



Date: February 12, 2025

To: Senate Committee on Health

From: William Parke-Sutherland, Government Affairs Director

Alia Stevenson, Deputy Director

RE: Support for Senate Bill 23

Chairwoman Cabral-Guevara and members of the Committee, thank you for the opportunity to provide testimony in support of the proposed bill. This testimony is offered by Alia Stevenson, Deputy Director, and William Parke-Sutherland, Government Affairs Director for Kids Forward. We are a nonpartisan, nonprofit policy center working to promote access to opportunity for every kid, every family, and every community in Wisconsin, notably children and families of color, rural families, and those furthest from opportunity.

Senate Bill 23 would extend postpartum coverage through BadgerCare for up to one year after pregnancy. Kids Forward strongly supports this bill because it will:

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

Mothers and infants need stable and affordable access to health care and coverage after birth. Medicaid, which covers more than one in three births in Wisconsin, currently mandates only 60 days of postpartum coverage. 60 days is too short to cover all medically recommended follow-up exams. Adding 30 days of additional coverage, which the 2021-2023 budget authorized, may cover a follow up exam at or near the 12 week mark, but still leaves many people without access to necessary care postpartum, including mental health and ongoing care to manage other serious health concerns, such as heart failure.

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

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

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

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

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

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

According to a Kaiser Family Foundation report² using CDC natality data, Black, Indigenous, and Latine births are more likely to be insured through Medicaid compared to white births. Ongoing stress caused by racism, medical providers failing to believe or take seriously the concerns and experiences of Black and Indigenous pregnant people, lack of diversity among providers, and discontinuity of coverage all contribute to the deep racial inequities in maternal health and birth outcomes in this nation, notably Wisconsin, where disparities are much worse than the national average. Adopting one year of continuous coverage postpartum, as proposed, would help stem these shameful, devastating outcomes.

This is not a partisan issue; both red and blue states have extended Medicaid postpartum coverage. To date, **all but two states - Wisconsin and Arkansas** - have extended coverage for at least one year after birth. In March 2021, the Medicaid and CHIP Payment and Access Commission (MACPAC), urged Congress to require 12 months of postpartum coverage, citing benefits such as increasing health equity, decreased instances of maternal mortality, and better management of mental and physical health conditions

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

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

including postpartum depression³.

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

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

According to a Wisconsin Professor of Psychiatry and Obstetrics-Gynecology⁴, mental health and substance use disorders are “the number one killer of pregnant and postpartum moms and it occurs primarily outside of the 60-day postpartum range.” Dr. Wicher says, “the highest risk of maternal mortality is actually months 8 through 12 postpartum. And we oftentimes wonder how much of that could be eliminated or at least reduced if women continued to have access to mental health or substance use services for an entire year beyond postpartum.”

A Congressional Budget Office report⁵ found that nearly half of women who lose Medicaid coverage following childbirth are uninsured. Those that aren’t, still need to find a new source of coverage. Many experience disruptions in care and coverage and may have to switch providers. These barriers all make it harder for parents and infants to get uninterrupted, quality care, and have a particularly inequitable impact on Black and Indigenous people.

When pregnant women have consistent access to Medicaid coverage following birth, they are more likely to receive preventative and other medical care. A 2022 retrospective study⁶ in Texas conducted by the Parkland Center for Clinical Intervention and Parkland Community Health Plan found that continuous postpartum coverage for one year after pregnancy resulted in a “sustained increase in preventive services utilization throughout the first-year postpartum.” Other benefits included “increased utilization of contraceptive services, decreased incidence of

³ *Advancing Maternal and Infant Health by Extending the Postpartum Coverage Period*, Medicaid and CHIP Payment and Access Commission, 2021.

<https://www.macpac.gov/publication/advancing-maternal-and-infant-health-by-extending-the-postpartum-coverage-period/>

⁴ *New Moms are Getting a Mental Health Hotline, but Wisconsin Republicans Could have done much More*. UpNorth News, 2022.

<https://upnorthnews.com/2022/06/01/new-moms-are-getting-a-mental-health-hotline-but-wisconsin-republicans-could-have-done-much-more/>

⁵ *Cost Estimate of the Reconciliation Recommendations of the House Committee on Energy and Commerce*. Congressional Budget Office, 2021.

<https://www.cbo.gov/system/files/2021-02/EnergyandCommerceReconciliationEstimate.pdf#page=5>

⁶ *Extending Postpartum Medicaid Beyond 60 Days Improves Care Access and Uncovers Unmet Needs in a Texas Medicaid Health Maintenance Organization*, *Frontiers in Public Health*, 2022. frontiersin.org/articles/10.3389/fpubh.2022.841832/full

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

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

Thank you for taking the time to read how postpartum coverage impacts Wisconsin mothers, children, and families. Extending postpartum eligibility will make sure more parents have the coverage and care they need and help improve maternal and child health outcomes for every Wisconsin mother, regardless of what zip code they live in. I hope that you act soon to move this bill out of your committee for a full vote on the Senate floor. If you have any questions, please contact William Parke-Sutherland at wparkesutherland@kidsforward.org.

Sincerely,



William Parke-Sutherland
Government Affairs Director



Alia Stevenson
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