

Filling Gaps in Maternal and Infant Health Coverage

Policy survey and options for NC Early Childhood Advisory Council, Dec. 6, 2019

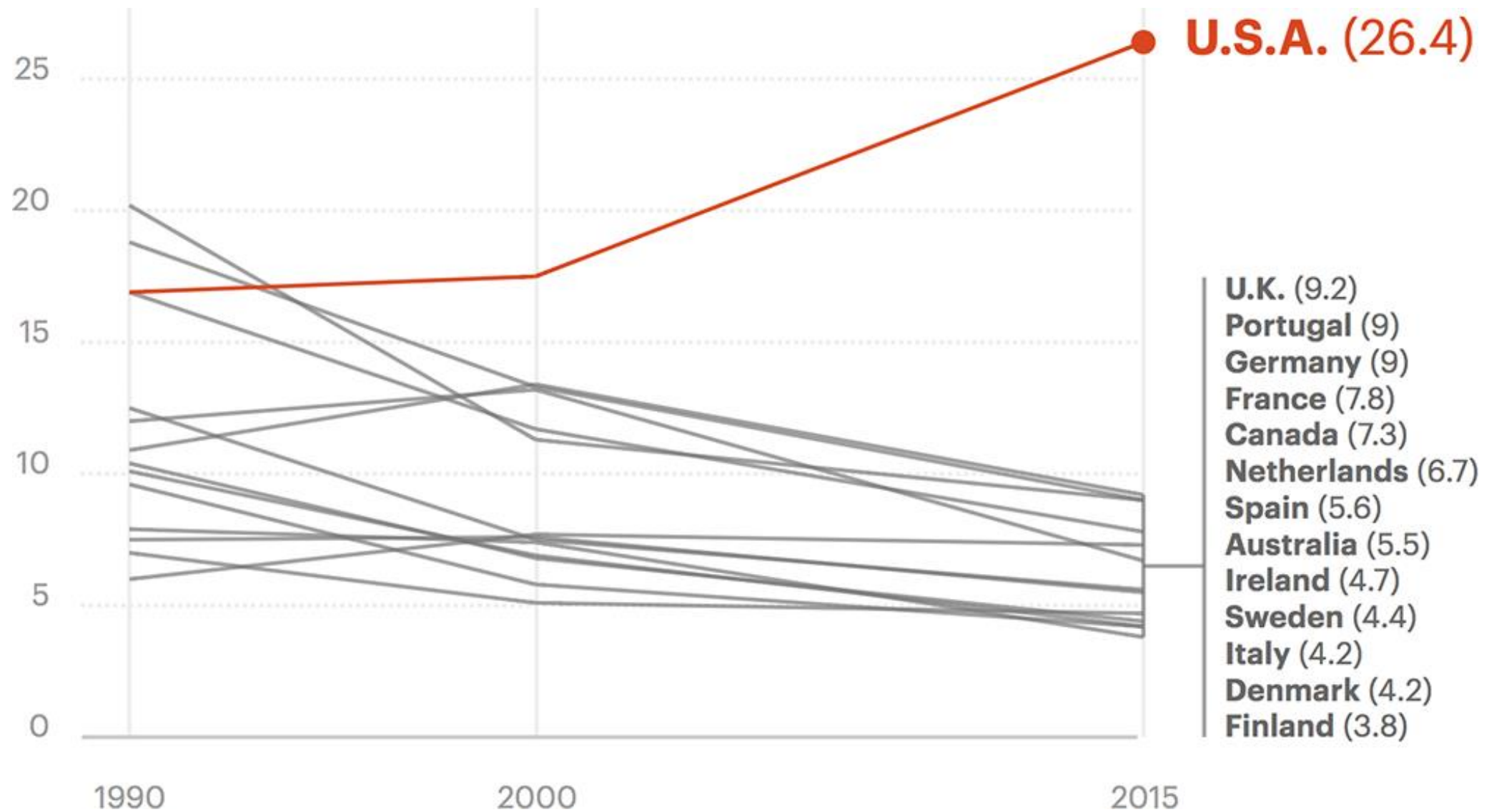
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Overview

- Evidence on maternal health, infant health and Medicaid expansion
- The enduring effects of structural and ongoing racism
- Medicaid expansion's increasing popularity
- Improving maternal and infant health disparities demands multiple approaches – Medicaid expansion is a key one but other changes must be made.

