

Perinatal Hubs Workgroup: House Bill 1537 (2023) Meeting Minutes
 November 30, 2023 – 9:00am – 1:00 pm
 Virtual via Zoom

Member Attendance	Voting Record Y=Yes, N=No, A=Abstain
Bold = Present <i>Italicized</i> = Absent	Approve Meeting 1 Minutes 11/16/2023
Dr. Vanessa Walker Harris/Dr. Melanie Rouse/Cindy DeSa, Virginia Department of Health	Y
Heidi Dix/ Doug Gray, Virginia Association of Health Plans	Not present for vote
Dr. Lisa Stevens, Department of Medical Assistance Services	Y
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	Y
Lisa Brown, Birth Sisters of Charlottesville	Y
<i>Kenda Sutton-EL, Birth In Color</i>	
Kathryn Haines, Virginia Interfaith Center for Public Policy (VICCP), Faith-based Organization	Y
Dr. Jaclyn Nunziato, OBGYN	Y
<i>Lauren Agyekum, American College of Nurse Midwives, Provider</i>	
Danielle Montague, Virginia Association of Rural Health, Rural Health	Y
Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation	Y
Mandolin Restivo, Postpartum Support Virginia	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker Representative	Y
Kamil Chambers, Lived experience/doula	Y
<i>Deborah Oswalt, Virginia Health Care Foundation</i>	
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	Y

VDH Support Staff Present: Lauren Kozlowski, Jen Macdonald, Christen Crews

Other VDH attendees present to observe: Fahimah Zaman, Natalie Southerland

Welcome, Introductions and Workgroup Business

The meeting was called to order at 9:13 a.m. Lauren Kozlowski led welcome, agenda review, and introductions of workgroup members. A quorum was established.

Meeting minutes for 11/16/23 were reviewed with the minor edits below. Stephanie Spencer made a motion to approve the meeting minutes, and Mary Brandenburg seconded. Vote occurred by roll call and the minutes were approved by all members present.

Edits to November 16, 2023 meeting minutes, tracked changes available in meeting minutes document:

For UBB, edit: provide grant funding for those who are self-pay or private pay if qualified. We accept limited self-pay clients.

For Birth Sisters, edit: add that BSC also has a deep sliding scale for paying clients

CHW Association: Language access was noted in last meeting, training independent doulas on Medicaid reimbursement.

VICPP: Comment on CHWs and working in communities, barrier of reimbursement

Public Comment Period

No members of the public signed up to speak or were present for the public comment period.

Review of Workgroup Purpose

Lauren Kozlowski, VDH, reviewed timeline and objectives of the workgroup. Although two meetings are planned, an additional meeting can be held if recommended by the workgroup.

Workgroup Discussion on Crafting Recommendations:

The workgroup discussed drafting language for recommendations on perinatal health hubs. Below are key points from the discussion, grouped by language from the bill that itemizes the tasks given to the work group.

(i) analyze federal and state regulations and funding mechanisms impacting establishment of perinatal health hubs

- The workgroup was asked to consider if there should be regulation in place and to consider offering a couple of potential options for funding and support when reporting workgroup findings to the General Assembly.
- The group didn't identify existing Virginia code or regulations specific to perinatal health hubs
- The group is not aware of existing state funding specific to perinatal health hubs. Federal funding mechanisms may include grants.
- A recommendation to direct the Department of Medicaid Assistance Services (DMAS) to explore current funding streams within DMAS infrastructure and evaluate future funding mechanisms to support perinatal health hubs was suggested. For example, examining current funding for BabyCare programs as a potential avenue. Concern expressed regarding shifting funds to perinatal health hubs as it could decrease funding from other programs with budget limitations. All health districts that have BabyCare programs

receive additional funds through Title V Block Grant as the current funding allocation is not sufficient for operations.

