Fiscal Year 2024 Executive Budget Recommendation

Healthy Moms, Healthy Babies Overview

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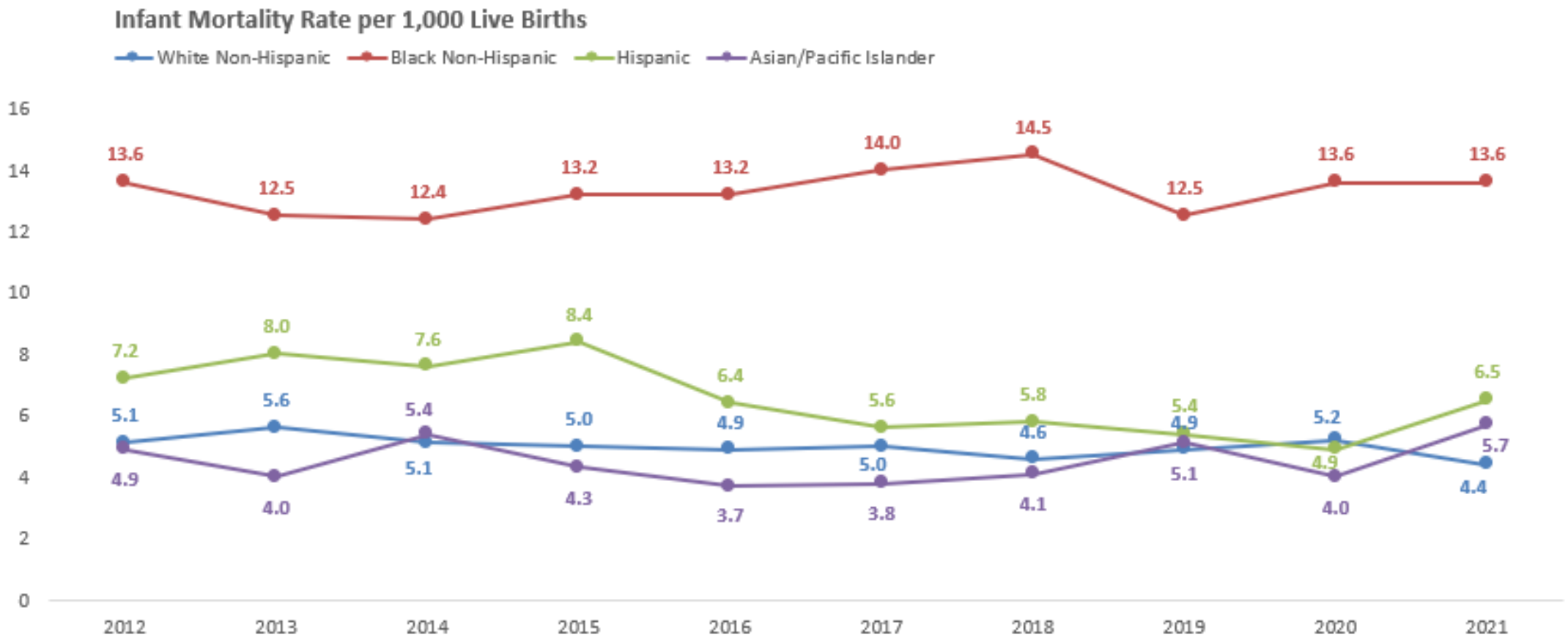
MDHHS

