

FACT SHEET



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Making Maternal Healthcare Accessible to ALL

Perinatal Health Hubs: Keep the Governor's line item in the budget (*Item 277*) to support perinatal health hubs, a community-based model that provides critical services to pregnant and postpartum women. Cost: \$2,500,000 GF in the Second Year.

Presumptive Eligibility for Pregnant Women: (SB831) (HB2102) 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 42 days for Medicaid paperwork to be processed. Cost: \$250,000 GF and \$250,000 NGF in the First Year and \$100,000 GF and \$100,000 NGF in the Second Year. Patrons: Sen. Locke and Del. Feggans

Unconscious Bias/Cultural Competency Training: (SB740 and HB1649) In 2021, the pregnancy-associated death rate for Black women in Virginia was more than two times the rate for White women at 113.8 vs. 54.8 respectively (per 100,000 live births).¹ Unconscious bias is a bias that is present but not consciously held or recognized. It has been repeatedly identified as a factor contributing to lower health care quality for Black Americans. Unconscious bias can impact patient safety and is directly correlated with lower quality of care.² High quality care is integral to improving maternal and infant mortality. The American Medical Association, the American Hospital Association, and the Association of American Medical Colleges have urged the adoption of unconscious bias training. In December, the Joint

Commission on Healthcare (JCHC), at the suggestion of staff, approved the recommendation that the JCHC introduce legislation to require unconscious bias and cultural competency training for renewal of licensure. Make evidence-based unconscious bias and cultural competency training criterion for licensing for all health care professionals licensed by the Virginia Board of Medicine. Cost \$140,750 GF in the First and Second Year. Patrons: Sen. Locke (Sen. Head Co-Patron) and Del. Hayes (Del. Coyner supportive).

Medicaid Reentry Waiver for incarcerated pregnant and postpartum population: 292 #4s and 292 #2h
The November 2024 *Report to the General Assembly Re: Recommendations for Prioritizing Treatment for Incarcerated Women Who Are Pregnant and I Need of Substance Abuse Treatment* recommended that the General Assembly examine the feasibility of increasing Virginia's number of Social Security Act 1115 waiver applications to allow pregnant individuals to access Medicaid while incarcerated. The Medicaid waiver provides the opportunity for a mom to stay in her MCO and assures continuity of care while inside and outside the criminal justice system. *Pass the Budget Amendment to Direct the VA Dept. of Medical Assistance Services to apply for a Medicaid reentry waiver to provide pregnant and postpartum care for women who are incarcerated.* Cost \$125,000 GF in the First Year and \$2,015,200 GF in the Second Year. Budget Amendment Sponsors: Sen. Locke and Del. Coyner

Keeping Labor and Delivery Units Open (HB 1904). At the request of south and west side VICPP advocates impacted by hospital closures, VICPP drafted this bill to address a problem in maternity care deserts to enable nursery and OB units to remain open. Patrons: Del. Willett. Cost: NA bill is permissive.

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¹"Virginia Maternal Morality 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%93-2023.pdf>

² 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