



May 6, 2022

Department of Health Services  
Division of Medicaid Services  
Attn: Wisconsin 1115 Postpartum Coverage Waiver  
P.O. Box 309  
Madison, WI 53707-0309

Sent via electronic mail to: [dhspostpartumcoverage1115waiver@dhs.wisconsin.gov](mailto:dhspostpartumcoverage1115waiver@dhs.wisconsin.gov); no hard copy to follow.

**RE: Wisconsin 1115 Postpartum Coverage Waiver**

To whom it may concern,

The American Heart Association (AHA) appreciates your time and attention and this opportunity to submit comments on the proposed 1115 demonstration waiver to the Centers for Medicare & Medicaid Services (CMS) to extend postpartum Medicaid coverage from 60 days to 90 days, as authorized by 2021 Wisconsin Act 58.

The AHA believes everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, the AHA represents over 100 million patients with cardiovascular disease (CVD) including many who rely on Medicaid as their primary source of care. Nationally, about 1 in 10 adults with Medicaid coverage are estimated to have some form of CVD, with 6 in 10 having multiple chronic conditions.<sup>1</sup>

CVD is the leading cause of maternal mortality in the U.S., accounting for over a third of pregnancy-related deaths.<sup>2,3</sup> Despite major advances in science and medicine that have reduced pregnancy-related deaths in other countries, the number of overall cardiovascular deaths in the pregnant and postpartum population has continued to increase in the U.S. over the past 20 years.<sup>4</sup> Multiple studies have shown lack of insurance and inability to pay for care are major barriers to accessing prenatal and postpartum care in the U.S.<sup>5</sup>

For this patient population that is already at a high risk of experiencing CVD, it is especially important pregnant and postpartum Medicaid patients have regular, continuous care during pregnancy and for at least the year following delivery to ensure access to care for the entire postpartum period. Expanding access to Medicaid has been shown to reduce maternal mortality. This outcome is particularly evident among racial and ethnic minorities, who are more likely to have both improved postpartum access to care and improved care between pregnancies.<sup>6</sup> Extending Medicaid coverage for one year after delivery would provide many benefits to women and their families by covering critical care related to pregnancy, childbirth and breast-feeding, chronic conditions, mental health, and other needs.

Wisconsin's recently-released Maternal Mortality Report lists "...expand[ing] Medicaid eligibility for all postpartum people to one year post-delivery" as its top recommendation to begin addressing preventable death in the pregnant and postpartum population in the state.<sup>7</sup> The report also found while they only represented about a fourth of births in the state in the time period reviewed, Non-Hispanic Black, Non-Hispanic Asian, and Hispanic

mothers accounted for almost half of pregnancy-related deaths in Wisconsin.<sup>8</sup> Continuity of care during the postpartum year can help bridge disparities in access and improve health outcomes for both mother and child.

The American Heart Association supports Wisconsin's proposed action to extend coverage for postpartum people for an additional 30 days, increasing to 90 days from the current 60 days; and hopes the state will continue to fight for implementing the full 12-month extension made available under the American Rescue Plan Act. Augmented access to care is critical to identification and treatment of pregnancy-related CVD and other postpartum health and mental health issues—all of which can have multigenerational health impacts on families and communities.

Thank you for working alongside the American Heart Association in support of longer, healthier lives for all.

Sincerely,



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American Heart Association  
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<sup>1</sup> Chapel, JM, Ritchey MD, Zhang D, Wang G. Prevalence and medical costs of chronic diseases among adult Medicaid beneficiaries. *AJPM*. 2017; 53(6):S143-S154.

<sup>2</sup> Centers for Disease Control and Prevention: Reproductive Health, <https://www.cdc.gov/reproductivehealth/index.html>

<sup>3</sup> Creanga AA, Syverson C, Seed K and Callaghan WM. Pregnancy-Related Mortality in the United States, 2011-2013. *Obstet Gynecol*. 2017;130:366-373.

<sup>4</sup> Creanga AA, Syverson C, Seed K and Callaghan WM. Pregnancy-Related Mortality in the United States, 2011-2013. *Obstet Gynecol*. 2017;130:366-373.

<sup>5</sup> Phillippi JC. Women's perceptions of access to prenatal care in the United States: a literature review. *J Midwifery Womens Health*. 2009;54(3):219-225. doi:10.1016/j.jmwh.2009.01.002

<sup>6</sup> Luther JP, Johnson DY, Joynt Maddox KE, Lindley KJ. Reducing cardiovascular maternal mortality by extending Medicaid for postpartum women. *JAHA*. 2021; 10(15):e022040.

<sup>7</sup> Wisconsin Maternal Mortality Review Team, *2016–17 Wisconsin Maternal Mortality Report*. Wisconsin Department of Health Services; April 2022.

<sup>8</sup> Wisconsin Maternal Mortality Review Team, *2016–17 Wisconsin Maternal Mortality Report*. Wisconsin Department of Health Services; April 2022.