

Subject: [Records Center] Public Records Request :: P002865-121222
Date: Thursday, January 12, 2023 at 3:47:06 PM Eastern Standard Time
From: LDH Records Center
To: AO Records

EXTERNAL SENDER

--- Please respond above this line ---

RE: Public Records Request of December 12, 2022, Reference # P002865-121222

Dear Austin Evers,

The Louisiana Department of Health received a records request from you on December 12, 2022. Your request mentioned:

“Dear Records Custodian:

Pursuant to the Louisiana Public Records Law, La. Rev. Stat. Ann. 44:1 et seq., American Oversight makes the following request for records.

Requested Records

American Oversight requests that your office produce the following records within three business days:

All final assessments, reports, analyses, recommendations, or guidance in your office’s possession (including formal memoranda and other written products), prepared by your office or otherwise provided to your office by other state or local offices, or independent experts, regarding any impacts of state abortion restrictions, including, but not limited to, any observed changes in maternal mortality rates and/or infant health care outcomes.

Please provide all responsive records from June 27, 2022, through the date the search is conducted.

Fee Waiver Request

In accordance with La. Rev. Stat. Ann. 44:32(C)(2), American Oversight requests a waiver of fees associated with processing this request for records. A waiver of fees for this request is appropriate, because American

Oversight's use of the requested records "will be limited to a public purpose."

This request is made solely for a public purpose. The public has a significant interest in the projected impacts of state abortion restrictions. Records with the potential to shed light on this matter would contribute significantly to public understanding of operations of the government, including whether state health officials have identified potential public health impacts of state abortion restrictions. American Oversight is committed to transparency and makes the responses agencies provide to public records requests publicly available, and the public's understanding of the government's activities would be enhanced through American Oversight's analysis and publication of these records.

Furthermore, this request is fundamentally made for non-commercial purposes. As a 501(c)(3) nonprofit, American Oversight does not have a commercial purpose and the release of the information requested is not in American Oversight's financial interest. American Oversight's mission is to promote transparency in government, to educate the public about government activities, and to ensure the accountability of government officials. American Oversight uses the information gathered, and its analysis of it, to educate the public through reports, press releases, or other media. American Oversight also makes materials it gathers available on its public website and promotes their availability on social media platforms, such as Facebook and Twitter.

American Oversight has also demonstrated its commitment to the public disclosure of documents and creation of editorial content through regular substantive analyses posted to its website. Examples reflecting this commitment to the public disclosure of documents and the creation of editorial content include the posting of records and analysis related to the organization's investigations into misconduct and corruption in state governments; posting records and analysis of federal and state governments' responses to the Coronavirus pandemic; posting records received as part of American Oversight's "Audit the Wall" project to gather and analyze information related to the Trump administration's proposed construction of a barrier along the U.S.-Mexico border, and analyses of what those records reveal; and the posting of records related to an ethics waiver received by a senior Department of Justice attorney and an analysis of what those records demonstrated regarding the Department's process for issuing such waivers.

Accordingly, American Oversight qualifies for a fee waiver.

Guidance Regarding the Search & Processing of Requested Records

In connection with its request for records, American Oversight provides the following guidance regarding the scope of the records sought and the search and processing of records:

- ☐ Please search all locations and systems likely to have responsive records, regardless of format, medium, or physical characteristics.
- ☐ In conducting your search, please understand the terms "record," "document," and "information" in their broadest sense, to include any written, typed, recorded, graphic, printed, or audio material of any kind. We seek records of any kind, including electronic records, audiotapes, videotapes, and photographs, as well as letters, emails, facsimiles, telephone messages, voice mail messages and transcripts, notes, or minutes of any meetings, telephone conversations or discussions.

☑ Our request for records includes any attachments to those records or other materials enclosed with those records when they were previously transmitted. To the extent that an email is responsive to our request, our request includes all prior messages sent or received in that email chain, as well as any attachments to the email.

☑ Please search all relevant records or systems containing records regarding agency business. Do not exclude records regarding agency business contained in files, email accounts, or devices in the personal custody of your officials, such as personal email accounts or text messages. Public business communications conducted on private email accounts and devices are public records subject to the Public Records Law.

☑ In the event some portions of the requested records are properly exempt from disclosure, please disclose any reasonably segregable non-exempt portions of the requested records. If a request is denied in whole, please state specifically why it is not reasonable to segregate portions of the record for release.

☑ Please take appropriate steps to ensure that records responsive to this request are not deleted by the agency before the completion of processing for this request. If records potentially responsive to this request are likely to be located on systems where they are subject to potential deletion, including on a scheduled basis, please take steps to prevent that deletion, including, as appropriate, by instituting a litigation hold on those records.

Conclusion

If you have any questions regarding how to construe this request for records or believe that further discussions regarding search and processing would facilitate a more efficient production of records of interest to American Oversight, please do not hesitate to contact American Oversight to discuss this request. American Oversight welcomes an opportunity to discuss its request with you before you undertake your search or incur search or duplication costs. By working together at the outset, American Oversight and your agency can decrease the likelihood of costly and time-consuming litigation in the future.

Where possible, please provide responsive material in an electronic format by email. Alternatively, please provide responsive material in native format or in PDF format on a USB drive. Please send any responsive material being sent by mail to American Oversight, 1030 15th Street NW, Suite B255, Washington, DC 20005. If it will accelerate release of responsive records to American Oversight, please also provide responsive material on a rolling basis.

We share a common mission to promote transparency in government. American Oversight looks forward to working with your agency on this request. If you do not understand any part of this request, please contact Khahilia Shaw at records@americanoversight.org or (202) 539-6507. Also, if American Oversight's request for a fee waiver is not granted in full, please contact us immediately upon making such a determination.

Sincerely,

/s/ Khahilia Shaw
Khahilia Shaw
on behalf of
American Oversight"

The Department has reviewed its files and has located responsive records to your request.

Please log in to the LDH Records Center at the following link to retrieve the appropriate responsive documents.

[Public Records Request - P002865-121222](#)

If you have any questions, or wish to discuss this further, please contact me.

Sincerely,

Mark Semien

Louisiana Department of Health

To monitor the progress or update this request please log into the [Records Center](#)

GovQA logo

From: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>

Sent: Friday, July 08, 2022 3:29 PM EDT

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>

CC: YaSheka Adams <Yasheka.Adams@la.gov>; Nicole Coarsey <Nicole.Coarsey@la.gov>

Subject: FW: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Attachment(s): "MCHB_Data_GrantDetails 7-8-2022.xlsx", "OB-Peds Provider Training Recruitment and Retention Programs in Louisiana.docx", "Criteria for Determining MCTA 2022-10783.pdf"

Hey Becky, so Nicole and team did a great job pulling lots of great information- please see below and attached!

Healthy Wishes, Melissa

Melissa R. Martin, MBA, RDN, LDN

Well-Ahead Louisiana

225.342.9513

Melissa.r.martin@la.gov

From: Nicole Coarsey <Nicole.Coarsey@la.gov>

Sent: Friday, July 8, 2022 2:13 PM

To: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>

Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Good afternoon.

See responses/information below and attached.

1. Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - a. EMT specifically wants to know what other states have done around this and if there are any potential federal funding sources to improve obstetric care in Healthcare Provider Shortage Areas.
 - Using HRSA's Data Warehouse, I was able to download the attached document of all funding the HRSA Maternal and Child Health Bureau has awarded to Louisiana. (MCHB Data Grantee Data 7-8-2022)
 - Our office supports several programs that an obstetric or pediatric provider can take advantage of. I have detailed these programs in the attached "OB-Peds Provider Training Recruitment and Retention Programs in Louisiana"
 - 43 states participate in the State Loan Repayment Program (Including Louisiana)
 - 56 states and US territories participate in the National Health Service Corps programs
2. Expand access to prenatal care in rural areas through the use of mobile health units
 - a. EMT wants to know the anticipated staffing/funding needed for this.
 - According to [LDH/HSS](#), a Rural Health Clinic is only able to offer mobile health services if they are licensed as a hospital offsite facility (Type 3). LDH/HSS would be the office with the most up-to-date list of RHCs that are licensed to provide mobile medical services.
 - FQHCs are allowed to provide mobile medical services, but it is unknown as to how many in Louisiana provide this service.

