

Midwifery Working Group

June 6, 2024 | 3:00-4:00pm

Meeting Minutes

Members present: Lucinda Canty, Kara Crawford, Daileann Hemmings, Priya Morganstern, Gengi Proteau, Katherine Villeda, Fatmata Williams, Christy D'Aquila

Members absent: Cynthia Bean, Anna Cobler, SciHonor Devotion, Tonia Douglas, Sera Gadbois, Camille Grant, Carolyn Greenfield, Dawn Havener, Christina Mukon, Selina Osei, Amy Romano, Kim Sandor, Michelle Telfer

DPH: Melia Allan, Mary Beth Begley, Dante Costa, Shayna LaFlam, Sunny Light

Introduction

- Dante gave introductory remarks, noting that the chair Sera Gadbois is away attending a birth
- The group did not have quorum, so the May meeting minutes could not be voted on at this meeting

Discuss July Meeting

- Dante suggested that the group cancel the summer meetings and pick back up in September, members present agreed

Public Comment

- Two DPH staff attending the meeting introduced themselves
- Shayna LaFlam, nurse consultant for the infant mortality review
 - Previously an ICU nurse for labor and delivery; also worked at a high school program that did prenatal visits and teaching, postpartum care, home visits, and education.
- Mary Beth Begley, Epidemiologist fellow at DPH
 - She recently did a surveillance project on homebirth, using data from the CDC's WONDER platform (Wide-ranging ONLINE Data for Epidemiologic Research)
 - There was acknowledgement that this data may not accurately capture all home births, but it gives a sense of the current homebirth environment in CT
 - This graphic will be shared with members of the group

Fatmata Williams, DSS; Reimbursement and the Maternity Bundle

- Dante explained that midwives and Sera have been interested in learning more about reimbursement for their services; Fatmata is the director of Medical Administration at the Department of Social Services (DSS) and has been involved in leading the maternity bundles.
- Fatmata spoke about the creation of the maternity bundle and doula integration work
 - In order to bill DSS, the basic requirement is that providers have to meet the criteria to enroll in the Connecticut medical assistance program

- Before doulas got certified, DSS decided that doulas were going to be a part of the bundle and would work with the bundle manager, who could be an obstetrician, a family medicine provider, or a midwife – historically, however, doulas are used to working independently instead of being supervised by physicians
- With doula certification, there are now two pathways for doulas to be integrated through – they can either choose to work alongside a bundle manager, or they can enroll in Medicaid and be able to bill directly for their services
- The amount of money they receive under the bundle will be equal to the amount they receive as independent providers, which is currently \$1200 for the entire length of pregnancy, into the postpartum period
- Fatmata mentioned that in order for DSS to enroll a midwife in the Connecticut Medical Assistance Program (CMAP), they must have DPH endorsement. Currently, any midwife that is licensed can be a bundle manager as a part of the maternity bundle.

Q&A Period

- Does the bundle cover up to one year postpartum?
 - For doulas who enroll independently, there are 5 visits total, four of them can be determined at the doula's discretion, and one visit needs to be at the birth (at least one doula provider)
- When enrolling as an independent provider for Connecticut Medicaid, does DSS make a distinction between certification versus licensure from DPH?
 - DPH endorsement fulfills the criterion regardless of if DPH issues a license or certification. In other words, as long as the profession is endorsed by DPH, providers are eligible for reimbursement
 - DSS may have additional criteria, such as that a provider must have a place of service, or a place to store files, etc.
 - The group concluded that registration with DPH does not constitute endorsement, however.
- Are there other services covered by Medicaid in addition to doula services that could go through the bundle? For example, home visits by nurses.
 - Behavioral health visits are excluded from the bundle, as well as NICU visits, durable medical equipment such as breast pumps or blood pressure monitors, to prevent access issues. However, there is the regular home health benefit if a midwife or another provider thinks that postpartum the individual needs a visiting nurse that is not part of the bundle, a home health agency can send a nurse in to see that person, and it is covered outside of the bundle at the cost of that service under Medicaid.
- When are the bundles going to kick in, what does the next 6 months to a year look like?
 - Anticipated launch date is September 1, 2024, pending CMS approval
- Fatmata will share the current quality measures with the group – there are 10 measures, five on performance and five on reporting
- Will a patient be billed in the first trimester if they are uninsured?
 - The case rate does not kick in until the second trimester, but providers can still bill for the services during months one through three. There is no gap in coverage, just a change in the trigger code when billing.

- No other state has done a bundle in the way that Connecticut is doing
- Could the bundle be used in the birth center setting?
 - Yes, the requirement to be eligible is 30 deliveries a year
 - The goal is to bring midwives into this space, because the bundle's goal is to expand the landscape of maternal health providers, especially those that practice culturally informed care and fill gaps in services.
- Fatmata offered to put together a high-level presentation of where DSS is at with the bundle

General Discussion

- Dante asked if any members had questions from the 2024 legislative session
- Dante gave an overview of the lactation consultant proposed bill for mandatory licensure for IBCLCs, which did not get called for a vote
 - There was disagreement among IBCLCs as to whether they wanted licensure
 - DPH was agnostic on this legislation
- Members expressed concern that some of the language being used around lactation consultants were similar to public perceptions of midwifery
- Daileann brought up concerns about the inclusivity of the lactation consultant bill, because lactation supports can come in many forms, and the bill as written could have restricted professionals
 - Fatmata added that DSS was purposefully broad in their definition of the lactation supports, so that individuals can utilize different professionals, instead of requiring specifically an IBCLC
- Lucinda commented that IBCLC training and certification is expensive; Dante added that this parallels midwifery training as well

Closing

- The group will pause meetings in July and August, and will pick up the group in September
- Dante reminded members that when the group reconvenes in the fall, it will be time to start thinking about a legislative report. She encouraged members to think about what they want to accomplish with this report, and what they might want to include in it.