

- Access to Continuous Postpartum Care: Support 12-Month Extension of Medicaid for Postpartum Women
- Access to Contraception: Support Senate Bill 30/Assembly Bill 36
- Access to Obstetric and Gynecological Care: Oppose Senate Bill 260

---

### **Access to Continuous Postpartum Care: Support 12-Month Extension of Medicaid for Postpartum Women**

Under current law, pregnant women are eligible for Medicaid if they meet certain eligibility requirements, including income limits (306% of FPL). They remain eligible until the last day of the month in which the 60th day after the last day of pregnancy falls (generally 60 days postpartum). Following the 60-day period, Medicaid eligibility is redetermined. If a woman is above 100% FPL (\$17,420 for a family of two) she will lose Medicaid coverage. The postpartum period is a medically vulnerable period for all women. Complications during pregnancy, such as eclampsia, infection, or hemorrhage require intensive care, lengthy hospital stays, or hysterectomy; and pregnancy-related complications can surface up to a year after delivery. New mothers may also be dealing with postpartum depression or a host of other underlying medical conditions, all while caring for a newborn. The health and wellness of a mother has important implications for a baby's overall health including cognitive and social-emotional development. Continuous health care coverage is important in not only managing pregnancy related complications, but also to maintain access to mental health treatment, breastfeeding support, chronic disease management, and prescription drugs. Disruptions in health care coverage can adversely affect access to medically necessary health care during the postpartum period. Continuity in health care services during the postpartum period will help to address maternal morbidity and mortality, which disproportionately affects women in rural communities and women of color. We urge you to support this important policy update.

### **Access to Contraception: Support Senate Bill 30/Assembly Bill 36**

All women should have unhindered and affordable access to all FDA approved contraceptives. ACOG has long supported over-the-counter access to hormonal contraceptives, however, only the FDA can confer over-the-counter status. Recognizing that women want more options to manage their reproductive health, ACOG supports pharmacist prescribed hormonal contraception, identifying it as a necessary intermediate step to increase access to contraception. Bipartisan legislation was introduced earlier this year to allow pharmacist prescribing of certain forms of contraception. Senate Bill 30 received a 4-1 vote out of committee in February. We ask that you support this important legislation. Further we ask that you consider removing age restrictions, adding language to allow pharmacists to prescribe **all** hormonal contraception (vaginal rings, the contraceptive patch, and depot medroxyprogesterone acetate (DMPA) injections), and language to ensure that contraceptives dispensed by pharmacists are covered by insurance and without new out-of-pocket costs.

### **Access to Obstetric and Gynecological Care: Oppose Senate Bill 260**

Rural, remote and underserved communities are experiencing a decline in access to gynecological care and hospital obstetric services. Much of this decline can be attributed to workforce shortages. In fact, ACOG reported in 2017 that half of U.S. counties lack a single OB/GYN physician. According to the American Medical Association, 29 of 72 counties in Wisconsin have only one OB/GYN, or none at all. Efforts are ongoing to encourage obstetric and gynecological care providers to serve in rural, remote and underserved areas. For example, the University of Wisconsin-Madison Department of Obstetrics and Gynecology offered the first in the nation rural residency training track to address the increasing shortage of OB/GYN physicians in rural areas. Senate Bill 260 will exacerbate the shortage of access to obstetric and gynecological care because it will effectively shut down the clinical residency training pipeline for OB/GYN physicians at the University of Wisconsin School of Medicine and Public Health. Rural, remote and underserved areas are already experiencing a physician workforce shortage. We ask that you oppose Senate Bill 260.