



February 12th, 2025

Members of the Senate Committee on Health

Testimony on 2025 Senate Bill 23

Relating to: extension of eligibility under the Medical Assistance program for postpartum women

Thank you, Madam Chairwoman and members of the committee, for hearing this important legislation today. SB 23 aims to make a positive impact on Wisconsin mothers and babies. This bill extends Medicaid for postpartum woman up to a year after giving birth.

Currently, our state's Medical Assistance program allows for benefits only up until the last day of the month that 60 days after delivery falls. Extending health care coverage for these women for up until a year after delivery is incredibly beneficial for the health outcomes of the mother. Pregnancy can exacerbate ongoing health issues, as well as present new health issues such as hypertension, heart conditions, stroke, and postpartum depression. According to the National Conference of State Legislatures, more than half of pregnancy-related deaths occur within one year after childbirth, and 84% of all pregnancy-related deaths are considered preventable.

Early recognition and intervention/ management is key to minimizing potential health complications. Although benefits vary by state programs, common services that are covered for a mother on Medicaid include, depression and substance abuse services, breastfeeding support, long-acting reversible contraception, and home visiting services. The Wisconsin Maternal Mortality Review Board says that continuity of care is important when eliminating preventable maternal death and lessening emergency care for mothers after birth.

I think it's important to note that this legislation does not change the eligibility requirements for the Medical Assistance program. In order to be eligible to enroll in the MA program, a pregnant woman must be at or below the income threshold of 306% of the federal poverty level. This bill does not change that income threshold so no new women would qualify for Medicaid; it would just allow for those women who are already being covered, be covered for longer to help address potential health issues that arise during the postpartum period. Additionally, Wisconsin already covers an infant for a year after birth. This legislation would bring the mother's care in line with their baby's care and coverage.

My goal as a legislator, which I am sure is a shared goal between all of us in this room, is to make sure we keep moving Wisconsin forward and fight for the future of our youth. We, as a state, are unfortunately behind on this issue; we are one of two states that do not cover mothers up to 12 months postpartum. We have a chance to do better for our moms, our kiddos, and our families as whole. Thank you for listening, and I am happy to take any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Jesse James".

Senator Jesse James
23rd Senate District
Sen.James@legis.wisconsin.gov



PATRICK SNYDER

STATE REPRESENTATIVE • 85th ASSEMBLY DISTRICT

Testimony in Support of Senate Bill 23

Senate Committee on Health

February 12, 2025

Chairwoman Cabral-Guevara and Members of the Committee:

Last summer the Wisconsin Maternal Mortality Review Team reported a 30% increase in pregnancy-associated deaths from 2019 to 2020, with a total 49 deaths in 2020. Of these deaths 43% were pregnancy-related. A majority of these deaths were due to mental health conditions, substance use disorder, cardiovascular conditions and hypertensive disorders. So many of these deaths are preventable. The death of a new mother represents not only the loss of a woman's life, but results in lifelong trauma for her new baby, her family, and her community. Action is needed to improve health outcomes for new mothers which in turn improves outcomes for babies and families.

To improve overall maternal health, providers, payers and public health advocates all recommend uninterrupted insurance coverage during the 12-month postpartum period to ensure access to critical healthcare. However, in Wisconsin, pregnant women who are eligible for BadgerCare have coverage for only 60-days postpartum, essentially two months of insurance coverage following delivery of the baby. Following those 60-days the mother's BadgerCare eligibility is redetermined. A mother can only remain enrolled in BadgerCare if she meets certain eligibility requirements.

A mother facing the prospect of losing her insurance shortly after the birth of her child increases the stresses and uncertainties that already accompany this difficult and crucially important time for the mother and also early child development. An uninsured or underinsured mother faces health care coverage gaps which result in preventable medical conditions going untreated and unmanaged leading to more complex health complications and increased costs – potentially costing the mother her life.

This bill will support new mothers who are already eligible for BadgerCare with uninterrupted health care coverage for an additional 10-months, aligning her coverage with her baby's coverage, for the full 12-month postpartum period. Eligibility will be redetermined at the end of that 12-month postpartum period.

Uninterrupted health care coverage is important in not only managing pregnancy-related medical complications, but also to maintain critical access to mental health providers for treating postpartum depression, a prescription drug benefit, breastfeeding support, and substance use disorder treatment and providers.

This bill is not a partisan issue, it's not red or blue. Wisconsin is one of only two states that has not approved 12-month postpartum coverage for new mothers. An Arkansas Senate Committee voted to approve similar legislation on Monday. It is my sincere hope that Wisconsin does not become the last state to pass this legislation – lives depend on it.

Testimony on SB 23

Good afternoon, Chair Cabral-Guevara, Vice-Chair Testin, and members of the Senate Health Committee for hearing SB 23. I want to thank Senator James and Representative Snyder for re-introducing this Bill. As the Assembly author, along with former State Senator Ballweg, of this Bill last session, I am pleased to reiterate my support for the eligibility extension for postpartum mothers on Medical Assistance from 60 days to 365 days.

I would also like to thank the significant bipartisan legislative co-sponsors and organizations who support this extension. The Senate is be commended for passing this Bill last session with almost unanimous support. I cannot adequately express my disappointment in being unable to even get a public hearing in the Assembly last session. I am hoping that is not the case this session and look forward to seeing this Bill cross the finish line.

I support this extension because significant health issues can occur postpartum between 43 and 365 days. Diabetes, hypertension, blood clots, and cardiac complications (postpartum cardiomyopathy) are just some of those health issues. Recent studies show 1 out of 3 mothers experience depression following delivery. These symptoms often require treatment and monitoring beyond the current 60 day coverage. With a 2 month old child to care for, a new mother should not have to worry about changing health care coverage when faced with postpartum health challenges.

I am proudly pro-life. Women in crises pregnancy situations may make the decision to abort their unborn baby because of health care concerns. This Bill supports the mothers of those babies; helping them to thrive, not simply survive. Not having to worry about health care may lead them to choose life, not abortion.

WI is now 1 out of 2 states that has not passed this extension. While I do not think we should pass this Bill just because everyone else is doing it, I do believe the Bill offers comprehensive, continuum-of-care support for women through the first year of their baby's life.

Thank you for your support of SB 23. It supports healthy mothers, which in turn helps support healthy babies. I will be glad to answer any questions.



Donna M. Rozar, R.N., M.S.N

Former WI State Representative, District 69

2/12/25



State of Wisconsin
Department of Health Services

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TO: Members of the Senate Committee on Health

FROM: Arielle Exner, 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: February 12, 2025

RE: SB 23, relating to: extension of eligibility under the Medical Assistance program for postpartum women

Chair Cabral-Guevara, Vice-Chair Testin, members of the Senate Committee on Health, and staff, my name is Arielle Exner and I am the Legislative Director for the Wisconsin Department of Health Services (DHS). Accompanying me today is Dr. Jasmine Zapata, Chief Medical Officer for our Bureau of Community Health Promotion and State Epidemiologist for Maternal and Child Health and Chronic Diseases in our Division of Public Health.

In addition to her role as Chief Medical Officer, Dr. Zapata is a practicing clinician of over 15 years and is board certified in both Preventive Medicine and Pediatrics. Dr. Zapata is a Newborn Nursery Hospitalist having attended over 1,000 deliveries and has extensive experience working with birthing people and families throughout pregnancy, during delivery, and in the postpartum period. She is also Co-Chair of the Wisconsin Maternal Mortality Review Team.

On behalf of DHS, we thank the Committee for the opportunity to provide testimony in support of the bipartisan proposal, Senate Bill 23 (SB 23), which extends postpartum Medicaid coverage from 60 days to one year. Wisconsin is one of only two states nationally that does not provide Medicaid coverage for one year postpartum.¹ Medicaid is integral to the health and safety of mothers and babies statewide in both urban and rural communities. In calendar year 2023, Medicaid covered 35 percent of births in the state and 41 percent of births nationwide.² From 2020 to 2022, there were 63 pregnancy-related deaths in Wisconsin. One-third of pregnancy-related deaths occurred after 60 days postpartum, and 76% of those who died had Medicaid at

¹ Kaiser Family Foundation. (2021). *Medicaid Postpartum Coverage Extension Tracker*. KFF. <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

² *Births Financed by Medicaid* | KFF. (2025, January 15). KFF. <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?activeTab=graph¤tTimeframe=0&startTimeframe=7&selectedDistributions=number-of-births-financed-by-medicaid&selectedRows=%7B%22states%22:%7B%22wisconsin%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22>



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the time of their delivery.³ Wisconsin moms are losing healthcare coverage when they need it most.

DHS appreciates the bill authors' and Committee members' continued commitment to bringing forward extending postpartum coverage to 12 months. Governor Evers has also included this proposal in his past three executive biennial budgets as part of his "Healthy Moms, Healthy Babies" initiative. DHS projects an additional 5,020 qualifying women enrolled in Medicaid with an average cost of \$307 per member per month resulting in an annual cost of \$18.5 million all funds with \$7.3 million in GPR. These projections assume that these new enrollees maintain Medicaid coverage for the full year postpartum. If the state implemented Medicaid expansion, the annualized cost to cover these additional members for one year would be reduced to \$15.1 million all funds, with \$5.2 million GPR, resulting in lower costs to Wisconsin taxpayers. I will now pass it over to Dr. Zapata to share more about her experience and more information about how extending Medicaid postpartum can improve health outcomes.

Research shows the notable vulnerability of mothers after 60 days postpartum both mentally and physically. Extending Medicaid coverage for one full year postpartum has demonstrated improved health outcomes for mothers and babies in addition to a reduction in extensive and long-term treatment expenditures. These health outcomes include:

- **Fewer maternal health deaths.** Extended coverage can help prevent pregnancy-related deaths and reduce persisting disparities in maternal mortality. Evidence finds that maternal deaths within one year postpartum could be reduced with additional Medicaid coverage (between 1.6 to 7.01 deaths per 100,000 live births).^{4,5}
- **Lower infant mortality rates and reduction in disparities in preterm birth and low birth weight.** States with extended Medicaid coverage had more than a 50% greater decline in infant mortality rates compared with other states, with the greatest declines in infant mortality among African American and Hispanic infants.^{6,7}
- **More mothers receiving mental health and substance use disorder treatment, including care for postpartum depression.** In states that extended postpartum Medicaid coverage, use of mental health and substance use disorder services in the first year

³ 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.

⁴ Rosenberg J. [MEDICAID EXPANSION LINKED TO LOWER MATERNAL MORTALITY RATES](#). AcademyHealth National Health Policy Conference 2019.

⁵ Eliason EL. [ADOPTION OF MEDICAID EXPANSION IS ASSOCIATED WITH LOWER MATERNAL MORTALITY](#). *Women's Health Issues*. 2020 May 1;30(3):147-52.

⁶ Bhatt CB, Beck-Sagué CM. [MEDICAID EXPANSION AND INFANT MORTALITY IN THE UNITED STATES](#). *American Journal of Public Health*. 2018 Apr;108(4):565-7.

⁷ Constantin J, Wehby GL. [EFFECTS OF RECENT MEDICAID EXPANSIONS ON INFANT MORTALITY BY RACE AND ETHNICITY](#). *American Journal of Preventive Medicine*. 2023 Mar 1;64(3):377-84.



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postpartum increased by over 300%.^{8,9} Maternal mental health remains a growing concern in our state, with pregnancy-related overdose deaths on the rise.

