



TO: Senate Committee on Health
FROM: Amber Chibuk and Dr. Kelly Hodges
DATE: Wednesday, February 12, 2025
RE: Support for SB 23 – Extension of Medicaid eligibility for postpartum women

On behalf of Children's Wisconsin we appreciate the opportunity to offer written comments in support of SB 23. I am Amber Chibuk the executive director of perinatal and neonatal services at Children's Wisconsin and I oversee our neonatal intensive care unit (NICU), Fetal Concerns Center and the hospital's lactation and milk kitchen teams along with my colleague. I am joined in writing today by my colleague Dr. Kelly Hodges, chief medical officer for Chorus Community Health Plans, an affiliate of Children's Wisconsin. Children's Wisconsin's (Children's) supports this important, bipartisan legislation and appreciates Senator James and Representative Snyder for their leadership in authoring this proposal, with support from other members of this Committee and numerous bipartisan co-sponsors. On behalf of a number of providers and departments at Children's we will be sharing different perspectives, including from our medical, health plan and community teams.

Children's Wisconsin's vision is to have Wisconsin kids be the healthiest in the nation and in striving to achieve this ambitious vision, we recognize that most of the drivers of a child's health and well-being are often reflected in the social, cultural and environmental factors that surround a child and their family. Studies continue to reflect the impact of a mother's health on her baby's health and the strong connection between the two. The health and well-being of a mother from pre-pregnancy to postpartum has implications on a child's physical, cognitive and social-emotional development. One of the many ways to promote health among children and their moms is to ensure that families have access to timely and appropriate health care services.

My health care career has been dedicated to supporting some of our most vulnerable infants and their moms. I have been a nurse for over 15 years, spending several years at the bedside in high risk labor and delivery and then caring for vulnerable NICU patients and their families. As a leader, I have the opportunity to go upstream in helping to remove barriers to care for families and my experience provides a broader understanding of the fragility of many of the families we serve. Health care before and during a pregnancy are, of course, critically important. However, the postpartum period is especially vulnerable for moms. Having consistent, reliable access to health care helps ensure a mother can get the physical, mental and emotional health care supports she needs to ensure she and her baby are healthy and thriving. In addition, pregnancy-related complications can surface days to weeks to months after delivery, with maternal morbidity and mortality continuing to be of significant concern across the nation and here in Wisconsin. It's disheartening that moms of color and those living in rural areas continue to face significantly higher rates of preventable maternal injury and death resulting in disparities with lasting impacts for families across our state.

The postpartum period is an important time for a mom's health overall as their body is adjusting and recalibrating to their new normal; this period is especially critical for moms with any chronic conditions, many of which are often impacted by pregnancy. Support from their health care providers is crucial so they can learn how to manage their health and well-being in their new normal. In the year following pregnancy, some moms may seek contraception support, others may need medical attention to be at their optimal health, others may become pregnant again and some may need treatment for postpartum depression or anxiety. Maternal depression has significant impacts on child development and well-being; suicide is a leading cause of maternal death in the postpartum period.¹ Ensuring that women have access to the appropriate health care resources at

¹ Chin K, Wendt A, Bennett IM, Bhat A. Suicide and Maternal Mortality. Curr Psychiatry Rep. 2022 Apr;24(4):239-275.

the right time is especially important, not only for them and their family, but also to promote appropriate and cost effective health care utilization.

Being a new parent brings about a lot of changes and often times stress, particularly so for parents whose children spend time in the NICU. Approximately 22 percent of new mothers experience postpartum depression in the year after birth, however mothers with children in the NICU have higher rates of depression and anxiety, with estimates ranging between 28 to 70 percent among these moms². Children's staff see moms everyday focused on their babies getting healthier, tending to their other children and managing life's other responsibilities, often placing themselves on the backburner. We encourage moms to attend their postpartum appointments as we know that healthy moms are key to having healthy babies; we want moms to be feeling at their best caring for infants they take home from the NICU who often require a higher level of care.

