuberculosis screening they needed, which is important for the person's health as well as for public health," she said. 'I was having a lot of challenges, because this was a child who did not have insurance. It's the kind of thing where there are a lot of extra steps involved to make sure that we can get kids the health care they need and deserve.'

Rosenberg argued for the expansion.

'The challenges we have faced in making sure that undocumented children can get the care they need has been incredibly disheartening," she said in an interview. 'I've been so hopeful that Connecticut could support this legislation. — I really cannot think of anything else that could be more important for children's health. It can't come soon enough.'

The failure of the bill in committee surprised legislators.

Sen. Marilyn Moore, a Democrat from Bridgeport and a co-chair of the Human Services Committee, spoke in support of the bill before the vote, 'I don't think it's a good look for anyone to deny this type of health care to people, especially children.'

The vote failed in a 10-10 vote. All Republicans and three of the 13 Democrats on the committee voted against it. It is the only proposal the committee failed to pass during this session.

Some legislators felt that the expansion vote was too early without enough information about the cost of the program to the state and the number of potential eligible children. The prior legislation required a feasibility study from the Office of Health Strategy on the subject of expanding coverage for undocumented children to age 18. However, the report was not due until July.

Many legislators voiced their objection to voting for the bill before the report was available.

Even though the feasibility study was not available, the Connecticut Health Foundation and Georgetown University published a brief in September 2020 addressing many of the legislators' questions.



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According to the Migration Policy Institute, an estimated 13,000 undocumented children age 18 and younger lived in Connecticut. Approximately 4,550 children were expected to enroll during their first year of eligibility for the program. The total number of undocumented children enrolled would reach 5,590 by the second year. The cost to Connecticut in the first year would be approximately \$11.3 million. The second year would cost \$13.9 million.

Most of those findings were not brought to the attention of the committee during the debate on the measure.

House Speaker Matthew Ritter, D-Hartford indicated that the issue would be part of the budget negotiations. However, the outcome is uncertain according to Ritter. He noted that the cost of the program would be part of the debate as would the testimony against expansion by the state commissioner of social services.

The commissioner, Deidre Gifford, testified that the state would not be able to collect federal funding for the undocumented children's coverage under the measure, so the state would have to cover the entire bill and would have "significant additional program costs" under the expansion.

Governor Ned Lamont is reviewing the proposal.

"We did have this conversation last year. We reached a compromise to [the 8 years old and younger] age group, and that was not easy to do," Ritter said. "So there are a lot of people who are going to have to be involved in this conversation in the next couple of weeks. And a lot of it may come down to what the Appropriations Committee has with the spending cap and what people have as priorities." [FN13]

CMS Announces "Birthing-Friendly" Program

The Centers for Medicare & Medicaid Services (CMS) announced the creation of a new program aimed at improving maternal health outcomes.

The proposed "Birthing-Friendly" hospital designation would help consumers to choose hospitals that are committed to maternal health and high-quality maternity care. The proposal is an effort to reduce maternal mortality and morbidity.

The initial requirements for the designation will be part of the Hospital Inpatient Prospective Payment System (IPPS) proposed rule.

"Everyone deserves access to quality health care, especially as they start a family," said Health & Human Services (HHS) Secretary Xavier Becerra. "At HHS, we are proposing the "Birthing-Friendly" hospital designation and working with states to provide a full year of postpartum care to ensure all parents have the best care they need before, during, and after a pregnancy. We will continue to deliver on the Biden-Harris Administration's commitment to reduce racial disparities, including those we see in maternal health outcomes."

The announcement came during the fifth annual Black Maternal Health Week (April 11-14, 2022). Vice President Kamala Harris hosted the first-ever meeting on maternal health with Cabinet Secretaries and agency leaders.

"Improving maternal health outcomes—particularly among underserved communities—is a top priority for the Biden-Harris Administration. To advance health equity, we must integrate it into our programs, and that's why we are seeking to measure hospital maternity care quality," said Administrator Brooks-LaSure. "In addition, the American Rescue Plan gives states an easier pathway to extend coverage to 12 months after a pregnancy, and I encourage all states to take this step to support parents and children during the postpartum period."

Several states including Louisiana, Virginia, New Jersey, and Illinois have started offering Medicaid and Children's Health Insurance Program (CHIP) coverage for 12 months after pregnancy.

Eleven additional states and the District of Columbia are working with CMS to extend postpartum coverage to 12 months after pregnancy. Those states are California, the District of Columbia, Indiana, Kentucky, Maine, Michigan, Minnesota, Oregon, New Mexico, South Carolina, Tennessee, and West Virginia.

If successful, the change will lead to guaranteed Medicaid and CHIP coverage for 12 months after pregnancy to as many as 720,000 people living in the United States. The change would be possible due to the American Rescue Plan.

Currently, approximately 42 percent of births in the United States are covered by Medicaid. The new option to extend coverage under Medicaid and CHIP represents an effort by the Biden-Harris administration to address the crisis in pregnancy-related mortality and morbidity.

According to CMS, "Initially, the publicly reported maternity care quality hospital ("Birthing-Friendly") designation would be based on a hospital's attestation to the Hospital Inpatient Quality Reporting (IQR) Program's Maternal Morbidity Structural Measure, which CMS sees as a first step in capturing hospitals' commitments to the quality and safety of maternity care they furnish. The reporting period began in October 2021, and data will be submitted by hospitals for the first time in May 2022. CMS will post the Maternal Morbidity Structural Measure data for October to December 2021 in fall 2022, and post initial results for the hospital designation beginning in fall 2023."

CMS is planning to extend the criteria for the designation in the future. The designation will appear on a CMS website to help consumers find appropriate hospitals for maternal care. Hospitals earning the designation will have demonstrated a commitment to



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maternal health through their participation in quality improvement collaboratives and implementation of best practices that advance health care quality, safety, and equity for pregnant and postpartum parents. ^[FN14]

Pediatric Program Receives Grant

A program that serves babies and young people facing inequitable stressors received a grant to expand its services.

Blue Meridian Partners will invest \$46.5 million in the HealthySteps program, run by the early childhood nonprofit ZERO TO THREE. The program will double in size by 2027. Blue Meridian Partners previously invested \$39 million in the program.

'This is a monumental investment in a proven program that transforms the pediatric setting to improve the lives of babies, toddlers, and their families,' stated Matthew Melmed, Executive Director of ZERO TO THREE. 'Our HealthySteps Specialists are meeting babies and toddlers where they are, providing comprehensive, wraparound services to provide whatever families need. Furthermore, we know this program has had a tremendous impact in areas with persistent inequities for families of color and those with low incomes. I am proud to know that we will now be able to continue to expand this important effort throughout the nation, reaching hundreds of thousands of young children and their families.'

Through the program, early childhood development experts (HealthySteps Specialists) are embedded in pediatric and family medicine primary care practices. They serve young children helping them to reach important early developmental and social-emotional milestones.

The program currently serves over 350,000 children ages 0-3. The reach of the program will double as a result of the grant to about 715,000 children per year. The program has a goal of supporting at least 1 million young children every year by 2032.

The program focuses on serving beneficiaries of Medicaid and the Children's Health Insurance Program (CHIP). ^[FN15]

Children at High Risk for Losing Coverage When COVID-19 Health Emergency Status Changes

When the COVID-19 public health emergency lifts, children covered under Medicaid and the Children's Health Insurance Program (CHIP) will be at high risk for losing coverage when disenrollment resumes.

Currently, enrollment in Medicaid and CHIP are at an all-time high. Nearly 86 million people are enrolled in the programs. Half of children in the United States are covered under the programs.

Thanks to the Families First Act, children and adults enrolled in Medicaid are protected by the continuous coverage provision. States are prohibited from disenrolling people involuntarily from Medicaid and CHIP. The provision has helped to prevent significant increases in the number of Americans without health insurance coverage during the pandemic.

Before the pandemic, the number of children lacking health insurance was increasing from 2016 to 2019. Latino children saw the largest increases.

Secretary Becerra just extended the public health emergency to July 15th. When it ends, states will begin checking eligibility again for every adult and child enrolled in Medicaid or CHIP.

The resuming of eligibility checks could lead to the loss of coverage for millions of adults and children in the United States.

Experts estimate that up to 6.7 million children are at high risk of losing health insurance coverage. The number of uninsured children could more than double. In 2019, 4.4 million children lacked health insurance coverage in the United States.