This office will be better able to assess the need/shortages very soon. On May 19, the Health Resources and Services Administration (HRSA) published a notice of its final policy regarding determining and scoring Maternity Health Care Professional Target Areas (MCTAs). (Attached: Criteria for Determining MCTA) MCTAs are areas within existing primary care Health Professional Shortage Areas that are experiencing a shortage of maternity health care professionals. The Primary Care Office team is working with our EPI/EVAL team in preparing for the new designation. This office will receive further guidance from HRSA during the upcoming PCO Reverse Site Visit.

Summarized below is the data that will be collected for this new HPSA Primary Care designation:

1. **Population to provider:** Ratio of females of childbearing age (defined as ages 15-44) to full-time equivalent maternity care health professional (defined as OB-GYN or certified nurse midwife). A ratio of 1500:1 is deemed the minimum requirement for a population to be reasonably served.
 - 1 to 5 points will be assigned to a MCTA based upon the ratio.
2. **Federal poverty level (FPL):** Percentage of females aged 15-44 with income at or below 200 percent of the FPL.
 - 1 to 5 points will be assigned to a MCTA based upon percentage of population at or below the FPL.
3. **Travel time:** The travel time and distance (defined as average time to travel by road miles) to the nearest source of care (defined as nearest provide trained and licensed to provide necessary care).
 - 1 to 5 points will be assigned to a MCTA based upon travel time or distance, ranging from 30 minutes/30 miles to 90 minutes/90 miles.
4. **Fertility rate:** Females of childbearing age compared to births reflects the fertility rate, indicating an increased need in areas that experience higher birth rates.
 - 0 to 2 points will be assigned to a MCTA based upon fertility rate in the 90th percentile or higher, 50th to 90th percentile, and lower than 50th percentile of fertility.
5. **Social Vulnerability Index (SVI):** The resilience of communities when confronted by external hazards such as disasters or disease outbreaks per the Agency for Toxic Substances and Disease Registry's Geospatial Research, within the Centers for Disease Control and Prevention.
 - 0 to 2 points will be assigned to a MCTA based upon placement in the 75th percentile or higher, 50th percentile to 75th percentile, or less than 50th percentile for SVI.

6. **Maternal health indicators:** Factors associated with poor maternal health outcomes. This includes several indicators: pre-pregnancy obesity (BMI of 30 or higher), pre-pregnancy diabetes, pre-pregnancy hypertension, cigarette smoking before or during pregnancy (defined as smoking one or more cigarettes daily 3 months prior to pregnancy or during any trimester of pregnancy), prenatal care initiation in the first trimester, and behavioral health (defined as a Mental Health HPSA meeting certain population to provider median ratio thresholds).
- o 0 to 1 point will be assigned to a MCTA for each indicator based upon whether the prevalence of an indicator in a MCTA is above or below the 50th percentile for all U.S. counties.

Please let me know if you need any additional information. Thank you.

Nicole Peace Coarsey, MPA
Division Manager, Healthcare Access
State Office of Rural Health (SORH) Officer
Well-Ahead Louisiana
Louisiana Department of Health | Office of Public Health
225.342.1583 | Nicole.Coarsey@la.gov

From: Melissa Martin (LDH)
Sent: Friday, July 8, 2022 7:40 AM
To: YaSheka Adams <Yasheka.Adams@la.gov>; Nicole Coarsey <Nicole.Coarsey@la.gov>
Subject: FW: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs
Importance: High

Hey Nicole, another tap on you and your team... please see below. I am out of this meeting at 11am and can provide support if needed

1. Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - a. EMT specifically wants to know what other states have done around this and if there are any potential federal funding sources to improve obstetric care in Healthcare Provider Shortage Areas.
2. Expand access to prenatal care in rural areas through the use of mobile health units
 - a. EMT wants to know the anticipated staffing/funding needed for this.

Healthy Wishes, Melissa

Melissa R. Martin, MBA, RDN, LDN
Well-Ahead Louisiana
225.342.9513
Melissa.r.martin@la.gov

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Thursday, July 7, 2022 3:12 PM
To: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>
Cc: Amy Zapata <Amy.Zapata@LA.GOV>
Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hello Melissa, YaSheka, Colleen, and Jen,

EMT has reviewed the document we submitted on 7/1 as the small group charged with identifying anticipated needs and additions for LDH now that Roe vs. Wade was overturned. Attached please find their mark-up for reference.

Please send me any additions updates/edits or comments related to the following sections no later than noon on Monday, 7/11, so that I may compile and submit to EMT by Tuesday morning.

- **Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - o Expand the Rural Health Scholars program
 - o Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers For Melissa/YaSheka - EMT specifically wants to know what other states have done around this and if there are any potential federal funding sources to improve obstetric care in Healthcare Provider Shortage Areas. I just saw an email about ARPA funds for primary care providers.
 - o Expand access to prenatal care in rural areas through the use of mobile health units –these units could also process WIC-related services This may not be in your lane – this idea came from BCPHE (Davondra), but the question about it came back to OPH – they want to know the anticipated staffing/funding needed for this. I'm punting this to any of you who may have info on this - Colleen, Melissa, and/or Jen.
- **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**
 - o The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.
 - § WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations For Jen – EMT specifically wants to know what this would look like and the anticipated costs
 - § Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.

§ Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

Thanks in advance for the quick turnaround on this. EMT would like to review it at their meeting on Tuesday.

Sincerely,
Becky

Becky Majdoch, MPH

Pronouns: she/her/hers
Senior Advisor to the Director | Bureau of Family Health
Louisiana Department of Health
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ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Children's Bureau Disaster Information Collection Form	10	1	1	10
Family Violence Prevention and Services Program Disaster Information Collection Form	10	1	1	10
Office of Child Care Disaster Information Collection Form	7	1	2	14
Office of Head Start Disaster Information Collection Form	10	1	2	20
Runaway and Homeless Youth Program Disaster Information Collection Form	10	1	1	10
Future Program Office Disaster Information Collection Forms	40	1	1.5	60

Estimated Total Annual Burden Hours: 124.

Authority: 42 U.S.C. 68 Disaster Relief; 42 U.S.C. Section 5121; Pub. L. 113-5.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022-10786 Filed 5-18-22; 8:45 am]

BILLING CODE 4182-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Criteria for Determining Maternity Care Health Professional Target Areas

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Final response.

SUMMARY: Section 332 of the Public Health Service Act (PHSA) directs the Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), to identify Maternity Care Target Areas (MCTA), or geographic areas within health professional shortage areas that have a shortage of maternity care health professionals, for the purpose of providing maternity health care assistance to such health professional shortage areas. On September 21, 2021, the Health Resources and Services Administration (HRSA) published a **Federal Register** notice soliciting feedback on proposed criteria to be used to identify Maternity Care Target Areas (MCTAs). HRSA requested feedback on six proposed criteria for inclusion in a composite scale to identify MCTAs with the greatest shortage of maternity care health professionals: (1) Ratio of females ages 15-44 -to-full time equivalent maternity care health professional ratio; (2) percentage of females 15-44 with income at or below 200 percent of the federal poverty level (FPL); (3) travel

time and distance to the nearest provider location with access to comprehensive maternity care services; (4) fertility rate; (5) the Social Vulnerability Index; and (6) four Maternal Health Indicators (pre-pregnancy obesity, pre-pregnancy diabetes, pre-pregnancy hypertension, and prenatal care initiation in the first trimester). This notice summarizes and responds to the comments received during the 60-day comment period and presents the final criteria which will be used to identify and score MCTAs.