Best practices encourage screening new moms early on to more quickly identify those with postpartum depression or anxiety symptoms. In fact, many pediatrician offices, including Children's primary care, incorporate postpartum depression screening into the early infant appointments. However, moms with babies in the NICU don't take them to those first pediatrician visits as the baby is still in the hospital and therefore moms may not be screened. Children's NICU and mental and behavioral health experts instituted postpartum depression screening in the NICU to better identify moms in need of additional support. Over the last three years, data indicates that 27 percent of mothers with babies in Children's NICU screened positive for depression and 24 percent of these mothers screened positive for anxiety. Importantly, those moms who screen positive are able to be seen by a psychologist and referred to outpatient therapy in the community.

Typically, babies can be in Children's NICU for several months during which coverage for mothers who are covered by Medicaid will lapse. As mentioned, most new moms attend their first postpartum visit with their doctor approximately 6 weeks after delivery – more than halfway through the current 60 days of coverage. If the appointment needs to be rescheduled to a later date, that further shortens the window for receiving care. Additionally, some cultural traditions encourage new moms to stay home for a certain amount of time after delivery. The 60-day coverage limitation may put moms in a difficult place to choose between their cultural tradition and their ability to receive follow-up health care. If any physical or mental health concerns are identified during that first postpartum visit, this leaves mom with a very short window of coverage to seek care to address those challenges. Within 60 days, many women will barely have had time to be diagnosed, much less get adequate treatment. If a mom requires medication, sometimes it can weeks to find the right dose and even if started right away after a concern is identified, therapy often takes weeks to complete. Losing their health care coverage and potential access to the supports they need is something that moms, particularly those with infants facing health challenges, currently have to worry about.

As you may know, Children's also provides home visiting services across the state to support parents needing additional support during a pregnancy through the first five years of the child's life, to reduce the likelihood of child maltreatment and to strengthen family functioning. Visits occur in the home on a frequent basis to provide education on topics like pregnancy, reproductive health, child development, safe sleep and offer guidance on navigating the often complex food and child assistance systems. Family preservation and support programs address the needs of the family as a whole, delivering services in their homes, neighborhoods and communities to help promote positive development and prevent adverse outcomes. Parents and families gain new competencies, make family-community connections and improve child health, well-being and family functioning. In 2024, Children's served more than 550 families across the state through home visiting. In addition, Children's, along with a coalition of several community partners, is implementing Healthy Start for Growing Families Programs in both Milwaukee and Racine. Federal funding helps support Children's and our

² Tahirkheli NN, Cherry AS, Tackett AP, McCaffree MA, Gillaspay SR. Postpartum depression on the neonatal intensive care unit: current perspectives. *Int J Womens Health*. 2014 Nov 24.

partners in providing maternal community health navigation services, child birth education classes, group-based parenting classes, ensuring access to maternal care providers, as well as providing fatherhood-specific programming and other resources. Having continuous access to Medicaid coverage would enable moms to obtain the regular medical care they need.

My name is Dr. Kelly Hodges and I am the chief medical officer for Chorus Community Health Plans (CCHP). CCHP provides high quality health care coverage for more than 135,000 individuals and families across eastern Wisconsin. We offer the third largest BadgerCare plan in the state, offer individual and family marketplace plans, and Care4Kids, a partnership with DCF and DHS to provide coverage for kids in out-of-home care in southeastern Wisconsin. We are proud to offer comprehensive health benefits and innovative services, like case management for individuals with complex needs, resources to address social determinates of health, and many wellness initiatives to support our members. I have spent my career as a pediatrician caring for children at the Milwaukee Child Advocacy Center for the past 15 years. My patient population is almost exclusively covered by BadgerCare Plus and Care4Kids, and I have seen firsthand how the health of a child is directly impacted by the health of the mother. My clinical experience has shaped my outlook as the chief medical officer of CCHP and strengthened my commitment to providing high quality medical care, case management, and other support services to new babies and their moms. The first year of life is such a critical time in the social emotional development of a child, and having a mom who is able to address her own physical and mental health needs is vital during this period.