Both children and adults have seen increases in enrollment in the programs. There was a 28.1% increase in adult enrollment and a 12.8% increase in child enrollment in Medicaid and CHIP. Children in every state are the largest single eligibility group in Medicaid. In states that have not expanded Medicaid eligibility under the Affordable Care Act, children represent a significantly larger portion of the Medicaid enrollees.

In non-expansion states, there are significantly larger increases in child Medicaid enrollment than in expansion states.

Medicaid's continuous coverage protection has been more important for children living in states that chose not to expand Medicaid eligibility. Texas, Florida, and Georgia have the largest number of enrolled children. The rate of uninsured children in those states is greater than the national average. Texas has the highest rate and number of children lacking health insurance.

In 2019, Texas and Florida combined had 41% of the uninsured children in the United States as residents. Experts predicted that the uninsured rates for children living in these states stabilized during the pandemic due to the ban on disenrollment.

The increase in covered children is temporary, however. Facing the impending disenrollment and eligibility checking requirements will likely lead to an increase in uninsured children throughout the nation.

Researchers pointed to states where children are at an increased risk of losing health insurance coverage. Policies and structures in some states increase the risk of disenrollment for children.

Governors have the power to make decisions about running Medicaid and CHIP. They will largely be able to determine how many children lose health insurance coverage. States that chose not to expand Medicaid have seen more significant increases in enrolled children during the pandemic. Those children now stand to potentially lose coverage.



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Congress could help more children retain coverage by requiring twelve months of continuous coverage for children covered by Medicaid and CHIP. The House passed the Build Back Better bill in the fall that included such a provision. The bill has not passed in the Senate.

Most of the smaller states that have not expanded Medicaid have a policy requiring twelve months of continuous coverage for children. However, Florida, Texas, and Georgia do not have a policy for all children enrolled in Medicaid and CHIP.

Uninsured children can lead to increased medical debt and decreased access to necessary medical care. These problems disproportionately affect children of color. Advocates have urged legislators to continue the success of the pandemic policies allowing for continuous enrollment. ^[FN16]

Health Insurance Coverage for Children Benefits Families

In a recent study, researchers found that children gaining health insurance coverage through Medicaid and CHIP benefits their families in other ways as well.

The researchers, including health economists Daniel S. Grossman and Barton Willage, found that mothers especially benefitted from children's coverage. They were 5% more likely to be in a stable marriage and experienced a 5.8% reduction in stress levels.

Mothers were also less likely to smoke cigarettes or drink heavily.

Researchers compared the rates for marriage, mental health conditions and health behaviors of mothers whose children were covered through Medicaid or CHIP with mothers whose children were not eligible.

They found positive associations within households of children eligible for government-sponsored health insurance. Previous research had suggested that Medicaid and CHIP coverage has long-term positive effects for children, including higher educational achievement. ^[FN17]

Gerstorff Appointed to MACPAC

Jennifer L. Gerstorff, FSA MAAA, has been appointed to the Medicaid and CHIP Payment and Access Commission (MACPAC).

Gerstorff is a principal and consulting actuary of Milliman, Inc., a global consulting and actuarial firm. MACPAC is a non-partisan legislative branch agency that advises Congress on issues affecting Medicaid and the State Children's Health Insurance Program.

Gerstorff joined Milliman, Inc. in 2006. She has consulted for state Medicaid agencies, Medicaid managed care organizations, and safety net healthcare providers in almost half of all states and territories.

She has also actively volunteered with the Society of Actuaries (SOA) and American Academy of Actuaries (AAA). She served as a member of the SOA Health Section Council, leader of the SOA's Medicaid public interest group, and as a member of the AAA's Medicaid and health equity workgroups.

'We are very excited to recognize Jenny's appointment to MACPAC,' said Thomas D. Snook, Milliman's Global Health Practice Director. 'Programs like Medicaid and CHIP form the bedrock of America's healthcare safety net. Jenny's broad experience working with key stakeholders, including serving as consulting actuary for several state Medicaid agencies and collaborating with providers and managed care plans, positions her as a credible voice to advise decisionmakers about the future of these important programs.'

In addition, Gerstorff is a fellow in the Society of Actuaries and a member of the American Academy of Actuaries.

She graduated with a Bachelor's degree (summa cum laude) in Applied Mathematics from Columbus State University. ^[FN18]

Tennessee and South Carolina Expand Postpartum Coverage

The United States Department of Health and Human Services (HHS) Secretary Xavier Becerra recently released a statement commending Tennessee and South Carolina for working with the Centers for Medicare & Medicaid Services (CMS) to expand Medicaid and Children's Health Insurance Program (CHIP) coverage to 12 months postpartum to an estimated 22,000 and 16,000 parents.

Becerra credited the American Rescue Plan with giving the states the opportunity to expand coverage.

'Today, thousands of families across Tennessee and South Carolina will get the peace of mind knowing they can get health coverage for a full year after pregnancy. The first year after birth is a vulnerable time, and thanks to President Biden's American Rescue Plan, we are able to work with states to provide families enrolled in Medicaid and the Children's Health Insurance Program 12 months of postpartum coverage. I applaud Tennessee and South Carolina for joining our efforts to support healthy parents and babies, and urge all remaining states to work with us in expanding access to this critical care.'

'As we celebrate Mother's Day weekend, we reaffirm our commitment to strengthening maternal and reproductive health, and will continue working to ensure all mothers and families across the country have equitable access to high-quality, affordable health care.'

The states are two of several states to extend Medicaid and CHIP coverage for postpartum care, including Louisiana, Michigan, Virginia, New Jersey, and Illinois.

Coverage under Medicaid and CHIP coverage will increase from 60 days to 12 months postpartum.



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An additional nine states and the District of Columbia are working with CMS to extend postpartum coverage under the programs to 12 months after pregnancy.

Those states include California, Indiana, Kentucky, Maine, Minnesota, Oregon, New Mexico, Pennsylvania, and West Virginia.

Expansion efforts could result in 12 months of coverage under Medicaid and CHIP for up to 720,000 postpartum people throughout the United States.

Medicaid covers a significant portion of births in the United States—42 percent. The new opportunity to extend coverage to 12 months after birth under Medicaid and CHIP is part of ongoing efforts of HHS and the Biden-Harris Administration to address disparities in maternal health outcomes.

Becerra also noted recent investments from HHS, including, restoring access to Title X services to fill service gaps from providers withdrawing from the program because of the prior administration's actions, and awarding \$256.6 million in grant funding focused on creating equity and affordable high-quality family planning services.

HHS also released \$4.5 million in funding for hiring, training, certifying, and compensating community-based doulas in areas with high rates of maternal and infant mortality and adverse outcomes.

The new state plan opportunity under the American Rescue Plan to extend 12 months of continuous postpartum coverage through Medicaid and CHIP is estimated to give over 130,000 Black Americans extended access to coverage.

Additionally, HHS provided \$10 million for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women. This program is aimed at creating comprehensive substance use treatment and recovery support aid for pregnant and postpartum women and their children.

The agency also implemented the HHS Perinatal Improvement Collaborative to deploy clinical, evidence-based best practices in maternity care through a network of over 200 hospitals, among other investments for maternal and child health improvements. ^[FN19]

Four Additional States Expand Postpartum Care to 12 Months

The U.S. Department of Health and Human Services (HHS) through the Centers for Medicare & Medicaid Services (CMS) recently approved California, Florida, Kentucky, and Oregon plans to expand Medicaid and Children's Health Insurance Program (CHIP) coverage to 12 months postpartum.

An additional 126,000 families per year living in those states will qualify for the expanded coverage.

"The first year after giving birth is a critical period—and families deserve the peace of mind knowing they will be able to access the health care coverage they need, without interruption," said HHS Secretary Xavier Becerra. "Today, more than 126,000 additional families will benefit from states extending Medicaid and the Children's Health Insurance Program to 12 months of postpartum coverage. This is a significant step forward in our efforts to improve maternal health and equity across the country. I applaud California, Florida, Kentucky, and Oregon for joining our efforts to support healthy parents and babies, and call on other states to work with us in expanding access to this critical care."

"As CMS Administrator—and also as a mother—I applaud California, Florida, Kentucky, and Oregon for joining a cadre of states in giving families one of the greatest gifts we can: The peace of mind of health coverage, particularly in the critical post-partum period," said CMS Administrator Chiquita Brooks-LaSure. "The American Rescue Plan gives all states an easier pathway to extend postpartum coverage beyond the critical first weeks for a new family, which can put all our communities—particularly those hard hit by health disparities—on a better course toward health and well-being."

California, Kentucky, and Oregon are set to implement a plan made possible by a new state plan opportunity included in the American Rescue Plan.