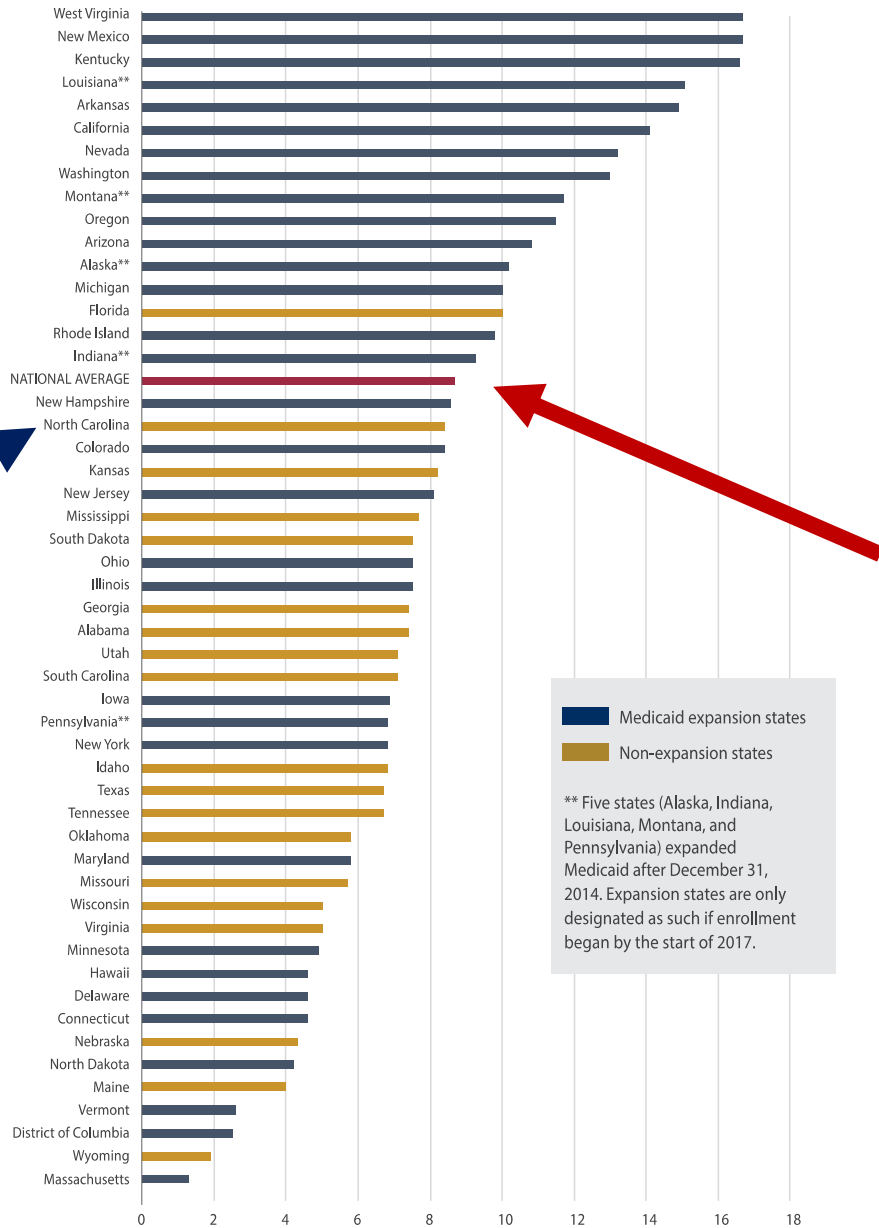




Deaths per 100,000 live births

"Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015." *The Lancet*. Only data for 1990, 2000 and 2015 was made available in the journal.2016): 447–455, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5001799/>.

