Region 7

Maternal Health ECHO® Session 5

Reflecting and Moving Forward Together

Oct. 27, 2026



Who We Are



- Nonprofit, nonpartisan educational institution based in Topeka.
- Established in 1995 with a multi-year grant from the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.

Hello!



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Analyst

Kansas Health Institute

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Agenda

1. **Welcome**
2. **Closing Keynote** — State Strategies and Trends in Improving Maternal Health
3. **Regional Initiatives Share Out**
4. **Region 7 Breakout Discussion**
5. **Whole-Group Share Out**
6. **Cohort Announcements**
7. **Closing**

Region 7 Maternal Health ECHO®



Ad Astra ECHO Planning Team



Shelby Rowell
ECHO Lead Facilitator



Avanthi Chatrathi
ECHO Lead Facilitator



Rebecca Andrade
ECHO Coordinator and Curriculum Lead

Thank You to Our Partners



Missouri

- **Taylor Anderson**, *Missouri Public Health Institute*
- **Yollette Cochrane**, *Grace Advertising and Consulting, Inc., Altruism Media*
- **John Fitzpatrick**, *KC Digital Drive, Maternal Health Data Salon*
- **Martha Smith**, *Missouri Department of Health and Senior Services*
- **Tonia Wright**, *Altruism, Inc.*



Kansas

- **Celeste Brennan**, *University of Kansas Medical Center*
- **Rev. Tony Carter**, *Salem Baptist Church (KCK), Vibrant Health Board of Directors, Kansas Birth Equity Network*
- **Dr. Jennifer Miller**, *Kansas Department of Health and Environment*



Iowa

- **Ebonie Bailey**, *The Birthwork Foundation*



Nebraska

- **Kara Foster**, *Nebraska Perinatal Quality Improvement Collaborative (NPQIC)*
- **Dr. Megan Kalata**, *CHI Health in Omaha, Nebraska*
- **Samantha Kenning**, *Nebraska Perinatal Quality Improvement Collaborative*

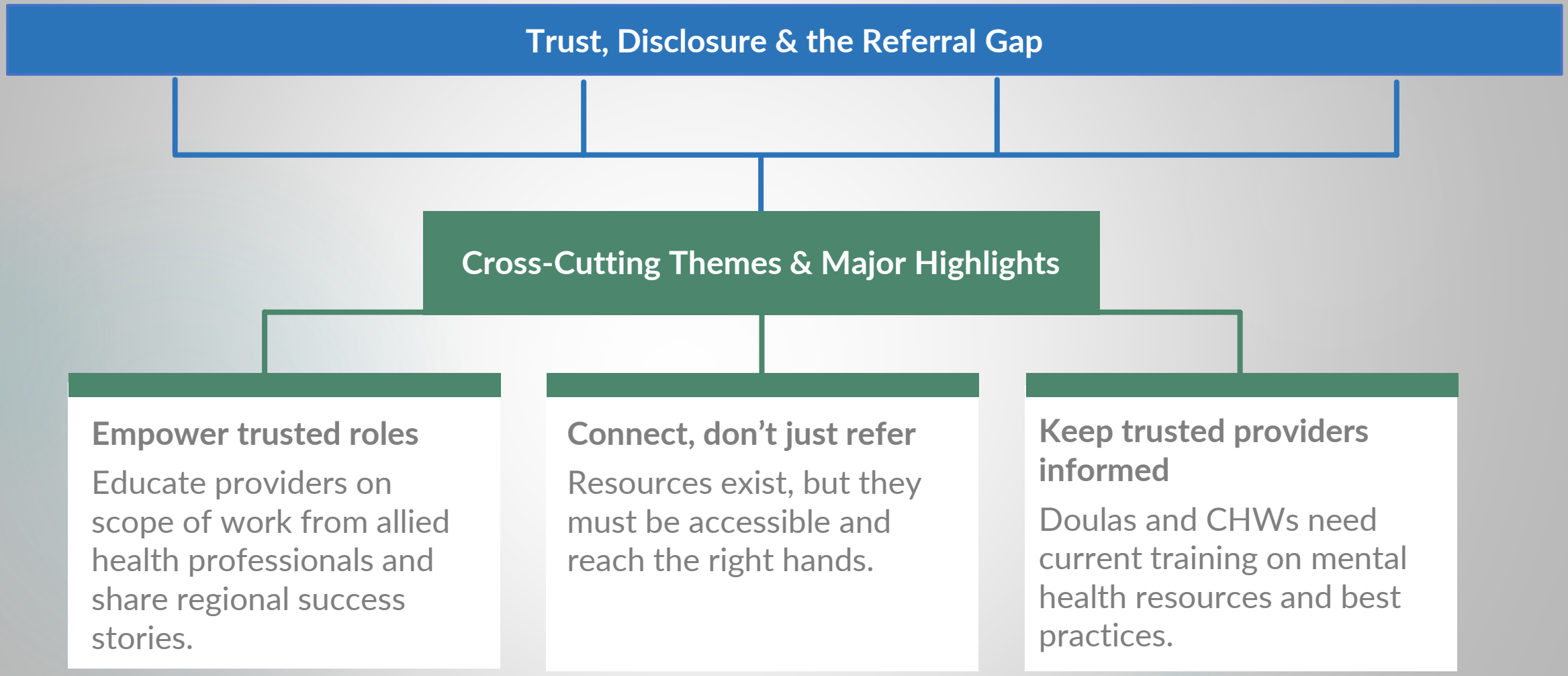
Region 7 Maternal Health ECHO

Overarching Objectives

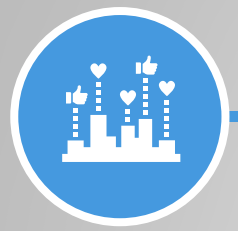
- **Use** actionable strategies to engage mothers and community voices in shaping service delivery and evaluation.
- **Build** networks across Region 7 to share practices, resources and data-informed insights.
- **Leverage** community-based approaches (e.g., collaboration with community health workers (CHWs), doulas) with clinical systems.
- **Identify** and share strategies to address region-specific maternal health barriers (e.g., access, transportation, trauma).

Session 4 Breakout Discussion Summary

Supporting Maternal Mental Health



Our ECHO Journey Together



June 23

Enhancing Regional Collaboration and Resource Sharing

Cross-sector partnerships fill gaps and prevent duplicated work.



