



May 6, 2022

**VIA ELECTRONIC TRANSMISSION**

Medicaid Director Lisa Olson  
Department of Health Services, Division of Medicaid Services  
Attn: Wisconsin 1115 Postpartum Coverage Waiver  
PO Box 309  
Madison, WI 53707-0309

**Re: Request for Comments for Wisconsin Postpartum Coverage 1115 Waiver to Extend Postpartum Coverage to 90 Days**

Dear Director Lisa Olson,

Planned Parenthood of Wisconsin, Inc. (Planned Parenthood) is pleased to submit these comments in response to the Wisconsin Department of Health Services' (DHS) draft Section 1115 Demonstration Waiver application (Demonstration application) to extend Medicaid pregnancy benefits to three months postpartum, published on April 6, 2022.

Planned Parenthood operates 22 health centers in Wisconsin. Collectively, our health centers provide health care and counseling services to more than 50,000 individuals each year. These services include the full range of reproductive health care known to contribute to healthier pregnancies, such as lifesaving cancer screenings, birth control, abortion care, and testing and treatment for sexually transmitted infections (STIs) and HIV/AIDS.

The United States continues to lead other high-income countries in its rates of maternal mortality.<sup>1</sup> Equally alarming is the disproportionate impact the maternal health crisis has on communities of color. Specifically, Black and Indigenous women are more than three times more likely to die from pregnancy-related causes than non-Hispanic white women.<sup>2</sup> As one of the state's leading providers and advocates for sexual and reproductive health care, Planned Parenthood understands the importance of protecting and expanding access to health care and ensuring every individual has continuous coverage and quality care throughout the course of their lives.

One of the most effective ways to improve outcomes for individuals and their babies is to ensure the

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<sup>1</sup> Tanne, Janice H. (2020, November). US lags other rich nations in maternal care. *BMJ*. 2020; 371. doi:

<https://doi.org/10.1136/bmj.m4546>

<sup>2</sup> Centers for Disease Control and Prevention. (2022, April). Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. CDC. Retrieved: <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>

continuity of care through coverage expansion or extension. Planned Parenthood submits these comments in support of Wisconsin's draft Demonstration application, which would extend Medicaid's pregnancy coverage from 60 to 90 days postpartum. For three months after childbirth, when individuals are at higher risk for experiencing complications, they would have access to care from the same care teams that have served them throughout their pregnancies and who have the best sense of their health needs and risks. This would have the biggest positive impact on populations most impacted by maternal death in Wisconsin, especially Black people and uninsured individuals who are only temporarily covered through Medicaid during their pregnancies.

**I. Planned Parenthood supports the proposed Demonstration, which could significantly reduce maternal mortality rates in Wisconsin by providing coverage for thousands of women at a medically critical period after childbirth.**

Four in ten Wisconsin births are covered by Medicaid, making it the leading program for maternity services in the state.<sup>3</sup> Current Medicaid statute, which requires states to cover pregnancy benefits for eligible individuals for only 60 days following childbirth, has proven to be insufficient. According to studies conducted by the Centers for Disease Control and Prevention (CDC), one-third of all maternal deaths occur between the first week and first year after childbirth.<sup>4</sup> Black and Indigenous women are most at risk for severe pregnancy-related complications and death compared to the general population, and are more than three times more likely to die from pregnancy-related causes than white women in the United States.<sup>5</sup> In Wisconsin, the disparity is even more staggering, with Black people being five times more likely to die of pregnancy-related causes compared to white women. While Black births account for only 10% of births in our state, Black women represent 34% of all pregnancy-associated deaths.<sup>6</sup>

The racial disparities in maternal health outcomes have been in large part attributed to structural racism leading to inadequate access to care for communities of color, particularly Black women. While maternal health inequities span across income levels due to structural racism, economic inequalities (e.g. higher rates of job insecurity, overrepresentation in lower-wage jobs and overall lower incomes, and higher uninsured rates) in the Black community exacerbate health disparities. Coverage expansion could have an especially positive effect on Black and Latinx women, who are more likely to be uninsured and could have a dual positive impact on Black women who are also more likely to experience negative health impacts related to pregnancy. Wisconsin has an opportunity to reduce maternal mortality, improve maternal health, and reduce racial disparities.

