

National Academy for State Health Policy (NASHP) MCH PIP & Conference: Maternity Care Deserts

Presentation to the Maternal Health Data and Quality Measures Task Force
Virginia Department of Health and Department of Medical Assistance Services
September 24, 2025

State Maternal and Child Health Policy Innovation Program Policy Academy: Advancing State Strategies to Address Maternity Care Deserts (MCH PIP)

- Purpose of the opportunity is to provide technical assistance and support to states to support and advance innovative state-level policy initiatives that address the growth of maternity care deserts and improve access to quality health care for the MCH population
- Virginia applied for the opportunity and was one of eight states selected to participate in the academy (other states include: CA, CO, KY, OH, PA, WA, and WY)
- Virginia met with NASHP and the other selected states for our first in-person convening of this group on 9/7 in San Diego, CA

NASHP MCH PIP: Focus for Virginia

- Bolster and improve networks of care in existing maternity care deserts, specifically with a focus on out-of-hospital care
- Build off existing work in the Cumberland Plateau region – how do we learn from, fill in gaps, and replicate this work across the state to address maternity care deserts?
- Three overarching goals:

GOAL 1

Improve awareness of maternity care benefits provided by Medicaid plans among providers and patients in maternity care deserts in the Cumberland Plateau region.

GOAL 2

Better understand and bolster referral pathways within the Cumberland Plateau region. Will explore referrals to programs such as BabyCare, WIC, Medicaid transportation, and Project LINK.

GOAL 3

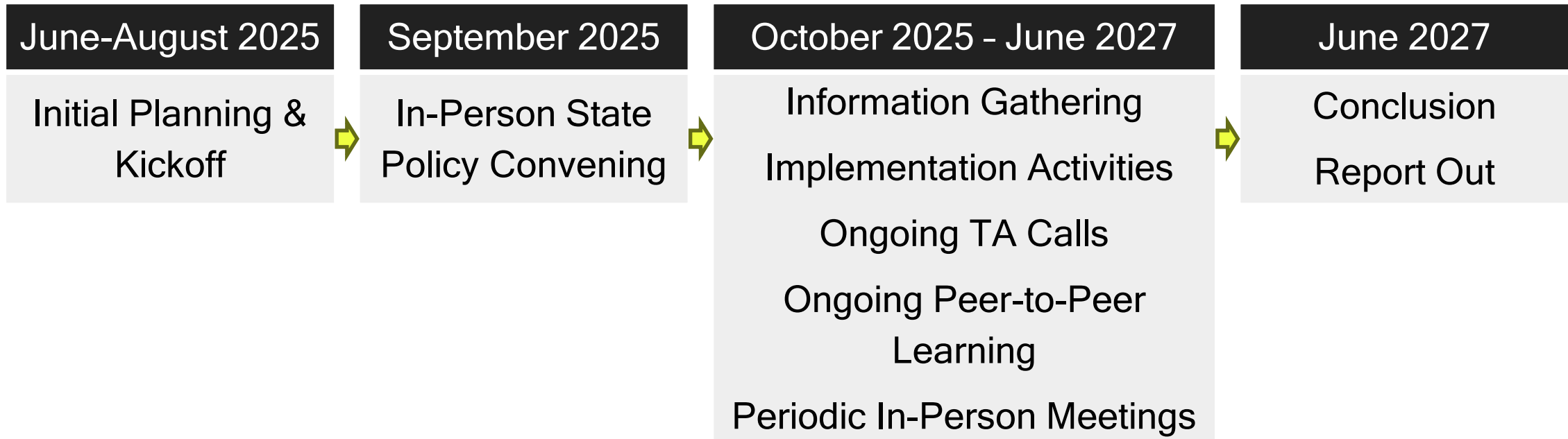
Develop a system for improving and replicating this work to other parts of the state. Includes developing replicable tools and identifying cross-cutting policy challenges.

NASHP MCH PIP: Partnerships

The team represents private and public sector entities. Each bring a different perspective and experience specifically with out-of-hospital care providers:

- **Virginia Department of Health (lead & required partner; doula, CHW, and Title V MCH/local health district perspective)**
- **Virginia Department of Medical Assistance Services (required partner; Medicaid and MCO perspective)**
- Virginia Rural Health Association (rural health provider perspective)
- Project LINK (substance use/mental health care perspective)
- Virginia Interfaith Center for Public Policy (midwifery care and faith-based perspective)

NASHP MCH PIP: Timeline



NASHP MCH PIP: Recap of September Meeting

- Purpose of the meeting was to engage in peer-to-peer learning and share state policy and program innovations among the cohort. Topics included:
 - Innovations in data collection on maternity care deserts
 - Innovations in state models for increasing access in maternity care deserts
 - Role of Federally Qualified Health Centers (FQHCs) in addressing maternity care deserts
 - Innovations in payment and financing strategies for access to quality maternity care deserts
- Based on what was shared from other states, the Virginia state team is considering the following related to maternal health data and maternity care deserts:
 - How to gather additional data on the availability of birth centers and midwifery support, to help inform potential interventions that could increase access to birth centers and midwives
 - How to gather additional data on the potential impact of universal home visiting as a strategy to address maternal mortality
 - How to deepen the state's data analysis of maternity care deserts to consider things like time traveled during rush hour, levels of care, and levels of access to care
 - How to define maternity care deserts and reconcile differences in definitions across stakeholders
 - Whether Medicaid could implement innovative strategies to improve provider data reporting related to pregnancy

NASHP Annual Conference Takeaways: Maternity Care Deserts

- Takeaways from the conference session: Finding Oasis in the Desert: How States are Ensuring Access to Maternity Care in Rural and Urban Areas
 - Iowa partnership with the University of Iowa on AIMS project and OB simulator
 - Unbundling the global payments
 - Medstar Health System – “DC Safe Babies Safe Moms” 5-year initiative – clinical and community partnership that addresses disparities in maternal and infant care.
 - California – Birthing Care Pathways – member engagement for 2 years to develop the framework. 8 focus areas.
- Maternal Health Legislation Updates
 - HB 1929/SB 1393 – Maternal Health Mobile App
 - Item 292 – Maternal Health Mobile Health Clinics