Michigan Department of Health & Human Services

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

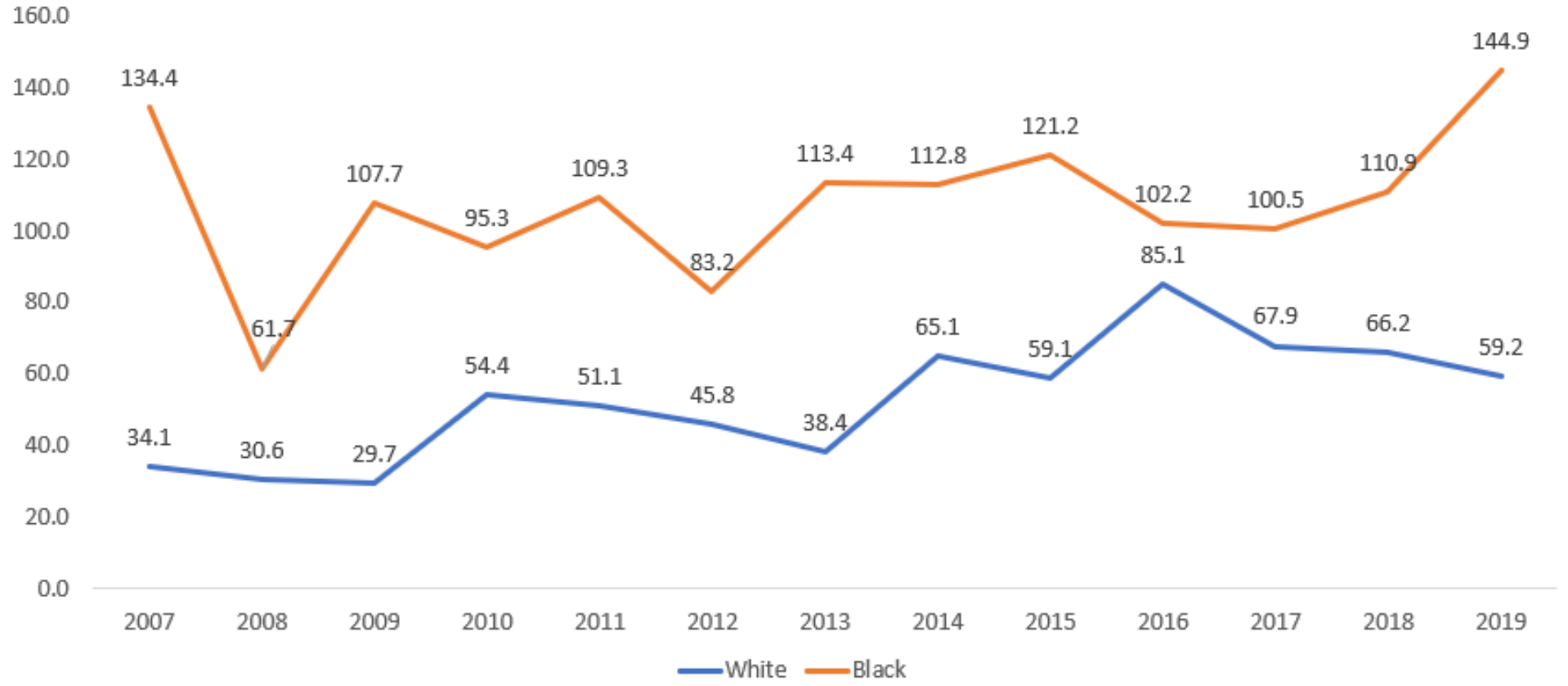
Healthy Moms, Healthy Babies- Addressing Inequity

Infant Mortality Rate by Maternal Race/Ethnicity Michigan, 2011-2021



Data source: Michigan resident live birth files and infant mortality files, Division for Vital Records and Health Statistics, MDHHS

Pregnancy Associated (Total) Maternal Mortality by Race, Michigan, 2007-2019



Pregnancy-Associated (total) maternal mortality includes pregnancy-related deaths (directly related to or aggravated by the pregnancy), pregnancy-associated not related deaths (unrelated to pregnancy) and deaths were pregnancy-relatedness was unable to be determined that occur during pregnancy or within one year of the end of pregnancy per 100,000 live births.
Data Source: Michigan Maternal Mortality Surveillance System, 2007-2019

Ongoing | $68.3M Gross | $32.4M GF

FY 24 Healthy Moms, Healthy Babies Initiative

Background

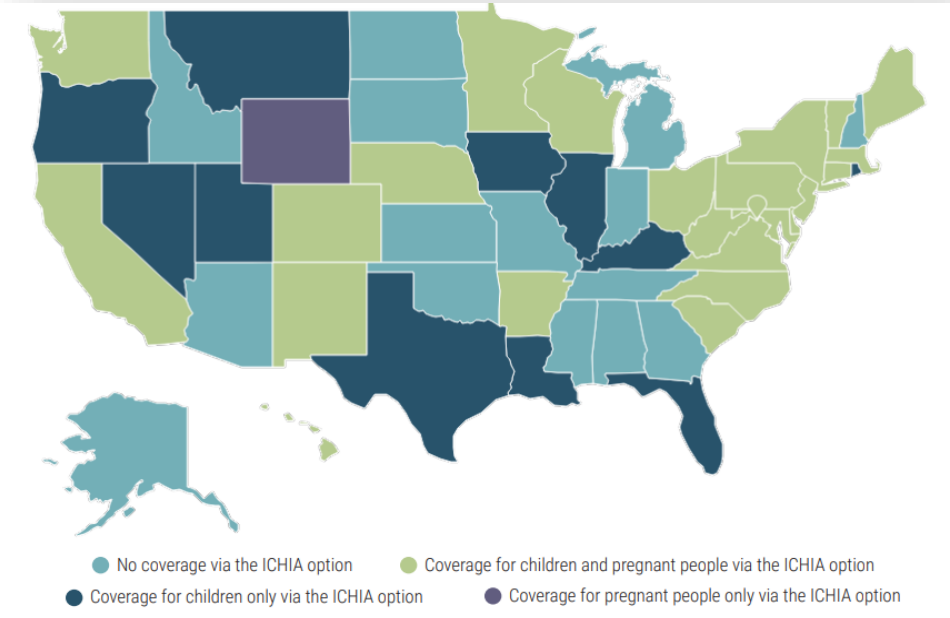
Healthy Moms, Healthy Babies is an initiative that began in 2021 and includes the expansion of postpartum Medicaid coverage, the addition of Medicaid doula services, and the implementation and expansion of evidence-based home visiting programs. This proposal builds on those investments by **expanding evidence-based services** to **at-risk populations** to **improve outcomes by addressing inequity**.

