

Health Advisory Council

Summer 2021 Member Meeting

June 11, 2021



Agenda

- Health Policy Roundup
 - Script Your Future 10-Year Anniversary
 - Panel: Maternal Health Disparities
 - HAC Member Round Robin
-

Health Policy Roundup

CBD Education & Advocacy

- NCL opposes legislation that bypasses FDA authorities to allow hemp-derived ingredients in dietary supplements
- PSAs



Health Policy Roundup

Maternal Health

- NCL, joined by 14 maternal and fetal health advocates, launched the Preterm Birth Prevention Alliance
- The Alliance aims to preserve access to the only FDA-approved drug to prevent recurrent preterm birth



Preterm Birth
PREVENTION ALLIANCE



Health Policy Roundup

Reproductive Health

- Sally Greenberg's op-ed in The Hill, argues all FDA-approved contraceptives should be fully covered by insurance
- NCL celebrates FDA's decision to temporarily allow Mifepristone to be dispensed by mail for the duration of the pandemic



American women should have access to safe contraceptives

BY SALLY GREENBERG, OPINION CONTRIBUTOR — 04/26/21 02:00 PM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

COVID-19

- NCL, CSC, and ACLA briefing on state of testing, COVID-19 variants, and genetic sequencing
- U.S. Pharmacopeia guest blog by Farah Towfic

Getting more vaccines in arms: Trust and efficiencies

March 2, 2021 / in Coronavirus, Featured Home - Your Health, Prevention Guest Blogger Blog Post

Guest blog by Farah Towfic, PharmD, MBA, director of the U.S. Pharmacopeia COVID-19 Vaccine Handling Toolkit

In the United States, nearly 200 million doses of influenza vaccines are administered annually. Clearly, pharmacists, nurses, physicians, and other healthcare practitioners have demonstrated a successful track record of delivering robust immunization programs for many years. However, the unprecedented scale and speed at which the COVID-19 vaccinations must be delivered to curb the

Health Policy Roundup

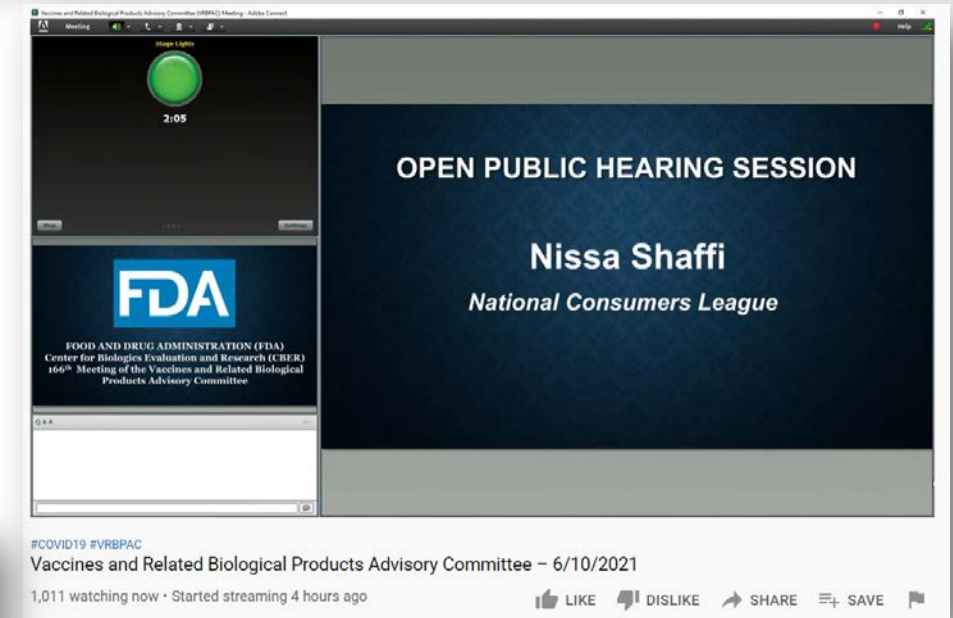
Vaccine Safety & Confidence

- NCL led sign-on letter, urges SBA to rescind nearly \$1M in paycheck protection program loans from anti-vaccine groups
- NCL's Health Team has testified on behalf of consumers before the CDC ACIP and FDA VRBPAC vaccine advisory committees.
- Spanish-language vaccine confidence blog by Jeanette Contreras

No PPP for anti-vaxxers! Ten advocacy groups tell SBA to claw back \$850,000 in PPP Funding to anti-vaxxers

February 5, 2021 / in Coronavirus Issue Statements, Press Releases

For immediate release: February 5, 2021



La tercera vacuna trae esperanza

March 5, 2021 / in Coronavirus, Featured Home - Your Health, Health, Health policy, Medication adherence, Prevention Blog Post



By NCL Director of Health Policy Jeanette Contreras

La Administración de Alimentos y Medicamentos de los EE. UU. (FDA, por sus siglas en inglés) acaba de aprobar una autorización de uso de emergencia para la vacuna de Johnson & Johnson, la tercera vacuna para combatir el coronavirus en EEUU. Aunque parece que no es tan efectiva como las otras dos, la vacuna de Johnson & Johnson ofrece una protección de 85 por

Health Policy Roundup

Pharmacy Benefit Managers (PBMs)

- NCL consumer education campaign addresses unfair disadvantages patients have at the pharmacy counter
- Call to action for policymakers to ensure that PBMs deliver savings to patients, as intended
- Consumers — not PBMs — should come first at the pharmacy counter.



Consumers face an unfair disadvantage at the pharmacy counter

March 24, 2021 / in Blog, Diseases and treatment, Featured Home - Your Health, Health, Personal finance Blog Post



By Sally Greenberg, NCL Executive Director

Everywhere we turn these days, we find ourselves wondering if we are getting a fair deal. Americans continue to suffer the economic consequences of a year-long global health pandemic, and many of us are trying to stick to the essentials and stretch our dollars where we can. As COVID-19 has reminded us, there aren't many issues families face that are more significant than

PBMs profit while consumers foot the bill. Policymakers must act

April 5, 2021 / in Consumer policy, Consumer Protection, Health, Health policy, Healthcare coverage, Insurance Blog Post



By NCL Director of Health Policy Jeanette Contreras

As consumers, when we go to the pharmacy for our medications, we expect a fair price. However, there's growing evidence that pharmacy benefit managers — or PBMs — have been impeding the savings that should be going to consumers. Consumers deserve to share in the

Partners:

American Pharmacists
Association (APhA)

American Association of
Colleges of Pharmacy
(AACCP)

National Association
of Chain Drug Stores
(NACDS)

National Community
Pharmacists Association
(NCPA)



10th Anniversary

Since 2011

- 26,000 future healthcare professionals participated
- 237,000 patients directly counseled
- Reached nearly 27 million consumers
- Distributed over 1 million campaign wallet cards
 - English, Spanish, Chinese, Vietnamese, Hmong, and Russian



2021 Team Challenge Winners

National Award:

- University of the Sciences Philadelphia College of Pharmacy
- University of Charleston School of Pharmacy



Rookie Award: Loma Linda University School of Pharmacy

Health Disparities: Howard University College of Pharmacy



Media Outreach: Wilkes University Nesbitt College of Pharmacy



Creative Interprofessional Team: University of Pittsburgh School of Pharmacy

Technology Innovation: Western University of Health Sciences College of Pharmacy



Maternal Health Disparities in the U.S.

Panelists:

- Dr. Zsakeba Henderson, Deputy Chief Medical & Health Officer, *March of Dimes*
- Jamarah Amani, Co-Founder, *National Black Midwives Alliance*
- Christina Wurster, CEO, *Society for Maternal & Fetal Medicine*
- Alyson Northrup, Associate Director for Government Affairs, *Association of Maternal & Child Health Programs*
- Natasha Bonhomme, Founder, *Expecting Health*

A woman with dark hair is holding a young child with dark skin and curly hair. The woman is looking up at the child with a smile. The child is looking off to the side and smiling. The background is a soft-focus outdoor setting with green foliage.

**HEALTHY
MOMS.
STRONG
BABIES.**

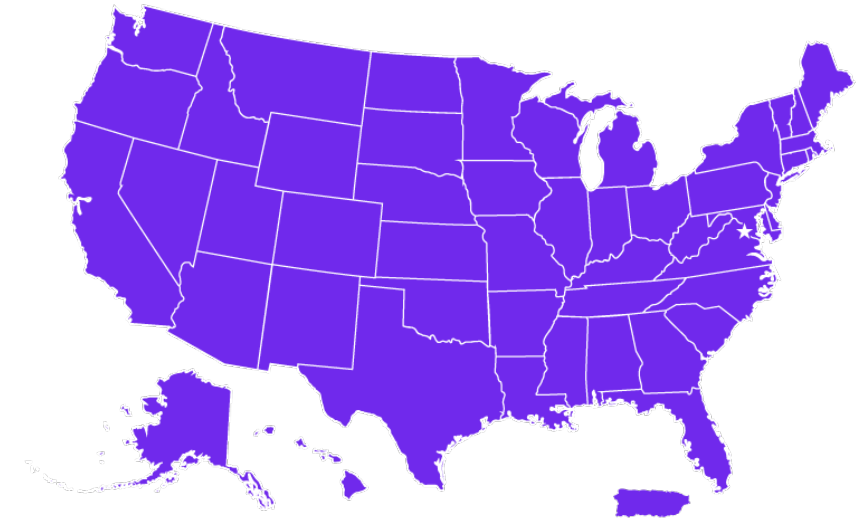


LEADING THE FIGHT FOR MOMS AND BABIES

Zsakeba Henderson MD, FACOG

Senior Vice President, MCH Impact
Deputy Medical & Health Officer
March of Dimes

THE U.S. IS THE MOST DANGEROUS COUNTRY IN THE DEVELOPED WORLD TO GIVE BIRTH



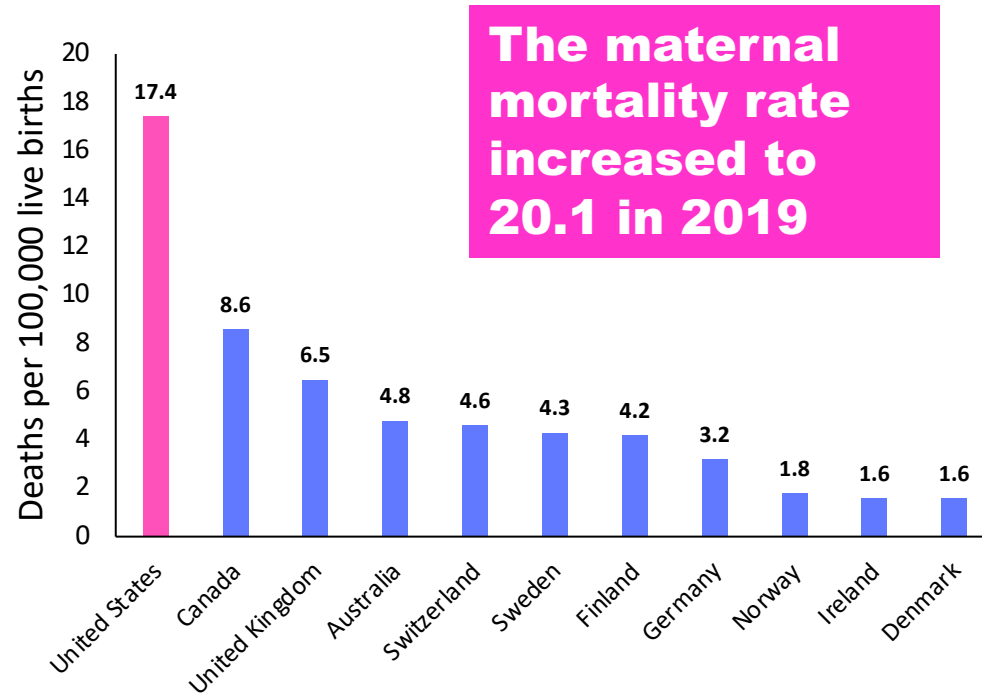
2 women will die
from pregnancy-
related causes today.
And every day.

