



Advancing Respectful, Accountable Maternal Care in Medicaid

Tuesday, September 15, 2020 *from 2 pm - 3:30 pm ET*

In Cooperation With



CONGRESSWOMAN

**Alma
Adams**

Black Maternal Health
Caucus Co-Chair



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**Robin
Kelly**

Congressional Caucus on Black
Women and Girls Chair, and Congressional
Black Caucus Health Braintrust



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**Lauren
Underwood**

Black Maternal Health
Caucus Co-Chair



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**Jaime
Herrera Beutler**

Maternity Care
Caucus Co-Chair



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**Lucille
Roybal-Allard**

Maternity Care
Caucus Co-Chair



SENATOR

**Elizabeth
Warren**



Speakers

Welcome



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Panel



MODERATOR

Emily Stewart

Community Catalyst

Emily Stewart is the Executive Director of Community Catalyst. In this role, Emily oversees the overall direction of Community Catalyst's work to empower consumer voices in health and health care decision-making. She is responsible for the strategic, programmatic, financial and operational leadership of the organization, as well as for its 501 (c) 4 affiliate, the Community Catalyst Action Fund. Emily brings more than two decades of health care advocacy, campaign, and organizing experience to this role. Most recently, Emily served as the Vice President of Public Policy for Planned Parenthood Federation of America and Planned Parenthood Action Fund, where she led some of Planned Parenthood's most impactful strategic initiatives and campaigns to protect and expand access to sexual and reproductive health care, including the I Stand with Planned Parenthood (ISWPP) campaign to defeat efforts to repeal the Affordable Care Act (ACA) and "defund" Planned Parenthood. Emily oversaw Planned Parenthood's ACA implementation advocacy, including the successful effort to guarantee no co-pay coverage for birth control for 60 million women in America. A recognized health care policy, finance, and delivery expert, Emily also led Planned Parenthood's work to ensure the unique health care needs of people of reproductive age were being met, especially as the health care system undergoes sweeping change. Prior to her work at Planned Parenthood, Emily managed health policy and advocacy initiatives for a range of progressive organizations focused on advancing people's health and rights. She lives in Boston, Massachusetts with her husband.



PANELIST

Lorenza Holt

MPH, SPB, BDT (DONA)

Accompany Doula Care (MA)

Lorenza Holt is a perinatal public health professional in Massachusetts with more than 20 years of experience as a childbirth educator, birth doula, and leader of community-based doula programs. In 2019 she and a team of doulas and public health professionals launched Accompany Doula Care, an independent, non-profit, doula agency. Accompany has partnered with one Accountable Care Organization, Steward Health Choice, to provide perinatal doula support to their Medicaid birthing members and is in the process of contracting with its second partner, a managed care organization. Accompany Doula Care is gaining recognition for applying an ambitious and broad approach: 1) providing comprehensive doula care to MassHealth families, 2) partnering with varying models of ACOs which insure these clients; 3) developing the needed workforce of multilingual and multicultural community doulas and their trainers, through investing in extensive training, and 4) achieving sustainability through contracts with health care systems and partnering with legislators and communities seeking to be served, to create the infrastructure to provide quality perinatal care to all families.

Speakers



PANELIST

Monica McLemore

PhD, MPH, RN, FAAN
University of California,
San Francisco

At the University of California, San Francisco, Monica McLemore is a tenured associate professor in the Family Health Care Nursing Department, an affiliated scientist with Advancing New Standards in Reproductive Health, and a member of the Bixby Center for Global Reproductive Health. She retired from clinical practice as a public health and staff nurse after a 28-year clinical nursing career. Her program of research is focused on understanding reproductive health and justice. To date, she has 61 peer reviewed articles, OpEds and commentaries and her research has been cited in the Huffington Post, Lavender Health, three amicus briefs to the Supreme Court of the United States, and two National Academies of Science, Engineering, and Medicine reports, and a data visualization project entitled How To Fix Maternal Mortality: The first step is to stop blaming women that was published in the 2019 Future of Medicine edition of Scientific American. Her work has appeared in publications such as Dame Magazine, Politico, ProPublica/NPR and she made a voice appearance in Terrance Nance's HBO series Random Acts of Flyness. She is the recipient of numerous awards and currently serves as chair-elect for Sexual and Reproductive Health section of the American Public Health Association. She was inducted as a fellow of the American Academy of Nursing in 2019.



