



**TO:** Senate Committee on Insurance and Small Business  
**FROM:** Sarah Currie, RNC, MSN, NEA-BC, Executive Director, Perinatal/Neonatal Services, Children's Wisconsin & Jim Slawson, MD, Chief Medical Officer, Chorus Community Health Plans, Children's Wisconsin  
**DATE:** Wednesday, March 29, 2023  
**RE:** Support for SB 110 – Extension of Medicaid eligibility for postpartum women

Chairwoman Felzkowski and members of the committee, thank you for the opportunity to share testimony with you today. My name is Sarah Currie and I'm the executive director of perinatal and neonatal services at Children's Wisconsin and oversee our neonatal intensive care unit (NICU), Fetal Concerns Center and the hospital's clinical nutrition team. I'm joined by my colleague, Dr. Jim Slawson, chief medical officer for Chorus Community Health Plans, an affiliate of Children's Wisconsin. Today, we're here to share Children's Wisconsin's (Children's) strong support for this important, bipartisan legislation. We want to thank you, Chair Felzkowski, for your leadership in authoring this proposal along with Senator Ballweg, Representative Rozar and Representative Kurtz; we appreciate the support from other members of the Committee as well. We'll be sharing perspectives on behalf of a number of providers and departments at Children's, including 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 35 years, spending over 15 years of my early career at the bedside caring for 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 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 a critical 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.<sup>1</sup> Ensuring that women have access to the appropriate health care resources at the right time is critically 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 moms<sup>2</sup>. 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. Our formal data collection is in the early phases, but a preliminary look over the last three months 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, 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 2021, Children's served nearly 800 families across the state through home visiting.

---

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

<sup>2</sup> 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.

In addition, Children's, along with a coalition of several community partners, is implementing the Milwaukee County Healthy Start Program which supports maternal-child health for African American women. As part of the five-year federal grant, Children's and our partners are providing maternal community health navigation services, child birth education classes, group-based parenting classes, ensuring access to maternal care providers, including midwives, 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. Jim Slawson and I am the chief medical officer for Chorus Community Health Plans (CCHP). CCHP provide high quality health care coverage for more than 150,000 individuals and families across eastern Wisconsin. We offer the second 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. We are proud to offer comprehensive health benefits and innovative services, like case management for individuals with complex needs, a 24/7 nurse line and many wellness initiatives to support our members. I have spent my career as a family physician with the Medical College of Wisconsin – I started out the first 10 years of my career delivering babies and then continued to provide and teach prenatal and postpartum care while providing care for families in an urban clinic on the north side of Milwaukee. As the chief medical officer at CCHP, I help guide our team in providing the best possible care for our members. My experience caring for new moms and their babies has guided my understanding of how we may best care for them and address challenges and access issues they face.

The Medicaid program plays a significant role in maternal health, covering approximately 36 percent of births in Wisconsin in 2020. 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. 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 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 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 high 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.

As Sarah has outlined well, 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. 12 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. On the federal level, the passage of the American Rescue Plan Act provided for continuous Medicaid and CHIP coverage on a temporary basis for pregnant and postpartum individuals through twelve months after giving birth. More than half of states took advantage of this flexibility to its fullest extent, including nearly all of our surrounding states. This 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 on a permanent basis 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 now or through our contact information listed below.

Sarah Currie  
Executive Director, Perinatal/Neonatal Services  
Children's Wisconsin  
[scurrie@childrenswi.org](mailto:scurrie@childrenswi.org)

James Slawson, MD  
Chief Medical Officer  
Chorus Community Health Plans  
[jslawson@chorushealthplans.org](mailto:jslawson@chorushealthplans.org)

Jodi Bloch  
Director, State & Local Government Relations  
Children's Wisconsin  
[jbloch@childrenswi.org](mailto:jbloch@childrenswi.org)

*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.*