- **Greater use of preventive health services.** Moms with continuous coverage are more likely to access care, allowing maternal morbidities to be addressed before they become more severe and costly. This is critical in Wisconsin as rates of severe maternal morbidity has increased significantly between 2016 and 2023 (60 per 10,000 delivery hospitalizations in 2016 to 77.9 per 10,000 delivery hospitalizations in 2023).¹⁰ Extending Medicaid coverage can prevent extensive and long-term treatment expenditures and reduce strain on Wisconsin's medical systems.
- **Reduction in emergency room visits and hospital readmissions.** Extended Medicaid coverage can reduce hospital readmissions among uninsured postpartum women by 14% and reduce emergency room visits by 13%.^{11,12}
- **Increased use of contraceptives and up to 37% fewer risky, short-interval pregnancies.** These types of pregnancies can result in adverse maternal and infant health outcomes.¹³
- **Overall enhanced child health.** Addressing the healthcare needs of mothers in their first year postpartum, reduces adverse childhood experiences within their first year of life, with loss of a parent being classified as an adverse childhood experience. Adverse childhood experiences have been linked to substance use, mental health issues including suicide, chronic disease, and other health and social challenges later in life. A healthy mom can lead to a healthier child.

Providing adequate postpartum healthcare coverage to address moms' physical and mental health concerns in the first year, strengthens their physical and emotional health making them more likely to be contributing members to the community such as returning to the workforce. Preventing medical complications can also decrease financial strain on families. Providing

⁸ Wang X, Pengetnze YM, Eckert E, Keever G, Chowdhry V. [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 May 3;10:841832.

⁹ Schuster AL, Perrailon MC, Paul JJ, Leiferman JA, Battaglia C, Morrato EH. [THE EFFECT OF THE AFFORDABLE CARE ACT ON WOMEN'S POSTPARTUM INSURANCE AND DEPRESSION IN 5 STATES THAT DID NOT EXPAND MEDICAID, 2012–2015](#). *Medical Care*. 2022 Jan 1;60(1):22-8.

¹⁰ <https://www.dhs.wisconsin.gov/publications/p01125-2016-2023.pdf>

¹¹ Steenland MW, Wherry LR. [MEDICAID EXPANSION LED TO REDUCTIONS IN POSTPARTUM HOSPITALIZATIONS](#). *Health Affairs*. 2023 Jan 1;42(1):18-25.

¹² Symum H, Zayas-Castro J. [IMPACT OF STATEWIDE MANDATORY MEDICAID MANAGED CARE \(SMMC\) PROGRAMS ON HOSPITAL OBSTETRIC OUTCOMES](#). *Healthcare*. 2022 May 9;10(5):874.

¹³ Wang X, Pengetnze YM, Eckert E, Keever G, Chowdhry V. [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 May 3;10:841832.



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healthcare when families need it most improves economic stability for them, and by extension, the state.

The department would like to reiterate its unwavering support for SB 23 and offers itself as a resource to the Committee on this proposal and other matters. Thank you to the Committee for your time today. We are happy to answer any questions.

Date: February 12, 2025
To: Senate Committee on Health
From: Dr. Amy Domeyer-Klenske for the American College of Obstetricians and Gynecologists – WI Section
Re: Senate Bill 23 Extension of Medicaid Eligibility for Postpartum Women

Good afternoon, Chairwoman Cabral-Guevara and honorable members of the Committee.

My name is Dr. Amy Domeyer-Klenske. I am an Associate Professor of Obstetrics and Gynecology at the University of Wisconsin Madison and serve as the Director of the Division of Academic Specialists in Obstetrics and Gynecology. I am also the current Legislative Chair of District 6 and Immediate Past Chair of the Wisconsin Section of the American College of Obstetricians and Gynecologists.

I am here today on behalf of the American College of Obstetricians and Gynecologists to speak in support of Senate Bill 23 because I care deeply about the health and well-being of my own patients and of our obstetric patients across the state. I want to thank Senator James for introducing this bill, and the many, many cosponsors of the bill. This is a strong bipartisan bill that can do great things for moms and babies across Wisconsin.

We are in an unfortunate moment in Wisconsin. The Wisconsin Maternal Mortality Review Team (MMRT) reported in June of last year that 10,543 individuals had a mental health or substance use disorder diagnosis at the time of delivery, and of pregnancy-related deaths reported in 2024 38% were due to mental health and substance use conditions.¹ These deaths are preventable. Further, the rate of Severe Maternal Morbidity (SMM) in Wisconsin is increasing, with hemorrhagic complications, renal and respiratory conditions being the most common cases. The MMRT reports there is on average one case of SMM for every 125 deliveries.²

We have the medical knowledge to care for these women, to offer them life-saving treatment in cases of preventable maternal death. We need systems that allow these women to access the necessary care during their vulnerable postpartum period which is defined as 12 months following delivery. By extending Medicaid coverage to 12 months postpartum, we have an opportunity to make our systems work better for our patients and the mothers of Wisconsin. This legislation would help us save and improve lives and strengthen families.

There are so many examples of how this legislation would benefit patients like mine. Some patients come into pregnancy with chronic conditions that increase their risk of morbidity during pregnancy. I care for many women who enter pregnancy with problems like obesity or high blood pressure. Often, high blood pressure worsens during pregnancy and can make the delivery complicated and even frightening for many patients who desperately want to begin their lives as a healthy family. I was so blessed to deliver one of my own patients who was in this situation. Her delivery was beautiful, and I won't ever forget the moment I placed her healthy, crying boy on her chest. For this patient, as well as many others, medical complications began during the postpartum period. After her delivery my patient required frequent dose adjustments of her blood pressure medications and a safe transfer of care to her primary care physician for ongoing treatment. My patient also suffered from a life-threatening blood clot following delivery, a problem which would require her to be on blood-thinners for the months after delivery.

When we see women who lose their coverage when they are newly requiring blood pressure medication or life-saving blood thinners, we worry about what will happen to them, about their risk for heart disease, stroke, and death in the upcoming year and beyond. A change in health insurance coverage – whether that means becoming uninsured, underinsured, or switching to a new plan with a new provider network or out-of-pocket costs – can result in missed appointments and loss of access to needed medications or treatments. Not only is this unsafe for the new mother, but loss of coverage will increase pregnancy-related complications and ultimately healthcare costs. We need a system that allows access to care without coverage

disruptions as a new mother's health can rapidly change during the postpartum period. This is what's best for the mother, her new baby, and the healthcare system.

Many women enter pregnancy without chronic conditions, but problems might arise in the pregnancy which require ongoing care. Some may discover new diagnoses during a pregnancy - a woman with an unexpected cancer diagnosis, diabetes, or heart requiring an unexpected hospitalization and recovery. Some women may newly find pregnancy as an important time to seek treatment for their substance use disorder. These women work hard to overcome addiction that may have plagued them for years and find relief with opioid replacement therapies. Loss of access to this treatment can be deadly. These women need access to ongoing substance use resources and treatments that continues through their 12 months postpartum. While we have seen women without care access suffer or relapse in their substance use disorders, I have also seen women who have continuous access to treatment thrive when they continue to access these important therapies. I recall a patient who struggled with addiction and seriously committed to her rehabilitation in her pregnancy. Her access to ongoing care allowed her to become a healthy and supportive mom to her beautiful daughter, she found fulfilling work and is now working towards a healthy second pregnancy. Access to this critical care leads to healthy mothers, but also healthy families.

Postpartum mood disorders such as depression and anxiety are another clear example of the need for 12 months of postpartum coverage. Time and again, I will see women in their 6 weeks postpartum exam who may or may not be experiencing mood concerns. Some require care and medical treatment prior to their 6-week visit, but this often is the beginning of their journey in treating mental health conditions. I have met some women who are reluctant to reach out to a therapist or begin a medication because they don't want to begin a treatment that will be immediately disrupted when their insurance lapses. Sometimes, it's not until I see a patient back for a subsequent pregnancy that I learn how much she began to struggle with mood disorders *after* her 6-week visit. Women describe how their mood worsened when they or a partner returned to a job, when they lost the support of a visiting family member. Sadly, some women in our state succumb and die due to these illnesses. But for every woman who succumbs, there are countless others who slog through and suffer silently until they can again access care. Postpartum mood disorders do not end at 60-days postpartum, and neither should insurance coverage.

There are so many stories I could share in my work to illustrate the profound impact this legislation could have on women and families in Wisconsin. I certainly have considered my own situation when thinking about the huge benefit access to healthcare has afforded myself and my family, so I will leave you with my own story. In addition to my professional work, I'm a mother of two. I entered my first pregnancy healthy and without any chronic medical conditions. At 34 weeks, I developed severe preeclampsia. I felt something was wrong and communicated with my obstetrician who had me collect lab values which I had drawn before my shift. I was running from room to room seeing patients when my labs resulted and our Midwife pulled me aside to tell me my liver function was severely impaired, my levels 10 times the normal range. I was immediately sent to the hospital where my blood pressure was newly elevated, and I was told we would need to unexpectedly welcome our first son 6 weeks before his planned due date. Thankfully, I delivered a beautiful and healthy boy. I had postpartum follow up to ensure my blood pressure returned to normal and I had the opportunity to later visit with my primary doctor after my 6-week visit to ensure my liver returned to normal. I had the opportunity to learn what this illness meant for my future health risks and use that information to inform additional healthcare decisions. For me, like so many of our patients, this follow up care outside of the 6-week postpartum period was absolutely necessary to ensure I could continue to live a safe and healthy life as a new mom. It is my firm belief that all patients, including those receiving Medicaid, should receive the same access to care and consultation with their providers that I had in my pregnancy. This legislation will save lives. Thank you for your time today.

**Senate Committee on Insurance and Small Business****Testimony provided by Lee Dresang, MD, Professor****Senate Bill 23: Extension of Eligibility under the Medical Assistance Program for Postpartum Women****February 12, 2025**

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 ACHC Family Medical Center.

Thank you to Chairperson Cabral-Guevara and the other esteemed members of the committee for this opportunity to express our support for Senate Bill 23 (SB23) 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. Serious health risks are present the first year and not just the first 60 days after birth.

As an aside, I submitted longer written testimony via email to the committee clerk already but in the interest of time, will limit my comments today. I would like to start by pointing out that as of January 2025, 49 states including Washington DC have implemented the 12-month Medicaid Postpartum Coverage Extension.¹ Only Wisconsin and Arkansas have not.¹ This is not a red or blue issue; It is a bipartisan patient care and health care funding issue. It is time for Wisconsin to join the rest of the country.

I would also like to share a personal story which illustrates the importance of healthcare during the first 12 months after birth. My sister (who has given me permission to share her story) was not taking 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 developed Takotsubo cardiomyopathy and cardiac arrest. She had to be defibrillated and then put in an induced coma and cooled for a few days. We almost lost her but thankfully she has had a full recovery! Others who lose their insurance 60 days after delivery and have cardiac arrest from uncontrolled hypertension due to lack of access to medicines or medical monitoring may not be so lucky.

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. 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 woman⁵, compared with 2.6 times higher nationally.² Fifty-three percent of pregnancy related deaths occur between 7 days and 1 year after delivery; more than 80% are preventable.⁶

In addition to hypertension, diabetes, depression, elevated BMI, HIV, seizure disorder, substance use disorder, thyroid disease and venous thromboembolism are among the issues very much needing attention between 90 days and 12 months after delivery. 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 pregnant people who have identified risk factors (such as hypertension, diabetes, high BMI, substance use disorders and 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.

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. Again, serious health risks are present the first year and not just the first 60 days after birth. Senate Bill 23 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.

Senate Committee on Health

2023 Senate Bill 23

Extension of Medicaid Coverage for Postpartum Women

February 12, 2025

Good afternoon, Chair Cabral-Guevara and members of the Senate Committee on Health. My name is Megan Timm and I serve as the Regional Director of Community Health for SSM Health's Wisconsin Region. I am joined by Liz Voss, our Manager of Women's Health. On behalf of SSM Health we would like to thank the committee for the opportunity to testify in support of Senate Bill 23, 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.