Table 1. Percentage Point Decline in the Uninsured Rate for Women of Childbearing Age (18-44), 2013-2017



ACA-driven decline in uninsured rate for women

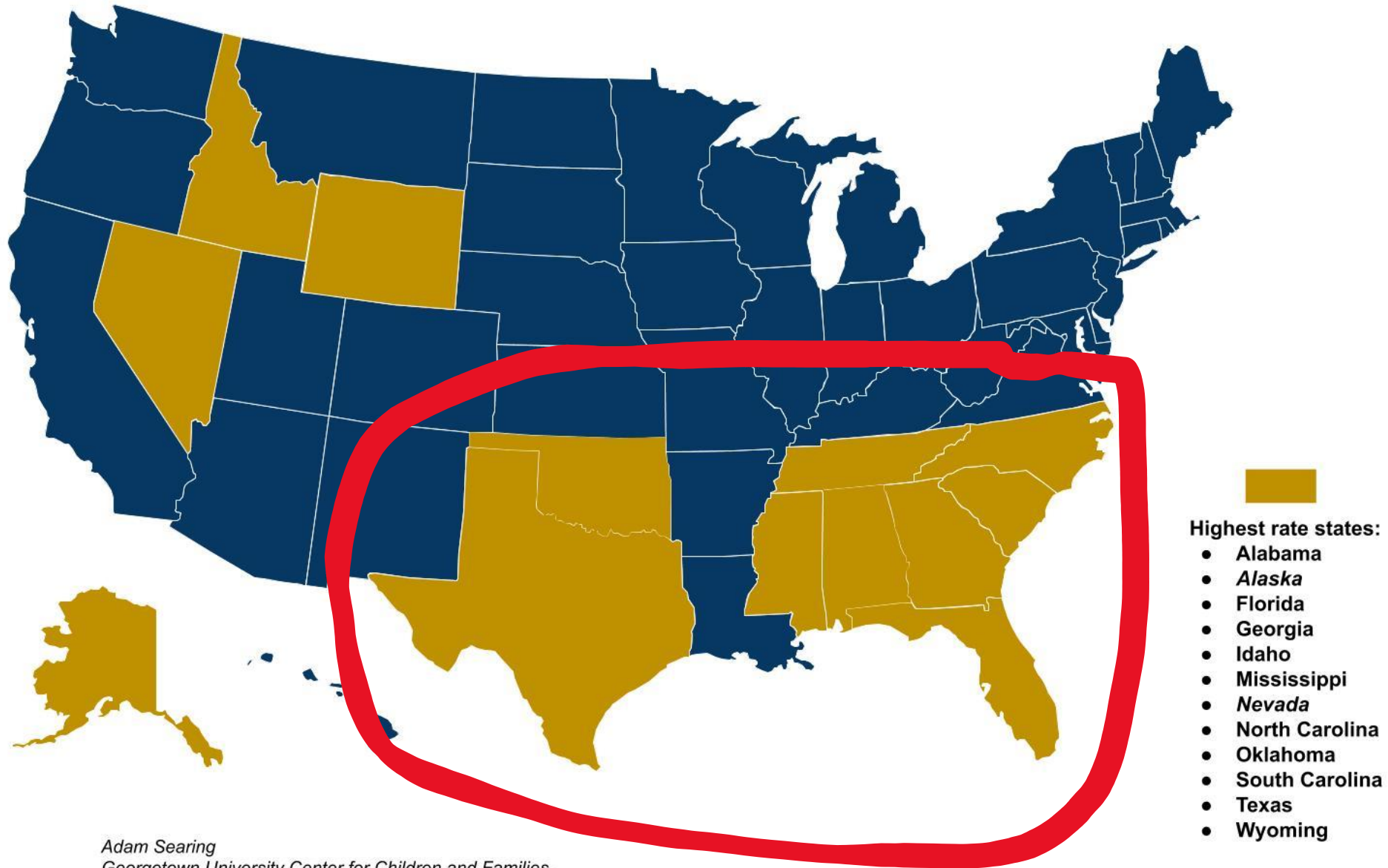
North Carolina

Medicaid expansion states led the country in reducing the percentage of uninsured women of childbearing age.

Every state above the national average was an expansion state – except Florida.

Source: Data is from a Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) data, 2013 and 2017 single year estimates from the Integrated Public Use Microdata Series (IPUMS).

