



Improving Access to Maternal Health Care in Rural Communities

September 23, 2022



Agenda



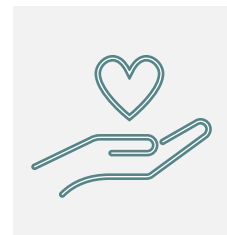
NATIONAL CONFERENCE OF STATE LEGISLATURES



New Mexico Rural OB
Access & Maternal Services



State Legislative
Examples



State Respondents



Q&A

Speakers



Colleen Durocher

Rural OB Access & Maternal Services



Representative Kimberly Moser

Kentucky – District 64



Senator Cristina Castro

Illinois – District 22



ROAMS

RURAL OB ACCESS & MATERNAL SERVICES

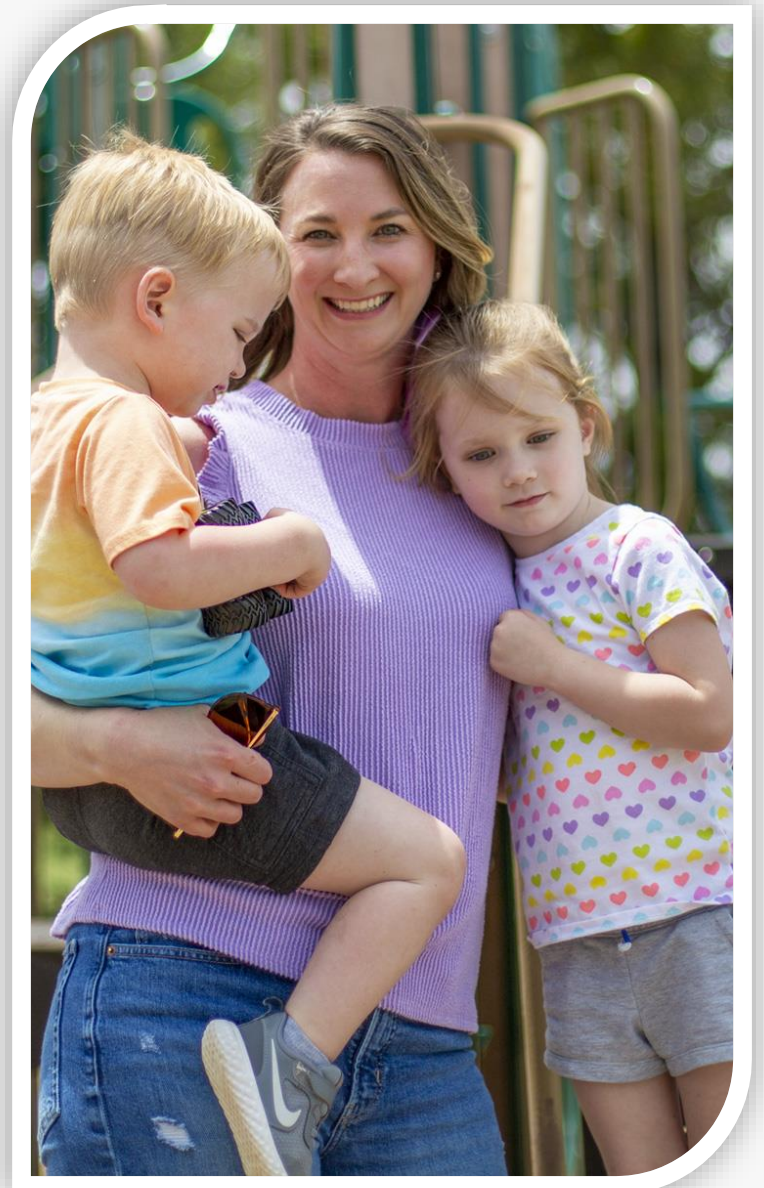
ROAMS is a program of: Holy Cross First Steps • Holy Cross Medical Center • Miners Colfax Medical Center • NM State Medicaid • Presbyterian Medical Services Questa Health Center • Union County General Hospital • Envision NM 2.0, Department of Pediatrics, Division of Adolescent Medicine, University of New Mexico Health Sciences Center

The ROAMS, Rural Ob Access & Maternal Services, grant is funded by the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP). ROAMS is one of the three original pilot programs of the Rural Maternity and Obstetrics Management Strategies (RMOMS) that is focused on maternal improvements in rural settings. The grant ends in August 2023.