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<sup>3</sup> Wisconsin Department of Health Services. (2022, April). Wisconsin Postpartum Coverage 1115 Waiver. Wisconsin DHS. Retrieved: <https://www.dhs.wisconsin.gov/medicaid/postpartum-coverage-waiver-draft-application.pdf>

<sup>4</sup> Centers for Disease Control and Prevention. (2019, May). Vital Signs: Pregnancy-related Deaths. CDC. Retrieved: <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

<sup>5</sup> Centers for Disease Control and Prevention. (2022, April). Working Together to Reduce Black Maternal Mortality. CDC. Retrieved: <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

<sup>6</sup> Wisconsin Department of Health Services. (2021, July). Wisconsin Maternal Mortality Review: Pregnancy-associated overdose deaths (2016-2019). Wisconsin DHS. Retrieved: <https://prc.wisc.edu/wp-content/uploads/sites/1127/2021/09/MMR-RMOR-Rep.pdf>

This proposed Demonstration would expand access to care for up to 90 days to pregnant and postpartum women, who would otherwise become uninsured, for potentially a long period of time, and lose access to care. Specifically, the demonstration would cover all pregnant and postpartum women covered under BadgerCare with incomes above 306% of the Federal Poverty Level (FPL) for an additional 30 days following childbirth.

**II. Planned Parenthood strongly urges Wisconsin to consider additional federally-funded coverage expansions to improve maternal health outcomes for pregnant and postpartum individuals at highest risk for maternal death.**

Wisconsin's decision to extend coverage to three months postpartum marks a gain that could benefit nearly 25,000 Wisconsinites each year.<sup>7</sup> However, as previously stated, for up to a full year postpartum, individuals are at high risk of pregnancy-related complications that could result in death. The American Rescue Plan Act's (ARPA) state plan amendment (SPA) option gives states the ability to extend Medicaid and Children's Health Insurance Program (CHIP) benefits to 12 months postpartum, limiting coverage disruptions during this critical time.

Moreover, Medicaid expansion under the Affordable Care Act (ACA) would offer coverage for Wisconsin women who would become uninsured once their benefits expire after 90 days. Over a decade of research demonstrates the historic positive impacts Medicaid expansion has had on health outcomes and reducing disparities in states that have adopted it.<sup>8</sup> This is especially the case for medically underserved populations, such as communities of color, people with low-incomes, and individuals living with chronic illness and disabilities.<sup>9</sup> Having to navigate the health care system without coverage leads to uninsured individuals being unable to receive essential care, including in the years leading up to pregnancy. It also leads to more expensive pathways to receiving care, such as emergency room utilization – costing states millions of dollars annually. Services such as screenings and treatment for hypertension and diabetes, routine exams, and other preventive services all contribute to healthier outcomes for mothers and their babies. States that have expanded Medicaid since the ACA went into effect have seen a noticeable reduction in their maternal mortality rate.<sup>10</sup>

- a. The ARPA SPA option provides the greatest opportunity to reduce maternal mortality through expanding access to lifesaving maternity care through 12 months postpartum.*

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<sup>7</sup> Wisconsin Department of Health Services. (2022, April). Wisconsin Postpartum Coverage 1115 Waiver. Wisconsin DHS. Retrieved: <https://www.dhs.wisconsin.gov/medicaid/postpartum-coverage-waiver-draft-application.pdf>

<sup>8</sup> Guth, Madeline, et al. (2020, March). The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020. KFF. Retrieved: <https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/>;

Guth, Madeline, et al. (2020, September). Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care. KFF. Retrieved: <https://www.kff.org/report-section/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care-issue-brief/>

<sup>9</sup> Ibid.

<sup>10</sup> Eliason, E.L. (2020, February). Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality. Women's Health Issues. May-June 2020;30(3):147-152. doi: 10.1016/j.whi.2020.01.005

While we are fully supportive of Wisconsin's efforts to guarantee comprehensive maternity coverage through three months postpartum, Planned Parenthood encourages the state to go a step further towards offering continuous coverage for pregnant and postpartum enrollees and adopt the SPA option authorized by ARPA.<sup>11</sup> The ARPA SPA option represents the best and most comprehensive opportunity to improve maternal health outcomes, particularly for populations at highest risk. Through the ARPA SPA option, for 12 months following pregnancy, individuals would have access to the full scope of maternity benefits offered by their state's Medicaid and CHIP programs. Benefits include routine prenatal and postpartum exams, as well as mental and behavioral services for pregnant and postpartum women living with substance use disorders (SUDs).

