

WOMEN'S HEALTH COUNCIL POLICY PRIORITIES--2022

The health of women and girls equals the health of the state as a whole.

The Missouri Women's Health Council (Council) is an advisory board comprised of thought leaders with expertise in women's health and the broad range of factors that affect health outcomes and wellbeing. Council members are appointed by the Director of the Department of Health and Senior Services (DHSS) and reflect the geographic diversity of our state. The recommendations of this Council are also shared with the Department of Social Services (DSS).

The Council is charged with informing and advising DHSS regarding women's health risks, needs and concerns, and recommending potential strategies, programs, and regulatory or legislative changes to improve the health and well-being of all women in Missouri. Women serve as leaders throughout our state in their families, communities, educational institutions, places of worship, businesses, and the public sector. The Council consists of women from a variety of professions, including health care providers, researchers, healthcare administrators, social workers and multiple CEOs and Executive Directors of critical social services foundations serving women throughout Missouri. As we celebrate the Council's five year mark we said goodbye to some original appointees as they concluded their service to the Council. Three new appointees joined the Council in February 2022. We thank our outgoing colleagues for sharing their time and wisdom with us and welcome our new members.

During this Council's past year, members provided information and input to the Departments on the following:

- Informed the Departments on the effects and hopes for women and girls related to Medicaid Expansion. When this Constitutional amendment was approved by the electorate in August 2020 and upheld by the courts in 2021, the Council offered advice, support, and strategic questions to the Department of Social Services and the Department of Health.

- Informed the Department on issues related to COVID's impact specifically for low-income pregnant women, women of color, women in corrections, and women working in and residing in long-term care facilities.

The Council commends the Departments and the Legislature for the following:

- Enactment of a statewide Prescription Drug Monitoring Program as one tool to address opioid related challenges and as a mechanism for statewide data analysis on trends in prescribing stimulants and opioid containing medications.
- The Department of Mental Health was awarded more than \$25 million for the State Opioid Response Grant to address opioid use disorder prevention, treatment, and recovery services. The grant built on best practices by increasing medication first approaches, telehealth services, stimulant use disorder and peer specialists.
- DSS's approach to the on-line Medicaid application with a client centered design strategy and improving client communications for better readability and clear direction about clients' next steps and responsibilities.
- Support of robust ECHO educational programs for providers caring for patients with chronic pain syndromes, opioid use disorders, high-risk childbirth, eating disorders, and neonatal abstinence syndrome.
- Private payors and Medicaid are providing payment for mental and behavioral telehealth visits the same as in person visits. With the eventual end of the Public Health Emergency (PHE) order, some of the telehealth rules will revert. Access has been increased with the PHE to allow home as the originating site of mental health care relationships.
- DSS has auto-enrolled some of the women from the Extended Women's Health Services Program into expanded Medicaid.
- Requirement of participating Managed Care companies to disaggregate adult and child data by gender, age group, race, ethnicity, and region (rural/urban).

- DSS has allowed for more than mother and child passengers during Non-Emergency Medical Transport (NEMT) to provider appointments. This change means that fathers and other children can attend, reducing barriers to appointment attendance.
- The Council again thanks DHSS for the PAMR report (Pregnancy Associated Mortality Report) which remains an excellent source of the state statistics.

Policy Priorities

The following policy priorities reflect the shared vision of the Council. The Council urges all Missourians to come together to find common ground to improve women’s health which in turn strengthens prosperity across our state as a whole. The Council recommends that DHSS identify its role in helping to prioritize these identified issues. Whether DHSS is working with partner organizations and across cabinet departments to implement priorities, to building internal capacity, DHSS has a role in each priority.

Improve access to healthcare for women in rural, suburban, and urban Missouri

Implementation of expanded Medicaid eligibility

Expanding Medicaid coverage to cover more Missouri women will be the single most important policy change to improve women’s health. After the August 2020 passage of a constitutional amendment to address Medicaid expansion, the state now faces the prospect of full implementation and outreach.

