

State of Maternal Health Commission on Race and Access to Opportunity

Edward Miller MD

Division Director Maternal Fetal Medicine

UofL Health

No Disclosures

~~DISCLOSURE~~

Objectives

Review of Maternal health in Kentucky and the development on consensus for the need for bold action

```
graph TD; A[Review of Maternal health in Kentucky and the development on consensus for the need for bold action] --> B[Review of MMRC Data]; B --> C[Discussion of policy that can improve Maternal Health in the Commonwealth];
```

Review of MMRC Data

Discussion of policy that can improve Maternal Health in the Commonwealth

Health Equity Attainment

Health equity is achieved when everyone can reach their full health potential, and no one is disadvantaged from this potential due to socially determined circumstances, constructs, or positions. Healthcare must examine its role in creating, perpetuating, and correcting systemic inequities and biases in the healthcare delivery system to achieve equitable outcomes and anti-racist clinical encounters.



Social Determinants of Health

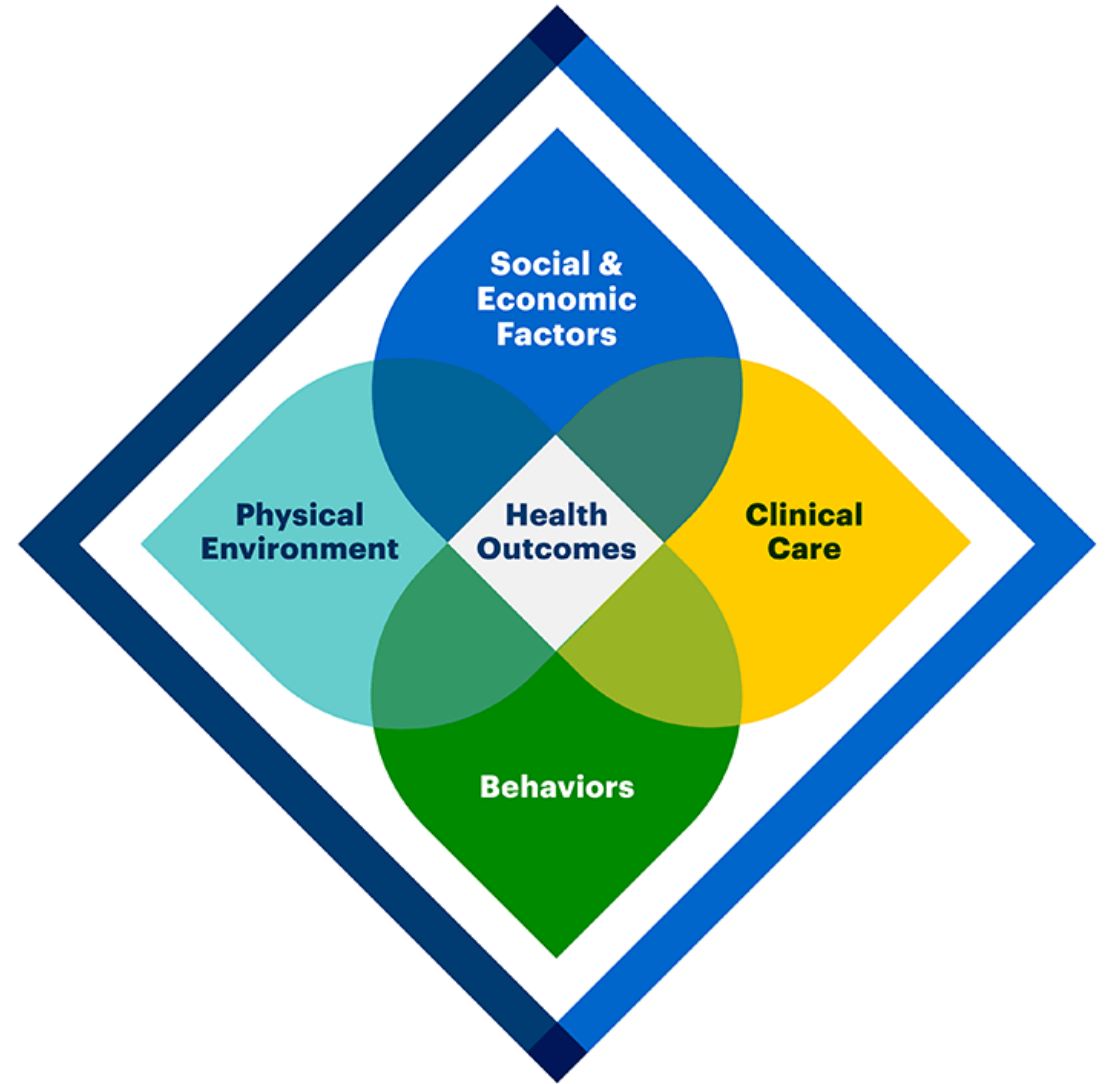


Drivers of Health Disparities and inequities

1. Economic Instability
2. Neighborhood and physical environment
3. Education
4. Food
5. Community Safety and Social Context
6. Health care system and health literacy

80% of a person's health outcomes are influenced by these factors, rather than the medical care that they receive, or we provide.

Health Outcomes are Multifactorial



PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
 Paper Version of PRAPARE for Implementation As of September 2, 2016

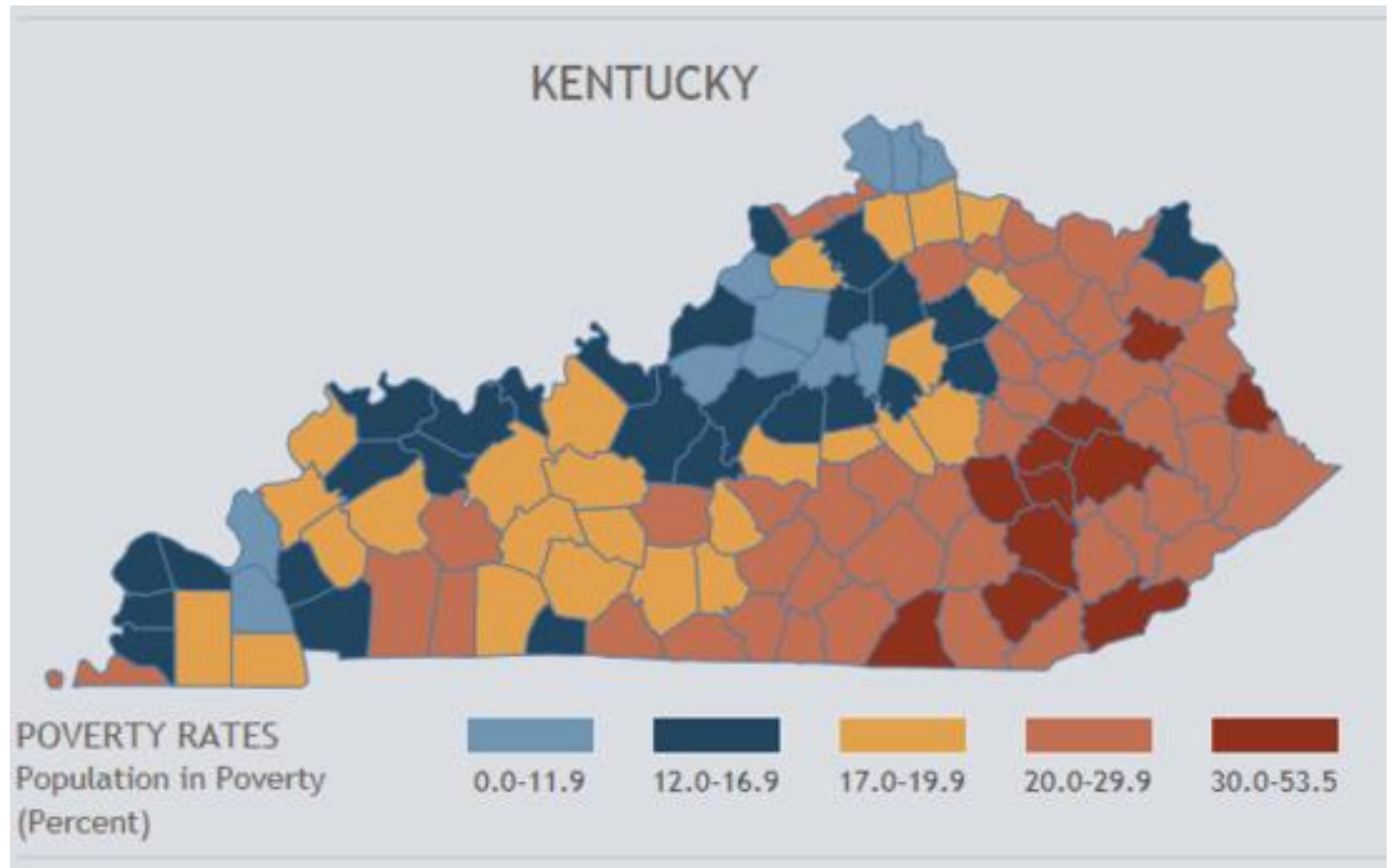
Personal Characteristics		7. What is your housing situation today?																
1. Are you Hispanic or Latino?		<input type="checkbox"/> I have housing <input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) <input type="checkbox"/> I choose not to answer this question																
Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question <input type="checkbox"/>		8. Are you worried about losing your housing?																
2. Which race(s) are you? Check all that apply.		Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question <input type="checkbox"/>																
<table border="1"> <tr><td>Asian</td><td>Native Hawaiian</td></tr> <tr><td>Pacific Islander</td><td>Black/African American</td></tr> <tr><td>White</td><td>American Indian/Alaskan Native</td></tr> <tr><td colspan="2">Other (please write):</td></tr> <tr><td colspan="2"><input type="text"/></td></tr> <tr><td colspan="2">I choose not to answer this question <input type="checkbox"/></td></tr> </table>		Asian	Native Hawaiian	Pacific Islander	Black/African American	White	American Indian/Alaskan Native	Other (please write):		<input type="text"/>		I choose not to answer this question <input type="checkbox"/>		9. What address do you live at?				
Asian	Native Hawaiian																	
Pacific Islander	Black/African American																	
White	American Indian/Alaskan Native																	
Other (please write):																		
<input type="text"/>																		
I choose not to answer this question <input type="checkbox"/>																		
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?		Street: _____																
Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question <input type="checkbox"/>		City, State, Zipcode: _____																
4. Have you been discharged from the armed forces of the United States?		Money & Resources																
Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question <input type="checkbox"/>		10. What is the highest level of school that you have finished?																
5. What language are you most comfortable speaking?		<table border="1"> <tr><td>Less than high school degree</td><td>High school diploma or GED</td></tr> <tr><td>More than high school</td><td>I choose not to answer this question</td></tr> </table>		Less than high school degree	High school diploma or GED	More than high school	I choose not to answer this question											
Less than high school degree	High school diploma or GED																	
More than high school	I choose not to answer this question																	
<table border="1"> <tr><td>English</td></tr> <tr><td>Language other than English (please write)</td></tr> <tr><td><input type="text"/></td></tr> <tr><td>I choose not to answer this question <input type="checkbox"/></td></tr> </table>		English	Language other than English (please write)	<input type="text"/>	I choose not to answer this question <input type="checkbox"/>	11. What is your current work situation?												
English																		
Language other than English (please write)																		
<input type="text"/>																		
I choose not to answer this question <input type="checkbox"/>																		
Family & Home		<table border="1"> <tr><td>Unemployed</td><td>Part-time or temporary work</td><td>Full-time work</td></tr> <tr><td colspan="3">Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)</td></tr> <tr><td colspan="3">Please write:</td></tr> <tr><td colspan="3"><input type="text"/></td></tr> <tr><td colspan="3">I choose not to answer this question <input type="checkbox"/></td></tr> </table>		Unemployed	Part-time or temporary work	Full-time work	Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)			Please write:			<input type="text"/>			I choose not to answer this question <input type="checkbox"/>		
Unemployed	Part-time or temporary work	Full-time work																
Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)																		
Please write:																		
<input type="text"/>																		
I choose not to answer this question <input type="checkbox"/>																		
6. How many family members, including yourself, do you currently live with? _____		12. What is your main insurance?																
I choose not to answer this question <input type="checkbox"/>		<table border="1"> <tr><td>None/uninsured</td><td>Medicaid</td></tr> <tr><td>CHIP/Medicaid</td><td>Medicare</td></tr> <tr><td>Other public insurance (not CHIP)</td><td>Other Public Insurance (OSIP)</td></tr> <tr><td>Private insurance</td><td></td></tr> </table>		None/uninsured	Medicaid	CHIP/Medicaid	Medicare	Other public insurance (not CHIP)	Other Public Insurance (OSIP)	Private insurance								
None/uninsured	Medicaid																	
CHIP/Medicaid	Medicare																	
Other public insurance (not CHIP)	Other Public Insurance (OSIP)																	
Private insurance																		



OVERVIEW

The main challenge our organization faces is lack of available resources in our service areas. Several of Juniper Health's service areas were affected by the historic flooding in July 2022. Our service area in Breathitt County was hit hard by the flood, which destroyed a food pantry and several churches that provided resources to the community. Overall, the natural disaster created a larger need for resources than this area can provide.