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Please visit www.ROAMSnm.org for information on the grant and services provided.



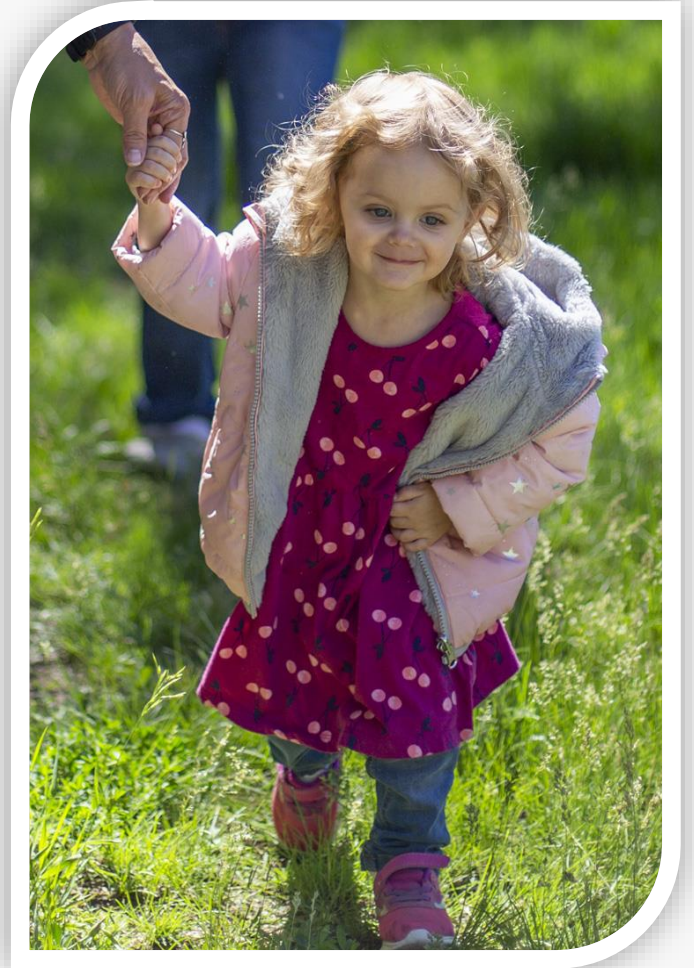
ROAMS Network

ROAMS Network includes:

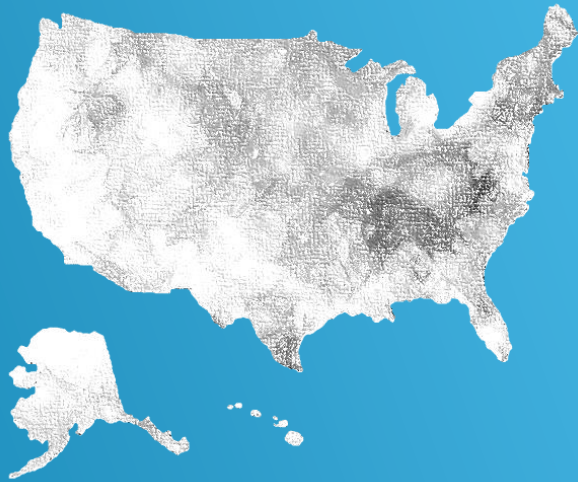
- Holy Cross Medical Center (HCMC)
- First Steps (FS) Home Visiting program in Taos
- Presbyterian Medical Services/Questa Health Center (QHC)
- Miners Colfax Medical Center (MCMC) in Raton
- Union County General Hospital (UCGH) in Clayton
- State Medicaid
- Envision/UNM Health Science/Department of Pediatrics