PANELIST

Kimarie Bugg

DNP, FNP-BC, MPH, IBCLC, CLC
Reaching Our Sisters Everywhere

Kimarie Bugg, DNP/FNP-BC/MPH/IBCLC/CLC, is Chief Empowerment (CEO) and Change Leader of Reaching Our Sisters Everywhere, Inc (ROSE), a nonprofit corporation developed in 2011, to address breastfeeding inequities and disparities in the African American community. Kimarie previously worked for Emory University, School of Medicine, as a nurse practitioner. She is a member of the faculty for CHAMPS (communities and hospital's advancing maternal practices) a Baby Friendly Hospital Initiative, and chair of the nominating committee for the United States Breastfeeding Committee (USBC). She also provides training for WIC Breastfeeding administrative staff and Peer Counselors nationally. She recently completed a Community Health Leadership Program, within the Satcher Health Leadership Institute at Morehouse School of Medicine that stressed best practices to provide global health equity and eliminating health disparities through action-oriented projects. Kimarie is married to Dr. George Bugg Jr., a neonatologist and they are the parents of five adult children.



PANELIST

Ebony Marcelle

CNM, MS, FACNM
Community of Hope/
Family Health and Birth Center (DC)

Ebony Marcelle is the Director of Midwifery at Community of Hope that includes Family Health and Birth Center. Formerly the Administrative Chief of Midwifery Service at Medstar Washington Hospital Center she completed her nursing education at Georgetown University and Midwifery at Philadelphia University. She was recognized by Save the Children for their "Real Award Midwife Honoree" in 2014. In 2015 she was recognized by the American College of Nurse Midwives with the "Young Whippersnapper" award for midwives excelling professionally with less than 10 years' experience. She was inducted this year as Fellow in the college. Last year she completed the Duke University and Johnson & Johnson Nursing Leadership Fellowship. Mrs Marcelle is known for her passion in midwifery and midwifery's role in reproductive justice. She continues to build culturally aware midwifery with driven clinical models of care specifically for underserved African American women. She is currently serves on the following boards: March for Moms, National Association for the Advancement of Black Birth, and is a collaborator with Black Mamas Matter. Most recently she was appointed to the District's Inaugural Maternal Mortality Review Committee. She resides here in Washington, DC, with her husband, Step-son, and two fur-children.

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Of births are covered
by Medicaid

With some of the worst maternal health outcomes among high-resource countries, the United States maternity care system had been failing to meet families' needs long before the COVID-19 crisis. Prior to the pandemic, Congress had considered multiple initiatives aimed at improving maternal health outcomes, particularly for the more than 42% of births that are covered by Medicaid.¹

Today, as COVID-19 overtaxes our health care system, pregnant and childbearing people are facing profound disruptions to prenatal, childbirth, and postpartum care. Families and people already at risk for poor maternal health outcomes are facing the unintended consequences and long-term harm due to the structural shortcomings of our maternity care system. **There is a need to enact long-term, stabilizing policies that better support pregnant, childbearing, and postpartum people, especially those most impacted by maternal health inequities.**

These Policies Include:



1 in 3

Pregnancy-related deaths
occurs between one week
and one year after childbirth

+



1 in 4

Pregnancy-related deaths
occurs between 6 weeks
and one year postpartum

■ Implementing a respectful, accountable care framework through policy change

The provision of anti-racist, culturally congruent, and respectful maternity care can address the U.S.'s shocking maternal health inequities, disproportionately impacting Black and Indigenous people, through systemic change that centers the lived experience of pregnant, childbearing, and postpartum people.

Through trainings, accountability measures, and legal guarantees, maternity care providers and health care systems can begin to be accountable to the people and communities they serve, center patients as experts in their care, and honor patients' rights to make decisions about their own bodies.

■ Extending Medicaid coverage to be continuous through one year postpartum

Medicaid coverage must be comprehensive and continuous during and after the pandemic, as quality maternity care is essential for the health of the entire population.

Continuous health care coverage through at least 12 months after birth is needed to address postpartum maternal complications and to prevent maternal deaths.²

1 in 3 pregnancy-related deaths occurs between one week and one year after childbirth, and almost 1 in 4 occurs between 6 weeks and one year postpartum.^{3,4}

CONTINUED...

¹Martin, J.A. et al. Births: Final Data, 2018. Nat'l Vital Statistics Reports, 68(13). 2019. Retrieved from: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf.

²Ranjit, U. et al. Expanding Postpartum Medicaid Coverage. Kaiser Family Foundation. 2019. <https://www.kff.org/womens-health-policy/issuebrief/expanding-postpartum-medicare-coverage/>.