States with the highest uninsured rates for women of childbearing age



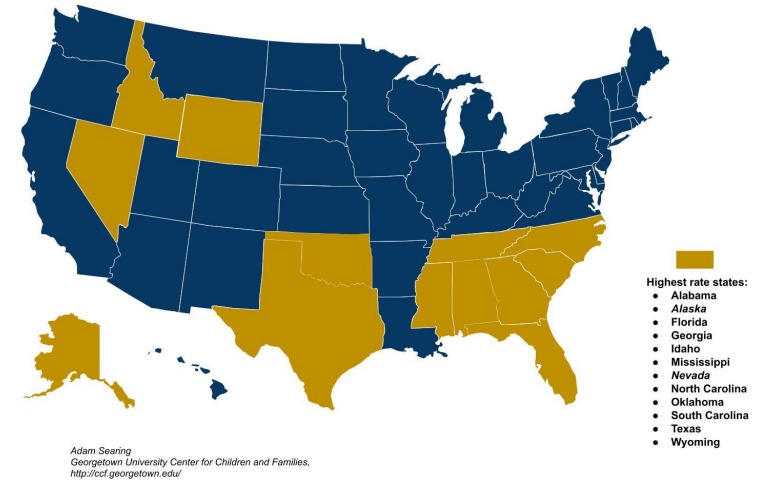
UNINSURED RATE FOR WOMEN OF CHILDBEARING AGE:

Average Expansion States: 9%

Average Non-Expansion States: 16%

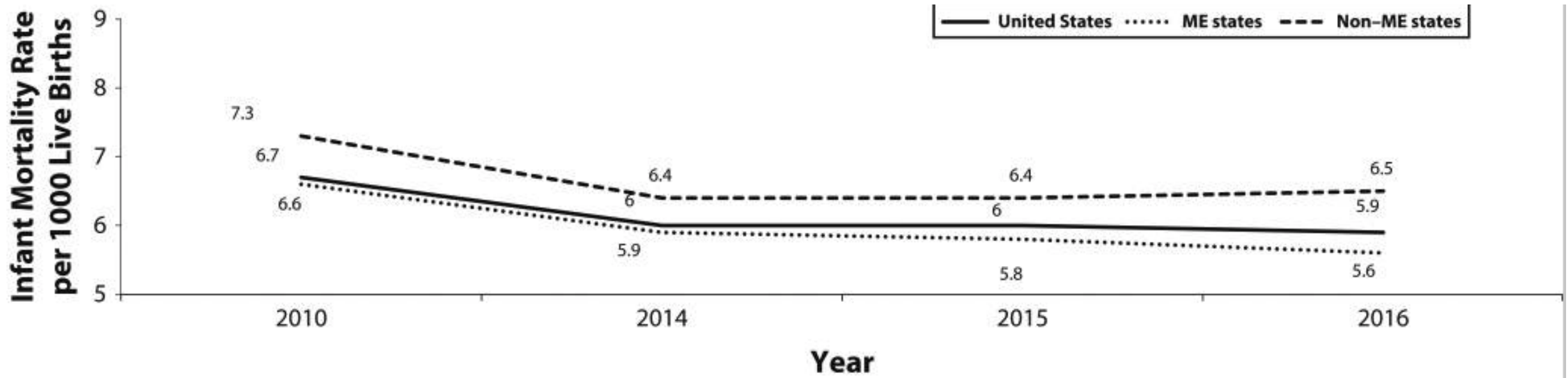
North Carolina: 16%

States with the highest uninsured rates for women of childbearing age



Reduction in infant mortality rate more than 50% greater in Medicaid expansion states than in states that refused the Medicaid expansion.





>>Declines “were greatest in African-American infants”

>>>So, Expansion states starting to address the inequity gap

Share of Total Population that is Black by State and Current Medicaid Expansion Status



Source: "Changes in Health Coverage by Race and Ethnicity Since Implementation of the ACA, 2013-2017," Kaiser Family Foundation, February 2019.

*Idaho and Nebraska voters approved Medicaid expansion but the expansions are not in effect and may be limited. Utah voters also approved a Medicaid expansion but Utah's legislature passed a law limiting the expansion to only some of those originally eligible and capping enrollment at the discretion of the state.

“There has never been any period in American history where the health of blacks was equal to that of whites. Disparity is built into the system.”

