



February 18, 2016

Vikki Wachino  
Director, Centers for Medicaid and CHIP Services  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Medicaid Waiver Request to Assist in Addressing Health Impacts from Potential Lead Exposure in Flint, Michigan**

Dear Ms. Wachino:

The American Congress of Obstetricians and Gynecologists (ACOG) represents over 57,000 members nationally and the Michigan Section of ACOG represents 882 practicing ob-gyns in the state. As physicians dedicated to providing quality care to women, both nationally and in the State of Michigan, we commend Governor Snyder for expanding health coverage to vulnerable populations suffering from hazardous levels of lead exposure in Flint, Michigan. ACOG fully supports expanding Medicaid coverage to a wider population of pregnant women and children served by the Flint water system and encourages the Centers for Medicaid and CHIP Services (CMCS) to approve it quickly. However, we believe that eligibility standards proposed by Governor Snyder must be expanded in order to fully meet the health needs of pregnant women and their children who have been exposed to lead.

First, the eligibility standard for pregnant women should mirror the standard for children. Women who were served by the Flint water system from April 2014 to when they become pregnant should be eligible for the expanded Medicaid waiver while the water system is still considered unsafe. According to the Agency for Toxic Substances and Disease Registry, pregnant women who have been exposed to lead in the past may store lead in their bones. Lead may be released from bones during times of calcium stress, such as pregnancy and lactation, which elevates blood lead levels. Maternal blood lead level is an important indication of risk to the fetus and neurological problems in newborns.<sup>i</sup> Elevated lead levels in pregnancy have been associated with several adverse outcomes, including gestational hypertension, spontaneous abortion, low birth weight, and impaired neurodevelopment. Additionally, if maternal blood lead level is above 40 micrograms/dL in a postpartum woman – a diagnosis that can only be determined with access to health care --, she will be unable to safely breastfeed.<sup>ii</sup> As a result, it is imperative that pregnant women who have been exposed to lead prior to pregnancy, not just during pregnancy, are able to access health care.

ACOG also strongly encourages CMCS to modify Michigan's request to provide services to pregnant women and their children beyond the point in time that the Flint water system is deemed safe by the appropriate authorities. As noted above, a woman's prior exposure to lead can have long-lasting effects because lead can remain in bone tissue and be released when a woman is pregnant or lactating. Based on this physiologic reality, once the water system has been deemed safe, Michigan should continue to provide Medicaid services to this population. ACOG recommends that the State determine eligibility by testing the blood of pregnant women who lived in the area

served by the Flint water system between April 2014 and the point when the water system is deemed safe. ACOG recommends that pregnant women with blood lead levels of 5 micrograms/dL or higher should be found eligible for Medicaid, based on the Centers for Disease Control and Prevention (CDC) guidelines that pregnant women with blood lead levels of 5 micrograms/dL or higher should receive follow-up testing and affirmed in ACOG's Committee Opinion on leading screening during pregnancy.<sup>iii</sup> Their newborns should also be deemed eligible.

ACOG also requests that CMS clarify that the duration of eligibility for pregnant women is aligned with the eligibility period currently afforded to categorically-eligible pregnant women under Medicaid. Per 42 CFR 440.210(a)(3), the postpartum period is defined as beginning on the last day of pregnancy and continuing through the end of the month in which the 60-day period following termination of pregnancy ends.

**ACOG Recommendations:**

- Align the Medicaid eligibility criteria for pregnant women with that of children to ensure that women previously exposed to lead can access care.
- Extend Medicaid eligibility for pregnant women beyond the point in time that the Flint water system has been deemed safe based on blood lead levels of 5 micrograms/dL or higher.
- Align the duration of eligibility for pregnancy coverage through the end of the month in which the 60-day period following the termination of pregnancy ends.

We applaud Michigan's effort to extend Medicaid coverage to vulnerable populations in the Flint area, and we look to CMS to use its authority to improve upon Michigan's request and ensure that all the pregnant women and children exposed to lead are able to access appropriate services. Thank you again for the opportunity to comment on the Michigan waiver request. If you would like to discuss these recommendations further, please contact Elizabeth Wieand, ACOG Health Policy Analyst, at [ewieand@acog.org](mailto:ewieand@acog.org) or 202.863.2544.

Sincerely,



Mark S. DeFrancesco, MD, MBA, FACOG  
President, American Congress of Obstetricians and Gynecologists



Jody Jones, MD, FACOG  
Chair, Michigan Section of the American Congress of Obstetricians and Gynecologists

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<sup>i</sup> Agency for Toxic Substances and Disease Registry. Lead toxicity: Who is at risk of lead exposure? Retrieved from <http://www.atsdr.cdc.gov/csem/csem.asp?csem=7&po=7>.

<sup>ii</sup> Lead screening during pregnancy and lactation. Committee Opinion No. 533. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;120:416–20.

<sup>iii</sup> Centers for Disease Control and Prevention. Guidelines for the identification and management of lead exposure in pregnant and lactating women. Atlanta (GA): CDC; 2010. Available at:

<http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>. As cited in: Lead screening during pregnancy and lactation. Committee Opinion No. 533. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;120:416–20.