Disparities exist in poverty rates in Kentucky



Impact of poverty on Maternal Health

Maternal mortality: Women living in more impoverished areas have a higher risk of maternal death. For example, women in middle- and high-poverty areas are 60% and 100% more likely to die, respectively, than women in low-poverty areas.

Pregnancy complications: Poverty can increase the risk of pregnancy and birth complications.

Low birth weight: Poverty during pregnancy can lead to lower birth weight.

Malnutrition: A lack of fruits and vegetables during pregnancy can lead to deficiencies in micronutrients that are important for fetal development. This can lead to health issues in children, such as obesity, diabetes, and heart disease.

Mental health: Poverty can affect maternal mental health, and loss of a child can increase the risk of developing mental illness.

Access to healthcare: Women from lower socioeconomic backgrounds may have limited access to healthcare.

Stress: Women from lower socioeconomic backgrounds may experience higher stress levels.

Health Care Disparities in the Commonwealth of Kentucky

- **Ranks #1** cancer deaths
with 185.7 per 100,000 people.
- **Ranks #3** adults overweight/obese
- With 72% of adults self-reporting
- **Ranks #4** drug overdoses
with 37.2 per 100,000 people.
- **Ranks #9** heart disease deaths
with 195.9 per 100,000 people.
- **Ranks #13** liver related deaths
with 12.8 per 100,000.
- **Ranks #21** suicides
with 16.9 per 100,000 people.

Cancer in the Commonwealth

States with the Highest Cancer Rates

Average U.S. National Cancer Rate = 436



Average annual new cancer cases per 100,000 people

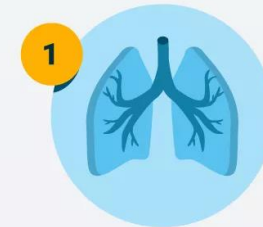
1 Kentucky	503.4	6 Nebraska	477.7
2 Louisiana	486.6	7 Iowa	475.7
3 Arkansas	486.4	8 New York	472.2
4 West Virginia	484.3	9 Mississippi	471.4
5 New Jersey	479.9	10 Maine	465.8

Cancer in the Commonwealth

Compared to the rest of the United States, Kentucky has the:



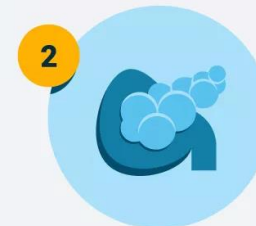
Highest
cancer rate



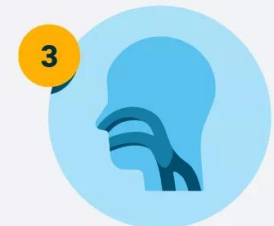
Highest
lung cancer rate



Second-highest
colon cancer rate



Second-highest
pancreatic cancer rate



Third-highest
laryngeal cancer rate

But Kentucky also has the
fifth-lowest rate of ovarian cancer

Cancer in the Commonwealth

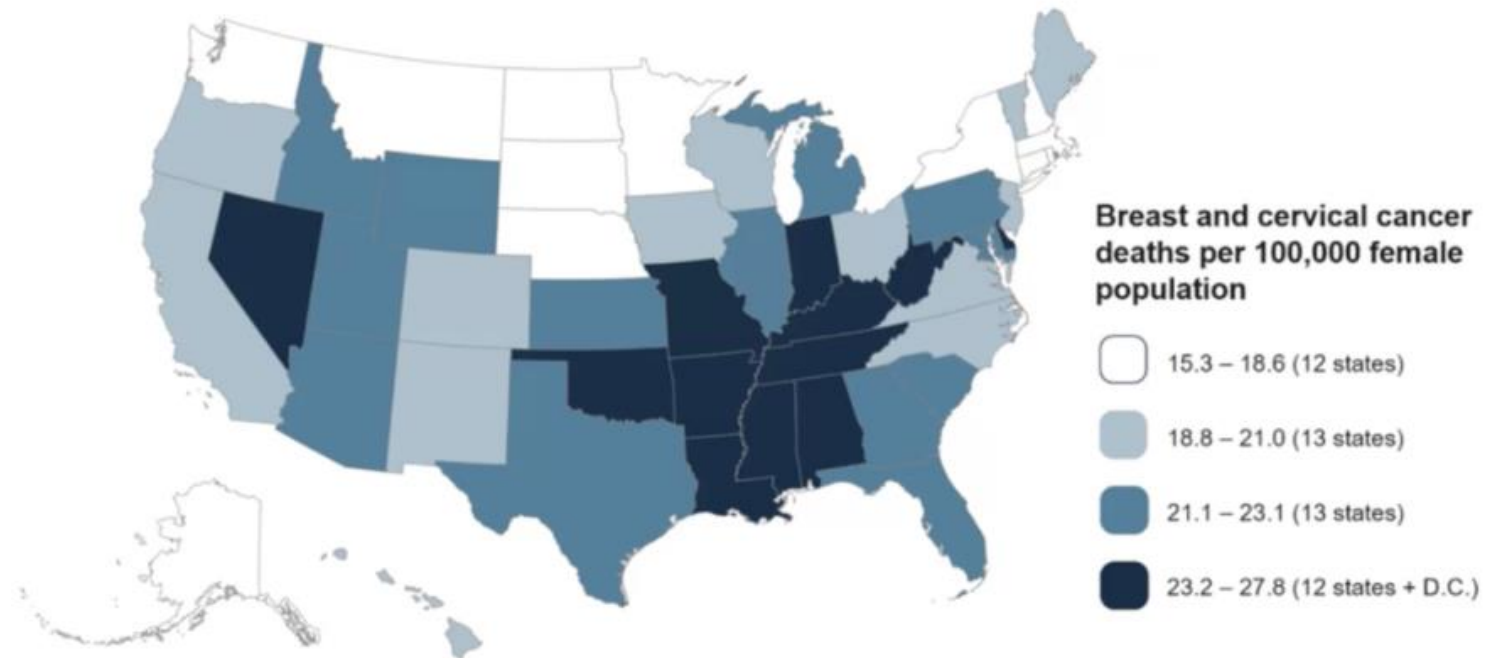
Access to Resources: Poverty can directly impact a person's access to medical care, including critical cancer screenings. Early detection through screenings creates greater chances for survival. Low awareness of potential symptoms and cancer risks can lead to delayed diagnoses and increased fatalities.

Smoking Rates: States with higher numbers of adult smokers often have higher cancer rates, since smoking cigarettes is known to increase your risk of getting lung cancer 20 times. Overall, smoking is responsible for at least 87% of lung cancer deaths.

Obesity Rates: Carrying excess body weight is linked to a heightened risk of developing 13 types of cancer. These cancers, including breast, esophageal, thyroid and pancreatic, comprise 40% of all cancer diagnoses in the United States each year.

Breast and Cervical Cancer Deaths are highest in the Southern United States

Breast and cervical cancer deaths are highest in southern states.



Preventative Care in Women in the Commonwealth of Kentucky

73% of Kentucky women between the ages of 50-74 reported getting a mammogram in the last two years compared with 77% nationally.

80% of Kentucky women ages 21-65 reported getting a pap smear in the past three years, compared with 82% nationally.

69% of Kentucky women 65 and older received a pneumonia vaccine, compared with 73% nationally.

33% of Kentucky women between the ages of 18-64 have received an HIV or AIDS test, compared with 44% nationally.

65% of Kentucky women between 45-74 reported getting a sigmoidoscopy or a colonoscopy in the past decade or a fecal occult blood test in the past two years, compared with 60% nationally.

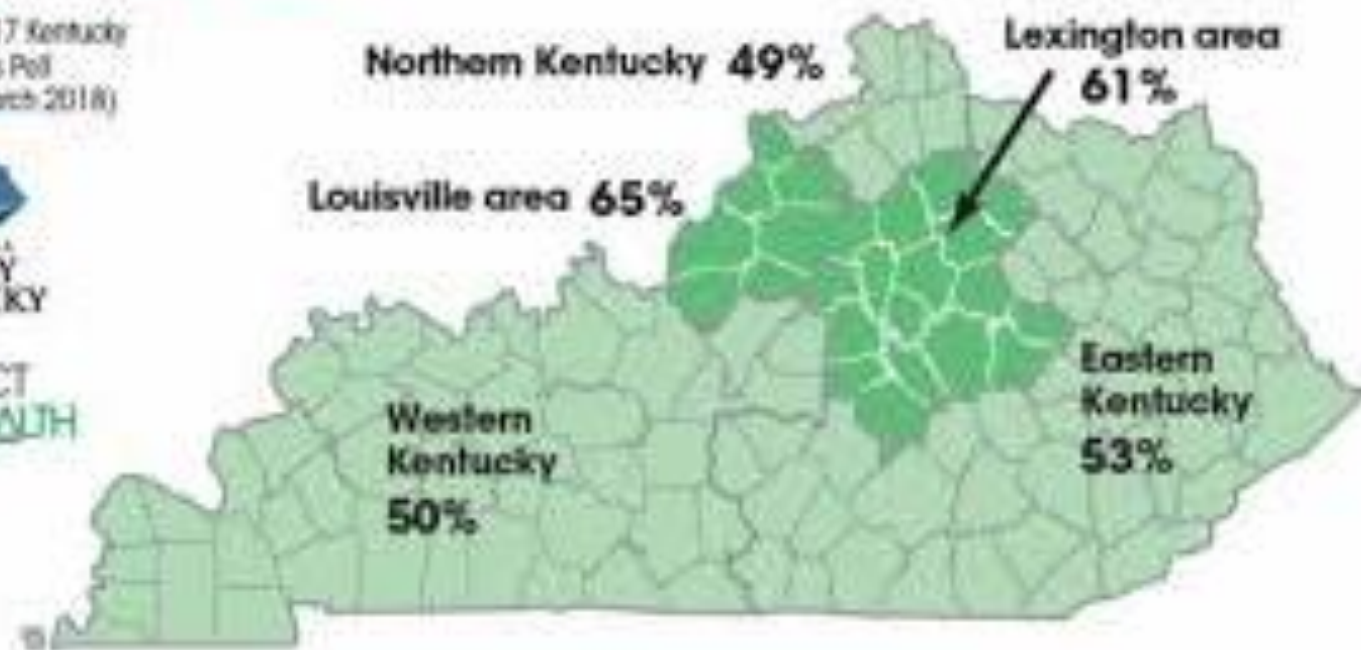
Percentage of Kentucky adults who say childhood obesity in Kentucky is a serious problem, by region

2017 Kentucky Issues Poll (end March 2018)



MORE OF A
HEALTHY
TUCKY

FACT
HEALTH



Obesity in the Commonwealth



KENTUCKY

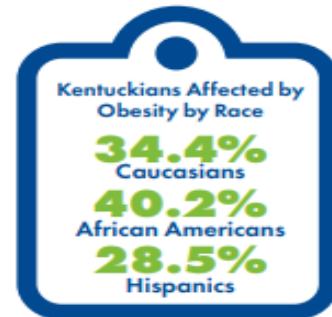
Obesity Fact Sheet

ADULT OBESITY FACTS:

Obesity affects more than 34.3% of Kentuckians.

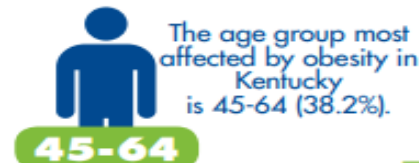


Kentucky is ranked 8/51 in states impacted by obesity.



More than 36% of male Kentuckians are affected by obesity.

More than 32.5% of female Kentuckians are affected by obesity.



The age group most affected by obesity in Kentucky is 45-64 (38.2%).



