



**JOAN BALLWEG**

STATE SENATOR · 14<sup>TH</sup> SENATE DISTRICT

Senate Bill 110: Extension of Eligibility under the Medical Assistance Program  
for Postpartum Women

Testimony of State Senator Joan Ballweg  
Senate Committee on Insurance and Small Business  
March 29, 2023

Thank you, Chair Felzkowski, and members of the committee for holding this public hearing.

In Wisconsin, pregnant women who fall between 100 and 306 percent of the federal poverty level are eligible for Wisconsin Medicaid for the time during their pregnancy up to 60-days postpartum. Senate Bill 110 will extend the period of eligibility under the Medical Assistance Program for pregnant women from the current 60 day post birth coverage to one year.

Postpartum care, including recovery from childbirth, follow-up on pregnancy complications, management of chronic health conditions and addressing mental health concerns is essential to increasing positive health outcomes for mothers and babies, and often requires follow-up beyond the current 60-day period.

This is especially true for pregnant women of color, who experience large disparities in maternal mortality before and after childbirth. According to the state's maternal mortality review, black women in Wisconsin are five times more likely than white women to die during, or within one year, of a pregnancy.

Along with women of color, rural residents have a nine percent greater probability of maternal mortality or morbidity compared to urban residents. Rural areas face unique challenges with low patient volume, trouble retaining trained licensed OB/GYNs and patients often traveling long distances to receive specialized care.

The U.S. is the only nation with a modern healthcare system in which the maternal death rate has been rising. In fact, the Centers for Disease Control and Prevention (CDC) released a new report this month updating the data for maternal mortality rates in the United States.

In 2021, 1,205 women died of maternal causes in the United States. In 2021 when I testified in front of your committee on this same bill, I reported that approximately 700 pregnancy-related deaths occur in the U.S. each year. According to the CDC report, the total number of women who died of maternal causes in 2019, the number I referenced last session, was 754. In 2020, that number was 861. So over the course of one legislative session, the United States saw a 59.8 percent increase in maternal mortality.

For those deaths with a known relationship to the timing of a pregnancy, approximately 22 percent of deaths occurred during pregnancy, 25 percent occurred on the day of

delivery (within 24 hours of the end of pregnancy) or within a week after delivery, 23 percent occurred from seven to 42 days postpartum, and 30 percent occurred in the late postpartum period (43–365 days postpartum).

Extending postpartum care to one year can help save lives. Medicaid currently covers the infant from the date of birth through the end of the month in which the child turns one year old, if the mother was eligible for Medicaid at the time of birth. That means this bill would help sync up the care of both mother and baby. Moving in and out of Medicaid coverage after giving birth can result in worse health outcomes and has an effect on providers, health systems and payers. Studies show that 55 percent of women with Medicaid coverage at delivery experience a coverage gap in the following six months compared to 35 percent of women with private insurance. This can lead to higher administrative costs for the state, less predictable expenditures and higher monthly care costs due to pent-up demand for health care services.

As of March 23, 2023, 30 states, including Washington DC, have implemented 12-month postpartum coverage. Eight additional states are planning to implement this extension. Extending care to cover both mother and child is a growing priority for our neighboring states and a key way to address our declining health outcomes for maternal morbidity and mortality.

In the 2021 state budget, Wisconsin did require DHS apply for a waiver to extend postpartum care to 90-days. The department did apply for that waiver from the federal CMS. As of today, the federal government has not granted Wisconsin this waiver.

It's my opinion that Wisconsin should join the growing number of states extending care to one year and not further pursue a waiver that may never be approved. Providing 12-months of postpartum care will help improve the health and wellbeing of these mothers and their babies. We have a strong coalition of supporters here today that can speak to some of the dangers experienced during and after pregnancy, and about how continuity of care is an important part of keeping Wisconsin moms healthy and Wisconsin families strong.

Thank you for your consideration, and I am happy to answer any questions.

### Fiscal Estimate - 2023 Session

Original     
  Updated     
  Corrected     
  Supplemental

<b>LRB Number</b> <b>23-1377/1</b>	<b>Introduction Number</b> <b>SB-0110</b>	
<b>Description</b> extension of eligibility under the Medical Assistance program for postpartum women		
<b>Fiscal Effect</b>  <b>State:</b> <input type="checkbox"/> No State Fiscal Effect <input type="checkbox"/> Indeterminate <input type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Increase Existing Revenues <input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input type="checkbox"/> Decrease Existing Appropriations <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Create New Appropriations <input type="checkbox"/> Decrease Costs		
<b>Local:</b> <input type="checkbox"/> No Local Government Costs <input type="checkbox"/> Indeterminate 1. <input type="checkbox"/> Increase Costs                  3. <input type="checkbox"/> Increase Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 2. <input type="checkbox"/> Decrease Costs                  4. <input type="checkbox"/> Decrease Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 5. Types of Local Government Units Affected <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts		
<b>Fund Sources Affected</b> <b>Affected Ch. 20 Appropriations</b> <input checked="" type="checkbox"/> GPR <input checked="" type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS s. 20.435 4(b) and 4(o)		
<b>Agency/Prepared By</b> DHS/ Michael Schmitz (608) 267-2955	<b>Authorized Signature</b> Andy Forsaith (608) 266-7684	<b>Date</b> 3/27/2023

## Fiscal Estimate Narratives

DHS 3/27/2023

LRB Number	23-1377/1	Introduction Number	SB-0110	Estimate Type	Original
<b>Description</b> extension of eligibility under the Medical Assistance program for postpartum women					

### Assumptions Used in Arriving at Fiscal Estimate

Under current law, pregnant individuals in Wisconsin are eligible for Medicaid at a higher income threshold than non-pregnant adults. Pregnant individuals with incomes up to 306 percent of the federal poverty level are eligible for Wisconsin Medicaid. As required by federal code and state statute, this eligibility extends to the last day of the month that contains the 60th day following the end of the pregnancy. After this post-pregnancy period, Medicaid members can retain eligibility as a parent or childless adult if their income is below 100 percent of the federal poverty level.

Under 2021 Wisconsin Act 58, the Department of Health Services is directed to seek federal approval for a state plan amendment or waiver to extend eligibility to the last day of the month that contains the 90th day following the end of the pregnancy. Eligibility would only be extended if federal approval is granted. One June 3, 2022, the Department received approval from the Legislature's Joint Committee on Finance to submit the waiver request, and it was submitted to CMS the same day. As of this writing, the waiver remains under CMS review.

This bill requires the Department of Health Services to seek approval from the federal Department of Health and Human Services to extend until the last day of the month in which the 365th day after the last day of the pregnancy falls Medical Assistance benefits to women who are eligible for those benefits when pregnant. Eligibility would only be extended if federal approval is granted. The American Rescue Plan Act of 2021 changed federal Medicaid law to allow states the option to extend post-pregnancy coverage to 365 days through a state plan amendment.

This estimate compares the bill's provisions to the current-law Medicaid program. Based on expected ongoing annualized enrollment and costs for FY25, it is projected that extending post-pregnancy coverage to the last day of the month that contains the 365th day following the end of a pregnancy would increase average monthly Medicaid enrollment by 5,290 members. Members qualifying for the extended eligibility are projected to incur costs of approximately \$337 per month, on average. The total annualized cost of this increased enrollment is projected to be \$21.4 million all funds (\$8.4 million GPR) compared to the current 60-day eligibility period.

### Long-Range Fiscal Implications





# DONNA M. ROZAR

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## Testimony before the Senate Committee on Insurance and Small Business

SB 110

March 29, 2023

Thank you, Chair Felzkowski and members of the Senate Committee on Insurance and Small Business for holding this hearing on Senate Bill (SB) 110, relating to: extension of eligibility under the Medical Assistance program for postpartum women. I also want to thank all the organizations that expressed significant support for this Bill, as well as the legislators who co-sponsored this Bill with significant bi-partisan support.

As explained by the Legislative Reference Bureau, SB 110 extends the coverage for eligible postpartum women from 60 days, which is current law, to 365 days or one full calendar year after the birth of a child. Currently, newborns are covered for 365 days. This Bill matches the coverage for postnatal mother.

This extension is requested because postpartum complications and their follow-up after pregnancy may occur weeks to months after delivery. According to the CDC, roughly 29 percent of pregnancy-related deaths occur between 43 and 365 days postpartum. Complications related to pregnancy can develop and worsen postpartum. Preeclampsia, hypertension, blood clots, mental health disorders, and heart conditions such as cardiomyopathy often require monitoring and treatment beyond the current 60 day extension. It is tragic if these new mothers are not able to receive the care they need in order to keep themselves and their babies healthy. Extending coverage will help women to thrive, not simply survive.

I am proudly pro-life. In addition to drafting the Heartbeat Bill last session, I made it a priority to push for further access to necessary resources for women who find themselves in a crisis pregnancy. Additionally, with *Roe v. Wade* overturned last June, I am thankful that more children will be born, even under challenging circumstances. I believe we should support those children by supporting their mothers. In order to have healthy children, they need healthy mothers. This Bill is a step in the right direction and will help many new mothers across the state of Wisconsin retain access to the care they need.

Thank you for your careful consideration of this Bill. I am happy to answer any questions you have.



State of Wisconsin  
Department of Health Services

Tony Evers, Governor  
Kirsten L. Johnson, Secretary

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**TO:** Members of the Senate Committee on Insurance and Small Business

**FROM:** HJ Waukau, Legislative Director  
Jasmine Zapata, M.D., MPH, State Epidemiologist for Maternal and Child Health and Chronic Diseases, Chief Medical Officer Bureau of Community Health Promotion of, Division of Public Health

**DATE:** March 29, 2023

**RE:** SB 110, relating to: extension of eligibility under the Medical Assistance program for postpartum women

The Wisconsin Department of Health Services (DHS) would like to thank the Committee for the opportunity to submit testimony in support of Senate Bill 110 (SB 110) regarding the extension of coverage for postpartum women to 365 days under the state's medical assistance program (BadgerCare Plus).

Under BadgerCare Plus, Wisconsin provides full medical assistance benefits for women with adjusted gross income up to 306 percent of the federal poverty level (FPL), for up to 60 days postpartum. 2021 Act 58 increased the postpartum eligibility to 90 days. After the conclusion of the eligibility period, eligibility for postpartum women is reduced to 100 percent FPL. Women whose income is above 100 percent FPL would either need to find coverage on the private marketplace or through their employer (if offered), or they would become uninsured. However, children maintain eligibility to receive health care coverage through BadgerCare Plus for the first year of their life.

Postpartum care is critically important as it encompasses a range of important health needs such as: recovery from childbirth, follow up on pregnancy complications, management of chronic health conditions, access to family planning, and addressing mental health conditions. While postpartum care has traditionally centered around one clinical visit within eight weeks of delivery, there has been a paradigm shift that postpartum care is an ongoing process requiring multiple visits and follow-up care for periods longer than a year; and is particularly important for those who experience pregnancy complications or have chronic conditions.<sup>1</sup> This is why the 12-month postpartum extension has been proposed in Governor Evers' 2023-25, 2021-23, and 2019-21 biennial budgets as a part of his "Healthy Moms, Health Babies" initiative.

*Public Health Impacts*

Mothers during the postpartum period are particularly vulnerable to depression and suicide, and untreated mental illness and substance use disorders can have lasting impacts on the health and well-

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<sup>1</sup> Kaiser Family Foundation, "Expanding Postpartum Medicaid Coverage," last accessed March 23, 2023, <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>.



being of both the mother and their child. We see evidence of this vulnerability in a recent study demonstrating that approximately 30 percent of maternal deaths (excluding suicide and drug overdose) occur between 43 to 365 days postpartum.<sup>2</sup> Another study evaluating data from 2016-2019 found that 65 percent of pregnancy associated deaths occurred more than 42 days postpartum.<sup>3</sup> Additionally, some state-based analyses of pregnancy-associated deaths have found that 50 percent or more of deaths occur beyond the traditional 60-day postpartum eligibility period,<sup>4</sup> with preliminary data from Wisconsin's Maternal Mortality Review Team showing that two-thirds of all pregnancy-related deaths in Wisconsin occurring beyond the traditional 60-day postpartum eligibility period.<sup>5</sup> Further, the Maternal Mortality Review Team determined that mental health illness and substance use disorder contributed to 43 percent and 45 percent of all pregnancy-associated deaths in Wisconsin, respectively; and 57 percent of Wisconsinites who died within a year of the end of their pregnancy in 2020 were enrolled in BadgerCare Plus at the time of their delivery.<sup>6</sup>

Unfortunately, women are losing coverage under current law right when they need it most. Providing access to high-quality and uninterrupted health coverage is critical during the first year for both mother and child. Along with providing uninterrupted access to care, extending BadgerCare Plus coverage for postpartum women carries with it the potential to lessen stress and reduce financial burdens. A 2018-2019 report on the Wisconsin Pregnancy Risk Assessment Monitoring System documented that 13 percent of women who did not receive a postpartum visit reported that it was due to not having insurance.<sup>7</sup> A national survey from 2005 to 2013 documented that more than half (55 percent) of women covered by Medicaid or CHIP at delivery experienced gaps in coverage in the 6 months postpartum.<sup>8</sup> Conversely, a 2011-2015 study documented that women who had continuous Medicaid eligibility had a postpartum visit rate that was 6 percentage points higher than women with pregnancy-only Medicaid coverage.<sup>9</sup> Additionally, an examination of a Texas-based Medicaid health maintenance organization found that as a result of the continuous enrollment eligibility for Medicaid under the Families First Coronavirus Response Act, women used twice as many postpartum services, twice as many preventive services, three times as many mental and behavioral health services, and ten times as many family planning services.<sup>10</sup> Further, Medicaid expansion coverage is associated with reductions in preventable

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<sup>2</sup> DL Hoyert and AM Minino. "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018," *National Vital Statistics Reports* 69, no. 2 (2020). <https://stacks.cdc.gov/view/cdc/84769>.

<sup>3</sup> Preliminary data comes from the Wisconsin Maternal Mortality Review Team which has not been published at this time. Data can be made available to the Committee upon request.

<sup>4</sup> Equitable Maternal Health Coalition, "Continuing Medicaid/CHIP Postpartum Coverage: June 2020," last accessed October 21, 2021, [https://static1.squarespace.com/static/5ed4f5c9127dab51d7a53f8e/t/5ee113529592717e00288400/1591808867699/Maternal+Health+Federal+Talking+Points+060820-V7b.pdf?\\_sm\\_au=iVVN0Tr8VZkRk5LRBLQtvK7BJGKjp](https://static1.squarespace.com/static/5ed4f5c9127dab51d7a53f8e/t/5ee113529592717e00288400/1591808867699/Maternal+Health+Federal+Talking+Points+060820-V7b.pdf?_sm_au=iVVN0Tr8VZkRk5LRBLQtvK7BJGKjp).

<sup>5</sup> Preliminary data comes from the Wisconsin Maternal Mortality Review Team which has not been published at this time. Data can be made available to the Committee upon request.

