AMERICAN ACADEMY OF NURSING
transforming health policy and practice through nursing knowledge

May 30, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244

RE: Request for Information to Seek Public Comments Regarding Opportunities to Improve Health Care Access, Quality, and Outcomes for Women and Infants in Rural Communities, Before, During, and After Pregnancy

Dear Administrator Verma:

The American Academy of Nursing (Academy) is pleased to offer the following comments in response to the February 12, 2020, request for information regarding opportunities to improve health care access, quality, and outcomes for women and infants in rural communities before, during, and after pregnancy. The Academy serves the public and the nursing profession by advancing health policy and practice through the generation, synthesis and dissemination of nursing knowledge. It's more than 2,800 fellows are nursing's most accomplished leaders in education, management, practice, research, and policy. They have been recognized for their extraordinary contributions to the promotion of the public's health through evidence and innovation.

Foundationally, the Academy is committed to advancing health equity and championing wellness. As one of our three policy priorities, the Academy believes to truly improve health, policies must closely consider the social determinants of health and expand access to quality care. The Academy appreciates the Centers for Medicare & Medicaid Services' (CMS) efforts to improve overall maternal and infant healthcare as well as reduce health disparities in all communities. A focus on rural communities with racial and ethnic disparities is paramount to this effort.

Existing evidence indicates the need for a rural-specific approach to clinical efforts and health policy in order to address the growing crisis of maternal mortality and morbidity.[1] Earlier this year, the National Academies of Sciences, Engineering, and Medicine (NASEM) published a consensus report, *Birth Settings in America: Outcomes Quality, Access, and Choice*.[2] Drawing on this report and rural-health specific evidence, the Academy offers the following recommendations to address barriers to prenatal, obstetrical, and postpartum care in rural areas.

1. Address existing barriers in rural communities impeding improvement to access, quality of care, and outcomes in prenatal, obstetrical, and postpartum care.
2. Create opportunities to improve access, quality and outcomes.
3. Implement initiatives, including community-based efforts, that have shown a positive impact on addressing barriers or maximizing opportunities.
4. Develop innovative payment and service delivery models that support better maternal and infant health outcomes.

5. Address the social determinants of health affecting maternal and infant health in rural communities (e.g., housing, transportation, food insecurity).

Address existing barriers in rural communities impeding improvement to access, quality of care, and outcomes in prenatal, obstetrical, and postpartum care

One barrier in rural communities is the lack of data that is comprehensive, consistent, and accurate for various aspects of maternal and infant health. While all states collect data on maternal and infant health and share with federal agencies such as the Centers for Disease Control and Prevention (CDC), the information varies and the data in some cases is voluntary. For example, maternal mortality reporting has improved through the use of computerized collection of information, sharing of data, as well as coding and death certificate information updates. However, there is a strong possibility of errors related to this data. A 2012 study found an overestimation in maternal mortality rates based on medical coding in Texas.[3] This research concluded that maternal death reporting data would be better understood as well as more accurate with data matching and review of relevant medical and death investigation information. The NASEM report on birth settings found that vital statistics and birth registry data have limitations for evaluating birth outcomes by setting, provider types, and intentionality.[4] The lack of comprehensive, consistent, and accurate data will limit the ability to improve access, quality, and outcomes in maternal and infant care.

A second barrier is the lack of or decreasing access to care in the local community. Maternity care in this country is already fragmented and only exacerbated by limited primary care and mental health services available in rural communities especially post birth. Since 2005, 172 hospitals in rural areas have closed of which 130 have closed in the last decade alone.[5] Less than one half of women living in rural areas live within a 30-minute drive to a hospital that offers perinatal services.[6] This is a significant burden for women who have little-to-no accessibility to public transportation or do not own a car themselves. Additionally, the National Rural Health Association notes that many rural areas have shortages of healthcare providers specializing in maternity care.[7] Rural hospital closures combined with a lack of local healthcare providers specializing in this type of care creates an access challenge as women and infants must travel longer distances for prenatal, postnatal and infant care.

Limited or no expansion of Medicaid in some states is another barrier to improving access, quality, and outcomes in maternal and infant care in rural communities. A 2019 report found states that expanded their Medicaid program under the Affordable Care Act improved maternal and infant health.[8] This report further found that expansion of Medicaid is key to addressing health disparities in this area. Numerous evidence-based studies have found a lack of access to care ultimately leads to not only higher healthcare costs overall, but also lower health outcomes. Increasing access to maternity care lowers the risk of pregnancy-related complications for mothers and infants before, during, and after giving birth.[9] Healthier mothers and babies equal better health outcomes and lower healthcare costs.

Create Opportunities to improve access, quality and outcomes

To truly improve maternal and infant health, CMS must look at ways to expand access to quality care through novel approaches, aimed at eliminating health disparities in maternal and infant health. Over the past 20 years, an increasingly robust evidence base has documented that the physical, social, and economic circumstances in which people live, work, play, and learn affect their health and well-being.[10] Specifically, CMS should focus on the social, economic, and environmental factors within this issue to

support the attainment for the full potential of maternal and infant health in rural communities.