Wisconsin is one of only two states in the United States that does not extend this coverage to new mothers. Forty-eight other states and the District of Columbia have taken steps to provide needed care for new mothers. Across the country, state legislatures have seen it necessary to ensure that new mothers have access to vital care for their and by extension, their family's health. Other states have also seen it necessary to help avoid future increased cost and risk by providing the care in the first twelve months of the child's life. If we want to support women during what can be a difficult time, we need make the care they need available to them. This bill does just that.

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) and hypertensive disorders of pregnancy (HDP). In 2024, over 27% of our postpartum patients in Wisconsin had a HDP and unfortunately, we are beginning to see that number trending higher. We also see 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.

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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 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. We know that mothers with a SUD would have better outcomes with their diagnosis if they had access to postpartum healthcare. With proper care and attention, we can help to avoid tragic outcomes. 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. Last year both Oklahoma and Missouri --- two states in our system implemented twelve-month post-partum coverage. 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. We hope that Wisconsin can join the 48 other states that have made this coverage available to new mothers.¹

Thank you again for the opportunity to provide comments in support of Senate Bill 23. 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, Alex Ignatowski, at alexander.ignatowski@ssmhealth.com

¹ Kaiser Family Foundation. *Medicaid Postpartum Coverage Extension Tracker*. January 17, 2025.
<https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>



To: Senate Health Committee

Date: February 12, 2025

From: Nicole Hudzinski, Government Relations Director, American Heart Association

RE: SB 23, extending Medicaid postpartum coverage to 12-months

Good morning, Senator Cabral-Guevara and members of the committee. Thank you for having a hearing on SB 23, extending Medicaid postpartum coverage to 12-months. We also want to thank Senators James and Felzkowski, Representatives Snyder and Rodriguez, and the many co-sponsors of this legislation. The American Heart Association fully supports this proposal.

Maternal morbidity and mortality in the United States, and in Wisconsin, continue to be too high. This is especially true given over 80% of pregnancy-related deaths are preventable. This is unacceptable, and we must do more to support new moms and their families.

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.

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.

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 23, extending Medicaid coverage for new moms to 12-months postpartum.

Thank you for considering our testimony.

Senate Health Committee
Testimony- Senate Bill 23

Good morning, Chairwoman and members of the committee. My name is Annmae Minichiello. I am a pharmacist, a volunteer with the American Heart Association, and a mother of two beautiful children. I am here today to testify in support of Senate Bill 23.

Before I share my pregnancy journey, I want to share what life was like before. I ate healthy and was physically active. I worked out every day following an intense exercise regimen that would prepare me for competing in events like the Door County Triathlon. I had no history of cardiovascular disease in my family, so when my husband and I decided to become pregnant, I wrongly assumed I was in for an easy and smooth ride.

Life took a sharp turn 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. The weeks that followed were unpredictable as I dealt with recurring bleeding episodes without warning. I was in constant fear for the life of my baby girl.

Six weeks before my due date, I was admitted to the hospital for constant monitoring. My baby was delivered by emergency c-section and 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 loss of blood I experienced during delivery. My care team continued to monitor me closely and while they were concerned with my higher-than normal blood pressure, I was allowed to go home with my baby girl because I had no history of cardiac issues. My husband and I hoped 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 and after various tests, the supervising physician showed me my chest x-ray and labs, indicating I was experiencing heart failure. I had a condition called peripartum cardiomyopathy.

I spent the next two weeks in the hospital instead of with my newborn baby. I was treated with oxygen, medications, and a continuous heart monitor. I could hardly believe my circumstances. How can I go from running in triathlons to barely breathing while walking?

In addition to my body battling heart failure, it was also working to fight off hypertensive emergencies. I started to believe that this was the end for me and that I was going to leave my daughter without a mother and my husband without a wife.

**Postpartum Extension
Senate Hearing
February 12, 2025**

Good afternoon, Senator Cabral-Guevara and members of the committee. Thank you for having a hearing on SB 23, sponsored by Senators James and Felzkowski and Representatives Snyder and Rodriguez, 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 greater 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 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 23, extending Medicaid coverage for women to 12 months postpartum.

Thank you for considering my testimony.

Sally Zirbel Donisch
Middleton, WI

My name is Dr. Kathleen Hipke (Kathleen N. Hipke, PhD) and I am here to speak in strong support for the passage of SB-023 to expand Medicaid coverage postpartum from 90 days through the full postpartum year.

I have been a resident of Rock County, Wisconsin for almost 25 years. I am a licensed clinical psychologist with 3 decades of practice experience. And most importantly for today, I am statewide leader in the area of Maternal, Infant and Early Childhood Mental Health. I am here to highlight the critical impact of this legislation on the promotion of mental health for both parents and babies in our communities.

In my field of expertise - Maternal, Infant & Early Childhood Mental Health – there is an enormous body of literature at this point informed by research, theory and clinical practice that teaches us one very important fact: the healthy development of the infant unfolds within the relationship with their parent or caregiver. When parents are emotionally healthy and available, infants and young children develop trust and skills to regulate their emotions, attention and behavior. Postpartum conditions like clinical depression, however, create risk to this developmental trajectory for babies and young children with long ranging implications for parent/child relationship quality, school readiness and emotional and behavioral conditions in later childhood and adolescence. In other words, treating postpartum mental health conditions in mothers has enormous implications for the developmental trajectory of their babies, our youngest citizens.

Of course, treating postpartum mental health conditions requires mothers are able to access health care across the postpartum year. While some cases of postpartum depression, anxiety and PTSD come online and are identified in pregnancy, the majority do not come to the attention of women and their health care providers until after the baby is born. By the time a woman has been referred for mental health treatment and navigated wait times, they are already approaching if not well surpassing the current 90-day Medicaid coverage. And treatment takes time.

Many are unaware, even within the health care field, that mental health conditions including suicide and overdose are currently the **leading cause of pregnancy related death in the state of Wisconsin** (see: <https://www.dhs.wisconsin.gov/publications/p02108-2020.pdf>). Further, the majority of mental health driven deaths in Wisconsin occur in the **latter half of the postpartum year**. This is a time when health care visits with obstetrics and other birthing professionals have come to an end, and many women suffering with their mental health – given the current 90 day Medicaid coverage period – have lost access to other health care including mental health providers and clinics.

We must do better – for mothers and babies - and Medicaid expansion is an essential tool to do so. We are currently the only state outside of Alabama that has not yet recognized this critical health care need and expanded Medicaid coverage through the full postpartum year. I urge you to move SB-023 forward to close this gap.

Thank you.

Senate Committee on Insurance and Small Business

Testimony provided by Justine Brown-Schabel

2025 Senate Bill 23: Extension of Eligibility under the Medical Assistance Program
for Postpartum Women

February 11, 2025

Hello, and good afternoon. I am Justine Brown-Schabel, and I am here as a representative of the Dane County Health Council, which consists of all 5 of the healthcare systems in Dane County (UW Health, UPMH, SSM, GHC, Access), Madison Metropolitan School District, Public Health Madison, and the United Way. The mission of this health council is to eliminate gaps and barriers and provide the citizens of Dane County with optimal health. More importantly, today, I come to you as a representative of the groundbreaking "Saving our Babies" initiative, started by the DCHC, that provides community health worker support to pregnant patients up to a year postpartum.

Thank you ~~to the members of the committee~~ ^{Chairperson and to the} members of the committee for allowing me to give testimony before the Wisconsin State Senate Committee on Health. I, like so many others in our community, provide full support of Senate Bill 23, which looks to extend postpartum Medicaid benefits from 60 days to 12 months.

The community health workers of the DCHC do many jobs. We connect pregnant patients to community-based resources that may address their social determinants of health needs. We offer care coordination support to ensure holistic wrap-around care to decrease adverse birthing outcomes. We listen, understand, and assist within our scope of practice. More importantly, we act as advocates for the pregnant patient at a time when heavy focus is put on the care of the infant, while the patient's health can often be pushed to the wayside.

The postpartum period can be difficult for many reasons. But losing Medicaid coverage after 60 or even 90 days shouldn't be one. Take, for instance, the patient who was diagnosed with gestational diabetes, had her baby, and yet the diabetes continued to remain. After her 60 postpartum Medicaid coverage had ended, she was no longer able to afford her diabetes

medication. Not only did this affect her health, but the health of her infant as she was unable to properly feed her child due to a diminishing milk supply.

Or what about the patient, who, by the time her infant child turned 3 months old, was well in the depths of postpartum depression? Poor appetite, significant weight loss, insomnia, mental exhaustion, and feelings of worthlessness devastated this patient and her family. Sixty days are simply not enough!

As of 2025, Wisconsin and Arkansas are the last of the 50 states to cover postpartum care through a significant portion of the postpartum period. A 2023 ALICE (Asset, Limited Income, Constrained Employed) Report identified that roughly 34% of Wisconsin Families failed to earn enough money to meet basic needs. Of that 34%, 11% live below the federal poverty line. The other 23% live above the federal poverty level but cannot afford the essential items other community members possess (Ryan, 2023). Furthermore, women account for 62% of Wisconsin's Medicaid recipients (2010). The experiences, the stories that are told, and the data do not lie. Expanding Medicaid coverage for postpartum care supports the mother, the child, and their support system. Thus, promoting healthy and sound Wisconsin families who live up to their true Badger State potential.



TO: Chair Cabral-Guevara, Vice-Chair Testin, and Honorable Members of the Senate Committee on Health

FROM: Ragen Shapiro, Legislative Advisor

DATE: February 12, 2025

SUBJECT: 2025 Senate Bill 23

The Department of Children and Families (DCF) is committed to the goal that all Wisconsin children and youth are safe and loved members of thriving families and communities. To support this goal, the Wisconsin child welfare system is guided by the principal of prevention. It is through this lens that DCF reviewed SB23 and submits this memo in support of the legislation.

DCF appreciates the commitment of legislative partners to ensure adequate medical care for mothers following the birth of their children, and ensuring adequate, uninterrupted health insurance coverage during the 12-months post-partum period and the inclusion of this proposal in Governor Evers' previous gubernatorial budgets. This health coverage is critical to ensure that new mothers and their vulnerable infants receive the care they need during this crucial time period.

Wisconsin is one of only **two** states that have not approved 12-month post-partum coverage for new mothers. There is substantive research related to increased coverage and improved health outcomes, which are highlighted throughout DHS's testimony. In addition to these vital health outcomes, it is also important to note that there has been clear research on the positive impact of increased Medicaid coverage on reductions in referrals to the child welfare system. For children 0-5, Medicaid expansion was correlated to over a **17% reduction** in first-time child welfare reports of neglect (McGinty, 2022).

In addition to the reduction of child welfare reports of neglect, post-partum maternal care has the ability to positively impact child outcomes. A recent review of research has indicated a **growing connection** between maternal depression/anxiety to negative child health & development outcomes (Burak, 2022). In states that have increased post-partum care for mothers, mental health, substance use and other prevention services were utilized **3x** more than states that had not seen an increase. Finally, extending coverage for mothers during the post-partum period also

has the ability to save states money. Untreated maternal mental health carries over a \$14 billion per year cost nationally (Clark, 2022).

Early childhood research is clear that this window of time is critical for the health of infants and their mothers. According to the 2024 Annual Report of the Governor's Early Childhood Advisory Council, "The first five years of life are a crucial time in a child's development. A baby's brain doubles in size in their first year... During these early years, babies and toddlers are rapidly developing brain connections, which are formed through positive experiences and interactions with their caregivers. Because stable and healthy relationships are critical to child development, maternal health directly impacts the health of infants and children – including the ability to care for a child physically, emotionally, and financially."

DCF thanks the Senate Committee on Health for their attention to this crucial area of care for mothers and their children.