<sup>6</sup> Ibid.

<sup>7</sup> Wisconsin Department of Health Services, "Wisconsin PRAMS 2018-2019 Surveillance Report," last accessed March 20, 2023, <https://dhs.wisconsin.gov/publications/p02500-2019.pdf>.

<sup>8</sup> JR Daw et al., "Women In The United States Experience High Rates Of Coverage 'Churn' In Months Before And After Childbirth," *Health Affairs* 36, no. 4 (2017): 598-606.

<sup>9</sup> CL Disisto et al., "The Effect of Continuous Versus Pregnancy-Only Medicaid Eligibility on Routine Postpartum Care in Wisconsin, 2011-2015," *Maternal and Child Health Journal* 24, (2020): 1138-1150.

<sup>10</sup> X Wang et al., "Extending Postpartum Medicaid Beyond 60 Days Improves Care Access and Uncovers Unmet Needs in a Texas Medicaid Health Maintenance Organization," *Frontiers in Public Health* 10, (2022). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9110670/pdf/fpubh-10-841832.pdf>.



hospitalizations, even after the traditional 60-day postpartum coverage period.<sup>11</sup> These studies demonstrate the positive impact that extending coverage can have for both mothers and their child, and Wisconsin is not alone in considering extending coverage for postpartum women to 12 months. There are currently 30 states who have implemented the 12-month extension; 8 who are in the process of implanting a 12-month extension, 3 states who have limited coverage extension proposed (including Wisconsin); and 1 pending legislation to seek federal approval through a SPA or 1115 waiver.<sup>12</sup>

Extending BadgerCare Plus benefits to 12 months for postpartum women will also help Wisconsin address the birth and health equity disparities confronting the state. On average, Wisconsin's maternal morbidity rates are lower than national rates. However, when examining maternal mortality rates for communities of color in Wisconsin, the rate for non-Hispanic Black people is 5.0 times the rate for non-Hispanic white people,<sup>13</sup> which is double the national rate (2.5 times the rate for non-Hispanic white people).<sup>14</sup> Wisconsin ranks 4<sup>th</sup> worst in the nation on indicators of infant mortality,<sup>15</sup> and Black babies are more than three times as likely to die (15.8 deaths per 1,000 births) than white babies (4.3 deaths per 1,000 births).<sup>16, 17</sup> Further, the mortality rate of Black babies in Wisconsin is the worst in the nation.<sup>18</sup> Extending full Medicaid benefits to postpartum women will be particularly pronounced for women of color who are more likely to be affected by changes in Medicaid coverage policies. The extension of a 12-month coverage period for postpartum women will help address existing gaps in maternal and infant mortality rates. It will also provide more time for mothers to find and transition to other health insurance options once the 12-month coverage period ends.

#### *BadgerCare Plus Program Impacts*

Analyses from 2016-2020 demonstrate that Medicaid and the Children's Health Insurance Plan (CHIP) covered 36 percent of all births in Wisconsin.<sup>19</sup> Updated monthly estimates project that extending coverage to 12 months would increase average Medicaid enrollment by 5,290 members with an average

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<sup>11</sup> MW Steenland and LR Wherry, "Medicaid Expansion Led to Reductions in Postpartum Hospitalizations," *Health Affairs* 42, no. 1 (2023): 18-25.

<sup>12</sup> Kaiser Family Foundation, "Medicaid Postpartum Coverage Extension Tracker", last accessed March 22, 2023, <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>.

<sup>13</sup> MA Schellpfeffer et al., "A Review of Pregnancy-Related Maternal Mortality in Wisconsin, 2006-2010," *Wisconsin Medical Journal* 114, no. 5 (2015): <https://wmjonline.org/wp-content/uploads/2015/11/4/5/202.pdf>.

<sup>14</sup> DL Hoyert and AM Minino. "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018," <https://stacks.cdc.gov/view/cdc/84769>.

<sup>15</sup> COWS, "Race in the Heartland: Wisconsin's Extreme Racial Disparity," last accessed October 21, 2021, <https://cows.org/wp-content/uploads/sites/1368/2020/04/2019-Race-in-the-Heartland-Wisconsins-Extreme-Racial-Disparity.pdf>.

<sup>16</sup> Colin Gordon, "Race in the Heartland: Equity, Opportunity, and Public Policy in the Midwest," last accessed October 21, 2021, <https://files.epi.org/uploads/Race-in-the-Midwest-FINAL-Interactive-1.pdf>.

<sup>17</sup> Annie E. Casey Foundation Kids Count Data Center, last accessed March 23, 2023.

<sup>18</sup> <https://datacenter.kidscount.org/data/tables/11051-infant-mortality-by-race-and-ethnicity?loc=1&loct=2#detailed/2/2-52/false/574.1729.37/10.11.9.12.1.13.185/21385.21386>. The site aggregates 2018-2020 data: Population Reference Bureau, analysis of data from the Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Causes of Death Microdata Files and Births: VitalStats [https://www.cdc.gov/nchs/data\\_access/vitalstatsonline.htm](https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm).

<sup>19</sup> BD Tomlin et al., "High Black infant mortality in Wisconsin: factors associated with the ongoing racial inequity," *Journal of Perinatology* 41, no. 2 (2021): 212-219.

<sup>19</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html> on Oct 13, 2022 12:44:43 PM

cost of \$337 per member per month, with a total annualized cost of \$21.4 million on an all funds basis (\$8.4 million GPR), accounting for the changes incorporated in 2021 Act 58. Wisconsin taxpayers could save additional funds by expanding Medicaid to 138 percent FPL as proposed under Gov. Evers' 2023-25 biennial budget. In expanding Medicaid the average increase in monthly enrollment would be 4,314 members with an annualized cost of \$17.5 million all funds (\$6.0 million GPR) at a lower cost to taxpayers.

DHS thanks the Committee for the opportunity to provide testimony and would like to extend an offer to be a resource for the Committee as it considers SB 110.



## **Senate Committee on Health**

### **Testimony provided by Annmae Minichiello, PharmD, RPh**

#### **RE: Support for Senate Bill 110, March 28, 2023**

Good morning, Chairwoman and members of the committee. My name is Annmae Minichiello. I am a UW Health pharmacist, a volunteer with the American Heart Association, and a mother of two beautiful children. Thank you for allowing me this opportunity to publicly support Senate Bill 110.

Before I share my pregnancy journey, I want to share what life was like before. I ate healthy and was physically active, following an intense exercise regimen that would prepare me for competing annually in the Door County Triathlon. I had no history of heart disease in my family, so when my husband and I decided to become pregnant, I wrongly assumed I would have no complications.

Life took a sharp turn for the worse, when I developed placenta previa—a condition where the placenta causes unexpected vaginal bleeding and can be life-threatening to both mom and baby. I was working in the pharmacy when my first bleeding episode occurred. I felt utter panic, because I thought I had lost my baby. My husband rushed me to the hospital where I was monitored for five days. Dr. Lee Dresang, who is also promoting this bill, was one of the attending physicians on my care team. The weeks that followed were unpredictable as I dealt with recurring bleeding episodes and constant fear for the life of my baby.

Six weeks before my due date, I was admitted to the hospital for monitoring and at 36 weeks of pregnancy, I was rushed to the operating room for an emergency c-section to prevent life threatening bleeding. In less than 5 minutes, my beautiful baby girl, Skylar, was born.

The days that followed after delivery were a blur between caring for a newborn and receiving blood transfusions due to the blood loss I experienced before birth and during surgery. My care team continued to monitor me closely and while they were concerned with my higher-than normal blood pressure, I was sent home because I had no history of heart issues. My husband and I thought we were in the clear and that the worst was behind us.

Three days after I arrived home, in the middle of night, I found myself unable to breathe. We raced to the emergency room. I was gasping for air for what felt like an eternity. The supervising physician then showed me my chest x-ray and labs, indicating my heart had gone into failure. I was diagnosed with a condition called peripartum cardiomyopathy.

I spent the next two weeks in the hospital instead of with my newborn baby. In addition to battling heart failure, my body was also fighting severe uncontrolled blood pressures. Initially, my body rejected the treatments I received. I could hardly believe my circumstances. How can I go from running in triathlons to barely breathing while walking? I started to believe I was going to die, leaving my daughter without a mother and my husband without a wife.

Miraculously, the right prescription regimen stabilized my blood pressures, and several months later my heart function had returned to normal.

My physical health had greatly improved, but these circumstances took a significant toll on my mental well-being. I suffered from post-traumatic stress disorder. I lived in constant anxiety that my heart was going to fail again. I had difficulty bonding with my newborn baby and would frequently experience severe anxiety and panic attacks that lasted close to a year.

Five years later, I feel blessed to say that my heart fully recovered, and I am mostly healed from my trauma. We are now a family of four, following the birth of another beautiful daughter, Viviana, this past June.

While my pregnancy journey has a happy ending, many others do not.

About a year ago, my friend, Alison, died from heart failure nearly five months after her daughter was born. She was 31 years old and had no cardiac history—her story mimics my own except it ends with tragedy. She will not be able to watch her daughter grow up, and her husband, Elliott, now raises their only daughter alone.

These are the devastating stories that we need to fight to prevent. You are in the position to make a change- to make the decision to save lives. Heart complications can occur up to 6 months after pregnancy, and recovering from the emotional trauma requires much more time. Access to healthcare can and will save the lives of new moms.

Please join me in supporting Senate Bill 110.

Thank you for your time and attention. I would be happy to answer questions at this time.

March 29, 2023

Good morning, Chairwoman and members of the Senate Insurance and Small Business Committee.

My name is Ann Dodge. I am a volunteer with the American Heart Association, a pediatric cardiology nurse practitioner, mother of two, and grandmother to one. I am here today to ask you to support Senate Bill 110, extending Medicaid postpartum coverage to 12 months.

Despite the decrease in maternal mortality worldwide, the maternal mortality rate continues to rise in the United States. Astonishingly, the U.S. has the highest maternal mortality rate in the developed world, with three in five pregnancy-related deaths being preventable.

To improve outcomes, it will be critical to address causes of maternal mortality that arise during pregnancy (such as hypertension, or high blood pressure) that can lead into the postpartum period (such as cardiomyopathy, or weakened heart muscle), through upgrades to women's health care before, during, and after pregnancy.

I would like to share a personal family experience with a family member un-diagnosed with postpartum depression until 8 months after birth. This has required extensive treatment involving weekly counseling and depression medications. Thankfully she had insurance that covered this treatment, and a strong family network to help her through it. Unfortunately, we know that isn't the case for all new moms.

Untreated postpartum depression has severe consequences. Left untreated, PDD can seriously harm a mother's health. She may not eat well or lack the energy to care for her child. She may even start to think about hurting herself or her baby. Experts have also noted behavioral problems and developmental delays in infants whose mothers have PDD.

Passing this bill has far reaching impacts, beyond the vital importance of health of mother and baby. The associated problems with lack of postpartum health care in the areas of untreated depression, tobacco and drug addiction, and domestic violence, impacts all of society at large. Untreated problems of this nature can lead to lost jobs, increased homelessness, and risk of out-of-home placement for children which are all a huge cost burden on the taxpayer at large.

In closing, thank you for having a hearing on SB 110 today. This bill will ensure new moms have access to healthcare during a very critical time in their life. Please support SB 110.

Thank you for considering my testimony.

Ann Dodge  
Pediatric Nurse Practitioner  
Member of American Heart Association Wisconsin Advocacy Committee  
Middleton, WI

## **AHA Hearing Testimony**

Good morning/afternoon, Senator Felkowski and members of the committee. Thank you for having a hearing on SB 110 sponsored by Senator Ballweg and Representative Rozar to extend Medicaid coverage for postpartum women. As a volunteer for the American Heart Association, I fully support this program. And, as a mother who had postnatal complications, as a pediatric nurse practitioner who cared for infants whose mothers suffered significant health needs after their children's birth, and as a friend who saw her friend develop severe cardiac failure after the birth of her twins, I FULLY endorse the proposal to extend Medicaid coverage to a full 12-months.

Postpartum care encompasses a range of important health needs. While this period has traditionally centered around ONE clinical visit after delivery, there has been a fundamental change that emphasizes that postpartum care is an ongoing process that typically requires multiple visits and follow up care. This is particularly important for those who experience pregnancy complications or have chronic conditions such as hypertension or diabetes.

*As a mother who suffered from preeclampsia with my daughter and hemorrhaged after the birth of my son, this bill is personal to me. Women need medical care beyond 60 days after delivery.*

Women who suffer from preeclampsia are at risk of cardiovascular issues and renal issues in the first year after the birth of their child and beyond. Rates of preeclampsia have increased over the past 30 years affecting 3.4% or 120 million deliveries from 1980 to 2010. Women with preeclampsia need monitoring for hypertension, renal damage and other organ damage.

I fortunately had excellent medical care before and after my pregnancy with frequent follow-up with the medical provider before my daughter's birth and several months after her birth. Thankfully, I did not and have not had any consequences from suffering from preeclampsia.

Women need comprehensive health services before, during and after their pregnancy to ensure they are healthy and prepared to take on the responsibility of raising a baby. Please support SB 110, extending Medicaid coverage for women to 12 months postpartum.

Thank you for considering our testimony.

Sally Zirbel Donisch  
Middleton, WI



American  
Heart  
Association.

To: Senate Insurance and Small Business Committee  
Date: March 29, 2023  
From: Nicole Hudzinski, Government Relations Director, American Heart Association  
RE: SB 110, extending MA postpartum coverage to 12-months

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Good morning, Senator Felzkowski and members of the committee. Thank you for having a hearing on SB 110, extending Medicaid postpartum coverage to 12-months. The American Heart Association fully supports this proposal.

We have seen a decrease in maternal mortality worldwide, yet the maternal mortality rate in the United States continues to rise. Rates have more than doubled in the U.S. since we started to collect data in 1987, giving us the highest maternal mortality rate in the developed world. An estimated 700 women die each year from pregnancy-related complications in the United States. This is unacceptable, and preventable.

Nationwide, heart disease and stroke contribute to approximately 1 in 3 of these deaths. Metabolic demands on the mother's heart during pregnancy can expose underlying or silent cardiac issues, which is why pregnancy is often referred to as nature's stress test. Early identification of cardiovascular disease could prevent at least a quarter of maternal deaths.

Moreover, significant disparities in maternal care and outcomes persist across race, ethnicity, geography, income and other sociodemographic factors. Pregnancy-related mortality rates for non-Hispanic Black and American Indian/Alaska Native women are 2-3 times that of white women. Additionally, rural women face higher maternal mortality rates in comparison to urban women.

The good news is that it is estimated that 2 out of every 3 pregnancy deaths are preventable, if the best models of care are put in place to save lives. Medicaid plays an important role in improving maternal and perinatal outcomes. Timely postpartum visits provide an opportunity to address chronic and pregnancy-related health conditions, such as diabetes and hypertension; mental health status, including postpartum depression; and substance abuse disorders.