Florida will offer its coverage through a Medicaid and CHIP section 1115 demonstration.

California, Florida, Kentucky, and Oregon along with South Carolina, Tennessee, Michigan, Louisiana, Virginia, New Jersey, and Illinois will expand coverage under Medicaid and CHIP from 60 days to 12 months postpartum.

CMS is currently working with other states to expand postpartum coverage under CHIP and Medicaid to 12 months after pregnancy. Proposals have been made in Indiana, Maine, Minnesota, New Mexico, Pennsylvania, West Virginia, North Carolina, Washington, and Connecticut, as well as the District of Columbia.

The implementation of those plans could result in up to 720,000 pregnant and postpartum people throughout the United States per year gaining health insurance coverage through Medicaid or CHIP for one year after pregnancy.

Forty-two percent of all births in the nation are currently covered by Medicaid.

According to CMS, "This new option for states to extend Medicaid and CHIP coverage is part of the ongoing efforts of HHS and the Biden-Harris Administration's commitment to address the disparities in maternal health outcomes by opening the door to postpartum care for hundreds of thousands of parents."



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The HHS Office of Assistant Secretary for Planning and Evaluation (ASPE) published a report indicating that one in three pregnancy-related deaths occur between one week and one year after childbirth. CMS indicated, 'The postpartum period is critical for recovering from childbirth, addressing complications of delivery, ensuring mental health, managing infant care, and transitioning from obstetric to primary care.' ^[FN20]

Agencies Urge Support of Children's Mental Health

Government agencies across the U.S. Department of Health and Human Services (HHS) issued a joint letter urging states, tribes, and jurisdictions to prioritize and maximize efforts to address children's mental health and well-being.

The letter was signed by leaders of the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), the Administration for Children and Families (ACF), and the Administration for Community Living (ACL).

The letter lays out the agency's plan to support and facilitate state-level coordination of federal funding to advance and expand mental health services for children.

'At HHS, I have called on our leaders across the entire Department to work together and pull every available lever to support President Biden's call to strengthen the mental health of Americans,' said HHS Secretary Xavier Becerra. 'Today, we are encouraging our state, tribal, and community partners to do the same, especially for our littlest ones. The Biden-Harris Administration is committed to providing critical mental health services for children and their families to build resilience and thrive.'

Coordination across federal programs includes:

HRSA's Title V Maternal and Child Health Services Block Grant that supports the health and well-being of all mothers, children, and families;

SAMHSA's Community Mental Health Services Block Grant that provide funding for substance abuse and mental health services;

Mental health and behavioral health care covered by Medicaid and the Children's Health Insurance Program (CHIP);

ACF's Title IV-E Prevention Program for children and families involved with the child welfare system and early childhood mental health supports;

CDC's evidence-based primary prevention programs and mental health resources; and,

ACL's programs for people with disabilities, including children with mental health needs. ^[FN21]

Additional States Extend Postpartum Coverage to 12 Months

The U.S. Department of Health and Human Services (HHS) through the Centers for Medicare & Medicaid Services (CMS) announced that 253,000 parents have gained access to 12 months of health insurance coverage postpartum under recent extensions to Medicaid and the Children's Health Insurance Program (CHIP).

According to HHS, 'President Joe Biden and Vice President Kamala Harris have made addressing the maternal mortality and morbidity crisis a key priority for their Administration.'

Maine, Minnesota, New Mexico, and Washington, D.C., agreed to extend Medicaid and CHIP coverage for 12 months after pregnancy.

In those states, an additional 15,000 people will be able to access 12 months of postpartum care: 2,000 in Maine; 7,000 in Minnesota; 5,000 in New Mexico; and 1,000 in Washington, D.C.

A new state plan opportunity allowed for eligibility to extend for 12 months postpartum through Medicaid and CHIP. The extension is available due to the American Rescue Plan under President Biden. The previous postpartum coverage under those programs was 60 days.

The following states have agreed to the extension:

Maine, Minnesota, New Mexico, and Washington, D.C., join California, Florida, Kentucky, Oregon, South Carolina, Tennessee, Michigan, Louisiana, Virginia, New Jersey, and Illinois.

'Postpartum coverage not only improves health outcomes, but also saves lives,' said HHS Secretary Xavier Becerra. 'Thanks to the American Rescue Plan, new parents will now have access to the ongoing care they need during the most crucial time after giving birth. I applaud Maine, Minnesota, New Mexico, and Washington, D.C., for taking action to join the Administration's efforts to strengthen maternal health and support safe healthy families.'

'As CMS Administrator and a mother, it's a privilege to work with states to extend postpartum coverage across the country—most recently in Maine, Minnesota, New Mexico, and Washington, D.C.," said CMS Administrator Chiquita Brooks-LaSure. 'The American Rescue Plan gives states an easier pathway to extend postpartum coverage—and gives parents and families the peace of mind of having health coverage during the vital first year after pregnancy.'

Other states have submitted applications for extension proposals, including Connecticut, Indiana, Kansas, Maryland, Massachusetts, North Carolina, Pennsylvania, Washington, and West Virginia.



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All states agreeing to the extension would lead to postpartum coverage for 12 months for up to 720,000 pregnant and postpartum individuals across the United States annually.

HHS noted, 'Medicaid covers 42% of all births in the nation. But for too long, families have been left behind by a health care system that breaks connections to care when they are needed most. More than half of pregnancy-related deaths in the United States occur in the 12-month postpartum period; 12 percent occur after six weeks postpartum.'

The new option to extend postpartum coverage is part of the Biden-Harris Administration's focus on addressing health disparities, particularly those related to maternity. HHS indicated, 'It offers states an opportunity to provide life-saving care that can reduce pregnancy-related deaths and severe maternal morbidity, as well as improve continuity of care for chronic conditions such as diabetes, hypertension, cardiac conditions, substance use disorder, and depression—particularly for underserved communities.'

The HHS Office of Assistant Secretary for Planning and Evaluation (ASPE) recently published a report indicating that one in three pregnancy-related deaths occur between one week and one year after childbirth. Researchers found that the postpartum period is critical for addressing issues of maternal health. ^[FN22]

California Medi-Cal Extends Postpartum Coverage to Address Black Maternal Health

The Medicaid and Children's Health Insurance Program in California, Medi-Cal, recently agreed to the extension of postpartum coverage for 12 months. The state is focused on addressing maternal health disparities, particularly for Black maternal health.

An additional 126,000 families in California and three other states, Florida, Kentucky and Oregon, will gain access to the extended coverage due to recent decisions.

According to HHS Secretary Xavier Becerra, 'The first year after giving birth is a critical period and families deserve the peace of mind knowing they will be able to access the health care coverage they need, without interruption. This is a significant step forward in our efforts to improve maternal health and equity across the country.'

In California alone, 57,000 mothers will be able to access the extended health insurance coverage. State officials indicated that California has the largest number of eligible people of all states that have recently extended the coverage.

CMS administrator Chiquita Brooks-LaSure noted, 'Working together, we're making a difference in countless lives, expanding access to health coverage to historic levels; advancing health equity, including using levers like the Medicare program to advance health equity; expanding postpartum coverage; and building back a stronger health care system.'

'CMS now oversees the health care coverage of more than 140 million people. That's an all-time record. It's a vast responsibility and we are committed to develop new strategies to reach our goal of better health for all people. ' ^[FN23]

HHS Releases Resources for CHIP Managed Care

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS) announced the release of a suite of new resources to improve CMS and state oversight of Medicaid and Children's Health Insurance Program (CHIP) managed care programs.

Beneficiaries of the programs receive health benefits and additional services through contracted arrangements with managed care plans.

The agency released the information in a Center for Medicaid and CHIP Services Informational Bulletin (CIB). It includes tools, templates, and updates on tactics to improve states reporting on their managed care programs. The resources are aimed at improving access to health care for the millions of people in the United States served by Medicaid and CHIP.

'Today we are taking action to strengthen the oversight and transparency of Medicaid and CHIP-managed care programs,' said HHS Secretary Xavier Becerra. 'We are working hand-in-hand with states and doubling down on our efforts to improve access to health care for the millions of Americans enrolled in these programs.'

'Ensuring access to health care for people enrolled in Medicaid and CHIP is a critical priority for the Biden-Harris Administration,' said CMS Administrator Chiquita Brooks-LaSure. 'The tools we're releasing today reflect the latest—and certainly not the last—step CMS is taking to increase transparency and ensure that people served through Medicaid and CHIP managed care programs are receiving high-quality, high-value care.'