According to the latest report released by Wisconsin's Maternal Mortality Review Committee, overdoses from SUDs are a leading cause of death during pregnancy and the postpartum period.<sup>12</sup> Half of the overdose deaths between 2016 and 2019 occurred between six months and 12 months postpartum, which was double than pregnancy-associated non-overdose deaths occurring in the same period.<sup>13</sup> Under this proposed Demonstration, individuals living with SUDs would no longer be eligible to receive treatment, counseling and other vital services after three months postpartum. For this population, in particular, coverage disruption at any point during the 12 months postpartum often results in preventable deaths. Other risk factors and complications that may surface following three months postpartum could also go undetected and untreated after coverage expires, primarily for uninsured individuals. This includes heart disease, postpartum eclampsia, postpartum depression and other leading causes of death in the year following childbirth.

To make the biggest impact in reducing maternal mortality in our state and improving access to care, we strongly recommend the state legislature to authorize DHS officials to consider selecting the SPA option. Aside from being more comprehensive in scope and duration than this proposal, it could also be the most cost-effective option for the state with no budget neutrality requirements, a guaranteed federal matching rate, and reduced administrative burden, and additional decreases in emergency room utilization among enrollees.

*b. Planned Parenthood strongly urges the state to expand Medicaid coverage as intended under the ACA.*

Planned Parenthood appreciates Wisconsin's commitment to guaranteeing access to care for more pregnant and postpartum Wisconsinites in need of essential care during and after pregnancy. However, Wisconsin is one of only 12 states that has still refused to expand Medicaid to all adults with incomes up

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<sup>11</sup> Centers for Medicare and Medicaid Services. (2021, December). SHO#21-007 Re: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP). CMS. Retrieved: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf>

<sup>12</sup> Wisconsin Department of Health Services. (2021, July). Wisconsin Maternal Mortality Review: Pregnancy-associated overdose deaths (2016-2019). Wisconsin DHS. Retrieved: <https://prc.wisc.edu/wp-content/uploads/sites/1127/2021/09/MMR-RMOR-Repor.pdf>

<sup>13</sup> Ibid.

to 138% of the FPL. While our state offers coverage to adults aged 19-64 up to 100% of the FPL, individuals from 100-138% of the FPL only qualify for subsidized coverage in the Marketplace, which can still be unaffordable to individuals with low incomes. As a result, individuals from 100-138% of the FPL are likely to be uninsured. Even with subsidies, in 2021, a Wisconsinite making little over 100% FPL could expect to pay more than \$330 each month in premiums.<sup>14</sup> For individuals in need of more coverage, such as older adults and individuals living with preexisting conditions, they could expect to pay nearly \$500 for the least costly Gold plan option. This cost burden deters many residents with low incomes in need of health care from enrolling in plans. An estimated 126,000 Wisconsinites would directly benefit if the state were to expand Medicaid as intended under the ACA.<sup>15</sup> Adding to these benefits, Wisconsin would receive: (1) an enhanced federal matching rate of 90% to cover the newly eligible population, including the population from 0-100% of the FPL that the state currently covers at the regular matching rate; and (2) a 5% increase in its federal matching rate for 2 years after the expansion takes effect.

In addition to extending postpartum coverage, we strongly urge our state legislature to expand coverage for all adults with incomes up to 138% of the FPL. This could dramatically improve the health and wellbeing of populations most at risk for pregnancy-related complications, and reduce coverage disruptions that too often result in barriers to access and in the worst case scenarios, maternal death.

## **Conclusion**

Planned Parenthood supports Wisconsin's efforts to address the maternal mortality crisis in our state, and supports this proposed Demonstration. If approved, thousands of pregnant and postpartum women would have access to care for three months following childbirth, when they are at high risk for pregnancy-related complications. This expansion could make gains towards improving the health outcomes of mothers, infants, their families and communities, while also bringing the state closer to eliminating existing disparities across populations, particularly among communities of color and individuals living with SUDs. We are confident that additional necessary steps will be considered and taken to build on this gain to further improve the lives and wellbeing of Wisconsin mothers and their families.

Thank you for your consideration of our comments,

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<sup>14</sup> Kaiser Family Foundation. (2021, October). Average Marketplace Premiums by Metal Tier, 2018-2022. KFF. Retrieved: <https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier/>

<sup>15</sup> Health Insurance.org. (2021, December). Wisconsin and the ACA's Medicaid Expansion. Healthinsurance.org. Retrieved: <https://www.healthinsurance.org/medicaid/wisconsin/>