



Senate Bill 562: Extension of Eligibility under the Medical Assistance Program for
Postpartum Women
Testimony of State Senator Joan Ballweg
Senate Committee on Insurance, Licensing and Forestry
October 27, 2021

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

The U.S. is the only nation with a modern healthcare system in which the maternal death rate has been rising. CDC data shows, approximately 700 pregnancy-related deaths occur in the U.S. each year. In Wisconsin, more than two out of three pregnancy-related maternal deaths occur postpartum, according to a recent review by the state Maternal Mortality Review Team.

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

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

Along with women of color, rural residents have a 9% greater probability of maternal mortality or morbidity compared to urban residents. Rural areas face unique challenges with low patient volume, trouble retaining trained licensed OB/GYNs and patients often travelling long distances to receive specialized care.

Under current law, Medicaid covers eligible pregnant women through the end of the month in which her 60-day postpartum period ends, at which point her eligibility is re-determined. This legislation would require the Department of Health Services to file for an extension of postpartum coverage to the end of the twelfth month post-birth for Medicaid eligible women. Medicaid currently covers the infant from the date of birth through the end of the month in which the child turns one year old, if the mother was eligible for Medicaid at the time of birth. This proposal is estimated to provide extended coverage for approximately 6,300 pregnant women annually.

Not only does moving in and out of Medicaid coverage after giving birth result in worse health outcomes, it also has an effect on providers, health systems and payers. Studies show that 55% of women with Medicaid coverage at delivery experience a coverage gap

in the following six months compared to 35% of women with private insurance. This can lead to higher administrative costs for the state, less predictable expenditures and higher monthly care costs due to pent-up demand for health care services.

The Wisconsin Maternal Mortality Review board, which is tasked by the Wisconsin Division of Public Health with increasing awareness of pregnancy-related deaths and makes recommendations to eliminate preventable maternal deaths, released a report with five recommendations in 2018. One of the recommendations was continuity of care, which this proposal specifically addresses. However, I would contend it is the linchpin to the other four recommendations, which includes providing specialty care for those with chronic disease, mental health screenings and risk-appropriate care and treatment for women with substance abuse issues.

I believe this legislation will help address the high rates of preventable maternal mortality and morbidity in our state, and it is an important step in improving health outcomes for our mothers and babies.

This proposal is overwhelmingly supported by over 25 state associations representing Wisconsin healthcare.

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



Amy Loudenbeck

REPRESENTING WISCONSIN'S 31ST ASSEMBLY DISTRICT

Testimony before the Senate Committee on Insurance, Licensing, and Forestry
Senate Bill 562
Rep. Amy Loudenbeck

Thank you, Chairwoman Felzkowski and committee members, for the opportunity to testify in favor of Senate Bill 562 relating to extension of eligibility under the Medical Assistance program for postpartum women.

Under current law, Medicaid covers eligible pregnant mothers through the end of the month in which her 60-day postpartum period ends, at which point her eligibility is re-determined. A provision included in the recently passed biennial budget bill (2021 Wisconsin Act 58), DHS must seek federal approval for an additional 30 days of coverage for a total of 90 days. Senate Bill 562 requires DHS to file for an extension of postpartum coverage to the end of the twelfth month post-birth for Medicaid eligible women.

The United States is one of only two countries worldwide to report a significant increase in maternal mortality, according to the World Health Organization. The CDC reports that half of pregnancy-related deaths occurred during the postpartum period and approximately three in five pregnancy-related deaths were preventable.

Consistent care with one physician and/or health system can improve health outcomes of postpartum women. If SB 562 passes, over 6,000 women would be able to maintain their provider relationship for a full year after delivery of their baby.

Taking care of an infant is a huge responsibility that often requires the caregiver(s) to prioritize and/or forego other important obligations. If anyone in this room has ever had to change insurance companies you can probably appreciate how a new mom might neglect to take care of her own needs right away and how that could lead to negative outcomes for both her and her baby.

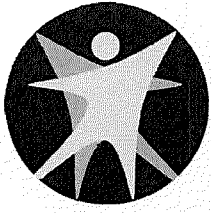
Other professionals will testify today on how ongoing care is required for many mothers with chronic conditions exacerbated by pregnancy. Preeclampsia and hypertension, two more prevalent conditions, often require monitoring and medication beyond the current coverage window.

Peripartum mental health disorders often require ongoing care/treatment after 60 days postpartum and may not surface or be diagnosed until the patient's Medicaid is expiring. Further, support for mothers recovering from substance abuse is also necessary beyond the 60 days.

Lastly, a women may be unable to have tubal ligation at time of delivery either because they didn't complete necessary MA paperwork on time OR some complication comes up such that the procedure is not recommended immediately after birth (e.g. hemorrhage, infection, etc). In this case, she would need to wait until 6 weeks post-partum to get the procedure performed. Those patients have difficulty then recovering from delivery, considering returning to work, managing a new baby, *and* getting a surgery for permanent birth control all within a short, 60 day window. These women may instead end up forgoing their tubal ligation and re-presenting with an unplanned pregnancy later in life.

Under the bill, a new mother will be able to maintain her Medicaid coverage for the full 12-month postpartum period, if her original eligibility requirements are maintained (including income limits which is a household income of 306%). Following the 12-month postpartum period, a women's Medicaid eligibility would be re-determined per current law.

Thank you for your time today. Myself or my office can be contacted with any questions.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Interim Secretary

TO: Members of the Senate Committee on Insurance, Licensing, and Forestry

FROM: HJ Waukau, Department of Health Services Deputy Legislative Director; Jim Jones, Medicaid Director; Jasmine Zapata M.D., MPH, Chief Medical Officer and State Epidemiologist, Division of Public Health

DATE: October 27, 2021

RE: SB 562, relating to: extension of eligibility under the Medical Assistance program for postpartum women

The Wisconsin Department of Health Services (DHS) would like to thank the Committee for the opportunity to submit written testimony for information only on Senate Bill 562 (SB 562) regarding the extension of coverage for postpartum women to 365 days under the state's medical assistance program (BadgerCare Plus).

Under BadgerCare Plus, Wisconsin provides full medical assistance benefits for women with adjusted gross income up to 300 percent of the federal poverty level (FPL), for up to 60 days postpartum. 2021 Act 58 increased the postpartum eligibility to 90 days. After the conclusion of the eligibility period, eligibility for postpartum women is reduced to 100 percent FPL. Women whose income is above 100 percent FPL would either need to find coverage on the private marketplace or through their employer (if offered), or they would become uninsured. Children however, maintain eligibility to receive health care coverage through BadgerCare Plus for the first year of their life.

Public Health Impacts

Mothers during the postpartum period are particularly vulnerable to depression and suicide, and untreated mental illness and substance use disorders can have lasting impacts on the health and wellbeing of both the mother and their child. We see evidence of this vulnerability in a recent study demonstrating that approximately 30 percent of maternal deaths (excluding suicide and drug overdose) occur between 43 to 365 days postpartum.¹ Another study evaluating data from 2016-2019 found that 65 percent of pregnancy associated deaths occurred more than 42 days postpartum.² Additionally, some state-based analyses of pregnancy-associated deaths have found that 50 percent or more of deaths occur beyond the traditional 60-day postpartum eligibility period.³

Unfortunately, women are losing coverage under current law right when they need it most. Providing access to high-quality and uninterrupted health coverage is critical during the first year for both mother and child, which is why the 12-month postpartum extension was proposed in Governor Evers' 2021-23, and 2019-21 biennial budgets. Along with providing uninterrupted access to care, extending BadgerCare Plus coverage for postpartum women carries with it the potential to lessen stress and reduce financial burdens in the form of lower cost-sharing,

¹ DL Hoyert and AM Minino. "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018," *National Vital Statistics Reports* 69, no. 2 (2020). <https://stacks.cdc.gov/view/cdc/84769>.

² 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.

³ Equitable Maternal Health Coalition, "Continuing Medicaid/CHIP Postpartum Coverage: June 2020," last accessed October 21, 2021,

https://static1.squarespace.com/static/5ed4f5c9127dab51d7a53f8e/t/5ee113529592717e00288400/1591808867699/Maternal+Health+Federal+Talking+Points+060820-V7b.pdf?sm_au=iVVN0Tr8VZkRk5LRBLQtvK7BJGKjp.

lower out-of-pocket expenses, and no deductibles; when compared to private insurance plans found on the insurance exchanges or through employer-sponsored plans. A 2016 report on the Wisconsin Pregnancy Risk Assessment Monitoring System documented that 14 percent of women who did not receive a postpartum visit reported that it was due to not having insurance.⁴ A national survey from 2005 to 2013 documented that more than half (55 percent) of women covered by Medicaid or CHIP at delivery experienced gaps in coverage in the 6 months postpartum.⁵ Conversely, a 2011-2015 study documented that women who had continuous Medicaid eligibility had a postpartum visit rate that was 6 percentage points higher than women with pregnancy-only Medicaid coverage.⁶ These studies demonstrate the positive impact that extending coverage can have for both mothers and their child, and Wisconsin is not alone in considering extending coverage for postpartum women to 12 months. Other states such as Missouri, Tennessee, South Carolina, Georgia, Virginia, and Illinois either have, or are considering similar proposals.