-- Dr. Evelyn Hammonds, Harvard University, 2019

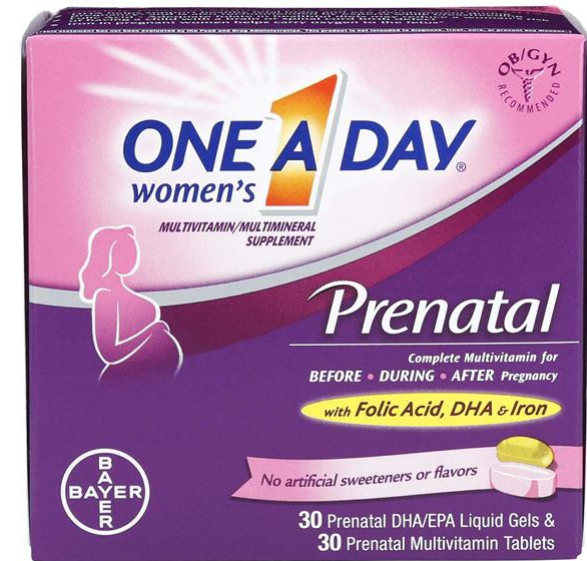
Medicaid expansions improved coverage prior to pregnancy and led to “earlier initiation and improved adequacy of prenatal care among pregnant mothers.”



-- Wherry, Health Services Research, December 2017

Ohio Medicaid Expansion Study:

- Almost 12 percentage-point increase in Medicaid enrollment for first-time mothers before they became pregnant
- Improved access in the first 16 weeks after these mothers became pregnant
- Increase in recommended health screens
- Nearly 14 percentage-point increase in receipt of prenatal vitamins for first-time mothers



HEALTH



SCREENING

1999 to 2016
comparing group of
expansion v. non-
expansion states

Medicaid expansion
was associated with
lower rates of
maternal mortality,
reflecting 1.6 fewer
maternal deaths per
100,000 women



AcademyHealth

Changes in the Debate over Medicaid and Health Care

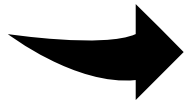
Maternal and Child issues highlighting Medicaid as a positive force; also more realization among public of critical role Medicaid plays for families of medically complex kids

Medicaid's popularity increasing – has been a key election issue in multiple states over the last two years and one that is largely positive. And this Medicaid as a whole, not just expansion.

Courts have so far been highly skeptical of attempts to link Medicaid health coverage to work reporting hour requirements, lockouts, etc.

Medicaid expansion is a durable issue that isn't going anywhere. Kansas, Oklahoma, Missouri likely to expand even in this coming election year. Will continue to be a top issue at the state level.

Beyond Medicaid Expansion



Guaranteed 12 month post-partum coverage for every women on Medicaid (12 month continuous)

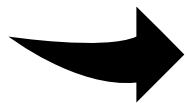
--Waiver or federal legislation needed (proposed fed leg would pay 5 years at 100% and then 90%)

--Likely some state cost eventually

--NC does this for kids

--NC family planning svcs available 1yr

--NC pilot for non-medical interventions (limited funding)

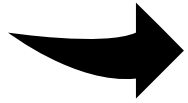


Establishing dedicated center to collect data and complaints on child health care from managed care companies if NC moves towards managed care

--California Audit Report is an example of this

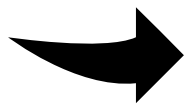
--Preventive services not being delivered to kids by managed care companies

Beyond Medicaid Expansion



Hospital Quality Improvement

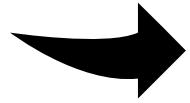
- NC participates in ACOG AIM quality improvement program – make sure all hospitals participate
- 3/4 Black deliveries in US occur in 1/4 of hospitals – and data suggest these hospitals provide lower quality of care (Howell, et al, American Journal of Obstetrics and Gynecology, January, 2016)
- Research suggesting focusing on low-performing hospitals could make a big difference in reducing racial disparities in severe maternal morbidity and mortality. (Howell, et al, Semin Perinatol, August 2017)



UNC's Fourth Trimester Project: Mother-led initiatives

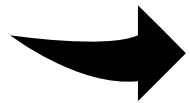
- newmomhealth.com – a new website for moms.
- Encouraging collaboration

Further Research



Racial Segregation and the History of Hospital Funding in North Carolina

The legacy of Hill Burton and Simkins v. Cone



Eastern NC v. Western NC

Do hospital systems and availability of ob/gyn and delivery care at rural hospitals make a difference?