ADDRESSES: Additional information about MCTAs is available at <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation>.

FOR FURTHER INFORMATION CONTACT: Dr. Janelle McCutchen, Chief, Shortage Designation Branch, Division of Policy and Shortage Designation, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857, sdmp@hrsa.gov, or 301.443.9156.

SUPPLEMENTARY INFORMATION: Section 332 of the Public Health Service Act (PHSA), 42 U.S.C. 254e, provides that the Secretary designate Health Professional Shortage Areas (HPSAs) based on criteria established by regulation. HPSAs are defined in section 332 to include (1) urban and rural geographic areas which the Secretary determines have shortages of health professionals, (2) population groups with such shortages, and (3) public or private medical facilities or other public facilities with such shortages. The required regulations setting forth the criteria for designating HPSAs are codified at 42 CFR part 5.

Section 332(k)(1) provides that the Secretary, acting through the Administrator of HRSA, identify shortages of maternity care services "within health professional shortage areas." Section 332(k)(1) further requires HRSA to identify MCTAs and distribute maternity care health professionals within HPSAs using the MCTAs so identified. HRSA must also collect and publish data in the **Federal**

Register comparing the availability and need of maternity care health services in HPSAs and must seek input from relevant provider organizations and other stakeholders.

In a September 21, 2021, **Federal Register** notice (86 FR 53324), HRSA requested feedback on six proposed criteria to identify MCTAs: (1) Ratio of females ages 15-44 -to-full time equivalent maternity care health professional ratio; (2) percentage of females 15-44 with income at or below 200 percent of the federal poverty level (FPL); (3) travel time and distance to the nearest provider location with access to comprehensive maternity care services; (4) fertility rate; (5) the Social Vulnerability Index; and (6) four Maternal Health Indicators (pre-pregnancy obesity, pre-pregnancy diabetes, pre-pregnancy hypertension, and prenatal care initiation in the first trimester).

HRSA carefully evaluated and analyzed the comments received and used them to guide the development of the final MCTA criteria.

Comments on the Proposed Criteria for Identifying Maternity Care Target Areas

HRSA received 21 responses to the request for comments. Comments and responses are summarized below.

Health Care Capacity Factors

Summary of Comments

Population-to-Provider Ratio

All commenters supported the inclusion of a population-to-provider ratio and agreed with HRSA's proposal of a population ratio of females ages 15-44 -to-full time equivalent maternity care health professional ratio. However, several commenters questioned the use of only Obstetrician/Gynecologists (OB/GYNs) and Certified Nurse Midwives (CNMs) in the provider ratio and recommended the inclusion of family medicine physicians, physician assistants, and nurse practitioners. Specifically, one commenter indicated

“that a comprehensive system of maternity healthcare services is comprised of multiple types of care and considerations should be made for the inclusion of family medicine physicians in rural areas that deliver maternity care services.”

Response

HRSA appreciates the recommendation for the inclusion of additional provider types and recognizes the important contribution all of these professionals play in the delivery of obstetrics care. Currently, standardized nationwide data is not readily available outlining the number of hours that individual family medicine physicians, physician assistants, and nurse practitioners spend providing these services, and thus the agency would have no way of uniformly comparing the hours that these providers spend contributing maternity care services. HRSA recognizes the important role of these clinicians in the provision of maternity care and will continue to review the availability of these data points to determine if additional provider types may be incorporated into the MCTA scoring criteria in the future. We continue to welcome recommendations on nationally available data sets for the incorporation of these provider types into MCTAs. Until that data is readily available for inclusion, HRSA will proceed with the population-to-provider ratio as proposed.

Travel Time and Distance (TTD) to Nearest Source of Care (NSC)

HRSA proposed including a measure of travel time and distance (TTD) to the nearest source of care (NSC) with access to comprehensive maternity care services. All commenters supported the inclusion of TTD to NSC criteria but presented varied methodologies on how to implement and score the criteria.

Some commenters were concerned with the TTD point scale outline in the proposed criteria and suggested that HRSA adjust and expand the scoring scale to provide points for facilities identified within the 30 minute/mile TTD. A separate commenter requested that, “In terms of distance from comprehensive services, I would ask HRSA to clarify that as the distance from a site that has more than one or two on-staff OB/GYN.” Another commenter indicated that TTD should be the largest weighted factor, as it relates to the geographic accessibility of services and is part of the assessment needed to fully address the MCTA statutory requirements

Response

Section 332(k)(5) of the PHSA defines ‘full scope maternity care health services’ as care provided during labor, birthing, prenatal care, and postpartum care, with no specification regarding the quantity of providers available at the facility. As to the comment regarding including points for distance less than 30 minute/mile, the United States currently lacks an established benchmark for timely access to a facility for obstetric care. However, the American College of Obstetricians and Gynecologist (ACOG) proposes a 30-minute capability for decision-to-incision for emergency cesarean delivery.¹ HRSA will therefore retain its proposed approach.

In reference to the comment for the explicit definition of “distance from a site that has more than one or two on-staff OB/GYN,” HRSA will apply the current Primary Care HPSA NSC policy, which identifies the NSC based on the presence of a provider trained and licensed to provide the necessary care regardless of the number of providers at the location. In response to the comment regarding geographic accessibility, HRSA recognizes the

importance of this measure and will retain it as proposed and continue to monitor this issue in the future.

Health Care Need Factors

HRSA proposed the use of four Maternal Health Indicators (pre-pregnancy obesity, pre-pregnancy diabetes, pre-pregnancy hypertension, and prenatal care initiation in the first trimester).

Summary of Comments

Inclusion of Cigarette Smoking as Maternal Health Indicator

Several commenters suggested inclusion of a tobacco usage indicator. Commenters noted that smoking in the 3 months leading up to pregnancy can increase the risk of preterm birth and of adverse maternal health outcomes, and recommended inclusion of tobacco use as an indicator. Additionally, commenters highlighted that a significant proportion of women who smoked cigarettes prior to pregnancy continue to smoke into the later stages of gestation.

Response

HRSA agrees that the smoking of cigarettes is a significant risk factor for adverse maternal health outcomes and will add *cigarette smoking* as a Maternal Health Indicator. For this purpose, cigarette smoking will be defined as women who report smoking one or more cigarettes daily for the 3 months prior to pregnancy or during any of the trimesters of their pregnancy.

One point will be added if the prevalence of cigarette smoking before or during pregnancy in the MCTA is greater than or equal to the median among all counties in the United States. If the prevalence of cigarette smoking before or during pregnancy in the MCTA is less than the median among all counties, zero points will be added.

Cigarette smoking	Points
Prevalence of Cigarette Smoking Before or During Pregnancy ≥50th percentile	1
Prevalence of Cigarette Smoking Before or During Pregnancy <50th percentile	0

To accommodate the inclusion of this factor, one point will be removed from the total possible number of points awarded for the percent of the population living at or below the 200 percent Federal Poverty Level indicator. The rationale for this change is that household income relative to the federal poverty line is represented not only in

this criterion but also in the Social Vulnerability Index criterion.

Lower Point Threshold for Maternal Health Indicators

HRSA proposed that the threshold for receiving points for Maternal Health Indicators would be 75%. Two commenters noted that the threshold to

receive a point for the Maternal Health Indicators was “too restrictive.” One commenter recommended that the threshold be decreased for each indicator from the top quartile (75th percentile) to the median (50th percentile).