The information also pointed to the newest updates to an internet portal where states can report on managed care programs to the agency. The federal government added new reporting templates and a technical assistance toolkit.

The changes are aimed at helping states improve monitoring and oversight of managed care under Medicaid and CHIP.

The agency placed a special focus on the unique needs of Indian Health Care Providers. Many of these providers participate in managed care. The CIB aims to assist these providers with timely and accurate payments.

According to CMS, 'To assist states in complying with specific protections for American Indian and Alaska Native communities, the CIB recommends specific practices and strategies to aid states and managed care plans in implementing statutory and regulatory Medicaid managed care protections for Alaska Natives and American Indians.'



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The agency noted that the templates will be a standard format that states can use to report managed care medical loss ratios. This measure encourages health plans to improve value provided to beneficiaries. The templates also encourage network adequacy, which indicates how well plans deliver benefits.

States are required to post their Network Adequacy and Access Assurances reports on a state website for each program they operate. CMS will make all reports submitted through Managed Care Reporting publicly available after a review for completeness.

The agency announced that it will create a webpage on Medicaid.gov where the reports will appear for state review. Currently, states can request to view reports.

Additionally, CMS released a toolkit to support program monitoring related to transitioning Medicaid and CHIP beneficiaries with long-term care needs from institutions to home and community-based settings.

CMS indicated, 'Improvements in health plan performance, care quality, and outcomes are key objectives of Medicaid and CHIP managed care programs. Over the last ten years, the majority of people with Medicaid and CHIP coverage were enrolled in managed care. Its increased use underscores the need for strong federal and state oversight, which is why resources like today's CIB are key.' [FN24]

Texas Advocates Support Mental Health Treatment for Children

Mental health advocates in Texas asked legislators to improve mental health care support for children and in schools.

Texans Care for Children (TCC) wrote to the legislature recommending policy changes focused on mental health support for children. The organization asserted that 'significant steps' were needed to improve mental health care and crisis management systems for children.

Recommendations included investing in expanded mental health services for children in public schools and increasing access to affordable treatment plans and mental health services in Texas communities.

The organization asked for increased funding for the School Safety Allotment and the Texas Child Mental Health Care Consortium (TCHATT), which focus on expanding access to mental health care, substance abuse prevention, and suicide prevention. Federal funding for the program is set to end in 2023.

Advocates were also in favor of funding increases to expand the work of local mental health authorities. The organization supports legislation to qualify Medicaid reimbursements to HHSC and legislation to fill coverage gaps for children needing peer support services.

According to the organization, the current safety net serves patients with the most complex and dire mental health issues. Many children needing care before mental health problems escalate are not served.

Advocates pointed to a community-based program, Youth Empowerment Services (YES), which is a Medicaid 19159c waiver program run through the local mental health authorities. [FN25]

\$49 Million Funding Awarded to Connecting Kids to Coverage

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS) announced the award of \$49 million to a program that will fund organizations aimed at reducing uninsured rates among children, parents, and families.

The award was in support of President Biden's Executive Orders on Strengthening Medicaid and the Affordable Care Act and in support of HHS Secretary Xavier Becerra's priority of expanding access to affordable, quality health care.

According to CMS, 'Awards to 36 grantees support President Biden's Executive Orders on Strengthening Medicaid and the Affordable Care Act, and represent the largest outreach and enrollment investment ever made through Connecting Kids to Coverage program.'

'At HHS, it is a top priority to make high-quality health care accessible and affordable for every American,' said HHS Secretary Xavier Becerra. 'This past year, through unprecedented investments in outreach and enrollment efforts, a record-breaking 14.5 million people signed up for health care coverage through the ACA Marketplace. With today's historic investment in Medicaid and CHIP, we will redouble our efforts to get children and parents covered — and give them the peace of mind that comes with it.'

Organizations receiving the federal grants will provide enrollment and renewal assistance to children and their families. They will also for the first time provide similar assistance to expectant parents to help improve maternal and infant health outcomes.

Medicaid's Connecting Kids to Coverage program includes 36 cooperative agreements in 20 states.

Grantees are state and local governments, tribal organizations, federal health safety net organizations, non-profits, and schools. They will receive up to \$1.5 million over the next three years to increase enrollment and retention in Medicaid and the Children's Health Insurance Program (CHIP).

'Ensuring kids and families have health coverage is a key priority for the Biden-Harris Administration. CMS is committed to using all available tools to expand coverage,' said CMS Administrator Chiquita Brooks-LaSure. 'Families often seek help and information from community organizations they know and trust, and we recognize the pivotal role they play in advancing Medicaid and Children's Health Insurance Program enrollment and retention.' Grantees will participate in the Connecting Kids to Coverage National Campaign efforts,



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including the national back-to-school initiative, the year-round enrollment initiative, and new initiatives focused on retaining individuals in Medicaid and CHIP. This work will be key, not only as states prepare to resume normal Medicaid and CHIP operations once the COVID-19 public health emergency ends, but also as CMS continues to build on the Biden-Harris Administration's success connecting record-breaking numbers of people to health care coverage.”

The grantees may also work on unique activities, including:

Engage schools and other programs serving young people.

Bridge demographic health disparities by targeting communities with low coverage.

Establish and develop application assistance resources to provide high-quality, reliable Medicaid/CHIP enrollment and renewal services in local communities.

Use social media to conduct virtual outreach and enrollment assistance.

Use parent mentors and community health workers to assist families with enrolling in Medicaid and CHIP, retaining coverage, and addressing social determinants of health.

CMS called this funding ‘unprecedented.’ It noted that the funding fills gaps that prevent children from enrolling in coverage. There are 4 million children without health insurance in the United States. 2.3 million of the uninsured are eligible for coverage under Medicaid or CHIP.

CMS asserted that the uninsured children's families either do not know they are eligible for enrollment, or they struggle to enroll. Disparities are significant, with the highest uninsured rates (11.8%) among American Indian and Alaska Native children, Hispanic children (11.4%) and Black children (5.9%).

Enrollment efforts also focus on new and expectant parents. Children born to people with Medicaid or CHIP coverage are automatically eligible for one year of coverage.

According to CMS, ‘The new Connecting Kids to Coverage grantees were funded through the Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act of 2017 (HEALTHY KIDS Act). The HEALTHY KIDS Act provides continued funding for outreach and enrollment to reduce the number of children eligible for, but not enrolled in, Medicaid and CHIP. Since 2009, the HEALTHY KIDS Act has helped CMS award \$265 million to more than 330 community-based organizations, states, and local governments.’ [FN26]

WV Nonprofit Receives Grant Funding Children's Insurance Coverage

A nonprofit in West Virginia announced that it received a three-year grant to fund insurance coverage for children.

The \$1.48 million grant to Think Kids is aimed at assisting families with children eligible for Medicaid and the Children's Health Insurance Program (CHIP).

The grant money will go toward promoting the availability of health coverage that is free or low-cost. The organization will work to identify eligible children and helping their families enroll.

The timing of the funding coincides with the expected end of the COVID-19 Public Health Emergency (PHE) issued by the U.S. Department of Health and Human Services before 2023.

More people were permitted to remain enrolled in federally funded health insurance programs with a loss of employment or health care.

The PHE allowed more people to stay on national health insurance programs if family earners lost their jobs and health care access.

‘Medicaid and CHIP provide comprehensive coverage to West Virginia's most vulnerable kids,’ says Kelli Caseman, Executive Director of Think Kids. ‘These programs provide them access to the care they need while giving their loved ones the security of knowing their kids and household budgets are protected.’ [FN27]

Report Shows Health Insurance Coverage Improvements for Michigan Children

The latest data from the national Kids Count rankings showed recent improvements in the health insurance coverage of children living in Michigan.

The Michigan League for Public Policy commented that the latest rankings show room for improvement in the state even though the state ranks fourth in the nation for coverage of children. The organization focuses on improving public policy, including working on health care services, access and affordability.

The Annie E. Casey Foundation released the national Kids Count rankings on August 8.

The 2022 national Kids Count Data Book ranked Michigan as 27th in health in the nation. The ranking for uninsured children was the fourth-best in the country.



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From 2008 to 2016, the number of uninsured children in Michigan declined by 40%. According to the Michigan League for Public Policy, 'Year after year, Michigan stands out in children's health and in making sure our kids have health insurance. But more work is still needed to increase health insurance coverage and reduce costs for all families.'

According to a recent survey, Michigan voters have concerns related to mental health in children. Researchers found that 13.5% of Michigan children ages 3 to 17 had anxiety or depression in 2020. The rate of mental health disorders in Michigan children was higher than the national average. It was also higher in Michigan than in 33 other states and Washington D.C.