July 28

Bridging Community and Clinical Approaches

Moving towards community-informed approaches to care improves outcomes.



Aug. 25

Removing Structural and Financial Barriers

State wins and shared assets show what is possible across the region.



Sept. 22

Supporting Maternal Mental Health

Connect, don't just refer. Resources must reach the right hands.



Oct. 27

Reflecting and Moving Forward Together

Let's carry the lessons forward and turn shared learning into action!

Missed a session? Revisit any sessions for a recording, resource guide & slides!

Resource Guide



Resource Guide

Oct. 27, 2026

Region 7 Maternal Health ECHO® Session 5

Reflecting and Moving Forward Together

On Oct. 27, the Kansas Health Institute hosted the final session of the Region 7 Maternal Health ECHO series. Participants reflected on lessons learned, shared promising practices emerging across Region 7 and explored ways to strengthen partnerships that continue advancing maternal health efforts across Missouri, Iowa, Nebraska and Kansas. Use this guide to explore key resources and recordings from each session across the series.

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Resources

- Access the Resources — Region 7 Maternal Health ECHO® Summit
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- Access the Resources — Session 4: Supporting Maternal Mental Health

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Access your Resource Guide in the chat!

Closing Keynote

State Strategies and Trends in Improving Maternal Health



Veronnica Thompson

Director of Maternal Health

National Academy for State Health Policy

State Strategies and Trends in Improving Maternal Health

October 27, 2026

Veronnica Thompson, Director of Maternal Health

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

nashp.org

About NASHP

The National Academy for State Health Policy (NASHP) is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.

NASHP

NATIONAL ACADEMY FOR STATE HEALTH POLICY

- To improve the health and well-being of all people across every state.
- To be of, by, and for all state by providing nonpartisan support for the development of policies that promote and sustain healthy people and communities and advance high quality, affordable health care.

NASHP Engagement of State Leaders

- Health and Human Services Secretaries
- Medicaid Directors
- Behavioral Health Directors
- Insurance Commissioners
- Governor's Advisors
- State Legislators
- Medical Directors
- Title V & CYSHCN Directors
- State Based Marketplaces
- Health Equity Officers
- Career and Program Staff
- Aging and Disability Directors
- Public Health Directors

How NASHP Accomplishes Our Mission

Advance innovation by supporting states in the development of new policies and programs.

Surface and support the implementation and spread of best practices by engaging states to inform data driven policy making at the state and federal level.

Ensure states have the information, data, and tools to successfully design and implement policy.

Encourage sustainable cross sector solutions by strengthening partnerships across state agencies, executive and legislative branches, and the private sector.

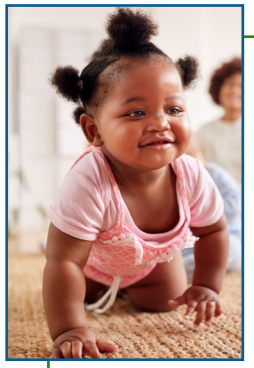
Elevate the state perspective for a broad group of stakeholders, partners, and the public.

NASHP Child and Family Health (CFH) Priorities



Maternal and Women's Health

- Perinatal Health
- Postpartum Care
- Contraceptive Care Access
- Maternal Behavioral Health



Child Health

- Healthy Development
- Children's Behavioral Health
- Children With Chronic And Complex Health Needs

prevention, early identification, and treatment

access to and continuity of quality health care

financing, payment, and health care delivery strategies

health policy and service delivery systems

cross-sector partnerships

NASHP's Maternal Health Portfolio

NASHP supports states design and implement innovative policy solutions to:

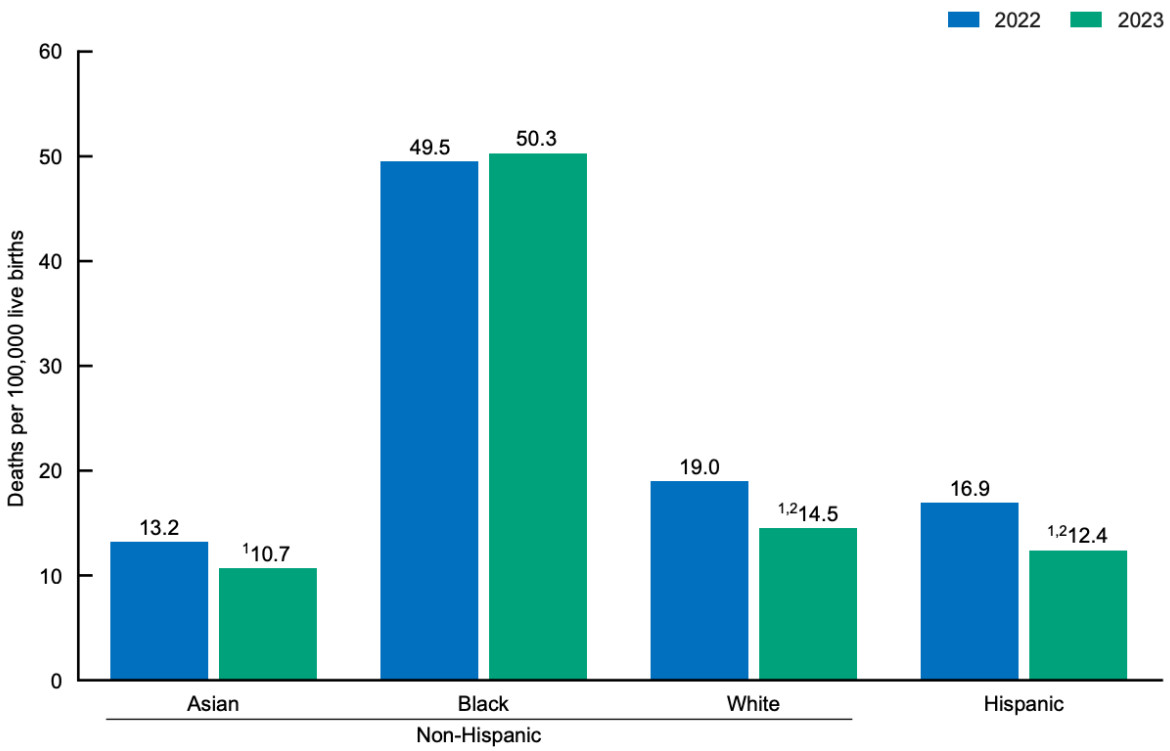
- Strengthen access to quality perinatal care, specifically in areas with low or no providers
- Address maternal morbidity and mortality
- Support maternal behavioral health, including substance use
- Implement Medicaid postpartum coverage extension
- Invest and expand the perinatal workforce (e.g., doulas, midwives)
- Implement public insurance financing of home visiting

