

DOCTOR DAY 2024

Advocacy at the Capitol



Postpartum Care for New Mothers

Background

Wisconsin Medicaid covers pregnant women up to 60 days postpartum, if they meet certain eligibility requirements.

Federal law allows states to adopt a 12-month postpartum coverage period for Medicaid-eligible pregnant women. Currently 47 states have either implemented or are planning to implement 12-month postpartum coverage for new mothers. This includes Florida, Georgia, Indiana, Mississippi, Louisiana, Minnesota, Michigan, Illinois, Ohio, South Carolina, Kentucky, Missouri, and Colorado, to name a few.

2021 Wisconsin Act 58 required the Department of Health Services to request a federal waiver to extend postpartum eligibility for pregnant women to 90 days. Until such request is approved, or if the request is denied, postpartum eligibility in Wisconsin will continue to end at 60 days postpartum. This means that without further state or federal action Medicaid-eligible pregnant women whose household income is above 100% of the federal poverty limit (FPL) become ineligible for Medicaid coverage 60 days after giving birth. 100% of FPL for a family of two is \$19,720.

Senate Bill 110 and Assembly Bill 114 is sponsored by Senator Joan Ballweg (R-Markesan), Senator Mary Felzkowski (R-Irma), Representative Donna Rozar (R-Marshfield) and Representative Tony Kurtz (R-Wonewoc). Senate Bill 110 and Assembly Bill 114 will improve maternal and child health outcomes and align coverage for both the mother and baby.

Maternal Morbidity and Mortality in Wisconsin

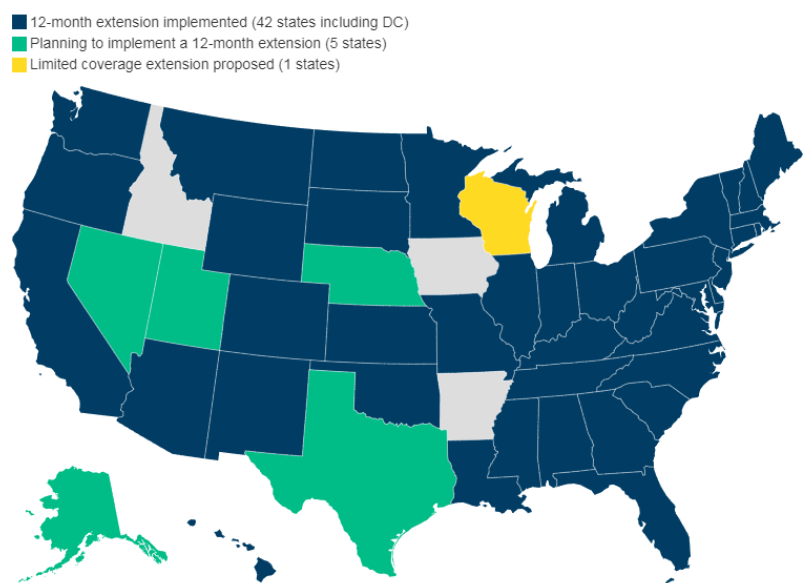
Maternal morbidity and mortality are serious public health concerns. Instances of maternal morbidity have lasting health consequences and result in avoidable medical expenses. The death of a new mother represents not only the loss of a woman's life, but has a lasting impact on her new baby, her family, and her community.

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. Pregnancy-associated overdose deaths in Wisconsin have risen, and half of all pregnancy-associated overdose deaths occurred 6-12 months after pregnancy.¹ Having access to ongoing care would provide access to substance use disorder treatment. 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.² Additionally, 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.³ Action is needed to improve health outcomes for mothers which in turn improves outcomes for babies.

Impacts of Disenrollment at 60 Days Postpartum

New mothers who are disenrolled from Medicaid and who do not have access to affordable health insurance options end up in a health insurance coverage gap. Periods of uninsurance and underinsurance, often referred to as "churn," lead to delayed care, less preventive care, and higher emergency

Postpartum Coverage Tracker Map



NOTE: CMS approved the U.S. Virgin Island's state plan amendment on 6/23/2023.
SOURCE: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of January 8, 2024. • PNG

KFF

department utilization. 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 for the entire health care system, including state Medicaid programs. New mothers with a change in health insurance coverage will likely experience new out-of-pocket costs (premiums, co-pays, deductibles, coinsurance), changes in medical and behavioral health providers or lose access to affordable prescription drugs. These new financial barriers, and during such a critical period, delay timely and appropriate medical care to help avoid preventable and more costly health complications.

Why is Health Care Coverage for New Mothers so Important?

The postpartum period is a medically vulnerable period for all women. Complications during pregnancy such as eclampsia, infection, or hemorrhage require intensive care, lengthy hospital stays, or hysterectomy; and pregnancy-related complications can surface up to a year after delivery. Unmanaged pregnancy-related medical complications have lasting health consequences for a new mother and result in avoidable medical expenses. 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, or coverage for substance use disorder treatment.

At postpartum visits, a health care provider will screen a new mother for health conditions they are 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.⁴ Regular postpartum visits allow a health care provider to intervene and provide timely, appropriate medical care to help avoid preventable and more costly health complications.

Please Support Senate Bill 110 and Assembly Bill 114

Last year the State Senate approved Senate Bill 110 by a wide margin, 32-1. The State Assembly has not acted. The legislation has broad bipartisan support with over 70 cosponsors and nearly 50 leading Wisconsin health organizations' support including physicians, nurses, health insurers, hospitals, and public health advocates.

The Department of Health Services estimates Senate Bill 110 and Assembly Bill 114 will cover 5,290 new mothers at a cost of approximately \$337 per mother per month, on average. The total annual cost to support new mothers is \$8.4 million general-purpose revenue.

Uninterrupted health care coverage during the postpartum period will have a positive impact on moms and babies. It will help to reduce rates of maternal morbidity and mortality, begin to address well-documented racial, ethnic, and geographic health disparities, and reduce gaps in health insurance coverage - all of which increase health care costs.

Florida, Indiana, Texas, Georgia, Arizona, Mississippi, Colorado, Ohio, Michigan, and Minnesota are among the 47 states that have implemented or are planning to implement 12-month postpartum extension.

¹ 2021 Wisconsin pregnancy-associated overdose deaths

² 2022 Wisconsin Maternal Mortality Report

³ 2020 MACPAC Report to Congress

⁴ Elevance Health Public Policy Institute: Addressing Prenatal and Postpartum Coverage Gaps in Medicaid