Proposed Response	Impact
$32.1 million gross ($6.4 million GF) to remove the **5-year waiting period** for children and pregnant women legally residing in Michigan to **access Medicaid.**	Expands access to comprehensive health coverage for children and pregnant women and reduces significant disparities in insurance status.
$6.2 million gross ($1.0 million GF) to support the Medicaid state plan amendment to include the **Plan First!** benefit for **family planning** services.	Fills a coverage gap for people who exceed the income limit for the Healthy Michigan Plan but lack insurance for family planning services.
$10 million gross ($5 million GF) to expand and strengthen services provided by **Centering Pregnancy** sites.	The Centering Pregnancy model of prenatal care decreases the number of preterm births and/or low birthweight babies and addresses disparate outcomes.
$10 million gross/GF to increase investment in **Michigan Perinatal Quality Collaborative (MI-PQC)** by funding regional local collaboratives, growing ability to further improve maternal and infant health outcomes.	Improves maternal and infant health outcomes through the statewide collective efforts of nine Regional Perinatal Quality Collaboratives (RPQCs).
$10 million gross/GF to **support birthing hospitals.**	Expands the proven, life-saving efforts of the Michigan Alliance for Innovation on Maternal Health (MI AIM) and implements maternal levels of care verification.

Ongoing | $32.1M Gross | $6.4M GF

Medicaid Access

Michigan is **one of only 16 states** that does not allow eligible, lawfully residing children to obtain Medicaid and CHIP coverage without a five-year wait.



Graphic from Michigan League for Public Policy's report, "Covering More of Michigan's Children: Making the Most of Existing Federal Flexibilities to Remove the Five-Year Waiting Period for Immigrant Children & Pregnant People"

Proposed Response

$32.1 million gross ($6.4 million GF) to remove the **5-year waiting period** for children and pregnant women *legally* residing in Michigan to **access Medicaid.**

Expected Impact

- Expands access to **comprehensive health coverage** to over **4,000** children and pregnant women.
- Establishes **consistent care** for children and supports financial stability for families.
- **Reduces significant disparities** in insurance coverage and **improves** Michigan's **overall uninsured rate**.
- **Maximizes federal funding** to support this critical expansion.

Ongoing | $6.2M Gross | $1.0M GF

Approximately **25,000** Michiganders do not qualify under the income eligibility for Healthy Michigan or traditional Medicaid but have incomes below 200% of the federal poverty level ($36,620 annually for a household of two).

Proposed Response

$6.2 million gross ($1.0 million GF) support the Medicaid state plan amendment **Plan First!** benefit for **family planning** services.

Expected Impact

- Improved **preconception** and **interconception** health by being able to plan pregnancies.
- Access to **physical examination** for reproductive health/family planning purposes.
- Necessary **family planning**/**reproductive health-related** laboratory procedures and diagnostic tests.
- Access to **Sexually Transmitted Infection** (STI) testing.
- **Preventive health services**.

Ongoing | $10M Gross | $5M GF

Centering Pregnancy

Centering Pregnancy is an **evidence-based**, **group prenatal care model**. Centering improves patient outcomes, reduces disparities and results in increased peer support for patients, while assuring autonomy. There are currently 14 sites in Michigan.

Proposed Response

$10 million gross ($5 million GF) to expand and strengthen services provided by **Centering Pregnancy** sites.

Expected Impact

- **Reduce racial disparities** in preterm birth.
- Decrease the number of **preterm and low birthweight babies**, and results in healthier pregnancy spacing.
- Increase **breastfeeding rates.**
- Increase **patient access** at current sites with more slots.
- Increase the **number of sites** in Michigan.