¹ 1Roa, Lina et al., “Travel Time to Access Obstetric and Neonatal Care in the United States.”

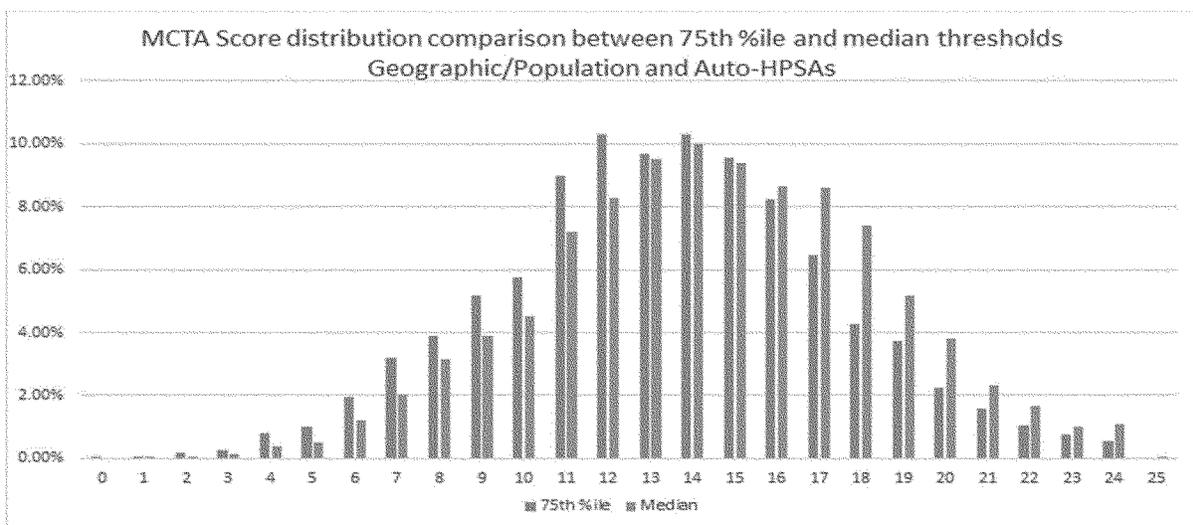
Obstetrics and Gynecology (New York. 1953) vol. 136, no. 3 (2020): 610–612.

Response

HRSA conducted an impact analysis applying both percentiles to existing primary care HPSAs. The results of the analysis indicated that lowering the

percentile threshold for Maternal Health Indicators to the median resulted in a slightly more standard distribution of the points across currently designated primary care HPSAs. The chart below provides a visual of the difference in the

score distribution between the two thresholds. Based on this analysis, HRSA will adjust the threshold for the Maternal Health Indicators to reflect the 50th percentile recommendation of the commenters.



Social Vulnerability Index

Several commenters requested that HRSA provide points based on the individual factors of the Social Vulnerability Index (SVI) to allow for an increased impact of the social determinant factors within the SVI. Additionally, commenters proposed increasing the number of points allotted to the entire SVI.

Response

HRSA recognizes the importance of the SVI in the prioritization and distribution of resources. The scientific research that correlates the SVI to a need for additional health care resources was conducted using the entire index and not the individual factors. In addition, accommodating all 15 of the individual factors of the SVI would dilute the impact of Maternal Health Indicators that are more closely associated with the need for maternal health care. Increasing the weight of the SVI in the MCTA scoring criteria would decrease the impact of other factors, such as initiation of prenatal care and pre-pregnancy diabetes. HRSA will continue to apply the SVI as a whole to the MCTA scoring criteria and maintain the proposed point scale.

Inclusion of Behavioral Health Factor as Maternal Health Indicator

Several commenters recommended the inclusion of a behavioral health factor as part of the Maternal Health Indicators. One commenter specifically recommended a composite point based on prevalence of perinatal mood, anxiety disorders, and substance use disorder. Commenters highlighted that a pre-pregnancy diagnosis of a mental health illness can be an indicator of an increased risk of mental health concerns during pregnancy, which also increases the potential for adverse perinatal/post-partum health outcomes.

Response

HRSA recognizes the important impact of behavioral health factors on maternal health outcomes. A Report from the 14-state Maternal Mortality Review Committee found that 11% of the 421 pregnancy related deaths with an identified underlying cause of death determination, were due to mental health conditions. The Review Committee also determined that 100% of the pregnancy-related mental health deaths with a preventability determination were preventable.²

The Centers for Disease Control and Prevention (CDC) and Emory University conducted a cross-sectional multilevel

analysis of all pregnancy-related deaths and all live births with available ZIP code or county data in the Pregnancy Mortality Surveillance System during 2011–2016 for non-Hispanic Black, Hispanic (all races), and non-Hispanic White women aged 15–44 years. Among health care need and service indicators, the number of mental health care professionals per 100,000 population had a strong inverse relationship with the pregnancy-related mortality ratio. Each standard unit increase in the number of mental health care professionals was associated with 5.55 (95% CI – 8.11 to – 2.99) fewer deaths per 100,000 live births among Black women and 1.42 (95% CI – 2.08 to – 0.76) fewer deaths per 100,000 live births among White women.³

HRSA agrees that access to behavioral health is a significant risk factor for adverse maternal health outcomes and will include a *behavioral health* access factor as a Maternal Health Indicator.

One point will be awarded if a portion or all of MCTA service area is designated as a Mental Health HPSA meeting the following population-to-provider median ratio thresholds based on its mental health provider type. Zero points will be awarded if a portion or all of the MCTA service area is not designated as a Mental Health HPSA or

² Trost, Susanna L., et al. "Preventing Pregnancy-Related Mental Health Deaths: Insights from 14 US Maternal Mortality Review Committees, 2008–17: Health Affairs Journal." *Health Affairs*, 1 Oct. 2021,

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00615>.

³ Barrera, C., & Et.Al. (2022). County-Level Associations Between Pregnancy-Related Mortality

Ratios and Contextual Sociospatial Indicators. *Journal Of Obstet Gynecol*, 00(00), 1–11.

the Mental Health designation does not meet the population to provider ratio threshold.

Behavioral health	Points
Portion or all of MCTA service area is designated as a Mental Health HPSA meeting the following population-to-provider ratio thresholds based on its mental health provider type <ul style="list-style-type: none"> • <i>Psychiatrist ONLY</i>: Psychiatrist population-to-provider ratio $\geq 45,000:1$. • <i>Core Mental Health</i>: Core mental health population-to-provider ratio $\geq 18,000:1$. • <i>Psychiatrist and Core Mental Health</i>: Psychiatrist population-to-provider ratio $\geq 35,000:1$ and Core mental health population-to-provider ratio $\geq 6,000:1$. • <i>No Psychiatrists or Core Mental Health Providers</i>: $\geq 7,500:0$. 	1
Portion or all of MCTA service area is designated as a Mental Health HPSA and does <i>not</i> meet the population-to-provider ratio thresholds above, <i>OR</i> is not designated as a Mental Health HPSA	0

To accommodate the inclusion of this factor, one point will be removed from the total possible number of points awarded for the travel time and distance (TTD) to nearest source of care (NSC) criteria. The rationale for this change is to ensure that all Health Care Capacity Factors are equal in value.

Conclusion of Comment Response

HRSA appreciates the comments and recommendations received and has used them to guide the development of the final Maternity Care Health Professional Target Area criteria. Comments were not received on the proposed Federal Poverty Level or Fertility Rate factors; they will be finalized as proposed. The final MCTA criteria are included below. If you have any questions, please contact Dr. Janelle McCutchen at sdmp@hrsa.gov.

