

Leveraging Title V MCH and Medicaid Policies to Advance Maternal Health

National Academy for State Health Policy
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Agenda

- Welcome, Heather Smith, Director, Child Health, NASHP
- Highlights of State Medicaid Policy Levers to Advance Maternal Health, Anoosha Hasan, Senior Research Analyst, NASHP
- State Presentations
 - Belinda Pettiford, Section Chief, Women, Infant, and Community Wellness, Division of Public Health, North Carolina Department of Health and Human Services
 - Lisa Masinter, Deputy Director, Office of Women's Health and Family Services, Illinois Department of Public Health
- Facilitated Discussion
- Closing & Next Steps, Heather Smith, NASHP

About NASHP

The National Academy for State Health Policy (NASHP) is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.



Our Mission and Vision



Vision

To improve the health and well-being of all people across every state.



Mission

To be of, by, and for all states by providing nonpartisan support for the development of policies that promote and sustain healthy people and communities, advance high quality and affordable health care, and address health equity.



Highlights of State Medicaid Policy Levers to Advance Maternal Health

Selected Policy Levers to Advance High-Quality Perinatal Health Systems of Care

Statewide perinatal
health strategic plan

Medicaid postpartum
coverage to 12
months

Medicaid coverage of
community-based
provider services,
including
doulas and midwives

State Perinatal Health Strategic Plans

- Many states are advancing maternal health priorities by developing maternal or perinatal health strategic plans to support a comprehensive and aligned systems approach.
- States may collaborate across different agencies and work with other key partners to develop and implement a perinatal health strategic plan.
- These strategic plans may include overarching goals, action steps, or strategies for advancing perinatal health outcomes.

Doulas

- Doulas provide physical, emotional and informational support to pregnant people before, during, and after childbirth.
- Community-based doulas are [shown to improve outcomes](#) for Black, Indigenous, and People of Color (BIPOC) and low-income individuals.
- Evidence suggests pregnant people who receive doula care are more likely to have [healthy birth outcomes](#) and positive birth experiences, and there is [potential for cost-savings](#) for Medicaid programs.
- States are increasingly seeking federal authorization to provide doula services in their Medicaid programs.
- States can also use [work with Medicaid managed care organizations and use Title V Maternal and Child Health Block Grant funding](#) to pay for doula services.

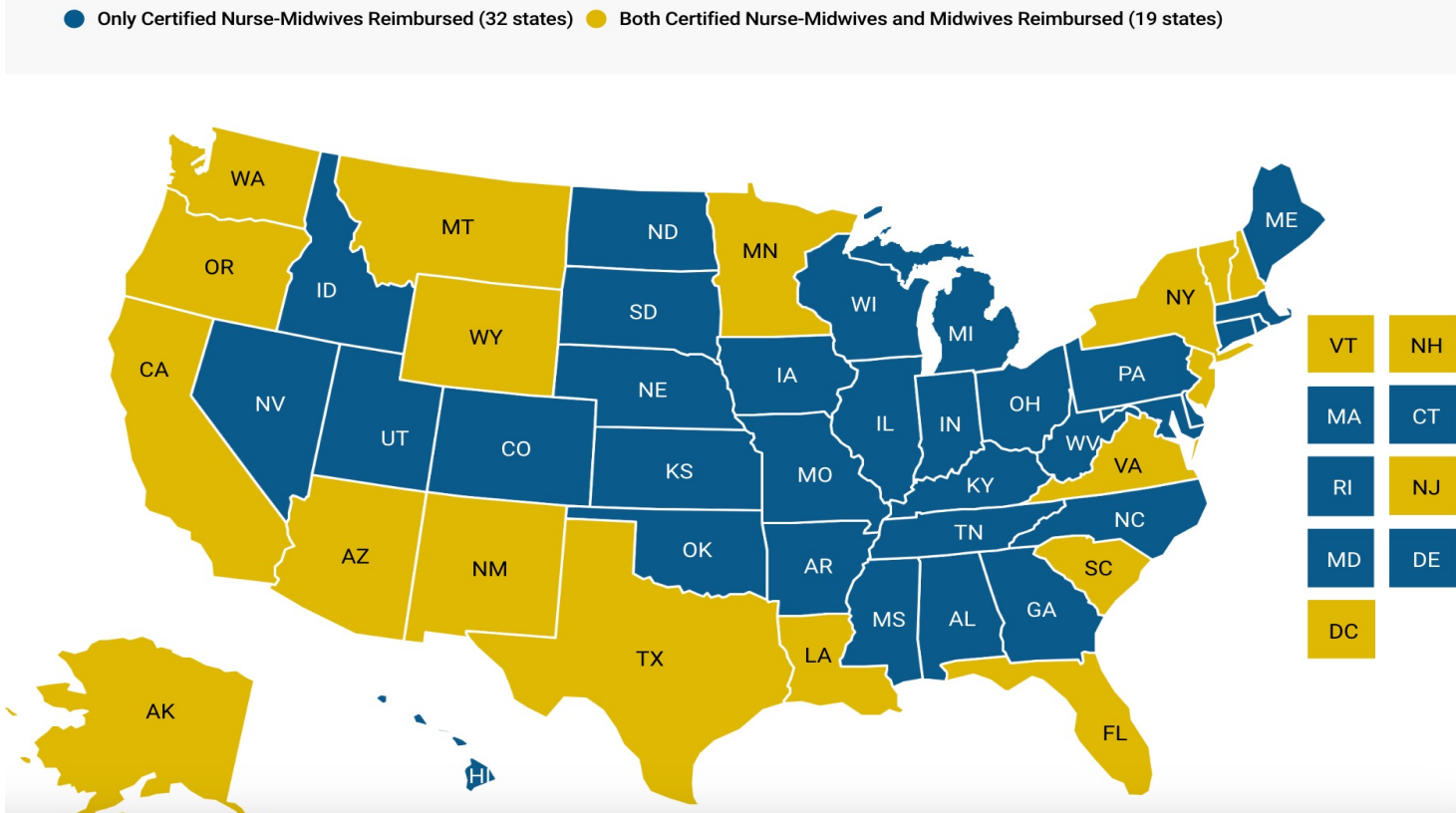
Medicaid Reimbursement of Doula Services