Social Service partners include:

- ROAMS Family Navigators in Taos, Colfax and Union County
- Taos Center for Breastfeeding and Lactation Consultant in Raton
- Youth Empowerment Services (YES) home visiting and more in Raton
- Krossroads that serves Substance Use Disorder (SUD) clients in Taos, Colfax, Union and Mora County



National Maternal Mortality and Morbidity



Despite many countries around the world successfully reducing their maternal mortality rates since the 1990s, **the U.S. rate remains higher than most other high-income countries.**

Source: World Health Organization (WHO). [WHO Trends in Maternal Mortality](#)

National Maternal Mortality and Morbidity

The U.S. maternal mortality rate has been increasing for the past three decades

- The U.S. **1987** pregnancy-related mortality ratio was **7.2** and in **2018 it was 17.3** (pregnancy-related deaths per 100,000 live births).
- More than 50,000 women experience severe maternal morbidity, a life-threatening complication as a result of labor and delivery.
- Maternal Mortality Review Committees around the country have estimated that **60% of maternal deaths are preventable**.

Rural Disparities: 9% greater probability of severe maternal morbidity and mortality, compared with urban residence.

National and New Mexico Statistics

Prenatal Care in the First Trimester:

- Nationally, **77.7%** of women initiated prenatal care in the first trimester in 2020.
 - 69.4% of NM Women initiated prenatal care in the first trimester in 2020.

Low Birth Weight:

- Nationally, **8.2%** of babies were low birth weight in 2020.
 - 8.9% of NM babies were low birth weight in 2020.

Preterm Deliveries:

- Nationally, **10.1%** of deliveries were preterm in 2020.
 - 9.6% of NM deliveries were preterm in 2020.

Increase of Obstetric Deserts



More than 2.2 million women of childbearing age live in maternity care deserts (1,095 counties) that **have no hospital offering obstetric care, no birth center and no obstetric provider.**

<https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx>

Increase of Obstetric Deserts

Analysis of trends in hospital obstetric service closures found a **7.2% decline** in the percentage of rural counties with hospital-based obstetric services in the U.S. **between 2004 and 2014.**

- A total of 179 rural counties (**about one in ten**) lost hospital-based obstetric services during those ten years (2004-2014).
- Of these counties, 150 were areas with less than 10,000 residents, indicating that **closures disproportionately affected more remote areas.**

In 2017, almost 150,000 babies were born to women living in maternity care deserts.

Obstetric Deserts, Rural vs Urban



Among women of childbearing age living in maternity care deserts, **1 in 3** live in a large metropolitan area or urban setting.

<https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx>

Obstetric Deserts, Rural vs Urban

- Women who live in **rural areas have excess risk for childbirth complications** due to both clinical factors and social determinants of health.
- As of January 1, 2020, **120 rural health care facilities have closed.**
- States in the Southeastern U.S. and lower Great Plains have the **greatest risk of rural health closures.**
- The areas where **rural facilities are most likely to close are also those areas of greater need, experiencing higher levels of negative maternal health outcomes.**

Medicaid Obstetric Services



In 2018, Medicaid covered the delivery care costs of more than 1.6 million pregnant women, or **42% of births in the U.S.**, who might have otherwise been uninsured during a critical period for them and their baby.

National Center for Health Statistics

Medicaid Obstetric Services

The proportion of births covered by Medicaid vary by state and by county.

- 72% of NM births were covered by Medicaid in 2015.
- In 2019, **77% of the births** at Holy Cross Medical Center in Taos, NM were covered by Medicaid and the **OB clinic and hospital has a combined yearly loss of \$1,206,000** since Medicaid does not reimburse at cost.