Final Approach for Determining Maternity Care Health Professional Target Areas

An MCTA score will be generated for each primary care HPSA using the

HPSA’s service area. The following six scoring criteria will be included in a composite scale that will be used to identify MCTAs with the greatest shortage of maternity care health professionals: (1) Ratio of females ages 15–44 -to-full time equivalent maternity care health professional ratio; (2) percentage of females 15–44 with income at or below 200 percent of the FPL; (3) travel time and distance to the nearest provider trained and licensed to provide the necessary care; (4) fertility rate; (5) the SVI; and (6) Maternal Health Index which contains the following six indicators: Pre-pregnancy obesity, pre-pregnancy diabetes, pre-pregnancy hypertension, prenatal care initiation in the first trimester, cigarette smoking, and the behavioral health factor. Each of these six criteria will be assigned a relative weight based on the significance of that criterion relative to all the others.

The weighted scores will be summed to develop a composite MCTA score ranging from zero to 25, with 25 indicating the greatest need for

maternity care health professionals in the MCTA. Accordingly, the higher the composite score, the higher the degree of need for maternity care health services.

Score for Population-to-Full-Time-Equivalent Maternity Care Health Professional Ratio

Population-to-provider ratio will measure the number of women of childbearing age in the service area compared to the number of maternity care health professionals in the service area. Women of childbearing age will be defined as women between the ages of 15–44 years old and maternity care health professionals will be defined as OB/GYNs and CNMs. A population-to-provider ratio of 1500:1 will be used as a minimum requirement for a population to be considered reasonably served by OB/GYNs and CNMs.

Population-to-provider Ratio point values will be distributed as follows:

Population-to-provider ratio	Points
Ratio $\geq 6,000:1$, or No CNMs or OB–GYNs and Population (Pop) ≥ 500	5
6,000:1 > Ratio $\geq 5,000:1$, or No CNMs or OB–GYNs and Pop ≥ 400	4
5,000:1 > Ratio $\geq 3,000:1$, or No CNMs or OB–GYNs and Pop ≥ 300	3
3,000:1 > Ratio $\geq 2,000:1$, or No CNMs or OB–GYNs and Pop ≥ 200	2
2,000:1 > Ratio $\geq 1,500:1$, or No CNMs or OB–GYNs and Pop ≥ 100	1
Ratio <1,500:1, or No CNMs or OB–GYNs and Pop <100	0

Score for Percentage of Population With Income at or Below 200 Percent of the Federal Poverty Level

The percentage of people living in the service area at or below 200 percent of

the FPL will be used to score MCTAs, based on poverty data from the U.S. Census Bureau.

Population with income at or below 200 percent of the FPL point values will be distributed as follows:

Population with income at or below 200% FPL ratio	Points
Percentage of population with income at or below 200% FPL $\geq 50\%$	5
50% > Percentage of population with income at or below 200% FPL $\geq 45\%$	4
45% > Percentage of population with income at or below 200% FPL $\geq 40\%$	3
40% > Percentage of population with income at or below 200% FPL $\geq 35\%$	2
35% > Percentage of population with income at or below 200% FPL $\geq 30\%$	1
Percentage of population with income at or below 200% FPL <30%	0

Score for Travel Distance/Time to Nearest Source of Accessible Care Outside of the MCTA

The Nearest Source of Care is defined as the nearest provider trained and

licensed to provide the necessary care, as determined by the ESRI StreetMap Premium road network. Travel Time and Distance is defined as the average time to travel by road miles or the actual

distance in road miles to the nearest source of care.

Travel Time and Distance to the Nearest Source of Care point values will be distributed as follows:

Travel time and distance	Points
Time ≥90 min or Distance ≥90 miles	5
90 min > Time ≥75 min or 90 miles > Distance ≥75 miles	4
75 min > Time ≥60 min or 75 miles > Distance ≥60 miles	3
60 min > Time ≥45 min or 60 miles > Distance ≥45 miles	2
45 min > Time ≥30 min or 45 miles > Distance ≥30 miles	1
Time < 30 min and Distance <30 miles	0

Score for Fertility Rate

Fertility rate has been included to reflect the increased need for maternity

care services among populations that experience a higher rate of births. Women of childbearing age will be derived from the American Community

Survey and births will be derived from the National Vital Statistics System.

Fertility Rate point values will be distributed as follows:

Fertility rate	Points
Fertility Rate ≥90th Percentile	2
90th Percentile > Fertility Rate ≥50th Percentile	1
Fertility Rate <50th Percentile	0

Score for Social Vulnerability

Social vulnerability is defined as the resilience of communities when confronted by external hazards such as disasters or disease outbreaks per the

Agency for Toxic Substances and Disease Registry’s Geospatial Research, Analysis and Services Program within the Centers for Disease Control and Prevention. A score for overall social vulnerability will be incorporated into

the MCTA composite score using the Centers for Disease Control and Prevention’s SVI.

Social Vulnerability point values will be distributed as follows:

Social vulnerability index	Points
Social Vulnerability ≥75th Percentile	2
75th Percentile > Social Vulnerability ≥50th Percentile	1
Social Vulnerability <50th Percentile	0

Score for Maternal Health Indicators

Maternal Health Indicators are defined as factors associated with poor maternal health outcomes using data from the National Vital Statistics System and the Shortage Designation Management System. Scores will consider pre-pregnancy obesity, diabetes, hypertension, cigarette smoking, and whether prenatal care began in the first trimester as well as access to behavioral health services. Only women of childbearing age will be considered for these indicators. HRSA

will use the National Vital Statistics System Natality file as the data source to determine the sub-score for pre-pregnancy obesity, diabetes, hypertension, cigarette smoking, and whether prenatal care began in the first trimester. The Shortage Designation Management System Mental Health Professional Shortage Area file will be the data source to determine the sub-score for the behavioral health access factor.

Maternal Health Indicator criteria point values will be distributed as follows:

• *Pre-Pregnancy Obesity*

Pre-pregnancy obesity is defined as having a Body Mass Index of 30 or higher. One point will be awarded if the prevalence of pre-pregnancy obesity in the area is greater than or equal to the 50th percentile among all counties in the United States. If the prevalence of pre-pregnancy obesity in the area is less than the 50th percentile among all counties, zero points will be awarded.

Pre-pregnancy obesity	Points
Prevalence of pre-pregnancy obesity ≥50th percentile	1
Prevalence of pre-pregnancy obesity <50th percentile	0

• *Pre-Pregnancy Diabetes*

One point will be awarded if the prevalence of pre-pregnancy diabetes in

the area is greater than or equal to the 50th percentile among all counties in the United States. If the prevalence of

pre-pregnancy diabetes in the area is less than the 50th percentile among all counties, zero points will be awarded.

Pre-pregnancy diabetes	Points
Prevalence of pre-pregnancy diabetes ≥50th percentile	1
Prevalence of pre-pregnancy diabetes <50th percentile	0

- Pre-Pregnancy Hypertension**
 One point will be awarded if the prevalence of pre-pregnancy hypertension among women in the area is greater than or equal to the 50th percentile among all counties in the nation. If the prevalence of pre-pregnancy hypertension among women in the area is less than the 50th percentile among all counties, zero points will be awarded.

Pre-pregnancy hypertension	Points
Prevalence of pre-pregnancy hypertension ≥50th percentile	1
Prevalence of pre-pregnancy hypertension <50th percentile	0

- Cigarette Smoking**
 One point will be awarded if the prevalence of cigarette smoking before or during pregnancy among women in the area is greater than or equal to the 50th percentile among all counties in the nation. Before pregnancy will be defined as smoking one or more cigarettes daily for the 3 months prior to pregnancy. During pregnancy will be defined as smoking one or more cigarettes during any trimester of pregnancy. If the prevalence of cigarette smoking before or during pregnancy among women in the area is less than the 50th percentile among all counties, zero points will be awarded.

