

July 21, 2022

VIA ELECTRONIC SUBMISSION

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Wisconsin Postpartum Coverage 1115 Waiver Application

Dear Secretary Becerra,

The undersigned organizations appreciate the opportunity to comment on Wisconsin's "Postpartum Coverage 1115 Waiver" application. Pursuant to State Assembly Bill 68 (2021), Wisconsin is proposing to allow people eligible for Medicaid during pregnancy to maintain coverage for 90 days after the end of pregnancy, an increase of 30 days from the current 60-day postpartum coverage period. While we support the state's goal to reduce maternal morbidity and mortality, a mere 30-day extension will not result in a meaningful change in coverage, is contrary to congressional intent, would create a dangerous precedent, and does not serve a valid experimental purpose. *Therefore, we urge CMS to reject Wisconsin's request and encourage the state to extend postpartum coverage for a full 12 months as authorized by the American Rescue Plan Act.*

The state's proposed demonstration does not address what state data identify as the risks to postpartum individuals or comply with evidence-based recommendations.

Wisconsin is in the midst of a maternal health crisis. Data show that the state's maternal morbidity rate is persistently higher than the national average.¹ From 2017-2019, 8.2 per 1,000 live births in the state result in the mother's admission to the ICU, a ruptured uterus, a transfusion, and/or an unplanned hysterectomy—compared to 6.2 per 1,000 nationally.² Additional complications, including postpartum hemorrhage and sepsis that arise in the weeks after pregnancy are not included in these estimates. Both delivery and postpartum morbidity events such as these can have long-lasting impacts on a mother's health.³

Further, the dangers of injury and death related to pregnancy are borne disproportionately by women of color. Between 2016-2017, non-Hispanic Black women, non-Hispanic Asian women, and Hispanic women accounted for 24 percent of live births in the state, but almost half (42 percent) of pregnancy-related deaths.⁴ And between 2006-2010, non-Hispanic Black mothers were *more than five*

¹ Crystal Gibson, Angela Rohan, and Kate Gillespie, "Severe Maternal Morbidity During Delivery Hospitalizations," *Wisconsin Medical Journal* 116, no. 5 (December 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6366334/>.

² "Trend: Maternal Morbidity Wisconsin, United States," UnitedHealth Foundation, https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_morbidity/state/WI.

³ Eugene Declercq and Laurie Zephyrin, "Severe Maternal Morbidity in the United States: A Primer," The Commonwealth Fund, October 28, 2021, <https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/severe-maternal-morbidity-united-states-primer>.

⁴ "2016-2017 Wisconsin Maternal Mortality Report," Wisconsin Department of Health Services, April 2022, <https://www.dhs.wisconsin.gov/publications/p03226.pdf>.

times as likely to die from a pregnancy-related cause than their non-Hispanic white peers—compared to an average national disparity of 3.2 times.⁵

The limited duration of the proposed extension is not aligned with the data which show that these life-altering and life-threatening complications persist well past 90 days postpartum. *Between 2016-2017, more than half of all pregnancy-related deaths in Wisconsin occurred after 120 days postpartum.*⁶ The most common causes of maternal mortality in Wisconsin during this period were mental health conditions including substance use disorder, hemorrhage, and cardiomyopathy (heart failure)—all of which can emerge up to or after 12 weeks postpartum and require ongoing care to prevent or treat.⁷ Postpartum depression affected about 12 percent of Wisconsin mothers in 2018-2019, with the highest rates of depression experienced by Black mothers and mothers with the lowest incomes, state data show.⁸ Risk of suicide in the year after giving birth is greatest at 9 to 12 months.⁹ Similarly, drug-related postpartum deaths are most likely to occur during the late postpartum period.¹⁰ Postpartum cardiomyopathy can occur up to five months after birth.¹¹

Currently, Wisconsin residents with incomes up to 306 percent of poverty (approximately \$70,400/year for a family of three) are eligible for coverage during pregnancy and for 60 days after the end of pregnancy. However, when pregnancy coverage ends, only individuals with incomes up to 100 percent of poverty (\$23,000/year for a family of three) continue to qualify for Medicaid coverage. This “cliff” can cause new parents to become uninsured or underinsured shortly after delivery, limiting their access to necessary treatments, visits, and medications. A recent study found that women in Wisconsin who qualify for continuous Medicaid coverage have higher rates of postpartum visits than their peers who lose coverage after just 60 days.¹² According to the Congressional Budget Office, about 45 percent of women covered by Medicaid and CHIP for pregnancy nationwide become uninsured when the coverage ends at 60 days postpartum.¹³

Consequently, the Wisconsin Maternal Mortality Review Committee recommends extending Medicaid coverage to people covered by Medicaid during pregnancy *for a full 12 months (365 days) after the end of pregnancy*, a change which would promote continuity and access to care for an estimated

⁵ “Maternal Mortality and Morbidity,” Wisconsin Department of Health Services, May 2022, <https://www.dhs.wisconsin.gov/mch/maternal-mortality-and-morbidity.htm>.

⁶ “2016-2017 Wisconsin Maternal Mortality Report,” Op cit., 4.

⁷ Ibid.

⁸ “Wisconsin PRAMS 2018-2019 Surveillance Report,” Wisconsin Department of Health Services, March 2022, <https://www.dhs.wisconsin.gov/publications/p02500-2019.pdf>.

⁹ Sophie Grigoriadis et al., “Perinatal Suicide in Ontario, Canada: a 15-Year Population-Based Study,” *Canadian Medical Association Journal* 34, no. 189 (August 2017), <https://pubmed.ncbi.nlm.nih.gov/28847780/>.