Extending BadgerCare Plus benefits to 12 months for postpartum women will also help Wisconsin address the birth and health equity disparities confronting the state. On average, Wisconsin's maternal morbidity rates are lower than national rates. However, when examining maternal morbidity rates for communities of color in Wisconsin, the rate for non-Hispanic Black people is 5.0 times the rate for non-Hispanic White people,⁷ which is double the national rate (2.5 times the rate for non-Hispanic White people).⁸ Wisconsin ranks 4th worst in the nation on indicators of infant mortality,⁹ and Black babies are three times more likely to die (15.7 deaths per 1,000 births) than White babies (5.2 deaths per 1,000 births).¹⁰ Further, at 15.7 per 1000 births, the mortality rate of Black babies in Wisconsin is the worst in the nation.¹¹ Extending full Medicaid benefits to postpartum women will be particularly pronounced for women of color who are more likely to be affected by changes in Medicaid coverage policies. The extension of a 12-month coverage period for postpartum women will help address existing gaps in maternal and infant mortality rates. It will also provide more time for mothers to find and transition to other health insurance options once the 12-month coverage period ends.

BadgerCare Plus Program Impacts

Analyses from 2018 demonstrate that BadgerCare Plus covers 42 percent of all births in Wisconsin.¹² Prior to the outbreak of the COVID-19 pandemic, the average monthly enrollment of pregnant women in BadgerCare Plus in calendar year (CY) 2019 was 18,688. That number grew to 22,932 in August of CY 20 as the state had to maintain continuous enrollment as a condition of receiving enhanced federal reimbursement for Medicaid members. Updated monthly estimates project that extending coverage to 12 months would increase average Medicaid enrollment by 6,150 members with an average cost of \$354 per member per month, with a total

⁴ Wisconsin Department of Health Services, "Wisconsin PRAMS 2016-2017 Surveillance Report," last accessed October 21, 2021, <https://www.dhs.wisconsin.gov/publications/p02500.pdf>.

⁵ JR Daw et al., "Women In The United States Experience High Rates Of Coverage 'Churn' In Months Before And After Childbirth," *Health Affairs* 36, no. 4 (2017): 598-606.

⁶ CL Disisto et al., "The Effect of Continuous Versus Pregnancy-Only Medicaid Eligibility on Routine Postpartum Care in Wisconsin, 2011-2015," *Maternal and Child Health Journal* 24, (2020): 1138-1150.

⁷ MA Schellpfeffer et al., "A Review of Pregnancy-Related Maternal Mortality in Wisconsin, 2006-2010," *Wisconsin Medical Journal* 114, no. 5 (2015): <https://wmjonline.org/wp-content/uploads/2015/114/5/202.pdf>.

⁸ DL Hoyert and AM Minino. "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018," <https://stacks.cdc.gov/view/cdc/84769>.

⁹ COWS, "Race in the Heartland: Wisconsin's Extreme Racial Disparity," last accessed October 21, 2021, <https://cows.org/wp-content/uploads/sites/1368/2020/04/2019-Race-in-the-Heartland-Wisconsin-Extreme-Racial-Disparity.pdf>.

¹⁰ Colin Gordon, "Race in the Heartland: Equity, Opportunity, and Public Policy in the Midwest," last accessed October 21, 2021, <https://files.epi.org/uploads/Race-in-the-Midwest-FINAL-Interactive-1.pdf>.

¹¹ Ibid.

¹² KFF, "Births Financed by Medicaid," last accessed October 21, 2021, <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22desc%22%7D>.

annualized cost of \$23.6 million on an all funds basis (\$9.4 million GPR), accounting for the changes incorporated in 2021 Act 58.

In order to extend coverage to postpartum women for 12-months DHS would need federal approval which could be accomplished in one of two ways. DHS could either submit an 1115 demonstration waiver or it could pursue a state plan amendment. For the Committee's reference DHS provides the following comparison between an 1115 waiver and a state plan amendment.

1115 Waiver

Per 2017 Act 370 DHS must receive authorization from the legislature in order to submit an 1115 waiver. In applying for the waiver DHS must demonstrate to the federal government that the project would be budget-neutral from a federal perspective. Once approved an 1115 waiver is usually granted for an initial five year period with subsequent three year renewals. However, an 1115 waiver usually takes between 9 and 12 months to draft. Per state law, 1115 waivers are also required to be reviewed by the Joint Committee on Finance and have a 60-day public comment period, and require consultation with Wisconsin's tribal partners. Past DHS experience of waiver amendment approvals by the federal Department of Health and Human Services (HHS) points to an additional six to 12 months to receive approval.

State Plan Amendment

Different from an 1115 waiver, a state plan amendment is the vehicle through which the state describes its Medicaid program to the federal government and receives approval from HHS to implement those policies, processes, and subprograms. A state plan amendment is not dependent upon any factors other than what is allowed under federal law and regulation. 2017 Act 370 requires DHS to ask for Joint Committee on Finance review for any state plan amendment with an annual cost of more than \$7.5 million, unless a state law includes explicit authority along with an appropriation; or the law states that such a review is not required in statutory or non-statutory language. Once a state plan amendment is submitted to HHS it can be effective no earlier than the quarter in which it is submitted. After a state plan amendment is submitted, the Centers for Medicare and Medicaid Services (CMS), which is a part of HHS, has 120 days to approve it or deny it. CMS can however "stop the clock" by requesting additional information effectively prolonging approval.

DHS thanks the Committee for the opportunity to provide written testimony and would like to extend an offer to be a resource for the Committee as it considers SB 562.



To: Senate Committee on Insurance, Licensing and Forestry

From: Amy Domeyer-Klenske, MD
*Legislative Chair and Vice Chair, Wisconsin Section
American College of Obstetricians and Gynecologists*

*Assistant Professor
Patient Safety and Quality Officer
Department of Obstetrics and Gynecology
Medical College of Wisconsin*

Date: October 27, 2021

Re: Support for Senate Bill 562: Extension of Medicaid Eligibility for Postpartum Women

Thank you Chairperson Felzkowski, and honorable members of the Senate Committee on Insurance, Licensing and Forestry, for holding a public hearing today on Senate Bill 562, related to extending Medicaid eligibility for postpartum women.

My name is Dr. Amy Domeyer-Klenske, and I am a board-certified, practicing obstetrician gynecologist. I am here today in my role as the Vice Chair of the Wisconsin Section of the American College of Obstetricians and Gynecologists (or ACOG), the nation's premiere membership association for women's health care physicians, which represents over 60,000 OBGYNs across the country. I am also representing Medical College of Wisconsin, one of our state's major academic medical centers, where I am Assistant Professor and Patient Safety and Quality Officer in the Department of Obstetrics and Gynecology.

I come to speak in support of Senate Bill 562 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 Ballweg and Representative Loudenberg for introducing this bill, and for your support, Chairwoman Felzkowski, and Senator Taylor as a co-sponsor 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 our country when maternal death rates are rising. According to the Centers for Disease Control and Prevention (CDC), around 700 pregnancy-related deaths occur in the U.S. each year, and most of these deaths are preventable. In Wisconsin, of pregnancy-related maternal deaths, more than 2 out of 3 occur postpartum. Pregnancy-related mortality among non-Hispanic black mothers is 5 times the rate than for non-Hispanic white mothers. Additionally, many women who survive pregnancy and the postpartum period may experience severe maternal morbidity leading to conditions that require ongoing treatment.

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 the CDC defines 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 and the myriad others we see at MCW and institutions across the state. 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 failure 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, as outlined in a report released this summer by the Wisconsin MMRC, can be deadly. Half of the postpartum drug overdose deaths in our state occurred at 6-12 months postpartum. 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 access to care 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 isn't 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. Some women in our state or our country succumb and die due to these illnesses, again, as outlined in a 2018 report from our own MMRC. 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.