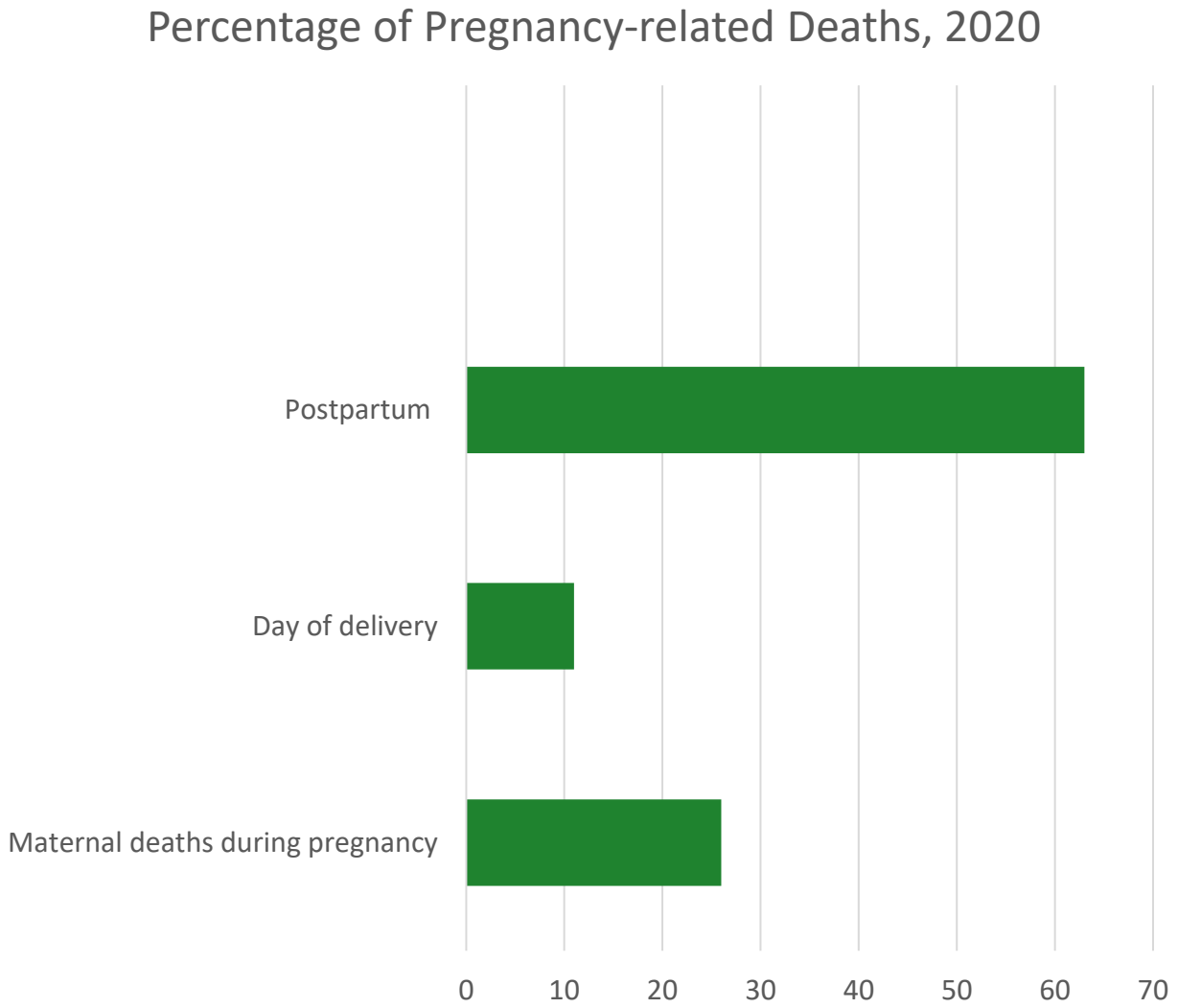
State Strategies, Priorities, and Trends in Maternity Care Access

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Why does this work matter?