The Medicaid program plays a significant role in maternal health, covering approximately 35 percent of births in Wisconsin in 2023, according to the Kaiser Family Foundation³. As a Medicaid HMO, we have quality metrics and standards we strive to meet to help improve health outcomes. One of CCHP's wellness initiatives is our Healthy Mom, Healthy Baby program which provides prenatal care coordination and postpartum support. Staff help members with resources to get to prenatal appointments, provide connections to social services, and assist them in getting connected for ongoing well-care. However, once moms lose Medicaid eligibility, they lose access to these services. Having only 60 days of coverage is an added stressor for families who typically already face social and economic barriers.

Connecting with moms postpartum can be a challenge as they're navigating life with a newborn. Sometimes staff only have one touchpoint with families before their Medicaid coverage ends. CCHP works with many moms who have been diagnosed with conditions like hypertension, diabetes or asthma that require ongoing care and management. Many new moms suffer from postpartum depression and benefit from the support of our case managers and the network of behavioral health providers in CCHP. Ensuring that they continue to receive care will help improve maternal morbidity and mortality outcomes, support healthier future pregnancies and make sure they are able to provide care to their babies.

I'd like to share a couple examples of moms CCHP supported who benefitted from continuous Medicaid coverage. A pregnant mom was referred to us to help her secure safe, stable housing. In developing a relationship with her, the case manager learned that the member had significant anxiety and depression. Because of their relationship, the member was willing to eventually seek out formal mental health care after she delivered. If the member had lost coverage at that point, she likely would not have established with a provider and would have continued to struggle with mental health issues on her own, which may have been exacerbated with a new baby. Another mom CCHP supported was newly pregnant after having tragically experienced infant loss. CCHP staff had supported the mom during this difficult time and we were able to support her emotionally once again as she prepared for her new baby. Fortunately she still had coverage and was able to receive prenatal care immediately upon discovering she was pregnant and was able to receive support from a CCHP case manager. She delivered a healthy baby and the family is currently thriving. If she

³ <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/>

would have lost her coverage between pregnancies, she may have experienced more care gaps which is of particular concern as her pregnancy was higher risk due to her shortened interpregnancy interval.

The health insurance system, along with the social support system, is complex to navigate, especially for new moms that are often experiencing stress and navigating a new way of life with their newborn. While some moms who lose Medicaid coverage after 60 days may qualify for marketplace plans, these plans are usually not comparable to Medicaid coverage. They typically require significant out-of-pocket costs with higher deductibles, co-pays and co-insurance. The limited networks and drug formularies of marketplace plans often mean new moms may need to switch providers or find alternative medications. Typically it takes weeks or longer to see a new provider, leaving them without a safety net during that critical time. In addition, marketplace plans aren't often incentivized in the same way Medicaid and Medicaid HMOs are to promote healthy birth outcomes.

The current 60 days of Medicaid coverage simply isn't adequate to promote safety, health and well-being for these Wisconsin women and their families. Twelve months of continuous coverage for postpartum individuals represents a great step forward in ensuring continuity of coverage so enrollees can avoid disruptions in care and continue to have access to high quality health services when they need it the most. In fact, Wisconsin is one of only two states who do not have this coverage for their new moms. Continuous coverage offers opportunities to streamline administrative functions for the Medicaid program and reduce unnecessary churn for postpartum individuals. Children's is very encouraged by this bipartisan legislation here in Wisconsin to offer this coverage to promote health and well-being amongst mothers and their children.

Thank you for the opportunity to share Children's Wisconsin's support for this important piece of legislation that would improve maternal and infant health outcomes for families across Wisconsin. Our team is happy to answer any questions through our contact information listed below.

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Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.