Cigarette smoking	Points
Prevalence of Cigarette Smoking Before or During Pregnancy ≥50th percentile	1
Prevalence of Cigarette Smoking Before or During Pregnancy <50th percentile	0

- Prenatal Care Initiation in the 1st Trimester**
 One point will be awarded if the prevalence of women who did not initiate prenatal care in the first trimester of their pregnancy is greater than or equal to the 50th percentile among all counties in the nation. Zero points will be awarded if the prevalence of women who did not initiate prenatal care in the first trimester of their pregnancy is less than the 50th percentile among all counties.

Prenatal care in first trimester	Points
Prevalence of No Prenatal Care in First Trimester ≥50th percentile	1
Prevalence of No Prenatal Care in First Trimester <50th percentile	0

- Behavioral Health Factor**
 One point will be awarded if a portion or all of MCTA service area is designated as a Mental Health HPSA meeting the following population-to-provider median ratio thresholds based on its mental health provider type. Zero points will be awarded if a portion or all of the MCTA service area is not designated as a Mental Health HPSA or if the Mental Health designation does not meet the population to provider ratio threshold.

Behavioral health factor	Points
Portion or all of MCTA service area is designated as a Mental Health HPSA meeting the following population-to-provider ratio thresholds based on its mental health provider type • <i>Psychiatrist ONLY:</i> Psychiatrist population-to-provider ratio ≥45,000:1. • <i>Core Mental Health:</i> Core mental health population-to-provider ratio ≥18,000:1. • <i>Psychiatrist and Core Mental Health:</i> Psychiatrist population-to-provider ratio ≥35,000:1 and Core mental health population-to-provider ratio ≥6,000:1. • <i>No Psychiatrists or Core Mental Health Providers:</i> ≥7,500: 0	1
Portion or all of MCTA service area is designated as a Mental Health HPSA and does not meet the population-to-provider ratio thresholds above, OR is not designated as a Mental Health HPSA	0

Paperwork Reduction Act

The criteria used to identify MCTAs under section 332(k) of the PHSA, as described in this announcement, will not involve data collection activities that fall under the purview of the Paperwork Reduction Act of 1995. If the methods for determining MCTAs fall

under the purview of the Paperwork Reduction Act, HRSA will seek the Office of Management and Budget

clearance for proposed data collection activities.

Carole Johnson,
Administrator.

[FR Doc. 2022-10783 Filed 5-18-22; 8:45 am]

BILLING CODE 4165-15-P

	A	B	C	D
1	Program Area	Program Name	Fiscal Year	Activity Code
2	Maternal and Child Health	Maternal and Child Health Nutrition Training Program	2020	T79
3	Maternal and Child Health	Maternal and Child Health Public Health Training Program	2020	T76
4	Maternal and Child Health	Maternal and Child Health Public Health Training Program	2019	T76
5	Maternal and Child Health	Maternal and Child Health Nutrition Training Program	2019	T79
6	Maternal and Child Health	Epidemiological MCH/SPH Institute	2019	T03
7	Maternal and Child Health	Epidemiological MCH/SPH Institute	2018	T03
8	Maternal and Child Health	Maternal and Child Health Nutrition Training Program	2018	T79
9	Maternal and Child Health	Maternal and Child Health Public Health Training Program	2018	T76
10	Maternal and Child Health	Maternal and Child Health Public Health Training Program	2017	T76
11	Maternal and Child Health	Epidemiological MCH/SPH Institute	2017	T03
12	Maternal and Child Health	Maternal and Child Health Public Health Training Program	2016	T76
13	Maternal and Child Health	Epidemiological MCH/SPH Institute	2016	T03
14	Maternal and Child Health	Family Professional Partnership/CSHCN	2020	H84
15	Maternal and Child Health	Family Professional Partnership/CSHCN	2019	H84
16	Maternal and Child Health	Family Professional Partnership/CSHCN	2018	H84
17	Maternal and Child Health	Family Professional Partnership/CSHCN	2017	H84
18	Maternal and Child Health	Family Professional Partnership/CSHCN	2016	H84
19	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2020	H49
20	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2019	H49
21	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2018	H49
22	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2017	H49
23	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2016	H49
24	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2020	H49
25	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2019	H49
26	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2018	H49
27	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2017	H49
28	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2016	H49
29	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2020	H49
30	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2019	H49
31	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2018	H49
32	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2017	H49
33	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2016	H49
34	Maternal and Child Health	Maternal, Infant and Early Childhood Homevisiting Grant Program	2017	X10
35	Maternal and Child Health	Maternal and Child Health Services	2017	B04
36	Maternal and Child Health	Community-Based Integrated Service Systems (Local/State)	2017	H25
37	Maternal and Child Health	MCH Community Integrated Service Systems Set-Aside Grant Program	2017	H24
38	Maternal and Child Health	Universal Newborn Hearing Screening and Intervention	2017	H61
39	Maternal and Child Health	MCHB State Systems Development Initiative	2017	H18
40	Maternal and Child Health	EMSC Partnership Grants	2017	H33
41	Maternal and Child Health	Maternal, Infant and Early Childhood Homevisiting Grant Program	2016	X10
42	Maternal and Child Health	Maternal and Child Health Services	2016	B04
43	Maternal and Child Health	EMSC Partnership Grants	2016	H33
44	Maternal and Child Health	Universal Newborn Hearing Screening and Intervention	2016	H61
45	Maternal and Child Health	MCHB State Systems Development Initiative	2016	H18
46	Maternal and Child Health	Community-Based Integrated Service Systems (Local/State)	2016	H25
47	Maternal and Child Health	Universal Newborn Hearing Screening and Intervention	2020	H61
48	Maternal and Child Health	MCHB State Systems Development Initiative	2020	H18
49	Maternal and Child Health	Maternal and Child Health Services	2020	B04

A-DOH-20187-A-000010

	E	F	G	H	I
1	Grant Number	Grantee Name	State	County	Congressional District
2	T79MC31883	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
3	T76MC04927	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
4	T76MC04927	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
5	T79MC31883	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
6	T03MC07649	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
7	T03MC07649	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
8	T79MC31883	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
9	T76MC04927	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
10	T76MC04927	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
11	T03MC07649	Administrators of the Tulane Educational Fund, The	LA	Orleans	LA-01
12	T76MC04927	ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND, THE	LA	Orleans	LA-01
13	T03MC07649	ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND, THE	LA	Orleans	LA-01
14	H84MC08043	Bayou Land Families Helping Families Inc	LA	Terrebonne	LA-06
15	H84MC08043	Bayou Land Families Helping Families Inc	LA	Terrebonne	LA-06
16	H84MC08043	Bayou Land Families Helping Families Inc	LA	Terrebonne	LA-06
17	H84MC08043	Bayou Land Families Helping Families Inc	LA	Terrebonne	LA-06
18	H84MC08043	Bayou Land Families Helping Families Inc	LA	Terrebonne	LA-06
19	H49MC27809	CRESCENT CITY FAMILY SERVICES, INC	LA	Jefferson	LA-02
20	H49MC27809	CRESCENT CITY WIC SERVICES, INC.	LA	Jefferson	LA-02
21	H49MC27809	CRESCENT CITY WIC SERVICES, INC.	LA	Jefferson	LA-02
22	H49MC27809	CRESCENT CITY WIC SERVICES, INC.	LA	Jefferson	LA-02
23	H49MC27809	CRESCENT CITY WIC SERVICES, INC.	LA	Jefferson	LA-02
24	H49MC00107	FAMILY ROADS	LA	East Baton Rouge	LA-06
25	H49MC00107	Family Roads	LA	East Baton Rouge	LA-06
26	H49MC00107	Family Roads	LA	East Baton Rouge	LA-06
27	H49MC00107	Family Roads	LA	East Baton Rouge	LA-06
28	H49MC00107	Family Roads	LA	East Baton Rouge	LA-06
29	H49MC27810	Family Tree Information Education & Counseling Center	LA	Lafayette	LA-03
30	H49MC27810	Family Tree Information Education & Counseling Center	LA	Lafayette	LA-03
31	H49MC27810	Family Tree Information Education & Counseling Center	LA	Lafayette	LA-03
32	H49MC27810	Family Tree Information Education & Counseling Center	LA	Lafayette	LA-03
33	H49MC27810	FAMILY TREE INFORMATION EDUCATION & COUNSELING CENTER	LA	Lafayette	LA-03
34	X10MC31144	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
35	B04MC30616	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
36	H25MC00271	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
37	H24MC00033	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
38	H61MC00014	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
39	H18MC00021	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
40	H33MC06702	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
41	X10MC29473	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
42	B04MC29315	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
43	H33MC06702	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
44	H61MC00014	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
45	H18MC00021	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
46	H25MC00271	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
47	H61MC00014	HEALTH, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
48	H18MC00021	HEALTH, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
49	B04MC33841	HEALTH, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02