February 12, 2025

To: Chair Cabral-Guevara
Members of the Senate Committee on Health

RE: In support of Senate Bill 23, Extension of eligibility under the Medical Assistance program for post-partum women

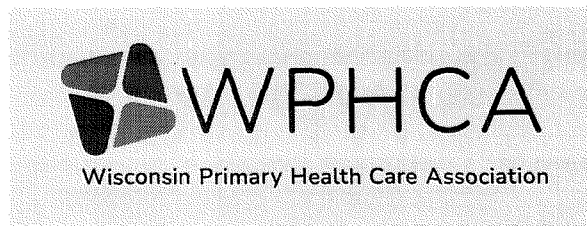
Chair Cabral-Guevara and Members of the Senate Committee on Health:

Thank you for hearing testimony on Senate Bill 23. 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 2023, providing care for residents from every single county, including pregnant women and infants. We strongly support Senate Bill 23 and also appreciate the leadership of Sens. James and Felzkowski and Reps. Snyder and Rodriguez for championing the legislation this session.

In 2023, Wisconsin Community Health Centers provided 1,758 deliveries and 3,254 pre-natal visits, an increase of approximately 30% relative to 2021. 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, while also 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 23 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. 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 23 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 moving forward in the Senate again this session. Thank you for your consideration of SB 23 and we respectfully ask for your support.

Sincerely,

Richelle Andrae

Richelle Andrae
Associate Director of Government Relations
Wisconsin Primary Health Care Association
randrae@wphca.org | (608) 571-6168

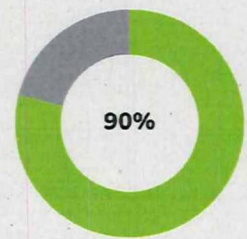
WHAT IS A COMMUNITY HEALTH CENTER?

JANUARY 2025

There are 19 federally-designated Community Health Centers in Wisconsin with more than 200 service delivery sites, serving nearly 300,000 patients.

DID YOU KNOW?

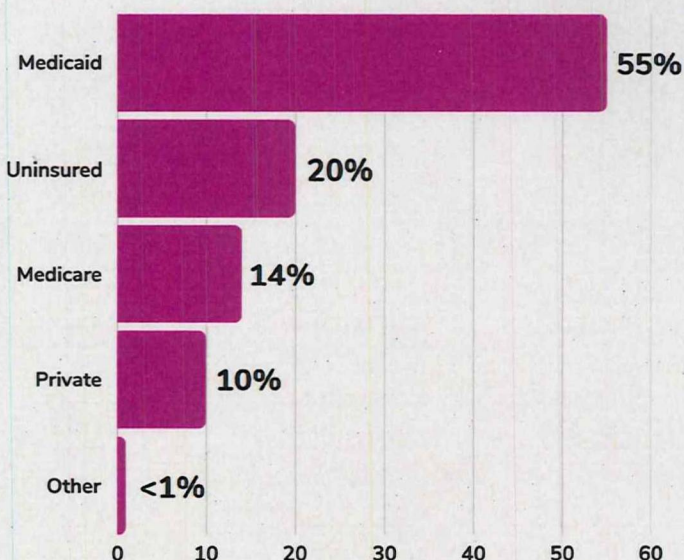
- Community Health Centers, also known as FQHCs, are clinics that provide primary care services, **including check-ups, behavioral health, dental care, mental health and substance use disorder treatment**, and supporting services like care coordination and community referrals.
- Wisconsin's 19 Community Health Centers are part of a national network of clinics that serve as the medical home for over **31 million people** of all ages in over 15,000 communities.
- Community Health Centers provide services to everyone **regardless of insurance status**, with fees adjusted based on a patient's ability to pay.
- Because of their special federal designation, Community Health Centers participate in unique programs like the National Health Service Corps, a program to incentivize practice in high-need areas.
- Community Health Centers receive **limited funding from public investments** to provide care for uninsured individuals and high-need populations (approximately one-third of revenue is state or federal grant funding).
- Every \$1 in federal investments generates \$7 in economic activity across Wisconsin, delivering over **\$652 million in economic activity annually**.



Over 90% of Community Health Center patients live below 200% of the Federal Poverty Line.

200% of the Federal Poverty Line in 2023 was \$29,160 for a family of four.

Insurance Status of Wisconsin Community Health Center Patients



WHAT MAKES COMMUNITY HEALTH CENTERS UNIQUE

Community Health Centers are:

- Dedicated to filling gaps in traditional health care systems by serving under-resourced communities
- Private or public not-for-profit organizations Located in or serving high need communities, based on federal requirements, which may be urban or rural areas
- Governed by a patient-majority Board of Directors Responsible for meeting performance and accountability requirements and publicly reporting clinical and financial data to the federal government

Community Health Centers sit at the crossroads of health care and public health. They are not:

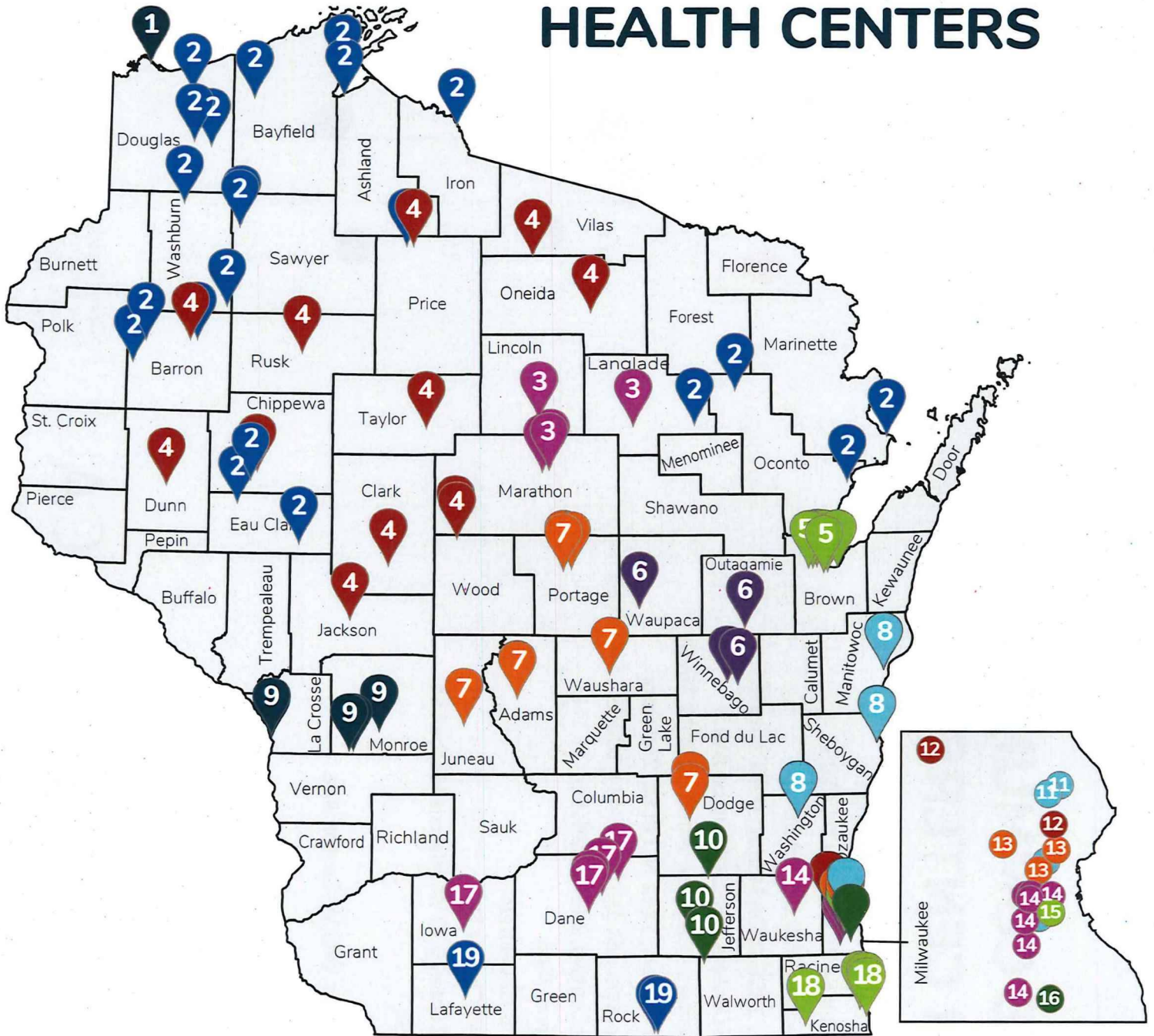
- Hospitals or health systems
- Free and charitable clinics
- Local public health departments

Richelle Andrae
randrae@wphca.org
608-571-6168

wphca.org

 **WPHCA**
Serving Wisconsin Community Health Centers

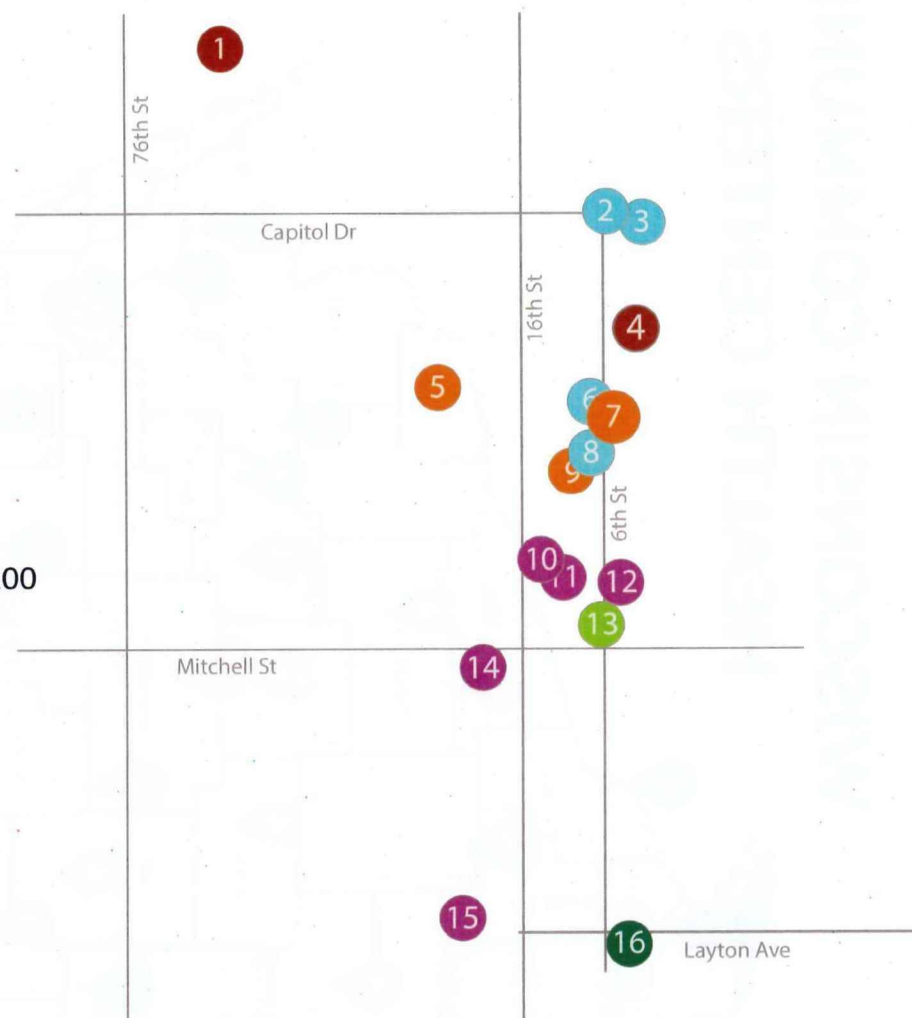
WISCONSIN COMMUNITY HEALTH CENTERS



- | | | |
|---|---|---|
| 1. Lake Superior Community Health Center | 7. Noble Community Clinics | 13. Progressive Community Health Centers |
| 2. NorthLakes Community Clinic | 8. Lakeshore Community Health Care | 14. Sixteenth Street |
| 3. Bridge Community Clinic | 9. Scenic Bluffs Community Health Centers | 15. Gerald L. Ignace Indian Health Center |
| 4. Family Health Center of Marshfield, Inc. | 10. Rock River Community Clinic | 16. Muslim Community & Health Center |
| 5. N.E.W. Community Clinic | 11. Outreach Community Health Centers | 17. Access Community Health Centers |
| 6. Partnership Community Health Center | 12. Milwaukee Health Services, Inc. | 18. Kenosha Community Health Center |
| | | 19. Community Health Systems |