- Proposal to look at current funding mechanisms. Comment made that for DMAS, the 1115 Waiver does not go on forever and serves to jumpstart innovations. Group discussed how managed care organizations (MCOs) within Medicaid programs operate, what services they offer and how effective they are at serving their members. There was a comment made that MCO re-procurement is current underway. There is information/dashboard on MCO expenditures. A recommendation could ask Medicaid to look at their MCOs and how they are utilizing the capitation on perinatal care. Group would like to know the outcomes of their work related to perinatal health.
- Additionally, for Medicaid funding opportunities, impact of reimbursement for new provider classes (ie CHWs) vs place based/organizational reimbursement.
- Another suggestion for a recommendation: direct DMAS to look at Community Health Worker (CHW) reimbursement.
- Work group also discussed importance of tying funding streams to outcomes. Is there an opportunity to shift funding to community-based programs? With respect to other funding mechanisms, it is important to keep our eye on the healthcare marketplace plans and what programs are included in them, including the non-clinical services that support maternal health.
- Work group also asked about the Department of Health's (VDH) current funding streams from Title V to the districts, both federal and state, and how it currently is divided to fund perinatal health work. Other organizations than BabyCare/home visiting programs face challenges in the state. It is very expensive for programs to become evidence-based, group wants to be careful of requiring the use of evidence-based programs only. Proposed change for VDH to evaluate existing programs serving the perinatal population and program needs to expand services to become perinatal health hubs.
- Diversification of funding was also highlighted as important: state, federal, philanthropic and private foundations. Discussed the feasibility of the state managing a fund where donations could be made. VDH does not have a current process to collect alternative funds or philanthropic contributions. A fund would need to be established in code, and the Rare Disease Council has an established fund as precedent but is still working on guidelines and it is not yet operational.
- Work group is requesting that the healthcare insurance reform commission (HIRC) review adding perinatal health hub as an essential health benefit .
- Important to write in language for capacity building without being organization specific and to not lose sustainability.
- Importance of serving populations that are not insured by a Medicaid plan also highlighted. If the Medicaid population is receiving robust support, then Title V could potentially step in and fill the gap for those that are in need but are not eligible for Medicaid. However, right now, Title V is having to support other programs. If the other programs were fully leveraged, then Title V could support this gap in service. The recommendation is for VDH to clarify how Title V funding streams (federal and state)

are currently allocated and how they support local health departments and CBOs providing maternal health services.

- Additional recommendation suggested for DMAS to explore Medicaid reimbursement for value-based care/social determinates of health such as CHWs, Food as Medicine, care coordination services, etc. and that may be able to provide revenue streams for perinatal health hubs.
- Group also suggested that the GA add VDH funding for community driven solutions that address maternal mortality, as VDH is currently underfunded.
- There was discussion around recommendations for an overseeing body for perinatal health hubs. Otherwise, anyone can get funding and stand a hub up, but then standards may not be the same across each hub. Group discussed hesitance on the oversight piece. Language around supporting capacity building or general operating support as opposed to limiting funding to service provision could get at the concerns expressed about not leaving out smaller/burgeoning hubs.

(ii) review evidence-based strategies for the implementation of perinatal health hubs and the community impact of existing perinatal health hub

- Collecting data and focusing on data related to social determinants of health was discussed by the group. Issue of some smaller community-based organizations finding data tracking and collection more challenging due to capacity and staff size. Work group considering three different buckets for a finding request to be dedicated to:
 - Established organizations looking to expand
 - Start-ups or organizations in the very early stages of serving their communities
 - Collaborative models where organizations may be working to provide wrap-around services in partnership with other hubs/agencies
- Discussed possibility of making a recommendation to create and participate in a learning collaborative for those organizations that are funded to provider perinatal health services
- Conversation around whether perinatal health hub should have liaisons on staff to engage with hospitals and connect to resources

(iii) project estimated costs of implementing the work group's recommendations for the next five year

- fiscal recommendations can be broad --as a range. Once the recommendations are public, legislators can propose the specifics based on their constituent ask
- Unless the group wants to make recommendations based on specific tiers of perinatal hubs etc. Specific asks could be for technical assistance, workforce development, specific agency recommendations

The following recommendations were work shopped live during the meeting and passed with a quorum, voting record can be seen below.