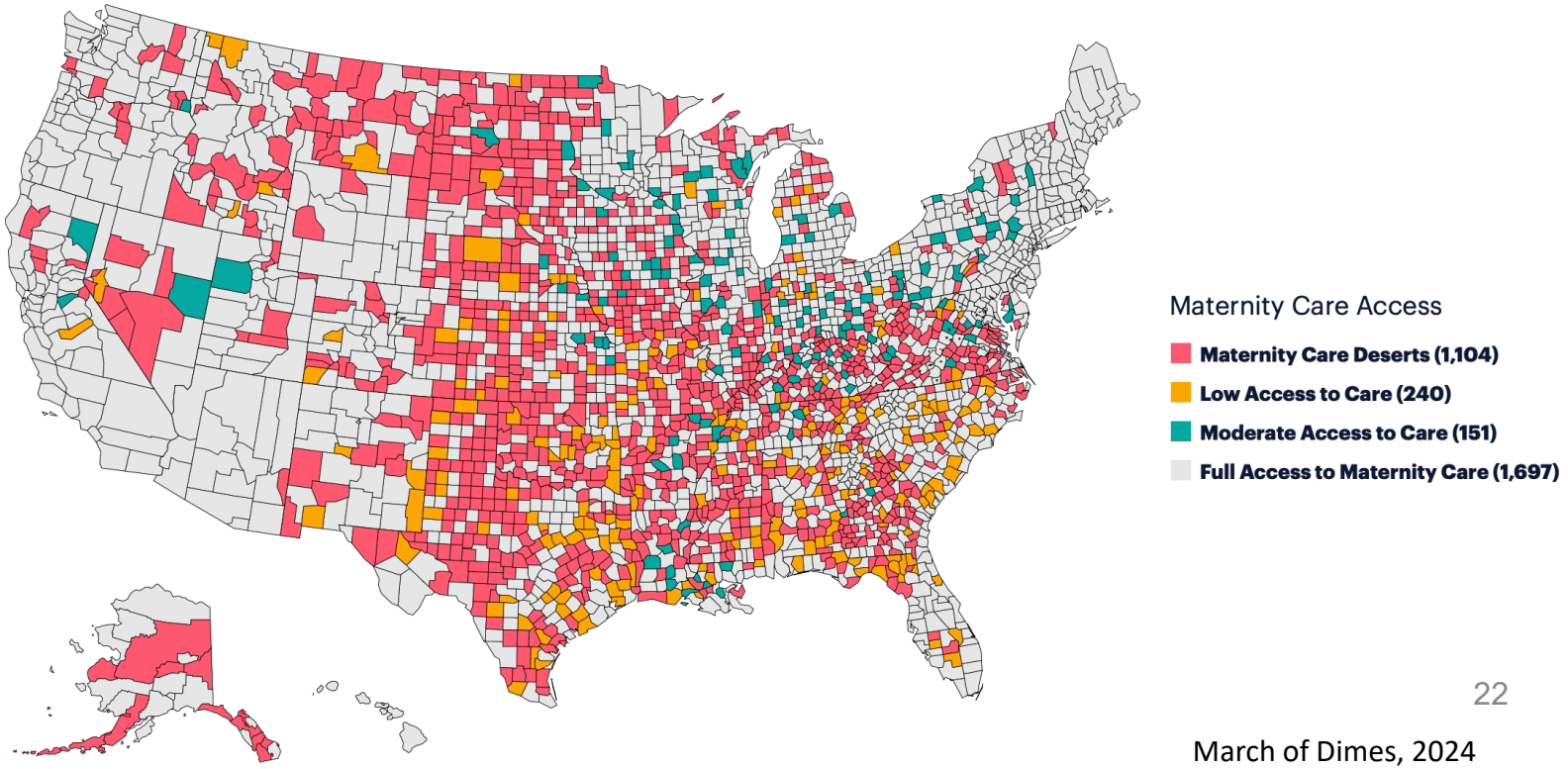
SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file

Trends in Maternity Care Access

Maternity Care Deserts: Places with no hospitals or birth centers offering obstetric care and no obstetric providers.

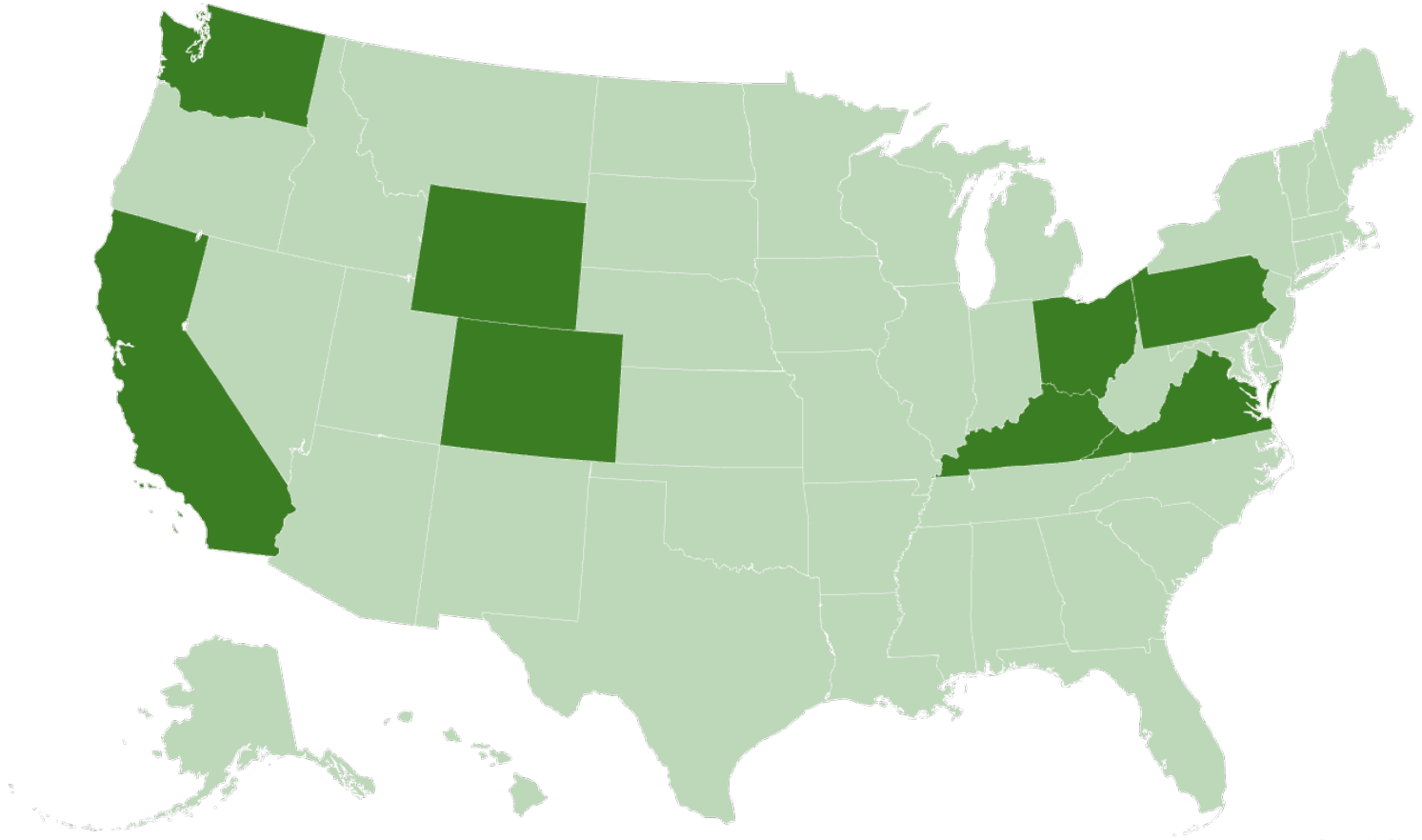
Key Data

- Between 2006 and 2020, more than **400 maternity wards closed**
- **35 percent** of US counties considered to be maternity care deserts
- Impact over **2 million women** of reproductive age and 150,000 babies