Pregnant women need comprehensive health services before, during, and following their pregnancy to ensure they are healthy and prepared to take on the responsibility of raising a baby. Please support SB 110, extending Medicaid coverage for birthing parents to 12-months postpartum.

Thank you for considering our testimony.





**TO:** Senate Committee on Insurance and Small Business  
**FROM:** Sarah Currie, RNC, MSN, NEA-BC, Executive Director, Perinatal/Neonatal Services, Children's Wisconsin & Jim Slawson, MD, Chief Medical Officer, Chorus Community Health Plans, Children's Wisconsin  
**DATE:** Wednesday, March 29, 2023  
**RE:** Support for SB 110 – Extension of Medicaid eligibility for postpartum women

Chairwoman Felzkowski and members of the committee, thank you for the opportunity to share testimony with you today. My name is Sarah Currie and I'm the executive director of perinatal and neonatal services at Children's Wisconsin and oversee our neonatal intensive care unit (NICU), Fetal Concerns Center and the hospital's clinical nutrition team. I'm joined by my colleague, Dr. Jim Slawson, chief medical officer for Chorus Community Health Plans, an affiliate of Children's Wisconsin. Today, we're here to share Children's Wisconsin's (Children's) strong support for this important, bipartisan legislation. We want to thank you, Chair Felzkowski, for your leadership in authoring this proposal along with Senator Ballweg, Representative Rozar and Representative Kurtz; we appreciate the support from other members of the Committee as well. We'll be sharing perspectives on behalf of a number of providers and departments at Children's, including our medical, health plan and community teams.

Children's Wisconsin's vision is to have Wisconsin kids be the healthiest in the nation and in striving to achieve this ambitious vision, we recognize that most of the drivers of a child's health and well-being are often reflected in the social, cultural and environmental factors that surround a child and their family. Studies continue to reflect the impact of a mother's health on her baby's health and the strong connection between the two. The health and well-being of a mother from pre-pregnancy to postpartum has implications on a child's physical, cognitive and social-emotional development. One of the many ways to promote health among children and their moms is to ensure that families have access to timely and appropriate health care services.

My health care career has been dedicated to supporting some of our most vulnerable infants and their moms. I have been a nurse for 35 years, spending over 15 years of my early career at the bedside caring for NICU patients and their families. As a leader, I have the opportunity to go upstream in helping to remove barriers to care for families and my experience provides a broader understanding of the fragility of many of the families we serve. Health care before and during a pregnancy are, of course, critically important. However the postpartum period is especially vulnerable for moms. Having consistent, reliable access to health care helps ensure a mother can get the physical, mental and emotional health care supports she needs to ensure she and her baby are healthy and thriving. In addition, pregnancy-related complications can surface days to weeks to months after delivery, with maternal morbidity and mortality continuing to be of significant concern across the nation and here in Wisconsin. It's disheartening that moms of color and those living in rural areas face significantly higher rates of preventable maternal injury and death resulting in disparities with lasting impacts for families across our state.

The postpartum period is a critical time for a mom's health overall as their body is adjusting and recalibrating to their new normal; this period is especially critical for moms with any chronic conditions, many of which are often impacted by pregnancy. Support from their health care providers is crucial so they can learn how to manage their health and well-being in their new normal. In the year following pregnancy, some moms may seek contraception support, others may need medical attention to be at their optimal health, others may become pregnant again and some may need treatment for postpartum depression or anxiety. Maternal depression has significant impacts on child development and well-being; suicide is a leading cause of maternal

death in the postpartum period.<sup>1</sup> Ensuring that women have access to the appropriate health care resources at the right time is critically important, not only for them and their family, but also to promote appropriate and cost effective health care utilization.

Being a new parent brings about a lot of changes and often times stress, particularly so for parents whose children spend time in the NICU. Approximately 22 percent of new mothers experience postpartum depression in the year after birth, however mothers with children in the NICU have higher rates of depression and anxiety, with estimates ranging between 28 to 70 percent among these moms<sup>2</sup>. Children's staff see moms everyday focused on their babies getting healthier, tending to their other children and managing life's other responsibilities, often placing themselves on the backburner. We encourage moms to attend their postpartum appointments as we know that healthy moms are key to having healthy babies; we want moms to be feeling at their best caring for infants they take home from the NICU who often require a higher level of care.

Best practices encourage screening new moms early on to more quickly identify those with postpartum depression or anxiety symptoms. In fact, many pediatrician offices, including Children's primary care, incorporate postpartum depression screening into the early infant appointments. However, moms with babies in the NICU don't take them to those first pediatrician visits as the baby is still in the hospital and therefore moms may not be screened. Children's NICU and mental and behavioral health experts instituted postpartum depression screening in the NICU to better identify moms in need of additional support. Our formal data collection is in the early phases, but a preliminary look over the last three months indicates that 27 percent of mothers with babies in Children's NICU screened positive for depression and 24 percent of these mothers screened positive for anxiety. Importantly, moms who screen positive are able to be seen by a psychologist and referred to outpatient therapy in the community.

Typically, babies can be in Children's NICU for several months during which coverage for mothers who are covered by Medicaid will lapse. As mentioned, most new moms attend their first postpartum visit with their doctor approximately 6 weeks after delivery – more than halfway through the current 60 days of coverage. If the appointment needs to be rescheduled to a later date, that further shortens the window for receiving care. Additionally, some cultural traditions encourage new moms to stay home for a certain amount of time after delivery. The 60-day coverage limitation may put moms in a difficult place to choose between their cultural tradition and their ability to receive follow-up health care. If any physical or mental health concerns are identified during that first postpartum visit, this leaves mom with a very short window of coverage to seek care to address those challenges. *Within 60 days, many women will barely have had time to be diagnosed, much less get adequate treatment.* If a mom requires medication, sometimes it can weeks to find the right dose and even if started right away after a concern is identified, therapy often takes weeks to complete. Losing their health care coverage and potential access to the supports they need is something that moms, particularly those with infants facing health challenges, currently have to worry about.

As you may know, Children's also provides home visiting services across the state to support parents needing additional support during a pregnancy through the first five years of the child's life, to reduce the likelihood of child maltreatment and to strengthen family functioning. Visits occur in the home on a frequent basis to provide education on topics like pregnancy, reproductive health, child development, safe sleep and offer guidance on navigating the often complex food and child assistance systems. Family preservation and support programs address the needs of the family as a whole, delivering services in their homes, neighborhoods and communities to help promote positive development and prevent adverse outcomes. Parents and families gain new competencies, make family-community connections and improve child health, well-being and family functioning. In 2021, Children's served nearly 800 families across the state through home visiting.

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<sup>1</sup> Chin K, Wendt A, Bennett IM, Bhat A. Suicide and Maternal Mortality. *Curr Psychiatry Rep.* 2022 Apr;24(4):239-275.

<sup>2</sup> Tahirkheli NN, Cherry AS, Tackett AP, McCaffree MA, Gillaspay SR. Postpartum depression on the neonatal intensive care unit: current perspectives. *Int J Womens Health.* 2014 Nov 24.

In addition, Children's, along with a coalition of several community partners, is implementing the Milwaukee County Healthy Start Program which supports maternal-child health for African American women. As part of the five-year federal grant, Children's and our partners are providing maternal community health navigation services, child birth education classes, group-based parenting classes, ensuring access to maternal care providers, including midwives, as well as providing fatherhood-specific programming and other resources. Having continuous access to Medicaid coverage would enable moms to obtain the regular medical care they need.

My name is Dr. Jim Slawson and I am the chief medical officer for Chorus Community Health Plans (CCHP). CCHP provide high quality health care coverage for more than 150,000 individuals and families across eastern Wisconsin. We offer the second largest BadgerCare plan in the state, offer individual and family marketplace plans, and Care4Kids, a partnership with DCF and DHS to provide coverage for kids in out-of-home care. We are proud to offer comprehensive health benefits and innovative services, like case management for individuals with complex needs, a 24/7 nurse line and many wellness initiatives to support our members. I have spent my career as a family physician with the Medical College of Wisconsin – I started out the first 10 years of my career delivering babies and then continued to provide and teach prenatal and postpartum care while providing care for families in an urban clinic on the north side of Milwaukee. As the chief medical officer at CCHP, I help guide our team in providing the best possible care for our members. My experience caring for new moms and their babies has guided my understanding of how we may best care for them and address challenges and access issues they face.

The Medicaid program plays a significant role in maternal health, covering approximately 36 percent of births in Wisconsin in 2020. As a Medicaid HMO, we have quality metrics and standards we strive to meet to help improve health outcomes. One of CCHP's wellness initiatives is our Healthy Mom, Healthy Baby program which provides prenatal care coordination and postpartum support. Staff help members with resources to get to prenatal appointments, provide connections to social services, and assist them in getting connected for ongoing well-care. However, once moms lose Medicaid eligibility, they lose access to these services. Having only 60 days of coverage is an added stressor for families who typically already face social and economic barriers.

Connecting with moms postpartum can be a challenge as they're navigating life with a newborn. Sometimes staff only have one touchpoint with families before their Medicaid coverage ends. CCHP works with many moms who have been diagnosed with conditions like hypertension, diabetes or asthma that require ongoing care and management. Ensuring that they continue to receive care will help improve maternal morbidity and mortality outcomes, support healthier future pregnancies and make sure they are able provide care to their babies.

I'd like to share a couple examples of moms CCHP supported who benefitted from continuous Medicaid coverage. A pregnant mom was referred to us to help her secure safe, stable housing. In developing a relationship with her, the case manager learned that the member had significant anxiety and depression. Because of their relationship, the member was willing to eventually seek out formal mental health care after she delivered. If the member had lost coverage at that point, she likely would not have established with a provider and would have continued to struggle with mental health issues on her own, which may have been exacerbated with a new baby. Another mom CCHP supported was newly pregnant after having tragically experienced infant loss. CCHP staff had supported the mom during this difficult time and we were able to support her emotionally once again as she prepared for her new baby. Fortunately she still had coverage and was able to receive prenatal care immediately upon discovering she was pregnant and was able to receive support from a CCHP case manager. She delivered a healthy baby and the family is currently thriving. If she would have lost her coverage between pregnancies, she may have experienced more care gaps which is of particular concern as her pregnancy was higher risk due to her shortened interpregnancy interval.



The health insurance system, along with the social support system, is complex to navigate, especially for new moms that are often experiencing stress and navigating a new way of life with their newborn. While some moms who lose Medicaid coverage after 60 days may qualify for marketplace plans, these plans are usually not comparable to Medicaid coverage. They typically require significant out-of-pocket costs with high deductibles, co-pays and co-insurance. The limited networks and drug formularies of marketplace plans often mean new moms may need to switch providers or find alternative medications. Typically it takes weeks or longer to see a new provider, leaving them without a safety net during that critical time. In addition, marketplace plans aren't often incentivized in the same way Medicaid and Medicaid HMOs are to promote healthy birth outcomes.

As Sarah has outlined well, the current 60 days of Medicaid coverage simply isn't adequate to promote safety, health and well-being for these Wisconsin women and their families. 12 months of continuous coverage for postpartum individuals represents a great step forward in ensuring continuity of coverage so enrollees can avoid disruptions in care and continue to have access to high quality health services when they need it the most. On the federal level, the passage of the American Rescue Plan Act provided for continuous Medicaid and CHIP coverage on a temporary basis for pregnant and postpartum individuals through twelve months after giving birth. More than half of states took advantage of this flexibility to its fullest extent, including nearly all of our surrounding states. This continuous coverage offers opportunities to streamline administrative functions for the Medicaid program and reduce unnecessary churn for postpartum individuals. Children's is very encouraged by this bipartisan legislation here in Wisconsin to offer this coverage on a permanent basis to promote health and well-being amongst mothers and their children.

Thank you for the opportunity to share Children's Wisconsin's support for this important piece of legislation that would improve maternal and infant health outcomes for families across Wisconsin. Our team is happy to answer any questions now or through our contact information listed below.

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*Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.*



Date: March 29, 2023  
To: Members of the Senate Committee on Insurance and Small Business  
From: Dr. Leslie Abitz, American College of Obstetricians and Gynecologists – Wisconsin Section  
Re: Testimony in support of Senate Bill 110 relating to Postpartum Medicaid Coverage

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Thank you, Chairperson Felzkowski and members of the Senate Committee on Insurance and Small Business, for holding a hearing today on Senate Bill 110, related to extending Medicaid eligibility to 12 months for postpartum women.

My name is Dr. Leslie Abitz. I am a board certified, practicing obstetrician-gynecologist in my 34th year of practice in Sheboygan, Wisconsin. I am here in my role as the Vice Chairperson of the Wisconsin section of The American College of Obstetricians and Gynecologists (ACOG), the nation's premiere membership association for women's healthcare physicians, which represents over 60,000 obstetrician-gynecologists in the United States.

I come to speak in support of Senate Bill 110 because myself and my many obstetric colleagues across Wisconsin care deeply about our patients' health and well-being. This is a strong bipartisan bill, and I would like to thank the many sponsors and co-sponsors in both the Senate and the Assembly.

Patients' medical needs related to pregnancy and birth do not end at that time of delivery. Ensuring continued coverage for one year postpartum will mean so much to Wisconsin moms, babies, and families.

During my many years in practice, I have been privileged to assist pregnant women deliver somewhere in the neighborhood of 7,000 babies. I have seen the joy experienced by so many women as they grow their families. I have also seen firsthand the heartbreak associated with pregnancy related medical complications, mental health issues, substance use disorder, and maternal morbidity and mortality.

I want to share a few stories:

Many years ago, I cared for a complicated patient with severe pre-eclampsia many weeks before her due date. She was being monitored carefully in the hospital when she suddenly became even more critically ill and required an emergency cesarian section. Postpartum I could not control her extremely high blood pressures with the usual anti-hypertensive medications, and she was transferred to the intensive care unit. Her kidneys stopped making urine as she was in complete renal failure. Her lungs backed up with fluid related to her high blood pressure and she required a ventilator. She was transferred to a tertiary care hospital where she required many weeks of dialysis and ongoing critical care management. Ultimately, she and her baby survived but she chose never to have another baby. Yearly, on her son's birthday, my patient's mother, the baby's grandmother, sends me a card or flowers. Fortunately, my patient had insurance and was able to access the extended and ongoing care that she needed well beyond 8-weeks postpartum.

Another time, one of my patients arrived for her routine 6-week postpartum check-up. She was accompanied by her husband. When I walked into the room, her eyes were downcast and there were tears on her face. I asked what was wrong and she said she didn't know. Then her husband started talking. He said she had been sad for several weeks, could not sleep, hadn't been eating and was mostly



just staring into space. She had stopped trying to breastfeed and took no interest in the baby; caring for the baby during the last month had been done by him or one of the grandparents. In response to the depression inventory given to all postpartum women, she revealed that she took no interest or pleasure in anything, felt despair nearly all the time, and thought of suicide daily. This woman had a classic case of very severe postpartum depression which is not at all uncommon. I considered hospitalizing this patient because of the suicidal ideation but decided not to, only because she had family that could be always with her. But she required referral to behavioral health and many months of treatment before her mood returned to normal.

