



Dear Members of the Wisconsin State Legislature:

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

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

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

**LRB 1377/1 and LRB 0324/1 – Postpartum Medicaid Coverage**

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

As patient advocates and partners in the delivery and management of pregnancy, postpartum and newborn/infant care, the above-named organizations urge you to support 12 months postpartum Medicaid coverage. This change will align Medicaid coverage for the new mother with her baby. Florida, Virginia, Alabama, Georgia, Louisiana, Ohio, Minnesota, Michigan, and Indiana are among the list of 28 states that have already implemented 12-month postpartum coverage, and more states are planning to implement including Arizona and Colorado.

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

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

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

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

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

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

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

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

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

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

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

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

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

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