2 babies die
every hour in the
U.S. Prematurity
is the leading
cause of these
deaths

In the U.S. black
women have
maternal death
rates **3x higher**
than women of
other races or
ethnicities.

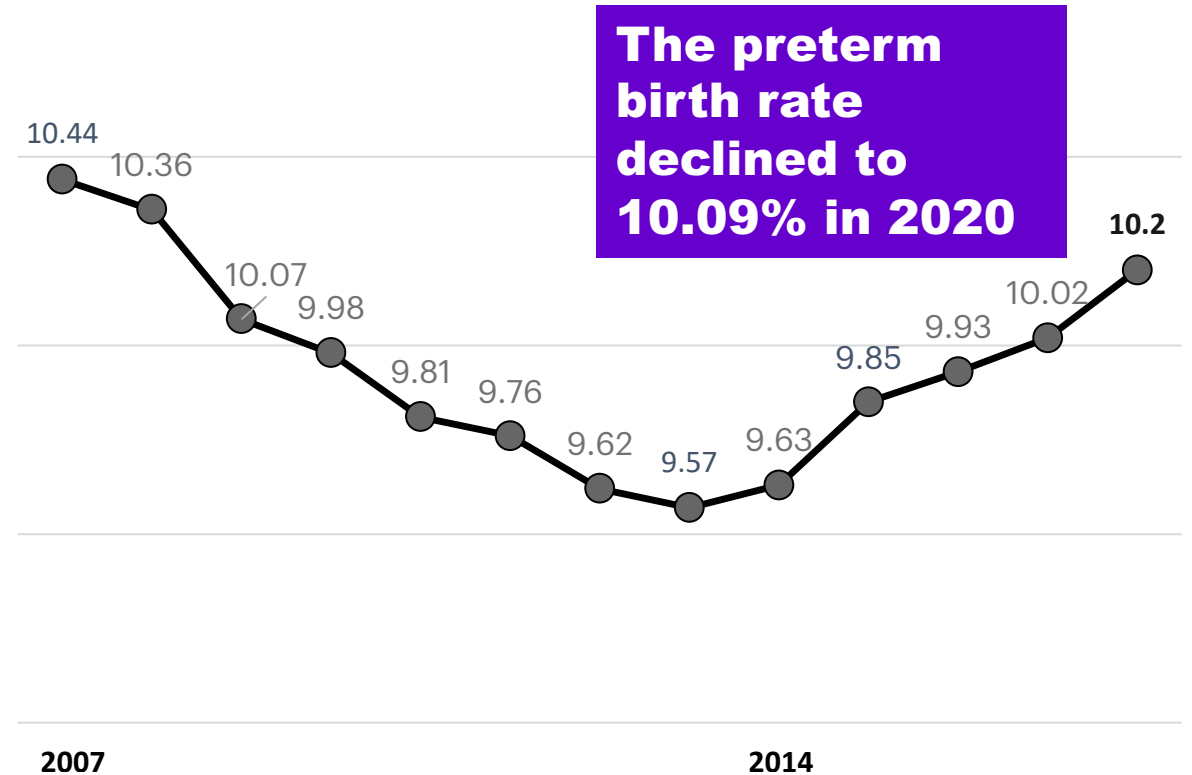
5 million women
live in maternity care
deserts – counties
with no hospitals
offering obstetric
services.

Maternal mortality* in the U.S. is more than double that of most other high-income countries.



*Maternal mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, excluding those from accidental/incidental causes.
<https://www.cdc.gov/nchs/maternal-mortality/evaluation.htm>

The U.S. preterm birth rate increased in 2019—for the fifth year in a row.



Preterm birth rate, United States, 2007-2019

THERE'S A HIGHER CHANCE OF MATERNAL DEATH OR PRETERM BIRTH BASED ON RACE/ETHNICITY

While preterm birth affects women across the country, preterm birth rates remain much higher for Black, American Indian, Alaskan Native and Hispanic women.

Women of color are up to 50% more likely to give birth preterm and their children can face a 130% higher infant death rate.

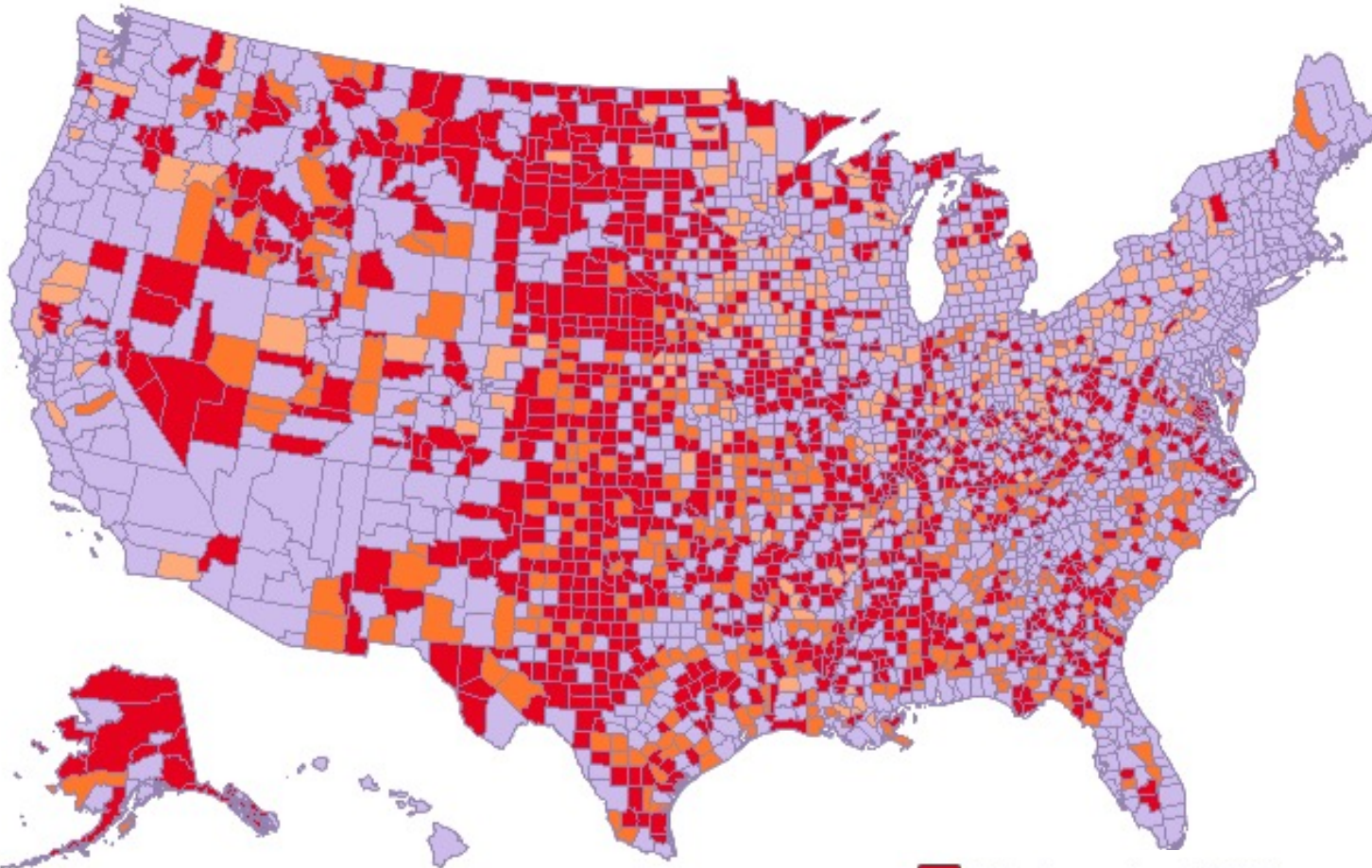
The rate of preterm birth among Black women (14.4%) was about 50 percent higher than the rate of preterm birth among white (9.3%) or Hispanic (10%) women.

A significant racial disparity in maternal death exists with Black women being 3x more likely to die from pregnancy compared to White women.

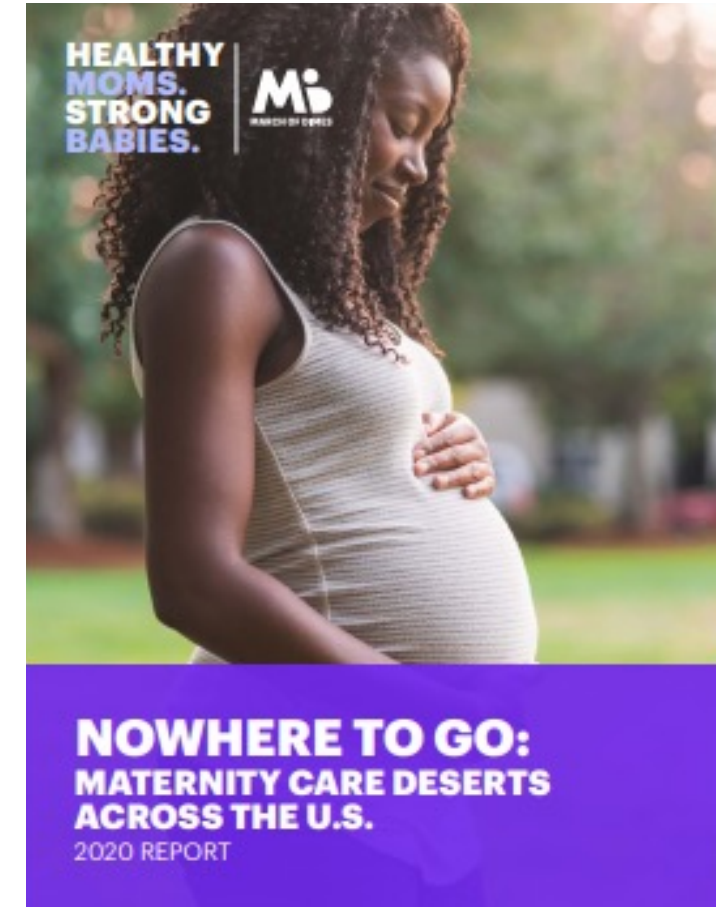
Black and American Indian/Alaskan Native women are up to 3x more likely to die from pregnancy-related complications compared to White women.