Finally, there are so many postpartum women that have contraceptive needs beyond 8-weeks. Sometimes a routine check-up is delayed due to transportation or childcare issues. Sometimes women need to return for alternative contraception when side effects from their initial contraceptive choice are intolerable. Sometimes postpartum sterilizations are canceled or delayed and need to be rescheduled later. Most women do not desire pregnancy within the first year after delivery and a 12-month postpartum extension of Medicaid will mostly certainly prevent many unplanned pregnancies.

I could tell you many more stories of women who have given birth where care related to that birth did not end six or eight weeks postpartum. Continuity of care is good for the mother, her new baby, and the overall health care system. As a physician it is much easier to manage care and treatment in the early stages of any diagnosis, rather than well into a diagnosis.

I am sure you will hear from many here today that the United States is one of the few industrialized nations where maternal mortality is rising. The Wisconsin Maternal Mortality Review Committee tells us that of those deaths in Wisconsin, 2/3 occur postpartum and are largely preventable. Furthermore, for every maternal death, it is estimated that 50-100 women experience severe pregnancy-related morbidity. The causes are many and include but are not limited to hypertensive crises, severe complicated diabetes, clotting disorders and recovery from surgical complications. One in eight women experience postpartum depression requiring ongoing treatment. Substance use disorder often recurs during the months after giving birth. Many of these medical problems are only first diagnosed during pregnancy but are ongoing afterwards and affect a mother's ability to care for her newborn.

Wisconsin is one of only a handful of states that has not extended postpartum coverage. Twenty-eight states have already implemented 12-month postpartum extension and nine states are in process of implementing. This includes Mississippi, Georgia, Florida, Indiana, Ohio, Tennessee, Virginia, New Mexico, Kansas, and many others. Providing this coverage will allow all providers of obstetric care to ensure continuity care for conditions developed during and after pregnancy for their patients, will decrease unplanned pregnancies, and will reduce maternal morbidity and mortality. Extending this coverage will clearly help strengthen Wisconsin families.

Thank you for your consideration, and I respectfully request your support for this critical legislation.

**Senate Committee on Insurance and Small Business****Testimony provided by Lee Dresang, MD, Professor****Senate Bill 110: Extension of Eligibility under the Medical Assistance Program for Postpartum Women****March 29, 2023**

Good morning. My name is Lee Dresang and I am a board-certified family physician and a Professor of Family Medicine and Community Health at the UW School of Medicine and Public Health. I practice at the Wingra Family Medical Center.

Thank you to Chairperson Felzkowski and the other esteemed members of the committee for this opportunity to publicly support Senate Bill 110 (SB110) which would extend Medical Assistance eligibility for postpartum care from 60 days to 12 months.

As a family physician who has provided prenatal care, attended deliveries, and followed postpartum patients and their babies for over 25 years, I can guarantee you that passage of this bill will save and improve many lives. Imagine you or someone you love having had a high-risk pregnancy with high blood pressure and diabetes. During labor 6 weeks early, there is a placental abruption and you need an emergency cesarean. While your baby is in the NICU, you develop a blood clot in your leg and are placed on a blood thinner and suffer from postpartum depression. Your blood pressure, diabetes, depression, anticoagulation, breastfeeding challenges, and social stressors all need attention but your Medicaid coverage just expired.

Situations like this are not at all uncommon. In 2019, 13 percent of pregnant individuals had a hypertensive disorder.<sup>1</sup> Dr. Kara Hoppe, a UW perinatologist and national expert on hypertensive disorders of pregnancy has promoted a telehealth program to offer close blood pressure follow-up to patients with any hypertensive disorder in pregnancy. She has found that many of these patients are lost to follow-up at 6 and 12 months. Lack of health coverage at that time is a contributing factor. That's a serious concern because the number one cause of maternal death in the US is cardiovascular (16.2%), number three is cardiomyopathy (12.5%) and number 6 is stroke (7%) – all of which can be caused by hypertensive disorders.<sup>2</sup> People with high blood pressure in pregnancy have a 3X higher risk of developing high blood pressure later in life.<sup>3</sup> I know someone who was not taking any of her high blood pressure medicines after delivery because she was concerned they would not be safe while breastfeeding. Her blood pressure got so high that she had a cardiac arrest. Insurance coverage/care beyond 6 weeks could be life saving for someone in this situation.

According to the CDC, 1-2% of pregnant patients have pre-existing diabetes and 6-9% develop diabetes of pregnancy.<sup>4</sup> With diabetes, poor control at the start of pregnancy is associated with higher rates of miscarriage and stillbirth, cardiac defects and growth restriction. Extending health coverage from 60 days to 12 months postpartum will allow those with diabetes to establish better long-term control of their diabetes for better outcomes if they get pregnant again and to avoid consequences to eyes, nerves, kidneys, and heart later in life.

One in eight pregnant patients suffer post-partum depression and the rate of depression at delivery was 7 times higher in 2015 than 2000.<sup>5</sup> In the many patients I have followed with postpartum depression,

exactly zero magically got better at 60 days after delivery. Postpartum depression can be devastating and can lead to self-harm and harm to a baby. With careful management and follow-up, most people suffering from postpartum depression can be in a much better and safer place 12 months later. In addition to postpartum depression, it is common to struggle with anxiety, PTSD, schizophrenia, and other mental health issues which need support not just for 60 days after delivery but for the full, often sleep deprived and stressful first 12 months raising a new baby.

According to the CDC, 9.3% of pregnancy deaths are due to venous thromboembolism or blood clot to the lung.<sup>6</sup> The risk of this potentially life-threatening complication is 4 times higher after a cesarean birth<sup>7</sup> like in the patient discussed previously in this testimony. Many patients need anticoagulation for 3-12 months postpartum. Not being able to take anticoagulation medications nor monitor their effect beyond 60 days postpartum could be life threatening.

There are many high-impact health conditions which need to be addressed beyond 60 days postpartum including elevated BMI (obesity), thyroid disease, HIV, substance use disorder, seizure disorders and many, many more. For over a decade, I have been serving on the Madison/Dane County Fetal Infant Mortality Review (FIMR) committee. We review all stillbirths and infant deaths in Dane County. It is striking how many poor outcomes occur for women and other birthing parents who have identified risk factors (hypertension, diabetes, high BMI, substance use disorders, mental health issues) which are not adequately addressed between deliveries. There is a big need for improved interconception care – care between pregnancies. The FIMR group has talked often about what a tremendous impact could be made by extending Medicaid to cover 12 months after delivery.

The US is at a crisis point with regards to pregnancy-related deaths. It is the only high-income country where maternal mortality has been increasing instead of decreasing over the last three decades. The US maternal mortality rate in 2021 was 32.9 deaths per 100,000 live births<sup>8</sup> compared with 8.0 in 1990<sup>9</sup> and 18.8 in 2000.<sup>10</sup> The Black US maternal mortality rate in 2021 was 69.9.<sup>8</sup> Wisconsin has one of the nation's highest Black/White maternal and infant mortality rate disparities. A Black woman in Wisconsin is 5 times more likely to die in childbirth than a White woman<sup>11</sup>, compared with 2.6 times higher nationally.<sup>8</sup>

Thirty states have already approved Medicaid extension to 12 months postpartum and another 8 are planning to do so.<sup>12</sup> A study of the pandemic era extension of Medicaid postpartum coverage in Texas showed a 10 time increase in contraceptive services and 37 percent decrease in new pregnancies within a year of delivery.<sup>13</sup> Pregnancies less than 18 months apart are associated with increased risk of preterm delivery, low birth weight and preeclampsia.<sup>14</sup> In the same Texas study, postpartum patients with extended Medicaid benefits used significantly more mental health and substance use disorder services and were more likely to utilize preventive care.<sup>13</sup>

I'll close with a final thought. That being, I believe we all agree one maternal death is too many. Fortunately, you have the power to move this bill forward and prevent unnecessary health complications that can lead to serious injury or even death. Senate Bill 110 is a simple solution to a complex problem and I respectfully ask for your vote of "yes."

Thank you for your consideration. I'd be happy to answer questions from members of the committee at this time.



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TO: Members of the Senate Committee on Insurance and Small Business

FROM: Kayla Fulton, MBA, BSN, RN  
Manager, Case Management  
Anthem Blue Cross Blue Shield of Wisconsin

Elisabeth Portz, Sr. Government Relations Director  
Elevance Health, DBA Anthem Blue Cross Blue Shield of WI

DATE: Wednesday, March 29, 2023

RE: Testimony in Support of SB 110 – Extension of Medicaid Eligibility for Postpartum Women

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I want to thank Chairwoman Felzkowski and members of the committee for the opportunity to share Anthem BCBS's perspective on SB 110. My name is Kayla Fulton, and in my previous role as an OB Case Manager and now manager for our OB Case Management team, I work with Wisconsin moms and their children all the time. I take our commitment to high quality health care for our members very seriously, and it is what brings me here in support of a 12-month coverage extension for postpartum women on Medicaid.

As a health insurer, we continually look for ways to improve health outcomes for our members while providing affordable care. Continued support and continuity of coverage for mothers after the delivery of their child through the first year is vital to reducing poor outcomes for both mom and baby. Elevance Health and Anthem BCBS join ACOG and many others in supporting extension of postpartum coverage to 12 months because we have seen significant positive impact to the mothers and babies we serve.

#### **Importance of Postpartum Care**

- The postpartum period is critical for recovering from childbirth, addressing complications of delivery, managing infant care, and transitioning from obstetric to primary care.
- There is increasing awareness of health risks for mothers throughout the year following childbirth, and continuous access to healthcare is critical during the full year postpartum to monitoring and addressing those risks.
- CDC data demonstrates that people who have recently given birth have health needs that continue throughout an infant's first year of life. Some of the most dangerous pregnancy-related complications –preeclampsia, blood clots, and heart problems such as cardiomyopathy – may not surface until weeks or months after delivery. It is crucial that moms receive the care they need during that 12-month period so conditions like those mentioned do not exacerbate, putting those moms at risk long-term.
- At postpartum visits, the healthcare provider screens for health conditions (such as those mentioned above). Individuals are also screened for mental health conditions, such as postpartum depression.
- Based on data from the Centers for Disease Control and Prevention (CDC) National Vital Statistics System (NVSS), roughly 29% of pregnancy-related deaths occur between 43 and 365 days postpartum (and we know this is an underestimate as it does not include pregnancy-associated deaths or deaths to women who are over the age of 44). (ACOG, March 2022 brief)



### **Anthem BCBS and Wisconsin Moms**

Based on an analysis from Elevance Health's Public Policy Institute, Anthem BCBS covered approximately 4,900 births in Wisconsin Medicaid between January 2018 and December 2019. Over 2,000 of those new mothers lost their Medicaid coverage after 60 days postpartum. Although some women likely became insured under other pathways, an estimate by the Congressional Budget Office found that around 45% of women covered by Medicaid and CHIP for pregnancy became uninsured when their coverage ended.

### **Importance of Continuity of Care**

The first 100 days after birth, often referred to as the fourth trimester, through the first year is a very vulnerable time. Women and their families experience a substantial amount of physiological, emotional, and social changes. Moms who struggle with newly diagnosed or chronic conditions who need ongoing monitoring and support may not be able to seek help if loss of coverage occurs. Conditions such as high blood pressure, diabetes, or depression are in need of critical ongoing follow up and care for long term health. Coverage extension will allow for a smooth transition of care from the obstetric provider to the mother's specialist and PCP providers to support decreased maternal morbidity and mortality rates.

We see a reduced need for NICU resources, reduced disparities in outcomes for mothers of color, and improved continuity of care associated with longer postpartum coverage. Supporting mothers in that time via targeted maternal-child programs, aligning them to staying connected to their provider, and supporting providers to close care gaps with industry-leading collaboration and value-based care programming also help drive improved outcomes for families. By expanding coverage to one year, we see improved access to much needed care. Supporting social, physical, and behavioral health needs in that time is crucial to closing disparity gaps in maternal mortality and ensuring mothers with support needs have access to their physician, social support programs sponsored by their provider, nutritional support access (baby and mom to support feeding choice as well as meal delivery and food as medicine programming), etc. that help reduce poor outcomes and close disparity gaps.

### **Mental Health**

As mentioned before, mental health conditions, like depression, are the most common complication from pregnancy. Suicide and substance use disorder are two of the highest causes for maternal death the first year after birth. It is important to note that a higher proportion of women utilized outpatient mental health and substance use services *after* giving birth compared to prior. It is likely that women being disenrolled from Wisconsin Medicaid 60 days after birth are unable to access critical mental health and substance use disorder services that will negatively impact them *and* their families.

Thank you for the opportunity to share Anthem BCBS's perspectives on this legislation, and the strong positive impact it will have on Wisconsin's moms and kids. I'm happy to answer any questions you may have.

Kayla Fulton, MBA, BSN, RN  
Manager, Case Management  
Anthem Blue Cross Blue Shield of Wisconsin

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## Senate Committee on Insurance and Small Business

### 2023 Senate Bill 110

#### *Extension of Eligibility Under the Medical Assistance Program for Postpartum Women*

March 29<sup>th</sup>, 2023

Good morning, Chair Felzkowski and members of the Senate Committee on Insurance and Small Business. My name is Megan Timm and I serve as the Regional Director of Community Health for SSM Health here in Wisconsin. I am joined by Dr. Jennifer Krupp who is a Maternal Fetal Medicine physician and our organization's Regional Medical Director for our Women's and Newborn's Clinical Program. On behalf of SSM Health we would like to thank the committee for the opportunity to testify in support of Senate Bill 110, which would extend Medicaid coverage for postpartum women up to twelve months and provides access to healthcare during the crucial time around pregnancy that is vitally important for both a mother and her new baby. We appreciate the bill's authors for bringing this important piece of legislation forward, and the members of this committee who signed onto the bill as co-sponsors.

SSM Health is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system. The organization's more than 40,000 employees and physicians, including approximately 14,500 in Wisconsin, are committed to providing exceptional health care services and revealing God's healing presence to everyone they serve. Our footprint in the state includes seven hospitals, ten post-acute care facilities, and more than 85 physician offices and other outpatient care sites.

Our organization recognizes that maternal morbidity presents a very serious public health concern in Wisconsin. Data illustrates that around 73% of pregnancy-related deaths occur within the first year postpartum. The causes of these deaths vary, but include mental health conditions, hemorrhage, cardiomyopathy, and several more. It is also not uncommon for our providers to see complicating issues during the postpartum period related to gestational diabetes (GDM), hypertensive disorders of pregnancy (HDP), and substance use disorders (SUD) which can come to the forefront during this sensitive and stressful time.