- 10 states and DC (**California, Maryland, Michigan, Minnesota, Nevada, New Jersey, Oklahoma, Oregon, Rhode Island, Virginia, and DC**) allow statewide Medicaid reimbursement for doula services.
 - Other states allow or encourage Medicaid managed care entities to offer doula services, but do not have a statewide benefit.
- On average, states reimburse seven prenatal and postpartum visits, and some states offer additional visits with prior authorizations. [New Jersey](#) has an enhanced benefit for pregnant members aged 19 and under.
- States predominately reimburse doulas through a fee-for-service model. Reimbursements range from \$450 to \$1,500 per pregnancy. Individual visits (not including labor and delivery) average \$72 per visit. [New Jersey](#) and [Virginia](#) offer incentive payments for postpartum service visits.

Midwives

- Midwives are trained birth workers who provide care during the prenatal, birth, and postpartum periods. Midwives can practice in hospitals under physician supervision, or independently in a home or freestanding birth center.
- A midwife's scope of practice depends on their certification and licensure credentials, which may vary by state. There are several paths to certification for midwives including Certified Nurse-Midwives ([CNMs](#)), Certified Midwives ([CMs](#)), and Certified Professional Midwives ([CPMs](#)).
- From [2004 to 2017](#), 50.7 percent of planned home births and 36.7 percent of birth center births in the US were delivered by midwives without a nursing degree (e.g., CMs and CPMs).
- Evidence shows that states that have integrated midwives into their health care systems have [better](#) indicators of maternal and neonatal wellbeing.

Medicaid Reimbursement of Midwifery Services



- All 50 states and the District of Columbia provide [Medicaid reimbursement](#) for services provided by Certified Nurse-Midwives.
- At least 19 states also provide Medicaid reimbursement for services provided by midwives without a nursing degree (e.g., Certified Professional Midwives and/or Certified Midwives).

Source: NASHP (April 2023)



State Presentations

Experiences and Lessons from North Carolina

Belinda Pettiford, Section Chief, Women, Infant, and Community Wellness,
Division of Public Health, North Carolina Department of Health and
Human Services

Experiences and Lessons from Illinois

Lisa Masinter, Deputy Director, Office of Women's Health and Family Services,
Illinois Department of Public Health



Discussion

Discussion: Perinatal Health Strategic Plans

- What other states have comprehensive strategic plans related to perinatal or maternal health?
- What notable or innovative elements are included in your state's strategic plan aimed at strengthening your state's perinatal health system?
- What role have these strategic plans or frameworks played in advancing improvements in state perinatal systems of care?
- What lessons can you share about the development and implementation of perinatal health strategic plans in your state?
- For states that do not have a perinatal health strategic plan, or are in the process of developing one, what elements shared here are most applicable for your state?
- Are there other strategic priorities not yet discussed that your state is focused on?

Discussion: Cross-Sector Alignment

- What approaches have been successful for aligning Medicaid, Title V, and other key agency partners to support improvements in state perinatal health policy?
- What are the challenges and opportunities related to improving cross-sector alignment to strengthen state perinatal health systems?
- For states that are already implementing extended postpartum Medicaid coverage, how are you working with colleagues in Medicaid to optimize this extended coverage period to improve maternal and child health outcomes?
- What are your strategic priorities related to the perinatal workforce and how are you working with colleagues in Medicaid to support and expand this workforce?

NASHP Selected Resources

- [Maternal and Child Health Resources](#)
- [Operationalizing State Medicaid Policy Levers to Strengthen Perinatal Health Systems](#)
- [Doulas and Midwives are Key Partners in Improving Maternal and Infant Health Outcomes](#)
- [State Efforts to Extend Medicaid Postpartum Coverage](#)
- [State Medicaid Approaches to Doula Service Benefits](#)
- [Medicaid Financing of Midwifery Services: A 50-State Analysis](#)
- [Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis](#)

Thank You!

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