NOWHERE TO GO: MATERNITY CARE DESERTS ACROSS THE U.S.

IN THE U.S., 7 MILLION WOMEN OF CHILDBEARING AGE LIVE WHERE THERE IS NO OR LIMITED ACCESS TO MATERNITY CARE.



- Maternity care deserts [1095]
- Low access to maternity care [359]
- Moderate access to maternity care [251]
- Full access to maternity care [1434]



**ACCESS TO
MATERNITY
CARE**

2.2M

Women of childbearing age live in maternity care deserts with no hospital offering obstetric care, no birth center and no obstetric provider.

150K

Babies are born to women living in maternity care deserts.

7M

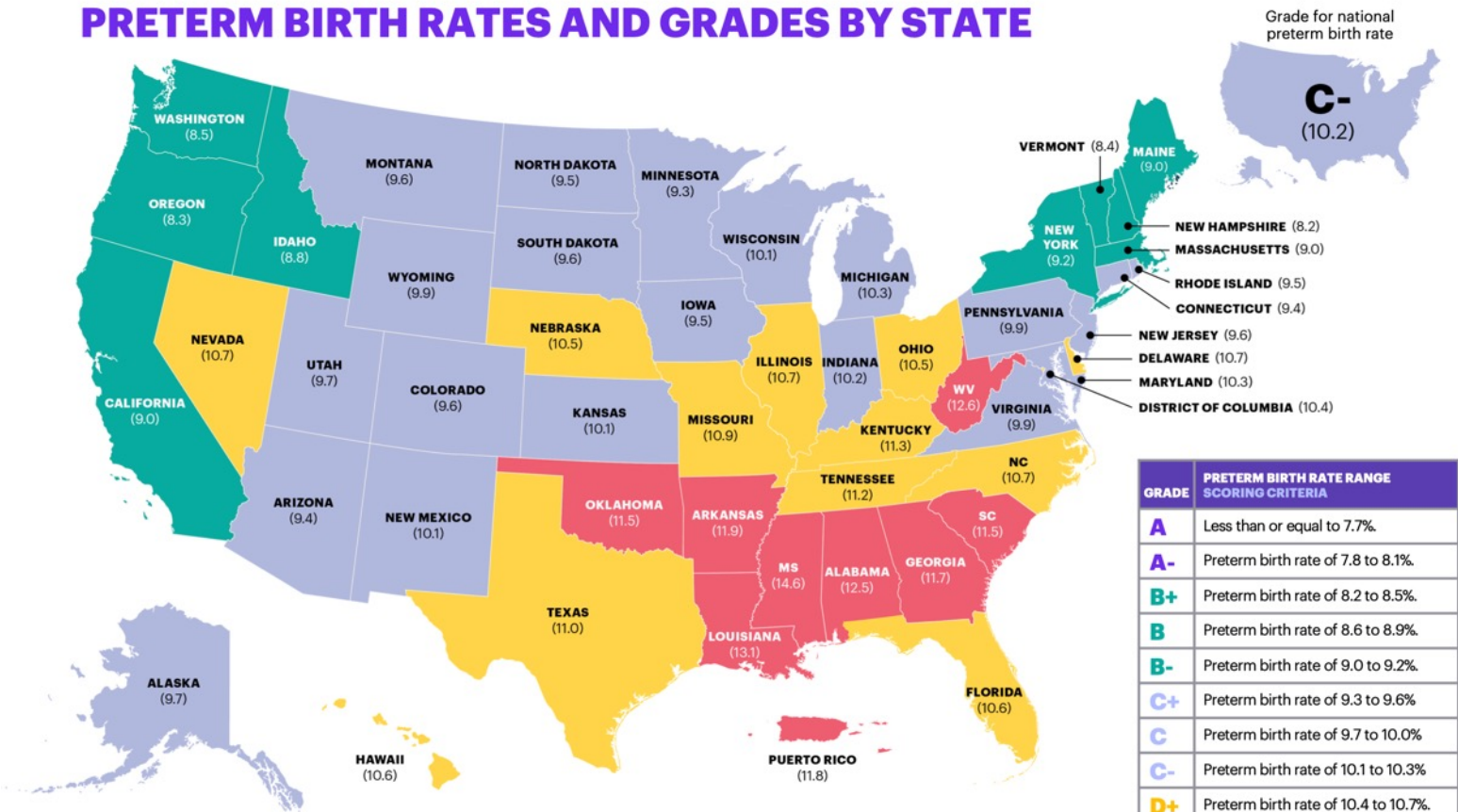
Women of childbearing age live in counties without access or with limited access to maternity care.

MORE THAN
500K

Babies are born to women living in these areas.

WHERE A MOM
LIVES COULD
DETERMINE
IF HER BABY
WILL BE BORN
PRETERM.

PRETERM BIRTH RATES AND GRADES BY STATE

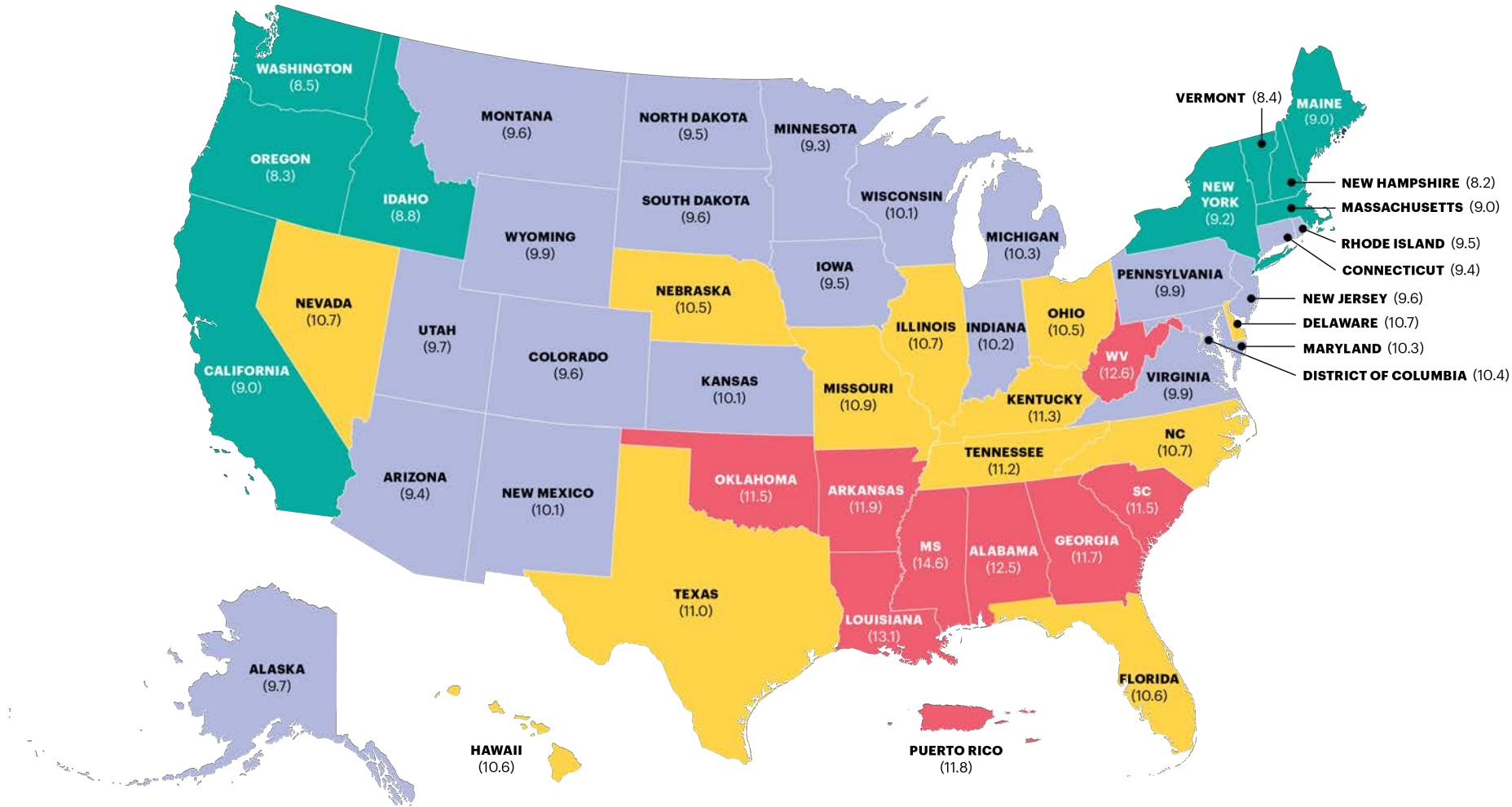


Puerto Rico is not included in the United States total.
Preterm is less than 37 completed weeks of gestation, based on obstetric estimate of gestational age.
Source: Preterm birth rates are from the National Center for Health Statistics, 2019 final natality data.
Grades assigned by March of Dimes Perinatal Data Center.

GRADE	PRETERM BIRTH RATE RANGE SCORING CRITERIA
A	Less than or equal to 7.7%.
A-	Preterm birth rate of 7.8 to 8.1%.
B+	Preterm birth rate of 8.2 to 8.5%.
B	Preterm birth rate of 8.6 to 8.9%.
B-	Preterm birth rate of 9.0 to 9.2%.
C+	Preterm birth rate of 9.3 to 9.6%.
C	Preterm birth rate of 9.7 to 10.0%.
C-	Preterm birth rate of 10.1 to 10.3%.
D+	Preterm birth rate of 10.4 to 10.7%.
D	Preterm birth rate of 10.8 to 11.1%.
D-	Preterm birth rate of 11.2 to 11.4%.
F	Preterm birth rate greater than or equal to 11.5%.

