Securing Access to Care: Medicaid and Reproductive Health

Town Hall and Educational Roundtable

Thursday, October 6

UMSL Millennium Student Center

Summary

Town Hall

What has changed?

- Community is more involved in the communication and discussion of reproductive health. There is an understanding that we need more than doctors making decisions about health. For example, we are starting to see more input from community health workers and doulas, but we need a more comprehensive variety of disciplines at the decision-making tables. In terms of being at "the table," there is not just one table. There are many tables. What we're doing today is only a piece of the total. Whatever we're doing now, we need to do more and do better.

- There is a greater awareness of what Medicaid can offer. More people are beginning to understand that Medicaid is MORE than just a health insurance- it also includes aspects such as transportation, case manager and social work support. However, better understanding is needed, such as awareness that breast pumps are available. In order for us to really move forward, we need to look at the whole person and needs over the whole lifetime, including an understanding of the social determinants of health and social or psychological influences.

- "What we do for the least of our people, takes care of all people. When we make the least of us better, we make all of us better". Financial resources are needed to change systems, but change does happen. For example, when Medicaid expanded coverage to long-acting contraception being administered in hospitals after birth, hospitals as a whole system changed their processes of delivering care. It benefited not just Medicaid women, but all women as the ensuing systems and structural changes were altered.

What has not yet changed?

- The initiative petition process (the process that was used for Medicaid Expansion) has not changed. Even though the federal government agreed to pay for 100% of the cost of Medicaid expansion, the Missouri legislature declined it. Through the petition process we were able to pass Medicaid Expansion. Many bills in the 2022 legislative session were introduced to make the petition process harder, but they did not pass! We need to be vigilant to protect the initiative petition process. We care most about protecting the processes that could prohibit our people from getting the necessary services.

- We still haven't greatly improved access to care for birthing people. Extending Medicaid postpartum coverage from 60 days to 12 months hasn't happened yet. The most recent Maternal-fetal mortality report includes high death rates for moms. There are currently not enough resources to serve the communities we need, especially mental and behavioral health services. A referral to psychiatrist can take up to a 12-month wait. Telehealth is one option for increasing access, but generally it is difficult to access care. An additional concern is substance use in pregnancy: In

tracking neonatal medicine, over 40% of babies in the NICU have had substance use exposure in utero.

- We need a greater variety of services and higher quality data collection to help take care of birthing people and monitor birthing outcomes. Improved doula and community health worker coverage would assist with home visits and blood pressure visits; improve mental health, such as rates of depression and suicidality; and decrease rates of violence. We need state-wide reviews of data so that we know what is happening, to whom, where, and we need this data to be disseminated back to the community. These efforts will highlight the underlying factors for birthing outcomes, such as nutrition's influence on low birth weight.

What is still unknown?

- The impact of the COVID-19 pandemic is unknown. We don't know how the pandemic impacted our already dire maternal-fetal mortality rates, and whether our gaps in coverage or disparities increased or decreased.

- We don't know what we don't know. Overall, we need to listen, even if we have to listen quickly. We need to learn how to get to the root of our true issues: nutrition and transportation services are not enough to provide for our most vulnerable community members. We can see community trauma from poverty, racism, the pandemic, and a variety of other issues. Efforts such as ELEVATE (group prenatal care) are opportunities to center women and birthing-people more, and foster environments where we can really listen to patients, accepting and reacting to new information.

- From a policy perspective, we don't know what is coming in the next legislative session or what the fallout of the Roe v Wade decision will look like. Building relationships with legislators, even those with whom you disagree, is the only way to move forward. Currently there are 11 women in Senate, which is more than ever before! We need to learn how to find similarity in difference, such as finding colleagues in rural areas who are suffering the same maternal mortality rates as urban women. Make sure they are speaking to their legislators, and we are collaborating with them.

How do we navigate through all of this to strengthen reproductive health?

- Let's celebrate. Celebrate our patients and how strong our communities are, even in the face of adversity. We do this work because it needs to be done and we love the people we serve. We will continue to reach the most people as we move forward with this attitude in mind

- Strike while the iron is hot. Let's talk about what healthy families look like, which includes the ability to *make a choice*. We can't be the arbitrator of who a healthy family consists of or what that looks like, and neither should the government. We gather in spaces like this room to talk about these issues that matter to us, and we cannot let these issues fall back into non-conversation, especially when there is more to come this legislative session.

- Let's look deeper than crisis management and help change the conditions of the people we serve. Let's "change the dough" of the cookies rather than changing the toppings like chocolate chips and sprinkles. Conversations about equity, diversity, and inclusion are all aspects that should be included in these efforts.

Roundtable 1: Racial Equity and Maternal Health Policy [*Generate Health*]

Background

- The maternal mortality rate among Black pregnant people is 4x higher than white people, and these disparities are reflected in Missouri. To address these disparities, we need to make mental health care available and accessible, educate Black women and pregnant people on their patient rights, increase providers' ability to care for Black pregnant people, and help providers listen to Black pregnant people's experiences and feelings and take them seriously.

