



**TO:** Attn: Wisconsin 1115 Postpartum Coverage Waiver  
*Department of Health Services*  
*Division of Medicaid Services*

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**DATE:** April 20, 2022

**RE:** MCW Supports WI DHS' Section 1115 Postpartum Coverage Demonstration Waiver

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The Medical College of Wisconsin supports the Wisconsin Department of Health Service's (DHS) Wisconsin Postpartum Coverage 1115 Waiver to improve postpartum morbidity and mortality of birthing people in the state, allowing Wisconsin to extend postpartum Medicaid coverage from 60 days to 90 days, as required by 2021 Wisconsin Act 58.

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. Although extending Medicaid coverage to 12 months postpartum is both necessary and ideal, we have an opportunity to make our systems work better for our patients and the mothers of Wisconsin by extending coverage to 90 days.

There are so many examples of how this waiver would benefit the patients 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. Our providers 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 our providers 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. Wisconsin needs 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, heart failure or severe COVID-19 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 our providers have seen women without care access suffer or relapse in their substance use disorders, we have also seen women who have care access through private or other insurance 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, yet the extension to three months is welcome. Time and again, our providers 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. Our providers 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 we see a patient back for a subsequent pregnancy that we 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 our providers 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 our providers to recommend delaying the procedure until after 6 weeks postpartum. Recently, 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 more feasible if Medicaid coverage were extended to three months postpartum.

There are so many stories to share that 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 three 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. MCW appreciates the work of policymakers in our state to address this critical issue and save patient's lives.

Thank you for your consideration, and please don't hesitate to contact Nathan Berken, MCW's Director of Government Relations at 414-955-8217, or [nberken@mcw.edu](mailto:nberken@mcw.edu), if you have any questions or need additional information regarding this testimony.