

FACT SHEET



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Making Maternal Healthcare Accessible to ALL

The Problem: Virginia is one of ten states where more than two-thirds of counties are in a maternity desert.¹ Virginia is ranked 40th for its maternal mortality rate.² Multiple interventions are required to increase access to high quality care.

Increase Access to Care through the budget:

Fund the proposed DMAS budget amendment that provides for a new position that will help moms on Medicaid access care.

Fund the VDH budget amendment to support community-based organizations using the perinatal health hub model to provide services to pregnant and postpartum women to address maternal and infant mortality in Virginia. Perinatal health hubs address two major issues people face when seeking care: access to care and care coordination.

Presumptive Eligibility for Pregnant Women (PEPW):

This was a recommendation of the Maternal Health Data and Quality Measures task force. PEPW allows for immediate entry into prenatal care by allowing folks to be immediately enrolled in Medicaid without waiting for up to 45 days for Medicaid paperwork to be processed. *Pass a bill to allow for presumptive eligibility for pregnant women.*

Unconscious Bias/Cultural Competency Training:

In 2021, the pregnancy-associated death rate for Black women in Virginia was over two times the rate for White women at 113.8 vs. 54.8 respectively (per

100,000 live births).³ Unconscious bias is a bias that is present but not consciously held or recognized. It has long been identified as a factor contributing to lower health care quality for Black Americans. Numerous studies show implicit bias can impact patient safety and is directly correlated with lower quality of care.⁴ High quality care is integral to improving maternal and infant mortality. The American Medical Association, the American Hospital Association, the Association of American Medical Colleges and others have urged the adoption of unconscious bias training. *Virginia must pass legislation to make evidence-based, practitioner relevant, unconscious bias and cultural competency training a criterion for licensing for all health care professionals licensed by the Virginia Board of Medicine.*

Medicaid 1115 Waiver to Expand Healthcare Services to the incarcerated pregnant and postpartum population:

Pregnant and postpartum women are falling through the cracks in Virginia. In their 2023 State Medicaid Director Letter, CMS (Centers for Medicare and Medicaid Services) acknowledged that pregnant women in a carceral system primarily designed for men bring specific challenges for addressing these women's health care needs. *Virginia should pass legislation to apply for the opportunity to use the Reentry Medicaid 1115 Waiver to provide critical health care services to the incarcerated pregnant and postpartum population.*

¹ Center for Healthcare Quality & Payment Reform, July 2024.

https://chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf

² Commonwealth Fund 2024 State Scorecard

https://interactives.commonwealthfund.org/2024/Women_s+health+scorecard/Virginia.pdf

³"Virginia Maternal Mortality Review Team Annual Report, 2023": <https://www.vdh.virginia.gov/content/uploads/sites/18/2024/03/Virginia-Maternal-Mortality-Review-Team-Annual-Report-%E2%80%932023.pdf>

⁴ Agency for Healthcare Research and Quality, (2024) Healthcare Worker Implicit Bias Training and Education, Rapid Review. https://effectivehealthcare.ahrq.gov/sites/default/files/related_files/mhs-IV-rapid-response-implicit-bias.pdf