- Historical trauma and racism informs our experiences and systems today. Racial bias in medical care is real and puts women's lives at risk. The very systems that are meant to protect and assist are actively harming and killing our community members (ex: "Hospitals and doctors are to black women as police are to black men,").

- FLOURISH St. Louis is an infant mortality reduction initiative. Priorities include coordinated quality care, increasing the network of sleep champions and promoting safe sleep practices, supporting the region to advance equitable policies and practices, and addressing social determinants of health, including improving access to safe and affordable housing for families and removing transportation barriers to accessing healthcare and critical services.

Issues/Concerns *[points of consideration from discussion]*

- "The opposite of wealth is not poverty, it is injustice." We live in the wealthiest country in the world: the money, resources, talent and interest are here to really improve health outcomes, but we haven't managed to reform the system enough to accomplish this. The areas with the best health statuses, including maternal and infant outcomes are seen in the most affluent areas, meaning these outcomes are achievable, but there is an issue of income inequality, wealth distribution, and social justice.

- There are so many different drivers of the inequities we are seeing: patients are being punished for being late or missing appointments, folx don't have access to safe and sustainable areas to exercise and be in health, and there is a fear in showing up for care. It isn't enough to walk through the doors.

- We can't talk about what needs to change or how we move forward unless we know what's happening, which means we need to get in proximity with people. The data, though it's there, is not enough, and we need to think about all the folx who can't or don't fill out surveys- it's those voices that are missing that are the most important.

Next Steps/Strategies

- Bloom Network initiative: Health initiative that incorporates and asks for community needs. It is a way to coordinate providers for variety of needs and shares data in a collectivist lens.

- More than anything, we need to continue to advocate for policy level changes and programs that benefit all of our community members. Efforts such as the Momnibus campaign are the easiest way to get involved, including following and supporting the Generate Health Advocacy Toolkit.

- "The Right Time Health Centers" are an effort to improve access to methods of birth control/contraception and health clinics in Missouri. Information can be found here.

Roundtable 2: Health Advocacy and Improving Access to Care [*LSEM*]

Background

- MO HealthNet plans cover newborns through the first year of life, as long as the child remains in the mother's home and lives in Missouri, and children under 19 between 150% and 305% of the federal poverty line also qualify. Pregnant women can receive coverage at or below 201% of the Federal poverty Line and need to be US citizens to qualify. To qualify for Show Me Healthy Babies, no citizenship is required, and income is between 202%-305% of the Federal Poverty Line.

- Parents of children under 19 whose family does not make more than 23% of the Federal Poverty Level-Certain citizenship or residency requirements can apply for MOHealthNet for Families. Adults Between 19 and 64 years old who are Missouri residents and citizens of the US, have an income at or below 133% (really 138%) of the Federal Poverty Level, are not enrolled in or eligible for Medicare, and not receiving SSI are eligible for the Adult Expansion Group (AEG) of Medicaid.

- The Uninsured Women's Health Insurance Program covers women 19-64 who do not qualify for other Medicaid programs, and pays for: birth control, STED testing and treatment, women's health annual exams, and family planning counseling. Medicaid for Pregnant People includes full health benefits, including dental, vision, and other care that non-pregnant, adult Medicaid beneficiaries do not have access to. Most of these benefits are also available to non-birthing parents who qualify for a different Medicaid program, making eligibility for Medicaid vital for people before, during, and after giving birth.

- LSEM engages with day-to-day advocacy through programs such as Connecting Kids to Coverage, the Medicaid Stories Project, Public Benefits Program, and Advocates for Family Health. They engage with systemic advocacy in a variety of ways, including engaging with state advocacy to discuss issues and solutions to coverage rates, holding stakeholder workgroups, administering community education and presentations, writing comments (as requested) for administrative rule making and provide educational insights to lawmakers, and taking legal actions (as indicted) against State Agencies to ensure equitable access to benefits for our clients and all eligible Missourians.

Issues/Concerns *[points of consideration from discussion]*

- If undocumented birthing people give birth and will not be covered, refer them to get services from supporting/surrounding organizations. Undocumented mothers/birthing people should be able to access services irrespective of their status at surrounding FQHCs. If anyone experiences issues with these situations, reach out to Legal Services.

- Medicaid Benefits for pregnant people are severely underutilized. This could be due to not having access for such a long time which has impacted their ability to confidently utilize services. Additionally, the folks being served don't like reading through all of those boring-looking piles of paper unless its exciting and visually stimulating, which leads to unused/underutilized services.