Another common scenario that we encounter as obstetrician/gynecologists is women seeking postpartum sterilization procedures or tubal ligations. For many reasons, a woman may determine after a pregnancy that her family is complete. Some women with chronic diseases or health complications during pregnancy may recognize that another pregnancy could be life-threatening and make the choice to prevent future pregnancy so that they can continue to live healthy and

productive lives without further exacerbating a chronic condition. Medicaid requires patients to sign a consent form 30 days prior to a sterilization procedure or at least 72 hours prior to a sterilization procedure if she has a preterm delivery. If a woman has not met these requirements, she may not be eligible to have the sterilization procedure she ardently desires. In other scenarios, a patient may deliver at a facility that does not perform these procedures. Other women may experience complications of birth like excessive bleeding or infection that lead us to recommend delaying the procedure until after 6 weeks postpartum. In the same week that I was preparing this testimony, a colleague described to me a case of his patient who couldn't receive her desired sterilization immediately after delivery and was terrified that she would lose her insurance coverage before this procedure could be scheduled and performed. Many women may go home from the hospital to lives that are complicated—finding childcare, returning to work without additional remaining sick time, family or relationship stressors, medical illnesses— and scheduling a short-interval procedure before insurance lapses can be insurmountable. Our patients need the time and space to make these decisions and schedule a procedure that makes the most sense for their lives and their families which would be possible if Medicaid coverage were extended to 12 months postpartum.

There are so many stories I could share in my work to illustrate the profound impact this legislation could have for pregnant persons in our state. In my role as Patient Safety and Quality Officer for the Department of OB/Gyn at MCW, I review cases of pregnancy-related morbidity and have seen time and again how important access to care is in getting patients the treatment they need to remain healthy. As physicians, it can be challenging to describe in detail how deeply this would affect our patients given our commitment to patient confidentiality. 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 post-partum 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 ensuring I could continue to live a safe and healthy life as a new mom. It is my firm belief that all my patients, including those receiving Medicaid, receive the same access to care and consultation with their providers that I had in my pregnancy.

In summary, extension of postpartum Medicaid to 12 months will help ensure the ongoing continuity of care and coverage of chronic or new pregnancy-associated conditions that increase risk of morbidity and mortality. It will help doctors to serve the needs of our recently pregnant patients and prevent morbidity and mortality at a time when this care is desperately needed. I appreciate the work of legislators in our state, and in red and blue states across the country, in enacting legislation that saves moms lives.

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

THE FOUNDATION FOR
BLACK WOMEN'S
WELLNESS

Empowering A Generation of Well Black Women

www.ffbww.org

Oct 27, 2021

To: Wisconsin Senate Committee on Insurance, Licensing, and Forestry

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

Re: Testimony in Favor of SB 562 - Medicaid Postpartum Extension

Good Morning Chairwoman Felzkowski and members of the Senate Committee on Insurance, Licensing, and Forestry. Thank you for the opportunity to speak today.

Thank you also Senator Joan Ballweg and Representative Amy Loudenberg for authoring this legislation, and you, Chairwoman Felzkowski, and Senator Lena Taylor for signing on as co-sponsors." And to the countless other Democrats and Republicans who are also supporting this important piece of legislation, we thank you.

My name is Lisa Peyton-Caire, Founder, CEO & President of the Foundation for Black Women's Wellness. We are a statewide non-profit health advocacy organization established here in Dane County in 2012, and committed to advancing and transforming the well-being of African American women and families in our state where we face persistent, alarming and life-threatening health, maternal health, and birth disparities.

It is in this spirit that I am here today to speak with urgency, and representing a legion of concerned and committed citizens, advocates, Mothers, Grandmothers, non-profit and community leaders, business owners, professors, homemakers, women and birthing people across Wisconsin to ask for your support and passage of SB 562, which would **extend postpartum Medicaid eligibility from 60 days to 12 months.**

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 healthcare journey -- after they give birth to a child.

This bill is so urgent for so many reasons.

Data tells us that:

- The United States has the highest rate of maternal mortality in the developed world. Each year in the United States, about 700 women die during pregnancy or in the year after.
- On average, 25 of those maternal deaths happen each year in Wisconsin and they are disproportionately Black, Indigenous and Latina women; and low income women of all backgrounds.
- **In fact, according to the Centers for Disease Control, 52% of pregnancy-related deaths occur after delivery, in the postpartum period, in the time immediately after birth and up to one year after a mother delivers her baby.**
- And among the women impacted, nationally, **Black women are three times more likely to die from a pregnancy-related cause than our white peers.**
- **Thousands more** women each year here in Wisconsin (and over 50,000 women nationally) experience severe, life-altering, and potentially fatal pregnancy-related complications during and well after the birth of their child -- often referred to as "near misses, with women narrowly escaping death from causes that range primarily from cardiac complications, infection, hemorrhaging, blood clots, and other blood vessel obstructions.
- **In the absence of healthcare coverage, identification of risk signs of these conditions, and lack of timely care and treatment for mothers in the delicate 1- year postpartum period, the consequences can be devastating.**

This becomes all the more alarming for Black women as we consider the backdrop of our state's long history of racial health and birth disparities.

For the past several decades that we have been measuring data -- we know that:

- Wisconsin ranks first in the nation for Black infant mortality.
- Babies born to Black mothers in Wisconsin are 3x's more likely to die before their first birthday than babies born to white mothers.
- Black mothers in Wisconsin are 5x's more likely than white mothers to die as a result of childbirth. **Yet we know that approximately three in five pregnancy-related deaths are preventable**
- In fact, Black women in Wisconsin of every age, income and education level, whether they have a GED or a PhD, are more likely than our peers to live with and die from treatable and preventable illnesses like heart disease, diabetes, and cancer--and at younger ages; and to experience worse maternal health outcomes overall.
- And despite our strong workforce presence, Black women in Wisconsin are more likely than our peers to be uninsured or underinsured and to lack access to quality and affordable healthcare when they need it, including critical mental health services -- before, during and after pregnancy.
- As a result, Black women in Wisconsin face a lower life expectancy than our peers; and a widening life expectancy gap, making Wisconsin the **only state where this trend is emerging**. This pattern is mirrored in the data for Black women across Wisconsin regardless of their zip code.

And although we are passionately advocating for this bill to advance Black maternal and child health given the grave state of Black women's health in Wisconsin, **we support this measure for all women in our state--whether they are in our urban, rural, or suburban communities-- because all women in our state are affected.**

In fact, data from the Annual Wisconsin Birth and Infant Mortality Report (DHS, 2017) indicate that women in rural Wisconsin have low rates of early and adequate prenatal care, especially those in Vernon and Clark counties. Native American women have among the highest rates of infant death (13.8/1000), second only to Black women. And these disparities persist into the postpartum health of **vulnerable women of all backgrounds living in rural communities across Wisconsin.**

We know you stand in agreement with us that these outcomes are unacceptable, and that urgent and decisive action must be taken to turn this tide in our state.

Many of us here today know how important this policy is for mothers, all birthing people and babies across our state. We know that when mothers are not well, our babies are also at risk. **Ensuring that mothers have access to quality postpartum healthcare coverage is essential not only for mom, but for the baby that relies on her to live and to thrive.**

At our organization and among our partners and allies, we have witnessed the deaths of babies and mothers in our immediate and extended families and communities. Some of us have buried our babies just weeks or months after they were born. Many of us have experienced birth complications that nearly claimed our lives or the lives of our newborns. Others of us provide support and services to mothers and their families after they have endured the incredible tragedies we have illuminated today.

These unspeakable losses and near misses—and the greater promise of how we can and must work together to prevent them, is what brings us here today.

We are all working, leading, advocating and creating solutions in our respective ways, across our state, **but we need the full force of our legislature, from both sides of the aisle, to turn the tide.**

SB 562 offers us a critical and urgent pathway to safeguard the health of mothers and their babies across Wisconsin, and to pave the way for our state to take its rightful place as a leader and forerunner on birth equity.

Thank you for your time and your leadership.

Lisa Peyton-Caire

Founder, CEO & President

The Foundation for Black Women's Wellness

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Senate Committee on Insurance, Licensing and Forestry
Testimony Provided by Laura Houser, MD
October 27, 2021
RE: Support for SB562

Good morning. My name is Laura Houser and I am a board certified pediatrician affiliated with UW Health and the UW School of Medicine and Public Health. I'd like to begin by thanking Chairperson Felzkowski and the other esteemed members of the committee for this opportunity to speak publicly about our support for Senate Bill 562 related to the extension of eligibility under Medical Assistance for postpartum women. I am grateful to be able to address you today in the interest of thousands of new moms and babies who will benefit from this legislation.

As a pediatrician, I diagnose and treat children up to age 22 and I see first-hand how my patients' health is influenced by the mental and physical health of their caregivers. Mothers have a particularly strong impact on the health of their new babies which is why I am here today to express support for Senate Bill 562. Specifically, SB562 directs the Department of Health Services to seek approval from the federal government to extend benefits to mothers covered by Medicaid until 365 days after the last day of their pregnancy which is a critically important time in the health of mom and baby.

Medicaid benefits should be extended to new moms for up to a year following birth because pregnancy-related medical conditions, chronic health conditions, and even death can occur up to one year post-partum. As evidence of that fact, the American College of Obstetricians and Gynecologists recommends new mothers be screened for post-partum depression which can occur up to one year after giving birth. It is defined by intense feelings of sadness, anxiety, or despair that prevent moms from being able to perform daily tasks. These feelings are brought on by changes in hormone levels; a history of depression; emotional factors such as whether the baby was planned/unplanned; fatigue; and lifestyle factors such as support from others, moving to a new city, death of a loved one, etc. Treatment usually involves anti-depressants prescribed by a doctor, combined with talk therapy that needs to be available to the patient for up to a year. If left untreated, post-partum depression can have dire consequences for mother and baby as the mother is left unable to adequately care for herself and her baby.