To address the mental health needs of Michigan residents including children, the state is putting \$625 million toward behavioral health funding and the healthcare workforce. The state has also included \$50 million in funding in the 2023 state budget for the Transforming Research into Action to Improve the Lives of Students (TRAILS) school mental health program.

The recent passage of the Inflation Reduction Act continues the increase in federal tax subsidies for health insurance plans purchased through the ACA marketplace. It will make health insurance coverage more affordable for many low, moderate, and middle-income families in Michigan.

Several organizations in Michigan have been advocating for Michigan to extend insurance coverage to young people under the Immigrant Children's Health Improvement Act (ICHIA) option to waive the five-year waiting period for Medicaid and the Children's Health Insurance Program (CHIP). Children and youth up to age 21 would be eligible. Approximately 3,000 to 4,000 young people would gain coverage.

According to Michigan League for Public Policy, 'From youth mental health and insurance coverage to out-of-pocket costs and access to services, health policy needs are clearly on the minds of Michigan kids, families and voters. These needs are also on the ballot, as the state and federal lawmakers we elect will be charged with tackling many of the above policy needs and more. The pandemic exposed many longstanding health needs. Our policymakers have largely risen to meet them, but that attention and momentum must continue well beyond the current health crisis if we're going to curb or prevent future ones.' [FN28]

Postpartum Coverage Extended in Three Additional States

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced the approval of the extension of Medicaid and Children's Health Insurance Program (CHIP) coverage for 12 months after pregnancy in Hawaii, Maryland, and Ohio.

The extended coverage will allow up to an additional 34,000 people per year to become eligible for Medicaid or Title XXI-funded Medicaid expansion CHIP coverage for one full year after pregnancy.

The following number of people will be eligible for coverage under the expansion: 2,000 in Hawaii; 11,000 in Maryland; and 21,000 in Ohio.

The additional three states seeking extended postpartum coverage will bring the estimated totals of eligible people for 318,000 annually in 21 states and the District of Columbia. If all states requested the expansion, approximately 720,000 could become eligible for the coverage every year.

HHS noted, 'The Biden-Harris Administration has made expanding access to high-quality, affordable health care a top priority ? and because of the American Rescue Plan (ARP) and other Administration efforts, more people than ever before have health insurance coverage. Extending Medicaid postpartum coverage is an important part of these efforts'

'Thousands of families in Hawaii, Maryland, and Ohio will now be able to access the health care they need for a full year after pregnancy,' said HHS Secretary Xavier Becerra. 'The Biden-Harris Administration has made strengthening maternal health a top priority ? and extending postpartum coverage not only improves health outcomes, but saves lives. Thanks to President Biden's American Rescue Plan, now more than 318,000 families across the country can have the peace of mind that comes with essential health care coverage. We applaud Hawaii, Maryland, and Ohio for joining our efforts to support healthy parents and babies and urge all other states to work with us in expanding access to this critical care.'

HHS pointed to the Biden-Harris Administration's commitment to policies aimed at improving maternal health and equity. Efforts include:

- the first-ever Presidential Proclamation marking Black Maternal Health Week
- the first-ever White House Maternal Health Day of Action
- the Vice President also issued a Call to Action to the private and public sector to improve maternal health outcomes
- urging states to extend Medicaid coverage for postpartum women from 2 months to 12 months
- issuing guidance for how states can extend their coverage
- a historic meeting with Cabinet Secretaries and agency leaders to discuss the Administration's whole-of-government approach to addressing maternal mortality and morbidity.

According to HHS, 'Today's announcement is part of HHS' ongoing effort to support safe pregnancies and childbirth, eliminate pregnancy-related health disparities, and improve health outcomes for parents and infants across our country.' [FN29]



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CMS Outlines Efforts Supporting Child and Maternal Health

The Centers for Medicare & Medicaid Services (CMS) outlined the Biden-Harris Administration's efforts to support child and maternal health through expansion of affordable high-quality health care and continuous postpartum coverage through Medicaid and the Children's Health Insurance Program (CHIP) for a year after birth.

CMS cited a recent published by the Health & Human Services (HHS) Office of Assistant Secretary for Planning and Evaluation, noting that one in three pregnancy-related deaths occur between one week and one year after childbirth.

According to CMS, "The postpartum period is critical for recovering from childbirth, addressing complications of delivery, ensuring mental health, managing infant care, and transitioning from obstetric to primary care."

The agency pointed to the efforts of the Biden-Harris Administration to expand access to high-quality, affordable health care for parents and children.

CMS noted, "Because of many administration efforts, more people than ever before have health insurance coverage."

The efforts the agency outlined include:

Guaranteed access to Medicaid for a year after pregnancy.

-Under the American Rescue Plan Act of 2021 (ARP), states can provide continuous Medicaid and Children's Health Insurance Program (CHIP) coverage for a full year after pregnancy, up from 60 days prior to the ARP

-With this option, Medicaid and CHIP enrollees have 12 months of postpartum coverage. They do not have to re-certify changes in circumstance such as increase in income.

-The extended coverage will allow states to help reduce pregnancy-related deaths and severe maternal morbidity and improve continuity of care for chronic conditions.

Establishing a "Birthing-Friendly" Hospital Designation.

-Under the 2023 inpatient prospective payment system (IPPS) proposed rule, CMS announced the creation of a "Birthing-Friendly" hospital designation ? a publicly-reported, public-facing hospital designation on the quality and safety of maternity care."

-Hospitals will be able to gain this designation in the Fall of 2023 if they meet criteria relating to implementation of recommended interventions.

According to CMS, "The Biden-Harris Administration has championed policies to improve maternal health and equity since the President and Vice President first took office."

These policies include the presidential proclamation marking Black Maternal Health Week in April 2021. Vice President Harris hosted the first White House Maternal Health Day of Action in December 2021. She announced commitments to improving the maternal health crisis and made a call to action to the private and public sectors to improve maternal health outcomes.

The White House released a Blueprint for Addressing the Maternal Health Crisis in June 2022. In July 2022, CMS released the Maternity Care Action Plan for the implementation of the Blueprint.

The action plan included postpartum coverage extensions through Medicaid and CHIP. ^[FN30]

Postpartum Coverage Extension Approved for Indiana and West Virginia

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), approved the extension of Medicaid and Children's Health Insurance Program (CHIP) coverage for 12 months after pregnancy in Indiana and West Virginia.

The expanded coverage extension in the two states will result in approximately 15,000 people annually gaining health insurance coverage. Indiana will see coverage increases of 12,000 and West Virginia will see 3,000 people annually gaining coverage. Residents will become eligible for coverage through CHIP or Medicaid for a full year after pregnancy.

With the addition of the two states, the total estimated annual coverage gains will be 333,000 Americans in 23 states and D.C.

All states adopting the extension would result in an increase of up to 720,000 people throughout the nation covered annually under Medicaid and CHIP for 12 months postpartum.

According to CMS, "The Biden-Harris Administration has made expanding access to high-quality, affordable health care a top priority ? and because of the American Rescue Plan (ARP) and other Administration efforts, more people than ever before have health insurance coverage. Extending Medicaid postpartum coverage is an important part of these efforts."

"Ensuring mothers get the care they need after giving birth is a core part of our effort to address the nation's maternal health crisis," said HHS Secretary Xavier Becerra. "Thanks to President Biden's American Rescue Plan, now 333,000 families across the nation can access health care coverage for a full year after pregnancy ? and have the peace of mind that comes with it. We thank Indiana and West Virginia for joining our efforts to support healthy mothers and families, and we call on all remaining states to take advantage of the opportunity to provide this critical care."



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In addition to the first Presidential Proclamation marking Black Maternal Health Week, and the first White House Maternal Health Day of Action, the Biden-Harris Administration has urged states to extend Medicaid coverage for 12 months after pregnancy. The coverage is for two months without the extension.

Vice President Harris also convened a historic meeting with Cabinet secretaries and agency leaders to discuss the Administration's whole-of-government approach to addressing maternal mortality and morbidity.

CMS called the announcement of extending postpartum coverage in two states 'part of HHS' ongoing effort to support safe pregnancies and childbirth, eliminate pregnancy-related health disparities, and improve health outcomes for parents and infants across our country.'^[FN31]

HHS Approves Initiatives in Massachusetts, Oregon

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS) announced the approval of Medicaid section 1115 initiatives in Massachusetts and Oregon aimed at helping people, particularly children, keep Medicaid coverage.