Kentucky ranks 7th in adults with Type 2 Diabetes (12.9%).

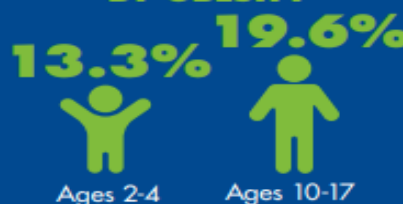
Obesity in the Commonwealth

CHILDREN AFFECTED BY OBESITY IN KENTUCKY:



Kentucky **is** one of 15 states that receives CDC grant funds for training to help with obesity prevention in Early Childhood Education settings.

CHILDREN AFFECTED BY OBESITY



COST OF OBESITY IN KENTUCKY:

The total cost of obesity in Kentucky

\$36.31 BILLION

The cost of obesity for Medicare in Kentucky

\$4.17 BILLION

The cost of employment for the population with obesity is

\$28.69 BILLION

more than the normal weight population.

NATIONAL COST OF OBESITY:

\$1.72 TRILLION
The total cost of obesity



Healthcare costs for individuals affected by obesity is

42% HIGHER

\$1.24 TRILLION

The total indirect cost of obesity

\$480 BILLION

The total direct healthcare cost of obesity

\$2.9 BILLION

The direct costs of childhood obesity

For people living with obesity,

28.2%

of their annual healthcare costs are spent treating obesity-related conditions.

The impacts of obesity

Pregnancy complications: Obesity can increase the risk of many pregnancy complications, including gestational diabetes, preeclampsia, gestational hypertension, premature birth, and miscarriage.

Fetal health: Obesity during pregnancy can increase the risk of congenital defects and macrosomia in the fetus.

Child health: Obesity during pregnancy can negatively impact the child's health into adulthood, including an increased risk of cardiovascular disease (CVD) and mortality. A meta-analysis found that maternal obesity during pregnancy was associated with an increased risk of childhood asthma.

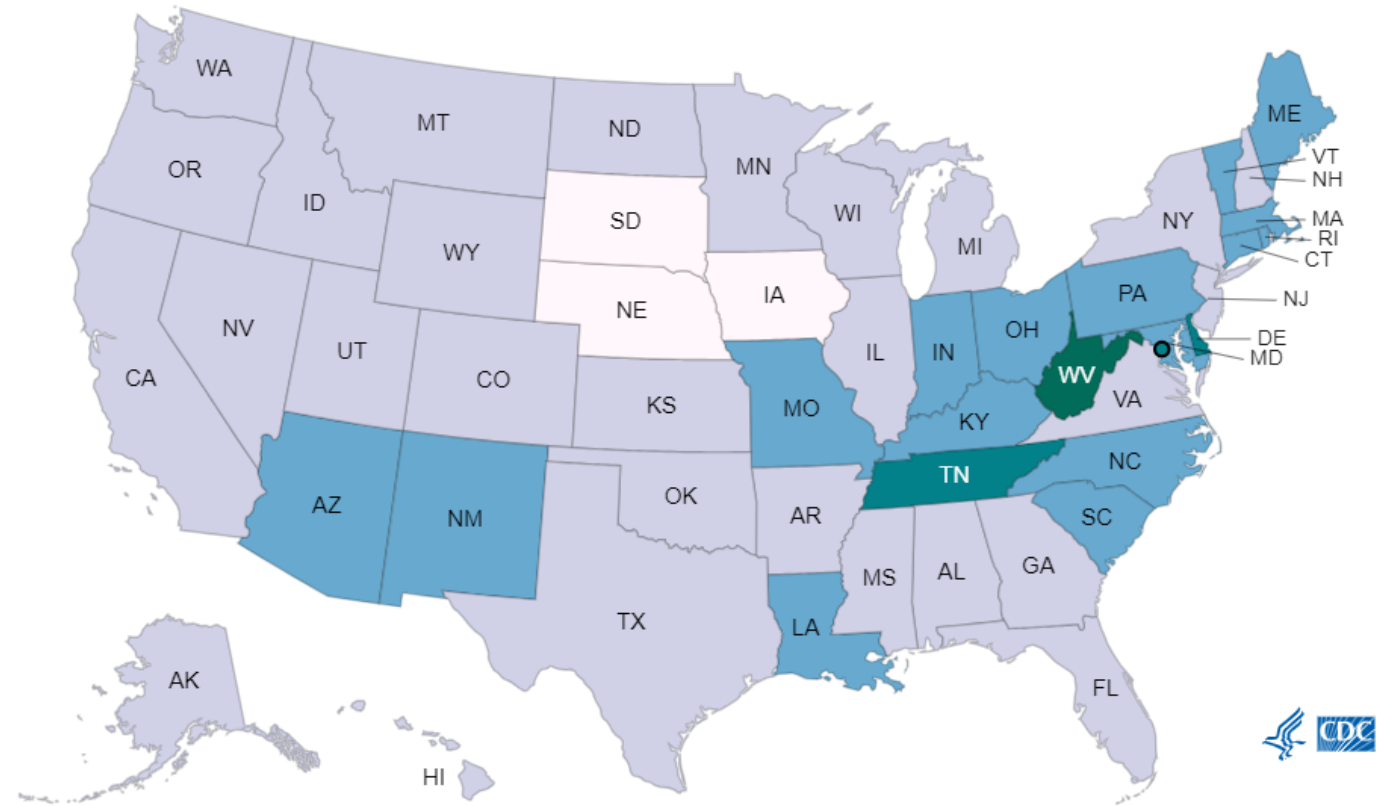
Metabolic changes: Obesity during pregnancy can lead to significant decreases in insulin sensitivity, which can affect glucose metabolism.

Heart dysfunction: Obesity during pregnancy can lead to fetal and postnatal cardiac dysfunction

Substance use in the Commonwealth

Year

2022



Age-Adjusted Death Rates¹

○ 0 - < 18.18

○ 18.18 - < 36.36

● 36.36 - < 54.54

● 54.54 - < 72.72

● 72.72 - 90.9

Kentucky Overdose Statistics

In 2020, there were 1,964 overdose deaths. This was a 49% increase from 2019

In 2022, there were 2,200 overdose deaths. This was a decrease of 2.5% from 2021 and was the first year Kentucky saw a decrease in overdose deaths since 2018.

2020

2021

2022

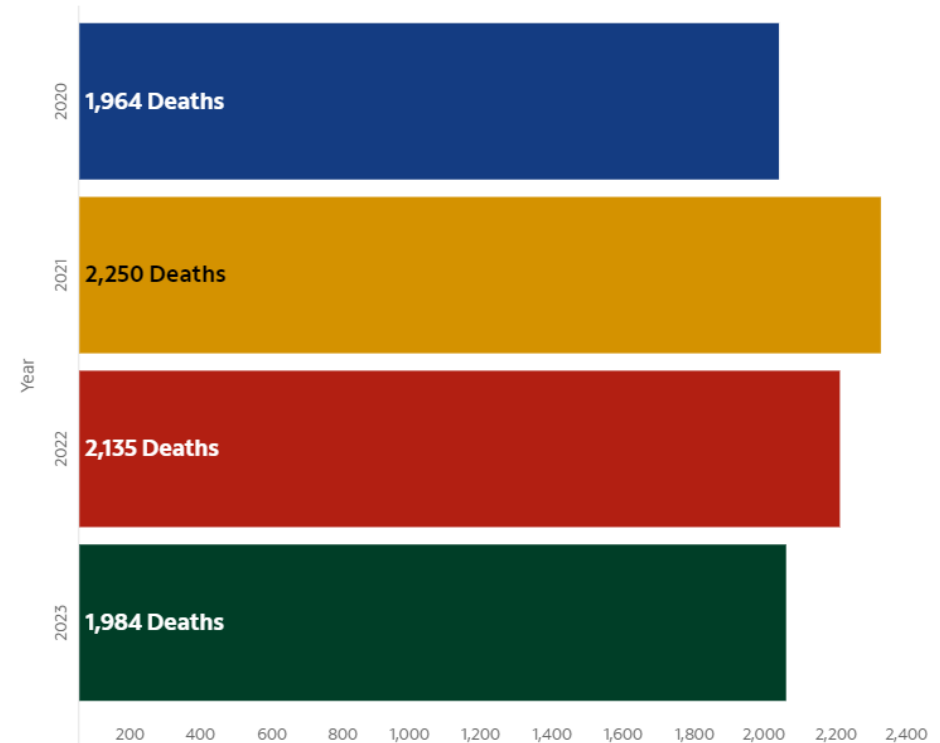
2023

In 2021, there were 2,257 overdose deaths. This was a 14.5% increase from 2020 and was the highest number of overdose deaths ever reported in Kentucky.

In 2023, there were 1,984 overdose deaths. This was a decrease of 9.8% from 2022.

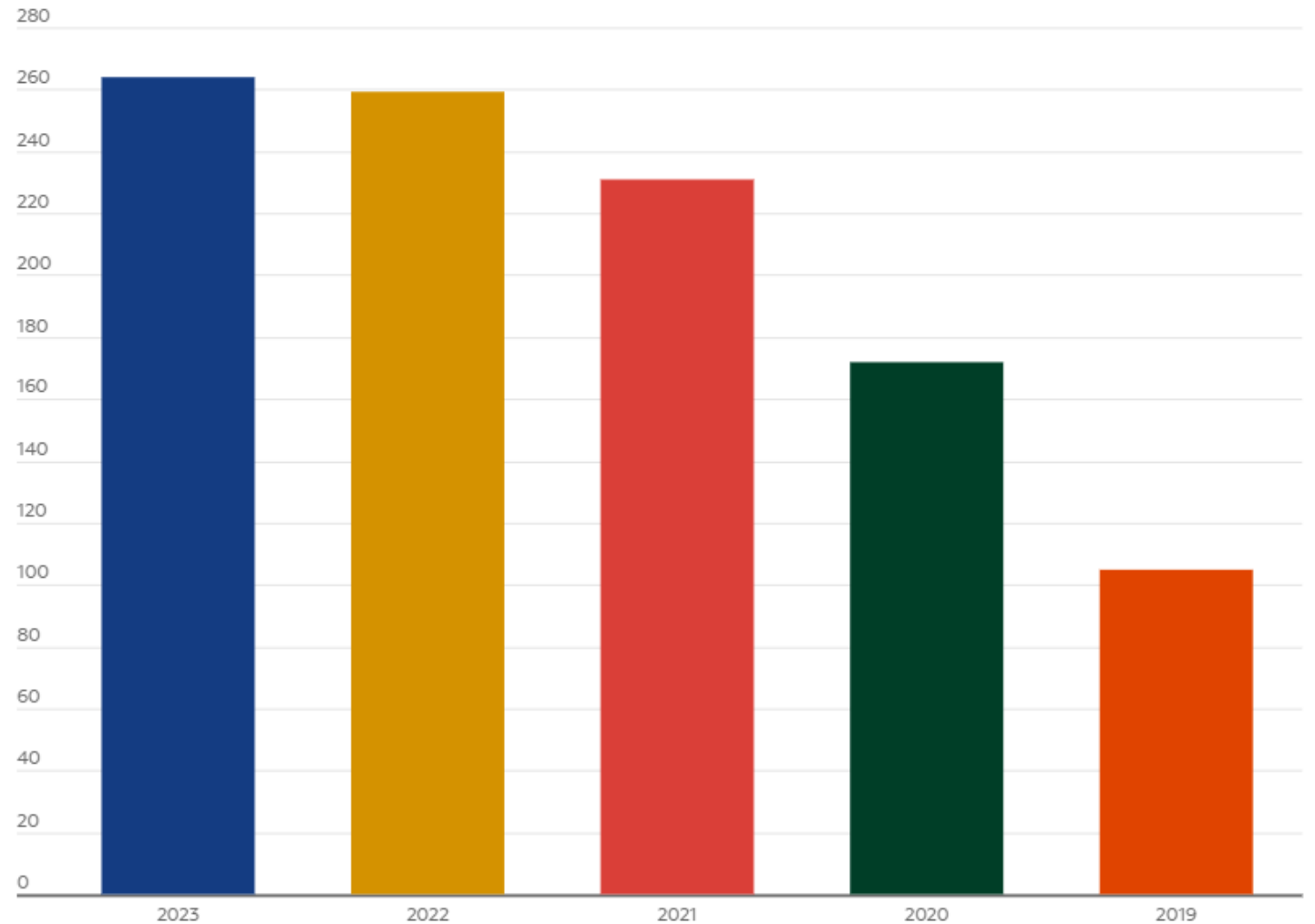
Overdose Deaths in Kentucky by Year

Kentucky saw a 9.8% decrease in overdose deaths in 2023 with 1,984 compared to 2022, which saw 2,135.