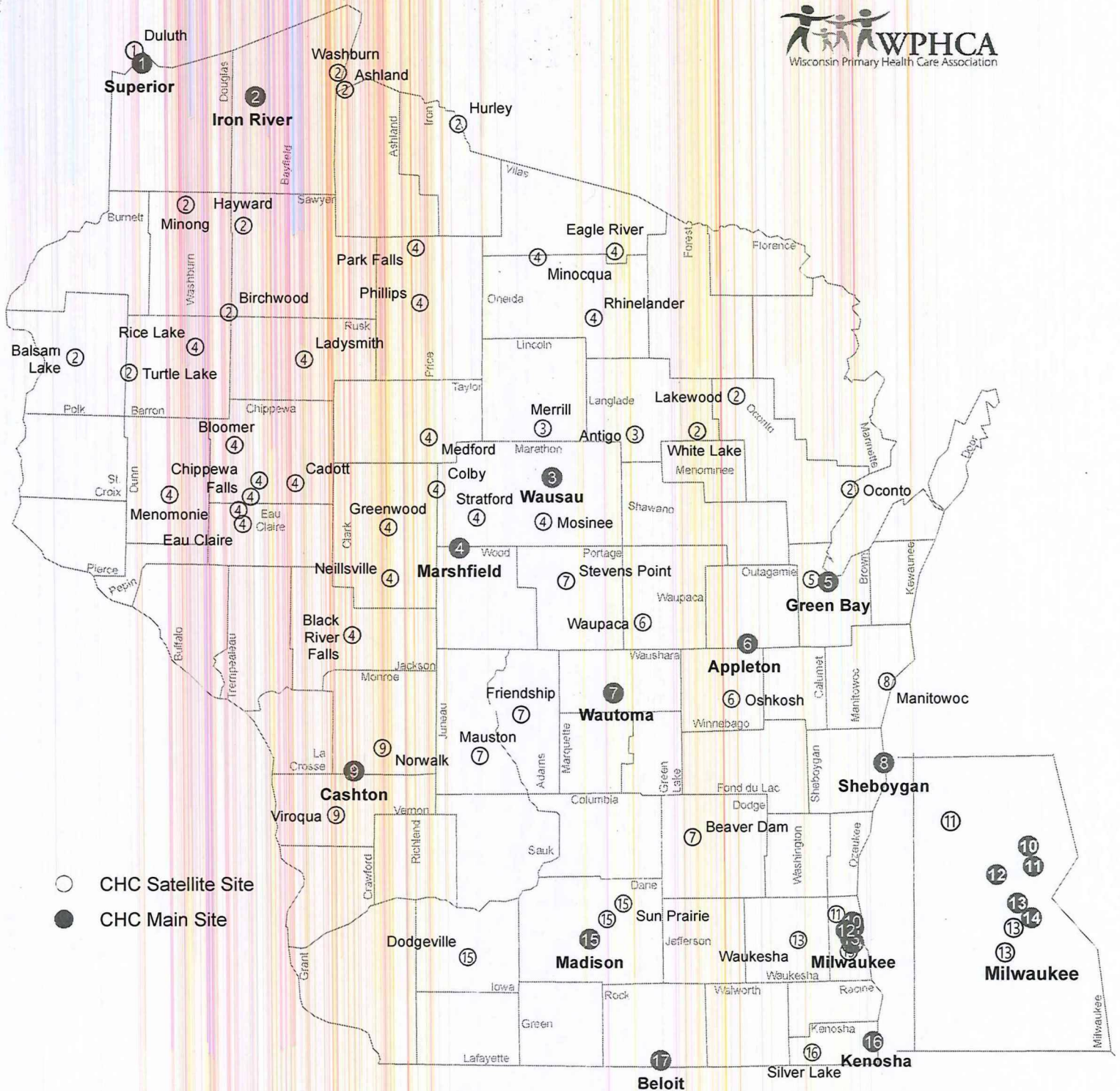
Furthermore, it is imperative that we find ways to prevent pregnancy-related deaths for all moms but the need is even more urgent among women of color. According to the Centers for Disease Control and Prevention (CDC), Black, American-Indian and Alaska Native women are two to three times more likely to die from pregnancy-related causes

than non-Hispanic White women. Sadly, disparities in Wisconsin are in many cases even worse than national trends. A Black woman in Wisconsin is 5 times more likely to die of maternal mortality than a white woman in Wisconsin. UW Health has joined forces with other stakeholders including the Foundation for Black Women's Wellness, the United Way, and Public Health Madison Dane County to address infant and maternal well-being. Senate Bill 562 aligns with this work by allowing patients access to care during the medically vulnerable first year after birth.

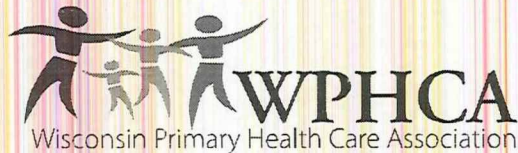
As you know, Wisconsin is home to some of the highest quality health care in the nation and we have much to be proud of but there is more work to be done. I am confident that this bill will help to improve outcomes for new moms and babies as it increases access to quality care at a critical time. I hope you see fit to join me in supporting this legislation.

Thank you for your consideration. I'd be happy to take questions at this time.

Wisconsin Community Health Centers 2020



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



October 27, 2021

To: Chair Felzkowski
Members of the Senate Committee on Insurance, Licensing and Forestry

RE: In support of Senate Bill 562, Extension of eligibility under the Medical Assistance program for post-partum women

Chair Felzkowski and Members of the Senate Committee on Insurance, Licensing, and Forestry, thank you for the opportunity to testify today on behalf of The Wisconsin Primary Health Care Association in support of SB 562. Thank you, especially, to Rep. Loudenbeck and Sen. Ballweg for bringing this bill forward this year, and to Rep. Riemer, Sen. Erpenbach and former Rep. Kolste for their efforts last session.

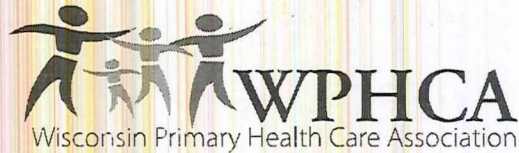
My name is Richelle Andrae, and I am the Government Relations Specialist for WPHCA. I am joined today by my colleagues from Community Health Systems, Inc. a clinic in Beloit. They will share their on-the-ground experience providing care for pregnant women, and why this bill is so important.

WPHCA is the member association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs, or Community Health Centers). Community Health Centers are non-profit, community-directed primary care clinics. Medical, behavioral health, and pharmacy are all part of the Community Health Center primary care model, along with oral health care. In Wisconsin, Health Centers annually served over 300,000 patients in 2019, providing care for residents from every single county.

Community Health Centers provide care to all patients, regardless of their ability to pay. The majority of our patients, 58%, earn at or below 100% of the Federal Poverty Level, which in 2020 was \$26,200 for a family of four. Across Community Health Centers, 1 in 5 are uninsured and 55% of patients are Medicaid enrollees. In 2020, Wisconsin Community Health Centers provided 1,015 deliveries and 3,184 pre-natal visits. Nearly half (45%) of all Community Health Center patients are of child-bearing age, 15-44 years old.

We appreciate the steps taken in the 2021-2023 budget to provide additional coverage for pregnant women, including the provision to extend current Medicaid coverage from 60 to 90 days. However, we believe that more can and must be done to address maternal and child health disparities.

Women need a range of health care services following the birth of a child, especially as many pre-existing chronic conditions such as hypertension or diabetes can worsen with pregnancy. Further, researchers estimate that 1 in 7 pregnant women experience perinatal mood and anxiety disorders, which frequently extend beyond Medicaid's current coverage period. 30% of maternal deaths (excluding suicide and drug overdose) occur between 43 days and 365 days following delivery.



Our state's maternal mortality rates are among the worst in the nation; pregnancy-related mortality for black women is 5 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 562 is an important part of the solution.

We support SB 562 as it would provide continued Medicaid coverage for approximately 6,300 women in the state. Providing this continued coverage is an upfront investment that will impact both mothers and children and reduce the need for costly downstream care. Continuity of care is critical, as many women do not make a full transition from pre-natal care to post-natal and continuing primary care.

WPHCA greatly appreciates the bipartisan support for this bill. Extending post-partum coverage has been a long-time priority, and we are thrilled to see the bill receive a hearing this session. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients, and for your consideration of SB 562. I will be happy to answer any questions now, or address them after our Community Health Centers speak with the Committee.