Mental health was amongst the top priorities – if not the top priority – cited during our Community Health Needs Assessment process in every single one of the areas we serve in the state. Perinatal depression is common in Wisconsin and can occur at any time during pregnancy or in the first year following delivery. It can interfere with a woman's ability to care for herself, her newborn, and her family; and lead to long term health consequences.

In fact, the 2019 pregnancy risk monitoring system (PRAMS) determined that 16% of mothers in our state have indicated a personal history of depression. And at our own health system, we saw more than 100 cases where postpartum depression was listed as the primary diagnosis from 2021 to 2022. While this data is eye-opening, it does not even paint the full picture of the need for mental health care during this pivotal time. It is also important to note that when left untreated, mental health conditions are one of the leading causes of pregnancy-related death that occur within a year postpartum.

When our system zoomed out and looked at data around patient cases where either the primary or additional diagnosis was related to postpartum, we saw nearly 1,200 individual visits to one of our

facilities from 2020-2022. Even this data is not entirely complete, as a few portions of our system had not been included in this data set until more recently.

As was cited above, these cases can include mothers who develop issues with hypertension and need the ability to follow up with primary care providers. Or patients who have been diagnosed with GDM and need ongoing treatment for their diabetes. And even mothers with a SUD who, we know, would have better outcomes with their diagnosis if they had access to postpartum healthcare because although this time period is stressful, we also see that new mothers are often highly motivated to address these issues in a permanent way. In each of these examples it is important to recognize that the health of the mother does not just impact themselves, but also the health of their new baby. We also see that when issues like these go untreated, they will likely present again during subsequent pregnancies, which further elevates risks and costs.

We know that when healthcare is interrupted during the postpartum time period, a mother runs the risk of having unmanaged pregnancy-related complications and may also lose access to critical mental health providers. Our organization, along with several others, believes that continuous Medicaid coverage during these twelve months is a key strategy to positively impact the rates of maternal morbidity and mortality.

SSM Health is committed to providing care for those in need, and it is anticipated that later this year every other state where our organization operates will have twelve months of postpartum coverage for Medicaid recipients – this includes Missouri and Oklahoma. In fact, earlier this week it was reported that Oklahoma Governor Kevin Stitt announced the state received CMS approval to extend postpartum coverage from 60-days to 12-months. It is imperative that Wisconsin joins the growing number of states who ensure access to comprehensive and uninterrupted care for our most vulnerable patients during this complicated and important period of time.

Thank you again for the opportunity to provide comments in support of Senate Bill 110. We would be happy to try to answer any questions you may have, otherwise if you have additional inquiries after this hearing, please feel free to reach out to SSM Health's Director of Government Affairs, Ben Van Pelt, at [benjamin.vanpelt@ssmhealth.com](mailto:benjamin.vanpelt@ssmhealth.com)



## Wisconsin Chapter

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Dipesh Navsaria, MPH, MSLIS, MD, FAAP, *Past President*  
Wisconsin Chapter of the American Academy of Pediatrics

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[wiaap.org](http://wiaap.org)

And as a clinician who will see their child numerous times in the first year of life— at least seven scheduled checkups, and perhaps more — it is wrenching to know what this family needs for them all to flourish and thrive, and to not be able to get it for them because the mother does not have current health insurance coverage. I have felt the frustration of seeing a parent’s obvious mental health needs that they want and need treatment for and are unable to do so because of lack of coverage. I have a courtside seat to watching a child’s potential being held back for something which we know how to address and treat, but do not have the ability to do so because of the remarkably short timeline on postpartum coverage. We can fix that now. We would join 29 states that have already made this move, and an additional 8 with plans to do so.

In the last few years, I have had the privilege of a joint appointment between Pediatrics and Human Development and Family Studies, in the UW–Madison School of Human Ecology. I get to discuss with students these concepts that I’ve just shared with you, and we apply concepts like social-ecological theory to help us understand that poor outcomes are not inevitable, but are things that we, as a society, can change and influence through the choices we make in bodies like this one. I’m here to tell you that maternal health *is* child health, and while this bill on the surface may be about eligibility and coverage, of Department of Health Services obligations and CMS requirements — deep down, this is a bill that, if implemented, will assist in the protection and promotion of what is needed for children to thrive and for families to flourish.

On behalf of the Wisconsin Chapter of the American Academy of Pediatrics, I urge you to pass SB110. It does more than you might expect.

Thank you,

Dipesh Navsaria, MPH, MSLIS, MD, FAAP



March 29, 2023

To: Wisconsin Senate Committee on Insurance, Licensing, and Forestry  
From: The American Cancer Society Cancer Action Network  
Re: Testimony in Favor of Senate Bill 110 - Medicaid Postpartum Extension

Thank you, Chairwoman Felzkowski, and honorable members of the Senate Committee on Insurance, Licensing and Forestry, for holding a public hearing today on Senate Bill 110, related to extending Medicaid eligibility for postpartum women.

My name is Sara Sahli, and I am the Wisconsin Government Relations Director for the American Cancer Society Cancer Action Network, or ACS CAN. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We are also a member of the Wisconsin 12-Month Extension Coalition, a coalition of nearly 40 organizations who have come together in support of SB 110 and its efforts to extend Medicaid eligibility to women who have given birth within the preceding 12 months.

Twelve months of continuous Medicaid coverage during the postpartum period is a key strategy to positively impact the rates of maternal morbidity and mortality. Loss of insurance coverage and gaps in coverage during the postpartum period prevent a new mother from identifying and addressing devastating health conditions like cancer.

Unfortunately, we know individuals can be diagnosed with cancer during pregnancy – the most common malignancies being melanoma, breast, and cervical cancer. Additionally, individuals who have had a full-term pregnancy have an increased risk of certain types of breast cancer in the postpartum period and beyond. Having Medicaid coverage continue for the full 12-month postpartum period would help low-income birthing parents maintain access and ensure continuity of care.

A full 12-month period of affordable, accessible health coverage allows for more time to diagnose and treat health issues, including cancer, that may have been identified during routine pregnancy and postpartum care. Improving cancer diagnosis and survivorship after a pregnancy is not just important to postpartum women, but to their babies and the entire family unit.

This measure, without a doubt, will ensure that mothers across Wisconsin continue to have access to the essential care they need during one of the most sensitive and vulnerable times in their health care journey -- after they give birth to a child.

The American Cancer Society Cancer Action Network urges the members of this committee to support healthy Wisconsin families and vote yes on Senate Bill 110 to extend eligibility for our state's Medicaid program to people who have been pregnant within the preceding twelve months.

Thank you for your time.

pregnancy may bring on newly diagnosed conditions such as diabetes, hypertension, thyroid disorders, renal disease and significant cardiac conditions that need ongoing medical care – imagine having a heart attack or stroke and then be told that you never needed to see another cardiologist or neurologist after 60 days of that medical event. In addition, mental health conditions which are the cause of 54% of Wisconsin Maternal Death (according to the MMRB) require ongoing treatment. Yet despite knowing how essential and timely postpartum care is the WI Pregnancy Risk Assessment Survey reports that an estimated 11.5% of new mothers lacked health insurance coverage after birth and 20% of uninsured mothers skipped care because of cost; half worried about not being able to afford medical bills.

It is not just the mothers who are affected when their health needs are not met. There is strong evidence that when well-being is disrupted on either side of the mother-child relationship it affects both mother and baby. For example, research studies show that babies whose mothers are depressed show poorer socioemotional and cognitive development, which can affect the infant's growth through toddlerhood, preschool and into the school-aged years. It is not uncommon for healthcare providers working with babies in the neonatal intensive care unit or pediatrician office to be frantically problem solving around the mother's lack of insurance coverage because of the profound impact it has on their baby's health and care.

If saving lives is not a compelling enough reason to adopt Postpartum Medicaid to 12 months maybe saving money is. Last session the Wisconsin Department of Administration Division of Executive Budget and Finance issued a Fiscal Estimate of Medicaid Postpartum extension to 12 months that was prepared by Mitchell McFarlane of the Department of Health. That fiscal estimate stated "When subtracting the amounts already appropriate to Medicaid Postpartum the total annualized cost of this bill is projected to be \$23.6 million all funds. \$23 million sounds like a lot of money but when compared to the estimation of the economic burden of maternal mortality and morbidity it is not.

The Journal of Comparative Research evaluated the economic burden of the United States Maternal deaths and estimated the economic burden by years of potential life lost and value of statistical life. When looking at the United States the Years of Potential life lost was 43,131 and the value of statistical life was \$10.4 billion when looking at maternal death in 2020. Wisconsin maternal mortality accounted for only .75% of maternal death in the United States but that equates to approximately 324 years of potential life lost and \$77.8 million dollars in value of statistical life lost.

That is just maternal death, what about maternal morbidity or any health condition attributed to and/or aggravated by pregnancy and childbirth that has negative outcomes to the woman's well-being. The Common Wealth Fund modeled societal costs of maternal morbidity and associated maternal and child outcomes through 5 years following child birth. This model estimated total maternal morbidity costs for all U.S. births to be \$32.3 billion from conception through the child's 5<sup>th</sup> birthday or \$8,642 in additional costs to society for each maternal-child pair. 18,185 of the 30% of pregnant women utilizing Medicaid in Wisconsin at \$8,624 for each maternal-child pair would be \$156.8 million for 2020.



Hello, my name is Emily Kittell and I am the maternal and infant health initiatives manager for March of Dimes WI. I would like to take the time to thank Senator Felzkowski, Senator Hutton, Senator Jagler, Senator Taylor, and Senator Pfaff for the opportunity to speak on behalf of March of Dimes on this important topic of supporting pregnant people in the state of Wisconsin. I would also like to thank all of those also testifying today in support of Senate Bill 110 as it is important to hear from many voices, organizations and groups in the fight for families and their needs.

For those of you who don't know "who" March of Dimes is March of Dimes is a national organization that just celebrated its 85<sup>th</sup> year as an organization fighting for the health of people in the United States. March of Dimes' mission is to lead the fight for the health of all moms and babies. Our goals are to end preventable maternal health risks and deaths, end preventable preterm birth and infant death, and close the health equity gap.

March of Dimes is wholeheartedly in support of Medicaid Extension to 12 Months Postpartum and this is the second session in Wisconsin legislation that March of Dimes is advocating for this. If full 12 month Medicaid extension occurs in Wisconsin, the state will join a growing bipartisan list of states (38 and Washington D.C.) that are prioritizing the life and health of new mothers and their infants by extending postpartum Medicaid.

The facts are stark and unsettling: Women giving birth in the U.S. are twice as likely to die due to pregnancy related conditions than as women in Canada, and five times likely as women in Germany. In fact, among developed countries the U.S. has the greatest maternal mortality rate and is the only country where that rate is increasing. In March of this year the CDC's National Center for Health Statistics released new data about maternal deaths in the US and showed the number of U.S. women dying from pregnancy related issues increased nearly 89% since 2018.

As part of this national crisis, Wisconsin is facing its own objectionable maternal mortality emergency with the number of maternal deaths in Wisconsin rising over the past 10 years. What is especially alarming is that maternal mortality for non-Hispanic Black mothers is five times the rate for non-Hispanic White mothers – one of the worst statistics in the nation. There are geographic disparities too. When controlled for sociodemographic factors, women living in rural areas face a 9% greater chance of severe maternal morbidity and mortality than urban residents do.

According to the WI Maternal Mortality Review Board Report (2017) 63% of all maternal deaths in WI occur after 60 days after birth and 97% of them are preventable. While some women can successfully transition to other sources of medical coverage, many are left in the unsafe position of being uninsured or underinsured shortly after a major medical event. Disruptions in health coverage are associated with adverse health consequences. This is especially important for women who just gave birth as postpartum care encompasses a range of important health needs; recovery from childbirth including recovering from a major abdominal surgery experienced during a C-section, follow up on pregnancy complications, management of chronic health conditions, access to family planning and addressing mental health conditions. The stress of

The fiscal cost of not providing Medicaid Postpartum to 12 months is not only accrued by women who are already pregnant and experiencing medical outcomes. The United States Census Bureau has stated that interstate migration has increased by 45.8% during the 2019-2020 period. It is not a surprise that people are moving long-distance more than ever and events over the last past couple of years have created new challenges and opportunities that would make individuals and families want to move to a new state. Politics and legislations that are pro-people and pro-families seem to be driving many individuals to look for opportunities elsewhere. A Forbes 2023 Report titled 10 states people are fleeing ranked Wisconsin #10 out of the 50 states that people are leaving. 10,000 more families left Wisconsin in the last year than moved in, with 54.5% of residential moves moving out of state. The IRS data show that between 2019 and 2020 only one state Wisconsin, saw a loss in tax returns attributable to interstate migration. Legislation that impacts healthcare coverage may be a determinate for families to want to look for jobs and homes out of state.

Medicaid Postpartum to 12 months has been a recommendation by the federal government for several years now. It is a recommendation from the American Congress of OBGYNs, Association of American Medical Colleges, the CDC, The American Academy of Pediatrics, The American Public Health Association and March of Dimes. Wisconsin Organizations also support Medicaid expansion postpartum to 12 months, including all major health systems – Advocate Aurora health, American Family Children’s Hospital, Bellin Gund, Children’s WI, Dean Health, Froedtert and the Medical College of WI, Marshfield Clinic Health System and Marshfield Childrens, Molina Healthcare, SSM Health, Unity Point Health, UW Health – and we all know that Medicaid reimbursement rates are way lower than private and commercial rates! The WI Department of Health and the WI Maternal Mortality Review Board also recommends Medicaid Coverage to 12 months post-partum – so why aren’t we doing it?

↳ Fetal/Infant Mortality Review Board

I could continue to talk more and more about other impact the passage of Senate Bill 110 would have – economic stability for low-income families, increase access to care, improved health outcomes for infants and mothers, and so on but ultimately pregnant people in our state are in danger – their lives are on the line. Without passing Senate Bill 110 and extending Medicaid Postpartum to 12 months you will continue to tell pregnant people and their families that they are unheard by their government, that they are unseen, unvalued and vulnerable and that recommendations, statistics and lost lives are falling on ~~our~~ uncaring ears yet again.

↓  
racial  
disparities  
for  
black  
hispanic  
+  
Indigenous  
pregnant  
people  
↓  
their  
babies



TO: Senator Felzkowski (Chair), and members of the Senate Committee on Insurance and Small Business  
FROM: Gina Dennik-Champion, Executive Director, Wisconsin Nurses Association  
DATE: March 29, 2023  
RE: Support for Senate Bill 110, relating to extension of eligibility under the Medical Assistance program for postpartum women.

The Wisconsin Nurses Association (WNA), representing the interests of Wisconsin's 90,000 registered nurses, commends Chairperson Felzkowski and Senate Committee on Insurance and Small Business for convening this hearing on extending eligibility under the Medicaid Assistance program for postpartum women. WNA supports SB 110 and the companion bill AB 114.