- For those who are incarcerated, it is really difficult to connect to services even with coverage if they aren't physically present at the organizations rendering services. This is a complicated issue, and LSEM will follow up as more information becomes available. Other issues for the incarcerated include judges wanting inmates to have housing and mental/behavioral health treatment before they get released (pre-trial inmates). This is hard and unrealistic to expect inmates to find transportation to these services or money to make these accommodations.

Next Steps/Strategies

- LSEM has a document that outlines income/household numbers that they will share out to assist managed care workers and others who have questions around these issues: follow up for this information and also information about Medicaid application training either on October 21st or 28th.

- Open enrollment for the Marketplace is November 1st - January 15th.

- CoverMO offers training for companies who have extra staff that are interested in being a navigator and teaching folks how to complete the application. They provide funding and other support services for those trainings.

Roundtable 3: Medicaid and Mental Health Concerns [*BHN*]

Issues/Concerns *[points of consideration from discussion]*

- COVID exacerbated all of the issues that already impact mental health for women and teens. Tiktok has helped normalize a lot of mental health concerns, though there is an important distinction between "advice" and clinical care. Additionally, BHN has mental health ambassador training for teens/youth in the faith-based communities and schools. These ambassadors post on Tik Tok to reach other kids.

- Access to care is too challenging. Access has increased some via MH telehealth/chat services, but this is not necessarily the best method of treatment. Those that have access to more overall health care (preventative, dental etc.) are more likely to have their mental health issues identified. If we

mimic the comprehensive care model Medicare uses that ties MH services to the primary care setting, we can reduce stigma and increase access. Currently, mental health codes aren't available or covered for Medicaid, though there is a Mercy program attempting to get this done.

- Care is not the same as *good* care. When you aren't getting good care, the problems compound. Those providers that accept Medicaid for Behavioral Health don't treat patients receiving that insurance equally. If patients want to change providers, there are lots of barriers to finding a new provider that accepts their insurance.

Next Steps/Strategies

- Resources
    - Perinatal Behavioral Health Service at Washington University in St. Louis takes referrals from everywhere. You don't have to be a patient getting your pregnancy care there. They people accept up to 18 months postpartum, including if folx have suffered miscarriage. They primarily work to serve those with Medicaid or uninsured. Anyone can refer, not just providers. Patients can also call if they need help (314-454-5052).
    - The Missouri Department of Mental Health website has directory of providers across the state.
    - Bridges to Care and Recovery runs a 24-hour hotline (314-628-6272) for both St. Louis City and County. Behavioral Health Response (BHR) will answer calls that come in, and if there is immediate concern, BHR can send a mobile unit within an hour. If not immediate, BHR will assign the caller to a case manager who will help guide them to access points. BHR is willing to pay for 5 counseling sessions for callers, sometimes up to 8 in special cases.
    - Ideas42.org is a website covering Behavioral Health economics. They have also published a White Paper on interrupting poverty.
- We need to increase voting to have our voices heard and create a space to het an audience with the state. We would also like to have more events like this to create spaces for conversation with policy-makers and payors.

Roundtable 4: Holistic Care and Reproductive Justice [*IHN*]

Background

- The infant formula shortage impacted families across the United States, but disproportionally impacted people with low income and people of color. The Feed the Babies Project is a community-wide collaborative designed to address the infant formula shortage crisis and provide immediate Solutions for families in St. Louis. Through 6 community events, 6K oz. of pasteurized donor breast milk was provided for 60+ families, 80+ families received fresh groceries from our partners, 1.5K oz. of infant formula was distributed to families in need and 15+ families received maternal health and

infant care items during a community baby shower event by our partners.

- The WIC program was established in 1974 to safeguard the health of low-income women, infant, and children up to age 5 who are at nutritional risk. WIC provides nutritious foods to supplement diets, nutrition and breastfeeding education, medical and social service referrals, health screenings, nutrition and breastfeeding education and referrals to health and other social service programs. WIC leads to improvements in outcomes such as average birth weight, the incidence of low birth weight and maternal weight gain. Breastfeeding resources are available to WIC families at no cost.

- MO ranks 33rd in infant mortality. Human breast milk, including donor milk, is a lifesaving, living tissue for infants in Missouri. For mothers choosing how to Use of donor milk is a medical intervention, not a feeding choice.

Issues/Concerns *[points of consideration from discussion]*

- Community depots need to be set up for folks that may not know about the FQHCs, WIC or the Feed the Babies Project. If milk depots were in a more convenient location for moms and babies, they would be utilized more. For St. Louis, we need to make sure some of the milk depots are city-based.

- We need to improve education about donor milk, including with clinical staff. The worst time to hear about donor milk is when you need donor milk. We need to elevate the conversations earlier, more often, and make them more common (like blood banking).

Next Steps/Strategies

- Any community partner that sees a milk depot aligning with their mission and vision can house one by contacting the Milk Bank.

- Direct shipping to families within 24 hours is an option- that information needs to be shared.

- The Feed the Babies Project is working to move out of crisis stage and into sustainability phase.