MILWAUKEE COMMUNITY HEALTH CENTERS

1. Milwaukee Health Services, Inc., 8200 W. Silver Spring Dr.
2. Outreach Community Health Centers, 711 Capitol Dr. #205
3. Outreach Community Health Centers, 220 Capitol Dr.
4. Milwaukee Health Services, Inc., 2555 N. Dr. Martin Luther King Dr.
5. Progressive Community Health Centers, 3522 W. Lisbon Ave.
6. Outreach Community Health Centers - Salvation Army, 1730 N. 7th St.
7. Progressive Community Health Centers, 1452 N. 7th St., 2nd Floor
8. Outreach Community Health Centers - St. Ben's, 1004 N. 10th St., Suite 100
9. Progressive Community Health Centers, 945 N. 12th St.
10. Sixteenth Street, 1635 W. National Ave.
11. Sixteenth Street, 1032 S Cesar E. Chavez Dr.
12. Sixteenth Street, 1243 S Cesar E. Chavez Dr.
13. Gerald L. Ignace Indian Health Center, 930 W. Historic Mitchell St.
14. Sixteenth Street, 2906 S. 20th St.
15. Sixteenth Street, 4570 S. 27th St.
16. Muslim Community & Health Center, 803 W. Layton Ave.



Updated January 2025



Date: February 12, 2025

To: Senate Committee on Health

From: William Parke-Sutherland, Government Affairs Director

Alia Stevenson, Deputy Director

RE: Support for Senate Bill 23

Chairwoman Cabral-Guevara and members of the Committee, thank you for the opportunity to provide testimony in support of the proposed bill. This testimony is offered by Alia Stevenson, Deputy Director, and William Parke-Sutherland, Government Affairs Director for Kids Forward. We are 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, rural families, and those furthest from opportunity.

Senate Bill 23 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 critical health care;
- respond to the maternal health crisis and begin to mitigate racial disparities in maternal and infant health;
- boost the health of young children by improving and protecting the health of their parents; and
- result in more consistent prenatal and postpartum care for mothers and their babies.

Mothers 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 2021-2023 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 ongoing care to manage other serious health concerns, such as heart failure.

Alia Stevenson knows firsthand how important ongoing healthcare coverage is for pregnant women and their children. We're sharing her story with you:

I was one week postpartum when my heart failed. I was rushed to the hospital with elevated blood pressure, shortness of breath, and swollen legs. After extensive advocacy and testing, I was diagnosed with peripartum cardiomyopathy, or heart failure, and at 26 years old my life was forever changed. The first year postpartum was the most difficult with finding the right combination of medications, activity restrictions, stress tests, echocardiograms and appointments with cardiologists; all while caring for a newborn and 2 young children. This on top of the financial and emotional burden of not being able to breastfeed my newborn because of the medications I was on for my heart.

While managing my own care, I also had to manage my newborn's care. In addition to the well child visits, my son was born with clubfoot on both feet, a foot deformity where the foot is twisted inward and downward. Weekly visits to the pediatric orthopedist for a series of weekly casts to gradually stretch and manipulate the foot into a more normal position were essential to ensure his ability to walk.

Black Women just like me have higher rates of peripartum cardiomyopathy, have more severe heart damage and more serious complications from the condition, and get a diagnosis at a younger age. If it wasn't for healthcare coverage for myself and my child, I honestly don't know what would have happened.

What happened to Alia is far too common and should be a call to action for us all.

Wisconsin has some of the worst racial disparities in maternal and infant health mortality and health outcomes in the nation. The Foundation for Black Women's Wellness *Saving Our Babies* report¹ states that, due in part to bias and discrimination in health care, housing, and employment, Black mothers are nearly 3 times as likely to give birth to low birthweight babies compared to white mothers. Concerning maternal mortality, the disparity between Black and white women is greater in Wisconsin than the national average. Black women in Wisconsin are 5 times more likely to die due to complications related to pregnancy compared to their white counterparts. Countless national, state, and local advocacy and policy organizations recommend extending postpartum coverage for one year.

According to a Kaiser Family Foundation report² using CDC natality data, Black, Indigenous, and Latine 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, notably Wisconsin, where disparities are much worse than the national average. Adopting one year of continuous coverage postpartum, as proposed, would help stem these shameful, devastating outcomes.

This is not a partisan issue; both red and blue states have extended Medicaid postpartum coverage. To date, **all but two states - Wisconsin and Arkansas** - have extended 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 conditions

¹ *Saving our Babies: Low Birthweight Engagement Final Report*. Foundation for Black Women's Wellness, 2018. https://uploads-ssl.webflow.com/600213788dc79d719678000c/6009f1ad6f98f80f93e1fcf3_FFBWW-DCH-C-Low-Birthweight-Report_April2019.pdf

² *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/>

including postpartum depression³.

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 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.

Postpartum care is also necessary to support mental health, substance use disorder treatment, and preventive services following pregnancy. Expanding postpartum coverage to one year will help ensure continuity of care for both parent and baby.

According to a Wisconsin Professor of Psychiatry and Obstetrics-Gynecology⁴, 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 8 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.”

A Congressional Budget Office report⁵ 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. Many experience disruptions in care and coverage and may have to switch providers. These barriers all make it harder for parents and infants to get uninterrupted, quality care, and have a particularly inequitable impact on Black and Indigenous people.

When pregnant women have consistent access to Medicaid coverage following birth, they are more likely to receive preventative and other medical care. A 2022 retrospective study⁶ 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

³ *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/>

⁴ *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/>

⁵ *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>

⁶ *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

short interval pregnancies, and increased utilization of Mental Health/Substance Use Disorder services.”

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 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. In the Governor’s last proposed budget, extending BadgerPrenatal was estimated to cost \$4.5 million per year.

Thank you for taking the time to read how postpartum coverage impacts Wisconsin mothers, children, and families. 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 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 William Parke-Sutherland at wparkesutherland@kidsforward.org.

Sincerely,



William Parke-Sutherland
Government Affairs Director



Alia Stevenson
Deputy Director



WISCONSIN CATHOLIC CONFERENCE

TO: Senator Rachael Cabral-Guevara, Chair
Members, Senate Committee on Health

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

DATE: February 12, 2025

RE: SB 23, Extension of eligibility under the MA program for postpartum women

The Wisconsin Catholic Conference (WCC), the public policy voice of the state's Catholic bishops, urges you to support Senate Bill 23, 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 hypertension, diabetes, and heart disease.¹ Left unmonitored, these chronic conditions can endanger women's lives after giving birth. Tragically, the U.S. has a very high maternal mortality rate among developed countries. 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.²

Further, we know that postpartum coverage is especially critical for women of color. In 2022 and 2023, black women were two to three times more likely to die from a pregnancy-related cause than white women.³

We also know that in Wisconsin, 75 percent of pregnancy-associated deaths occur postpartum.⁴ Additionally, many pregnancy-related deaths in Wisconsin in 2020 coincided with mental health and substance use disorders.⁵ Losing coverage at this time could prove devastating.

It is an understatement to say that postpartum women have a lot on their plate and are also at higher risk for depression. 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.⁶

If Wisconsin mothers thrive, Wisconsin children thrive too. We know that Wisconsin Medicaid has been paying for more than four in ten births, a clear indication that there are many vulnerable women and children in our state.⁷ This extension will be life-changing for our most vulnerable families and a commonsense investment in the future of Wisconsin.

It is very heartening to see the great number of legislators who have signed onto this bipartisan bill and the many groups gathered here in support. We strongly urge you to support this essential legislation.

¹ Centers for Disease Control and Prevention (CDC). Pregnancy Mortality Surveillance System, 2024.

<https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/>

² CDC, Four in 5 pregnancy-related deaths in the U.S. are preventable, 2022.

<https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>

³ Centers for Disease Control and Prevention. Maternal Mortality Rates in the United States, 2023.

<https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm>

⁴ Wisconsin Department of Health Services. 2016-17 Wisconsin Maternal Mortality Report, April 2022.

<https://dhs.wisconsin.gov/publications/p03226.pdf>

⁵ Wisconsin Maternal Mortality Review Team Recommendations, 2020.

<https://www.dhs.wisconsin.gov/publications/p02108-2020.pdf>

⁶ 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

⁷ 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>



TO: Members of the Senate Committee on Health

FROM: Rosha Hamilton, DNP, MSW, RN
Whole Health Director
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, February 12, 2025

RE: Testimony in Support of SB 23 – Extension of Medicaid Eligibility for Postpartum Women

I want to thank Chairwoman Cabral-Guevara and members of the Health Committee for the opportunity to share Anthem BCBS's perspective on SB 23. My name is Rosha Hamilton, and as the Whole Health Director, my focus is on addressing the physical, behavioral, pharmacy, and social needs of mothers and their children in Wisconsin. 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.

Rosha Hamilton, DNP, MSW, RN
Whole Health Director
Anthem Blue Cross Blue Shield of Wisconsin

Life | WISCONSIN RIGHT TO LIFE

Gracie Skogman, Legislative Director, Wisconsin Right to Life

Senate Committee on Health

SB 23, Re: extension of eligibility under the Medical Assistance program for postpartum women.

Wednesday, February 12th, 2025

Thank you, Chairwomen Cabral- Guevara 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 23.

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 studies¹ 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 women² 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.

As a new mother myself, I am experiencing both the joys and unexpected health hardships that come during the postpartum period. I am deeply convinced of the necessity of legislation such as SB 23. Wisconsin Right to Life thanks Senator James and Representative Snyder for bringing SB 23 forward and urge support of this legislation.

Thank you very much for your time,
Gracie Skogman

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

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

February 12, 2025

To: Wisconsin Senate Committee on Health

From: Public Health Madison & Dane County

Re: Extension of eligibility under the Medical Assistance program for postpartum women in Wisconsin

Members of the Senate Committee on Health,

This comment is being shared for informational purposes only.

Public Health Madison & Dane County (Public Health) serves over 575,000 people in more than 60 cities, villages, and towns in Dane County, the second largest county in Wisconsin. A major area of focus for the department is to support healthy outcomes for mothers and infants before, during, and after birth. This is achieved through work in multiple programs, including perinatal nurse home visitation, WIC (the nutrition program for Women, Infants, & Children), and other programs supporting maternal and child health. Since 2011, Public Health has coordinated Dane County's Fetal and Infant Mortality Review (FIMR), which convenes physicians, social workers, community members, and other experts to review 40-50 de-identified cases of stillbirth and infant death every year. Across these programs, Public Health serves between 6,000 and 8,000 pregnant and postpartum mothers and families every year.

The postpartum period is critical to health after giving birth, and unaddressed risks have lifelong consequences on the mother, infant, and family as a whole. Currently, postpartum Medicaid coverage in Wisconsin is limited to a single appointment within six weeks postpartum. Unfortunately, this does not align with the American College of Obstetricians and Gynecologists (ACOG) best practice model for optimizing postpartum care, which recommends comprehensive and uninterrupted postpartum care in the year following birth to care for the mother's individualized health needs.¹ Although maternal deaths are rare, one-third of all maternal deaths in Wisconsin occur after the 60-day postpartum coverage window.² As of 2025, Wisconsin is one of only two states that has not extended postpartum Medicaid eligibility to 365 days to align with ACOG's recommendations.³

According to the Department of Health Services, Medicaid is the largest insurer of pregnancy-related services in Wisconsin.⁴ In 2023, more than 1 in 3 Wisconsin births (>20,000) were paid for by Medicaid (BadgerCare). After 60 days, a mother's prenatal Medicaid coverage ends, and they must apply for standard Medicaid, which has a lower income threshold. Many households lose coverage upon resuming work, despite now having increased needs due to the birth of the child and childcare costs.

