



Bright Spots: Highlighting Successful State Policies to Improve Maternal and Child Health Outcomes

The United States continues to grapple with poor maternal and child health outcomes, most prominently demonstrated by its abysmal rates of maternal and infant mortality.¹ Additionally, despite spending more per capita on children's health care than other wealthy countries, the U.S. also ranks poorly in child health outcomes. A UNICEF report from 2013 ranked the U.S. 25th out of 29 developed countries regarding overall child health and safety.²

The nation's poor ranking in maternal and child health outcomes underscores the need for further investment in improving the social and environmental factors that are the principal drivers of health.³ Research demonstrates that investing in children's health results in better educated and more productive adults, which in turn affects the health and economic security of future generations.⁴

The COVID-19 pandemic has only exacerbated existing inequalities in maternal and child health outcomes. While we have yet to see the full effects of the pandemic on health outcomes, parents and families have reported worsening mental health outcomes, increased food insecurity and a loss of stability.⁵ As families are struggling with the ongoing health and economic impact of the pandemic, it is important that states find opportunities to advance evidence-based efforts and promising practices that improve health equity for mothers and children.

As state advocates prepare for the 2022 legislative sessions, this paper highlights a series of examples of state-level policies that prioritize the health of families by investing in intergenerational approaches. These approaches include increasing access to home visiting

services, developing carceral policies that prioritize keeping caregivers and children together and passing impactful maternal health legislation. By sharing the following state maternal and child health policy bright spots, we hope to spur other states interested in improving maternal and child health to replicate these policy approaches.

Improving maternal and child health outcomes by investing in home visiting services

Home visiting programs, which may start during the prenatal period, target a broad range of health and developmental outcomes. Evidence-based home visiting programs have demonstrated a wide range of benefits, including lower rates of pregnancy-induced hypertension, fewer depressive symptoms for mothers, fewer babies born preterm or with low birth weight, higher rates of achievement of developmental milestones, and reduced rates of child maltreatment and injuries.⁶

As an upstream form of prevention, home visiting programs are an example of a delivery system reform effort that can address health inequities in an intergenerational format that is responsive to the unique needs of low-income families. These programs also promote economic self-sufficiency by linking families with employment opportunities and community services, and by enhancing parents' capacity for positive parenting and improving the health and function of the family unit.⁷ Studies on home visiting have demonstrated that home visiting programs may return up to \$5.70 per taxpayer dollar invested, with returns being highest for home visiting programs that target high-risk populations.⁸

Since 2010, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program has provided sustained and flexible funding to states, territories and tribal entities to implement home visiting models.⁹ In 2020, MIECHV served almost 140,000 parents and children and provided 925,000 home visits, 70% of which served households with income at or below 100% of the federal poverty level (FPL).¹⁰ Aside from MIECHV-funded home visiting programs, more than a dozen states[†] have long-standing structures for using Medicaid to finance some home visiting services.¹¹ However, there is wide variation in these benefits and their reach.

A number of states have exhibited creativity in their home visiting program delivery system and payment design, including components such as recommending universal screening and assessment, offering home visiting services to all new parents regardless of income or family size, and utilizing Medicaid reimbursement for nurse home visits.

[†] States using Medicaid to finance home visiting (as of 2018) include: California, Colorado, Illinois, Kentucky, Maryland, Michigan, Minnesota, New Hampshire, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Vermont, Virginia and Wisconsin.

STATE BRIGHT SPOTS IN HOME VISITING POLICIES



MINNESOTA

Universal Screening for Home Visiting

The Minnesota Department of Health (MDH) Family Home Visiting Program recommends universal screening and assessment for children and families participating in its home visiting models. Screening tools are available in the following categories: child development and social-emotional, depression, home safety and safe sleep, intimate partner violence, parental assessment and parent-child interaction.¹² The home visitor may use screenings to reinforce parent and child strengths and to strategize interventions or secure appropriate referrals.¹³ This approach, often called “screen and refer,” is a low-cost strategy for addressing multiple health risks that complements more intensive therapeutic approaches (such as therapist-delivered interventions).¹⁴ The MDH recommends that home visitors prepare for referrals by developing a referral network and protocol so that families may connect to other services and supports as needed.¹⁵ Similar to programs in other states, the MDH Family Home Visiting Program is supported by a number of funding streams, including state, federal and local resources.¹⁶