**Answer this question
in the chat box**

How many counties in your state have
no or low access to maternity care?
(guess if you don't know)

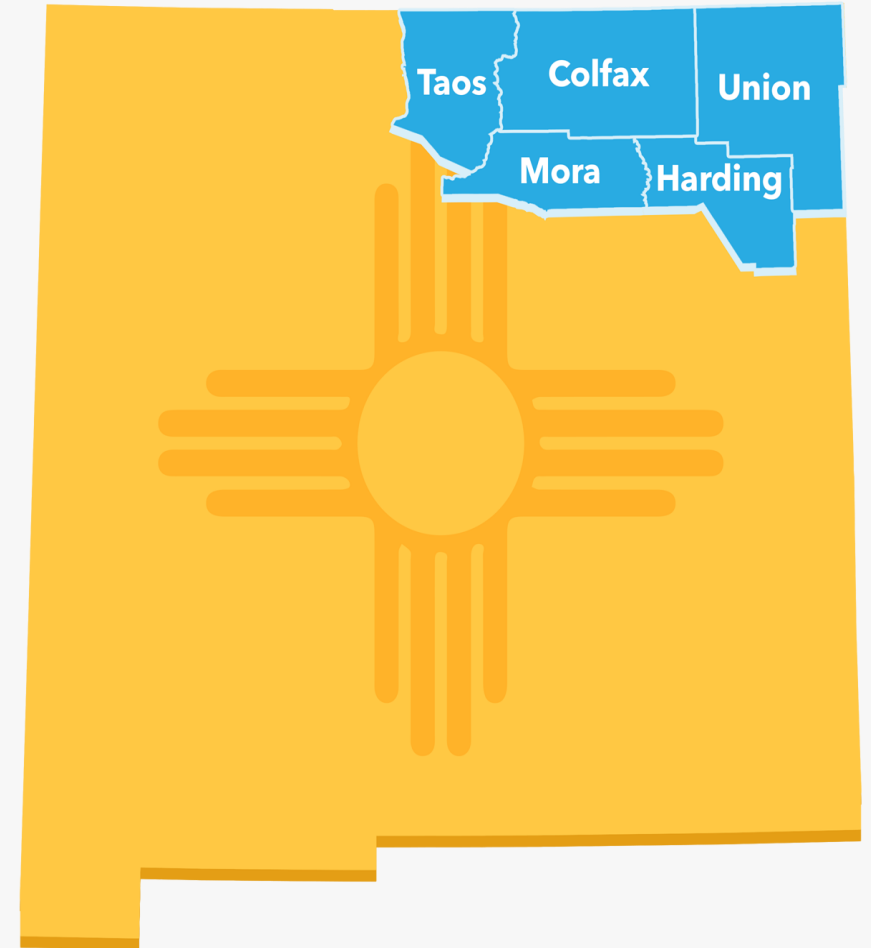
ROAMS Goals & Target Population

Target Population: Youth 0-14, women of childbearing age 15-44 and perinatal mothers who reside in Taos, Colfax, Union, Mora and Harding counties or get their medical services in the ROAMS network. **Three of the five ROAMS rural counties are OB deserts.**

Goal 1: Improve Access to Maternal Care in Northeastern New Mexico

Goal 2: Improve Maternal Health and Family Education Outreach in Northeastern New Mexico

Goal 3: Sustain labor & delivery (L&D), obstetric clinics and maternal services in Northeastern New Mexico



The Need in New Mexico

- New Mexico ranked 31st in Maternal Mortality in the U.S. in 2018
- New Mexico Hispanic women have **TWICE** the national average of maternal mortality (24.6 per 100,000 live births, compared to 12.2 nationally).
- **New Mexico Maternal Mortality Review**
 - 58 maternal deaths occurred in NM, 2015-2017
 - 17 pregnancy-related (29%) and 41 pregnancy-associated (71%)
 - 74% of all deaths were preventable
 - The leading contributing factors to maternal deaths were **motor vehicle crashes (nearly 30%)**, mental health (21%), other injuries (12%) and embolisms (8%).