Thank you.

ABOUT WPHCA:

WPHCA is the membership association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHCs). Community Health Centers work to create healthier communities by improving access, providing quality health care and reducing health disparities for Wisconsin's underserved and low-income populations. Our aim is to ensure that all Wisconsinites achieve their highest health potential. We execute our mission and focus our aim through providing training and technical assistance to Wisconsin's Community Health Centers and advocating on their behalf.

CONTACT:

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Government Relations Specialist
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Chairpersons of the committee on Insurance, Licensing and Forestry.

Thank you for allowing myself and my colleague to speak to you today. My name is Stephen Smith and I currently serve as COO and Interim CEO for Community Health Systems. Community Health Systems is a federally qualified health center located in Beloit, Wisconsin. As a FQHC we provide medical, dental and behavioral health services to all individuals regardless of their ability to pay and we are proud to be a critical component of the larger healthcare industry. In 2020 we served just under 9,000 men, women and children. Of those 9,000 53% had Medicaid and 30% had no insurance – almost half of our Patients were women of child bearing age. While I will leave Laura to go over specifics with you, I wanted to add that extending coverage for new mothers for one year post child birth is important. Health Centers such as ours are able to provide basic services - but it is the linking into specialized care - that is where coverage becomes essential. Ensuring coverage increases responsiveness when unexpected needs or concerns arise, which is of the utmost importance when referrals to specialists are needed. Timely, effective responsiveness can help mitigate potentially larger scale issues.

We have seen, particularly in this last year and a half, that not having coverage almost always results in hesitancy to seek medical, dental or behavioral care and certainly acts as a barrier to receiving higher level or specialized services. Providing



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stable support for any population in need is beneficial from a biopsychosocial perspective. The first year postpartum is important and we firmly believe that an extension of this timeframe for coverage is critical for this population. Thank you for your time today. I will now turn it over to my colleague, Laura Anderson.



Thank you, Stephen.

Chair Felzkowski and Members of the Senate Committee on Insurance, Licensing, and Forestry, thank you for the opportunity to offer support regarding SB 562 on behalf of Community Health Systems, Inc.

My name is Laura Anderson, I am a DNP specializing in Women's Health services with Community Health Systems.

CHS supports SB 562 as one tool to improve maternal and child health outcomes and address disparities. The patients we serve are primarily underserved, uninsured, and people of color. This population encounter barriers to care those patients with resources and insurance typically do not.

As I address the committee, there are two points I would like to highlight that affect women who don't have continued health insurance after childbirth.

First, women may experience exacerbated chronic conditions if they don't have ongoing care.

Prior to getting pregnant, Mary, whose name has been changed, was almost deaf and had uncontrolled diabetes. She was late to prenatal care and ended up with a high-risk pregnancy requiring maternal-fetal-medicine care as well as access to



specialists to help manage her diabetes and other social needs. This additional support helped her manage her diabetes and her blood sugars were well controlled. Unfortunately, due to her chronic disease, her baby had severe birth defects. At approximately 40 weeks she delivered a beautiful son who lived for just 12 hours before he died of his congenital birth defects. After her 8-week postpartum period, she lost her insurance, and, as a result, she no longer had access to the affordable medical care and medications that helped manage her diabetes. Her blood sugar soared, and her diabetes became uncontrolled. In addition to lack of coverage for her declining physical health, she no longer had affordable access to counseling for the suffering she endured following the loss of her newborn child.

This leads to my second point, which is the critical need for Behavioral Health Care for women during and after pregnancy. Without continuous coverage, many women lose access to these important services. An example of this is Cassie.

Cassie left an abusive relationship after her daughter was born and had moved back home. When I first met her 8 months after her delivery, she was uninsured. She was having trouble bonding with her baby and couldn't differentiate the cues her daughter was giving with her cries. She she just felt hopeless and alone. While not actively planning to harm herself or her baby, she was feeling like it would be ok if she just didn't wake up one day. Cassie was suffering from postpartum



depression that could have been caught and treated sooner had she had the means to seek care.

There is a lot we already do to support mothers and babies through our Health Center. We provide integrated medical, dental, and behavioral health services. We do our best to provide wrap around care to help women get back on the road to health including services on a sliding fee scale, support with social work, and on-site outreach and enrollment specialists who are able to assist patients in finding insurance coverage.

Unfortunately, this is not enough. I remember, as a new mom at age 21, standing in the middle of my living room with tears running down my face because my husband had to go back to work that day. I was trying desperately to breastfeed, but my newborn daughter was not latching, and screaming because she was hungry. We were both young, working 2 jobs just to make ends meet. I had insurance, breastfeeding support, medical care, and mental health care if I needed it. Even though I had affordable options, I still struggled. I cannot imagine what our population faces without the resources that I had.

I just really want to bring home the fact that new mothers are vulnerable, whether this is their first or 5th child. Numerous physical and mental health changes affect new mothers in the year after childbirth. Not only are they focused on the care and



safety of their new baby, but they are also experiencing physical and emotional challenges as their bodies try to return to normal. Breastfeeding may or may not go planned. Physically, they may face anemia, thyroid problems, diabetes or high blood pressure. Mentally, they may suffer from postpartum depression, domestic violence, substance abuse, or food/housing/job insecurity, just to name a few. They may be single mothers, or if they live with a spouse or partner, that support is brief when they must go back to work. They may be isolated and far from their family or other social supports.

The care we're able to provide is limited if a woman's coverage ends; it creates gaps and threatens continuity of care at a very vulnerable time. Extending Medicaid to the first year following delivery provides assurance that needed medications, counseling, and medical care are available when they are needed. It not only provides the resources to make sure a baby can be raised by a healthy parent, but it also assures a solid foundation for this family unit to safely manage the complex challenges of the first year of life.

We support SB 562 as it would provide continued Medicaid coverage for approximately 6,300 women in the state. Providing this continued coverage is an upfront investment that will impact both mothers and children and reduce the need for costly downstream care.



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Thank you for the opportunity to testify on behalf of Community Health Systems, Inc. and our patients, and for your consideration of SB 562. I will be happy to answer any questions you have at this time.



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Extend Medicaid Coverage for Pregnant Women to One Year Post-Partum

THE ISSUE

Currently, women who qualify for Medicaid because of pregnancy are only covered up to 60 days following the birth of their child or post-partum. The 2021-2023 biennial budget approved an additional 30 days of coverage pending approval of a waiver submitted to CMS, but many mothers need care beyond this coverage window. **SB 562, championed this session by Senator Ballweg and Representative Loudenbeck, would extend coverage for a full year post-partum.**

THE WHY

Medicaid coverage is associated with improved access to health care, less delay in obtaining health care, better self-reported health, and reductions in mortality.¹ Women need a range of health care services following the birth of a child, especially as many pre-existing chronic conditions such as hypertension or diabetes can worsen with pregnancy. **Women also need continued coverage to address anxiety, depression, and substance abuse that can also be exacerbated by the stresses of caring for an infant.** As maternal mortality rates in the country continue to rise, access to care and trusted relationships with providers are key to lowering and combating racial disparities in maternal and infant death in Wisconsin.

THE DATA

- In 2020, Wisconsin Community Health Centers provided 1,015 deliveries and 3,184 pre-natal visits. 45% of Community Health Center patients are of child-bearing age, 15-44 years old.²
- **30% of maternal deaths (excluding suicide and drug overdose) occur between 43 days and 365 days following delivery.** In addition, researchers estimate 1 in 7 pregnant women experience perinatal mood and anxiety disorders, which frequently extend beyond Medicaid's current 60-day postpartum coverage period.³
- **Maternal mortality rates for Black women in Wisconsin are 5 times higher than white women and 3.2 times higher for Latino women than white women.** These are some of the worst outcomes in the nation.⁴
- 1 in 3 women experience a disruption in insurance coverage before, during, or after pregnancy.⁵

THE SOLUTION

WPHCA urges Wisconsin policymakers to sign on as co-sponsors of **SB 562**, extending coverage for pregnant women one year post-partum, a policy that would benefit not only mothers but infants. If passed, **approximately 6,300 Wisconsin women would gain access to critical health services.**⁶

1. Institute for Health Metrics and Evaluation (IHME). *Maternal Health Atlas*. 2018.

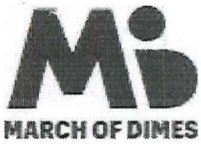
2. Health Center Program Uniform Data System (UDS). 2019.

3. Equitable Maternal Health Coalition. *Continuing Medicaid /CHIP Postpartum Coverage*. 2020.

4. Wisconsin Maternal Mortality Review. *Recommendations Report*. 2018.

5. Hatfield, Swartz, et al. "Women In The United States Experience High Rates Of Coverage 'Churn' In Months Before And After Childbirth." 2017.

6. Wisconsin Legislative Reference Bureau. *Post-Partum Eligibility Extension (Health Services -- Medical Assistance) Health Insurance Coverage*. 2021.