NEW JERSEY

Universal Newborn Home Visiting

In 2021, Gov. Phil Murphy signed legislation appropriating \$2.75 million to the Department of Children and Families (DCF) to establish a new statewide universal newborn home visiting program.¹⁷ The program was a recommendation of the Nurture NJ plan — first lady Tammy Murphy’s statewide initiative that aims to improve maternal and infant health outcomes and eliminate racial disparities in birth outcomes.^{18,19} As part of the home visiting program, a registered nurse conducts free home visits to all parents and newborns within two weeks of birth. DCF coordinates with all hospitals and birthing facilities in the state to schedule a nurse home visit prior to the birthing person’s discharge from the hospital or facility.²⁰ Adoptive parents and parents who experienced stillbirth may also receive home visits.²¹

During the visit, the nurse conducts physical and mental health wellness checks, offers breastfeeding support and reproductive planning, performs an environmental assessment of the home, assesses for social determinants of health, and refers families to additional services as needed.²² Families who sign up for the program may receive up to three free home visits within three months.²³



OHIO

Expansion of Nurse Home Visiting

The Maternal and Infant Support Program, operated by the Ohio Department of Medicaid (ODM), is a partnership between ODM and the Ohio Department of Health (ODH) to improve infant and maternal outcomes and reduce racial disparities. One goal of this program is to expand access to nurse home visiting services, specifically the Nurse-Family Partnership model, for low-income women at high risk for preterm birth. Under this program, ODM will reimburse Nurse-Family Partnership providers using a sustainable Medicaid payment mechanism. ODM and ODH are also working together to coordinate and streamline home visiting reimbursement processes across departments in an effort to reduce the administrative burden for providers. ODM and ODH are working closely with Nurse-Family Partnership in the development of the project.²⁴

Improving child and family success through alternatives to parental incarceration

Early bonding between mothers and their children is critical for children's normal development and directly impacts children's mental health in the long term.²⁵ Children who fail to sufficiently bond with their mothers are more likely to suffer from developmental delays in addition to a host of other social emotional issues. Incarceration and the ensuing separation of families breaks the security of the maternal-child bond. Research shows that parental incarceration has numerous effects on children, including, but not limited to, traumatic loss, increased mental health problems, lower educational achievement, behavioral problems, lack of sleep, poor diet and nutrition, difficulty meeting basic needs, and continued health issues later in life.²⁶

Moreover, more than 75% of incarcerated mothers are primary caretakers, which means that separation often leaves children without a stable home.²⁷ When fathers are incarcerated, children

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tend to live at home with their mothers; however, children whose mothers are incarcerated typically live with a nonparent family member or enter the foster care system.²⁸

Efforts to effectively keep mothers, and other primary caregivers, out of prisons and jails would have a tremendous effect on the health of children as over 5 million children in the U.S. have experienced the incarceration of a parent.²⁹ Community-based residential parenting programs, such as halfway houses or prison nursery centers, that allow mothers to remain with their infants and young children while serving their sentences create a smoother transition for release, reduce the likelihood that mothers will return to prison or jail, and help support the healthy development of their children.³⁰

STATE BRIGHT SPOTS IN ALTERNATIVE SENTENCING POLICIES FOR CAREGIVERS



OREGON

Diversification Program for Primary Caregivers

The Family Sentencing Alternative Pilot Program (FSAPP) is a pilot diversion program that prioritizes probation over incarceration for male and female primary caregivers who have committed nonviolent offenses. Program goals include reducing the traumatic effects of parental incarceration on children and other family members, promoting family reunification, keeping children out of the foster care system, and holding offenders accountable.³¹ In 2017, the program expanded to include pregnant women.

In addition to reunification and 12 months of intense supervision with a Department of Human Services contact, the FSAPP provides parents with parenting classes, behavioral health treatment and housing services.³² Participation in FSAPP has been associated with lower rates of recidivism for incarcerated parents and shorter foster care stays for their minor children. For example, since the program started in 2016, more than 200 individuals have participated, which accounts for 391 minor children who would have otherwise been placed into the foster care system.³³ Children in foster care with incarcerated parents have substantially longer stays than the statewide average, while children with FSAPP-involved parents have significantly shorter stays in foster care than those with incarcerated parents who do not participate in the program.