WNA is committed to fostering high standards of nursing practice, promoting safe and ethical health care, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and patients. WNA is at the forefront of advancing the nursing profession and focusing on improving quality of health care for all.

With the State of Wisconsin continuing to recover from the COVID-19 pandemic, the critical role of the Medicaid program to meet the needs of vulnerable patients cannot be overstated. SB 110 is an appropriate strategy that will result in Medicaid's federal-state partnership to address Wisconsin's maternal health crisis. Wisconsin's data indicates that Medicaid eligible one-year postpartum women are dying from postpartum related health issues. These deaths are occurring predominantly in our urban and more often among Black/African American mothers. For Wisconsin, the leading causes of maternal deaths related to pregnancy include cardiac, infection, hemorrhage, clots, and embolic events. We also know that women with low incomes often face social realities affecting their health, such as racism and sexism, and challenges with work flexibility, transportation, food, and housing.

In light of the access barriers, there is a significant opportunity to address maternal health, particularly in underserved areas, by engaging nurses to expand provider capacity. Certified Nurse-Midwives (CNMs) are a high-quality, high-value source of pregnancy care. Nurse Practitioners (NPs) certified in women's and family health are providing primary care, preconception care, and postpartum care, all of which contribute to healthy women, healthy mothers, and healthy babies. Certified Psychiatric Mental Health NPs and Clinical Nurse Specialists are also available to address the issue of postpartum depression, mental health illness, alcohol, and substance abuse. Additionally, Wisconsin's registered nurses are integral to providing comprehensive care coordination, ensuring pregnant and postpartum women are connected to behavioral health, social services, and other needed supports to optimize maternal and infant outcomes. The services provided to these women need to be extended for at least one-year to be effective.

WNA views the extension of Medicaid to support the health of the mother one-year postpartum as an opportunity to create innovative models of team-based care delivery that include linkages

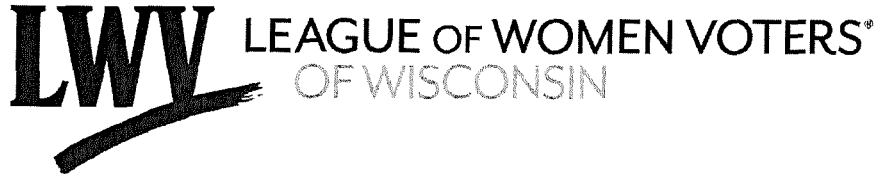
with health care systems and community based and public health resources. Models like this will support a more equitable delivery of health care.

On behalf of the Wisconsin Nurses Association, I want to thank you Chairperson Felzkowski for holding this hearing. Our thanks to Senator Ballweg for her sponsorship of SB 110. WNA also wants to thank all of the Senators who signed on as co-sponsors. We request that SB 110 be passed by the Senate Committee on Insurance and Small Business without delay.

Thank you and please let me know if you have any questions.

WNA  
6200 Gisholt Drive, Suite 104  
Madison, WI.53713  
<http://www.wisconsinnurses.org>





## Testimony of the Wisconsin League of Women Voters in support of SB 110

*Senate Committee on Insurance and Small Business*

*March 29, 2023*

My name is Sybil Better and I am a member of the League of Women Voters of Wisconsin Legislative Committee. I am here to register the League's support for SB 110 which would provide for 12 months of postpartum care to Medicaid recipients in Wisconsin.

Postpartum care for one year is critical to the mental and physical health of mothers and their newborns. According to the Wisconsin Postpartum Coalition, "73% of pregnancy-related deaths occur postpartum."

Currently, pregnant women are assured of Medicaid coverage for only 60 days of postpartum care. However, such care is crucial to reducing our high rates of maternal morbidity and mortality. During the postpartum period, a variety of services may be offered to the new mother including nutritional advice, breastfeeding support, care for postpartum depression, provision of contraceptive services and follow-up of serious pregnancy complications, such as gestational diabetes. Poor women, especially women of color, are at greater risk of not receiving such important postpartum care.

Extension of postpartum coverage to 12 months under Medicaid has already been implemented in <sup>30</sup>~~29~~ states including our neighboring states of Illinois, Minnesota and Michigan. Wisconsin is limping along behind with coverage that is way too limited. The American College of Obstetricians and Gynecologists is among many organizations nationwide and in Wisconsin that are strongly advocating to extend continuous Medicaid coverage for 12 months postpartum. The League of Women Voters of Wisconsin appreciates this well substantiated advice and strongly supports passage of SB110.



**ProLife**  
LOVE. FOR LIFE. WI.

**Testimony / Senate Bill 110: extension of eligibility under the Medical Assistance program for postpartum women**

**Senate Committee on Insurance and Small Business,**

**By Matt Sande, Director of Legislation, Pro-Life Wisconsin**

**March 29, 2023**

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Good morning, Chairwoman Felzkowski and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express our strong support for Senate Bill (SB) 110, legislation extending Medical Assistance (Medicaid) coverage for postpartum women from 60 days to 365 days.

Specifically, SB 110 requires the Department of Health Services (DHS) to seek approval from the federal Department of Health and Human Services (HHS) to extend until the last day of the month in which the 365th day after the last day of the pregnancy falls Medicaid benefits to women who are eligible for those benefits when pregnant. Currently, postpartum women are eligible for Medicaid benefits until the last day of the month in which the 60th day after the last day of the pregnancy falls.

In a post-Roe nation, Wisconsin is presently a safe haven for mothers and their preborn children. It is vitally important that we provide robust public and private support for pregnant mothers. Extending Medicaid coverage to new mothers for the first year of their child's life is part of this. It is good public policy. The symbiotic relationship between mom and baby, especially in the first three years of a child's life, is scientifically irrefutable. A healthy mom will be better equipped to care for her baby, financially, medically, materially, and emotionally. Thirty states already provide 12 months of continuous Medicaid post-partum care for new mothers, eight states are in the process of expanding to 12-month care, and legislation is pending in Missouri to do so.

Senate Bill 110 is especially beneficial to mothers facing crisis pregnancies. Providing comprehensive pre- and post-natal medical coverage for both mom and baby, from conception to one year after birth, will encourage mothers to choose life for their preborn children. Knowing the Medicaid program will provide affordable, optimal, and prolonged care for her and her child, before and after birth, will empower mothers to overcome the abortion temptation in challenging circumstances.

Pro-Life Wisconsin thanks Senator Ballweg for introducing this compassionate, bi-partisan legislation. It will save lives and, long-term, it will save the Medicaid program dollars by promoting healthy outcomes for moms and babies. Accordingly, we encourage the Committee to recommend SB 110 for passage in the Senate. Thank you for your consideration, and I would be happy to answer any questions committee members may have for me.

**PRO-LIFE WISCONSIN, INC**  
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## WISCONSIN CATHOLIC CONFERENCE

TO: State Senator Felzkowski, Chair  
Members, Senate Committee on Insurance and Small Business

FROM: Tia Westhoff, Associate Director for Human Life and Social Concerns

DATE: March 29, 2023

RE: SB 110, Extension of eligibility under the Medical Assistance program for postpartum women

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The Wisconsin Catholic Conference (WCC), the public policy voice of the state's Catholic bishops, urges you to support Senate Bill 110, which extends critical medical assistance to women for a full year after giving birth.

As Catholics, we believe every public policy should be measured by how it affects the life and dignity of the human person, especially prioritizing the needs of those living in poverty, those who are on the margins, and those who suffer the injustice of racism. Catholic teaching holds that every member of the human family must be respected from conception until natural death and have the opportunity to participate as fully as possible in the life of the community.

This is why the WCC continues to support extending postpartum coverage, prioritizing the well-being of women and children. And right now, in our state, women are losing critical healthcare coverage at a time when they need it the most.

According to the Centers for Disease Control and Prevention (CDC), an increasing number of pregnant women in the U.S. suffer from serious conditions like diabetes, heart disease, and hypertension.<sup>1</sup> Left untreated, these chronic conditions can endanger women's lives after giving birth. Tragically, the U.S. has the highest maternal mortality rate among developed countries.<sup>2</sup> Chronic conditions, suicide, and drug overdoses are the major drivers of this high mortality rate. And the sobering fact is that, according to the CDC, four out of five of these maternal deaths could be prevented."<sup>3</sup>

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<sup>1</sup> Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System, 2022.  
<https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

<sup>2</sup> Vestal, Christine. *More States Extend Postpartum Medicaid Since Roe's Demise*, September 20, 2022.  
<https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/09/20/more-states-extend-postpartum-medicaid-since-roes-demise>

<sup>3</sup> Ibid.



Further, we know that postpartum coverage is especially critical for women of color. Black, American Indian, and Alaskan Native women are two to three times more likely to die from a pregnancy-related cause than white women.<sup>4</sup>

Postpartum women are also at higher risk for depression, which if not properly treated can lead to chronic depressive disorder. Maternal depression has profound effects on children, often manifesting in emotional and behavioral problems such as sleeping and eating difficulties, excessive crying, and delays in language development.<sup>5</sup>

If Wisconsin mothers thrive, Wisconsin children thrive too. Wisconsin Medicaid currently pays for more than four in ten births, a clear indication that there are many vulnerable women and children in our state.<sup>6</sup> This extension will be life-changing for our most vulnerable families and a commonsense investment in the future of Wisconsin.

We know that in Wisconsin, 75 percent of pregnancy-associated deaths occur postpartum.<sup>7</sup> Something has to change.

It is very heartening to see the incredible number of legislators who have signed onto this bill and the many groups gathered here in support of this bipartisan legislation. We ask that, at this moment in history, we all redouble our efforts to support women and children, for their sake and that of the common good.

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<sup>4</sup> Centers for Disease Control and Prevention. Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007–2016. <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>

<sup>5</sup> Center on the Developing Child at Harvard University. Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8, 2009. [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

<sup>6</sup> State of Wisconsin Department of Health Services. *Request to Extend Postpartum Coverage for Eligible Medicaid Members from 60 Days to 90 Days Under a Section 1115 Demonstration Waiver*, June 3, 2022. <https://dhs.wisconsin.gov/medicaid/postpartum-coverage-waiver-final-application.pdf>

<sup>7</sup> Wisconsin Department of Health Services. 2016-17 Wisconsin Maternal Mortality Report, April 2022. <https://dhs.wisconsin.gov/publications/p03226.pdf>



WISCONSIN  
RIGHT TO LIFE

**Gracie Skogman, Legislative Director, Wisconsin Right to Life**  
**Senate Committee on Insurance and Small Business**  
**SB 110, Re: extension of eligibility under the Medical Assistance program for postpartum women.**  
**Wednesday, March 29<sup>th</sup>, 2023**

Thank you Chairwomen Felzkowski and members of the committee for your time today. My name is Gracie Skogman, and I am the Legislative Director of Wisconsin Right to Life, testifying in favor of SB 110.

As pro-life advocates, we care deeply about protecting children and their mothers, to ensure that both are offered comprehensive care and support. Through our advocacy, we work with the many Pregnancy Resource Centers in our state that provide medical care and support to women during pregnancy and beyond.

These pregnancy centers witness firsthand the challenges women may face due to insurance coverage disruption during the postpartum period. We have heard from case managers, nurses, and many women themselves of the challenges they face in finding adequate medical care during the period.

Recent studies<sup>1</sup> show that one third of mothers have postpartum depression, a number that has tripled in the span of a few years. Yet, postpartum depression often surfaces once Medicaid coverage has expired. These concerns can also be one of the driving factors that lead a woman to choose abortion instead of life for her child, as 40% of women<sup>2</sup> state that financial concerns, including the cost of healthcare, led them to choose abortion.

This legislation would ensure a continuum of care for women during the critical postpartum period and provide the medical assistance they need to ensure healthy outcomes for themselves and their children. Women in Wisconsin are deserving of comprehensive support and resources through pregnancy and beyond, and this legislation takes another step towards achieving that goal.

Wisconsin Right to Life thanks Senator Ballweg Representative Rozar for bringing SB 110 forward and urge support of this legislation.

Thank you very much for your time,  
Gracie Skogman

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<sup>1</sup> <https://www.michiganmedicine.org/health-lab/third-new-moms-had-postpartum-depression-during-early-covid>, University of Michigan

<sup>2</sup> <https://www.verywellhealth.com/reasons-for-abortion-906589>





Dear Members of the Wisconsin State Legislature:

Maternal morbidity and mortality are serious public health concerns. In Wisconsin, 73% of pregnancy-related deaths occur postpartum. The most common causes of pregnancy-related deaths are mental health conditions, hemorrhage, and cardiomyopathy. New mothers are also dying from cancer, embolism, infection, and neurologic conditions. Black, American Indian, and Alaska Native women are two to three times more likely to die from a pregnancy-related complication than non-Hispanic White women.<sup>1</sup> Women living in rural areas face greater maternal health risks than those residing in urban areas - having a 9 percent greater probability of severe maternal morbidity and mortality, compared with urban residents.<sup>2</sup>

The death of a new mother represents not only the loss of a woman's life, but has a lasting impact on her new baby, her family, and her community. Instances of maternal morbidity have lasting health consequences and result in avoidable medical expenses. Action is needed to improve health outcomes for mothers which in turn improves outcomes for babies.

Loss of insurance coverage and gaps in coverage during the postpartum period prevent a new mother from addressing or identifying chronic health conditions, discussing family planning, receiving ongoing substance use disorder treatment, or identifying and treating postpartum depression and anxiety. Access to comprehensive and uninterrupted postpartum care will help avoid preventable health complications and promote a healthy postpartum period for both mother and baby.

### **Senate Bill 110/Assembly Bill 114 – Postpartum Medicaid Coverage**

Twelve months of continuous Medicaid coverage during the postpartum period is emerging nationally as a key strategy to positively impact the rates of maternal morbidity and mortality, begin to address racial, ethnic, and geographic health disparities, and address gaps in health insurance coverage that result in increased health care costs.

As patient advocates and partners in the delivery and management of pregnancy, postpartum and newborn/infant care, the above-named organizations urge you to support 12 months postpartum Medicaid coverage. This change will align Medicaid coverage for the new mother with her baby. Florida, Virginia, Alabama, Georgia, Louisiana, Ohio, Minnesota, Michigan, and Indiana are among the list of 29 states that have already implemented 12-month postpartum coverage, and more states are planning to implement including Arizona, Mississippi, Oklahoma, Colorado, and Wyoming.