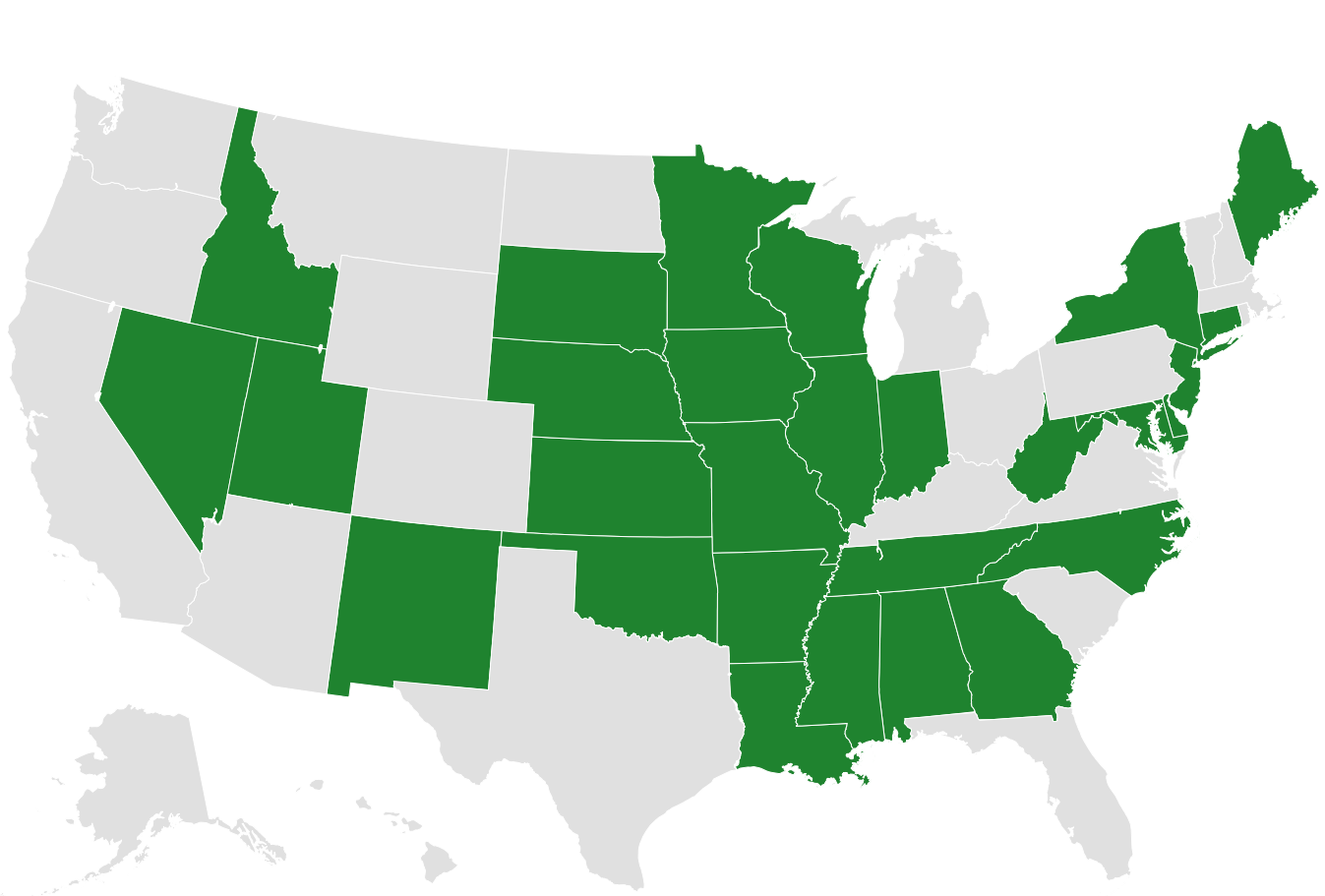


March of Dimes, 2024

NASHP's Maternity Care Desert Policy Academy



NASHP's Maternity Care Deserts Learning Network



Maternity Care Deserts: Core Areas of Focus



Assessing the extent of maternity care deserts through data mapping and other related strategies



Supporting new and enhanced maternity care delivery models and strategies to improve access to care



Strengthening sustainable payment and financing strategies for perinatal care

Maternity Care Deserts: Data Mapping

Assess the complexity of access to maternity care services across their state and local jurisdictions to develop targeted policy solutions

Priority Areas with States

Assessment

- Hospital closures and risk of closure
  - Consolidation and/or service line closure (e.g., L&D)
- Definitions or closure types
- Time/distance/level of care
- Licensure (provider and practice settings)
- Non-hospital providers/services (e.g., doulas, midwives, community health workers)

Impact

- Travel time vs. outcome (e.g., MCACC data)
- Maternal Mortality Review Committee (MMRC) reports

Key State Themes/Trends

- States interested in using their own data to assess access to hospitals and providers
- Tracking access to both anticipate consolidation and closures and assess impact on health maternal and birth outcomes
- Using data to target interventions in shortage areas

Maternity Care Deserts: New and Enhanced Delivery Models

Implement new and enhanced delivery models to assure, re-establish, and enhance perinatal care, particularly in those areas with low or no access

Priority Areas with States

Assuring, Re-establishing and Restoring Care, e.g.,

- Mobile maternity care units
- Regional care delivery models
- Birthing centers
- Maternity care in Federal Qualified Health Centers (FQHCs) and Rural Health Clinics

Using and Enhancing Care Extenders, e.g.,

- Telehealth and e-consults (e.g., maternal fetal medicine)
- Obstetric training and fellowships for non-OB providers (e.g., emergency medicine, family medicine, primary care)
- Remote patient monitoring
- Home visiting

Key State Themes/Trends

- Re-imagine the entire maternity care system
- Few interventions to address hospital closures/consolidations directly
- Multi-pronged approaches to meet the needs of specific communities (e.g., re-establish and enhance care)
- Optimize existing delivery models and providers (e.g., Medicaid benefits, FQHCs)