This work group recommends that moving forward the Commonwealth recognizes a perinatal health hub as:

A perinatal health hub serves as a community-based multidisciplinary care model that values and prioritizes perinatal health outcomes related to a reduction in maternal and infant mortality and morbidity. These spaces are dedicated to delivering a spectrum of comprehensive culturally responsive perinatal support services from trusted community providers. Hubs provide care during the period before, during, and no less than 1 year following pregnancy. These hubs provide vital support to the community, perinatal health providers, and hospital systems through their access to a diverse workforce collaborating to improve outcomes via coordinated wraparound care (e.g. doulas, CHWs, peer support specialists, birth workers, and other perinatal specialists). A perinatal health hub can come in a variety of forms that is tailored to the unique needs of the community it serves.

Recommendation iA: Direct DMAS to review how current funding streams are allocated that may support perinatal health hubs. This includes examining and reporting on how MCOs are utilizing the capitation on perinatal care and providing recommendations for how funding allocations could be adjusted and/or increased to support care provided via perinatal health hubs.

Recommendation iB: Direct DMAS to explore Medicaid reimbursement that supports value-based care and social determinants of health such as CHWs, Food as Medicine, and care coordination services that can provide revenue streams for perinatal health hubs.

Recommendation iC: Evaluate future funding mechanisms that we may be able to apply for as a state.

Recommendation iD: Direct VDH to make a report publicly available that describes how Title V funding streams (both federal and state) are currently allocated in terms of how they support local health departments and community-based organizations providing perinatal health services provide and recommendations for how funding could support perinatal health hubs.

Recommendation iE: Direct HIRC to examine the inclusion of coverage for perinatal health hubs, doula care services, and CHWs as essential health benefits. “state-mandated health benefit” is defined at §38.2-3406.1

Recommendations Voting Record

Member Attendance	Voting Record Y=Yes, N=No, A=Abstain			
Bold = Present <i>Italicized</i> = Absent	<i>Adopt Perinatal Hub Definition</i>	<i>Adopt iA</i>	<i>Adopt iB</i>	<i>Adopt iD and iE</i>
Dr. Vanessa Walker Harris/Dr. Melanie Rouse/Cindy DeSa, Virginia Department of Health	Motion	Y	Y	Y

Heidi Dix/ Doug Gray, Virginia Association of Health Plans	Not present	Not present	Not present	Not present
Dr. Lisa Stevens, Department of Medical Assistance Services	Not present	Not present	Not present	Not present
Shannon Pursell, Virginia Neonatal Perinatal Collaborative	Y	Y	Second	Y
Lisa Brown, Birth Sisters of Charlottesville	Y	Second	Y	Second
<i>Kenda Sutton-EL, Birth In Color</i>				
Kathryn Haines, Virginia Interfaith Center for Public Policy, Faith-based Organization	Y	Y	Y	Y
Dr. Jaclyn Nunziato, OBGYN	Y	Y	Y	Y
<i>Lauren Agyekum, American College of Nurse Midwives, Provider</i>				
Danielle Montague, Virginia Association of Rural Health, Rural Health	Y	Y	Y	Y
Mary Brandenburg, Virginia Hospital and Healthcare Association Foundation	Y	Motion	Y	Y
Mandolin Restivo, Postpartum Support Virginia	Y	Y	Y	Y
Shanteny Jackson, Community Health Workers Association, Community Health Worker Representative	Second	Y	Y	Y
Kamil Chambers, Lived experience/doula	Y	Y	Y	Y
<i>Deborah Oswalt, Virginia Health Care Foundation</i>				
Stephanie Spencer, Urban Baby Beginnings, Maternal Quality Care Alliance	Y	Y	Motion	Motion

Next Steps

Before Next Meeting:

- Workgroup members will send proposed language for recommendations to VDH staff

For next agenda:

- Finalize recommendations

- Approve meeting minutes

A poll will be sent to the workgroup for best available dates for an in-person meeting.

Adjournment

The meeting adjourned at 12:57 pm.