The Council strongly supports the ongoing improvement work at MO HealthNet, especially as it relates to customer service, client support, and usability for people living on low incomes in the state. The initial enrollment numbers have been disappointing with less than 20% of potentially eligible applicants approved as of December 2021. For several years, in-person and call center support has been very challenging and frustrating for clients. This makes in-person assistance and community outreach even more critical as new applicants enter the system. States like Oklahoma and Louisiana provide lessons in using existing systems (TANF, SNAP, housing subsidies etc.) to target/auto-enroll newly eligible citizens.

- **DHSS should partner with DSS to expand outreach and aide in implementation.**

Maternal Mortality

Maternal mortality remains a pressing concern. The Council applauds ongoing efforts through the Missouri Department of Health Pregnancy Associated Mortality Review (PAMR) Board, and the Missouri Hospital Association (MHA) led Missouri Maternal Child Learning Action Network (MC LAN) to examine and attempt to mitigate leading causes of maternal deaths. The MC LAN provides a vehicle to implement PAMR recommendations, Missouri's AIM initiative and other quality improvement and patient safety practices to address the leading contributors to maternal deaths and severe maternal morbidity in the state. The WHC supports the important work of the MC LAN and recognizes the importance of ongoing funding to sustain and grow the LAN's efforts to become a full Perinatal Quality Collaborative.

The 2021 PAMR report indicates that a majority (63%) of maternal deaths in the state occur after 43 days postpartum. The rate of pregnancy-associated deaths for women on Medicaid was more than **4 times greater** than the rate for those with private insurance. Traditional Medicaid coverage ends for a woman 60 days after the birth of a child leaving many women without coverage during the time the majority of preventable maternal deaths occur. Although expansion covers women below living 138% of FPL. Women with incomes from 138% to 185% FPL continue to have pregnancy and postpartum needs. The efforts in the legislature to address the first year of post-partum care through a Medicaid waiver for roughly 7,000 women who would not otherwise have coverage during this vulnerable first year after giving birth are especially encouraging. The aggregate impact of expanded postpartum coverage would maximize the positive effects on the overall health of Missouri families and communities.

On December 7, 2021, HHS announced efforts to help expand nationwide access and coverage for high-quality maternal health services and encouraged states to take advantage of the American Rescue Plan's (ARP's) option to provide 12 months postpartum coverage to people with Medicaid and CHIP. A report released by HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE) showed if every state extended Medicaid postpartum coverage to 12 months the number of Americans getting coverage for a full year postpartum would roughly double, extending coverage for an estimated 720,000 in a given year.

Expanding MO HealthNet Services for Pregnant and Postpartum Women would also support statewide efforts to significantly decrease maternal mortality and severe morbidity and mitigate the potential associated impacts on children, families, households, communities, and society. Maternal mortality rates in Missouri are double the national average, with Missouri ranking 44th nationwide, and Black maternal mortality rates are near four times those of white maternal mortality rates.

- **DHSS should support efforts to expand Medicaid coverage for women to one year postpartum to reduce maternal mortality and improve health outcomes.**

Health Care workers

Women make up more than 70% of the health care workforce. In turn, the healthcare workforce has a multiplier effect in keeping the rest of the workforce healthy and productive. The pandemic has taken an extraordinary toll on health care workers at all levels. The state offers critical signals about the value of that work through its support for the salary and working conditions especially in the lowest paid levels of care such as nursing home care.

- **DHSS should continue to strengthen and support the health care workforce and help make it a high priority for the state, as we anticipate a positive and sustained return on investment.**

Professional licensing forms ask questions about current impairment due to mental health issues and requires the disclosure of the dates, names, addresses of facilities of treatment as well as a letter describing diagnosis and prognosis. The literature reflects that licensure questions prevent health care professionals from seeking mental health services.

- **DHSS should partner with the Board of Healing Arts and all professional licensing boards to evaluate the language and intent of the application questions.**

Support the Shared Health of Women and Families

COVID

The availability of vaccines to prevent COVID was a welcome development, but the state now must prepare to transition to an endemic approach. Increasing the rate of vaccination in Missouri has been challenging, with only 56% of the population having 2 doses of vaccine. State COVID infection data has not been easy to understand as it relates to race, gender, and geography.