³Davis, N.L., et al. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. 2019. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

⁴CDC. Pregnancy-Related Deaths. Vital Signs. 2019. Retrieved from: <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>.

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Policies Continued...



**Lower Health
Care Costs**



**Fewer
Unnecessary
Interventions**



**Increased
Positive
Experience**

With midwifery-led care

■ Integrating midwifery-led models of maternity care into the maternity care system and Medicaid through payment and policy changes

As stated in a recent National Academies of Medicine report, midwives and community birth are evidence-based alternatives to in-hospital birth.⁵ These options can help relieve pressure on the physician workforce, minimize COVID-19 transmission, and efficiently direct health system resources.

Midwifery-led care is associated with fewer unnecessary interventions, increased positive experience of care and patient satisfaction, and lower health care costs, as compared to physician-led care.⁶

Restrictive regulations on midwifery care and community birth, as well as insufficient insurance reimbursement and Medicaid coverage, limit access for many low-income people and people of color.

■ Supporting community-based perinatal support services for childbearing people and families through Medicaid through payment and policy changes

Community-based perinatal support services, like doula care, lactation counseling, Centering Pregnancy groups, and home visits, can provide the emotional, informational, systems navigation and support that childbearing families need during this period of added stress and difficulties accessing care.

Community-based programs offer trusted, respectful, culturally congruent support to people in underserved communities, improving outcomes, centering the voices of childbearing people, and linking clients with a variety of support services to take a holistic approach to maternal health.

Research supports the benefits of community-based doula support for maternal health outcomes, including lower rates of low birthweight, preterm birth, cesarean birth, and postpartum depression; increased breastfeeding; and more positive birth experiences.^{7,8,9}



⁵National Academies of Sciences, Engineering, and Medicine. Birth Settings in America: Outcomes, Quality, Access, and Choice (S. Scrimshaw & E. P. Backes, Eds.). 2020. National Academies Press. <https://doi.org/10.17226/25636>

⁶Newhouse, R.P. et al. Advanced practice nurse outcomes 1990-2008: a systematic review. *Nursing Economics*, 29(5), 230. 2011.

⁷HealthConnect One. *The Perinatal Revolution*. Chicago, IL. 2014.

⁸Bohren MA, et al. Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, Issue 7. 2017.

⁹Kozhimannil, K.B., et al. Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. *Birth* (Berkeley, Calif.), 43(1), p. 20-27. 2016.

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Now more than ever, it is critical to advance policies that lift up the needs of mothers and families. Together, the following bills already filed in the current Congress can help ensure people get the quality, equitable, and respectful maternity care they need during the COVID-19 pandemic and beyond.

We are Looking for Members of Congress to:

1

Co-sponsor the **Black Maternal Health Momnibus (H.R.6142 / S.3424)**, which would:

- Invest in the social determinants of health that influence maternal health (including housing, transportation, and nutrition);
- Provide funding to community-based organizations working to improve Black maternal health and to establish Respectful Maternity Care Compliance Offices within hospitals to promote accountability;
- Invest in maternity care coordination at VA facilities and commissions a study on maternal health among women veterans;
- Grow, diversify, and strengthen the maternal health workforce through the promotion of diverse maternity care teams, funding for training programs, and studies on the value of culturally congruent maternity care;
- Provide funding to Maternal Mortality Review Committees to improve data collection processes and quality measures;
- Invest in maternal mental health care and treatment for substance use disorders;
- Provide funding to improve maternity care for incarcerated women and study the impact of Medicaid coverage termination for incarcerated mothers;
- Create grant programs to support the access and use of telehealth services in maternal health care and technology-enabled collaborative learning models for maternity care providers; and
- Promote innovative payment models to incentivize high-quality maternity care and continuity of health insurance coverage.

2

Bring to committee the **MOMMA's Act (H.R.1897 / S.916)**, which would:

- Establish Centers of Excellence for implicit bias and cultural competency education for health care providers;
- Extend Medicaid coverage from 2 months to 1 year postpartum;
- Support the adoption of maternal safety bundles in health care settings; and
- Provide states with technical assistance to report comprehensive data on maternal mortality.

3

Bring to committee the **Maternal Pandemic Response Act**, which would:

- Improve data collection, research, surveillance initiatives, and public health information and communications on the impact of COVID-19 on pregnancy and maternal health;
- Ensure the inclusion of pregnant people in COVID-19 vaccine and therapeutic development; and
- Create lasting improvements to provide anti-racist, culturally congruent, and respectful maternity care during the pandemic and beyond.