Expanding Medicaid coverage for everyone who is pregnant and postpartum in Wisconsin to one-year post-birth would:

- Provide continuous insurance coverage to mothers for the critical first year of the child's life.
 - Of the 46 cases of stillbirth and infant loss reviewed by FIMR in 2024, more than half of mothers had limited, inadequate, or no postpartum care (Public Health).⁶
- Improve access to specialized care that has waitlists longer than 6 weeks, including mental health and substance use treatment services.
 - More than 1 in 10 Wisconsin mothers experience postpartum depression.⁷
 - More than 1 in 5 Wisconsin mothers with Medicaid/BadgerCare Plus experience postpartum depression.⁷
- Increase access to and use of comprehensive postpartum care.¹
 - Common reasons that Wisconsin mothers do not attend a postpartum visit include not having health insurance (1 in 10) and/or not being able to get a postpartum appointment (1 in 10).⁷
- Allow for flexible, individualized appointment timing, leading to stability of postpartum coverage.
 - Per FIMR, type of insurance (private versus BadgerCare/Medicaid) impacts longevity of postpartum care, number of appointments, and types of appointments.⁶
 - During the December 2024 FIMR meeting, postpartum care was not consistent: In four cases, the mother had no care after 7 weeks postpartum. In four cases, the mother had no care before 6 weeks postpartum.⁸
- Reduce postpartum hospitalizations.⁹
- Allow for continuity of care for chronic conditions, such as gestational hypertension and diabetes.¹
- Increase the reach and capacity of Public Health's nurse home visitation programs, which provide support for mothers and babies up to two years postpartum.
- Ensure continued wraparound support established prenatally.
- Increase breastfeeding duration and exclusivity, which reduces the risk of sleep-related infant deaths as well as postpartum depression.¹⁰⁻¹¹
- Improve options and duration for grief and bereavement support in cases of stillbirth and infant loss.

References

¹ <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>

² <https://www.dhs.wisconsin.gov/publications/p03226.pdf>

³ <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

⁴ <https://www.dhs.wisconsin.gov/stats/births/data-downloads.htm>

⁵ <https://www.dhs.wisconsin.gov/badgercareplus/prenatal-plan/index.htm>

⁶ Public Health Madison & Dane County, Fetal & Infant Mortality Review (FIMR), 2024.

⁷ Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System (PRAMS), Wisconsin, 2017-2021.

⁸ https://publichealthmdc.com/documents/2024-12_FIMR_Summary.pdf

⁹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10882633>

¹⁰ <https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022>

¹¹ <https://www.sciencedirect.com/science/article/abs/pii/S016503272200430X?via%3Dihub>



American Cancer Society Cancer Action Network
Sara Sahli, WI Government Relations Director
608.215.7535
sara.sahli@cancer.org
fightcancer.org/wisconsin

February 12, 2025

To: Senate Health Committee
From: The American Cancer Society Cancer Action Network
Re: Testimony in Favor of Senate Bill 23 - Medicaid Postpartum Extension

Thank you, Chairwoman Cabral-Guevara, and honorable members of the Senate Committee on Insurance, Licensing and Forestry, for holding a public hearing today on Senate Bill 23, 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 over 40 organizations who have come together in support of SB 23 and its efforts to extend Medicaid eligibility to a full 12 months following delivery.

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.

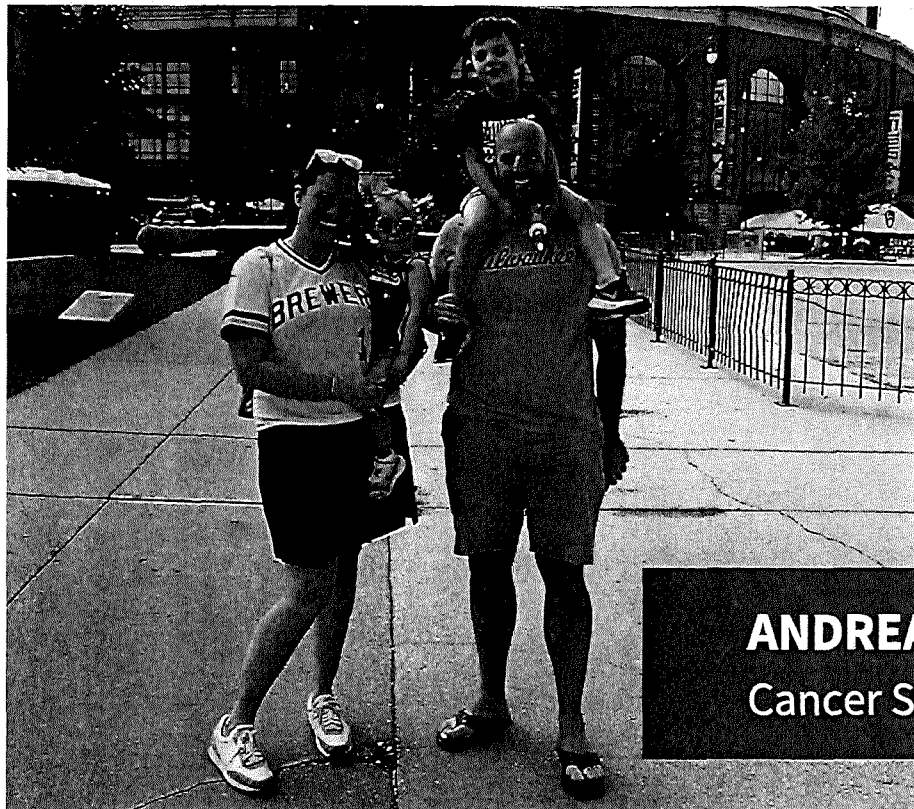
Unfortunately, we know women can be diagnosed with cancer during pregnancy – the most common malignancies being melanoma, breast, and cervical cancer. Additionally, individuals who have had a full-term pregnancy have an increased risk of certain types of breast cancer in the postpartum period and beyond.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

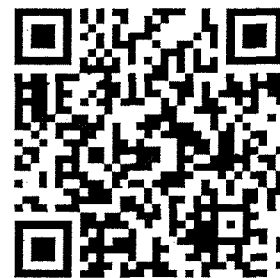
The American Cancer Society Cancer Action Network urges members of this committee to join the 48 other states who have passed this legislation in support of new moms. Please support healthy Wisconsin families and vote yes on Senate Bill 23 to extend Medicaid eligibility to a full 12 months following delivery.

Thank you for your time.



ANDREA MOSKAL

Cancer Story



Scan QR code to sign the petition

Andrea Moskal is a mom, wife, registered nurse, and breast cancer survivor. She lives in Madison with her husband, Peter, and two children, Jonah and Josie.

In December 2020, while pregnant with her second child, Andrea noticed a lump in her breast. At the time, she didn't think much of it because life was busy as a new mom. During a prenatal appointment in January 2021, Andrea mentioned the lump to her OBGYN who recommended screening. After a mammogram and biopsy, Andrea was diagnosed with invasive ductal carcinoma stage 2B.

Andrea's treatment began while pregnant and included chemotherapy and surgery. After giving birth to her daughter, Josie, Andrea continued treatment for several more months. As a cancer patient and new mother, Andrea had urgent health care needs postpartum.

During this vulnerable time, she was fortunate to have access to health insurance to cover her postpartum and cancer care. However, far too many new mothers in Wisconsin do not have this same access. Access to comprehensive and uninterrupted postpartum care is necessary to treat complex health issues like cancer. Continuity of care will help avoid many preventable health complications and promote a healthy postpartum period for both mother and baby. Wisconsin must extend postpartum Medicaid. Sign the petition today by scanning the QR code above.

For more information, please contact Sara Sahli, Wisconsin Government Relations Director at Sara.Sahli@cancer.org

February 12, 2025

**To: Wisconsin Senate Committee on Health
Members of the Wisconsin Legislature**

From: The Foundation for Black Women's Wellness
The Black Maternal & Child Health Alliance of Dane County
Black Women & Mothers and Concerned Community Members Across WI

Re: Support for SP023 - 12 Month Postpartum Medicaid Extension

To the Members of the Senate Health Committee:

The Foundation for Black Women's Wellness (FFBWW) and partners including the Black Maternal and Child Health Alliance of Dane County submit these comments in response to and **in support of the 2025 Senate Bill 23 (SB023)** relating to extension of eligibility under the Medical Assistance program for postpartum women.

The FFBWW is a statewide non-profit health advocacy organization committed to *advancing and transforming the health and well-being of Black women and families in Wisconsin*. We exist to *Empower a Generation of Well Black Women* who have access to the tools, resources, and opportunities necessary to build and sustain stability, security, and prosperity for ourselves, our families, and our communities.

As we have advocated and testified previously to members of the Wisconsin Legislature since 2021, **the extension of postpartum medicaid coverage from 60 days to 12 months 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 healthcare journey -- after they give birth to a child.

It is within the postpartum period that we know complications that endanger the health of mothers and babies too often occur. In fact, studies of maternal deaths have shown that 53% occur postpartum¹ and 60 percent are caused by preventable or treatable factors.². For example, postpartum hemorrhage occurs in 1-5% of all births, and

¹ Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 38 U.S. States, 2020, Centers for Disease Control. <https://www.cdc.gov/maternal-mortality/php/data-research/index.html?>

² Peterson, E., Davis, N., and Goodman, D., et al., Centers for Disease Control and Prevention, *Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States* (2019), 2013-2017, <http://dx.doi.org/10.15585/mmwr.mm6818e1>.

This signals we are going the wrong direction. We should not be losing ground as time passes. We should be gaining traction toward improved maternal health and outcomes for all women and families in Wisconsin.

Maintaining consistent coverage during the medically vulnerable postpartum period is essential for the prevention, early detection, and treatment of pregnancy-related chronic and mental health conditions that require ongoing care well beyond 60 days after birth.¹⁸ Not only are Black women disparately burdened by underlying health conditions,¹⁹ but we are also over twice as likely to experience postpartum depression²⁰ and consider suicide,²¹ a leading cause of death in the postpartum period.²²

For these reasons and more, healthcare experts and professionals agree: the only extension of postpartum Medicaid coverage that is proven to support improvements in maternal health outcomes is a 12-month extension.

Therefore, we write today to state our urgent and unanimous support of SB023 that requires the Department of Health Services seek approval from the federal Department of Health and Human Services to extend postpartum BadgerCare eligibility from 60 days to 12 months for those women who are eligible for those benefits while pregnant.

Each of us who have signed this letter know how important this policy is for women across our state. We have witnessed the deaths of women and babies in our immediate and extended families and communities, from largely preventable causes. Many of us have experienced birth complications that nearly claimed our lives or the lives of our newborns. Some of us have buried our babies just weeks or months after they were born. Others of us provide support and services to families after they have endured the incredible tragedy of losing a daughter, sister, wife, partner or a child.

These unspeakable losses and near tragedies—and the greater promise of how we can and must work together to prevent them is what provokes our letter today.

While we work, lead, advocate, and create solutions in our respective ways, we need the full force of our state's support and leadership, from both sides of the aisle, to turn this tide. SB023 represents a critical provision that, once enacted, will improve the lives

¹⁸ Ibid.

¹⁹ U.S. Department of Health and Human Services: Office of Minority Health, *supra* note 8.