A 2022 JAMA paper (*JAMA*. 2022;327(8):748-759.) showed that pregnant patients with at least moderate coronavirus symptoms were at elevated risk of delivering preterm, requiring a Cesarean section, experiencing postpartum hemorrhage and suffering a miscarriage. These findings further highlight the necessity of vaccination for pregnant individuals and women looking to become pregnant. In addition, there is good evidence that the antibodies transmit to the infant providing protection for the child.

- **We encourage DHSS to provide clear ongoing outreach to women about the safety of COVID vaccines before and during pregnancy.**

Education disruptions, child care disruptions, and family illness have come as a great burden for women. Women are powerful economic engines within the state, and it is imperative that we support women to participate in the workforce in ways that work best for them.

- **In order to ensure a successful long term COVID management campaign, DHSS should implement strategies to reach underserved populations specifically Black communities and other communities of color, upgrade data tracking and analysis, and work with public health professionals to reach those at the greatest risk of disability and death.**

Public Health Investment

There can be no greater spotlight on public health than we have seen in the last 2 years. State financial support for state and local public health agencies has decreased over the past 20 years. Funding changes have impacted the local public health department's ability to provide

testing, surveillance, report data, administer vaccines, and educate local populations about infectious disease. This will not be the last challenge to the health of the public.

We encourage state leadership to strengthen collaboration with local public health leadership especially for new and evolving models of public health. The Women's Health Council deeply appreciates those who serve in public health especially those who have been on the front lines of leadership during COVID. Attention to local/state organizational structures, stable funding, shared resources, recruitment of talented public health officials and support of their public health efforts will be crucial. While it is likely that municipalities and local jurisdictions will examine their own effectiveness during the COVID crisis, it is imperative that the state does not curtail the critical jurisdictional powers to keep localities safe during future communicable disease outbreaks.

- **DHSS should convene with local public health agencies to review and reflect on how communication, direction setting, and support affected their efforts during COVID. Doing so will lead to stronger partnerships for future public health events.**

At serious risk is the progress made in the last 100 years through universal childhood immunizations. Missouri is in the *lowest quartile for childhood immunizations* with only 58.7% of children on Medicaid up to date on immunizations (State Health Report Card <https://www.medicaid.gov/state-overviews/stateprofile.html?state=missouri>). Relaxing requirements for school aged childhood vaccines will even worsen these numbers. As we think ahead to the future of our state and its economic prosperity, healthy children become healthy and productive adults.

- **DHSS should expand promotion, access to, and education regarding childhood vaccinations to increase the number of children up to date on immunizations.**

Support outreach and treatment options for opioid misuse and addiction

Opioid misuse and addiction are having compounding effects on women, families, and communities. State data shows that 1 of every 56 deaths in the state were due to opioid overdose in 2018. While Missouri saw a small decrease in deaths in 2019, 2020 showed a 30% increase. The one year grant mentioned above related to opioid use prevention and treatment is a good first step but encourages the Department of Mental Health to follow

through with a long term funding strategy. Council Members remain concerned with the sheer number of infants born with neonatal abstinence syndrome.

The Council supports and encourages DHSS to partner with appropriate organizations to implement the following interventions:

- **Long term funding plan for substance use disorder prevention and treatment**
- **Encourage providers to become MAT waived to be able to prescribe treatment**
- **Implementation of a Medication Assisted Therapy payment bundle**
- **Promotion of shared learning across the state among centers such as the WISH (Women and Infant Substance Help) program in St. Louis to enhance best outcomes for women and infants.**
- **Educational awareness campaign for women of childbearing age regarding neonatal abstinence syndrome with opioids, heroin, methadone, buprenorphine (Suboxone and Subutex).**

Invest in State IT and Collect Data by Race

Several state agencies collect data related to women's health. (For instance, MO HealthNet data is overseen by DSS and state vital records are collected by DHSS). There are multiple opportunities to increase data analysis and sharing among state agencies. With appropriate privacy protections, cross agency collaboration could help us better understand how to improve services and health of Missouri women. The next great challenge is to spend the resources to analyze data and apply lessons learned.