Emily Kittell
Manager of Maternal and Infant Health Initiatives

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October 27, 2021

RE: 2021 Senate Bill 562

To Whom It May Concern:

On behalf of March of Dimes, the leading non-profit organization fighting for the health of all moms and babies, thank you for the opportunity to express our support for *2021 Senate Bill 562 to extend Medicaid coverage postpartum to 12 months*. Please include this letter as part of the public hearing record.

The March of Dimes is the nation's leader in maternal and infant health and we strongly support Senate Bill 562 and the legislature's work to extend Medicaid coverage during the postpartum period from 90 days to 12 months, thereby ensuring that mothers retain health insurance during a crucial window. When this legislation passes, Wisconsin will join a growing bipartisan list of states that are prioritizing the live and health of new mothers and their infants by extending postpartum Medicaid.

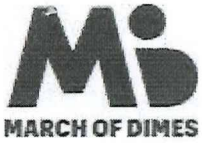
The empirical facts are stark and unsettling: Women giving birth in the United States are twice as likely to die due to pregnancy related conditions than as women in Canada, and five times as likely as women in Germany. In fact, among developed countries, the U.S. has the greatest maternal mortality rate and is the only country where that rate is increasing. As part of this national crisis, Wisconsin is facing our own objectionable maternal mortality emergency with the number of maternal deaths in Wisconsin rising over the past 10 years. What is especially alarming is that maternal mortality for non-Hispanic Black mothers is five times the rate for non-Hispanic White mother s- one of the worst statistics in the nation. There are geographic disparities too. When controlled for sociodemographic factors, women living in rural areas face a 9% greater chance of severe maternal morbidity and mortality than urban residents.

More than half of all maternal deaths in the U.S. occur over 60 days after birth and more than 60% are preventable. Babies born in Wisconsin to women enrolled in Medicaid have health insurance coverage for 12 months, but the new mother can lose her health insurance coverage as soon as 90 days after delivery, causing many women to become uninsured shortly after giving birth. While some women can successfully transition to other sources of coverage many are left in the unsafe position of being uninsured shortly after a major medical event.

Evidence tells us that the weeks following birth are a critical period for a women and her infant, setting the stage for long-term health and well-being. The stress of pregnancy may bring on newly diagnosed conditions such as diabetes, hypertension, thyroid disorders, renal disease and significant cardiac conditions that need ongoing medical care. In addition, mental health conditions such as postpartum depression and substance use disorder require ongoing treatment. Yet, despite knowing how essential and timely postpartum care is, it is estimated that 11.5% of new mothers lacked health insurance coverage and 20% of uninsured new mothers skipped care because of cost. Half worried about not being able to afford medical bills.

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

As an organization on the front line, March of Dimes sees the societal impact of persistent health disparities for far too many babies and new mothers across our great state. Fortunately, our state lawmakers can take action to address these disparities. Wisconsin can follow many other states and extend postpartum Medicaid coverage for new mothers – aligning the mothers' health insurance coverage with her newborn baby. Extending this coverage would help women receive the standard of care consistent with medical guidelines for postpartum care.



Emily Kittell
Manager of Maternal and Infant Health Initiatives

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When women have access to care they are healthier, their babies are healthier and healthcare costs go down. March of Dimes enthusiastically embraces legislation such as Senate Bill 562 and encourage this committee to make a tremendous difference in the health and lives of Wisconsin families by extending Medicaid coverage for one full year following the birth. Do pass Senate Bill 562.

Thank you,

A handwritten signature in black ink that reads 'Emily Kittell'. The signature is written in a cursive, flowing style.

Emily Kittell
Maternal and Infant Health Initiatives Manager
March of Dimes – Wisconsin



October 27, 2021

Chairwoman Felzkowski and members of the Committee,

My name is Jordan Wildermuth, and I am here on behalf of Nurse-Family Partnership to testify in support of SB562. With me today in her capacity as the Administrator for the Nurse-Family Partnership program in Sauk County and to provide information only is Jennifer Weitzel.

NFP is an evidence-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child. NFP partners these moms with registered nurses beginning early in pregnancy and continuing until the child is age two—providing weekly and bi-weekly visits that focus on improving maternal health, child health and development, and economic self-sufficiency. Our nurses are on the front lines of prevention efforts aimed at reducing maternal mortality and achieving better birth outcomes.

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

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

Extending Medicaid postpartum coverage:

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

Racial disparities and preventable deaths are the primary drivers for Wisconsin's high maternal mortality and morbidity rates, particularly among Black and American Indian women. As a leading evidence-based program with a proven track record at improving maternal and child health outcomes that empower families, NFP looks for opportunities to be part of the solution. To that end we support extending Medicaid coverage for postpartum women for an additional 10-month period.

TESTIMONY ON SB562

27 OCTOBER 2021

DIPESH NAVSARIA, MPH, MSLIS, MD

SENATE COMMITTEE ON INSURANCE, LICENSING, AND FORESTRY

Chairperson Felkowski and members of the Committee, my name is Dr Dipesh Navsaria, and I am a practicing pediatrician here in Madison. I am speaking today in my capacity as the Immediate Past President of the Wisconsin Chapter of the American Academy of Pediatrics. I am also an Associate Professor of Pediatrics at the School of Medicine and Public Health, and a Clinical Associate Professor of Human Development and Family Studies at the School of Human Ecology, both at UW-Madison. I am here to register my strong support for SB562, which extends Medicaid coverage for a full year after a woman has given birth.

I will leave discussion of the many medical vulnerabilities that women face after birth to my colleagues in women's health, many of which can linger far longer than the current 60 day eligibility period. I'd like to add to this conversation a discussion on how it affects families, and ultimately can result in increased costs and worse outcomes for everyone involved. Let me offer an illustrative example:

Some years ago, I saw a young preschool-aged child for a checkup who was presenting with behavior concerns. It was evident that he was "acting out", misbehaving, minor aggression, and throwing tantrums. While I could have stopped there and proffered some standard parenting advice, or had them seen by a behavioral health consultant, I dug a little deeper. It turned out his mother — who had given birth to this child's younger sibling just a few months prior — was suffering from fairly significant depression. The child's behavior was not due to a problem within that child — it was the only way he was able to get more than a minimal response out of his profoundly depressed mother, who was doing all she could to raise two young children, even with the support of her husband and other family. His escalating behaviors were not "the problem", they were bids for attention; attention which he not only craved, but that all young children require in order to develop.

More notably, she herself recognized her depression, but knew it was a problem. So, why had she not sought care? Because she had no health insurance.

The answer here was not to lecture the mother on how important responsive, nurturing interactions are for children's healthy development, nor to solely refer the child for behavioral interventions. It was, ultimately, to get her access to the care she — and by extension, her family — so desperately needed. We managed to figure out a workaround in that situation, but the point is clear — had the provision we're discussing in today's bill been in place, this family would not have been in that

position in the first place. Seeking care would not have been a barrier due to medical insurance coverage.

Countless situations like this play out repeatedly in our state. And mind you, I am not at all intending to disregard the direct health consequences to women — their value should not be calculated solely in terms of their ability to parent — but only to give a perspective from the world of pediatrics. There is also a deep equity issue — unsurprisingly, the greatest burden falls upon women of color, with increased risk of disability or death.

Let me close with a quote from the famed psychologist, Urie Bronfenbrenner, whose career centered around studying the environments children grew up in:

In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Someone's got to be crazy about that kid. That's number one. First, last, and always.

To “someone’s got to be crazy about that kid”, I’d add the critical words: “and able to follow through on it”. That’s part of what today’s bill is about. It allows parents to be the great parents they want to be. Please, vote in favor of this bill.

Thank you again for this opportunity to comment. I’m happy to take any questions you may have.

Dipesh Navsaria, MPH, MSLIS, MD
dipesh@navsaria.com



Date: October 27, 2021

To: Senate Committee on Insurance, Licensing, and Forestry

From: William Parke-Sutherland, Health Policy Analyst

RE: Support for Senate Bill 562/ Assembly Bill 592

Thank you for the opportunity to testify in support of this proposed bill, which would extend postpartum coverage through BadgerCare for up to one year after pregnancy. My name is William Parke-Sutherland and I'm a health policy analyst for Kids Forward, a nonpartisan nonprofit policy center working to promote access to opportunity for every kid, every family, and every community in Wisconsin, notably children and families of color and those furthest from opportunity.

We aspire to make our state a place where every child thrives by advocating for effective, long-lasting solutions that break down barriers to success for children and families. Kids Forward strongly supports this bill because it will:

- Guarantee continuity of coverage for mothers and their babies
- Increase access to postpartum care
- Help promote maternal and infant health and mitigate racial disparities
- Help improve the health of young children, by improving and protecting the health of mothers

Mothers and infants need stable and affordable access to health care and coverage after birth, but BadgerCare currently only provides 60 days of postpartum coverage, which is not even long enough to cover all medically recommended follow-up exams. Postpartum care is necessary to track maternal health following pregnancy. Expanding postpartum coverage for women from two or three months to one year will help ensure continuity of care for both mom and baby.