²⁰ Howell, E., Mora, P., Horowitz, C., and Leventhal, H., Mount Sinai Medical Center: Department of Obstetrics and Gynecology, *Racial and Ethnic Differences in Factors Associated with Early Postpartum Depressive Symptoms* (2005), <https://doi.org/10.1097/01.AOG.0000164050.34126.37>.

²¹ Tabb, K., Wan-Jung, H., and Gavin, A., et al., University of Illinois at Urbana-Champaign, et al., *Racial Differences in Immediate Postpartum Depression and Suicidal Ideation Among Women in a Midwestern Delivery Hospital* (2020), <https://doi.org/10.1016/j.jad.2020.100008>.

²² Palladino, C., Singh, V., and Campbell, J., et al., Georgia Health Sciences University, et al., *Homicide and Suicide During the Perinatal Period: Findings from the National Violent Death Reporting System* (2011), <https://doi.org/10.1097/AOG.0b013e31823294da>.

of not only Black women, mothers and babies, but also vulnerable women living in rural and urban communities without adequate access to care and resources.

This legislation is critical and necessary to **safeguard and advance the health of women and mothers across Wisconsin**, and to ensure that mothers continue to have access to the critical care they need after they give birth.

You hold the power to make this happen. We ask that you do, and implore you to advance SB023 from committee and allow the opportunity for this bill to be considered by the full legislative body.

In Strength and Unity,

Lisa Peyton-Caire

Mother, Advocate
Founder, CEO & President
The Foundation for Black Women's
Wellness, Madison, WI

Dr. Michelle Robinson

Chief Programs & Partnerships Officer
The Foundation for Black Women's
Wellness, Madison, WI

Gabe Doyle, MS, LPC

Chief Health Initiatives Officer
The Foundation for Black Women's
Wellness, Madison, WI

Micaela Berry-Smith

Mother, Doula, Advocate
Sr Manager, Maternal and Child Health
Initiatives, The Foundation for Black
Women's Wellness, Madison, WI

Alia Stevenson

Mother, Grandmother, Advocate;
Deputy Director, Kids Forward, and
Past Co-Chair, Black Maternal and Child
Health Alliance of Dane County

Corinda Rainey-Moore

Mother, Grandmother, Advocate,
Community & Healthcare Leader
Dane County, WI

Carola Gaines

Mother, Grandmother, Nurse,
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Tonda Thompson

Mother, Survivor, Advocate, Founder,
The National Coalition for Healthy Black
Families, Milwaukee, WI

Zakiyyah Sorenson, RN, BSN

Outreach Manager, University of Wisconsin
Collaborative for Reproductive Equity
(CORE), Madison, WI

Tamara Thompson

Mother, Doula, Midwife-in-Training
Waukesha, WI

Adrian Jones

Mother, Advocate, Healthcare Professional,
Dane County, WI

LaKeeta Watts

Mother, Advocate
Full Spectrum Holistic Doula, and Certified
Lactation Specialist
Executive Director of Essentially
Empowered, Inc, Milwaukee, WI

Cyrena Martin

Mother, Advocate &
Executive Director, Mahogany CARES
Foundation Inc, Milwaukee, WI

Brandice Hatcher

Mother, Advocate, Community Health
Worker, The Foundation for Black Women's
Wellness, Dane County, WI

Nicki Cooper

Mother, Advocate, Community Health
Worker, The Foundation for Black Women's
Wellness, Dane County, WI

Cierra Scott

Community Health Worker, The Foundation
for Black Women's Wellness, Dane County,
WI

Sheray Wallace

Founder, Meadowood Health Partnership,
Madison, WI

Tamisha Binion

Full Spectrum Doula and Business Owner
Madison, WI

Patrina White

Mother, Advocate, Survivor
Dane County, WI

Ravyn Cruse

Advocate, and Population Health Fellow
University of Wisconsin-Madison Population
& The Foundation for Black Women's
Wellness, Madison, WI

Lawanda Chambers

Board Certified Licensed Professional
Counselor and Owner of LIFE Wellness and
Counseling Services, Milwaukee, WI

Danielle Washington

Mother, Healthcare and Policy Advocate
and Professional Consultant
Milwaukee, WI

LaVetta Arrington

Mother, Advocate, Healthcare Professional
Kenosha, Wisconsin

Cyrena Martin

Mother, Advocate &
Executive Director, Mahogany CARES
Foundation Inc, Milwaukee, WI



ProLife
LOVE. FOR LIFE. WI.

Testimony / Senate Bill 23: extension of eligibility under the Medical Assistance program for postpartum women

Senate Committee on Health

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

February 12, 2025

Good afternoon, Chairwoman Cabral-Guevara 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) 23, legislation extending Medical Assistance (Medicaid) coverage for postpartum women from 60 days to 365 days.

Specifically, SB 23 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.

Pro-Life Wisconsin is continuously working to make our state a safe haven for mothers and their preborn children. Accordingly, 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. According to KFF, forty-nine states and the District of Columbia already provide twelve months of continuous Medicaid post-partum care for new mothers.

Senate Bill 23 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 help empower vulnerable moms to overcome the abortion temptation in challenging circumstances.

Pro-Life Wisconsin thanks Senator James for introducing this compassionate, bipartisan 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 23 for passage in the Senate. Thank you for your consideration, and I am happy to answer any questions committee members may have for me.

PRO-LIFE WISCONSIN, INC
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BROOKFIELD, WI 53008
262.796.1111

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@PROLIFEWI





Dear Members of the Wisconsin State Legislature:

We write today to urge you to **support 12-month postpartum coverage for new mothers**. Maternal morbidity and mortality rates in Wisconsin remain too high.¹ For example, severe maternal morbidity, an unexpected outcome of labor and delivery that results in significant short-or long-term consequences to a woman's health, occur in one of every 125 delivery hospitalizations. This represents a 30% increase in the last seven years² The rate of maternal mortality - the death of a new mother – is just as staggering. In recent years the annual number of maternal deaths ranges from 25-45.³

Twelve months of Medicaid coverage during the postpartum period is a key strategy to positively impact the rates of maternal morbidity and mortality, yet **Wisconsin is one of only two states that does not provide this coverage**.

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-month postpartum Medicaid coverage. This proposal is an update to existing Medicaid eligibility. This does not expand the population currently receiving these Medicaid benefits. Please join us in supporting new mothers, which in turn improves outcomes for babies, families and communities.

Why is 12-Month Postpartum Coverage Important?

In Wisconsin 73% of pregnancy-related deaths occur during the postpartum period. Nearly all are preventable. The most common causes of pregnancy-related deaths are mental health conditions, hemorrhage and cardiomyopathy. New mothers also die from cancer, embolism, infection and neurologic conditions. Non-Hispanic Black, Non-Hispanic Asian, and Hispanic mothers represent nearly one half of all pregnancy-related deaths.⁴ 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.⁵

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, and

¹ <https://www.dhs.wisconsin.gov/publications/p02108-2020.pdf>

² <https://www.dhs.wisconsin.gov/publications/p01125-2016-2023.pdf>

³ <https://www.dhs.wisconsin.gov/publications/p03226.pdf>

⁴ <https://www.dhs.wisconsin.gov/publications/p03226.pdf>

⁵ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00805>

identifying and treating postpartum depression and anxiety. Access to comprehensive and uninterrupted postpartum care is key in preventing health complications and increased costs.

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 will allow new mothers to maintain predictable health care coverage during a crucial time. This is important to maintain access to trusted mental, behavioral and primary health providers and an affordable prescription drug benefit, but also to limit out-of-pocket costs not covered by insurance.

Importance of Uninterrupted Health Care Coverage for New Mothers

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. Unmanaged pregnancy-related medical complications have lasting health consequences for new mothers and result in avoidable medical expenses. 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. For those who may be eligible for premium subsidies in the ACA Marketplace, there are still out-of-pocket expenses which can be barriers to receiving care. Even new mothers who may have access to an affordable employer-sponsored plan or the ACA Marketplace, may experience a change in provider networks and preferred drug lists. 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.

Maternal mortality - 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. Maternal morbidity has 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. 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. **We respectfully request your support for 12-month Medicaid postpartum coverage:**

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

Nurse – Family Partnership
Oneida
Quartz
Rural Wisconsin Health Cooperative
Security Health Plan
Society for Maternal Fetal – Medicine
SSM Health
ThedaCare
UnityPoint Health
UW School of Medicine and Public Health
UW Health
UW Health Kids
Wisconsin Academy of Family Physicians
Wisconsin Association of Health Plans
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



Providing quality coverage to nearly 3 million Medicaid and private sector enrollees in Wisconsin.

To: Chairperson Rachael Cabral-Guevara
Members, Senate Committee on Health
From: Abbey Rude, Legislative and Policy Director & Caty McDermott, Associate
(Medicaid)
Date: February 12, 2025
Re: Support for Senate Bill 23 – Extension of Medicaid Postpartum Coverage

The Alliance of Health Insurers is a non-profit advocacy organization representing commercial and local health plans in Wisconsin. Our members collectively provide coverage to nearly 3 million Wisconsinites through public and private insurance programs, including over 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 to meet the minimum requirement under federal law. After those 60 days, the mother's eligibility is proactively terminated, and she can only remain eligible for BadgerCare if she is making under \$21,150 (for a family of 2). Infants, however, born with Medicaid coverage remain eligible, regardless of any changes in the family's income, up to a year after birth.

Under the American Rescue Plan Act of 2021, the federal government allowed states to extend postpartum Medicaid coverage to mothers for a full 12 months, and the Consolidated Appropriations Act made this option permanent. Wisconsin is now one of just two states that has not extended postpartum coverage to 12 months.

For AHI Medicaid managed care health plans, our focus is to deliver healthy outcomes for the state's Medicaid population. Stability of coverage and continuity of care are critical elements in driving positive maternal and infant health outcomes – and they lead to better health care cost management for Wisconsin taxpayers and the healthcare system overall.

Research shows that postpartum women who lose Medicaid coverage are at an increased risk for life-threatening conditions, including high blood pressure, cardiovascular diseases, and depression. In fact, data from 38 U.S. states found that 84% of pregnancy-related deaths were preventable, with nearly 27% occurring 43–365 days postpartum,¹ further stressing that life-threatening conditions can happen well after 60 days postpartum. Even if postpartum complications occur within 60 days, many require long-term recovery during which they may lose health coverage in the midst of treatment.

¹ <https://www.cdc.gov/maternal-mortality/php/data-research/index.html#:~:text=Among%20pregnancy%20related%20deaths%20in,was%20identified%20for%20511%20deaths.>

Currently, when a postpartum mother is terminated from Medicaid coverage 60 days after the delivery of her child, she will be forced to seek and enroll in other health coverage (either through the health insurance marketplace or if available, employer-sponsored coverage) or opt to not have health care coverage. When choosing a new plan, she will need to re-establish a relationship with her new health plan and possibly a new primary care provider at a time when she is actively supporting a newborn in the home. Part of this process includes determining if her current providers are in her new network, re-scheduling new appointments to ensure care is continued, and ensuring continued adherence to any medications. This process will inevitably delay critical pregnancy-related chronic and mental health interventions and treatments that often require attention far beyond 60-day postpartum. While transitioning to a new plan comes with a host of potential challenges during this time in a mother's life, these challenges are further compounded for the many women who experience postpartum depression. Low-income women report higher rates of postpartum depression symptoms – up to 48% compared to approximately 19% of women across all income levels.²

Extending coverage to 12 months postpartum guarantees alignment of health care coverage for both the mother and baby. This will ensure that existing care coordination continues for the family postpartum, while reducing any barriers to care as the family will continue to access the same providers postpartum as pre-natal. Since infant health is tied strongly to maternal health, prioritizing the mother's care is essential for the baby's health in its first year of life and beyond.

Importantly, extending postpartum coverage does not create a new benefit or add new individuals onto the Medicaid rolls. It simply lengthens the amount of time an already eligible mother would be able to remain on Medicaid coverage after pregnancy.