The agency approved Oregon's demonstration to keep children enrolled in Medicaid coverage up to age six. This change will help prevent gaps in health insurance coverage for children needing care.

'This is an historic moment in our nation's fight to end hunger and improve health equity, particularly in states like Oregon and Massachusetts,' said HHS Secretary Xavier Becerra. 'Groundbreaking action in each state will ensure children and youth remain connected to health care, and that we double down on tackling social needs impacting health, such as nutrition. Everyone should get the access to care they need to live safe and healthy lives.'

The changes will also focus on health-related social needs. Massachusetts and Oregon will gain the authority 'to test coverage for evidenced-based nutritional assistance and medically tailored meals, clinically-tailored housing supports, and other interventions for certain beneficiaries where there is a clinical need.'

The new authority reflects the efforts of the White House Conference on Hunger, Nutrition, and Health. The Biden-Harris Administration has released a strategic plan to end hunger, improve nutrition and physical activity, and reduce diet-related diseases and disparities.

'I'm proud to partner with Oregon and Massachusetts to improve quality and access, reduce health disparities, and improve health equity, for those who need it most. For the first time ever, children with Medicaid coverage in Oregon will be able to keep their coverage until the age of 6 — ensuring they can get the care they need during their formative years. This is just one aspect of the groundbreaking demonstration initiatives that I'm approving today,' said CMS Administrator Chiquita Brooks-LaSure. 'These states are also partnering with community-based providers to address the root social causes of health concerns, like lack of access to nutritious food and housing insecurity. We applaud Massachusetts and Oregon for helping us use every tool available to protect and expand access to high-quality, comprehensive, affordable health care coverage.'

According to HHS, 'Both demonstrations approved today will work to improve enrollment and continuity of coverage.' Children in Oregon who are determined eligible for Medicaid coverage under age six will be able to retain continuous coverage until age six without their families having to renew coverage.

The agency indicated that this move will minimize red tape for families and for the state.

The action will also ensure that children in the critical period of early childhood will have access to healthcare. Children older than six will be able to retain coverage for up to two years even with fluctuations in household income.

In Massachusetts, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries will receive up to 12 months of continuous coverage after release from correctional settings.

People with a confirmed status of chronic homelessness will receive 24 months of continuous eligibility. This change is aimed at eliminating gaps in coverage for vulnerable people.^[FN32]

Legislation for Whole Child Health Care Introduced

Legislation was introduced in the United States Senate aimed at improving mental health care for children covered by Medicaid and the Children's Health Insurance Program (CHIP).

U.S. Senator Dan Sullivan (R-Alaska) and Senator Tom Carper (D-Del.), senior member of the Senate Finance Committee, along with Representatives Lisa Blunt Rochester (D-Del.) and Michael Burgess (R-Texas) introduced the Kickstarting Innovative Demonstrations Support (KIDS) Health Act of 2022.

The legislation would allow federal spending on state Medicaid programs to facilitate coordination between mental health and community health care providers to support children's health needs holistically, including mental health needs.

'We are in the midst of a heartbreaking spike in mental health challenges among young people,' said Senator Sullivan. 'Worse still, our country's bureaucratic, siloed approach to health care and social services is not serving our kids well at a time when they need support the most. Senator Carper and I have crafted legislation that will remove unnecessary barriers and red tape that are limiting



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young Americans' access to mental health treatment. We want to empower communities to innovate, adapt to the unique needs and circumstances of our youth, and build more efficient and effective "whole child" models of care that will hopefully save lives."

'As Delaware's Governor, one of my first priorities was establishing the Family Services Cabinet Council to provide better mental and physical health care coordination for children and families in the First State. While we made great strides in meeting kids where they are, including by putting a wellness center in every public high school, today barriers such as cost or lack of access are still preventing children across the country from receiving the health care they need," said Senator Carper. 'I'm proud to build upon my work as Governor to introduce this bipartisan, bicameral bill that will make it easier for a child enrolled in Medicaid to get the proper care they need, regardless of race, zip code, or socioeconomic status. I want to thank Senator Sullivan and Representatives Blunt Rochester and Burgess for their support in crafting this important legislation."

'Ensuring that we have the adequate resources and services to care for our young people is one of our most fundamental and important obligations. That's why I'm so proud to introduce the KIDS Health Act of 2022, today, with my colleagues, Senators Carper and Sullivan, and Representative Burgess," said Congresswoman Blunt Rochester. 'Our bill will ensure that children enrolled in Medicaid will be given appropriate and holistic care no matter who they are or where they live. I'm particularly proud that our effort is bipartisan and bicameral and will continue working with my colleagues to send this crucial health care legislation to President Biden's desk.' [FN33]

Alabama Celebrates 25 Years of the Children's Health Insurance Program

Alabama celebrated the 25th anniversary of the Children's Health Insurance Program (CHIP) in the state.

The government-sponsored program has allowed children and teenagers to access high quality, low-cost health insurance coverage for families making too much to qualify for coverage under Medicaid up to 300 percent of federal poverty level.

'For the past 25 years, the Children's Health Insurance Program, known as ALL Kids in Alabama, has opened new doors to quality health care for more than 1.6 million children in our state by offering an excellent comprehensive health coverage plan," said Governor Kay Ivey. 'I want to congratulate the Alabama's Children's Health Insurance Program on reaching its silver anniversary and for making a positive impact on Alabama families. I have designated October 14 as Children's Health Insurance Program Day to celebrate this special occasion."

The ALL Kids program was created to improve the health of children in Alabama by giving them access to health insurance coverage. Children in working families with incomes above Medicaid limits can qualify for the program.

The program includes a comprehensive benefit package that covers regular checkups, immunizations, sick child doctor visits, prescriptions, dental and vision care, hospital and physician services, and mental health and substance abuse services.

Children with special needs can qualify for additional medical services may. ALL Kids is administered by the Alabama Department of Public Health (ADPH).

State Health Officer Dr. Scott Harris said, 'This significant milestone could not have been reached without the cooperation of our partners and our CHIP team through the years. Before the program's initiation, 15 percent of Alabama's children were uninsured, and now Alabama ranks better in insuring children than the United States as a whole. We continue to strive to improve the health outcomes and lives of this vulnerable population."

The CHIP program in Alabama is part of a partnership between the ADPH, the Alabama Medicaid Agency, and the Alabama Child Caring Foundation.

Under federal law, the provisions in the Affordable Care Act allow CHIP funding to go toward two groups of Medicaid-eligible children (MCHIP). The program works with Medicaid in a dual eligibility enrollment system which keeps the application process streamlined and easy for applicants to navigate.

The state has designated October 14 as Children's Health Insurance Program Day. [FN34]

Large Numbers Expected to be Disenrolled from Medicaid, CHIP at End of Public Health Emergency

Federal officials indicated that an estimated 15 million people will be disenrolled from Medicaid and the Children's Health Insurance Program (CHIP) during the eligibility redetermination process when the COVID-19 public health emergency ends in the coming year.

The estimated disenrolled is expected to encompass 17.4% of the total enrollment of both programs.

The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) asserted the projection in a recent issue brief. According to ASPE, of the 15 million people disenrolled, 8.2 million, or 9.5% of total enrollees will meet all eligibility requirements for the programs. They will lose coverage due to administrative churning, procedural matters including not receiving forms or understanding notices that they will lose coverage.

The Biden administration recently extended the COVID-19 public health emergency through January 11.

Disenrollment is expected to vary among states. Some states are planning to facilitate successful coverage transitions. Factors will include enrollee income and residency fluctuations as well as the extent of enrollee outreach and education, and the administrative burdens that enrollees may encounter during the redetermination process in each state.



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While the Arkansas Department of Human Services has not yet released information on how many Arkansas residents in the overall Medicaid population will be disenrolled, it has estimated that 30% of enrollees who joined during the public health emergency will lose coverage.

Under the Families First Coronavirus Response Act, individuals enrolled in Medicaid programs on or after March 18, 2020 received continuous coverage without having to provide additional or periodic information verifying continued eligibility.

That condition will end with the termination of the declaration of the COVID-19 public health emergency. State Medicaid programs will then be required to redetermine eligibility for a significant number of enrollees.

In March 2022, the Centers for Medicare and Medicaid Services announced that states would be allowed up to 14 months to complete the redetermination process for enrollees. In Arkansas, however, a state law enacted in 2021 requires the completion of the redetermination process within 6 months.

The ASPE brief indicated that most of the enrollees projected to be ineligible for Medicaid at redetermination are children and young adults from ages 0 to 34. About 1 in 5 people expected to lose eligibility are under 18.