2020 MARCH OF DIMES REPORT CARD

PRETERM BIRTH RATES AND GRADES BY STATE



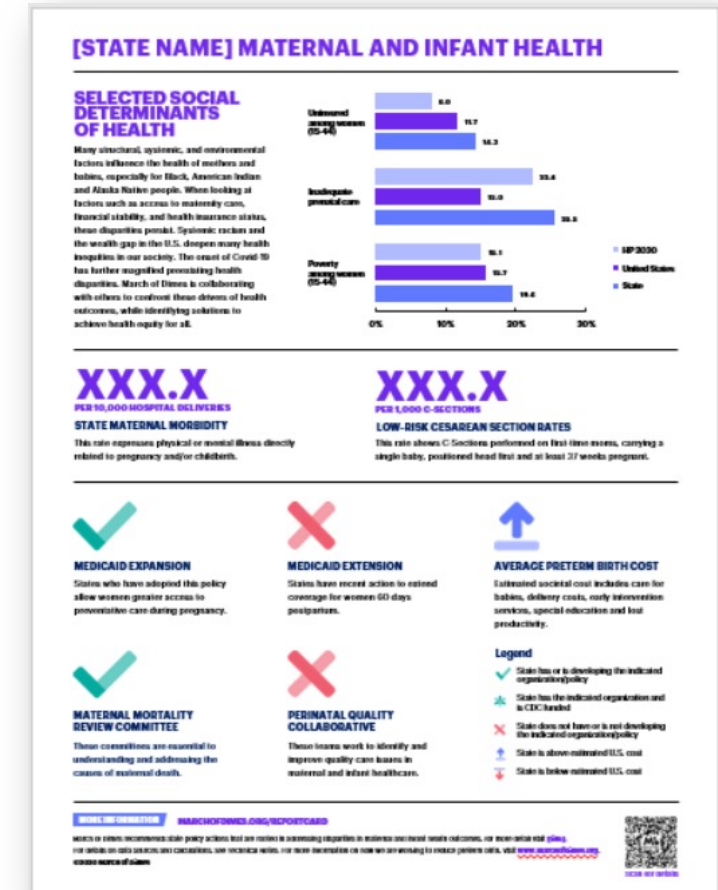
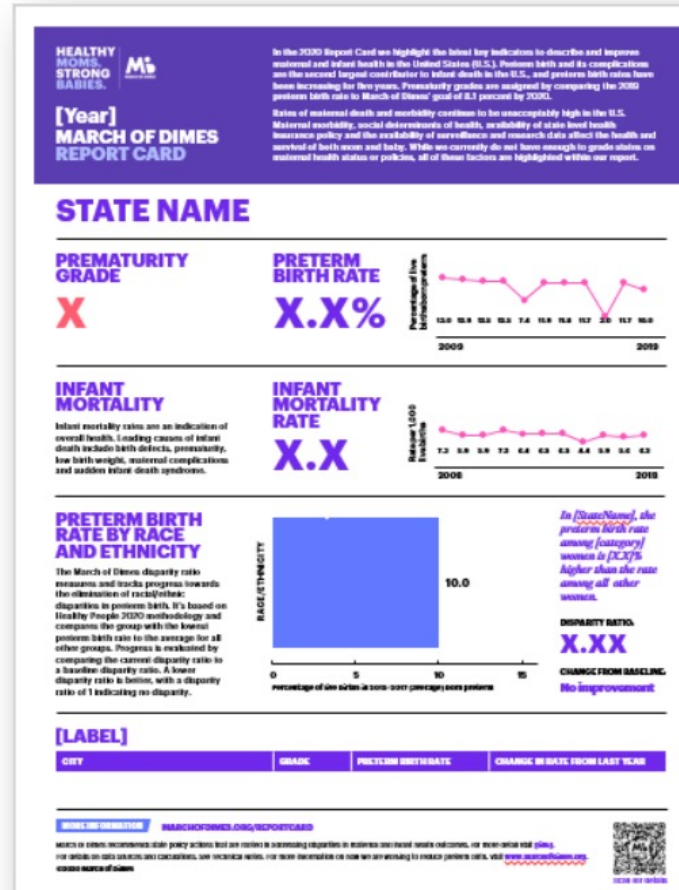
Grade for national preterm birth rate

C-
(10.2)

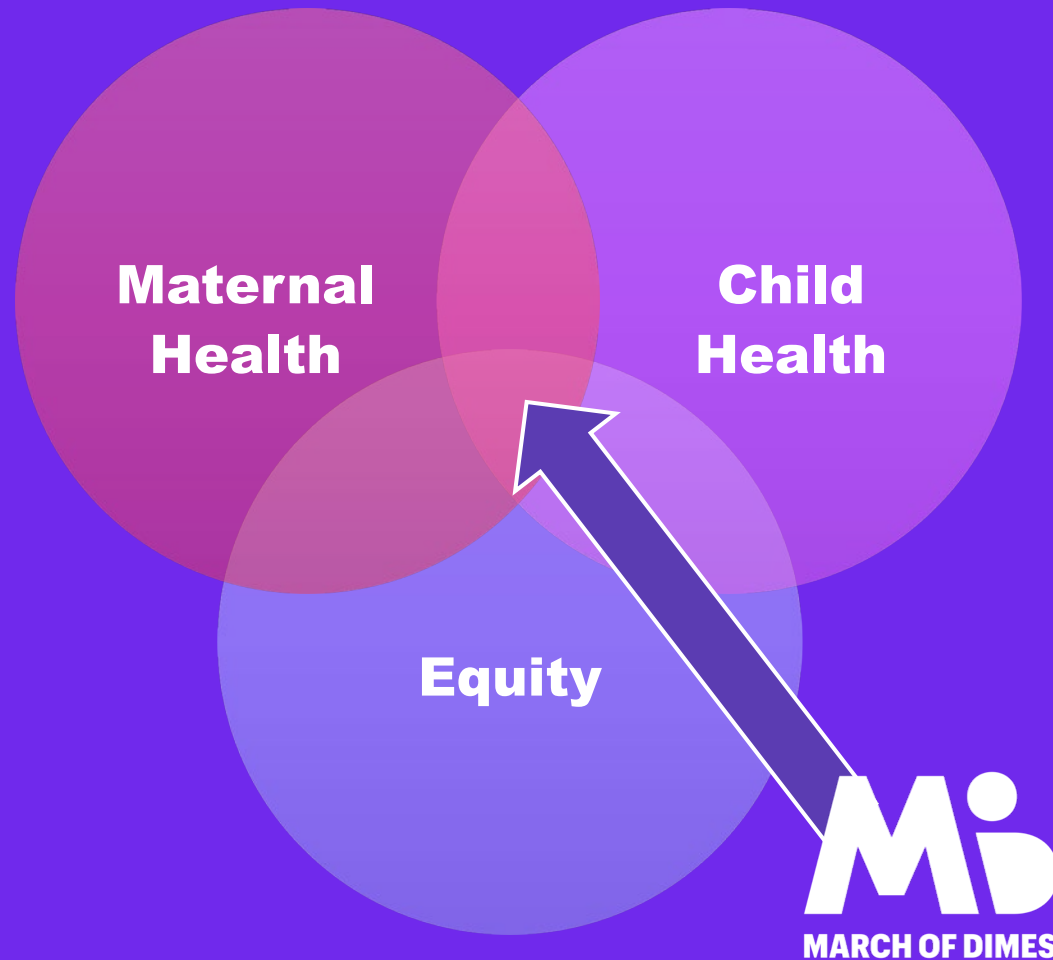
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D+	Preterm birth rate of 10.4 to 10.7%.
D	Preterm birth rate of 10.8 to 11.1%.
D-	Preterm birth rate of 11.2 to 11.4%.
F	Preterm birth rate greater than or equal to 11.5%.

2020 MARCH OF DIMES REPORT CARD

- For the fifth year in a row the preterm birth rate has increased
- The U.S. preterm birth rate rose to 10.2 percent of births in 2019, earning the nation a “C-” grade.
- 27 states have a worse grade as compared to last year, 2 states improved
- Black women have a preterm birth rate that is 14% and 44% higher than the rate among all other women



OUR APPROACH: FOCUS ON THE SWEET SPOT



Goals

- Reduce preventable maternal mortality and morbidity
- Reduce preventable prematurity and infant mortality
- Reduce maternal and child health inequity

ELIMINATING HEALTH INEQUITY

March of Dimes is able to tackle these issues because we provide:



Solutions for maternal and infant health challenges on a national level



Research and dynamic approaches geared toward real impact



Commitment to community investment and national systemic policy reform

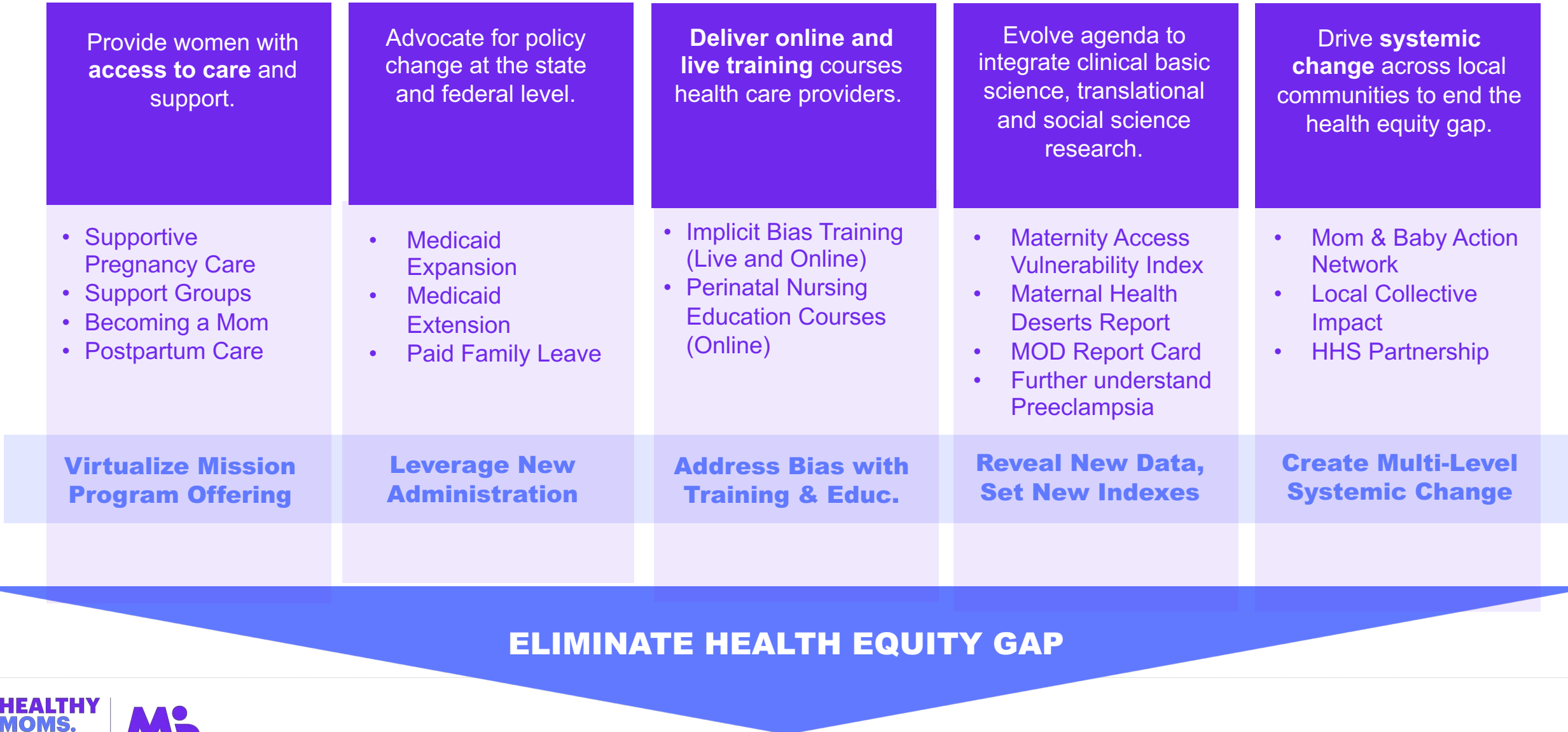
We are committed to leveling the playing field once and for all by:

- Advocating for policies promoting safe and healthy communities
- Engaging partners at the local and national levels
- Seeking answers through social science research
- Improving access to care in every community
- Training health care providers to tackle bias
- Rallying every American around a common goal... health equity for all