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. Ultimately, extending Medicaid postpartum coverage to a full year will lead to better health outcomes for mothers and infants and results in more efficient healthcare spending and cost savings for taxpayers and the state. For all these reasons, AHI respectfully asks the Committee to support the bill.

If you have any questions, please contact Abbey Rude or Caty McDermott at 608-258-9506.



TO: Senate Committee on Health
FROM: Amber Chibuk and Dr. Kelly Hodges
DATE: Wednesday, February 12, 2025
RE: Support for SB 23 – Extension of Medicaid eligibility for postpartum women

On behalf of Children's Wisconsin we appreciate the opportunity to offer written comments in support of SB 23. I am Amber Chibuk the executive director of perinatal and neonatal services at Children's Wisconsin and I oversee our neonatal intensive care unit (NICU), Fetal Concerns Center and the hospital's lactation and milk kitchen teams along with my colleague. I am joined in writing today by my colleague Dr. Kelly Hodges, chief medical officer for Chorus Community Health Plans, an affiliate of Children's Wisconsin. Children's Wisconsin's (Children's) supports this important, bipartisan legislation and appreciates Senator James and Representative Snyder for their leadership in authoring this proposal, with support from other members of this Committee and numerous bipartisan co-sponsors. On behalf of a number of providers and departments at Children's we will be sharing different perspectives, including from 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 over 15 years, spending several years at the bedside in high risk labor and delivery and then caring for vulnerable 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 continue to 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 an important 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.¹ Ensuring that women have access to the appropriate health care resources at

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

the right time is especially 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 moms². 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. Over the last three years, data 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, those 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.

I'd like to share a few examples of the experiences of new moms with babies in our NICU. For some moms with jobs outside the home, they may not have FMLA or time off post-delivery. With employers often providing health insurance, moms will quickly return to work to ensure they can continue to receive their

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

² 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.

new competencies, make family-community connections and improve child health, well-being and family functioning. In 2024, Children's served more than 550 families across the state through home visiting. In addition, Children's, along with a coalition of several community partners, is implementing Healthy Start for Growing Families Programs in both Milwaukee and Racine. Federal funding helps support Children's and our partners in providing maternal community health navigation services, child birth education classes, group-based parenting classes, ensuring access to maternal care providers, 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. Kelly Hodges and I am the chief medical officer for Chorus Community Health Plans (CCHP). CCHP provides high quality health care coverage for more than 135,000 individuals and families across eastern Wisconsin. We offer the third 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 in southeastern Wisconsin. We are proud to offer comprehensive health benefits and innovative services, like case management for individuals with complex needs, resources to address social determinates of health, and many wellness initiatives to support our members. I have spent my career as a pediatrician caring for children at the Milwaukee Child Advocacy Center for the past 15 years. My patient population is almost exclusively covered by BadgerCare Plus and Care4Kids, and I have seen firsthand how the health of a child is directly impacted by the health of the mother. My clinical experience has shaped my outlook as the chief medical officer of CCHP and strengthened my commitment to providing high quality medical care, case management, and other support services to new babies and their moms. The first year of life is such a critical time in the social emotional development of a child, and having a mom who is able to address her own physical and mental health needs is vital during this period.

The Medicaid program plays a significant role in maternal health, covering approximately 35 percent of births in Wisconsin in 2023, according to the Kaiser Family Foundation³. 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. Many new moms suffer from postpartum depression and benefit from the support of our case managers and the network of behavioral health providers in CCHP. 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 to 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

³ <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/>

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 higher 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.

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. Twelve 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. In fact, Wisconsin is one of only two states who do not have this coverage for their new moms. 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 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 through our contact information listed below.

Amber Chibuk
Executive Director, Perinatal/Neonatal Services
Children's Wisconsin
achibuk@childrenswi.org

Kelly Hodges, MD
Chief Medical Officer
Chorus Community Health Plans
khodges@chorushealthplans.org

Jodi Bloch
Director, State & Local Government Relations
Children's Wisconsin
jbloch@childrenswi.org

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.



February 12, 2025

Dear Senate Committee on Health Members:

Thank you for the opportunity to provide comments today in support of Senate Bill 23, a bill related to expanding Medicaid coverage for postpartum women in Wisconsin. My name is Megan Adamczewski and I'm the Midwest Government Affairs Manager for the National Service Office for Nurse-Family Partnership and Child First (NSO). The NSO operates two evidence-based home-visiting models, including the Nurse-Family Partnership program, which has served over 3,000 families in Wisconsin.

Nurse-Family Partnership (NFP) is an evidence-based, community health program for economically disadvantaged first-time mothers that improves pregnancy and birth outcomes, child health and development, and family economic self-sufficiency. Each mother enrolled in the program is partnered with a registered nurse early in her pregnancy and has ongoing health visits with that nurse through her child's second birthday. NFP nurses see firsthand the many health challenges that pregnant and postpartum women in Wisconsin face, and they work hard to ensure that their clients receive all the care and resources they need.

Because we are deeply concerned about high maternal mortality and morbidity rates in Wisconsin and want all mothers to have access to critical postpartum care, the NSO supports **the extension of continuous Medicaid coverage for postpartum women from 60 days to 12 months postpartum**. I would note that this proposal is an update to existing Medicaid eligibility and does not expand Medicaid. This additional coverage would ensure that postpartum women can address any health concerns after their pregnancy, avoid potentially fatal postpartum complications, and support the health of their child. **Wisconsin is one of only two states that does not provide this coverage for postpartum mothers.**

In Wisconsin, 73% of pregnancy-related deaths occur during the postpartum period, and nearly all are preventable. Expanding Medicaid access to 12 months postpartum prevents gaps in coverage, increasing the likelihood that postpartum complications will be diagnosed early and that mothers can receive lifesaving care in a timely manner. In turn, this reduces costs and strains on the Medicaid system associated with emergency care.

Thank you for your consideration. I'd be happy to answer any additional questions you may have about the Nurse-Family Partnership program and why we strongly urge you to extend Medicaid coverage for postpartum women.

Megan Adamczewski
Midwest Government Affairs Manager
National Service Office for Nurse-Family Partnership and Child First
Megan.Adamczewski@nursefamilypartnership.org
(219) 983-2624



Office of Government Relations

TO: Honorable Members of the Senate Committee on Health

FROM: Nathan Schwanz, Director of Government Relations, Medical College of Wisconsin

DATE: February 12, 2025

RE: Testimony in Support of Senate Bill 23, Extension of eligibility under the Medical Assistance program for postpartum women

Good afternoon, Chair Cabral-Guevara and Members of the Senate Committee on Health. Thank you for convening this public hearing on Senate Bill 23 (SB23), which extends eligibility under the Medical Assistance (Medicaid) program for postpartum women. The Medical College of Wisconsin (MCW) fully supports this legislation, as it will enhance health outcomes for postpartum women and their newborns while also reducing healthcare costs across Wisconsin.

We extend our gratitude to the bill's authors, Senators Jesse James and Mary Felzkowski, and Representatives Pat Snyder and Jessie Rodriguez, along with the numerous legislators who have signed onto this bill—a super-majority in both houses of the Legislature. The strong bipartisan backing for this legislation is deeply appreciated.

MCW employs the largest physician practice in the state - over 1,800 physicians – who provide care at hospitals and clinics throughout Southeast Wisconsin. Many of these physicians are on the front line of providing maternal and neonatal care in Wisconsin. In fact, MCW maintains pregnancy and birth records for current and former patients, including 72,110 individuals, and 28,084 on Medicaid.

In our testimony, we will outline several key reasons why this legislation is needed for Wisconsin:

- Mothers who are on Medicaid have a postpartum mortality rate 47% higher than the Statewide mortality rate, after being discharged from the hospital (7-365 days postpartum).
- Incidence of severe maternal morbidity is 72.75% higher for mothers on Medicaid than the statewide rate of severe maternal morbidity.
- Of the mothers on Medicaid that had a severe maternal morbidity event, 83% had a continuation or onset of symptoms after 60 days postpartum.

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- Untreated perinatal mental health conditions amount to over \$30 million annually in societal costs in Wisconsin.

Extending Medicaid coverage to a full year for mothers is a proven, cost-effective way for the Legislature to improve maternal health outcomes, reduce the cost of health care, and save lives.

The CDC estimates that approximately 47% of maternal mortality occurs between 7-365 days postpartum, after mothers are discharged from the hospital. For Wisconsin, this is a rate of 6.6 deaths per 100,000 live births. For women eligible for Medicaid in the same time period, the maternal mortality rate within one-year postpartum is 9.7 deaths per 100,000 live births.

In other words, the mortality rate for women eligible for Medicaid coverage under this bill is 47% higher than Wisconsin's maternal mortality rate for all women after they leave the hospital and return home.

Additionally, mothers on Medicaid face a significantly higher incidence of severe maternal morbidity. Severe maternal morbidity includes unexpected complications during labor and delivery that result in significant short- or long-term health consequences. This includes conditions such as cardiovascular disease, high blood pressure, bleeding, and infection. Without timely medical intervention, these conditions could be fatal.

The rate of mothers on Medicaid experiencing severe maternal morbidity is 72.75% higher when compared to the statewide rate of severe maternal morbidity. And treatment of severe maternal morbidity does not stop at 60 days postpartum. Of the mothers who experienced severe maternal morbidity, 83% had events that continued or began after 60 days postpartum.

Of the mothers that had continued severe maternal morbidity beyond 60 days postpartum, nearly 20% required emergency or inpatient care for their health condition. Treating severe maternal morbidity through emergency department visits and crisis care is less effective and very costly.

Moreover, the needs of mothers postpartum is not limited to physical health conditions.

Perinatal mental health conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women in Wisconsin. Unfortunately, less than half of women with perinatal mental health conditions receive treatment. When left untreated, these conditions can become multigenerational issues, negatively affecting the long-term physical, emotional, and developmental health of both mother and child.

Leaving perinatal mental health conditions untreated also bears a financial cost. According to research by Mathematica Policy Research, untreated perinatal mental health conditions amount to nearly \$32,000 in societal costs per mother and child over six years.

If untreated in just 10% of births each year in Wisconsin, this could result in nearly \$200 million in societal costs over six years—four times more than the estimated cost of implementing this policy change.

While these facts and figures highlight the necessity of passing this legislation, it's the stories of patients directly impacted by Wisconsin's current Medicaid policies that underscore the urgency. One of MCW's faculty members recently shared the story of a patient he cared for in Milwaukee:

"This patient faced numerous challenges during pregnancy and postpartum. During her delivery, she suffered a massive postpartum hemorrhage and required a breathing tube and intensive care to keep her safe. Her postpartum course was further complicated by a major surgical site infection and sepsis, requiring hospitalization for several days. All the while, she had two children at home, in addition to the newborn, who needed to go to school and missed their mother as the center of their family.

A lapse in insurance could prohibit her from prioritizing her health, including access to contraception for effective family planning, necessary care to heal her wound, and optimization of her heart failure and medications. Consider how a lapse in her insurance is setting her and her family up for failure. With extended coverage, she would have been able to access essential services such as follow-up medical evaluations, counseling services, and support resources. Access to this care would have greatly improved her recovery and overall quality of life."

Postpartum care is essential for the well-being of mothers, the health of their newborns, and the entire family unit. The postpartum period is a vulnerable time when many women experience physical, emotional, and mental health challenges. Extending Medicaid coverage during this time can significantly improve health outcomes for the entire family, ensuring that everyone receives the care they need to thrive long-term.

By supporting SB 23, you will be investing in the health of Wisconsin's mothers, their children, and future generations. We urge you to support SB 23 and help ensure all mothers in Wisconsin have access to the comprehensive postpartum care they need and deserve.

MCW respectfully requests your support for this legislation. If you have any questions, or need additional information, please contact me at 414-955-8544, or nschwanz@mcw.edu.