Arkansas officials began collecting contact information for Medicaid enrollees in an attempt to prevent administrative issues. A study of the Arkansas Medicaid work and community engagement requirements showed that younger people are less likely to respond to requests for information to maintain eligibility. ^[FN35]

Children at Risk of Losing Government-Sponsored Coverage

In Colorado, hundreds of thousands of people, many of them children, are at risk of losing government-subsidized health insurance coverage next year with the ending of the federal public health emergency on Jan. 11.

During the public health emergency, states have been prevented from releasing anyone from Medicaid coverage. If the federal public health emergency is not extended, approximately 700,000 people living in Colorado could lose coverage under Medicaid and the state's Children's Health Insurance Program (CHIP), Child Health Plus.

Approximately 220,000 of the people expected to lose coverage are children, per the Colorado Department of Health Care Policy & Financing.

According to the department, approximately 55% of the 700,000 people at risk of losing coverage will become disenrolled and lose access to coverage. Many of those people will still be eligible for the government-sponsored health insurance coverage. Losses are expected due to incorrect addresses or incomplete or ignored renewal applications.

Erin Miller, vice president of health initiatives for the Colorado Children's Campaign said that state health officials are developing strategies to make sure families keep their health insurance coverage.

"It's the building block on which financial security can be built, and it provides access to the health care system, which is important, too," Miller said. "But a family cannot build financial security if they lack health care coverage, because you're always one hospital visit away from financial ruin."

A recent federal report indicated that approximately 5.3 million children throughout the United States could lose government-subsidized health insurance coverage. Three out of four children who lose coverage will still be eligible for the programs.

"I think it's a really scary thing to think about," noted Shoshi Preuss, a senior policy analyst for the Colorado Community Health Network, a membership association for 20 community health centers that care for low-income residents in the state. "We know that having access to health coverage produces better health outcomes across the board. We know that losing health coverage will create these disruptions in care so maybe kids will (have) delayed care, get less preventative care. It really across the board creates challenges for the families, for the providers trying to deliver continuous care."

Preuss encouraged Medicaid and Child Health Plan Plus recipients to update their contact information, including addresses, with state agencies. She also recommended that they keep track of mail from the state.

The housing instability issue exacerbated by the pandemic has made it more difficult to reach children at risk of losing health insurance coverage. They might not receive renewal notices if they moved in the past two-and-a-half years.

The Colorado Department of Health Care Policy & Financing heads the Medicaid program and Child Health Plan Plus. It is trying to prevent eligible people from losing government insurance plans after the expiration of the public health emergency. It is allotting a year for the renewal process, according to Marivel Klueckman, eligibility division director at the Colorado Department of Health Care Policy & Financing.

"People will maintain coverage until their renewal period comes up," Klueckman said. "So everyone already has an established renewal period that is set 12 months from when they had applied."

If the department is able to verify information showing that enrolled individuals and families are still eligible for a government health insurance plan, it will automatically renew the coverage. It will send renewal packages to other enrollees.

People who lose coverage because they did not renew it will be able to confirm eligibility within a 90-day reconsideration period.



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The department held a campaign to educate enrollees about updating their addresses. It partnered with the Colorado Community Health Network, food banks and community centers to email state residents about updating information. It also hung posters in over 11 languages. ^[FN36]

Over Half of States Expanded Postpartum Coverage

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced that over half of all states expanded access of Medicaid and CHIP coverage to 12 months after pregnancy.

The 25th and 26th states to be approved for the extension are Georgia and Pennsylvania. The extension was allowed under the American Rescue Plan (ARP).

Up to 57,000 people in Georgia and Pennsylvania will become eligible for 12 months of Medicaid or CHIP coverage after pregnancy. An estimated 418,000 Americans in 26 states and the District of Columbia will have expanded access to postpartum coverage under the ARP.

All states opting into the extension would expand access to health insurance to an estimated 720,000 people for 12 months after pregnancy.

'Last year, I launched a Call to Action for states to extend Medicaid coverage for postpartum women from 2 months to 12 months. Medicaid covers approximately 40 percent of all births nationwide, and one-fourth of pregnancy-related deaths occur between one and a half months and one year postpartum,' said Vice President Kamala Harris. 'As of today, more than half of states have heeded this call, achieving an important milestone that will significantly impact women and families. Our Administration will keep fighting until every woman has access to expanded postpartum Medicaid coverage.'

'To all remaining states: I urge you to join our efforts to support healthy mothers and babies and extend access to this critical care,' said HHS Secretary Xavier Becerra. 'More than half the nation has extended postpartum coverage to a full year after pregnancy. This is a critical milestone in our effort to improve maternal health and equity across the country. President Biden and Vice President Kamala Harris have set a clear plan, and we are taking bold action to confront the maternal mortality and morbidity crisis.' ^[FN37]

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[FN2]

. Press release, "CMS Releases Latest Enrollment Figures for Medicare, Medicaid, and Children's Health Insurance Program (CHIP)," *CMS Newsroom*, December 21, 2021, available at https://www.cms.gov/newsroom/news-alert/cms-releases-latest-enrollment-figures-medicare-medicicaid-and-childrens-health-insurance-program-chip#_ftn1.

[FN3]

. Ramlagan, Nadia, "Stalled BBBA Could Boost WV Kids' Access to Preventive Care," *Public News Service*, January 6, 2022, available at <https://www.publicnewsservice.org/2022-01-03/health/stalled-bbba-could-boost-wv-kids-access-to-preventive-care/a77215-1>.

[FN4]

. Gantz, Sarah, "Thousands of US kids lack adequate health insurance, study finds," *Sentinel Source*, December 18, 2021, available at https://www.sentinelsource.com/news/national_world/thousands-of-us-kids-lack-adequate-health-insurance-study-finds/article_905a1899-f2c1-567f-b382-fa5f3c69961c.html.

[FN5]

. Press release, "Biden-Harris Administration Requires Insurance Companies and Group Health Plans to Cover the Cost of At-Home COVID-19 Tests, Increasing Access to Free Tests," *CMS Newsroom*, January 10, 2022, available at <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-requires-insurance-companies-and-group-health-plans-cover-cost-home>.

[FN6]

. Boozang, Patricia M., Kaylee O'Connor, and Max Blumenthal, "CHIP Coverage Option for Pregnant Immigrants and Their Children," *Manatt*, January 10, 2022, available at <https://www.manatt.com/insights/white-papers/2022/chip-coverage-option-for-pregnant-immigrants-and-t>; "Supporting Health Equity and Affordable Health Coverage for Immigrant Populations: CHIP Coverage Option for Pregnant Immigrants and their Children," January 2022, available at https://www.shvs.org/wp-content/uploads/2022/01/Supporting-Health-Equity-and-Affordable-Health-Coverage-for-Immigrant-Populations_CHIP-Coverage-Option-for-Pregnant-Immigrants-and-their-Children.pdf.

[FN7]



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. Press release, "CMS Commits Over \$49 Million to Reduce Uninsured Rate Among Children and Boost Medicaid Enrollment Among Parents, Pregnant People," *CMS Newsroom*, January 27, 2022, available at <https://www.cms.gov/newsroom/press-releases/cms-commits-over-49-million-reduce-uninsured-rate-among-children-and-boost-medicaid-enrollment-among>.

[FN8]

. Liss, Samantha, "Medicaid stakeholders warn of hurdles for redeterminations process," *Healthcare Dive*, January 24, 2022, available at <https://www.healthcarediver.com/news/macpac-hears-concerns-over-medicaid-redeterminations/617545/>.

[FN9]

. Press release, "DHS Proposes Fair and Humane Public Charge Rule," *Homeland Security*, February 17, 2022, available at <https://www.dhs.gov/news/2022/02/17/dhs-proposes-fair-and-humane-public-charge-rule>.

[FN10]

. "Expanded children's health care coverage sought," *Unicameral Update*, February 11, 2022, available at <http://update.legislature.ne.gov/?p=31539>.

[FN11]

. Press release, "Biden-Harris Administration Announces Request for Information on Access to Care and Coverage for People Enrolled in Medicaid and CHIP," *HHS.gov Newsroom*, February 17, 2022, available at <https://www.hhs.gov/about/news/2022/02/17/biden-harris-administration-announces-request-for-information-on-access-to-care-and-coverage-for-people-enrolled-in-medicaid-and-chip.html>.

[FN12]

. Jones, Harriet, "Connecticut advocates applaud extension of postpartum Medicaid eligibility," *CT Insider*, March 4, 2022, available at <https://www.ctinsider.com/news/article/Connecticut-advocates-applaud-extension-of-16974880.php>.