Disparities in Overdose Deaths

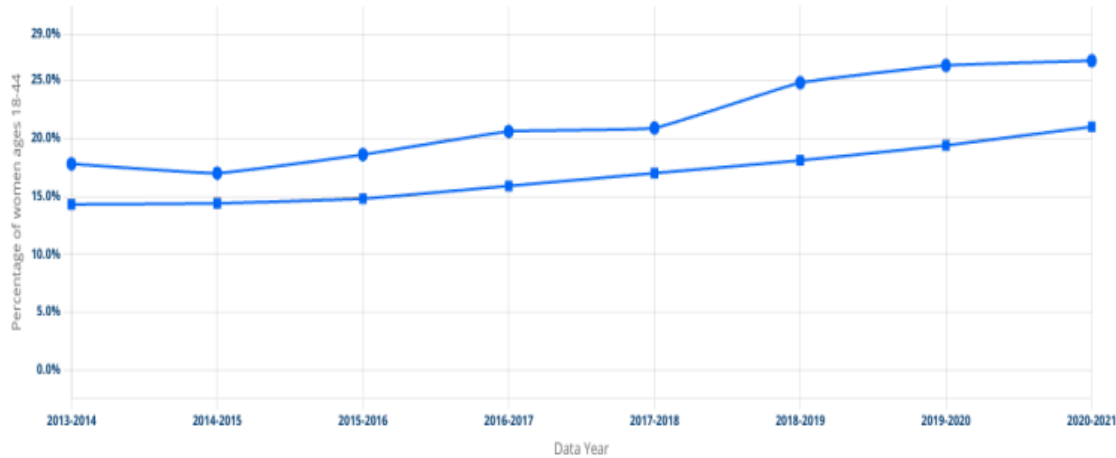
Overdose deaths among Black Kentuckians slowed by 5% in 2023, compared to 22% in the 2022 report.



Mental Health

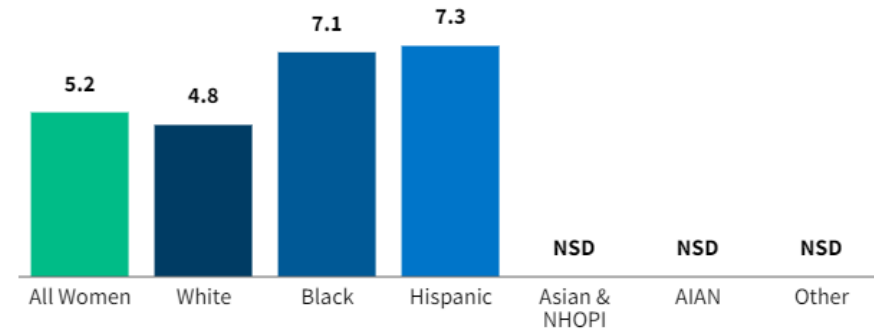
Frequent Mental Distress - Women Trends

Percentage of women ages 18-44 who reported their mental health was not good 14 or more days in the past 30 days



Source: CDC, Behavioral Risk Factor Surveillance System

Average Number of Poor Mental Health Days Reported in the Last 30 Days Among All Women by Race/Ethnicity, 2022, Kentucky

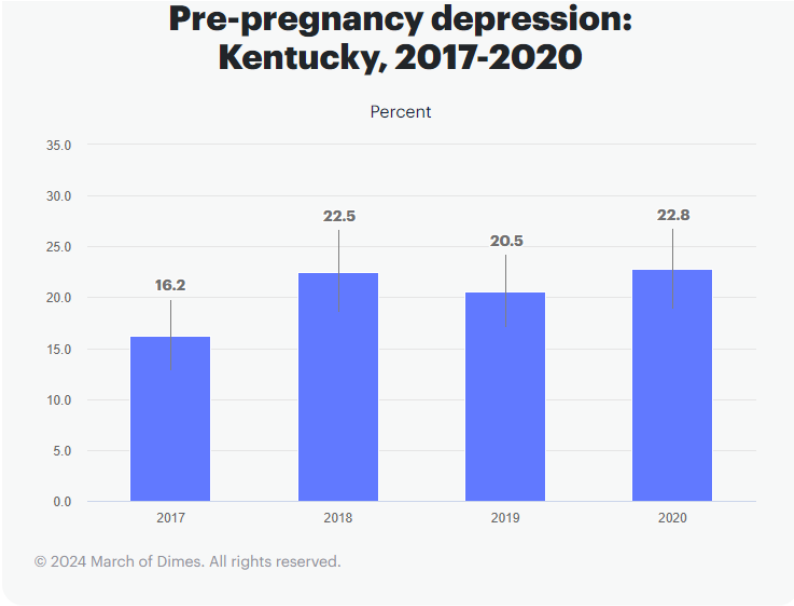
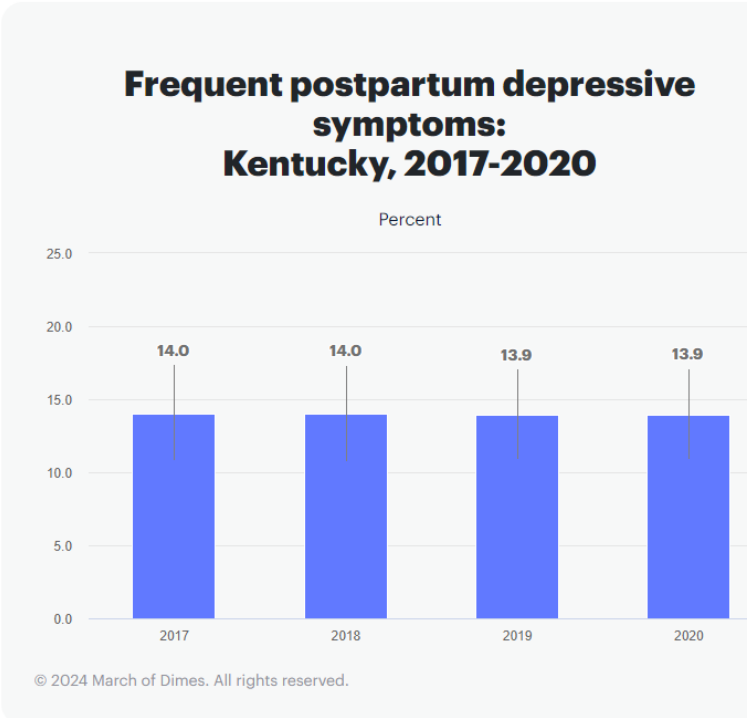


Note: AIAN refers to American Indian and Alaska Native. NHOPI refers to Native Hawaiian and Other Pacific Islander. Hispanic people may be of any race but are categorized as Hispanic; other groups are all non-Hispanic. "NSD" - not sufficient data.

Source: KFF, State Health Facts, Average Number of Poor Mental Health Days Reported in the Last 30 Days Among All Women by Race/Ethnicity, based on analysis of the Centers for Disease Control and Prevention's 2022 Behavioral Risk Factor Surveillance System (BRFSS)

Maternal Mental Health in Kentucky

DATA FOR KENTUCKY ▼



COMPARE



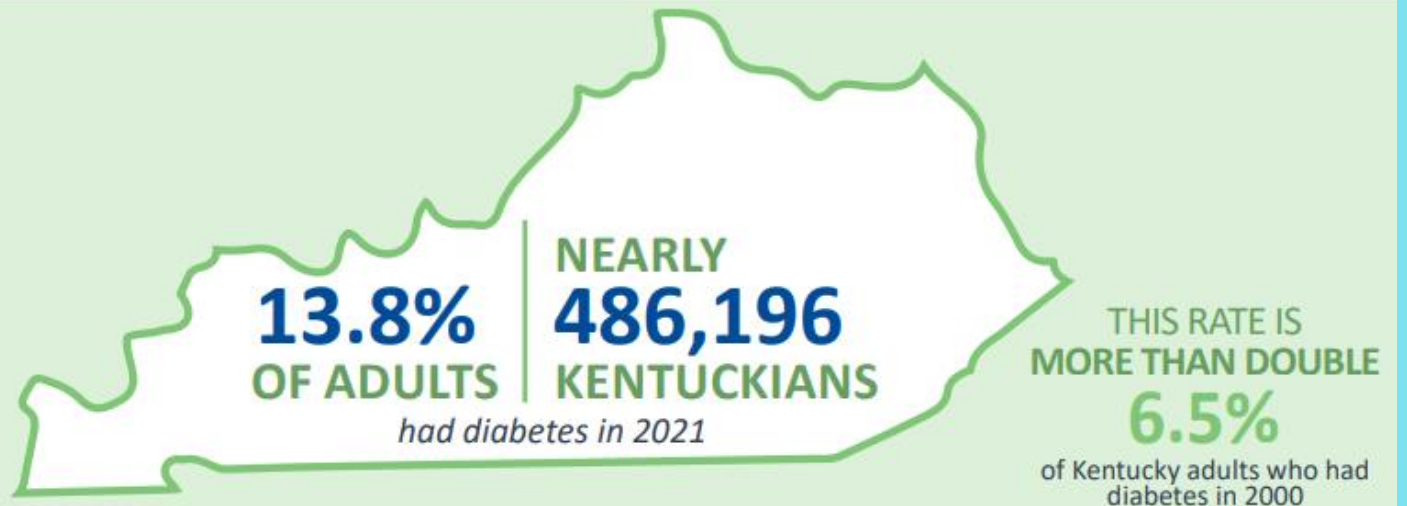
Notes: Data is not comparable to years prior to 2016. Prior to 2016, data refers to a diagnosis prior to pregnancy. Data in 2016 and after, refers to a diagnosis in the 3 months prior to pregnancy

Sources: Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System. Retrieved September 9, 2024, from www.marchofdimes.org/peristats.

Diabetes in Kentucky

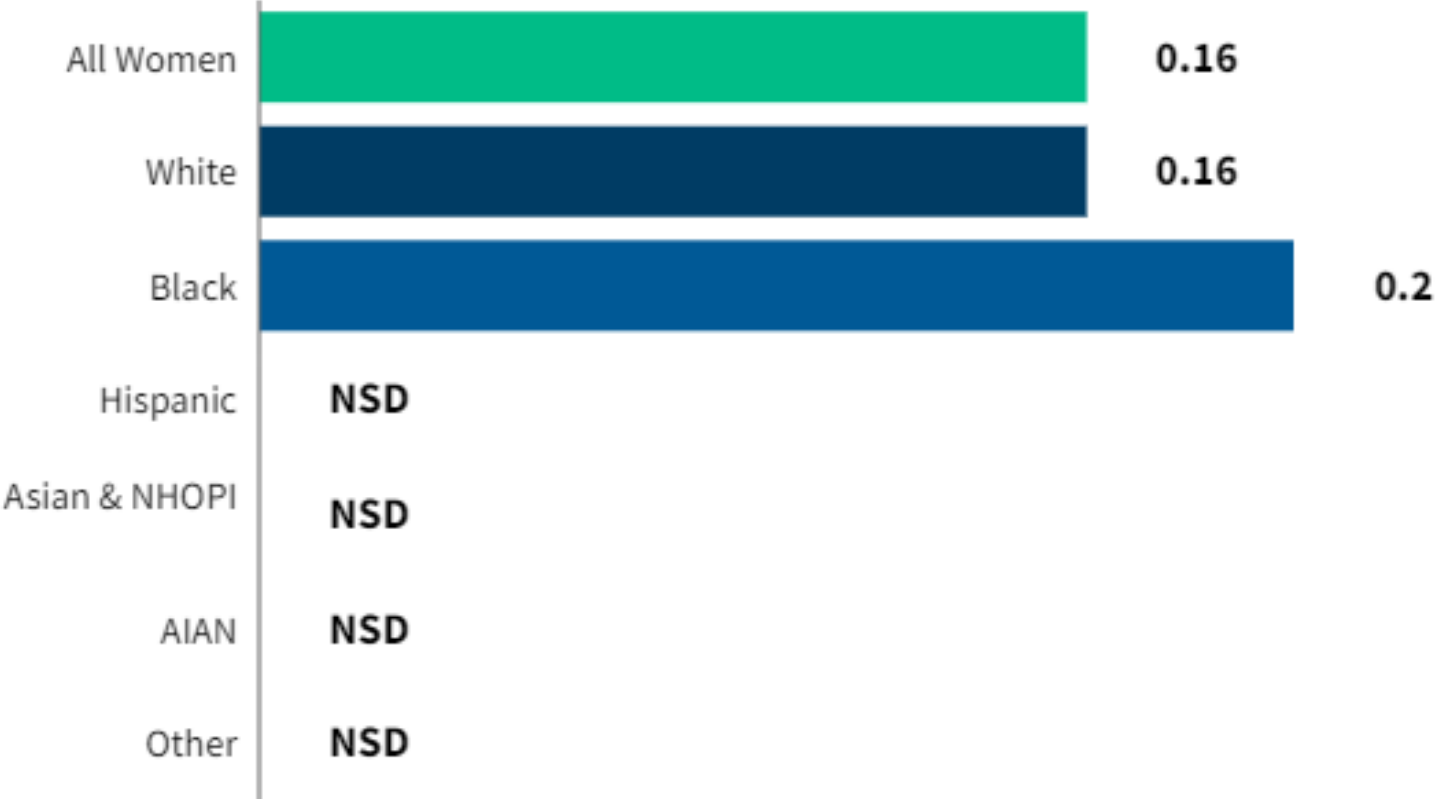
Scope of Diabetes in Kentucky

DIABETES IS **COMMON** IN KENTUCKY.