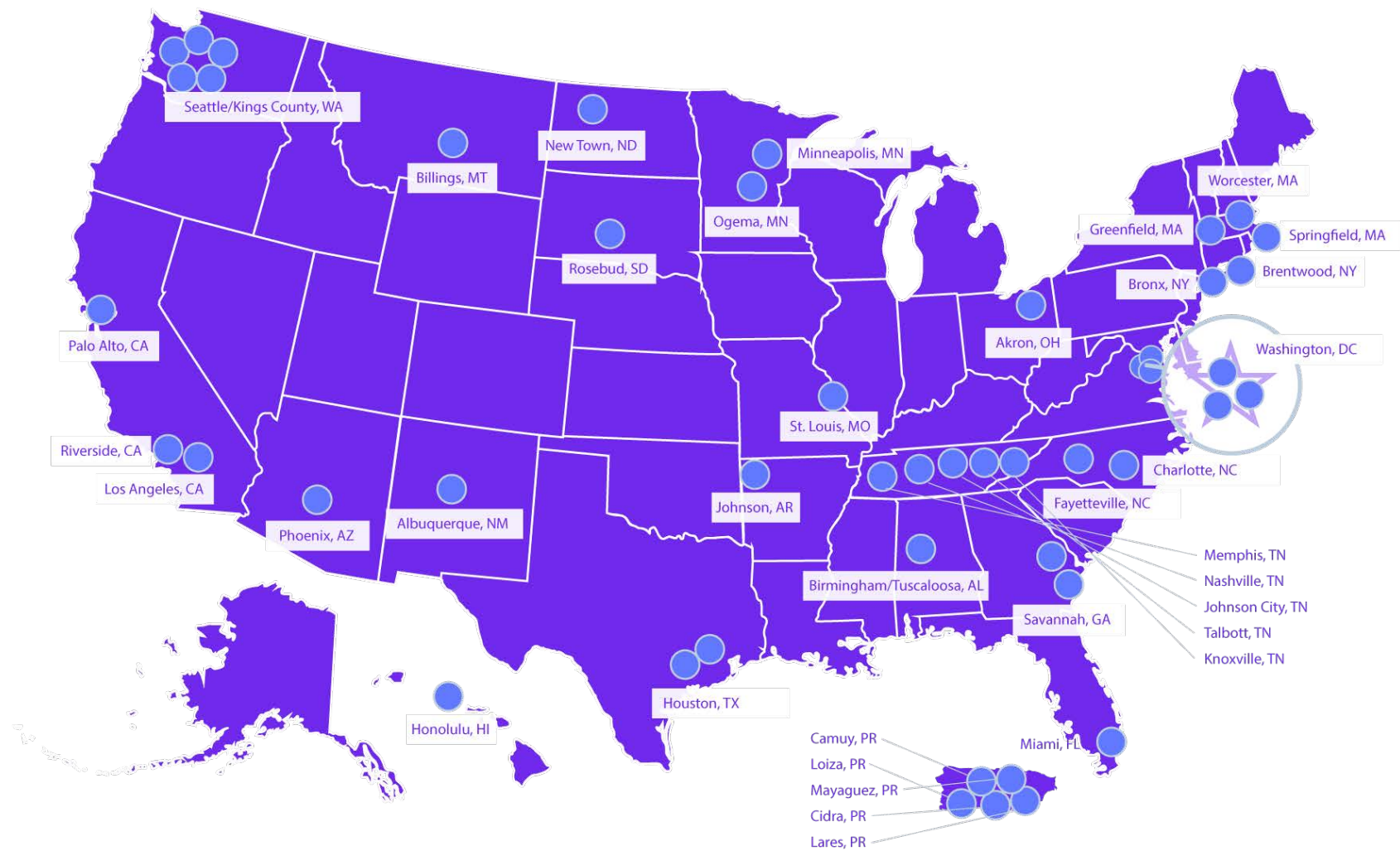


MARCH OF DIMES CLOSING THE HEALTH EQUITY GAP

HEALTH EQUITY STRATEGIC WORK



SUPPORTIVE PREGNANCY CARE SITES



2020 Data



DELIVERING ADVOCACY WINS

- ✓ Advocated for comprehensive legislation to address nation's maternal mortality crisis in the House Energy & Commerce Committee
- ✓ Secured grant funding to convene the Coalition for Optimal and Equitable Maternal Health
- ✓ Led a coalition of public health, patient and provider organizations to promote the reauthorization of the Newborn Screening Saves Lives Act
- ✓ Worked to introduce bipartisan House and Senate legislation that would provide critical pension funding relief to March of Dimes



IMPLICIT BIAS TRAINING FOR MATERNITY CARE PROVIDERS

OBJECTIVE

Increase awareness of implicit bias and stimulate action among maternity care providers to address and remedy impact.

IMPACT

Greater awareness and action to address implicit and explicit bias in maternity care settings.

COMPONENTS

- ✓ Implicit Bias in Maternal Healthcare
- ✓ Structural Racism in the U.S.
- ✓ Strategies to Mitigate Implicit Bias
- ✓ Creating a Culture of Equity

**TOGETHER WE
CAN ACHIEVE
WHAT WE CANNOT
ACHIEVE ALONE.**



The Mom and Baby Action Network is building cross-sector partnerships that invest in, influence and leverage collective action to lead broad changes in policy, research, funding and systems to address the root causes of inequities in maternal and infant health.

March of Dimes serves as the backbone organization, providing technical assistance, guidance, training, tools, resources and communication platforms. We're also an active collaborator and partner directly working to advance programs, research and policies to ensure that every mom and baby is healthy regardless of wealth, race or geography.

VISION

We aim to achieve birth equity by centering the voices and experiences of local communities and mobilizing partners, companies, organizations, subject matter experts, policy makers, advocates and leaders nationally around a common agenda and shared metrics of success. We are anchored by our shared results statement: "All people are healthy before, during and after pregnancy—and if they give birth, they have healthy outcomes."

To learn more about the Network and help move this important collaborative work forward, sign up at [MARCHOFDIMES.ORG/ACTIONNETWORK](https://marchofdimes.org/actionnetwork)

STRATEGY

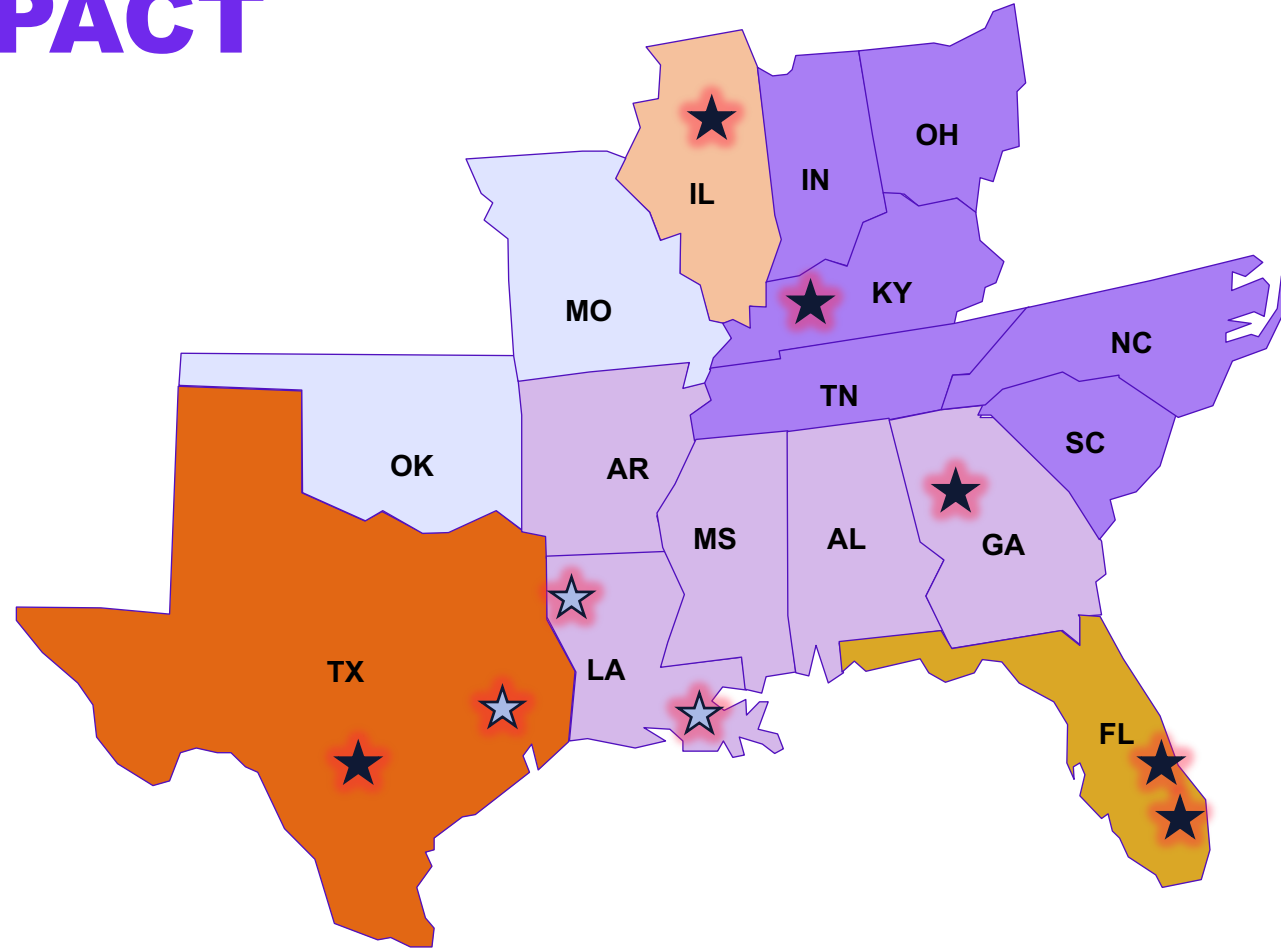
- Build on our Guiding Principles and Birth Equity Consensus Statement developed by the National Prematurity Collaborative.
- Convene action-oriented national workgroups and engage local place-based collaboratives to mobilize and amplify our collective work.
- Use Results-Based Accountability (RBA) and Results-Based Facilitation (RBF) to advance and monitor measurable impact.
- Accelerate implementation of evidence- and community-informed solutions to move these five overarching strategies into action:
 1. Dismantle racism and address unequal treatment
 2. Increase access to high quality, high-value, risk appropriate, integrated health care
 3. Promote environmental justice to limit exposure to environmental toxins
 4. Reduce the burden of and disrupt lifelong economic insecurity
 5. Build safe, supportive and connected communities

- **Transforming the National Prematurity Collaborative**, which was launched in 2016 by March of Dimes with CDC support.
- Engaging **cross-sector partners to invest in, influence, and leverage collective action** to address the **root causes of inequities** in maternal and infant health.
- **Addressing complex, systemic and multi-layered issues** with solutions that are carefully orchestrated to ensure high alignment.
- Leading broad **measurable changes in policy, research, funding and systems**. Together we can achieve what we cannot achieve alone.

