

- Support Senate Bill 23 and Assembly Bill 97 - Access to Postpartum Care
- Support Senate Bill 42 and Assembly Bill 43 - Access to Contraception
- 2025-27 Biennial Budget – Support an Obstetrics Rate Increase
- Access to Evidence-Based Medical Care

Support Senate Bill 23 and Assembly Bill 97:

Uninterrupted postpartum health care 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.

Wisconsin Medicaid currently covers eligible individuals up to 60 days postpartum if they meet certain eligibility requirements. Patients who do not have access to affordable insurance options often experience a health insurance coverage gap. Even our patients who may have access to some form of insurance can face barriers accessing care due to new premium, co-pay, and other out-of-pocket costs. A disruption in the continuity and quality of care during the postpartum period contributes to poor outcomes for both parent and baby, while also resulting in increased costs and administrative burdens to the health care system, including state Medicaid programs.

Senate Bill 23 and Assembly Bill 97 will improve maternal and child health outcomes and align healthcare coverage for the new parent and baby. **The State Senate approved the legislation 32-1. The State Assembly has not acted.** The legislation has broad bipartisan support with over 70 legislative cosponsors and is supported by nearly 50 leading Wisconsin health organizations. **Wisconsin is one of only two states that has not extended postpartum coverage to 12-months.** The proposal applies to individuals who are *already* eligible for Medicaid and *does not change* eligibility requirements.

Support Senate Bill 42 and Assembly Bill 43:

We want all our patients to have unhindered and affordable access to all FDA approved contraceptives. ACOG has long supported over-the-counter access to hormonal contraceptives. The FDA can confer over-the-counter status and recently approved Opill, a progestin-only birth control pill. Recognizing that our patients want more options to manage their reproductive health, ACOG supports pharmacist prescribed hormonal contraception as a continued step in the right direction to improving access to contraception. **The State Assembly approved AB 43 with overwhelming, bipartisan support. The State Senate Committee on Health recommended passage 5-0. A vote of the full Senate has not been scheduled.**

Support an Obstetrics Rate Increase:

OB/GYNs are a scarce and valuable resource in Wisconsin. More than 1/3 of Wisconsin counties have one or no OB/GYN, and we've seen maternity care units close in recent years. Further compounding these challenges is the fact that Wisconsin has some of the worst Medicaid rates for obstetric care among states with similar Medicaid births each year. Currently Wisconsin Medicaid pays \$1,149.32 for both global vaginal delivery and cesarean. Comparable states are listed below. Governor Evers is recommending a rate increase to keep practices viable and delivery rooms open. The increase would be a nominal cost to the state of \$7.3 million GPR over the biennium.

	59400 (Vaginal)	59510 (Cesarean)	59610 (VBAC)
Michigan	\$2,225.50	\$2,483.76	\$2,342.79
Minnesota	\$1,387.89	\$1,387.89	\$1,387.89
Iowa	\$1,364.46	\$1,550.85	\$1,485.07
Arizona	\$3,811.89	\$4,204.21	\$3,981.05
Pennsylvania	\$1,786	\$1,786	\$1,786

Access to Evidence-Based Medical Care: WI-ACOG is opposed to government restrictions on access to evidence-based medical care, which includes access to abortion care and gender-affirming care. Wisconsinites should be free to make personal healthcare decisions by consulting their family, their faith and their healthcare providers. Personal healthcare decisions should be free from political interference.