Maternity Care Deserts: Payment and Financing

Support financing strategies to maintain, sustain, and strengthen access to quality maternity care services while also considering state budget priorities and cost savings

Priority Areas with States

Medicaid

- Value-based payment arrangements
- Unbundling of maternity care
- All payer models for L&D (e.g., global budgets)
- Incentive payments

Other Federal and State Funding

- Rural Health Transformation Program (RHTP)
  - **35 states** list maternal health in their applications
- HRSA-funded provider training (e.g.., MHI

Key State Themes/Trends

- Designing reimbursement to support sustainability
- Prioritizing effectively utilizing all available funding streams (e.g., state, federal, private)
- Focusing payment on outcomes, value, and performance

Key MCH Provisions of States' RHTP Applications

- **Advancing technology-enabled strategies**, such as mobile health units, deploying obstetric carts in rural hospitals, and expanding telehealth and remote patient monitoring programs and access sites (e.g., schools, community centers, etc.)
- **Developing regional health collaboratives or 'hub and spoke' models** that enable access to maternity care (along with primary care, chronic disease prevention, and other specialty care)
- **Expanding community-based maternity care options and networks** through collaboration with local partners (e.g., pharmacies, rural clinics, mobile providers)
- **Promoting community-based sites of behavioral health care for youth**, including school-based health centers and Certified Community Behavioral Health Clinics

Key MCH Provisions of States' RHTP Applications Cont.

- **Integrating behavioral health into maternal health initiatives** (e.g., BH screening, care coordination, specialized perinatal BH programs, payment alignment)
- **Supporting MCH workforce development** (e.g., community health workers, midwives, home visitors, doulas, lactation consultants)
- **Enhancing access to maternal and infant health screenings** for chronic conditions
- **Establishing birthing centers** to increase access to care in maternity care deserts
- **Expanding nutrition support and prevention-focused lifestyle initiatives** (e.g., food-is-medicine approaches, diabetes and obesity management), including specific programs for infants, children with chronic and complex needs, and pregnant women

Questions



Other Leading Trends in Maternal Health

Maternity-Specific Value-Based Payment (VBP) Models

- At least **ten states (AR, CO, CT, NJ, NY, NC, OH, PA, TN, WI)** have implemented maternity care VBP models in Medicaid that prioritize early risk identification, preventive services, and improving maternal and neonatal outcomes to manage costs and strengthen health care quality and outcomes.
- **Episode of care models are the most common VBP approach** used for maternity care, with most of these models leveraging ‘bonus’ or up-side payment arrangements to encourage provider participation without imposing significant financial risks.
- The quality measures tied to payment in states’ maternity care VBP models include a strong focus on **screening for perinatal risk factors, preventive care services, and labor and delivery outcomes**.

Maternity Care Payment Reform: Overview of State Value-Based Models, 2026

Medicaid Postpartum Coverage Extension

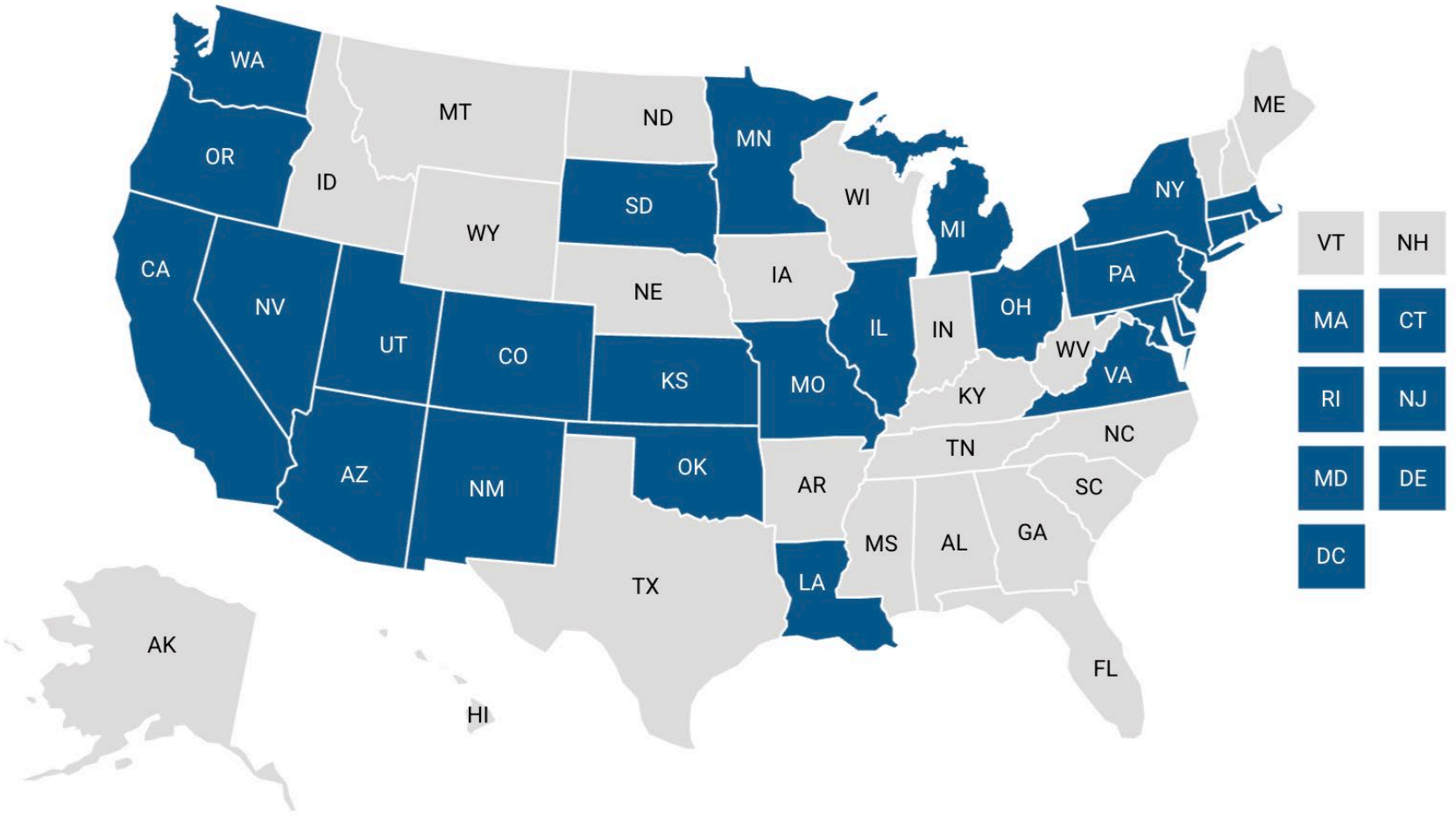
- 49 states (including DC) have extended Medicaid postpartum coverage to 12 months