COLLECTIVE IMPACT

Our vision is to reduce preterm birth and maternal mortality by using an equity and social determinants lens to improve maternal

- Data-Based
- Results and Action Driven
- Mobilizing populations



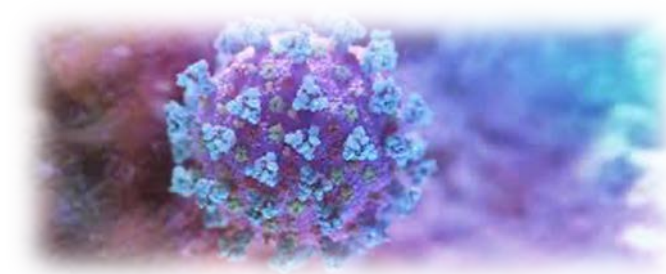
HHS-MARCH OF DIMES PUBLIC-PRIVATE PARTNERSHIP

**Formed in November 2020 to improve
Black maternal health outcomes and
advance racial equity.**

**Our vision: Every black birthing person will
have a safe and respectful birth
experience with access to high-quality
care before, during and after pregnancy.**



PROTECTING MOMS AND BABIES FROM COVID-19



RESOURCES & SUPPORT

EMPOWERING volunteers and their communities involved including making masks and providing meals for our healthcare workers.

PIVOTING our market level activities to support families during COVID-19 including providing blood pressure cuffs for pregnant women, diapers and breastfeeding supplies.



RESEARCH

ENGAGING with researchers to support the inclusion of pregnant and lactating women in trials of medical interventions.

ASSESSING the surveillance activities being conducted in the United States and abroad.

COLLABORATING with academic institutions, the Centers for Disease Control and Prevention, to promote equitable care for all moms and babies.



ADVOCACY

ELEVATING the greatest issues facing moms and babies during COVID-19 to national leaders.

LEADING broad coalitions to promote surveillance activities for pregnant moms and babies.

CONVENING meetings of legislators, their staff, and partners to discuss how to protect moms and babies



CONSUMER EDUCATION

VIRTUALIZING the reach of our NICU Family Support and Supportive Pregnancy Care programs.

ENHANCING our website to include the latest information on COVID-19.

HOSTING live webinars on some of the most important COVID-19 related topics for moms and their families

2020 IMPACT



4 MILLION
BABIES

Born each year received
lifesaving newborn
screening.



19 MILLION
WOMEN

Were reached through our
programs, education and
resources.



150+
STATE LEGISLATIVE BILLS

Were passed to advocate
for the health of moms
and babies.



2,000
MOMS-TO-BE

Were served through
mobile health units to give
health care access to
uninsured families.

Twitter:

@zsakeba

@marchofdimes

Website:

Marchofdimes.org

Email:

zhenderson@marchofdimes.org

Facebook:

Facebook.com/marchofdimes

THANK YOU



Jamarah Amani

Co-founder, National Black Midwives Alliance



SMFM Advocacy & Policy Initiatives

Christina J. Wurster, MBA, CAE
Chief Executive Officer



Society for
Maternal • Fetal
Medicine

About Us



Mission:

SMFM supports the clinical practice of maternal-fetal medicine by providing education, promoting research, and engaging in advocacy to optimize health of high-risk pregnant women and their babies.

Advocacy:

The interests of maternal-fetal medicine professionals and their patients are protected and strengthened.



Society for
Maternal • Fetal
Medicine

Key Initiatives for Discussion



1. COVID response and overcoming vaccine hesitancy.
2. Maternal Mortality Scorecard – advocacy at the National and State levels.

COVID-19 Response

www.smfm.org/covid19



SMFM has developed resources to support both HCPs, Patients and Families.

- Publications and Clinical Suggestions
- Online Learning Opportunities for Clinicians
- Coding Guidance for Healthcare Providers
- Advocacy Efforts for MFMs & Their Patients
- Information for Women & Families
- Partner Resources
- Registries and Research

STRATEGIES TO PROVIDE EQUITABLE CARE DURING COVID-19

Health Equity, Defined

When **every person** has the opportunity to attain their **full health potential**. When **no one** is **disadvantaged** from achieving this potential because of social position or other socially determined circumstances.

Equality



Equity



Justice



Why Racism is Important in COVID-19

Racism

Social Determinants of Health
including access to healthcare, food, housing, and education

Co-Morbid Conditions

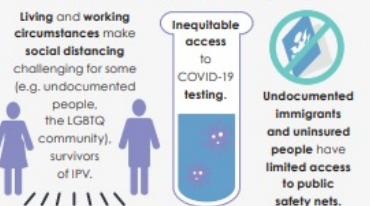
COVID-19 Incidence & Outcomes

IMPACTS

Emerging Inequities in COVID-19



COVID-Specific Threats to Health Equity



Challenges Accessing Telehealth

To accommodate social distancing, many health care services are being offered via computer or telephone. Yet, some people may have difficulty accessing services this way (e.g. people with disabilities or people without broadband internet access).

Stress, time constraints, fatigue and fear

increase the risk of biased behavior among health care providers and among the general public.

STRATEGIES

Confront Bias with Proven Upstander Techniques

Direct

Directly address biased behavior. Advise the person that their behavior is biased or ask them to clarify their meaning/intent.

Distract

Disrupt a biased interaction by mentioning or doing something unrelated. Consider using when there is a concern for violence.

Delegate

Ask another person to help you address the biased behavior

Delay

Wait until a safer/more appropriate time then address biased behavior

Increase Access to Community-Based Testing

Design and Conduct Studies with Community Input and Participation from Inception



"Nothing about us without us"

Advocate: Ask policymakers to ensure that **all pregnant people have access to care**, that **health care workers have the resources they need to stay safe**, and that **pregnant people are included in COVID-19 research**.

Provide Equitable Care

- ☐ Recognize racism is at the root of inequities
- ☐ Screen for social determinants of health
- ☐ Ask about:
 - ability to safely social distance
 - availability of cleaning supplies
 - access to internet/data for virtual visits
 - Screen more frequently for IPV and safety
- ☐ Identify key community resources:
 - Food banks or pantries
 - Housing assistance
 - Infection mitigation supplies (e.g. masks, sanitizer)
 - Intimate partner violence services
- ☐ Provide information in the language that your patient speaks, reads, or understands.
- ☐ Increase capacity for care for vulnerable populations (i.e. increase provider, nursing, social service resources)

Remain Vigilant in Collecting Clinical, Quality & Safety Metrics

Data should be stratified by age, race, ethnicity, gender/gender identity, payor, employment status, and preferred language.

Collect **COVID-specific outcomes** such as **testing access** and **hospitalization rates**.

For more information, visit [SMFM.org/COVID19](https://www.sfm.org/COVID19)



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Guidance on COVID-19 Vaccines



SMFM has continued to stress that COVID-19 vaccines authorized by the FDA should NOT be withheld from pregnant individuals who choose to receive the vaccine.

- Overcoming misconceptions
- Evidence is building
- Support shared decision-making
- V-safe pregnancy registry = real-world evidence

Patient Education

www.highriskpregnancyinfo.org/



[Home](#)

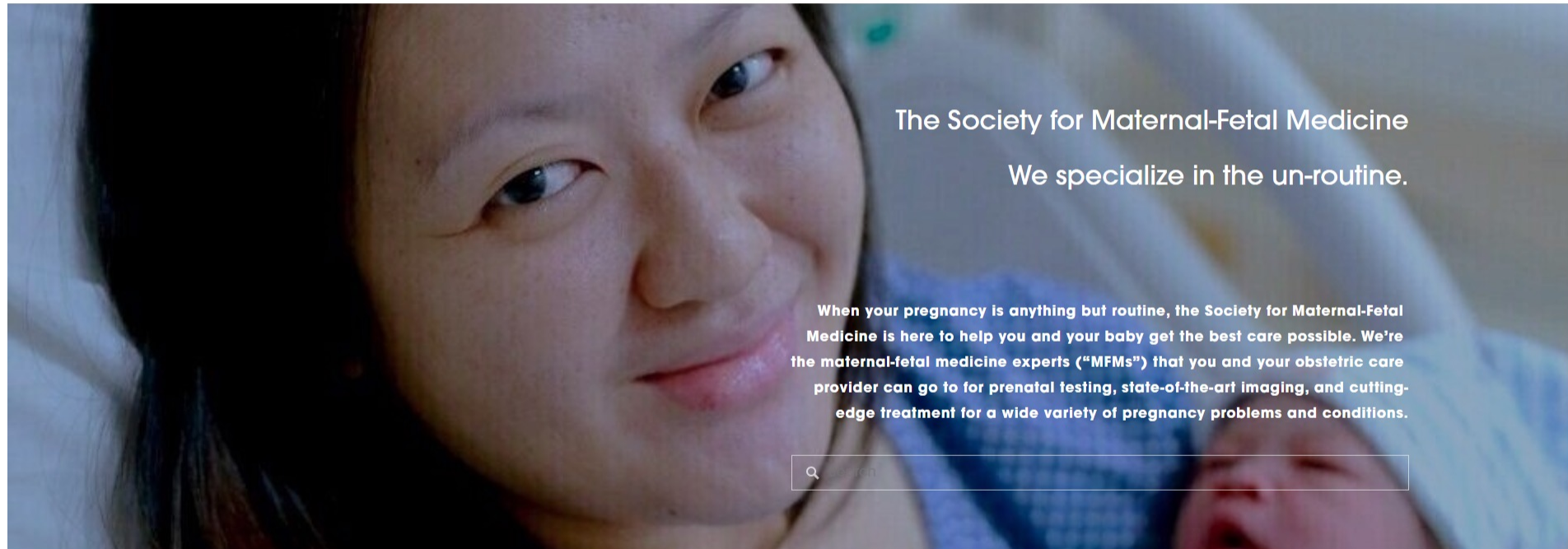
[High-Risk Pregnancy](#)

[Birth Control](#)

[Vaccines](#)

[Support Groups](#)

[Español](#)