ROAMS Goal, Action and Sustainability

Goal 1	Action	Sustainability/Policy Levers
Improve Access to Maternal Care in Northeastern New Mexico	Telehealth Appointments from Home and Rural Clinics with Specialists <ul style="list-style-type: none">• Home telehealth kits that monitor and report: blood pressure, glucose, weight, oxygen, and fetal heart rate, as well as connecting expectant mothers to educational resources.• Community Health Workers assist mothers with set up and use of the home telehealth kit. 70 mothers enrolled: 31 Kits + Educational Pathways, 37 in Educational Pathways only, 2 with Kits only.	<ul style="list-style-type: none">• If pandemic home telehealth billing continues past the pandemic, it could be sustained.

ROAMS Goal, Action and Sustainability

MFM = Maternal Fetal Medicine

Goal 1	Action	Sustainability/Policy Levers
Improve Access to Maternal Care in Northeastern New Mexico	Telehealth Appointments from Home and Rural Clinics with Specialists <ul style="list-style-type: none">• Tele-OB appointments from your health clinic to an OB office.<ul style="list-style-type: none">✓ Y1 (5 months) 28 Tele-OB patients.✓ Y2 (9 months) 39 Tele-OB patients.• Tele-MFM appointments from your OB clinic or health clinic with a high-risk MFM provider.	<ul style="list-style-type: none">• Global OB billing in rural communities is already a losing proposition, so it is not feasible to split the Global OB billing for a Tele-OB program. No sustainability plan in place.• Tele-MFM billing can be split between the rural clinic site and MFM, and is not part of the Global OB billing. Once Telehealth equipment and ultrasounds are at the rural clinic, this could be sustained through billing.

ROAMS Goal, Action and Sustainability

IBCLE = International Board of Lactation
Consultant Examiners
CLC = Certified Lactation Counselor

Goal 2	Action	Sustainability/Policy Levers
Improve Maternal Health and Family Education Outreach in Northeastern New Mexico	Access to Lactation Consultants (LC) <ul style="list-style-type: none">• Pre-ROAMS, baseline year the Taos LC saw 28 clients.• Y1 the LC saw 82 clients, a 3-fold increase.• Y2 the LC saw 98 clients.	<ul style="list-style-type: none">• NM already has IBLCE and CLC certificate and licensure in place.• IBLCE LCs are Medicaid billable as an <i>educational visit for \$1.50</i>.• ROAMS has requested that Medicaid reimburse as a clinical visit.
	Access to Community Health Workers (CHW) from OB, Health, & Pediatric Clinics <ul style="list-style-type: none">• Pre-ROAMS baseline year, no clients• Y1: 43 clients• Y2: 105 clients	<ul style="list-style-type: none">• CHW funding is traditionally grant funded and services come and go.• ROAMS has become the first Pathway Community Hub Institute (PCHI) <i>agency</i> in the nation. This is an evidence- and outcome-based CHW model and has become Medicaid reimbursable in Ohio.• ROAMS is proposing that NM Medicaid provide outcome-based reimbursement for CHWs.

ROAMS Goal, Action and Sustainability

Goal 3	Action	Sustainability/Policy Levers
Sustain labor & delivery (L&D), Obstetric Clinics and Maternal Services in Northeastern New Mexico	<p>A Sustainability and Market Loss Report that includes</p> <ul style="list-style-type: none"> Market loss for L&D/OB clinics, patient feedback, preterm deliveries, low birthweight, and % of women who do not have first trimester visits was compiled and presented to administration and practitioner teams. 	<p>Collaborative & Organizational Improvements</p> <ul style="list-style-type: none"> L&D virtual video tour for Holy Cross Medical Center. Collaborative services, rather than silos. Scheduling priorities for women for their first OB appointment. Tele-MFM services with split billing. Home telehealth if services continue to be billable.
	<ul style="list-style-type: none"> ROAMS is working with the NM Rural Hospital Association L&D hospitals to generate a larger OB Medicaid Cost Analysis data set and specific OB code reimbursement recommendations to Medicaid in July 2022. 	<ul style="list-style-type: none"> State OB Medicaid reimbursement is NOT linked to Medicare, so changes are possible.