Low Birthweight by Maternal Race/Ethnicity, 2021

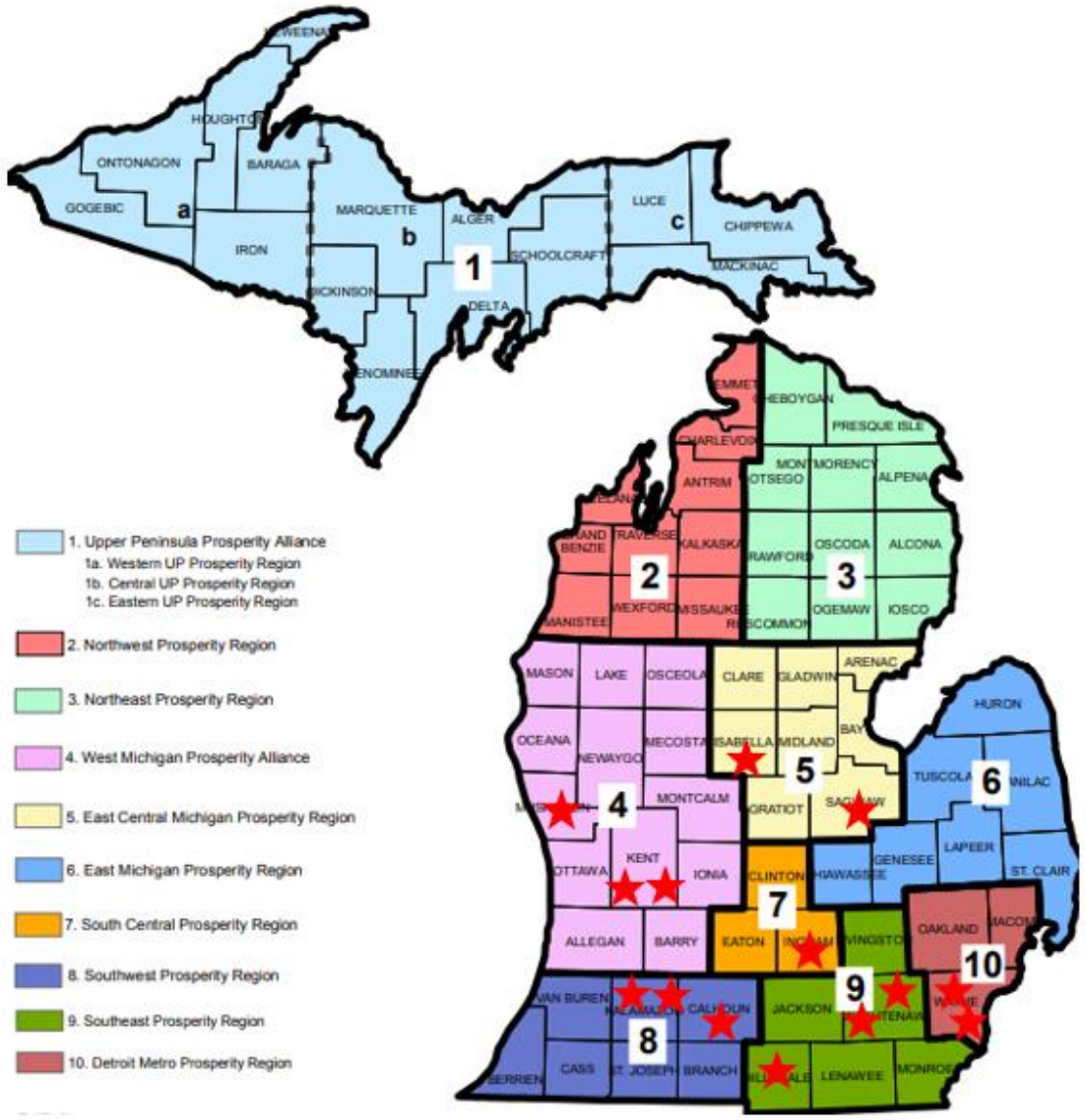
Low birthweight rate is defined as number of births with baby birthweight <2,500 grams per 100 live births.

Maternal Race	# LBW	# Live Births	Percent (%) Low Birthweight
Overall	9,710	105,022	9.2%
White non-Hispanic	5,490	72,071	7.6%
Black non-Hispanic	2,878	18,175	15.8%
Hispanic	603	7,056	8.5%
American Indian	36	409	8.8%
Asian/Pacific Islander	363	3,653	9.9%

Data source: Michigan resident live birth files, Division for Vital Records and Health Statistics, MDHHS

MDHHS

Centering Pregnancy Site Locations



Ongoing | $10M Gross | $10M GF

Michigan Perinatal Quality Collaborative (MI-PQC)

Health outcomes are attributed to clinical care, as well as environmental and socioeconomic factors. The MI-PQC utilizes both community and clinical approaches of bringing together health care professionals, community partners, families, faith-based organizations, home visiting agencies, and others in a **unified, collaborative effort**.