ANOTHER **12%** HAVE PREDIABETES AND ARE AT RISK FOR DEVELOPING DIABETES.

Women Who Report Ever Being Told by a Doctor that They Have Diabetes, by Race/Ethnicity, 2022, Kentucky



Note: AIAN refers to American Indian and Alaska Native. NHOPI refers to Native Hawaiian and Other Pacific Islander. Hispanic people may be of any race but are categorized as Hispanic; other groups are

DIABETES IS MANAGEABLE AND CAN BE PREVENTABLE (TYPE 2).

Structured lifestyle change programs such as the National Diabetes Prevention Program have been proven to help prevent or delay type 2 diabetes through:



Nutrition



Physical Activity



Weight Loss

Individuals with prediabetes can cut their risk of type 2 diabetes

 **IN HALF**

by losing weight through healthy eating and being more active.

Managing type 2 diabetes effectively reduces risk for serious health complications such as:



Loss of toes,
feet, or legs



Heart Disease



Kidney Failure



Stroke

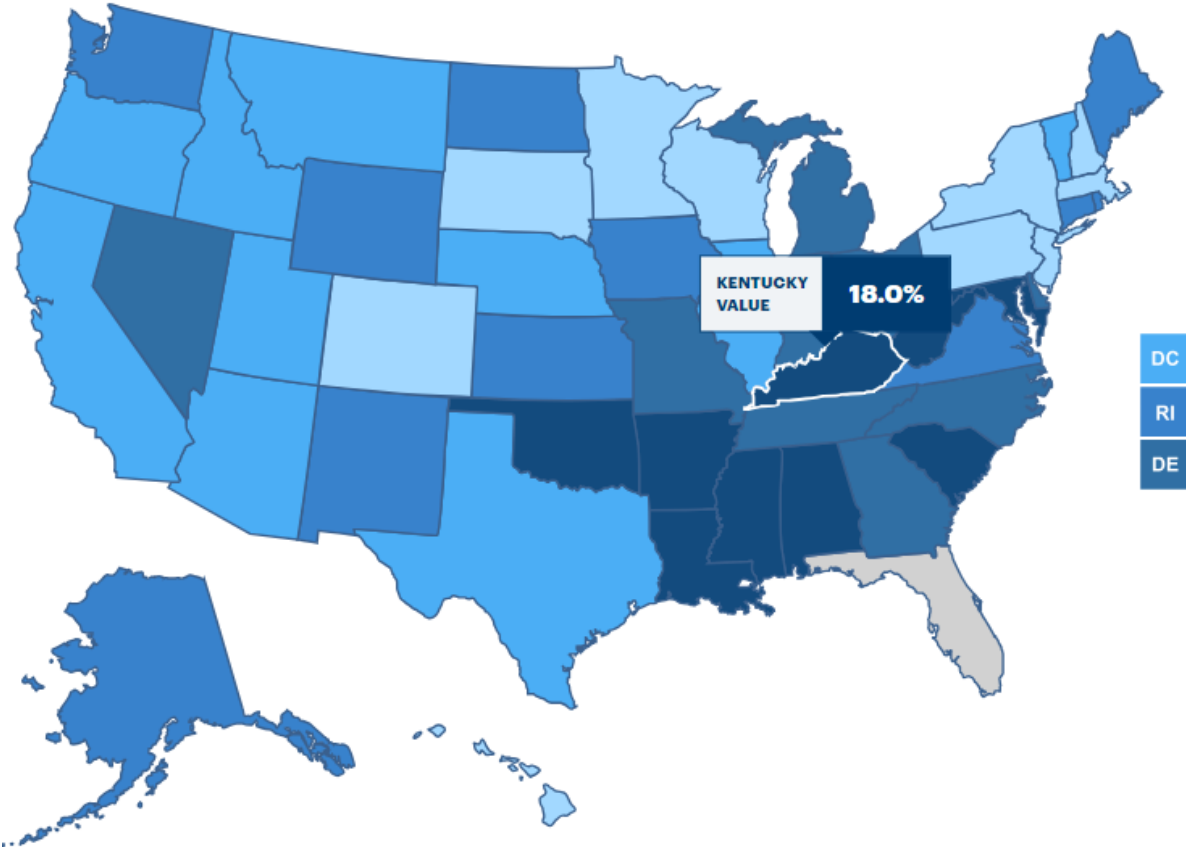


Blindness

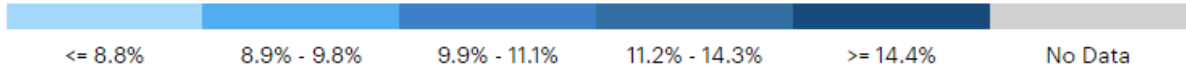
Hypertension in the Commonwealth

High Blood Pressure - Women

Percentage of women ages 18-44 who reported being told by a health professional that they have high blood pressure



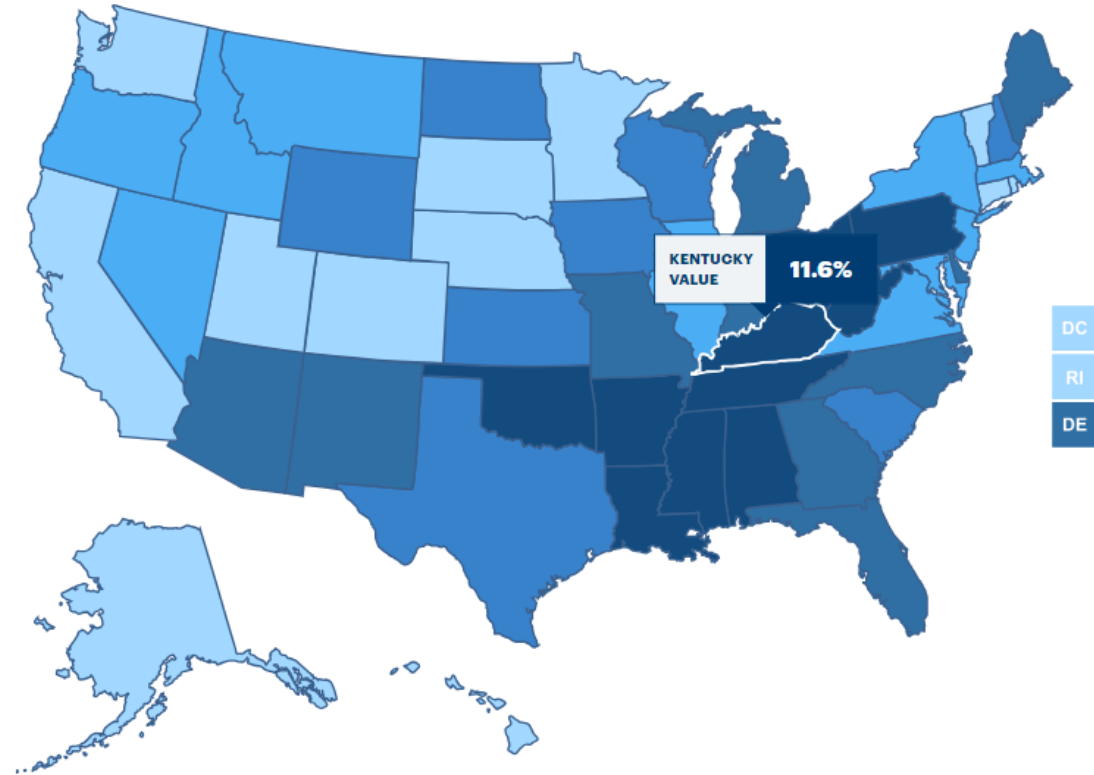
Data from CDC, Behavioral Risk Factor Surveillance System, 2021



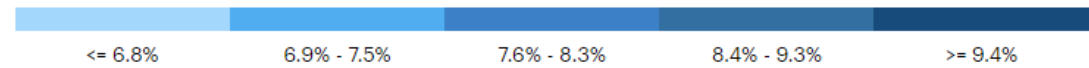
Cardiovascular Disease

Cardiovascular Diseases - Female

Percentage of adult females who reported being told by a health professional that they had angina or coronary heart disease, a heart attack or myocardial infarction, or a stroke



Data from CDC, Behavioral Risk Factor Surveillance System, 2022

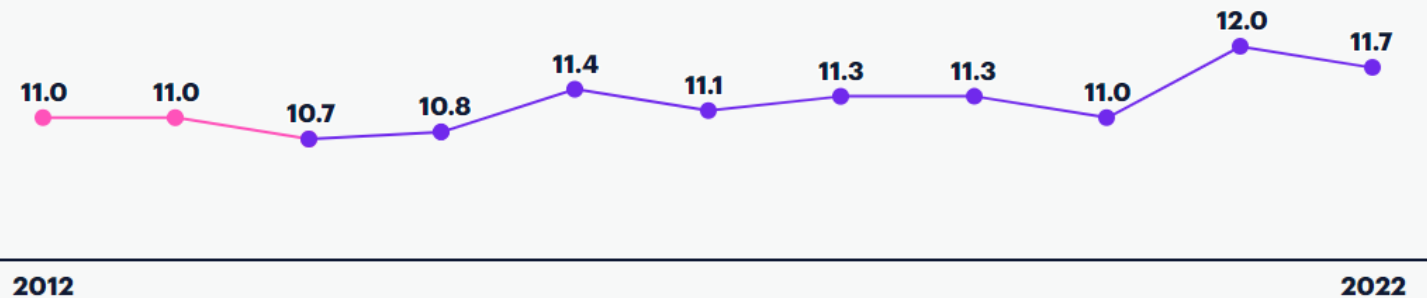


Preterm Birth in Kentucky

PRETERM BIRTH

The preterm birth rate in Kentucky was **11.7%** in **2022**, lower than the rate in **2021**