Lessons Learned from the ROAMS Pilot Program

- Models that have worked so far and that providers and patients appreciate
 - Tele-OB appointments from a rural clinic with an OB at a larger L&D facility.
 - Tele-MFM (Maternal-Fetal Medicine) appointments from a rural clinic/L&D hospital with an MFM from a specialty facility work.
 - Home telehealth kits that alert mothers to urgent issues.
 - Community Health Workers (CHW) that work out of rural health clinics.
 - Lactation Counselors
- Challenges and Considerations
 - Payment and sustainability
 - Telehealth policies post-pandemic

For more information:

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Poll question

Did your state pass legislation to improve access to rural maternity care in the last few sessions?

A – Yes, we addressed workforce issues.

B – Yes, we addressed facility issues.

C – Yes, we addressed coverage or payment issues.

D – Yes, we did something else (*please share in the chat box*).

E – I'm not sure!

F – No, we did not.



State Policy Examples

Rural Health Resources

- Policy Report | [Improving Rural Health: State Policy Options for Increasing Access to Care](#)
- Policy Brief | [Supporting and Sustaining Rural Hospitals](#)
- Policy Report | [Meeting Health Care Needs With an Emerging Workforce](#)
- Toolkit | [The Telehealth Explainer Series: A Toolkit for State Legislators](#)
- [And many more!](#)



Policy Examples



State Committees

- **Louisiana** SR 131 (2022)
Establishes the Study Commission on Maternal Health and Well-being, prioritizing rural and underserved areas.
- **Pennsylvania** Act 24 (2018)
Specifies the state maternal mortality review committee shall include members from rural areas.

Remote Services

- **Illinois** HB 3879 (2021)
Designates health care telemonitoring to connect community health care providers in urban and rural underserved areas with specialists.
- **New York** AB 9006 (2022)
Covers remote patient monitoring for prenatal and postpartum care when recommended by a physician.

Policy Examples – Midwifery Workforce

Scope of practice

Arkansas [HB 1215](#) (2021) – Provides full practice authority to certified nurse-midwives (CNMs).

Training

California [SB 65](#) (2021) - Midwifery Workforce Training Act: Increases trained midwives in medically underserved or rural communities.

Coverage

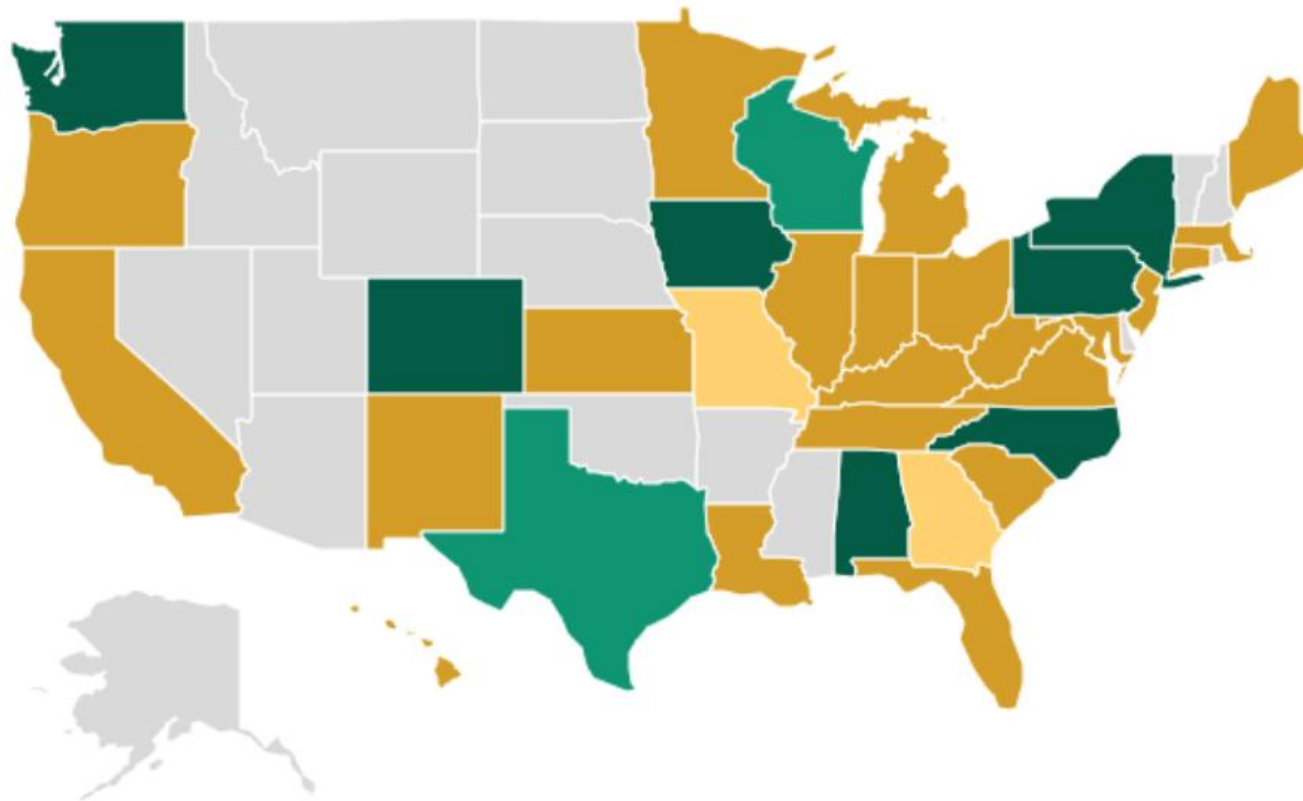
Louisiana [HB 190](#) (2021) – Requires insurers to cover state licensed midwifery care, incl. CNMs and certified professional midwives.