Improve continuity of care and address remaining gaps

While Medicaid expansion addresses the needs of more than 100,000 Missouri women and girls, the Council remains attentive to health needs that will not be addressed including the health needs of low-income women between 138-185% FPL who are not eligible for benefits through Medicaid expansion and cannot access coverage through the Exchange.

Post-Partum opioid treatment

In 2019, the State asked CMS to allow Medicaid coverage for women (up to 185% FPL) in treatment for substance use disorders for up to one year after a birth. It has still not been

approved for implementation. This policy will provide women the opportunity to continue their recovery while caring for their newborn and family. Missouri is still awaiting full roll out of this program.

- **The Council encourages Department of Social Services (DSS) to follow up with a robust evaluation of this policy once implemented.**

Reduce the rate of unnecessary churning of Medicaid enrollees

Medicaid churning involves a pattern of short-term enrollment, dis-enrollment, and re-enrollment that often occurs year after year. This process is confusing, time-consuming, and expensive for the state and the health care system, and creates instability for Missourians who rely on Medicaid. During the pandemic, Missouri was allowed to provide qualified beneficiaries with 12 months of continuous coverage through Medicaid and the Children's Health Insurance Program (CHIP), even if the family experiences fluctuating income during the year.

- **The Council strongly encourages the state to formalize continuous eligibility as on-going policy.**

Maintain Access to Contraceptive Services

There are a myriad of health benefits to having planned pregnancies. Access to reliable, affordable, and available contraception is key. Barriers to services, such as not maintain long acting reversible contraceptive in stock, reduce the number of women who can benefit from desired pregnancy prevention, healthy interbirth spacing, and wellness services to support interpregnancy health. Some of these services are covered through Managed Care Organizations (MCOs) and some through the state Extended Women's Health Program. Pressure on current providers will impact the ease of access to available services.

- **The Council encourages DHSS and DSS to examine policies and training related to precertification for and access to Long Acting Reversible Contraceptive and removal with the goal of same day services.**

There is a substantial population of women who are covered by both Medicare and Medicaid (dual eligible). Women of reproductive age who are disabled may be at especially high risk for complications due to unplanned pregnancies. The interplay between the payment sources can

cause complexity in determining which agency provides the payment. This has led to delays and outright failure in providing services to high-risk women.

We appreciate current efforts by Benefit Program Staff to work through individual cases as they arise and are referred. However, this "one off" solution does not create a systematic approach for identifying and approving certain preventive vaccines (such as Tdap) and postpartum contraception for dual eligible pregnant and postpartum clients. From both a quality and workload point of view, we encourage DSS to streamline and systematize these processes.

- **The Council requests examination of payment policies by DSS to provide clarity to providers and their patients and the policies related to participating providers that can enhance access to reproductive health services.**

The Extended Women's Health Services Program provides well woman care and family planning services to low-income Missouri women ages 18-56 in households up to 201% FPL. This helps fulfill the objectives of prevention of unintended pregnancy, providing access to some women's preventive health services, and allowing for adequate interbirth spacing for the well-being of the mother and the child. Because this program is entirely state funded and administered outside of the Medicaid program, the state has considerable flexibility in its operation.

- **DHSS should partner with DSS to ensure that if ineligible for full Medicaid, postpartum women should be auto-enrolled into Women's Health Services Program when their pregnancy-related Medicaid coverage expires, with both patients and providers appropriately notified. Additionally, all MO HealthNet applicants who do not qualify for other programs should be automatically screened and enrolled in WHSP when eligible, regardless if the applicant checks the box for family planning services in the application. The state should also remove the restriction on sterilized women, which would eliminate the need for applicants to check a box for family planning services in the application. Therefore, *all* women between the ages of 18-55 who have a family income at or below 201% FPL, and who are not otherwise eligible for other MO Health Net programs, should be screened for eligibility.**

- **Finally, we recommend simplifying the notification letter to clarify an applicant's eligibility and coverage of services, which will save the applicant time and confusion, and alleviate administrative burdens for the state.**

State funding of contraceptive providers has restricted the number of eligible providers of contraceptive services, which also curtails access to key preventive health services, such as cervical cancer screening. Rural communities are especially affected by loss of accessible providers. According to the State Report Card, Missouri is in the lowest quartile for Chlamydia screening of 16-24 year olds and the lowest quartile for breast and cervical cancer screening. The loss of service providers is likely part of this decline.