Maternal Mortality Scorecard

www.smfm.org/scorecard/2020



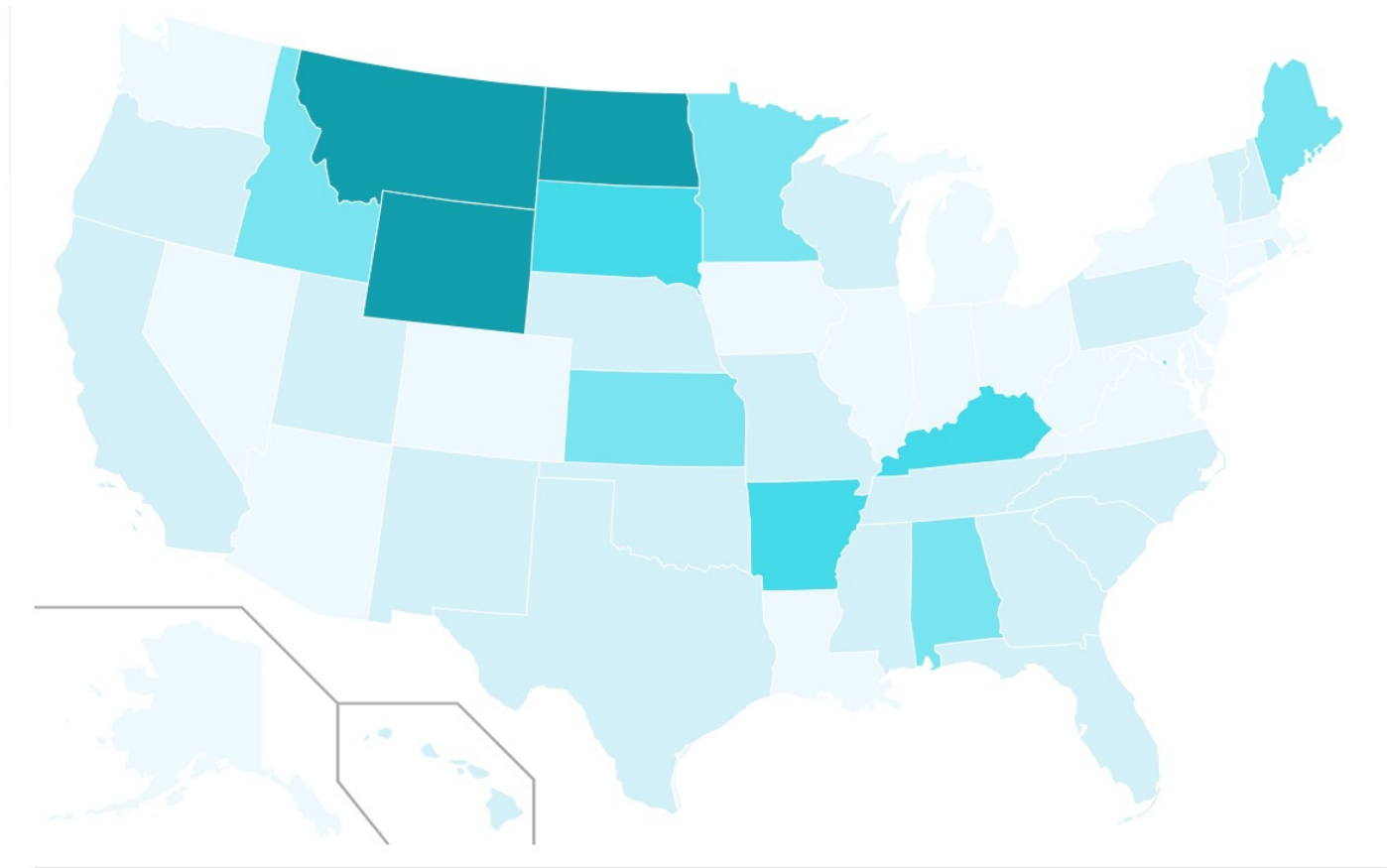
SMFM has identified five important ways that states are addressing the rising rates of maternal mortality:

- establishment of maternal mortality review committees;
- establishment of perinatal quality collaboratives;
- expansion of Medicaid;
- reporting of data stratified by race and ethnicity; and
- participation in the Alliance for Innovation on Maternal Health (AIM) program.



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Medicine

The map showcases states that have implemented these system-level changes.



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Medicine

SMFM examined five criteria related to maternal mortality for each state and the District of Columbia. States that met all five of the criteria are the lightest shade on the map; those states that met none of the criteria are the darkest. Learn more about the sources and [methodology](#) behind scorecard.





Society for
Maternal•Fetal
Medicine

If you have any questions, please contact:

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Chief Executive Officer
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O: (202) 517-6585 M: (856) 577-8899
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Twitter: @cwurster23

Postpartum Medicaid Extension – A Foundational Tool to Improve Maternal Health Outcomes

Alyson K. Northrup, MS
Associate Director, Public Policy & Government Affairs
Association of Maternal & Child Health Programs
anorthrup@amchp.org

June 11, 2021



All the “Mom” Bills

American Rescue Plan Act
BABIES Act
Black Maternal Health Momnibus Act
Connected MOM Act
Data Mapping to Save Moms’ Lives Act
Data to Save Moms Act
Justice for Incarcerated Moms Act
Healthy MOM Act
Helping MOMS Act
IMPACT to Save Moms Act
Kira Johnson Act
Maternal CARE Act
Maternal Health Pandemic Response Act
Maternal Health Quality Improvement Act
Maternal Immunization Enhancement Act
Maternal Vaccination Act

Midwives for MOMS Act
MOMMA’s Act
MOMMIES Act
MOMS Act
Moms Matter Act
Oral Health for Moms Act
Perinatal Workforce Act
Protecting Moms and Babies Against
Climate Change Act
Protecting Moms Who Served Act
Rural MOMS Act
Social Determinants for Moms Act
Supporting Best Practices for Healthy
Moms Act
Stephanie Tubbs Jones Uterine Fibroid
Research and Education Act
Tech to Save Moms Act

Key Topics in Federal Maternal Health Bills

Improving data collection

Improving health care coverage

Improving access to care

Improving maternity care

Growing and diversifying the perinatal workforce

Addressing the social determinants of maternal health

Why Extending Postpartum Medicaid Coverage Matters

Medicaid
covered 43
percent of births
in the U.S. in
2018.

Source: [MACPAC, 2020](#)

Why Extending Postpartum Medicaid Coverage Matters

Medicaid covered an even larger share of births among non-Hispanic Black pregnant individuals (66%) and Indigenous pregnant individuals (67%) in 2018.

Source: [MACPAC, 2020](#)



Why Extending Postpartum Medicaid Coverage Matters

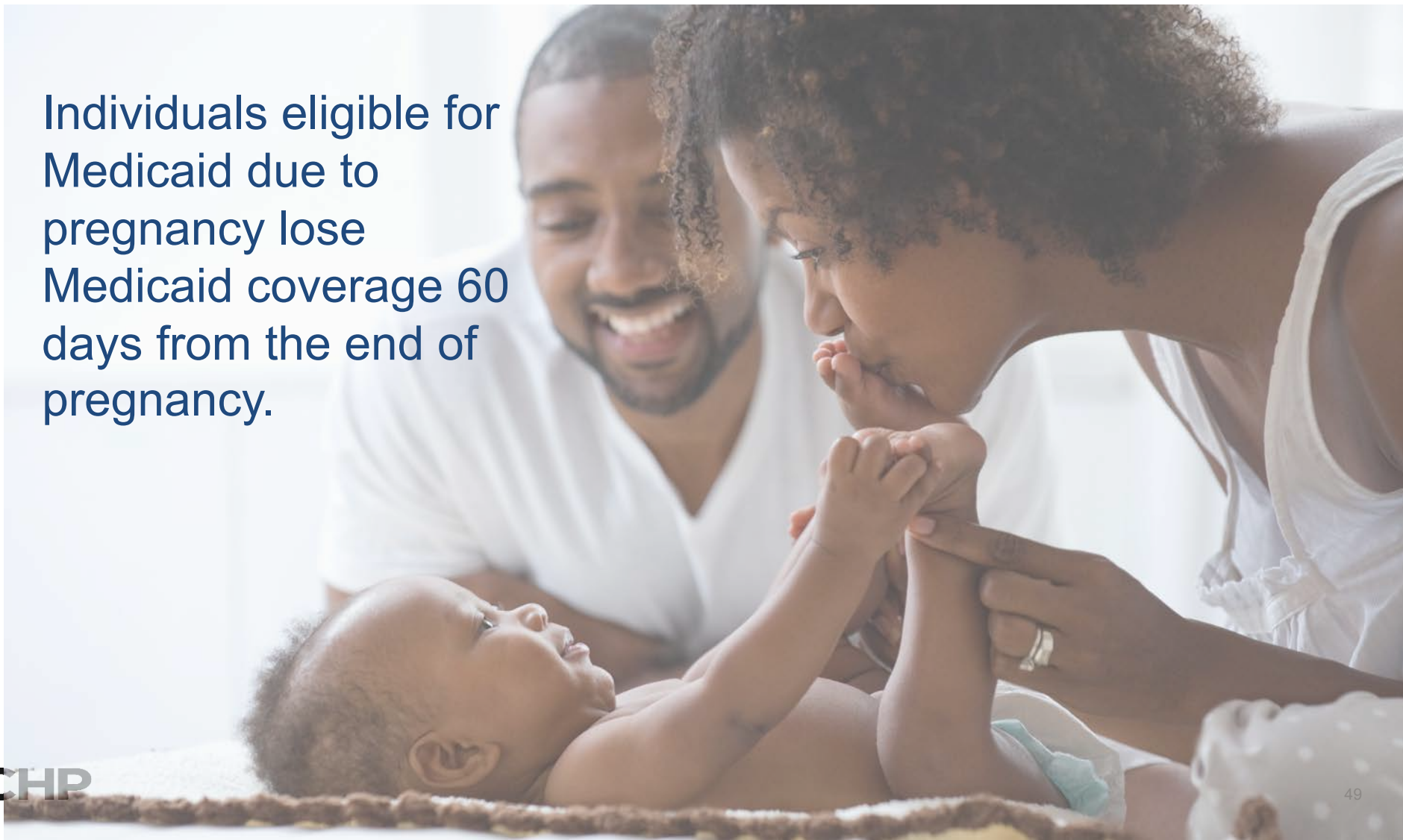
Non-Hispanic Black and Indigenous individuals experience significantly higher rates of pregnancy-related mortality compared to white individuals.

Source: [CDC Pregnancy Mortality Surveillance System](#)



Why Extending Postpartum Medicaid Coverage Matters

Individuals eligible for Medicaid due to pregnancy lose Medicaid coverage 60 days from the end of pregnancy.