Current Status of Postpartum Medicaid Coverage

As of September 2022

7 states are ready to implement Section 1115 Waiver or SPA Option pending approval from the CMS. 23 states and the District of Columbia are implementing postpartum coverage extension.



● Implementing postpartum coverage extension ● Implementing postpartum coverage extension (Limits on coverage)

● Ready to implement Section 1115 Waiver or SPA Option pending approval from CMS

● Ready to implement Section 1115 Waiver or SPA Option pending approval from CMS (Limits on coverage) ● No action at this time

Postpartum Medicaid Coverage



Georgia SB 338 (2022)

Maine LD 1781 (2022)

Washington SB 5068 (2021)

West Virginia HB 2266 (2021)

Federal Action

- S.1491 (2022) – Rural Maternal and Obstetric Modernization of Services (MOMS) Act
- H.R.4387 (2022) – Maternal Health Quality Improvement Act



Maternal Health Resources

- Legislative Database | [Maternal and Child Health](#)
- Policy Report | [State Approaches to Ensuring Healthy Pregnancies Through Prenatal Care](#)
- Policy Report | [Preventing Infant and Maternal Mortality: State Policy Options](#)
- Podcast | [CDC and States Working to Reduce Maternal Mortality](#)
- Webinar | [Saving Moms: Strategies to Reduce Maternal Mortality in the U.S.](#)
- Webinar | [State Policies on Midwives and Doulas](#)



State Respondents

Kentucky



Illinois



Kentucky Legislation Shared by Representative Moser



- HB 525 (2022) – requires Medicaid reimbursement for certain services by CHWs and to establish certification for CHW, including maternal & infant health care.
- HB 573 (2022) – establishes health care worker loan relief program to be administered through the University of Kentucky Center of Excellence in Rural Health.
- HB 50 (2021) – establishes mental health parity.
- SB 178 (2022) – extends Medicaid coverage for eligible patients to 12 months postpartum.

Illinois Legislation Shared by Senator Castro

Chief Senate Sponsor:

- **SB 0967: Improving Health Care for Pregnant and Postpartum Individuals Act** -- passed in 2021; effective Oct. 8, 2021.
- **HB 3401: Licensed Certified Professional Midwife Practice Act** – passed Dec. 14, 2021; effective Oct. 1, 2022.
- **HB 5012: Birth Center Licensing Act** – passed May 27, 2022; effective immediately.