- **DHSS should share the recommendation with appropriate cabinet leadership that the Council encourages the state to reconsider its restrictions on provider choice for easily accessible contraceptive and women's preventive health services. The Council encourages the state to consider incentives for providing services in rural areas.**

Include rehabilitative therapy in Medicaid coverage

Since 2005, physical therapy coverage has been limited for Medicaid recipients, and these restrictions increase the risk of developing chronic pain syndromes. Under MO HealthNet, physical therapy is available only to adults who are blind, pregnant, or in nursing homes. Musculoskeletal disorders are common causes of disability in women, especially as women age.

Rehabilitative services are critical to maximizing function, limiting pain, preventing opioid use and misuse, delaying or avoiding surgery, ensuring full recovery after injury or surgery and maintaining the capacity for people remain independent and return to work. The CDC has made formal recommendation for use of physical therapy to avoid the need for long-term opioid prescriptions. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

- **DHSS should encourage reinstating rehabilitative services as a cost effective and sensible components of comprehensive care and maintaining patient function.**

Ensure safety for Missouri women and their families

Domestic violence

The State Supreme Court will soon hear a case on the constitutionality of the Second Amendment Preservation Act passed in Missouri in 2021. Federal law has had domestic violence gun laws in place since the mid-1990s. This includes those convicted of domestic violence assaults and those with court issued protection orders for domestic violence, child abuse, stalking, and/or sexual assault. Missouri does not have state laws on domestic violence and firearm restriction; therefore, only federal officials can respond to restrict gun possession by those who continue to use violence against their family members. Currently, the Second Amendment Preservation Act prohibits local and state law enforce from working with or implementing federal firearm laws within the state, creating an enabling environment for abusers with guns and putting women at risk for injury and death.

This situation is urgent because Missouri now ranks 13th in the nation for the number of women killed by men—with the majority of those homicides committed with firearms. Passing Missouri firearms laws to protect domestic violence victims is homicide prevention.

- **DHSS should work with the Missouri Highway Patrol to gather data on how policies, including Missouri’s Stand Your Ground policies and Second Amendment Preservation Act, have impacted domestic violence homicide.**

Support efforts to promote healthy living

Avoid work requirements in the Supplemental Nutrition Assistance Program (SNAP)

The Missouri General Assembly has considered several bills to add work requirements to the SNAP program. The Women’s Health Council strongly believes that reducing the amount of food going into low-income homes could have very serious consequences for the health and welfare of women and children in Missouri. In addition, the current economic crisis has exacerbated food insecurity and has also had a differential impact on women’s employment that will potentially be long-lasting. These circumstances underscore the importance of support focused strategies that help woman obtain employment including increasing access to affordable childcare and improved functionality and scope of job training programs.

Support efforts to address obesity

The Council appreciates the efforts of the DSS to expand Medicaid codes for treatment of adult and childhood obesity. The state should continue to encourage an integrated effort that takes into account the social and structural determinates of health. In addition, the Council encourages support of appropriate breast feeding policies and nutritional counseling when appropriate. Food Insecurity has a substantial impact on the development of both obesity and eating disorders. The Council encourages the state to maintain robust access to WIC and SNAP programs for families. Mothers have indicated that EBT (Electronic Benefits Transfer) cards have been very helpful and the Council looks forward to reports of progress for the WIC program.

Financial stability for families

Inflation carries an especially heavy burden for women headed households. Their net-worth, emergency funds and day to day budgets are often tenuous. The Governor's proposed budget includes increased pay for state employees with women representing more than half of the state workforce. Rising inflation may also have a negative impact on retirement savings and Missouri's 529 plan for those who will need to access these funds in the nearer term. We encourage the state to be forward thinking about strategies to keep salaries and these savings vehicles whole.

Conclusion

It has been a difficult two years since the start of the pandemic. State employees have stepped up to address unimagined challenges. We commend them for their dedication and service and look forward to great things in the coming year.