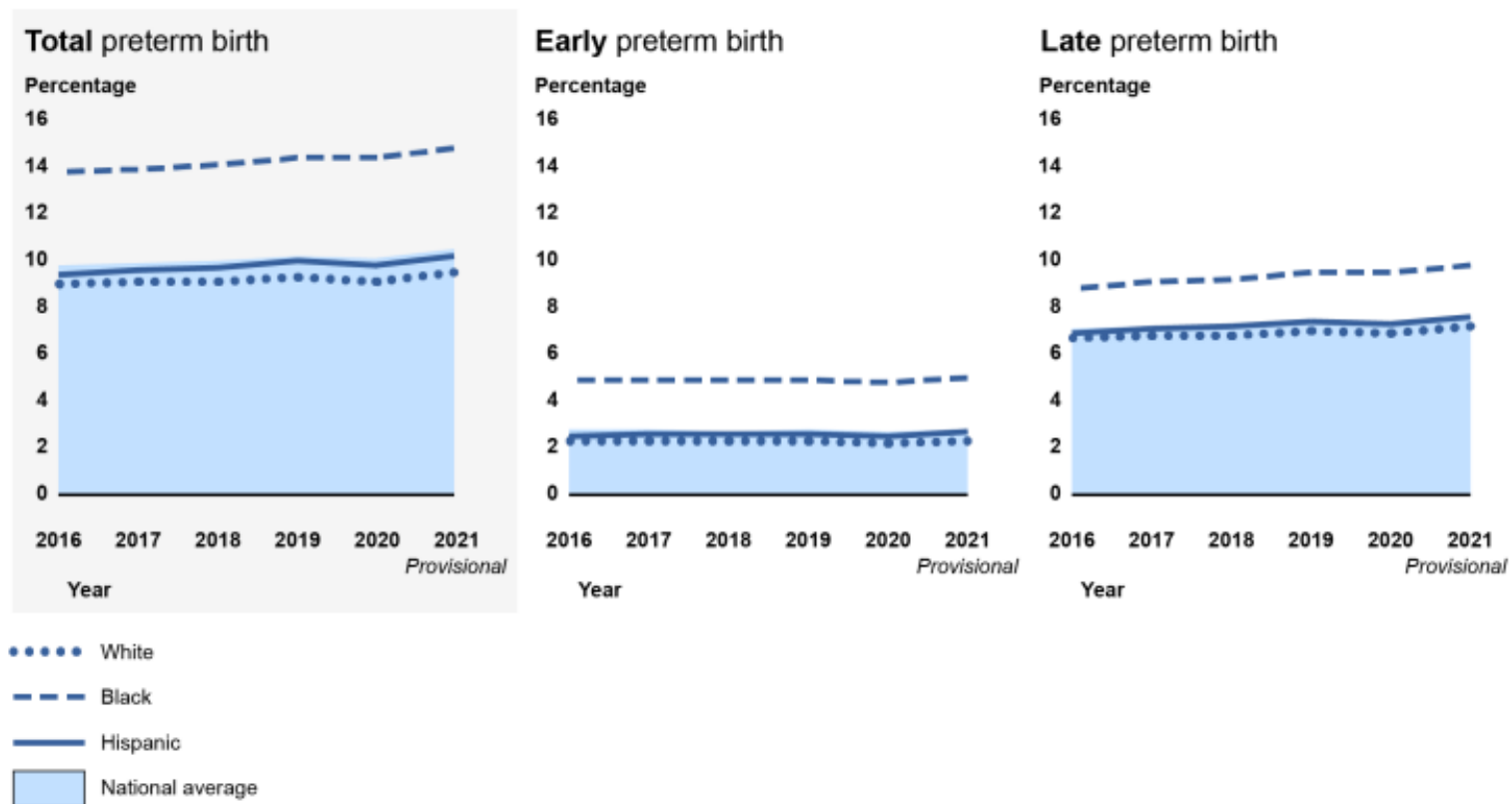
Preterm birth by year, 2012 to 2022



The presence of purple (darker color) indicates a significant trend ($p \leq 0.05$)

Preterm Birth Rates in Kentucky

Figure 4: Percentage of Preterm Births by Race and Ethnicity, 2016 through 2021



Preterm Birth in the Commonwealth

STATE SUMMARY FOR KENTUCKY ▾



- In 2022, **1 in 9 babies** (11.7% of live births) was born preterm in Kentucky.
- In 2022, **1 in 11 babies** (8.9% of live births) was low birthweight in Kentucky.
- In Kentucky in 2021, 321 infants died before reaching their first birthday, an infant mortality rate of **6.1 per 1,000 live births**.
- In Kentucky in 2022, **79.3% of infants** were born to women receiving adequate/adequate plus prenatal care.
- In Kentucky in 2022, **34.5% of live births** were Cesarean deliveries.
- In 2021, about **1 in 15 women** of childbearing age (6.9%) was uninsured in Kentucky.

Risks factors for Preterm birth



16.0%

Smoking

(12.1% of all births)



22.8%

Hypertension

(3.8% of all births)



13.4%

Unhealthy weight

(38.7% of all births)



35.1%

Diabetes

(1.1% of all births)



31.3%

Previous preterm

(5.5% of all births)



68.6%

Carrying multiples

(3.2% of all births)

Not Making the Grade

PRETERM BIRTH GRADE

F

GRADE GREATER THAN OR EQUAL
TO 11.5 PERCENT

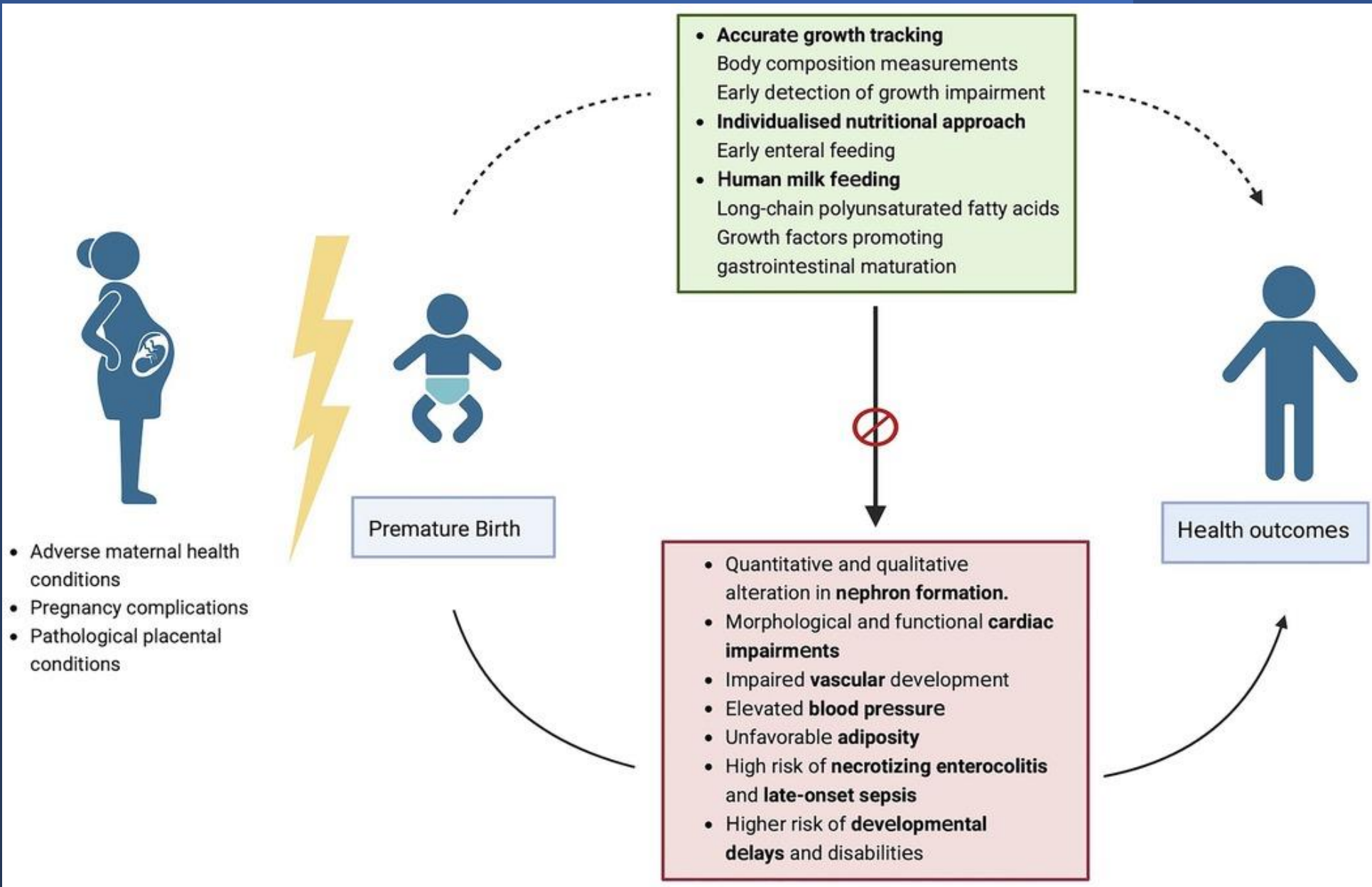
[Learn more](#)

U.S. RATE



KY RATE





Maternal Mortality Review Committee: Key Terms

Pregnancy-associated death: Death while pregnant or within one year of the end of the pregnancy, irrespective of cause.

Pregnancy-related death: Death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

Maternal mortality: Death while pregnant or within 42 days of the end of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

2023 MMRC Data

Figure 2: Total Number of Maternal* Deaths by Manner of Death; Kentucky, 2013-2020 Combined

