

## Leading Healthcare

Aug.14, 2024

Kimberly Lorick Michigan Department of Health and Human Services 333 S. Grand Ave Lansing, MI 48909

Re: Medicaid Coverage of Group Prenatal Care

Dear Kimberly Lorick,

On behalf of Michigan hospitals, the Michigan Health & Hospital Association (MHA) appreciates the opportunity to comment on the Michigan Department of Health and Human Services (MDHHS) proposed policy on Medicaid coverage of group prenatal care beginning October 2024. Supported by extensive research, MHA believes that the proposed rule will aid in improving maternal and infant outcomes. The MHA's commentary regarding the proposed policy is detailed below.

## **Background**

In 2021, 10.6% of births in Michigan were deemed preterm, slightly higher than the national average of 10.4%. Preterm babies tend to have poorer health outcomes<sup>1</sup>, including a higher risk of breathing and feeding difficulties as well as developmental delays. Health disparities in maternal and infant outcomes remain an issue, with the Centers for Disease Control and Prevention (CDC) reporting that Black women are 50% more likely than white or Hispanic women to experience preterm birth.

MHA is supportive of MDHHS' proposal to institute Medicaid coverage of group prenatal care. Group prenatal care helps address poor maternal and infant outcomes. Research² has shown that caregivers who participate in group prenatal care experience positive outcomes, such as full-term pregnancies and reduction in preterm births. CenteringPregnancy® is an evidence-based model for group prenatal care that has been correlated with a 33% reduction³ in preterm deliveries. The CenteringPregnancy® has also been shown to be a useful tool in reducing racial disparities in maternal and infant health. According to a 2021 report⁴ by the Michigan Council for Maternal and Child Health, CenteringPregnancy® centers in Michigan had preterm birth rates of 7.7% compared to 11.4% among the general Michigan Medicaid population.

## **Established Programs in Michigan**

Many hospitals and health systems in Michigan have invested in the CenteringPregnancy® model to provide prenatal care in their communities<sup>5</sup>. In addition to the CenteringPregnancy®

<sup>&</sup>lt;sup>1</sup> CDC, Preterm Birth - https://www.cdc.gov/maternal-infant-health/preterm-birth/

<sup>&</sup>lt;sup>2</sup> Moyett, Julia M et al. "CenteringPregnancy: A Review of Implementation and Outcomes." *Obstetrical & gynecological survey* vol. 78,7 (2023): 490-499. doi:10.1097/OGX.000000000001169

<sup>&</sup>lt;sup>3</sup> "Group Prenatal Program Brings Expectant Moms Together." *Michiganmedicine.org*, 12 Apr. 2019, www.michiganmedicine.org/health-lab/group-prenatal-program-brings-expectant-moms-together. Accessed 5 Aug. 2024

<sup>&</sup>lt;sup>4</sup> REIMAGINING PERINATAL CARE MARCH 2021 PREPARED and PRESENTED BY: MICHIGAN COUNCIL for MATERNAL and CHILD HEALTH. ml.globenewswire.com/Resource/Download/ddd56b44-4d6a-4013-879a-070ff7113137.

<sup>&</sup>lt;sup>5</sup> "CenteringPregnancy." CMU Health, 2016, www.cmuhealth.org/services/centering-programs/centeringpregnancy. Accessed 5 Aug. 2024.

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model, many hospitals and health systems provide other group prenatal care models such as Henry Ford Health's Women-Inspired Neighborhood (WIN) Network: Detroit, which offers an enhanced group prenatal care model for African American women in the Detroit community. Their model involves a group of 8-12 pregnant individuals who are paired with nurse midwives and community health workers throughout the pregnancy and one year post-partum. Of the 321 births in their second cohort, 94% have been born full-term, compared to 85.4% of all Detroit babies in 2019.<sup>6</sup> With demonstrated improved outcomes for the Michigan community, MHA supports Medicaid coverage and reimbursement for group prenatal care.

## **Language Changes**

The MHA feels the language surrounding the reimbursement rate of \$45 for group prenatal care is unclear. The MHA recommends that MDHHS clarify in the final policy if the \$45 reimbursement rate is a flat rate for each session conducted or if providers are reimbursed \$45 for each individual pregnant person who attends the session. The MHA encourages a higher reimbursement rate for group prenatal care sessions that have higher number of attendees given the increased time and resources required to accommodate larger class sizes.

On behalf of the MHA, we appreciate the opportunity to comment on this proposed rule and appreciate the MDHHS' efforts to improve maternal and infant health outcomes. Please contact Esha Elahi (eelahi@mha.org) at the MHA with questions or for more information.

We look forward to engaging on the implementation of this policy.

Sincerely,

Lauren LaPine

James Japan

Senior Director, Legislative & Public Policy Michigan Health & Hospital Association

<sup>&</sup>lt;sup>6</sup> "Our Outcomes." WIN Network, 14 May 2021, www.winnetworkdetroit.org/our-outcomes/. Accessed 5 Aug. 2024.