Additionally, we encourage CMS to expand Medicaid care beyond the traditional clinical setting by expanding access to remote monitoring, telehealth, and other mobile and health IT services.[11] Telemedicine can be useful in addressing maternal and infant health in rural communities with access issues. The Administration's decision to further promote telehealth during the COVID-19 pandemic gives enhanced flexibility to the healthcare system.[12] This type of flexibility as well as infrastructure investments could prove crucial to improving maternal and infant care outcome in rural communities. Telemedicine is not routinely utilized for prenatal and postnatal care due to a myriad of factors including low or no reimbursement in the Medicaid program, high-start up investments for health systems, as well as broadband and equipment access in rural communities. Currently, 19 state Medicaid programs provide telemedicine reimbursement for patient visits.[13] With greater utilization, maternal health services through telehealth can achieve health equity and improve outcomes for maternal and infant care in rural communities. The Academy recommends CMS require states include coverage and reimbursement for maternity and infant care telehealth services in their Medicaid programs.

Implement initiatives, including community-based efforts, that have shown a positive impact on addressing barriers or maximizing opportunities

One community-based example that could have scalable impact in rural communities is the Academy's Edge Runner model regarding maternity care at the Family Health and Birth Center (FHBC) now integrated with the Developing Families Center (DFC) in Washington, DC. This center provides a midwifery/nurse practitioner model for alternative, cost effective maternal/child care for low-income women. With an emphasis on social supports, early childhood education, and providing "perinatal" care through the child's second year, the program has made a tremendous impact on maternal and infant health. Most notably, there was a substantial lowering of African American preterm birth (5 percent at the center, vs. 15.6 percent of African Americans in DC), low birth weight (3 percent at the center, compared with 14.5 of African Americans in DC) and cesarean section rates (10 percent vs. 31.5 percent of African Americans in DC). Breast feeding rates were also high at 88.4 percent at discharge and 56.8 percent at 6 weeks. The FHBC found that their program leads to fewer interventions, lower costs, and equivalent or better outcomes for the women receiving prenatal care at the center, most of whom are low-income. The FHBC estimates that the application of the FHBC model to all Medicaid births could yield a savings of almost $2 billion.[14] The Academy believes efforts such as the FHBC model will have a positive impact on addressing barriers in maternal and infant health in rural communities. A study found that if this model were expanded nationwide, it could have substantial savings for this type of care in the Medicaid program.[15] Specifically, the study found this type of birth center model nationwide could potentially reduce costs for all pregnancies by an average of 16 percent, which translates to about $11.64 million for every 10,000 Medicaid deliveries.[16] We recommend CMS expand this model to a large number of birth centers around the country to further evaluate the potential impact for optimizing maternal and infant health especially in rural areas.

Develop innovative payment and service delivery models that support better maternal and infant health outcomes

Medicaid paid for 43 percent of all births in 2018.[17] The Medicaid program also paid for a greater share of births in rural areas, among young women (under age 19), women with lower levels of educational attainment, as well as a greater share of Hispanic, African American, and American Indian and Alaska

Native women's births in 2018.[18] More must be done to address this disparity. A key consideration for innovative payment methods is considering women who choose for their maternity care to be provided in community-based settings such as birth centers. [19] In many rural areas, women have limited access to OB/GYNs and utilize health care services at these birth centers. The Academy recommends that independent birth centers in rural areas be sustainably financed and staffed using a continuum of maternity care professionals including nurse practitioners, certified nurse midwives, registered nurses, and other clinicians. The Academy also recommends that CMS ensures coverage for care provided by public health nurses or visiting nurses in programs such as the Nurse-Family Partnership that are evidence-based community nursing services that have proven to improve maternal health and neonatal outcomes. [20]

The NASEM report found that access to birth settings is limited by a pregnant woman's ability to pay for these services. Women in Medicaid are particularly financially constrained and are therefore limited to services covered by the program. Medicaid often does not cover fees for birth. Thus, home and birth center settings are unable to cover their costs and consequently accept only a limited number of Medicaid patients.[21] The Academy encourages CMS to expand coverage to ensure that all fees associated with home settings and birth center are covered under Medicaid because as previously stated, these settings tend to be most widely available to pregnant women living in rural areas.

Address the social determinants of health affecting maternal and infant health in rural communities (e.g., housing, transportation, food insecurity).

Sometimes, Medicaid can pose additional burdens on women who have to travel a long distance to receive health care. For example, the Texas Medicaid Medical Transportation Program provides non-emergency medical transportation services for Medicaid recipients who do not have transportation to get to scheduled healthcare services.[22] However, the program does not permit pregnant women or new mothers to travel with their children to medical appointments.[23] Since women who do not have their owns means of transportation may not have access to child care, the Academy sees this as an opportunity for CMS to close loopholes like this one in Texas, and any similar loopholes existing in other states, in order to ensure that there are less barriers in place for pregnant and postpartum women. The Academy also urges CMS to streamline transportation services for pregnant and postpartum women in the Medicaid program so that they are able to access the healthcare services they need.

As stated above, the social determinants of health of where we live, work, play, and learn affect our overall health and well-being. While the Medicaid program focuses solely on the coordination and providing health care services, the program can assist states in building partnerships to facilitate the coordination of social services related to food insecurity, housing, and transportation in rural communities. Some states are already doing this with successful results.[24] The Academy encourages CMS to support these efforts in various ways by streamlining reporting requirements, encouraging additional data sharing across programs, and sustained investment for states to better integrate eligibility and enrollment systems.

In summary, the Academy appreciates your efforts to address the significant inequities and access to maternal and infant care in rural areas. We are eager to work with you to identify and implement policies that close the gap. Thank you again for the opportunity to provide our comments and recommendations, and I hope you will contact us for assistance in any efforts to address these issues or policies. Please contact the Academy's Senior Director of Policy, Christine Murphy at

cmurphy@aannet.org or 202-777-1174 if you have any questions or need additional information.

Sincerely,

Eileen Sullivan-Marx, PhD, RN, FAAN
President

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