<sup>1</sup> 2022 Wisconsin Maternal Mortality Report

<sup>2</sup> 2020 MACPAC Report to Congress



### **How Wisconsin Currently Falls Short**

In Wisconsin, pregnant women who are eligible for Medicaid have coverage only through the end of the month in which their 60-day postpartum period ends. Following the 60-day postpartum period a mother's Medicaid eligibility is redetermined. A mother can only remain enrolled in the program if she continues to meet certain eligibility requirements. Her newborn child is eligible for Medicaid coverage from the date of birth through the end of the month in which the child turns one year old. 12-month postpartum coverage would allow new mothers to maintain uninterrupted health care coverage during a crucial time in their health.<sup>3</sup>

### **Importance of Uninterrupted Health Care Coverage for New Mothers**

Unmanaged pregnancy-related medical complications have lasting health consequences for the new mother and result in avoidable medical expenses. Complications during pregnancy such as eclampsia, infection, or hemorrhage require intensive care, lengthy hospital stays, or hysterectomy; and pregnancy-related complications can surface up to a year after delivery. Uninterrupted health care coverage is important in not only managing pregnancy-related medical complications, but also to maintain access to mental health providers for treating postpartum depression, prescription drugs, breastfeeding support, and substance use disorder treatment.

At postpartum visits, a health care provider will screen a new mother for health conditions they're at higher risk for and screen for mental health conditions, such as postpartum depression, which is linked with lower well-child visit attendance, increased emergency room use for the child, and inadequate child immunizations.<sup>4</sup> Regular postpartum visits allow a health care provider to intervene and provide timely and appropriate medical care to help avoid preventable and more costly health complications.

### **Impacts of Disenrollment at 60 Days Postpartum**

New mothers who are disenrolled from Medicaid may end up in a coverage gap if they do not have access to an affordable employer-sponsored health plan, or if they are ineligible for premium subsidies in the ACA Marketplace. Even new mothers who may have access to an affordable employer-sponsored plan or the ACA Marketplace, are likely to experience a change in medical and behavioral health providers, preferred drug lists, and have new out-of-pocket costs. These are barriers to accessing medically necessary health care and contribute to increased costs. Periods of uninsurance and underinsurance, often referred to as "churn," lead to delayed care and less preventive care. Churn disrupts the continuity and quality of care for postpartum women and contributes to poor outcomes for mom and baby, while also resulting in increased costs and administrative burdens to the health care system, including state Medicaid programs.

Uninterrupted health care coverage during the postpartum period will have a positive impact on the rates of maternal morbidity and mortality, help to address racial, ethnic, and geographic health disparities, and reduce gaps in health insurance coverage - all which increase health care costs. *We respectfully request your support for 12-months Medicaid postpartum coverage:*

**Advocate Aurora Health**  
**Alliance of Health Insurers**  
**American Cancer Society Cancer Action Network**  
**American College of Nurse - Midwives**  
**American College of Obstetricians & Gynecologists**  
**American Family Children's Hospital**  
**American Heart Association**  
**Anthem Blue Cross Blue Shield Wisconsin**  
**Ascension Wisconsin**  
**Bellin Gundersen Health System**  
**Children's Wisconsin**  
**Dean Health Plan**  
**Froedtert**  
**Humana**  
**Independent Care Health Plan**  
**March of Dimes**  
**Marshfield Clinic Health System**  
**Marshfield Children's**  
**Medica**  
**Medical College of Wisconsin**  
**Molina Healthcare**

**Nurse – Family Partnership**  
**Quartz**  
**Security Health Plan**  
**Society for Maternal Fetal – Medicine**  
**SSM Health**  
**UnityPoint Health**  
**UW School of Medicine and Public Health**  
**UW Health**  
**Wisconsin Academy of Family Physicians**  
**Wisconsin Association of Health Plans**  
**Wisconsin Association for Perinatal Care**  
**Wisconsin Chapter of the American Academy of Pediatrics**  
**Wisconsin Chapter of the American College of Emergency Physicians**  
**Wisconsin Academy of Physicians Assistants**  
**Wisconsin Primary Health Care Association**  
**Wisconsin Nurses Association**  
**Wisconsin Hospital Association**  
**Wisconsin Medical Society**

<sup>3</sup> The 2021-23 Biennial Budget authorized the Department of Health Services to seek a federal waiver for an additional 30 days of postpartum coverage. It is not clear if the Centers for Medicare and Medicaid Services will grant the request because it does not accomplish 12-months of postpartum coverage.

<sup>4</sup> Elevance Health Public Policy Institute: Addressing Prenatal and Postpartum Coverage Gaps in Medicaid



To: Chairperson Mary Felzkowski  
Members, Senate Committee on Insurance and Small Business  
From: R.J. Pirlot, Executive Director & Caty McDermott, Associate (Medicaid)  
Date: March 29, 2023  
Re: Support for SB 110, Extending Medicaid Postpartum Coverage

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The Alliance of Health Insurers (AHI) is a non-profit advocacy organization representing commercial and local health plans in Wisconsin. Our members collectively provide coverage to more than 3 million Wisconsinites through public and private insurance programs, including two-thirds of enrollees in Badger Care Plus and SSI-Medicaid (Wisconsin's Medicaid managed care programs). Member health plans are dedicated to delivering affordable, high-value care to the state's Medicaid population.

Currently, the state's Medicaid program – BadgerCare – provides coverage for income eligible women 60 days postpartum. The 2021-23 state budget included a provision to extend this period to 90 days postpartum, which remains under federal review. While extending coverage for postpartum women to 90 days is a step in the right direction, we urge policymakers to support the extension of Medicaid coverage for the full 12 months, as allowed under federal law.

For AHI Medicaid managed care health plans, our focus is to deliver healthy outcomes for the state's Medicaid population. Stability of care is a critical element to drive positive maternal and infant health outcomes – and leads to better health care cost management for Wisconsin taxpayers. Maternal mortality and morbidity are key markers of health care outcomes and in Wisconsin and there continues to be significant racial disparities in maternal health outcomes. According to the Department of Health Services, approximately 25 Wisconsin women die each year during or within one year of pregnancy and pregnancy-related mortality for non-Hispanic black mothers is 5 times the rate for non-Hispanic white mothers.<sup>1</sup> Many common postpartum conditions that lead to mortality and morbidity require long-term care management, such as cardiovascular diseases, hypertension, and depression.

Currently, when a postpartum mother is no longer eligible 60 days after the delivery of her child, she may scramble to enroll in other health coverage (either through the health insurance marketplace or, if available to her, employer-sponsored coverage). She will need to identify if her current care providers are in or out of her new network, potentially find new providers in network, and schedule new appointments to ensure care for her and her baby is continued.

The result of this coverage disruption could be a delay in addressing critical pregnancy-related chronic and mental health conditions that often require attention far beyond 60 days postpartum and that can have health implications of both the mom and baby. In fact, data collected from 14 of the U.S. Maternal Mortality Review Committees found that, from 2008-2017, 23.6 percent of

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<sup>1</sup> [DHS Wisconsin Maternal Mortality Review April 2018](#)

pregnancy-related deaths occurred in the later postpartum period (43-365 days post-partum) and, across all pregnancy-related deaths, 2 out of 3 were determined to be preventable.<sup>2</sup>

For uninsured postpartum women, the Centers for Disease Control and Prevention has demonstrated that lack of timely health care access as a key contributor to pregnancy-related mortality. This is even more prevalent in rural parts of the state. A 2023 study published in *Obstetrics & Gynecology*, found that “Rurality was associated with lower rates of commercial insurance during pre-pregnancy (57.4% vs 66.5%), at birth (45.9% vs 57.7%), and during the postpartum period (52.1% vs 62.5%). This translates also into a greater risk for uninsurance during the postpartum period for rural residents.<sup>3</sup>

Wisconsin women deserve to get the safe, essential care they need before, during, and after pregnancy, and maintaining continuity of health insurance coverage is essential to that access. Ensuring continuous coverage for the mother to the full year after delivery, also allows the family to stay on the same health plan, leading to better care coordination for both the mom and baby. For these reasons, AHI respectfully asks the Committee to support the bill.

If you have any questions, please contact Caty McDermott of the Hamilton Consulting Group at 608-258-9506.

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<sup>2</sup> [Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017](#)

<sup>3</sup> Admon LK, Raw JR, Interrante JD, Ibrahim BB, Millette MJ, Kozhimannil KB. *Rural and urban differences in insurance coverage at pre-pregnancy, birth, and postpartum. Obstet Gynecol.* Published online February 2, 2023.





**ROCK RIVER**  
COMMUNITY CLINIC

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**Watertown • Medical Clinic**

415 S. 8th Street  
Watertown, WI 53094

March 29, 2023

**To:** Chair Felzkowski  
Members of the Senate Committee on Insurance and Small Business

**RE:** In support of Senate Bill 110, Extension of eligibility under the Medical Assistance program for postpartum women

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Chair Felzkowski and Members of the Senate Committee on Insurance and Small Business, thank you for the opportunity to offer support regarding SB 110 on behalf of Rock River Community Clinic (RRCC).

My name is Olivia Nichols, CEO of RRCC. We have four service sites across Jefferson County where we provide medical and dental care to all families in need. Last year marked our transition from a Free and Charitable Clinic (FCC) to supporting our community as a Federally Qualified Health Center under the Look-Alike designation (FQHC-LAL). This transition was a necessary step to expanding community access to needed health services, especially for families enrolled in Medicaid.

RRCC enthusiastically supports SB 110 to improve maternal and pediatric health outcomes, providing continued Medicaid coverage for over 6,000 women in the state. Our dental clinic is the sole provider of dental services in Jefferson County for Medicaid enrollees, with 2077 Medicaid patients seen across 3035 visits in 2022 alone. Women and children make up over 65% of our medical patients and are our primary focus for preventative screenings to reduce disparities in later health outcomes. At RRCC, 70% of our medical patients are Hispanic/Latino. Our efforts are critical to reducing racial and socioeconomic disparities in access to health care and subsequent health outcomes.

At our clinic, we work diligently to enroll eligible pregnant women into Medicaid, and connect expecting families with an array of local resources and care supports. With such limited coverage postpartum, we frequently see disruptions to care, losing a critical time to offer support, guidance, and connection to additional resources for new mothers and infants.

With extended coverage for pregnant women, we could do so much more to address care gaps for women and for children. Expanding coverage from 60 days to 1 year would significantly reduce disruptions to care, provide robust support for mothers during a critical life transition – particularly new mothers -- and assist us as health centers to provide greater care and support for families in the greatest level of need. Providing this continued coverage is an upfront investment that will impact the entire family, and reduce the need for costly downstream care.

Thank you for the opportunity to testify on behalf of RRCC and our patients, and for your consideration of SB 110.

Olivia Nichols  
CEO/Executive Director, Rock River Community Clinic  
[director@rockrivercommunityclinic.org](mailto:director@rockrivercommunityclinic.org)



[www.RockRiverCommunityClinic.org](http://www.RockRiverCommunityClinic.org)



March 29, 2023

**To:** Chair Felzkowski  
Members of the Senate Committee on Insurance and Small Business

**RE:** In support of Senate Bill 110, Extension of eligibility under the Medical Assistance program for post-partum women

Chair Felzkowski and Members of the Senate Committee on Insurance and Small Business, thank you for hearing testimony on Senate Bill 110. The Wisconsin Primary Health Care Association (WPHCA) is the member association for Wisconsin's 19 Federally Qualified Health Centers (FQHCs, or Community Health Centers). Community Health Centers are non-profit, community-directed primary care clinics providing medical, dental and behavioral health services. In Wisconsin, Health Centers annually served nearly 300,000 patients in 2021, providing care for residents from every single county. We strongly support Senate Bill 110 and also appreciate the leadership of Sens. Felzkowski and Ballweg and Reps. Rozar and Kurtz for championing the legislation.

In 2021, Wisconsin Community Health Centers provided 868 deliveries and 2,693 pre-natal visits. Over 40% of all Community Health Center female patients are of child-bearing age, 15-44 years old. Women need a range of health care services both during a pregnancy as well as following the birth of a child. Many pre-existing chronic conditions such as hypertension or diabetes can worsen with pregnancy. In addition, pregnancy may make women more prone to periodontal (gum) disease and cavities. Women need stable, high-quality, comprehensive health coverage, especially during one of the most complex times in their health journey, following pregnancy. Continuity of coverage is key to supporting the physical, mental, and oral health care of new mothers and their families and catching preventable crises early. With today's coverage in Wisconsin limited to 60 days post-partum, there is an abrupt and avoidable disruption to care as many women become uninsured, or must attempt to navigate other options, also while caring for a newborn.

Our state's maternal mortality rates are among the worst in the nation; pregnancy-related mortality for black women is five times higher than for white women, and Latino women are three times more likely to die than white women. While these data are sobering, the good news is there is a lot we can do - and SB 110 is an important part of the solution. Wisconsin Community Health Centers are answering the urgent call to improve maternal and child health outcomes. Programs and resources offered include:

- **Patient education and support groups** such as the Stork's Nest program at Progressive Community Health Centers and Sixteenth Street Community Health Centers, which offers prenatal patients access to prenatal care and education and parenting classes and provides incentives for participation that can be redeemed for baby supplies. Other programs include breastfeeding support provided by peer counselors and support for diet and nutrition needs through nutritionists.





- **A wide variety of community resource options and assistance with health benefits and Medicaid applications.** Health Centers also schedule medical referrals, outside procedures and tests, provide care coordination, and assist with Social Determinants of Health (SDOH) screening and referrals to ConnectRx Wisconsin. Most Patient Services staff are bilingual in English and Spanish and assist patients with scheduling prenatal and newborn visits and are a point person for the patient to contact with any needs.
- **Substance use disorder (SUD) services,** which are prioritized for pregnant women and women of childbearing age at HOPE grantee Health Clinics including Family Health Center of Marshfield. SUD services include assessment and treatment planning, counseling, medication management, case management, peer support, and recovery coaching.

On behalf of Wisconsin's 19 Community Health Centers, we support SB 110 as it would provide continuous, affordable health coverage, which is also associated with improved health outcomes for mothers and their families. WPHCA greatly appreciates the bipartisan support for this bill. Extending post-partum coverage has been a long-time priority, and we are thrilled to see the bill receive a hearing again this session. Thank you for your consideration of SB 110.

Sincerely,

*Richelle Andrae*

Richelle Andrae  
Government Relations Specialist  
Wisconsin Primary Health Care Association  
[randrae@wphca.org](mailto:randrae@wphca.org) | (608) 571-6168





To: Members, Senate Committee  
From: Megan Adamczewski, Government Affairs Manager, Nurse-Family Partnership  
Date: March 29, 2023  
**RE: Support for Senate Bill 110 – Extend Medicaid Coverage for Postpartum Women**

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NFP is an evidence-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child. NFP partners these moms with registered nurses beginning early in pregnancy and continuing until the child is age two—providing weekly and bi-weekly visits that focus on improving maternal health, child health and development, and economic self-sufficiency. Our nurses are on the front lines of prevention efforts aimed at reducing maternal mortality and achieving better birth outcomes. NFP supports SB 110 to extend Medicaid coverage for the full 12 months for postpartum women, as allowed under federal law.

NFP knows that healthy, strong mothers mean healthy, strong babies and children. Extending Medicaid coverage for postpartum women for an additional 10-month period would help women access the care they need to address health concerns well after their pregnancy ends and improve the ability of Medicaid to provide services like home visiting.