	J	K
1	Grantee Class	Awardee Amount
2	Corporate Entity, Federal Tax Exempt	\$224,997
3	Corporate Entity, Federal Tax Exempt	\$547,249
4	Corporate Entity, Federal Tax Exempt	\$350,000
5	Corporate Entity, Federal Tax Exempt	\$224,996
6	Corporate Entity, Federal Tax Exempt	\$20,438
7	Corporate Entity, Federal Tax Exempt	\$27,250
8	Corporate Entity, Federal Tax Exempt	\$224,996
9	Corporate Entity, Federal Tax Exempt	\$380,000
10	Corporate Entity, Federal Tax Exempt	\$350,000
11	Corporate Entity, Federal Tax Exempt	\$27,250
12	Corporate Entity, Federal Tax Exempt	\$350,000
13	Corporate Entity, Federal Tax Exempt	\$27,250
14	Corporate Entity, Not Federal Tax Exempt	\$96,750
15	Corporate Entity, Not Federal Tax Exempt	\$96,750
16	Corporate Entity, Not Federal Tax Exempt	\$96,750
17	Corporate Entity, Not Federal Tax Exempt	\$90,030
18	Corporate Entity, Not Federal Tax Exempt	\$94,800
19	Other	\$1,144,121
20	Other	\$1,092,899
21	Other	\$711,960
22	Other	\$680,235
23	Other	\$680,229
24	Corporate Entity, Federal Tax Exempt	\$1,144,121
25	Corporate Entity, Federal Tax Exempt	\$1,092,899
26	Corporate Entity, Federal Tax Exempt	\$711,975
27	Corporate Entity, Federal Tax Exempt	\$680,250
28	Corporate Entity, Federal Tax Exempt	\$680,250
29	Corporate Entity, Federal Tax Exempt	\$1,144,121
30	Corporate Entity, Federal Tax Exempt	\$1,092,899
31	Corporate Entity, Federal Tax Exempt	\$704,587
32	Corporate Entity, Federal Tax Exempt	\$673,191
33	Corporate Entity, Federal Tax Exempt	\$673,191
34	U.S. Government Entity	\$9,339,739
35	U.S. Government Entity	\$11,934,034
36	U.S. Government Entity	\$426,580
37	U.S. Government Entity	\$22,447
38	U.S. Government Entity	\$250,000
39	U.S. Government Entity	\$100,000
40	U.S. Government Entity	\$130,000
41	U.S. Government Entity	\$9,475,543
42	U.S. Government Entity	\$11,943,120
43	U.S. Government Entity	\$130,000
44	U.S. Government Entity	\$246,913
45	U.S. Government Entity	\$95,374
46	U.S. Government Entity	\$426,576
47	U.S. Government Entity	\$244,980
48	U.S. Government Entity	\$100,000
49	U.S. Government Entity	\$12,419,953

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49	1450 Poydras St Ste 1652 New Orleans, LA 70112-1227 Director: Amy Zapata Amy.Zapata@LA.GOV

	A	B	C	D
50	Maternal and Child Health	EMSC Partnership Grants	2020	H33
51	Maternal and Child Health	Early Childhood Comprehensive Systems Impact	2020	H25
52	Maternal and Child Health	Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program	2020	UK3
53	Maternal and Child Health	Maternal, Infant and Early Childhood Homevisiting Grant Program	2020	X10
54	Maternal and Child Health	EMSC Targeted Issue Grants	2020	H34
55	Maternal and Child Health	Community-Based Integrated Service Systems (Local/State)	2019	H25
56	Maternal and Child Health	Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program	2019	UK3
57	Maternal and Child Health	Maternal, Infant and Early Childhood Homevisiting Grant Program	2019	X10
58	Maternal and Child Health	EMSC Partnership Grants	2019	H33
59	Maternal and Child Health	Maternal and Child Health Services	2019	B04
60	Maternal and Child Health	EMSC Targeted Issue Grants	2019	H34
61	Maternal and Child Health	Universal Newborn Hearing Screening and Intervention	2019	H61
62	Maternal and Child Health	MCHB State Systems Development Initiative	2019	H18
63	Maternal and Child Health	Universal Newborn Hearing Screening and Intervention	2018	H61
64	Maternal and Child Health	EMSC Partnership Grants	2018	H33
65	Maternal and Child Health	Newborn Screening State Evaluation Program	2018	E16
66	Maternal and Child Health	MCHB State Systems Development Initiative	2018	H18
67	Maternal and Child Health	Maternal, Infant and Early Childhood Homevisiting Grant Program	2018	X10
68	Maternal and Child Health	Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program	2018	UK3
69	Maternal and Child Health	Community-Based Integrated Service Systems (Local/State)	2018	H25
70	Maternal and Child Health	Maternal and Child Health Services	2018	B04
71	Maternal and Child Health	Leadership Education in Neurodevelopmental and Related Disorders Training Program	2020	T73
72	Maternal and Child Health	Leadership Education in Neurodevelopmental and Related Disorders Training Program	2019	T73
73	Maternal and Child Health	Leadership Education in Neurodevelopmental and Related Disorders Training Program	2018	T73
74	Maternal and Child Health	Leadership Education in Neurodevelopmental and Related Disorders Training Program	2017	T73
75	Maternal and Child Health	Leadership Education in Neurodevelopmental and Related Disorders Training Program	2016	T73
76	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2020	H49
77	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2019	H49
78	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2018	H49
79	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2017	H49
80	Maternal and Child Health	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities	2016	H49
81				