STATE BRIGHT SPOTS IN ALTERNATIVE SENTENCING POLICIES FOR CAREGIVERS, CONTINUED



TENNESSEE

Community-Based Rehabilitation Program

In 2019, the Tennessee Legislature passed a bill that allows courts to impose sentences without imprisonment on individuals who are primary caregivers of a minor and convicted of a nonviolent offense. This legislation requires a sentencing court to consider if the convicted person is a primary caretaker of a dependent child and provides the option of community-based rehabilitation rather than imprisonment.³⁴ The Tennessee primary caretakers bill was modeled after a similar Massachusetts bill, S.770, which was introduced in 2016 and passed in 2018.³⁵



WASHINGTON

Carceral-Based Parenting Program

The Residential Parenting Program (RPP) near Seattle, Washington, allows minimum security inmates with sentences shorter than 30 months to live with their children and receive parental support and education in a communal environment.³⁶

Only women who are pregnant upon their arrival at the corrections center are eligible to enter the program, and children can live with their mothers in the RPP for up to 30 months post-birth. The program aims to maximize healthy growth and development for infants, ensure a secure and healthy attachment between mother and child, and provide a safe residential setting for mothers and babies to stay together. Additionally, the RPP unit looks more like a home than a typical prison cell, and participants have access to a kitchen, individual rooms and a nursery. Incarcerated women who participate in RPP show lower rates of recidivism, and their children are not placed in foster care.³⁷

Improving maternal health equity through comprehensive legislative packages

Since 2020, U.S. Rep. Lauren Underwood and the Black Maternal Health Caucus have championed the Black Maternal Health Momnibus Act — a federal legislative package to address the maternal health crisis in America. Known as the Momnibus, the act was reintroduced in 2021 and includes 12 titles on a range of issues, including social determinants of health, community-based organizations, pregnant and postpartum veterans, the perinatal workforce, data collection processes and quality measures, maternal mental health, incarcerated moms, digital tools, innovative payment models, COVID-19 during and after pregnancy, climate change, and maternal vaccinations.³⁸ Eligible portions of the Momnibus as well as 12 months postpartum coverage extension were included in the Build Back Better infrastructure package, as of November 9, 2021.

Inspired by the federal Momnibus Act, legislators in California, Illinois and North Carolina have introduced state-level Momnibus bills, and legislators in Colorado successfully passed a birth equity bill package.³⁹

STATE BRIGHT SPOTS IN MATERNAL HEALTH BILL PACKAGES



CALIFORNIA

Momnibus Act

In October 2021, Gov. Gavin Newsom signed the California Momnibus Act, designed to improve maternal and infant outcomes, particularly for families of color.⁴⁰ The bill does the following:

- » Codifies and strengthens the work of the Pregnancy-Associated Mortality Review Committee.
- » Improves data collection in the Fetal and Infant Mortality Review process.
- » Creates a fund to support the midwifery workforce.
- » Establishes a stakeholder work group to support implementation of the new Medi-Cal doula benefit.
- » Reduces CalWORKs paperwork requirements for pregnant people.⁴¹

California: Momnibus Act continued on next page

STATE BRIGHT SPOTS IN MATERNAL HEALTH BILL PACKAGES, CONTINUED

Continued from previous page, California: Omnibus Act.

Some of the bill's provisions were also included in the 2021-2022 state budget, including providing Medi-Cal coverage for doulas, extending Medi-Cal eligibility to one year postpartum, improving access to CalWORKs for pregnant people and establishing a guaranteed income pilot program for low-income pregnant Californians.⁴²

The bill was sponsored by a number of advocates, including the Black Women for Wellness Action Project, the California Nurse-Midwives Association, the March of Dimes, the National Health Law Program, NARAL Pro-Choice California, the Western Center on Law & Poverty, and the Women's Foundation California's Dr. Beatriz María Solís Policy Institute.⁴³



COLORADO

Birth Equity Bill Package

In the 2021 session, Colorado legislators passed the Birth Equity Bill Package, which included three bills that address discrimination, mistreatment, harm, poor outcomes and inequities during the prenatal period.⁴⁴ The package includes the following three bills:

- » The Protection of Pregnant People in the Perinatal Period bill establishes basic human rights standards in perinatal care for all people, including those who are incarcerated. Highlights from the bill include requiring the Colorado Civil Rights Commission to receive reports regarding maternity care and setting minimum standards for the care of pregnant people at carceral facilities.⁴⁵
- » The Maternal Health Providers bill aligns perinatal care data and systems for equity. Provisions of the bill include expanding data collection for Colorado's Maternal Mortality Review Committee, extending Medicaid coverage postpartum to 12 months after birth, and requiring that public and private health insurance plans reimburse providers in a way that promotes high-quality, cost-effective care.⁴⁶
- » The Sunset Direct Entry Midwives bill continues Colorado's direct-entry midwifery program until 2028. In Colorado, direct-entry midwives have a Certified Professional Midwife credential. This bill allows direct-entry midwife practice in birth centers, clarifies training requirements and requires additional data reporting related to midwifery practice.⁴⁷

Several advocacy organizations championed these bills, including Elephant Circle, the Colorado Organization for Latina Opportunity and Reproductive Rights, and Soul 2 Soul Sisters.⁴⁸

STATE BRIGHT SPOTS IN MATERNAL HEALTH BILL PACKAGES, CONTINUED



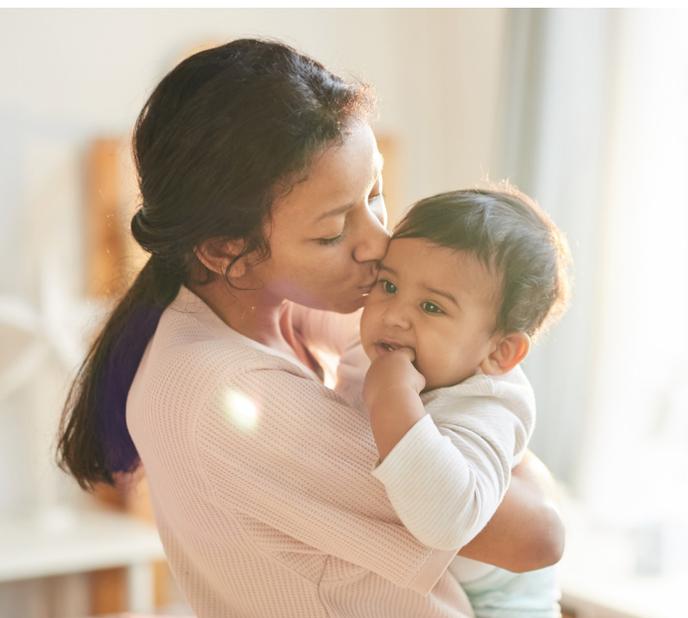
ILLINOIS

Health Care and Human Service Reform Act

Gov. J.B. Pritzker signed the Illinois Health Care and Human Service Reform Act into law in May 2021. Born out of an anti-racism agenda created by the Illinois Legislative Black Caucus, this legislation addresses inequities in the Illinois health care system.⁴⁹ The bill does the following:

- » Provides Medicaid coverage for doula services and evidence-based home visiting services.
- » Requires the consultation of practicing doulas and additional experts on doula care in the adoption of rules to administer maternal health provisions.
- » Establishes the Health and Human Services Task Force to review programs and departments systematically and make recommendations to improve maternal health care outcomes.⁵⁰

In addition to the maternal and child health provisions, the act also creates an Anti-Racism Commission, requires implicit bias training for medical staff, institutes a community health workers program and allocates funding to high-violence communities.⁵¹



State bright spots show key opportunities to improve maternal and child health outcomes

Given the current maternal health crisis and the ongoing effects of the coronavirus pandemic, states should act now and seize all opportunities to reduce health inequities through policymaking. The examples in this paper show how states across the nation are advancing policies to improve equity and outcomes for families. These efforts are essential not only to advance maternal and child health equity, but also to improve population health and ensure both thriving communities and a prosperous economy. State advocates should take inspiration from any of the bright spots shared above as they pursue legislation to improve maternal and child health in the 2022 legislative session.

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