Twenty-five states have adopted postpartum coverage extensions or have enacted legislation that would extend coverage for at least six months 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 including postpartum depression. The report found that among women whose births were covered by Medicaid, nearly one in four were uninsured postpartum.

A Congressional Budget Office report found that nearly half of women who lose Medicaid coverage following childbirth are uninsured. Those that aren't, still need to find a new source of coverage, likely through employer-sponsored insurance or the Marketplace. Many experience

disruptions in care and coverage and may not be able to continue seeing their current provider. These barriers all make it harder for mothers and infants to get uninterrupted, quality care.

Countless national, state, and local advocacy and policy organizations recommend extending postpartum coverage for one year. The Foundation for Black Women's Wellness's *Saving our Babies* report recommends this among other Medicaid policy changes. Wisconsin has some of the worst racial disparities in maternal and infant health mortality and health outcomes. Due in part to bias and discrimination in health care, housing, and employment, Black mothers are nearly three times as likely to give birth to low birthweight babies compared to white mothers. Concerning maternal mortality, the disparity between Black and white women is greater in Wisconsin than the national average. A Black woman in Wisconsin is 5 times more likely to die of maternal mortality than a white woman. Continuous coverage postpartum would help stem these shameful inequities.

Extending postpartum coverage for one year would also help improve the health of newborns and young children. Numerous studies have demonstrated a link between the health of mothers and the health of their children. Extending postpartum coverage would allow women 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 coverage extension would also improve coverage and care for children. Because children are more likely to be insured and receive regular care if their parents have coverage, ensuring continuous postpartum coverage would also likely lead to increased pediatric preventive care and well-child screenings.

Extending postpartum coverage for one year would also help reduce administrative burden and associated costs for enrollment workers because women would remain covered regardless of income changes and would not risk losing their coverage for failing to respond to, or not receiving, requests for verification or additional documentation.

While this bill would be a significant step forward in protecting and improving maternal and child health, I urge you to consider expanding it so that women regardless of their immigration status and those in correctional institutions can also receive the coverage they need. Currently, these women, while pregnant, receive coverage through the BadgerCare Prenatal program, but they lose coverage 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 to all women who give birth in Wisconsin.

Thank you for taking the time to consider this urgent issue. Extending postpartum coverage will make sure more moms have the coverage and care they need and help improve maternal and child health outcomes for all Wisconsin mothers regardless of where they live. I hope that you act soon to move this bill out of committee and for a full vote on the Senate floor.



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

To: Members, Senate Committee on Insurance, Licensing and Forestry
From: R.J. Pirlot, Executive Director
Date: October 27, 2021
Re: Please Support Senate Bill 562

The Alliance of Health Insurers (AHI) is a nonprofit state advocacy organization created to preserve and improve upon consumer access to affordable health insurance in Wisconsin, both via the private sector and public programs. AHI members are dedicated to delivering affordable, high-value care to the state's Medicaid population. As of September 2021, AHI members provide managed care to approximately 68 percent of the participants in Wisconsin's Medical Assistance program (including both BadgerCare and SSI program participants).

Currently, BadgerCare provides coverage for income eligible women 60-days postpartum. After the 60-day postpartum period, she can stay on Medicaid if her income is 100% FPL. If she does not meet the income eligibility requirements, she will lose Medicaid coverage, and must seek other coverage options – thus, bifurcating her health care during a critical time.

The 2021-23 state budget included a provision to extend this period to 90-days postpartum, upon approval by the federal government. While this action was a step in the right direction, SB 562 will allow the state to extend the coverage for the full 12-months after delivery. The American Rescue Plan Act of 2021 encourages states to adopt this policy and allows states to request the 12-month extension through a state plan amendment (SPA), as opposed to the more time-consuming waiver process.

Maternal mortality and morbidity are key markers of the health care outcomes and in Wisconsin, there continues to be significant racial disparities in maternal health outcomes. According to the Department of Health Services, the rate of maternal morbidity in Wisconsin is higher than the national average and Black women in Wisconsin are 1.75 times more likely to experience maternal morbidityⁱ. Many common postpartum conditions that lead to mortality and morbidity require long-term care management, such as cardiovascular diseases, hypertension, and depressionⁱⁱ. Furthermore, data collected from 14 of the U.S. Maternal Mortality Review Committees found that from 2008-2017, 23.6 percent of pregnancy-related deaths occurred 43-365 post-partum and across all pregnancy-related deaths, 2 out of 3 were determined to be preventable.ⁱⁱⁱ

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. For the last several years, approximately 40 percent of all births in this state were covered by Medicaid^{iv}, underscoring once again how much impact SB 562 could have to improve the state's maternal and infant health outcomes. Continuing Medicaid 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.

As contracted managed care companies, our focus is to delivery healthy outcomes for the state’s Medicaid population. Continuity of care is a critical element to drive those outcomes – and leads to better health care cost management for Wisconsin taxpayers. SB 562 presents an opportunity for the state to positively impact maternal health, begin to address racial health disparities, and support growing families. For these reasons, we respectfully ask the Committee support SB 562.

If you have any questions, please do not hesitate to contact Caty McDermott at 608-258-9506.

ⁱ [Wisconsin Department of Health Services Maternal Mortality and Morbidity](#)

ⁱⁱ [Postpartum Coverage Extension in the American Rescue Plan Act of 2021](#)

ⁱⁱⁱ [Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017](#)

^{iv} [Births Financed by Medicaid](#)



TO: Senate Committee on Insurance, Licensing & Forestry
FROM: Mike Boeder, Executive Director, Health Plan Operations – Children’s Community Health Plan, Children’s Wisconsin
DATE: Wednesday, October 27, 2021
RE: Support for SB 562 – Extension of Medicaid eligibility for postpartum women

Chairwoman Felzkowski and members of the committee, thank you for the opportunity to share testimony with you today. My name is Mike Boeder and I’d like to share Children’s Wisconsin’s (Children’s) support for this important, bipartisan legislation. I’ll be sharing perspectives on behalf of a number of providers and departments at Children’s, including as part of my role as the executive director of health plan operations for Children’s Community Health Plan, an affiliate of Children’s Wisconsin.

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.

The Medicaid program plays a significant role in maternal health, covering more than one-third of births in Wisconsin in 2019. 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 women of color and those living in rural areas face significantly higher rates of preventable maternal injury and death resulting in disparities with lasting impacts for families across our state.

While we appreciate the recent extension in postpartum Medicaid health care coverage from 60 days to 90 days in Wisconsin, this length of coverage simply isn’t adequate to promote safety, health and well-being for Wisconsin women and their families. 12 months of continuous coverage for postpartum individuals represents a great step forward in ensuring continuity of coverage so enrollees can avoid disruptions in care and continue to have access to high quality health services. In addition, this continuous coverage offers opportunities to streamline administrative functions for the Medicaid program and reduce unnecessary churn for postpartum individuals. On the federal level, recent passage of the American Rescue Plan Act provided for continuous Medicaid and CHIP coverage for pregnant and postpartum individuals through twelve months after giving birth on a temporary basis. Children’s is very encouraged by this bipartisan legislation here in Wisconsin to offer this coverage on a permanent basis to promote health and well-being amongst mothers and their children.

As some of you may know, Children’s provides home visiting services across the state to support at-risk parents, during a pregnancy through the first five years of the child’s life, to reduce the likelihood of child maltreatment and to strengthen family functioning. Visits occur in the home on a frequent basis to provide education on topics like pregnancy, reproductive health, child development, safe sleep and offer guidance on navigating the often complex food and child assistance systems.

Family preservation and support programs address the needs of the family as a whole, delivering services in their homes, neighborhoods and communities to help promote positive development and prevent adverse outcomes. Parents and families gain new competencies, make family-community connections and improve child health, well-being and family functioning. In 2020, Children's served nearly 800 families across the state through home visiting.

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

For moms and families that we serve, both in our home visiting and Healthy Start programs, having continuous access to Medicaid coverage would enable moms to afford the regular medical care they need. One client came to our program five months postpartum after delivering a beautiful baby girl, no longer having insurance and having developed a few health issues. She had an intrauterine device (IUD) placed after delivery that had shifted causing severe discomfort and pain. After she delivered her daughter, her vision had declined significantly and she desperately needed an eye exam to ensure she could safely care for and support herself and her daughter. If her Medicaid coverage had been extended 12 months, she wouldn't have to endure these health issues and could have addressed them much sooner.

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 you may have through our contact information below.

Mike Boeder
Executive Director, Health Plan Operations
Children's Community Health Plan
mboeder@chw.org

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

October 27, 2021

Good morning, Senator Felzkowski and members of the Senate Insurance, Licensing and Forestry Committee.