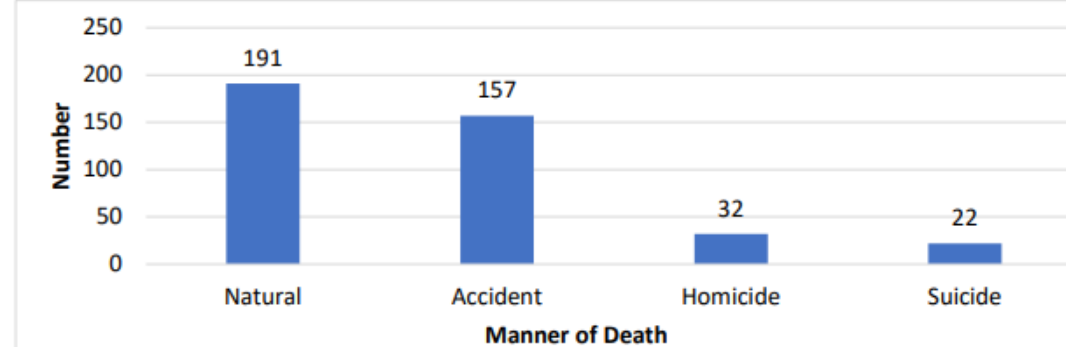


Figure 4: Difference in Maternal Deaths from Any Cause by Race, 2020

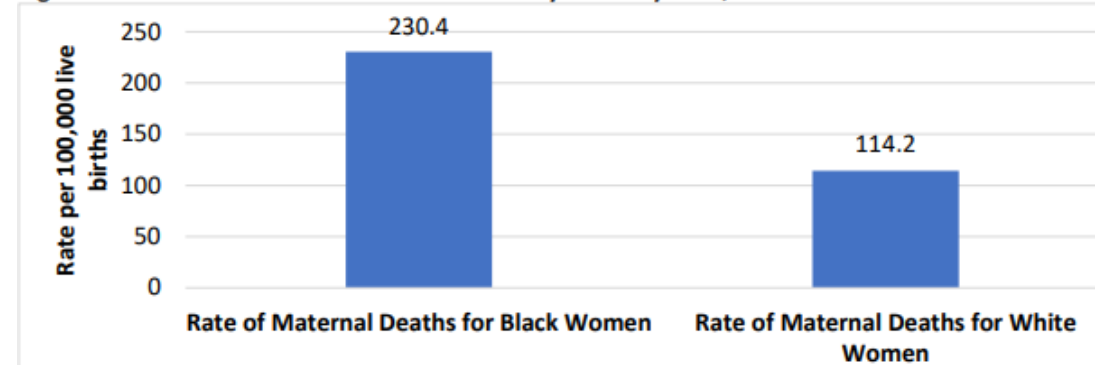


Figure 8: Timing of Maternal Deaths; Kentucky MMR 2017-2020

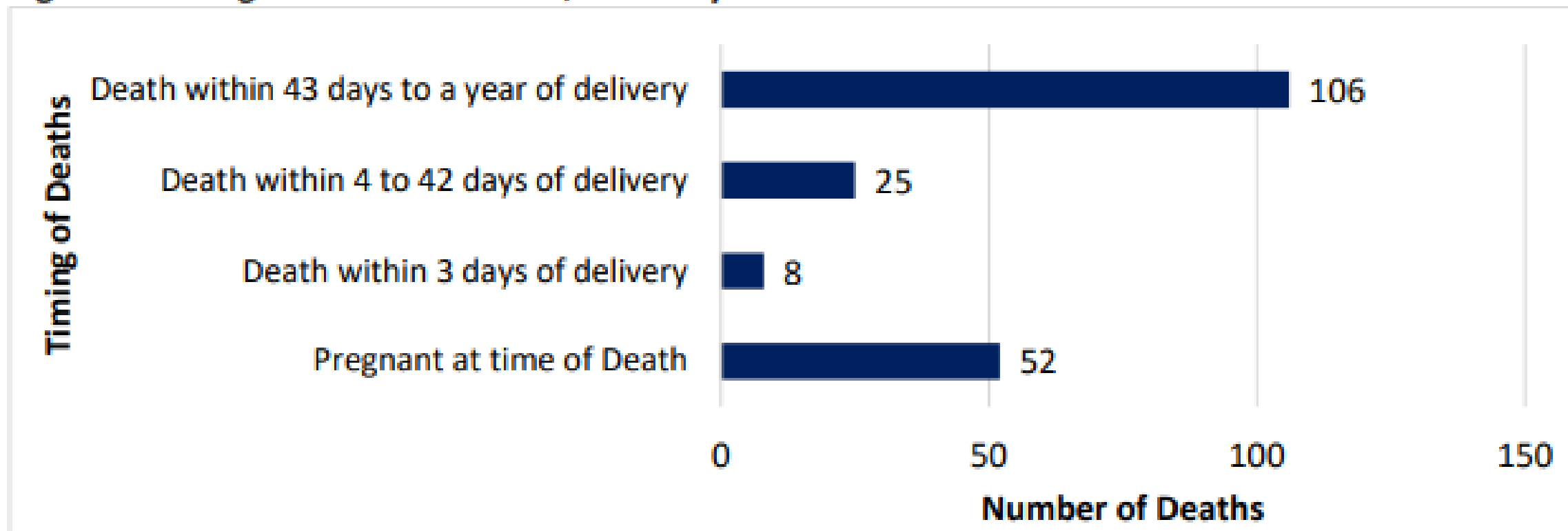
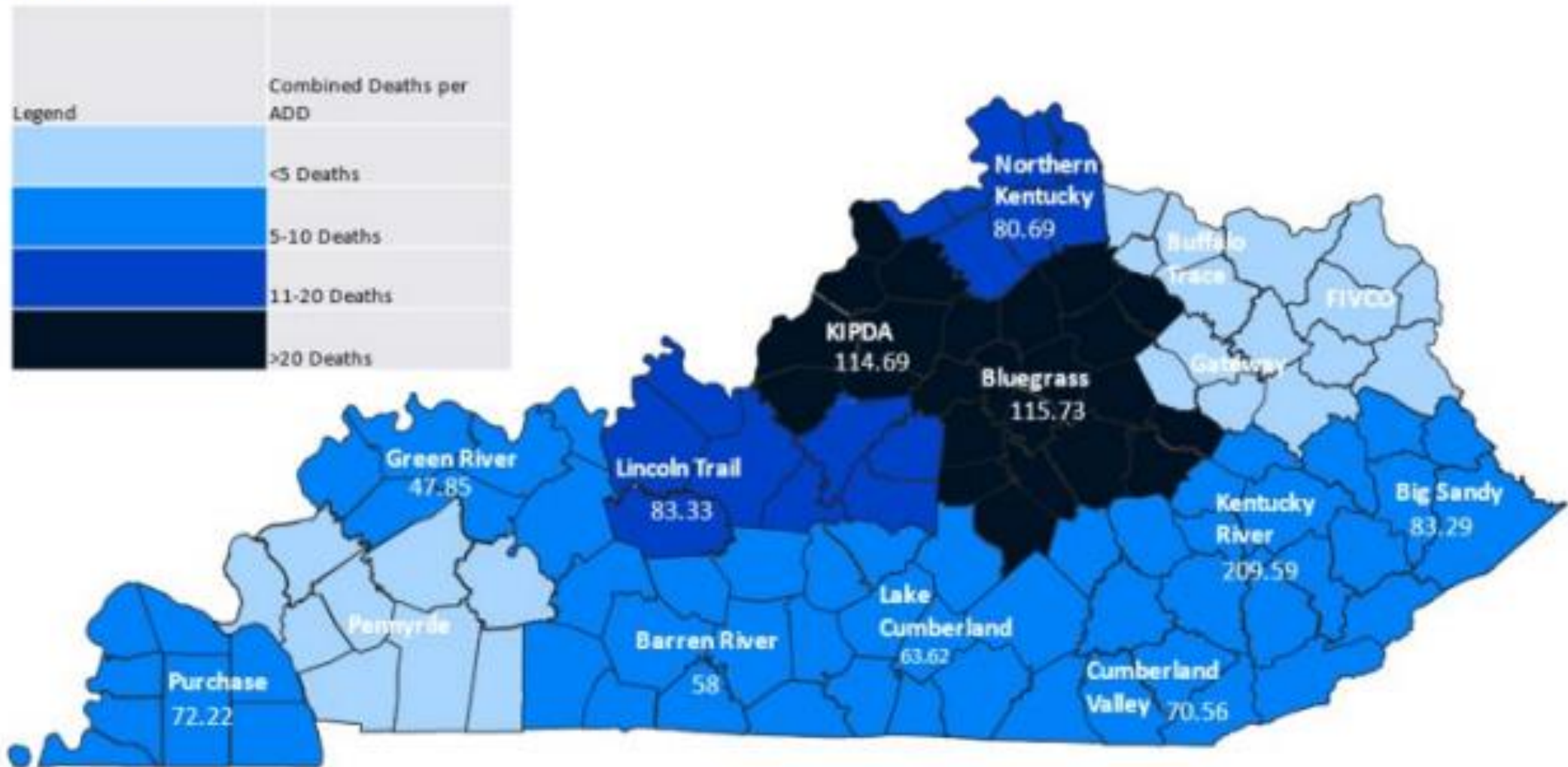


Figure 9: Kentucky Maternal Deaths and Rate of Death by Area Development District; Kentucky MMRC 2017-2020*



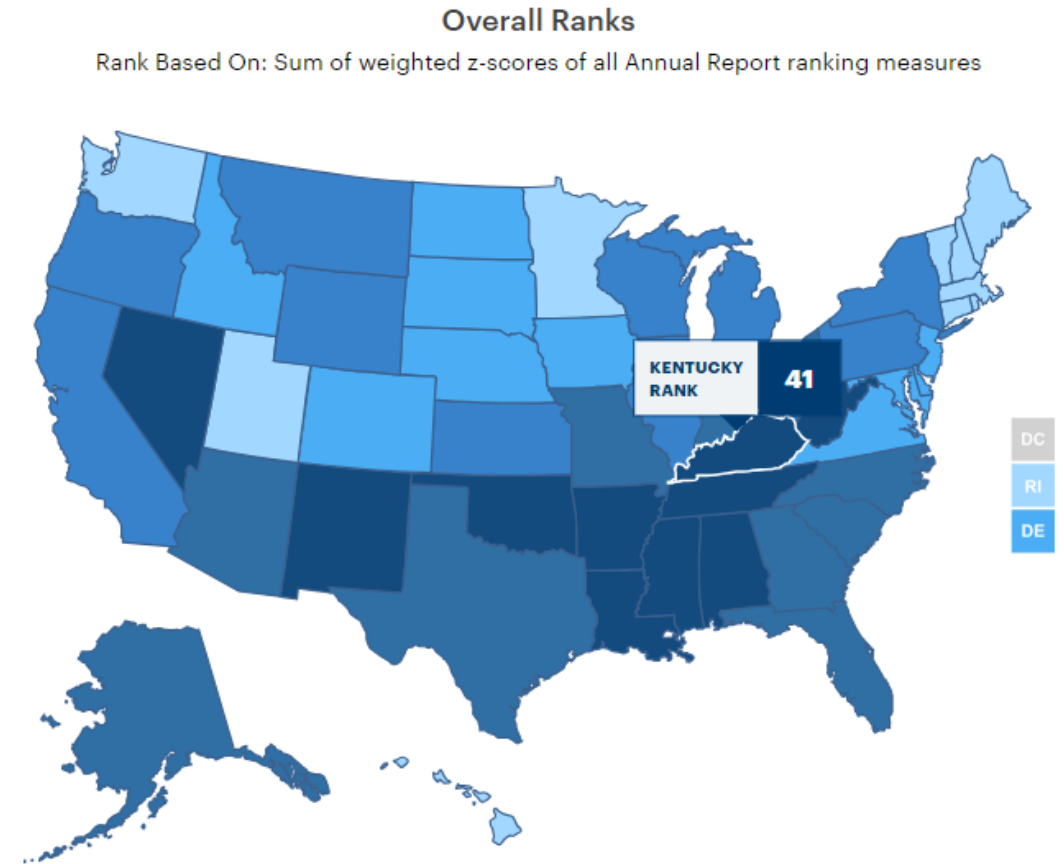
Takeaways from MMRC 2023 Report

- 88% of maternal mortality cases were deemed to be preventable.
- 20% of maternal deaths were pregnancy-related deaths.
- Over 50% of maternal deaths occur within 43 days to a year of end of pregnancy.
- 60% of mothers without documented prenatal care had Medicaid funded healthcare.
- 58% of all deaths had substance use as a contributing factor.

We Have Work To Do

Overall by State

Rank based on: Sum of weighted z-scores of all Annual Report ranking measures



Data from America's Health Rankings composite measure, 2023

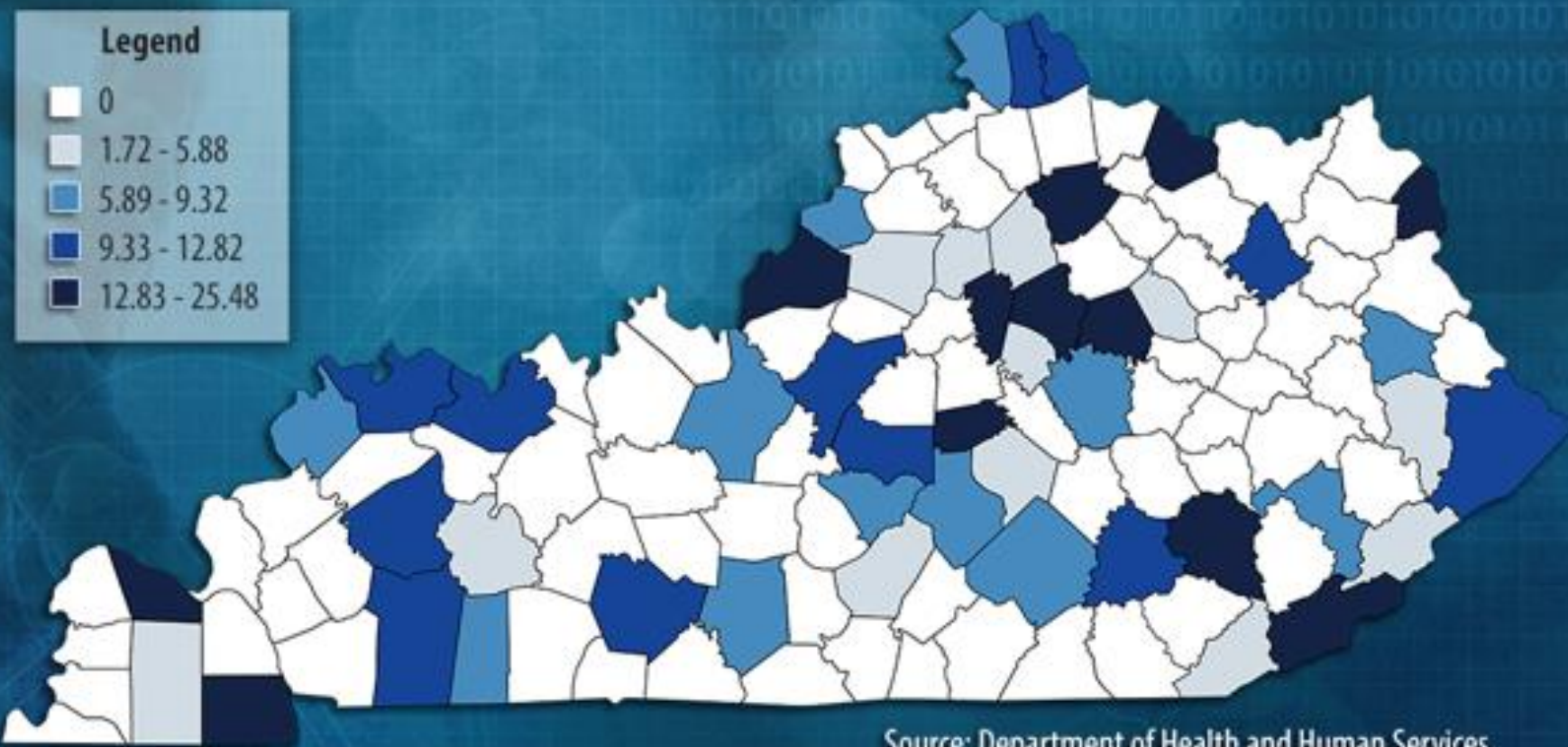


Starting Point: Senate Bill 74

Aims to support maternal and infant health and reduce the high mortality rate for mothers in Kentucky.