Key State Themes

- Outreach and education for pregnant and postpartum women
- Outreach and education for clinical and non-clinical providers
- Monitoring and evaluating the impact of postpartum coverage extension

State Efforts to Extend Medicaid Postpartum Coverage, 2024

Medicaid Financing of Midwifery



Midwife Medicaid Reimbursement Policies by State, 2026

Medicaid Financing of Doula Services

Key Findings:

- **27 states (including DC)** reimburse doulas in their Medicaid programs
- At least **17 states** reimburse for doula services through 12 months postpartum
- **8 states** have issued a statewide standing recommendation for doula services covered by Medicaid
- **6 states** provide incentive payments for select doula services under Medicaid

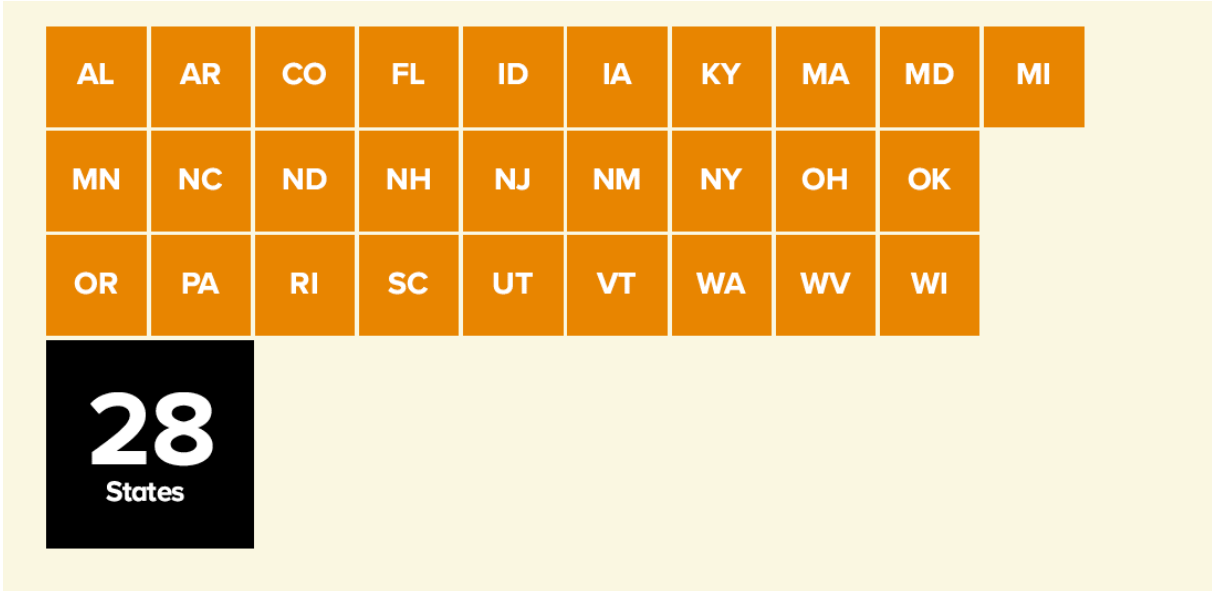
Example: Arizona Medicaid Reimbursement for Doula Services

State	Federal Medicaid Authority	Reimbursement Structure	Billing Procedures	Standing Recommendation
Arizona	State Plan Amendment • Effective Date: October 1, 2024 • Medicaid Benefit Category: Preventive Services	Fee-for-service Reimbursement rates: • **Perinatal and postpartum visits:** $16.28 per 15 minutes (up to 2 hours per visit) • **Labor & delivery support:** $781.32 Amount and duration are subject to medical necessity. There are no minimum/maximum number of visits, and limits may be exceeded based on medical necessity.	Doulas may: • Practice and bill independently • Practice and bill as part of a doula group • Contract with managed care plans Doula services must be recommended by a physician or other licensed practitioner.	Arizona does not have a statewide standing recommendation for doula services covered by Medicaid.

State Medicaid Approaches to Doula Service Benefits, 2026

Medicaid Financing of Home Visiting

- **28 states** cover home visiting under Medicaid
- Nearly all have specific eligibility criteria for pregnant/postpartum women
- Most **(22)** use a Medicaid **state plan amendment**
  - **10** use Targeted Case Management (TCM)
  - **5** use extended services to pregnant women
- **13 require** a specific **HomVEE model** for Medicaid reimbursement



Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis

Selected Emergent Issues in States

Exploring pathways to preserve state Medicaid benefits and coverage for pregnant women

Reimaging the maternity care care system, including new service delivery systems, provider capacity, and payment models

Moving towards a proactive approach to hospital closures and consolidation

Understanding the impact of maternity care deserts on maternal and child health outcomes

Questions



Recent NASHP Maternal Health Resources

- State Strategies to Addressing Maternity Care Deserts
- Postpartum Coverage Extension Tracker
- Midwifery State Medicaid Reimbursement Policies
- State Medicaid Approaches to Doula Service Benefits
- Expanding the Perinatal Workforce through Medicaid Coverage of Doula and Midwifery Services
- Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis

Thank you!

For further questions or comments, please contact us!

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Regional Initiatives

Group Agreements

- Be present.
- Listen with curiosity.
- Balance between listening and talking.
- Seek to connect.
- Ask clarifying questions.

State Agency Initiative



Britney Nasseri

Women/Maternal Health Consultant

Kansas Department of Health and Environment

Collective Action Initiative



Michelle Coleman

Maternal Health Initiative Manager

I Be Black Girl

IBBG

As a collective action organization, IBBG convenes ecosystem partners in pursuit of that transformational change by aligning shared metrics and outcomes, strengthening resource sustainability, producing research, and advancing narrative shifts that center the community.