Proposed Response

$10 million gross/GF to increase investment in **Michigan Perinatal Quality Collaborative (MI-PQC)** by funding regional collaboratives to further improve maternal and infant health outcomes **by addressing inequity, as the driver of disparate outcomes**.

Expected Impact

- Investing in a statewide effort comprised of nine Regional PQCs aimed at **improving birth outcomes** through sustainable systems change.
- **Quality improvement** in the clinical and community settings.
- **Community-driven**, **led** and **responses** to regional strengths and challenges to improve maternal and infant health outcomes.
- Addressing **perinatal substance use disorder**, Neonatal Abstinence Syndrome (NAS), breastfeeding, safe sleep, mental and behavioral health, and stillbirth.

★ *Regions 2 & 3 work together as one Regional Perinatal Quality Collaborative.*

Ongoing | $10M Gross | $10M GF

Support Birthing Hospitals

The Michigan Alliance for Innovation on Maternal Health (MI AIM) launched in 2016 and has been **saving the lives of pregnant and postpartum patients** through the implementation of life-saving bundles in the hospital setting.

Step 1:

Expand the **life-saving efforts** of MI AIM to all Michigan birthing hospitals, including an **incentive** for full participating in MI AIM and the **maternal levels of care** verification.

129 hospitals
- **79** birthing hospitals
  - **21** Neonatal Intensive Care Units
  - **16** Special Care Nurseries
  - **43** Well Newborn Nurseries

DOES MI AIM HELP?

MI AIM has achieved significant improvement in hemorrhage-related SMM, hypertension-related SMM and overall SMM since the adoption of the MI AIM program in 2016.

Measure	2011-2015 (Pre-MI AIM)	2016-2020 (Post-MI AIM)	Improvement
Hemorrhage	11.3%	5.1%	54.5%
Hypertension	7.7%	6.5%	15.4%
All	0.8%	0.7%	11.5%

MI AIM Program: Improvement in Severe Maternal Morbidity (SMM) in Michigan

The Council on Patient Safety | Improving Maternal Health (safehealthcareforeverywoman.org)
MHA | Michigan Health & Hospital Association

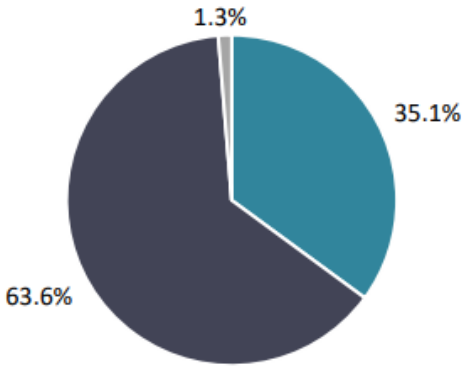
Support Birthing Hospitals *Continued*

Maternal Levels of Care Verification is necessary due to the lack of standardization of maternal care. Standards of care improve maternal health outcomes in the clinical setting and assist in addressing bias.

Preventability

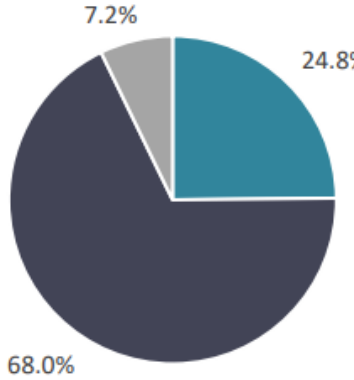
The MMRC considers whether an intervention at the provider, patient, facility, system, community, or policy domain could have potentially averted the death. A death is considered **preventable** if the committee determines there was at least some chance of the death being averted by one or more reasonable changes in any domain at any level. Preventability is unknown if there is insufficient information available to determine if a death was preventable.

Figure 11. Preventability for Pregnancy-Related Deaths, 2015-2019



Not Preventable
Preventable
Unable to Determine

Figure 12. Preventability for Pregnancy-Associated, Not Related Deaths, 2015-2019[a]



- Most pregnancy-related deaths were determined to be preventable (63.6 percent)
- Most pregnancy-associated, not related deaths were determined to be preventable (68.0 percent).

Michigan Maternal Mortality Surveillance (MMMS) Program - Data

Step 2:

Initiate a crucial step toward decreasing the number of **preventable maternal deaths** by supporting birthing hospitals to assess maternal levels of care standards with the assistance of the Joint Commission verification.

QUESTIONS & DISCUSSION

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