My name is Ann Dodge and I am a volunteer with the American Heart Association on the Wisconsin Advocacy Board. I am also a pediatric cardiology nurse practitioner in Madison WI that cares for children of all ages. Please support Senate Bill 562, authored by Senator Ballweg and Representative Loudenbeck, extending Medicaid postpartum coverage to 12 months.

Over the last 20 years, severe pregnancy health problems have increased, leading to more health issues in the near future and down the road for women and their babies. Heart disease and stroke account for 1 in 3 deaths during pregnancy and birth. Despite the decrease in maternal mortality worldwide, the maternal mortality rate continues to rise in the United States. Astonishingly, the U.S. has the highest maternal mortality rate in the developed world, with three in five pregnancy-related deaths being preventable.

Prevention is the most effective and economic way to achieve better health outcomes. Black and American Indian/Alaska Native women are two to three times more likely to die from pregnancy-related complications in comparison to their white counterparts. An estimated 40% of all U.S. counties, mainly rural, lack a qualified childbirth provider (obstetrician, midwife, or family physician).

The causes and contributors to maternal morbidity and mortality are multifactorial and complex, requiring broad, innovative, and sustainable solutions that prioritize health equity, and support the provision of quality, affordable, patient-centered care before, during, and after pregnancy, regardless of race, ethnicity, income, or geography.

Currently, MA postpartum coverage is only available for 3 months. The bill before the legislature would allow the Governor to apply for a waiver, extending it to 12 months.

In closing, thank you for having a hearing on SB 562 today. This bill will ensure new moms have access to healthcare during a very critical time in their life. Please support SB 562.

Thank you for considering my testimony.

Ann Dodge
Pediatric Nurse Practitioner
Member of American Heart Association Wisconsin Advocacy Board

Middleton, WI

October 27, 2021

Good morning, Senator Felzkowski and members of the Senate Insurance, Licensing and Forestry Committee. My name is Dr. Nicole Lohr, and I am a volunteer with the American Heart Association and currently serve as the Milwaukee Board President. I am also a volunteer with the Wisconsin Chapter of the American College of Cardiology and serve as its governor. Please support Senate Bill 562, authored by Senator Ballweg and Representative Loudenberg, extending Medicaid postpartum coverage to 12 months.

As a cardiologist who treats women with cardiovascular disease, and a researcher who studies the effects of gestational diseases on blood vessel function, I am alarmed at the state of women's cardiovascular health in the United States. Maternal deaths/100,000 live births have doubled over the last 30 years and is the highest in the Western world. Maternal deaths caused by cardiovascular diseases, a potentially modifiable etiology, has also increased over 20 years. We have seen women who develop pre-eclampsia, a cardiovascular risk factor associated with gestation, even one year after delivery. Therefore, extending health coverage to 12 months post-partum allows us to properly treat these women and reduce their risk of heart attacks, strokes, or death.

In closing, thank you for having a hearing on SB 562 today. This bill will allow doctors a real opportunity to treat pregnancy associated cardiovascular disease. Please support SB 562.

Thank you for considering my testimony.

Nicole L Lohr, MD PhD FACC
President, American Heart Association Milwaukee Metropolitan Board of Directors
Governor, Wisconsin Chapter, American College of Cardiology

New Berlin, WI

October 27, 2021

Good morning, Senator Felzkowski and members of the Senate Insurance, Licensing and Forestry Committee. My name is Julie Chappelle and I am a volunteer with the American Heart Association, a teen mom and a Registered Nurse for 13 years. Please support Senate Bill 562, authored by Senator Ballweg and Representative Loudenbeck, extending Medicaid postpartum coverage to 12 months.

Ensuring mom's have access to keep their health a priority following childbirth is one step closer to achieving maternal health equity. Sadly, for many, becoming a mother can lead to reduced or loss of employment and housing; placing increased burden during a time which is already burdensome. As a mother at the age of 16, I am all too familiar with how easy it is for it all to unravel. Expanding postpartum care for Medicaid participants to the first year after delivery is one step closer in the process to address inequities in maternal health care.

In closing, thank you for having a hearing on SB 562 today. This bill will ensure new moms have access to healthcare during a very critical time in their life. Please support SB 562.

Thank you for considering my testimony.

Julie Chappelle, MSN, RN, CEN
American Heart Association WI Advocacy Committee Member
New Berlin, WI



American
Heart
Association.

To: Senate Insurance, Licensing and Forestry Committee
Date: October 27, 2021
From: Nicole Hudzinski, Government Relations Director, American Heart Association
RE: SB 562, extending MA coverage for birthing parents to 12-months postpartum

Good morning, Senator Felzkowski and members of the committee. Thank you for having a hearing on SB 562, authored by Senator Ballweg and Rep. Loudenbeck, to extend Medicaid coverage for birthing parents to 12-months postpartum. The American Heart Association fully supports this proposal.

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

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

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

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

Pregnant women need comprehensive health services before, during, and following their pregnancy to ensure they are healthy and prepared to take on the responsibility of raising a baby. Please support SB 562, extending Medicaid coverage for birthing parents to 12-months postpartum.

Thank you for considering our testimony.

TO: Senate Committee on Insurance, Licensing and Forestry
FROM: Sara Finger, Executive Director, The Wisconsin Alliance for Women's Health
RE: Testimony in Support of SB 562
DATE: October 27, 2021

Currently, Medicaid coverage is terminated just 60 days after giving birth in Wisconsin and while an extension for 30 more days to 90 days total was approved in the 2021 State Budget, there is still a **significant gap in health insurance for Wisconsin's low-income women**. This disruption, which disproportionately affects women of color, only serves to exacerbate our state's existing maternal mortality and morbidity crisis. It is imperative that our state legislative leaders take immediate action to advance Senate Bill 562 and extend critical postpartum Medicaid coverage for one full year as recommended.

Nationally, we know that nearly one-third of all pregnancy-related deaths happen postpartum¹. Here in Wisconsin, we rank as one of the worst states in the country for black maternal mortality and morbidity. In our state, black women are five times more likely to die from pregnancy-related complications² and significantly more likely to experience severe maternal morbidities³ (such as diabetes, high blood pressure, and life-threatening blood clots). Wisconsin's pervasive disparities in maternal health are rooted in a lack of access to affordable and comprehensive healthcare services. While meaningfully addressing our state's unacceptable health outcomes for low-income women of color will require a multifaceted approach, **research⁴ shows that extending Medicaid coverage up to one year postpartum is a critical step toward reducing maternal mortality and morbidity**.

There are few options for new moms who are looking to find healthcare coverage after Medicaid coverage ends. Subsidized exchange coverage may be available for women with incomes of about 100% FPL (significantly lower than the FPL financial requirement prior to birth), but unlike Medicaid for pregnant women, this requires premiums and cost sharing. Even if women do find healthcare coverage after 90 days, shifting coverage has its consequences. For one, available benefits or covered services may differ when postpartum women shift from Medicaid to an exchange plan. In addition, women are expected to navigate a complicated special enrollment process and then they must select a plan to secure coverage on the exchange. Many new moms are unaware of the coverage available, struggle with the enrollment process, or cannot afford the monthly premiums that come with a coverage plan.

If a mother previously covered by Medicaid is experiencing complications or medical issues with no medical coverage beyond 90 days, her expenses will come out of her own pocket. This often means that mothers choose to forgo medical care, even when they desperately need it. Even more concerning is the fact that the health of a mother directly influences the health of her child. Hurting moms means hurting babies.

1 <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html#:~:text=A%20pregnancy%2Drelated%20death%20can,in%20the%20week%20after%3B%20and>

2 <https://wmjonline.org/120-suppl1/peyton-caire/>

3 <https://wmjonline.org/120-suppl1/peyton-caire/>

4 <https://www.statnews.com/2018/08/22/maternal-deaths-women-health/>

Beyond increased access to traditional healthcare services, **extended postpartum Medicaid coverage will also provide necessary uninterrupted mental health care to those experiencing postpartum depression**⁵. With one in ten women suffering from postpartum depression in the United States⁶, the long-term care that extended Medicaid coverage offers is essential to a full recovery. Particularly for women of color, who most often have the least access to mental health resources and treatment.

Postpartum care encompasses an array of important health needs, including recovery from childbirth, follow-up on pregnancy-related complications, management of chronic health conditions, and addressing mental health concerns. By extending postpartum Medicaid coverage up to one year we will ensure that all women—regardless of income or zip code—have access to ongoing postpartum care essential for prevention, early detection, and treatment.

The Wisconsin Alliance for Women's Health respectfully requests that you advance Senate Bill 562 to extend critical postpartum Medicaid coverage in Wisconsin. We thank you for your commitment to Wisconsin women and their families.

⁵ <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

⁶ <https://www.cdc.gov/reproductivehealth/depression/index.htm>