MHI Innovations

Strengthening Community-Led Birth Work

- Community-Based Doulas
  - Doula Passage Program (DPP)
  - DPP Alumni
- Community Health Workers
- Infant Feeding Support Specialists
- Midwives
- Freestanding Birth Centers

Maternal Care Access

- Maternal Mobile Health Unit
- Mindful Mamas Circle

EMBRACE Knowledge Center

- Building Capacity for Training, Education, and Resources
- Toolkits
  - ACTT Like You Know!
  - Source a Doula
- Resources
  - Provider Finder
- Trainings
  - Noah's Arc of Training

Nebraska State MHI

- Build, Convene, and Sustain a MHI Task Force
- Improve State-Level Maternal Health Data & Surveillance
- Catalyze Maternal and Child Health Community-Based Innovations

Community-Based Research

- Essence of Us
- Now Home Landscape Analysis
- Omaha Pathways Community Interviews
- Doula Pilots

Next Steps

Resource Guide



Resource Guide

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Reflecting and Moving Forward Together

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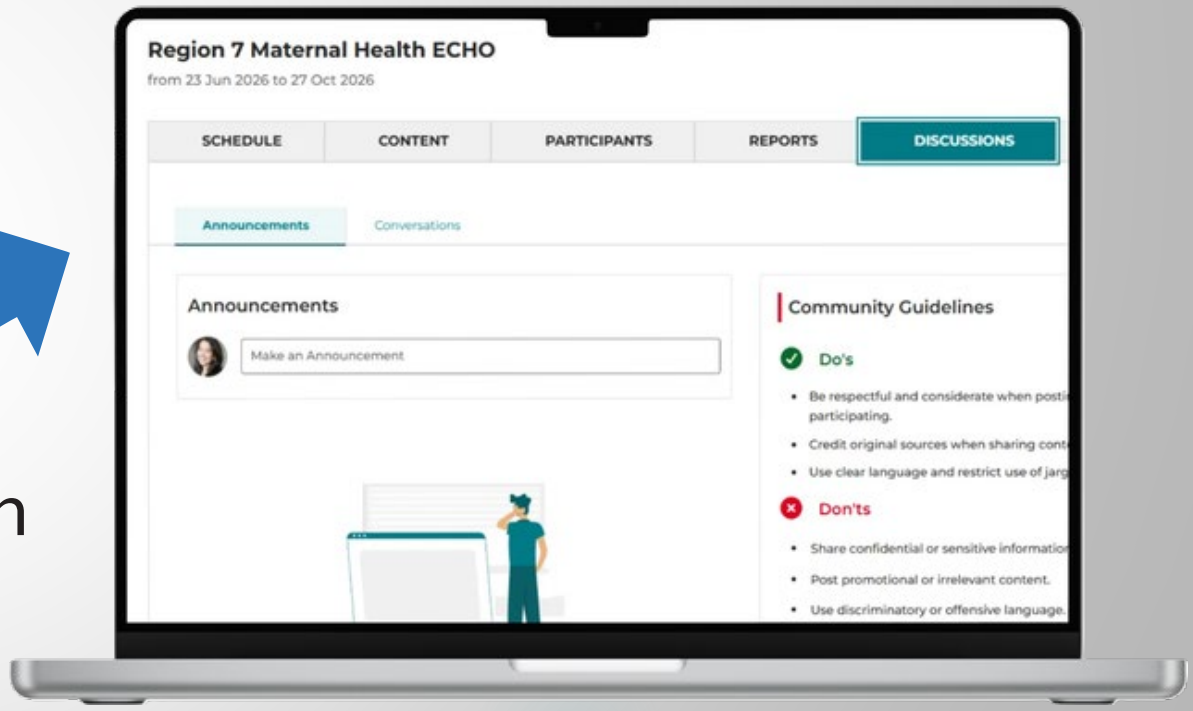
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Your Turn to Share – Cohort Announcements

Share what's happening in your world:

- Events
- Initiatives
- Publications
- Anything else!

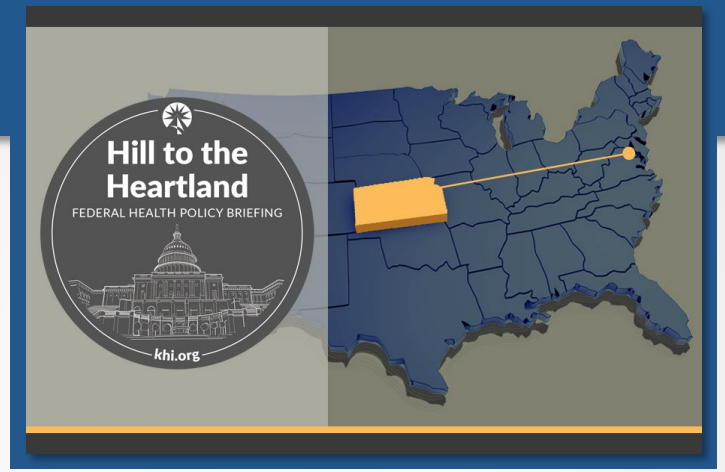
Come off mute, use the chat or post in the iECHO discussion board.



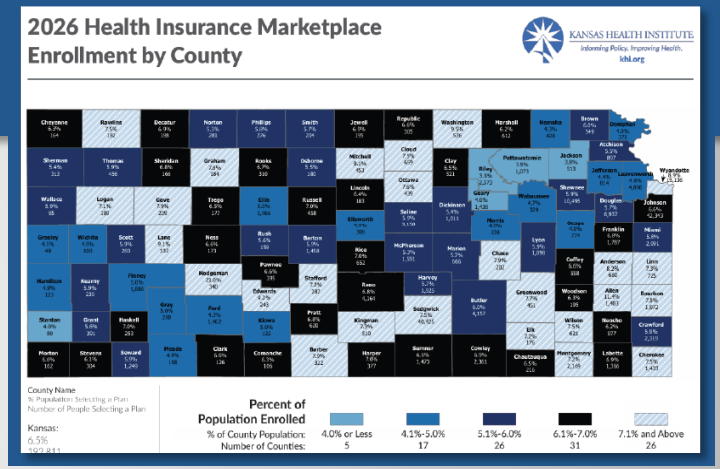
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