The transition to motherhood can be particularly challenging as many are socially isolated or are experiencing severe adversity. These barriers can lead to unsafe gaps in coverage. Extending Medicaid postpartum coverage:

- **Improves Continuity of Care and Care Coordination.** By extending the Medicaid postpartum coverage new mothers do not have to switch from providers.
- **Aligns Continuous Coverage for both Mother and Baby.** Extending the Medicaid postpartum coverage period ensures continuous coverage for both mother and baby, improving care coordination for the mother-baby dyad and creating administrative efficiencies for the states at redetermination.
- **Improves Maternal Health Outcomes.** Access to health insurance increases access to and use of health care services and improves health outcomes.
- **Improves Child Health Outcomes.** Parental enrollment in Medicaid is associated with a higher probability that a child will receive an annual well-child visit.
- **Reduces Medicaid Costs.** Reducing movement in and out of Medicaid lowers average monthly per capita spending in Medicaid, increases utilization of preventive care, reduces the likelihood of inpatient hospital admissions and emergency room visits, and prevents disruption for enrollees, health plans, and providers.

Racial disparities and preventable deaths are the primary drivers for our country's high maternal mortality and morbidity rates, particularly among Black and American Indian and Alaskan Native (AIAN) women. As a leading evidence-based program with a proven track record at improving maternal and child health outcomes that empower families, NFP looks for opportunities to be part of the solution. To that end we urge the committee to support extending Medicaid coverage for postpartum women for the full 12-month period.

March 29, 2023



**Testimony of the American Lung Association  
In favor of Senate Bill 110  
Senate Committee on Insurance and Small Business**

Chair Felzkowski and members of the committee,

The American Lung Association represents thousands of patients and families with lung disease in Wisconsin and are committed to ensuring that BadgerCare provides adequate, affordable, and accessible health care coverage.

We support SB 110 which would extend postpartum coverage in Wisconsin to twelve months, as this will improve access to care, help patients better manage serious and chronic health conditions and reduce negative maternal outcomes that disproportionately affect women of color.

Improving postpartum coverage is an important component of reducing maternal mortality in Wisconsin, particularly the significant health disparities we see. In Wisconsin, Black women are five times more likely to die due to pregnancy-related causes than white women. This disparity persists regardless of income or education.<sup>i</sup>

Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies. According to the CDC, cardiovascular conditions, thrombotic pulmonary or other embolism, or other non-cardiovascular medical conditions are the leading causes of maternal deaths that occur between 43 days and one year after delivery.<sup>ii</sup>

The postpartum period is also an important time to ensure the women have access to the support they need to quit smoking. In addition to the health impact on the mother, babies with mothers who smoke during pregnancy or who are exposed to secondhand smoke after birth have weaker lungs and are more likely to die from sudden infant death syndrome (SIDS).<sup>iii</sup> As referenced in the American Lung Association's State of Tobacco Control Report, Wisconsin's Medicaid program covers all seven FDA-approved cessation medications as well as counseling to help members of our community end their addiction to nicotine. Providing this benefit for 12 months will help people stop smoking for good.

Because this bill would help improve access to care and outcomes for postpartum people, the American Lung Association urges Wisconsin lawmakers to move this proposal forward.

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<sup>i</sup> Kids Forward. Prioritizing maternal health and taking steps to address racial disparities. <https://kidsforward.org/governors-proposed-budget-expands-access-to-health-care-and-provides-funding-for-programs-to-reduce-racial-disparities/>

<sup>ii</sup> Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>  
[https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s\\_cid=mm6818e1\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w)

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





**Senate Bill 110  
Proponent Testimony**

Gary Dougherty  
Director, State Government Affairs  
American Diabetes Association®  
Insurance and Small Business Committee  
March 29, 2023

Chair Felzkowski and Members of the Insurance and Small Business Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association® (ADA), the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic. Founded in 1940, the ADA is comprised of people with diabetes, healthcare professionals, research scientists, and other concerned individuals. The ADA's mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

I regret that I am unable to join you today; however, I want to thank Senator Ballweg for introducing Senate Bill 110, which would extend postpartum Medicaid coverage for pregnant women from 60 days to 12 months, and urge your support.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families. Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes that disproportionately affect women of color, as well as for women who develop such conditions during their pregnancies.

One such condition is gestational diabetes. This is diabetes that is first diagnosed during pregnancy and, although it can be managed under the care of medical professionals, it can cause serious complications. According to the Centers for Disease Control (CDC), about 6% to 9% of pregnant women develop gestational diabetes. Diabetes during pregnancy has increased in recent years with recent studies showing that, from 2000 to 2010, the percentage of pregnant women with gestational diabetes increased 56%.<sup>1</sup>

According to the CDC, cardiovascular conditions, thrombotic pulmonary or other embolism, or other non-cardiovascular medical conditions are the leading causes of maternal deaths that occur between 43 days and one year after delivery.<sup>2</sup> Women with bleeding disorders are also at elevated risk for postpartum hemorrhage, and secondary postpartum hemorrhage can occur as late as twelve weeks after childbirth.<sup>3</sup> Additionally, postpartum coverage will extend access to mental health care which is important since postpartum depression is fairly common in women with diabetes.

Access to quality, affordable coverage throughout the lifespan is necessary for all patients to manage their health conditions, and many chronic medical conditions that can have implications for maternal outcomes need to be managed before pregnancy as well as during and after delivery.

On behalf of your constituents who are considering pregnancy and may have diabetes or develop gestational diabetes, I urge you to support SB 110 as another tool to support patient access to care.





Thank you very much for your attention. If you have any questions, please direct them to me at [gdougherty@diabetes.org](mailto:gdougherty@diabetes.org) and I will do my best to answer them for you.

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<sup>1</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm>

<sup>2</sup> Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>  
[https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s\\_cid=mm6818e1\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w)

<sup>3</sup> VanderMeulen H, Petrucci J, Floros G, Meffe F, Dainty KN, Sholzberg M. The experience of postpartum bleeding in women with inherited bleeding disorders. Res Pract Thromb Haemost. 2019 Oct; 3(4): 733-740. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6782019/>.



Date: March 29, 2023

To: Senate Committee on Insurance and Small Business

From: William Parke-Sutherland, Senior Health Policy Analyst

RE: Support for Senate Bill 110

Chairwoman Felzkowski and members of the committee, thank you for the opportunity to provide testimony in support of the proposed bill. My name is William Parke-Sutherland and I'm a senior health policy analyst for Kids Forward, a nonpartisan nonprofit policy center working to promote access to opportunity for every kid, every family, and every community in Wisconsin, notably children and families of color and those furthest from opportunity.

We aspire to make our state a place where every child thrives by advocating for effective, long-lasting solutions that break down barriers to success for children and families. Senate bill 110 would extend postpartum coverage through BadgerCare for up to one year after pregnancy. Kids Forward strongly supports this bill because it will:

- Increase access to postpartum and other care, such as mental health substance use disorder treatment
- Respond to the maternal health crisis and begin to mitigate racial disparities in maternal and infant health
- Result in more consistent prenatal and postpartum care for birthing parents and their babies
- Boost the health of young children by improving and protecting the health of their parents

Birthing people and infants need stable and affordable access to health care and coverage after birth. Medicaid, which covers more than one in three births in Wisconsin, currently mandates only 60 days of postpartum coverage. 60 days is too short to cover all medically recommended follow-up exams. Adding 30 days of additional coverage—which the previous Wisconsin budget authorized—may cover a follow up exam at or near the 12 week mark, but still leaves many people without access to necessary care postpartum, including mental health and substance use disorder services and visits to address other health concerns. problem-based

According to a Wisconsin professor of psychiatry and obstetrics-gynecology<sup>1</sup>, mental health and substance use disorders are “the number one killer of pregnant and postpartum moms and it occurs primarily outside of the 60-day postpartum range.” Dr. Wicher says, “the highest risk of maternal mortality is actually months eight through 12 postpartum. And we oftentimes wonder how much of that could be eliminated or at least reduced if women continued to have access to mental health or substance use services for an entire year beyond postpartum.”

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<sup>1</sup> *New Moms are Getting a Mental Health Hotline, but Wisconsin Republicans Could have done much More.* UpNorth News, 2022. <https://upnorthnews.com/2022/06/01/new-moms-are-getting-a-mental-health-hotline-but-wisconsin-republicans-could-have-done-much-more/>

Postpartum care is necessary to track maternal health following pregnancy. Expanding postpartum coverage for people to one year will help ensure continuity of care for both parent and baby. Last session's partial extension failed to meet the moment in responding to Wisconsin's maternal health crisis.

According to a recent Kaiser Family Foundation report<sup>2</sup> using CDC natality data, Black, Indigenous, and Latinx births are more likely to be insured through Medicaid compared to white births. Ongoing stress caused by racism, medical providers failing to believe or take seriously the concerns and experiences of Black and Indigenous pregnant people, lack of diversity among providers, and discontinuity of coverage all contribute to the deep racial inequities in maternal health and birth outcomes in this nation, especially and notably Wisconsin, where disparities are much worse than the national average.

Countless national, state, and local advocacy and policy organizations recommend extending postpartum coverage for one year. The Foundation for Black Women's Wellness *Saving our Babies* report<sup>3</sup> recommends this among other Medicaid policy changes. Wisconsin has some of the worst racial disparities in maternal and infant health mortality and health outcomes in the nation. The report states that, due in part to bias and discrimination in health care, housing, and employment, Black mothers are nearly three times as likely to give birth to low birthweight babies compared to white mothers. Concerning maternal mortality, the disparity between Black and white birthing people is greater in Wisconsin than the national average. Black birthing people in Wisconsin are 5 times more likely to die due to complications related to pregnancy compared to their white counterparts.

Adopting one year of continuous coverage postpartum as proposed in Senate bill 110 and the governor's budget would help stem these shameful inequities.

Further, the Biden administration has yet to respond to Wisconsin's request. This is potentially because they recognize its inadequacy and the risk of setting an inadequate standard for the shrinking number of states, including Wisconsin, who have yet to extend Medicaid coverage for one year postpartum.

This is not a partisan issue; both red and blue states have extended Medicaid postpartum coverage. To date, thirty-eight states have adopted coverage extensions or have enacted legislation that would extend coverage for at least one year after birth. In March 2021, the Medicaid and CHIP Payment and Access Commission (MACPAC), urged Congress to require 12 months of postpartum coverage, citing benefits such as increasing health equity, decreased instances of maternal mortality, and better management of mental and physical health

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<sup>2</sup> *Medicaid Initiatives to Improve Maternal and Infant Health and Address Racial Disparities*. Kaiser Family Foundation, 2020. <https://www.kff.org/report-section/medicaid-initiatives-to-improve-maternal-and-infant-health-and-address-racial-disparities-issue-brief/>

<sup>3</sup> *Saving our Babies: Low Birthweight Engagement Final Report*. Foundation for Black Women's Wellness, 2018. [https://uploads-ssl.webflow.com/600213788dc79d719678000c/6009f1ad6f98f80f93e1fcf3\\_FFBBWW-DCH-C-Low-Birthweight-Report\\_April2019.pdf](https://uploads-ssl.webflow.com/600213788dc79d719678000c/6009f1ad6f98f80f93e1fcf3_FFBBWW-DCH-C-Low-Birthweight-Report_April2019.pdf)



conditions including postpartum depression<sup>4</sup>. The report found that among women whose births were covered by Medicaid, nearly one in four were uninsured postpartum.

A Congressional Budget Office report<sup>5</sup> found that nearly half of women who lose Medicaid coverage following childbirth are uninsured. Those that aren't, still need to find a new source of coverage, likely through employer-sponsored insurance or the Marketplace. Many experience disruptions in care and coverage and may not be able to continue seeing their current provider. These barriers all make it harder for birthing parents and infants to get uninterrupted, quality care, and have an inequitable impact on Black and Indigenous people.

When pregnant people have consistent access to Medicaid coverage following birth they are more likely to receive preventative and other medical care. A 2022 retrospective study<sup>6</sup> in Texas conducted by the Parkland Center for Clinical Intervention and Parkland Community Health Plan found that continuous postpartum coverage for one year after pregnancy resulted in a "sustained increase in preventive services utilization throughout the first-year postpartum." Other benefits included "increased utilization of contraceptive services, decreased incidence of short interval pregnancies, and increased utilization of MBH/SUD services."

Extending postpartum coverage for one year would also help improve the health of newborns and young children. Because children are more likely to be insured and receive regular care if their parents have coverage, ensuring continuous postpartum coverage would likely lead to increased pediatric preventive care and well-child screenings. Numerous studies have demonstrated a link between the health of birthing parents and the health of their children. Extending postpartum coverage would allow them to continue receiving treatment for existing health issues or address health concerns as they arise. One study cited in the MACPAC report found that postpartum depression leads to various negative outcomes for young children including increased risk of neglect, discontinuation of breastfeeding, and family dysfunction.

While this bill would be a significant step forward in protecting and improving maternal and child health, I urge you to consider amending it so that more birthing people who are ineligible for BadgerCare Plus—due to their immigration status or because they are in correctional institutions—can also receive the coverage they need. Currently, these people, while pregnant, receive coverage through the BadgerCare Prenatal program, but they lose their eligibility following their pregnancy, leaving many without any realistic source of coverage and care. Extending postpartum coverage under the BadgerCare Prenatal program as well would guarantee the same coverage and continuity of care, and in the governor's 2021-2023 proposed budget was estimated to cost just \$4.5 million per year.

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<sup>4</sup> *Advancing Maternal and Infant Health by Extending the Postpartum Coverage Period*, Medicaid and CHIP Payment and Access Commission, 2021.  
<https://www.macpac.gov/publication/advancing-maternal-and-infant-health-by-extending-the-postpartum-coverage-period/>

<sup>5</sup> Cost Estimate of the *Reconciliation Recommendations of the House Committee on Energy and Commerce*. Congressional Budget Office, 2021.  
<https://www.cbo.gov/system/files/2021-02/EnergyandCommerceReconciliationEstimate.pdf#page=5>

<sup>6</sup> *Extending Postpartum Medicaid Beyond 60 Days Improves Care Access and Uncovers Unmet Needs in a Texas Medicaid Health Maintenance Organization*, *Frontiers in Public Health*, 2022. [frontiersin.org/articles/10.3389/fpubh.2022.841832/full](https://frontiersin.org/articles/10.3389/fpubh.2022.841832/full)

Thank you for taking the time to consider this pressing issue. Extending postpartum eligibility will make sure more parents have the coverage and care they need and help improve maternal and child health outcomes for every Wisconsin mother, regardless of what zip code they live in. I urge you to work with the Joint Finance Committee to advocate that they include postpartum coverage extension in the budget passed out of that committee. I also hope that you act soon to move this bill out of your committee for a full vote on the Senate floor. If you have any questions, please contact me at [wparkesutherland@kidsforward.org](mailto:wparkesutherland@kidsforward.org).

Sincerely,



William Parke-Sutherland  
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