¹⁰ Marcela Smid, “Pregnancy-Associated Death in Utah: Contribution of Drug-Induced Deaths,” *Obstetrics and Gynecology* 133, no. 6 (June 2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6548332/>; Susanna Trost et al., “Preventing Pregnancy-Related Mental Health Deaths: Insights from 14 US Maternal Mortality Review Committees, 2008-2017,” *Health Affairs* 40, no. 10 (October 2021), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00615>.

¹¹ “Peripartum Cardiomyopathy,” American Heart Association, May 2022, <https://www.heart.org/en/health-topics/cardiomyopathy/what-is-cardiomyopathy-in-adults/peripartum-cardiomyopathy-ppcm>.

¹² Carla L. DeSisto et al., “The Effect of Continuous Versus Pregnancy-Only Medicaid Eligibility on Routine Postpartum Care in Wisconsin, 2011–2015,” *Maternal and Child Health Journal* 24 (2020), <https://link.springer.com/article/10.1007/s10995-020-02924-4>.

¹³ “Reconciliation Recommendations of the House Committee on Energy and Commerce,” Congressional Budget Office, February 2021, <https://www.cbo.gov/system/files/2021-02/EnergyandCommerceReconciliationEstimate.pdf#page=5>.

13,000 women in Wisconsin each year.¹⁴ This recommendation aligns with the evidence-based recommendations of the American College of Obstetricians and Gynecologists, the American Public Health Association, the American Academy of Family Physicians, and the Medicaid and CHIP Payment and Access Commission, among others.¹⁵

Adding just 30 days of postpartum coverage would simply push the postpartum coverage cliff slightly farther down the road and do little to address the lasting effects of morbidity and leading causes of mortality. The state would have to spend administrative dollars to effectuate and evaluate the change when it is clearly inadequate. Additionally, the short extension would not help relieve the burden of finding a new source of coverage or navigating a new provider network during the stressful early days of parenthood. Extending postpartum coverage for a full 12 months would allow birthing people to continue receiving consistent care for the critical needs that can arise in the postpartum year, including cardiac care, mental health support, and disease management services for chronic conditions such as hypertension or diabetes.

The short duration of the extension is contrary to the state plan amendment (SPA) option to extend postpartum Medicaid coverage for one year.

In light of the national maternal health crisis and the overwhelming body of evidence pointing to the importance of access to postpartum care throughout the year after pregnancy, the American Rescue Plan Act of 2021 created a Medicaid and CHIP state plan amendment (SPA) option for states to receive FFP for providing 12 months of postpartum coverage to beneficiaries eligible for coverage during pregnancy.¹⁶

With the SPA option, Congress has provided a clear pathway for states to extend postpartum coverage, and to date 35 states have adopted or are planning to adopt a 12-month extension.¹⁷ By comparison, section 1115 demonstrations are designed to test new and novel approaches. However, as noted above, a 30-day extension does not lead to any valid or evidence-based hypotheses about continuity of coverage and improved maternal health outcomes during the postpartum period. CMS should not use the demonstration authority to authorize less coverage than the state could adopt via the SPA option, which the majority of states are already pursuing. *To achieve Wisconsin's primary goal of*

¹⁴ “2016-2017 Wisconsin Maternal Mortality Report,” Wisconsin Department of Health Services, April 2022, <https://www.dhs.wisconsin.gov/publications/p03226.pdf>; Sarah Gordon, et al., “Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage,” Department of Health and Human Services ASPE Office of Health Policy, December 2021, <https://aspe.hhs.gov/sites/default/files/documents/cf9a715be16234b80054f14e9c9c0d13/medicaid-postpartum-coverage-ib%20.pdf>.

¹⁵ “Extend Postpartum Medicaid Coverage,” American College of Obstetricians and Gynecologists, <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage>; “Expanding Medicaid Coverage for Birthing People to One Year Postpartum,” American Public Health Association, October 2021, <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/Expanding-Medicaid-Coverage-for-Birthing-People-to-One-Year-Postpartum>; “Pregnant Women,” Medicaid and CHIP Payment and Access Commission, March 2021, <https://www.macpac.gov/subtopic/pregnant-women/#:~:text=In%20March%202021%2C%20the%20Commission,year%20period%20beginning%20April%202022>; Stephanie Quinn, “A Maternal Health Breakthrough and a PCF Model Update,” American Academy of Family Physicians, <https://www.aafp.org/news/blogs/inthetrenches/entry/20210413itt-maternalhealth.html>.

¹⁶ P.L. 117-2 (March 11, 2021), <https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf>.

¹⁷ “Medicaid Postpartum Coverage Extension Tracker,” Kaiser Family Foundation, June 17, 2022, <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>.

improving maternal health, as well as to avoid setting a dangerous national precedent, we urge CMS to reject the state's request. Instead, CMS should work with the state to secure a full year of postpartum coverage.

Conclusion

Our comments include numerous citations to supporting research, including direct links to the research for HHS' benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for the purposes of the Administrative Procedure Act.

Thank you for your consideration of our comments. If you would like any additional information, please contact Joan Alker (jca25@georgetown.edu) or Allison Orris (aorris@cbpp.org).

Sincerely,

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National Birth Equity Collaborative
National Health Care for the Homeless Council
National Multiple Sclerosis Society
Physicians for Reproductive Health
Postpartum Support International
Primary Care Development Corporation