Why Extending Postpartum Medicaid Coverage Matters

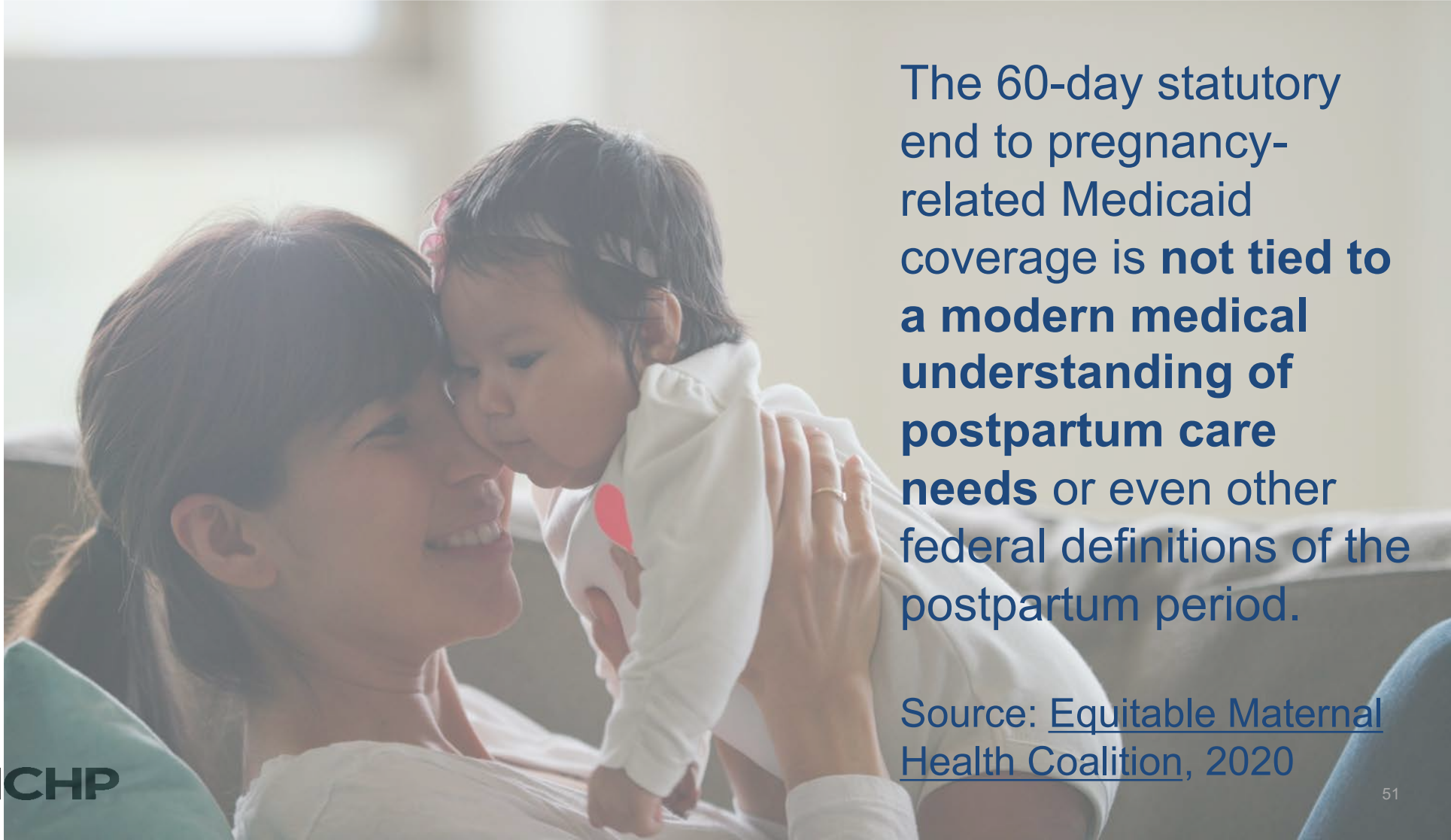
More than 1 in 10 individuals experience uninsurance between delivery and 3-6 months postpartum.

In Medicaid non-expansion states, 1 in 4 individuals experience uninsurance in that timeframe.

Source: [Daw, J. et. al., 2019](#)



Why Extending Postpartum Medicaid Coverage Matters



The 60-day statutory end to pregnancy-related Medicaid coverage is **not tied to a modern medical understanding of postpartum care needs** or even other federal definitions of the postpartum period.

Source: [Equitable Maternal Health Coalition](#), 2020

Why Extending Postpartum Medicaid Coverage Matters

Disruption in insurance coverage poses challenges for care coordination and can lead to delayed or forgone care, out-of-pocket costs, and missed prevention opportunities.

Source: Taylor, J., 2020



Why Extending Postpartum Medicaid Coverage Matters



Nearly 12 percent of pregnancy-related deaths from 2011-2015 occurred between 43-365 days postpartum.

Source: CDC *Vital Signs*, 2019

Why Extending Postpartum Medicaid Coverage Matters



Several state analyses of pregnancy-related deaths found that 50 percent of more of deaths occur beyond 60 days postpartum.

Source: Equitable Maternal Health Coalition, 2020

Why Extending Postpartum Medicaid Coverage Matters

Cardiomyopathy is the leading cause of pregnancy-related death in the later postpartum period and a leading cause of death among Black women.

Source: CDC [Vital Signs](#), 2019



Why Extending Postpartum Medicaid Coverage Matters

The majority of pregnancy-related deaths are preventable.

Source: CDC [Vital Signs](#), 2019

Why Extending Postpartum Medicaid Coverage Matters

State maternal mortality review committees identify Medicaid extension to 12 months postpartum as a strategy to prevent future pregnancy-related deaths.

Source: CDC *Vital Signs*, 2019



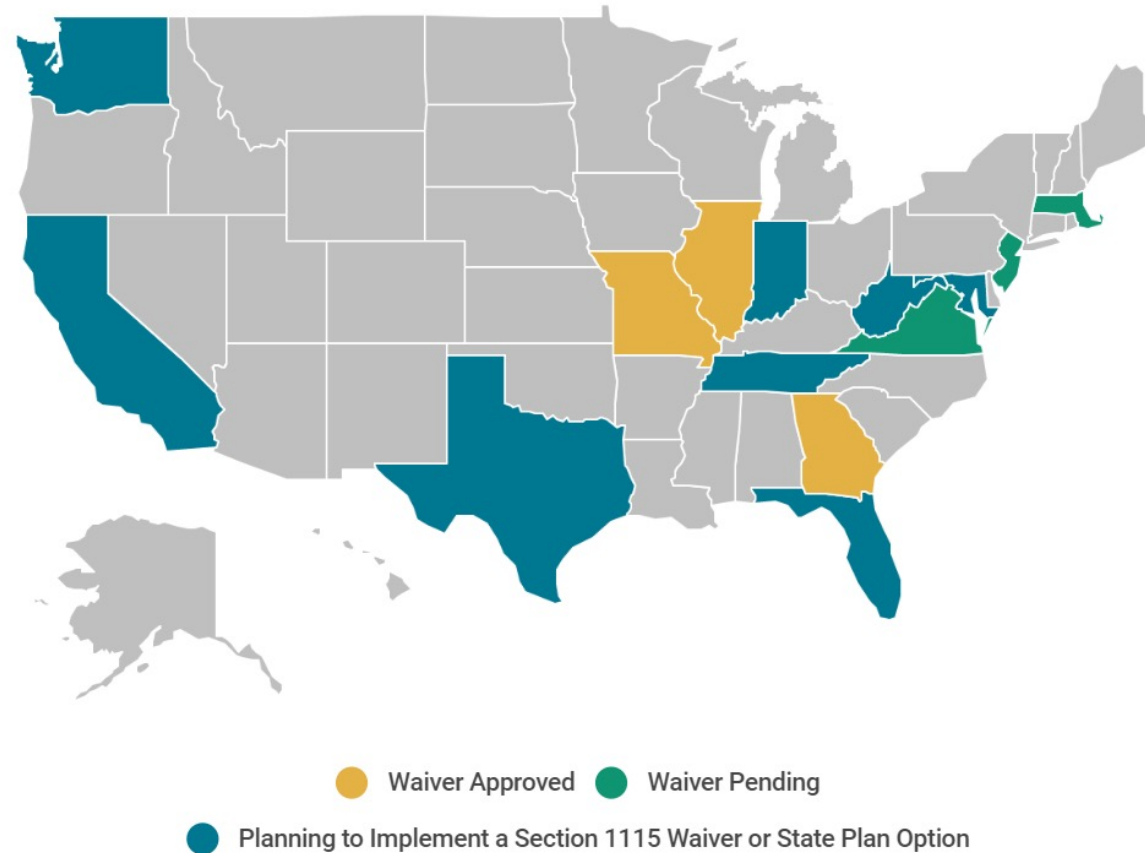
Federal Proposals to Extend Postpartum Medicaid Coverage

	<i>American Rescue Plan Act</i>	Helping MOMS Act	Healthy MOM Act	MOMMA's Act	MOMMIES Act
Status	<i>Enacted March 2021</i>	Introduced	Introduced	Introduced	Introduced
Coverage extension	<i>12 months</i>	12 months	12 months	12 months	12 months
Approach to states	<i>State option</i>	State option	Mandatory	Mandatory	Mandatory
Policy timeframe	<i>5 years</i>	Permanent	Permanent	Permanent	Permanent
Federal matching rate	<i>Standard</i>	5% increase for 1 year	Standard	100% for 5 years; 90% thereafter	100% indefinitely
Bipartisan?	<i>No</i>	Yes	No	No	No

Current Pathways to Extend Postpartum Medicaid Coverage

	State Plan Amendment	Section 1115 Waiver	State-only funding
Coverage extension	12 months	Variable	Variable
Covered benefits	Comprehensive	Variable	Variable
Policy timeframe	5 years	Typically 5 years	Up to the state
Federal match	Standard rate	Standard rate	None
Effective Date	April 1, 2022	1 st waivers approved April 2021	Up to the state

State Activity to Extend Postpartum Medicaid Coverage



Source: [ACOG](#), 2021



Thank You!
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From Supporting Role to Leading Role: Sharing Mom Stories

Natasha Bonhomme | *Founder of Expecting Health*



**At Expecting Health we have a strong
passion for bridging scientific
information with the everyday
realities of parenting experiences and
family lives.**

What We Do



Provide actionable, relatable science: bridge science-based information with health literacy to create relevant, accessible, and actionable messaging.



Advocacy: work with legislators, org leaders, and other decision makers to ensure that policy, funds, and guidance matches the needs of community & trusted partners.



Coalition building and convening: lead collaboration between scientists, health providers, and the people affected by their decisions through trainings and technical assistance



Create trainings, connection, and technical assistance: increase capacity and build skills across multi-stakeholder partners.



Climate Change Tied to Pregnancy Risks, Affecting Black Mothers Most

The Impact of Disparities on Children's Health

Differences in access to medical care and treatment contribute to
at least hurt minority children.

Health

**Mortality rate for Black babies is cut
dramatically when Black doctors care
for them after birth, researchers say**

**How Police Killings Might Be
Affecting Preterm Birth**

Making Moms The Main Character



**I survived childbirth during three
pandemics – COVID, racism, Black
maternal health crisis**

*“Yet even with these
privileges and knowledge, I
wasn’t prepared to face the
possibility of my own
premature death, because
birthing during the three
pandemics of COVID-19,
anti-Black violence, and the
Black maternal health crisis
meant that **I had to reckon
with my own mortality at
the very moment I
celebrated new life**”*

–Jallicia A. Jolly



From perspectives

To partners

Focus groups

*Community-based
participatory research*

Advisory Committees

Feedback loops

Interviews

Surveys

Consulting Groups



An Alliance of Support



Stay Connected.

Natasha Bonhomme

Founder

nbonhomme@expectinghealth.org



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MORE SUPPORT. MORE GUIDANCE. BETTER HEALTH

Panelists:

Q&A

- Dr. Zsakeba Henderson, Deputy Chief Medical & Health Officer, *March of Dimes*
- Jamarah Amani, Co-Founder, *National Black Midwives Alliance*
- Christina Wurster, CEO, *Society for Maternal & Fetal Medicine*
- Alyson Northrup, Associate Director for Government Affairs, *Association of Maternal & Child Health Programs*
- Natasha Bonhomme, Founder, *Expecting Health*

Health Advisory Council

Member Round Robin

Please Raise Your Hand