Co-sponsor:

- **HB 4338: Insurance Coverage for Prenatal Vitamins** – passed May 27, 2022; effective Jan. 1, 2023.



Q&A

Please type your questions into the chat box and we will get to as many as we can!

Articles on ROAMS and ROAMS Presentations

- **Common Wealth, Article on ROAMs Transforming Care**
<https://www.commonwealthfund.org/newsletter/transforming-care-reporting-health-system-improvement>
- **Twistle and ROAMS Partner to Improve Access to Prenatal Care**
<https://www.prnewswire.com/news-releases/twistle-and-roams-partner-to-improve-access-to-prenatal-care-301361327.html>
- **ROAMS HRSA Fact Sheet and Annual Reports**
<https://www.hrsa.gov/rural-health/community/rmoms>
- **Taos News**
https://www.taosnews.com/news/success-story-holy-cross-medical-center/article_627ec1b0-fe76-11ea-8cb6-eb023aaaf06a.html
- **Holy Cross Hospital Website links:**
<https://holycrossmedicalcenter.org/general/the-rural-ob-access-maternal-service-roams-grant-for-northeastern-new-mexico/>
<https://holycrossmedicalcenter.org/videos/roams-is-improving-maternal-access-to-care-in-the-northeast-region-of-new-mexico/>
<https://holycrossmedicalcenter.org/general/federal-health-care-grant-awarded-to-northern-nm/>
- **ROAMS Policies and Practices that Address Equity** were presented as part of the Maternal Health Learning Innovation Center (MHLIC) Strengthening Skills for Health Equity Summit in March 2021. The agenda and ROAMS presentation can be found at
<https://mchwdc.unc.edu/march-2021-skills-institute-strengthening-skills-for-equity/>



References/Information

National Maternal Mortality and Morbidity

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⁽²⁾Hoyert DL, Miniño AM. Maternal mortality in the United States: Changes in coding, publication, and data release, 2018. National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: National Center for Health Statistics. 2020.

⁽³⁾Maternal Mortality Review Information Application (MMRIA). Report from Nine Maternal Mortality Review Committees. February 2018. Available at: <https://www.cdcfoundation.org/building-us-capacity-review-and-prevent-maternal-deaths>

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⁽⁵⁾[NMPC-2020](#)

⁽⁶⁾[NM Health Equity Report Jan 2019](#)

Increase of Obstetric Deserts

⁽⁷⁾Anderson B, Gingery A, McClellan M, Rose R, Schmitz D, Schou P. National Rural Health Association Policy Paper: Access to Rural Maternity Care. National Rural Health Association. 2019. Available at: <https://www.ruralhealthweb.org/advocate/policy-documents>

⁽⁸⁾Hung P, Kozhimannil K, Henning-Smith C, Casey M. Closure of Hospital Obstetric Services Disproportionately Affects Less-Populated Rural Counties. University of Minnesota Rural Health Research Center, April 2017. Available at: <https://rhrc.umn.edu/publication/closure-of-hospital-ob-services/>

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References/Information

Obstetric Deserts, Rural vs Urban

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⁽¹²⁾The Chartis Group, The Chartis Center for Rural Health. The Rural Health Safety Net Under Pressure: Rural Hospital Vulnerability. February 2020. Available at <https://www.chartis.com/forum/insight/the-rural-health-safety-net-under-pressure-rural-hospital-vulnerability/>

Medicaid Obstetric Services

⁽¹³⁾Centers for Medicare & Medicaid Services. Improving Access to Maternal Health Care in Rural Communities: An Issue Brief. Available at: <https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf>

⁽¹⁴⁾Hoadley J, Alker J and Holmes M. Health Insurance Coverage in Small Towns and Rural America: The Role of Medicaid Expansion. Georgetown University Center for Children and Families & University of North Carolina NC Rural Health Research Program. September 2018. Available at: <https://ccf.georgetown.edu/2018/09/25/health-insurance-coverage-in-small-towns-and-rural-america-the-role-of-medicaid-expansion>