Federal MCH Policy and Leveraging Resources for MCH

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June 4, 2022
Association of Maternal & Child Health Programs (AMCHP)

- Washington, DC based association
- Core membership: MCH leaders in the 59 states and jurisdictions who are responsible for administering the Title V Maternal and Child Health (MCH) Block Grant Program
- AMCHP is:
  - An advocate in Congress and the executive branch for the Title V Block Grant and other federally funded programs that promote the health and well-being of America’s women, children, including children and youth with special health care needs, and families
  - A national resource for state public health leaders and others working to improve the health of MCH populations
Title V MCH Block Grant: Largest single source of federal funding for MCH programs

- Administered by the Maternal and Child Health Bureau (MCHB)
- Formula grants to states based on percent of children in poverty
- FY ’22 funding: $747.7 million ($35 million over FY21)
- FY ’23 “ask” - $1 billion
- Increase in funding reflects the importance of meeting MCH needs at the state level, especially during the pandemic
- Other federal agencies funding MCH programs: CDC, NIH, SAMHSA
High priority issues effecting MCH populations during the pandemic

- Maternal health workforce and coverage
- Children's mental health during the pandemic
- Continuity of coverage for women, children and families, post-pandemic
How can state policy makers and the federal government collaborate to develop solutions?
State solution: Doulas

- Potential strategy to alleviate the maternal health crisis that disproportionally affects women of color.
- Doula care is linked to lower Medicaid costs and improvement in the birthing experience and birth-related outcomes of women of color in underserved communities.
- 17 states are in various stages of consideration, planning, or implementation of Medicaid doula reimbursement.
State solution: 12-month Postpartum Medicaid Extension

• Current Medicaid law requires two months of post-partum coverage

• 12-month extension is an evidence-based approach to improving outcomes for mothers and babies

• **40 states** have pending state/federal action underway or have implemented the 12-month extension

• **Five states** from the NCSL MCH Fellows group (thus far) have fully implemented the extension
More than 200,000 children in the United States have experienced the death of a parent or grandparent caregiver due to COVID

Mental illness - and the demand for behavioral health services - are at all-time highs, especially among children.

More than 25% of high school students report worsening emotional and cognitive health during the pandemic.

Severe shortages of pediatric mental health providers throughout the country.

Situation has exacerbated racial disparities.
Pediatric Mental Health Care Access (PMHCA)

• $11 million from the American Rescue Plan Act (ARPA)
• Goal: Integrate telehealth services into pediatric care
• Train pediatric primary care providers to screen, diagnose and treat behavioral disorders
• Hub and spoke model
• Grants to state and regional networks of pediatric mental health care teams, which provide telehealth consultation to pediatric primary care providers.
• 45 state grantees
One of the most important PHE-related issues for Medicaid-enrolled children and families:

Unwinding the COVID-19 Medicaid Continuous Eligibility Provision
Background

- Beginning March 2020 (first month of PHE): States must keep Medicaid enrollees continuously insured through the end of the PHE

- States receive an extra 6.2% in the state’s federal match (FMAP) for duration of the PHE

- Current PHE expiration October 13th (unless extended)

- States must begin a redetermination process – 80 million people – *including half the children* - in the U.S.

- As many as *6.7 million children* could lose coverage if the redetermination process goes poorly
Opportunities for Title V programs to protect coverage for children and families during the Medicaid redetermination process

Association of Maternal & Child Health Programs

May 2022
AMERICAN RESCUE PLAN ACT (ARPA)

AMCHP Issue Brief

• Examples of innovative ways states have used ARPA funding

• Compilation of tools, trackers, and fact sheets that offer guidance and information around service coordination, planning, and policy efforts

• AMCHP & External Resources
Examples of innovative ways states have used ARPA funding

- **Alaska Virtual Home Visiting Summit**: A virtual summit of home visitors across the state, agnostic to models and funding sources, to increase home visitors’ capacity to address interpersonal violence as well as improve their own self-care and resilience.

- **Arizona Virtual Support for Families of Children who are Deaf or Hard of Hearing (DHH) during the Covid-19 Pandemic**: When the COVID 19 pandemic hit in March, Arizona Hands & Voices quickly transformed their operations to provide families with one-to-one and group support from teachers of the DHH, Deaf mentors and DHH Guides by adapting their “Guide By Your Side” Program for a virtual setting.

- **Connecticut Newborn Diagnosis and Treatment Network**: The Network centralizes reporting, coordination, and follow-up of out-of-range newborn screens; and provides high-level family-centered support for families and healthcare providers throughout the pre-diagnosis, diagnosis, and long term follow up phases.
Examples of innovative ways states have used ARPA funding

• **Guam CARES Telehealth Project**: Provides early hearing intervention services to families by working collaboratively with other organizations to innovatively provide teletherapy and telehealth services through the utilization of technology.

• **Massachusetts Community Telehealth Kiosk in City of Lawrence**: After engaging families and community-based organizations located in the City of Lawrence in a needs assessment, the Massachusetts Department of Health and its partners implemented a telehealth kiosk in a local library to serve as a secure and accessible space for families to access telehealth and early intervention services.

• **Nevada Prenatal Care via Telehealth Pilot Program**: Facilitates access to prenatal care for underserved pregnant persons through telehealth.
Programmatic and legislative MCH resources for state legislators
Title V Information Service (TVIS)

- Contains all state applications for federal MCH block grant funding
# Maternal Health Bill Tracker

Learn more about pending federal legislation to improve maternal health by searching the below table. This page will be updated regularly to track legislation through the 117th Congress. If you experience issues loading the tracker in Internet Explorer, we recommend using Chrome, Firefox or Edge. For questions, comments, or corrections, please email geoff@amchp.org.

<table>
<thead>
<tr>
<th>Bill</th>
<th>Status</th>
<th>Lead Sponsor(s)</th>
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<td>Maternal Health Quality Improvement Act</td>
<td>Enacted in 2012 as part of Consolidated Appropriations Act of 2012, Public Law 117-155</td>
<td>Rep. Robin Kelly (D-IL) &amp; Rep. Larry Kissell (R-NC)</td>
<td>Authorizes $500 million for each of FY2019-2025 for CMS to award grants to identify, develop, and disseminate best practices to improve maternal and infant health. Funds may be used for the following: (1) federal and state health care providers to improve maternal health care for racial and ethnic minority populations, including with respect to perceptions and biases that may affect the approach to, and prevention of, care.</td>
<td>House E&amp;H, Senate HELP</td>
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A sampling of federally-funded learning collaboratives for state MCH staff

- **Rural Maternal and Obstetric Modernization of Services Act (RMOMS)**
  - MN, MO, NM, WV, TX

- **Children with Medical Complexity**
  - AL, CO, IN, KY, MA, MN, OR, TX, WA, WI

- **Promoting Innovation in state MCH Policymaking (PRISM)**
  - WA, NM, IA, SC, IN, MO, CNMI, AR, NV
Thank you!

June 4, 2022