Establishes a state Maternal Fatality Review Team and require state Medicaid services to cover lactation consulting, breastfeeding equipment and in-home and telehealth services.

Area Health Resource Files



Primary Care Development Corporation

1

Improving the way we pay for care so that providers are paid for delivering the right care to the right patient at the right time

2

Increasing reimbursement for primary care

3

Investing in primary care infrastructure

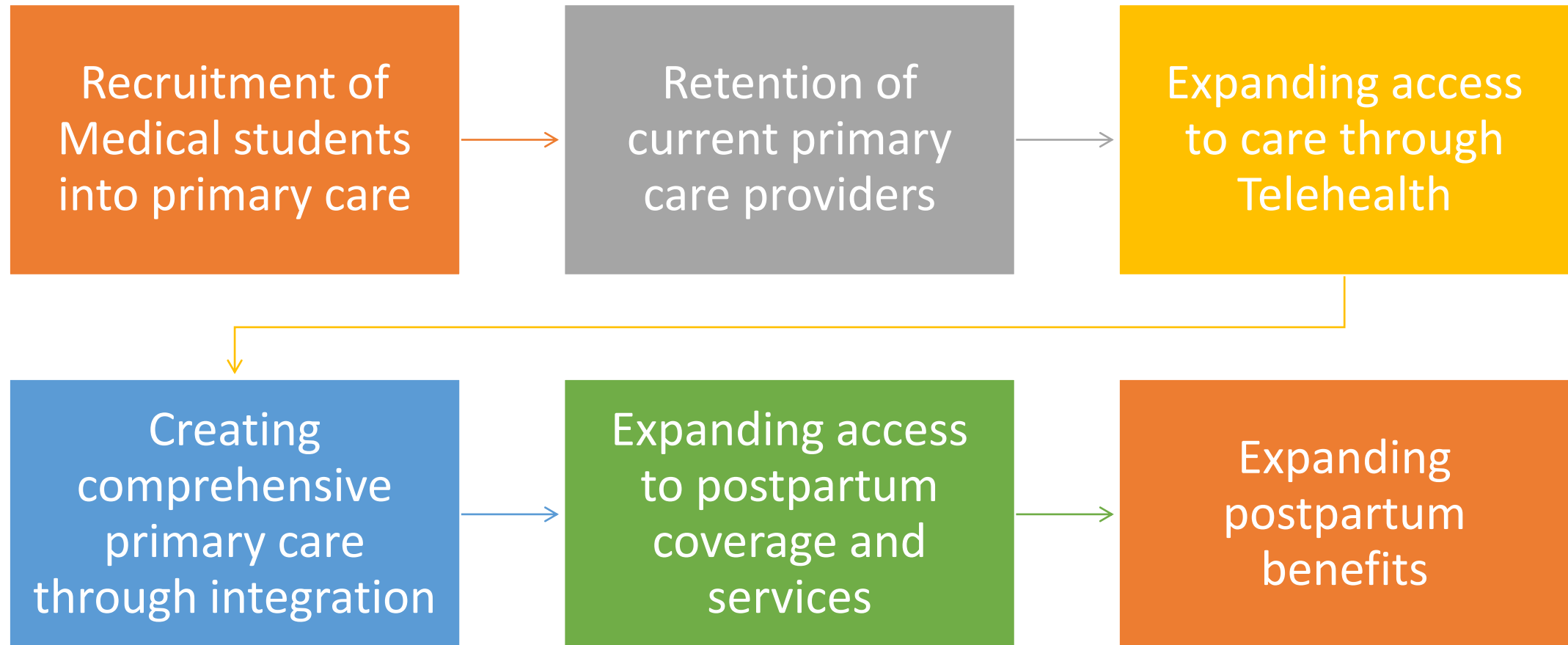
4

Investing in both the existing primary care workforce and the pipeline

In 2023, at least three states increased Medicaid reimbursement rates for primary care, moving closer to Medicare parity.

- In **Hawaii**, the [annual budget](#) included an appropriation of at least \$30,000,000 to bring Medicaid reimbursement rates up to parity with Medicare rates.
- In **New York State**, the annual budget increased Medicaid reimbursement rates for primary care to 80% of Medicare rates.¹⁸
- **California** enacted [Assembly Bill 118](#), setting Medicaid reimbursement rates for primary care providers at “87.5% of the lowest maximum allowance established by the federal Medicare Program for the same or similar services[.]”¹⁹
- **Kentucky** passed [Senate Joint Resolution 54](#), directing the Department for Medicaid Services to study and examine Medicaid reimbursement rates, noting that the state “ranked 45th among the United States in its primary care physician workforce with just 58 primary care physicians per 100,000 residents.”²⁰

Critical Next Steps



***States
that passed
MMH
legislation
in 2023***



THEME	STATES
MMH Awareness	CA, CT, DE, NY
Maternal or Black Maternal Awareness	CE, DE, DC, SC
Misc. Resolution	CA, DE, LA, NY, TX, HI
Screening	AR, IL, TX
Provider Education	TX
Insurance Requirements	AR, WA
Insurance Coverage	NV
MMH Task Force	NY
Funding for MMH Programs	MA, WA
Department of Corrections	NV
Other Category	KY

The Benefits of Doula Services

Fewer cesarean sections

Less anxiety and depression for pregnant people

Less pain-relief medication during labor

Shorter time in labor

Fewer negative childbirth experiences

Better communication between pregnant people and their health care providers

Lower healthcare costs

Expansion of Doula Services

A Doula is a trained professional who provides continuous physical, emotional, and informational support to their client before, during, and shortly after childbirth to help them achieve the healthiest most satisfying experience possible.

Pregnant persons who utilize Doula services

- Two times less likely to experience a [birth complication](#)
- Four times less likely to have a [low birthweight](#) baby
- More likely to breastfeed
- More likely to feel happy about the care they received



-  States actively providing coverage
-  States in process of implementation
-  States with related or adjacent action

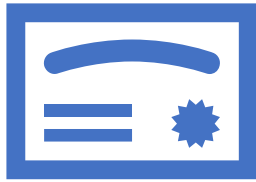
Examples of Successfully Medicaid Doula Expansion: Oregon

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structures	Billing Procedures
Oregon	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: May 1, 2017 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Complete a state-approved doula training and requirements • Register on the state's doula registry (requires an application) • Obtain certification as a Traditional Health Worker (requires an application) • Enroll as a Medicaid provider 	Fee-for-service global payment (except in extenuating circumstances) <ul style="list-style-type: none"> • The reimbursement rate is at the lower of: Submitted charge; OR A \$1,500 per pregnancy, including at least two prenatal visits, care during delivery, and two required postpartum visits	Doulas may: <ul style="list-style-type: none"> • Practice and bill independently; OR • Work with an organization or clinic that bills on their behalf

Examples of Successful Medicaid Doula Expansion: Virginia

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structures	Billing Procedures
Virginia	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2022 • Benefit Category: Preventive Service 	<p>Complete doula training, which must include core competencies (perinatal support services, labor support), community-based/cultural competency training, and care coordination. Doula trainings must be <u>approved</u> by the Virginia Department of Health (VDH)</p> <p>Be certified by an entity designated by VDH</p> <p>Enroll as a Medicaid provider</p>	<p>Fee-for-service</p> <p>The <u>reimbursement rate</u> is:</p> <p>\$859 for up to 8 prenatal/postpartum visits and labor support</p> <p>\$50 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit after a labor and delivery claim</p> <p>\$50 value-based incentive payment will be made if the doula performs at least one postpartum service visit (this may be the same postpartum visit used for the first value-based payment) and the newborn is seen by a pediatric clinician for one visit after a labor and delivery claim.</p>	<p>Doulas may:</p> <p>Practice and bill independently; OR</p> <p>Join a provider agency or clinic and bill independently; OR</p> <p>Enroll as a MCO provider</p>

Kentucky Considerations of Doula Services Expansion



Certification



Reimbursement



Initiation of pilot programs

Future Areas of Legislative Expansion

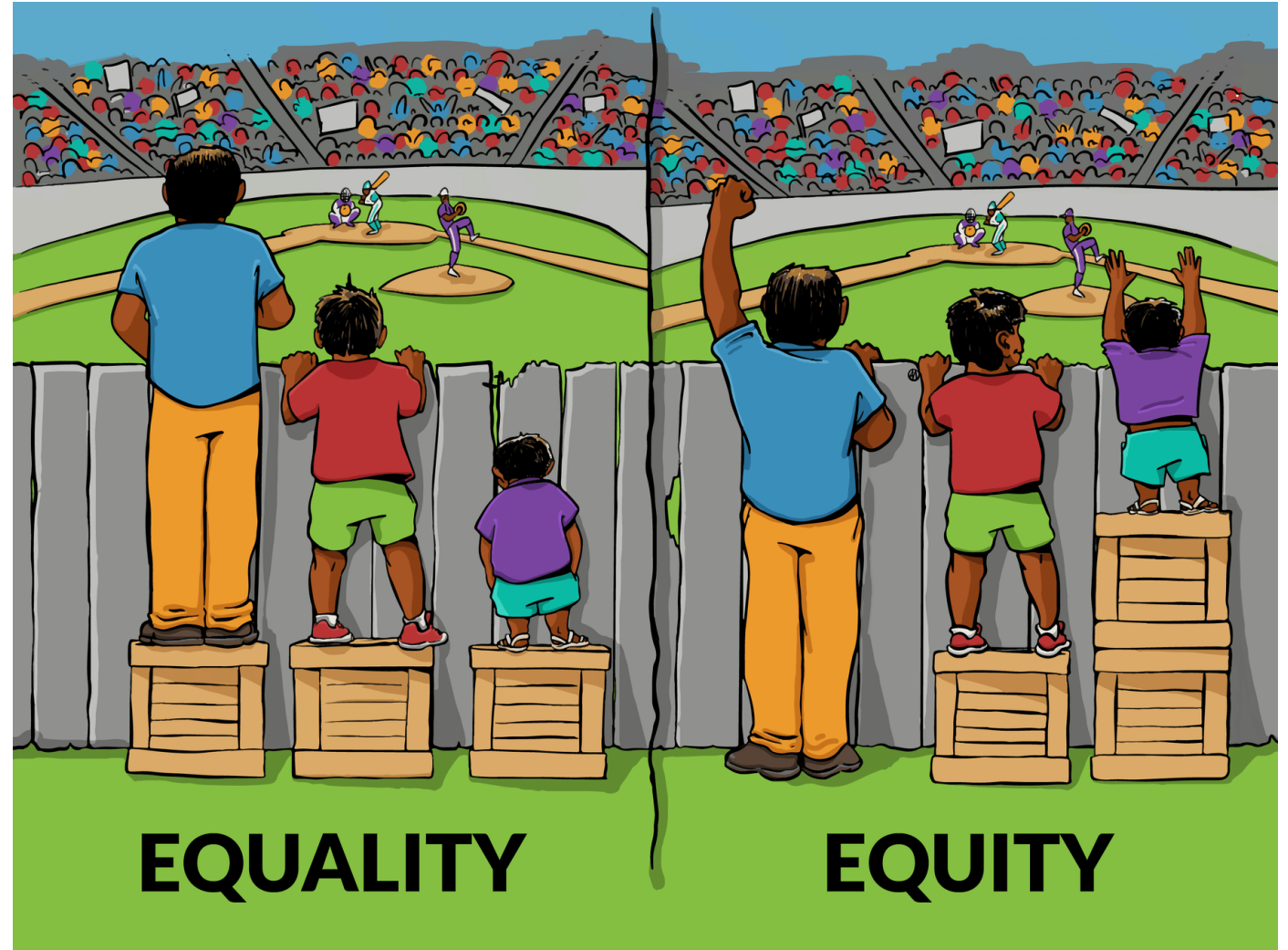
Care Delivery
Transformation

Data and
Oversight

Coverage and
Benefits

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Dr. Martin Luther King Jr



thank
you

ANY
QUESTIONS?