[FN13]

. Carleson, Jenna and Katy Golvala, "Lawmakers not giving up on bill to expand Medicaid to undocumented kids," *Journal Inquirer*, March 31, 2022, available at https://www.journalinquirer.com/news/lawmakers-not-giving-up-on-bill-to-expand-medicaid-to-undocumented-kids/article_b97dc920-b0f4-11ec-bb09-8358d6e8e10a.html.

[FN14]

. Press release, "CMS Announces Key Actions to Reduce Maternal Mortality and Morbidity," *CMS Newsroom*, April 13, 2022, available at <https://www.cms.gov/newsroom/press-releases/cms-announces-key-actions-reduce-maternal-mortality-and-morbidity>.

[FN15]

. Press release, "Innovative Pediatric Program HealthySteps to Double in Size Following Historic Investment," *Cision PR Newswire*, April 14, 2022, available at <https://www.prnewswire.com/news-releases/innovative-pediatric-program-healthysteps-to-double-in-size-following-historic-investment-301525353.html>.

[FN16]

. Alker, Joan, "Lessons from the Pandemic: Children's Coverage Improvements," *Georgetown University Health Policy Institute Center for Children and Families*, April 14, 2022, available at <https://ccf.georgetown.edu/2022/04/14/lessons-from-the-pandemic-childrens-coverage-improvements/>.

[FN17]

. Tello-Trillo, Sebastian, "Health insurance coverage for kids through Medicaid and CHIP helps their moms too," *The Conversation*, April 18, 2022, available at <https://theconversation.com/health-insurance-coverage-for-kids-through-medicaid-and-chip-helps-their-moms-too-178249>.

[FN18]

. Press release, "Milliman's Jennifer Gerstorff appointed to Medicaid and CHIP Payment and Access Commission (MACPAC)," *Cision PR Newswire*, May 10, 2022, available at <https://www.prnewswire.com/news-releases/millimans-jennifer-gerstorff-appointed-to-medicaid-and-chip-payment-and-access-commission-macpac-301544195.html>.

[FN19]

. Press release, "Secretary Becerra Celebrates Mother's Day, Applauds 12-month Postpartum Expansion in Tennessee and South Carolina," *HHS.gov*, May 6, 2022, available at <https://www.hhs.gov/about/news/2022/05/06/secretary-becerra-celebrates-mothers-day-applauds-12-month-postpartum-expansion-in-tn-and-sc.html>.



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[FN20]

. Press release, "HHS Applauds 12-Month Postpartum Expansion in California, Florida, Kentucky, and Oregon," *CMS Newsroom*, May 25, 2022, available at <https://www.cms.gov/newsroom/press-releases/hhs-applauds-12-month-postpartum-expansion-california-florida-kentucky-and-oregon>.

[FN21]

. Press release, "HHS Leaders Urge States to Maximize Efforts to Support Children's Mental Health," *HHS.gov*, May 25, 2022, available at <https://www.hhs.gov/about/news/2022/05/25/hhs-leaders-urge-states-maximize-efforts-support-childrens-mental-health.html>.

[FN22]

. Press release, "During the Biden-Harris Administration, Nearly 253,000 Americans in 14 States and D.C. Have Gained Access to 12 Months of Postpartum Coverage Through Medicaid and CHIP Extensions," *CMS Newsroom*, June 16, 2022, available at <https://www.cms.gov/newsroom/press-releases/during-biden-harris-administration-nearly-253000-americans-14-states-and-dc-have-gained-access-12>.

[FN23]

. Barrow, Genoa, "Medi-Cal Extends Maternal Health Coverage California Focuses On Black Maternal Health, Disparities," *The Observer*, June 21, 2022, available at <https://sacobserver.com/2022/06/medi-cal-extends-maternal-health-coverage/>.

[FN24]

. Press release, "HHS Provides States with Additional Resources to Improve Oversight and Ensure Access to Quality Care in Medicaid and CHIP Managed Care Programs," *CMS Newsroom*, July 6, 2022, available at <https://www.cms.gov/newsroom/press-releases/hhs-provides-states-additional-resources-improve-oversight-and-ensure-access-quality-care-medicaid>.

[FN25]

. Kim, Boram, "Children's mental health advocates in Texas call on state leaders to address gaps in care access," *State of Reform*, July 8, 2022, available at <https://stateofreform.com/featured/2022/07/childrens-mental-health-advocates-in-texas-call-on-state-leaders-to-address-gaps-in-care-access/>.

[FN26]

. Press release, "HHS Announces Historic Investment of Over \$49 Million to Increase Health Care Coverage for Children, Parents, and Families," *HHS.gov*, July 19, 2022, available at <https://www.hhs.gov/about/news/2022/07/19/hhs-announces-historic-investment-of-over-49-million-to-increase-health-care-coverage-for-children-parents-and-families.html>.

[FN27]

. Barber, Amanda, "3-year program will help fund children's health insurance in WV," *13 News*, July 19, 2022, available at <https://www.wowktv.com/news/local/3-year-program-will-help-fund-childrens-health-insurance-in-wv/>.

[FN28]

. Stanton, Monique, "Column: The new Kids Count report underscores longstanding health needs in Michigan," *Michigan Advance*, August 16, 2022, available at <https://michiganadvance.com/2022/08/16/column-the-new-kids-count-report-underscores-longstanding-health-needs-in-michigan/>.

[FN29]

. Press release, "HHS Approves 12-month Extension of Postpartum Medicaid and CHIP Coverage in Hawaii, Maryland, and Ohio," *HHS.gov*, August 16, 2022, available at <https://www.hhs.gov/about/news/2022/08/16/hhs-approves-12-month-extension-of-postpartum-medicaid-and-chip-coverage-in-hawaii-maryland-and-ohio.html>.

[FN30]

. Fact sheet, "Supporting Maternal Health Through Medicaid & the Children's Health Insurance Program," *CMS Newsroom*, September 8, 2022, available at <https://www.cms.gov/newsroom/fact-sheets/supporting-maternal-health-through-medicaid-childrens-health-insurance-program>.

[FN31]

. Press release, "HHS Approves 12-Month Extension of Postpartum Medicaid and CHIP Coverage in Indiana and West Virginia," *CMS Newsroom*, September 8, 2022, available at <https://www.cms.gov/newsroom/press-releases/hhs-approves-12-month-extension-postpartum-medicaid-and-chip-coverage-indiana-and-west-virginia>.



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[FN32]

. Press release, "HHS Approves Groundbreaking Medicaid Initiatives in Massachusetts and Oregon," *CMS Newsroom*, available at <https://www.cms.gov/newsroom/press-releases/hhs-approves-groundbreaking-medicaid-initiatives-massachusetts-and-oregon>.

[FN33]

. Press release, "SULLIVAN, CARPER INTRODUCE BIPARTISAN, BICAMERAL BILL TO IMPLEMENT HOLISTIC APPROACH TO CHILDREN'S HEALTH CARE," *Dan Sullivan United States Senator for Alaska Newsroom*, September 29, 2022, available at <https://www.sullivan.senate.gov/newsroom/press-releases/sullivan-carper-introduce-bipartisan-bicameral-bill-to-implement-holistic-approach-to-childrens-health-care>.

[FN34]

. Press release, "October 14 designated as Children's Health Insurance Program Day in Alabama," *Alabama's Health*, October 14, 2022, available at https://www.alabamapublichealth.gov/blog/2022/10/nr_14.html.

[FN35]

. Landers, Laura, "15 Million Americans Expected To Be Disenrolled From Medicaid, CHIP After COVID-19 Emergency Ends," *ACHI*, October 14, 2022, available at <https://achi.net/newsroom/15-million-americans-expected-to-be-disenrolled-from-medicaid-chip-after-covid-19-emergency-ends/>.

[FN36]

. Breunlin, Erin, "More than 200,000 Colorado kids could lose Medicaid coverage starting next year, though many remain eligible for government help," *The Colorado Sun*, November 1, 2022, available at <https://coloradosun.com/2022/11/01/colorado-children-medicaid-coverage-expiration/>.

[FN37]

. Press release, "Biden-Harris Administration Announces More than Half of All States Have Expanded Access to 12 Months of Medicaid and CHIP Postpartum Coverage," *HHS Newsroom*, October 27, 2022, available at <https://www.hhs.gov/about/news/2022/10/27/biden-harris-administration-announces-more-half-all-states-have-expanded-access-to-12-months-of-medicaid-and-chip-postpartum-coverage.html>.

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