	E	F	G	H	I
50	H33MC06702	HEALTH, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
51	H25MC00271	HEALTH, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
52	UK3MC32243	HEALTH, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
53	X10MC39689	HEALTH, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
54	H34MC33242	HEALTH, LOUISIANA DEPARTMENT OF	LA	Orleans	LA-02
55	H25MC00271	Health, Louisiana Department Of	LA	Orleans	LA-02
56	UK3MC32243	Health, Louisiana Department Of	LA	Orleans	LA-02
57	X10MC33583	Health, Louisiana Department Of	LA	Orleans	LA-02
58	H33MC06702	Health, Louisiana Department Of	LA	Orleans	LA-02
59	B04MC32545	Health, Louisiana Department Of	LA	Orleans	LA-02
60	H34MC33242	Health, Louisiana Department Of	LA	Orleans	LA-02
61	H61MC00014	Health, Louisiana Department Of	LA	Orleans	LA-02
62	H18MC00021	Health, Louisiana Department Of	LA	Orleans	LA-02
63	H61MC00014	Health, Louisiana Department Of	LA	Orleans	LA-02
64	H33MC06702	Health, Louisiana Department Of	LA	Orleans	LA-02
65	E16MC32309	Health, Louisiana Department Of	LA	Orleans	LA-02
66	H18MC00021	Health, Louisiana Department Of	LA	Orleans	LA-02
67	X10MC32194	Health, Louisiana Department Of	LA	Orleans	LA-02
68	UK3MC32243	Health, Louisiana Department Of	LA	Orleans	LA-02
69	H25MC00271	Health, Louisiana Department Of	LA	Orleans	LA-02
70	B04MC32110	Health, Louisiana Department Of	LA	Orleans	LA-02
71	T73MC30117	Louisiana State University System	LA	Orleans	LA-02
72	T73MC30117	Louisiana State University System	LA	Orleans	LA-02
73	T73MC30117	Louisiana State University System	LA	Orleans	LA-02
74	T73MC30117	Louisiana State University System	LA	Orleans	LA-02
75	T73MC30117	LOUISIANA STATE UNIVERSITY SYSTEM	LA	Orleans	LA-02
76	H49MC00099	NEW ORLEANS, CITY OF	LA	Orleans	LA-02
77	H49MC00099	NEW ORLEANS, CITY OF	LA	Orleans	LA-02
78	H49MC00099	NEW ORLEANS, CITY OF	LA	Orleans	LA-02
79	H49MC00099	NEW ORLEANS, CITY OF	LA	Orleans	LA-02
80	H49MC00099	NEW ORLEANS, CITY OF	LA	Orleans	LA-02
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	J	K
50	U.S. Government Entity	\$130,000
51	U.S. Government Entity	\$418,821
52	U.S. Government Entity	\$648,135
53	U.S. Government Entity	\$10,317,930
54	U.S. Government Entity	\$325,000
55	U.S. Government Entity	\$426,539
56	U.S. Government Entity	\$648,135
57	U.S. Government Entity	\$10,710,642
58	U.S. Government Entity	\$130,000
59	U.S. Government Entity	\$12,115,931
60	U.S. Government Entity	\$325,000
61	U.S. Government Entity	\$2,001
62	U.S. Government Entity	\$100,000
63	U.S. Government Entity	\$209,656
64	U.S. Government Entity	\$130,000
65	U.S. Government Entity	\$59,939
66	U.S. Government Entity	\$100,000
67	U.S. Government Entity	\$10,304,719
68	U.S. Government Entity	\$640,230
69	U.S. Government Entity	\$426,569
70	U.S. Government Entity	\$12,123,011
71	[No Data]	\$500,000
72	U.S. Government Entity	\$426,200
73	U.S. Government Entity	\$452,906
74	U.S. Government Entity	\$443,880
75	U.S. Government Entity	\$440,910
76	U.S. Government Entity	\$1,144,121
77	U.S. Government Entity	\$871,095
78	U.S. Government Entity	\$1,687,745
79	U.S. Government Entity	\$1,633,630
80	U.S. Government Entity	\$1,789,643
81		\$ 143,104,081.00

L

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81	

National Health Service Corps (NHSC) Loan and Scholarship Program

The National Health Service Corps (NHSC) offers tax-free loan repayment assistance to support qualified clinicians who work at an NHSC-approved site in a designated Health Professional Shortage Area (HPSA). There are currently three (3) programs: NHSC Scholarship Program, NHSC Loan Repayment Program, and the NHSC Student to Service Loan Repayment Program. Primary Care qualified clinicians include:

Disciplines	Specialties
Physicians <ul style="list-style-type: none"> • Allopathic (MD) • Osteopathic (DO) 	<ul style="list-style-type: none"> • Family Medicine • General Internal Medicine • General Pediatrics • Obstetrics/Gynecology • Geriatrics
<ul style="list-style-type: none"> • Physician Assistants (PA) • Nurse Practitioners (NP) 	<ul style="list-style-type: none"> • Adult • Family • Pediatric • Women's Health • Geriatrics
<ul style="list-style-type: none"> • Certified Nurse-Midwives (CNM) 	N/A

This office supports the NHSC programs at the state-level by providing technical assistance to health professionals as they apply for loan repayment, scholarships, and the Scholars to Service programs. Technical assistance is also provided to existing sites in order to maintain NHSC-approved status, as well as sites seeking to apply for this program. The goal is to maximize NHSC participation through quality applications.

State Loan Repayment Program (SLRP)

The SLRP program is funded through federal funding received from the Health Resources and Services Administration's Bureau of Health Workforce (HRSA) with a 1:1 match from State General Funds. The purpose of the Louisiana State Loan Repayment Program (SLRP) is to encourage primary care practitioners to serve in health professional shortage areas. Physicians, psychiatrists and dentists can receive up to \$30,000 annually for a three-year initial commitment in a health professional shortage area. Other healthcare professionals can receive up to \$15,000 annually for a three-year initial commitment. Participants who complete their original three-year commitment in compliance, remain in an eligible site in a HPSA, and still have educational loans to repay may be able to extend their commitment with a two-year renewal to receive \$12,000 annually. Primary Care qualified clinicians include:

Disciplines	Specialties
Physicians <ul style="list-style-type: none"> • Allopathic (MD) • Osteopathic (DO) 	<ul style="list-style-type: none"> • Family Medicine • General Internal Medicine • General Pediatrics • Obstetrics/Gynecology • Geriatrics • Psychiatry
<ul style="list-style-type: none"> • Physician Assistants (PA) • Nurse Practitioners (NP) 	<ul style="list-style-type: none"> • Adult • Family • Pediatric

	<ul style="list-style-type: none"> • Women's Health • Geriatrics • Psychiatry
<ul style="list-style-type: none"> • Certified Nurse-Midwives (CNM) 	N/A

3RNet

In the support of recruitment of health professionals, this office is an Organizational Member of the nonprofit organization Rural Recruitment and Retention Network (3RNet) where members are able to connect physicians and health professionals with job opportunities in rural and underserved communities. This office works with rural health clinics and FQHC's in developing and posting job opportunities. This office also provides technical assistance to healthcare professionals in establishing a profile and posting a CV on the site. In addition, assistance is provided to healthcare professionals by connecting them with interested employers. Healthcare professionals recruited using 3RNet include physicians, nurses, medical assistants, psychologists, pharmacists, etc.

From: Rebecca Majdoch

Sent: Thursday, July 07, 2022 4:11 PM EDT

To: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>

CC: Amy Zapata <Amy.Zapata@LA.GOV>

Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Attachment(s): "Anticipated needs and expansion LDH post Roe KM.docx"

Hello Melissa, YaSheka, Colleen, and Jen,

EMT has reviewed the document we submitted on 7/1 as the small group charged with identifying anticipated needs and additions for LDH now that Roe vs. Wade was overturned. Attached please find their mark-up for reference.

Please send me any additions updates/edits or comments related to the following sections no later than noon on Monday, 7/11, so that I may compile and submit to EMT by Tuesday morning.

- **Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers For Melissa/YaSheka - EMT specifically wants to know what other states have done around this and if there are any potential federal funding sources to improve obstetric care in Healthcare Provider Shortage Areas. I just saw an email about ARPA funds for primary care providers.
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services This may not be in your lane – this idea came from BCPHE (Davondra), but the question about it came back to OPH – they want to know the anticipated staffing/funding needed for this. I'm punting this to any of you who may have info on this - Colleen, Melissa, and/or Jen.
- **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**
 - The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.
 - § WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations For Jen – EMT specifically wants to know what this would look like and the anticipated costs
 - § Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
 - § Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

Thanks in advance for the quick turnaround on this. EMT would like to review it at their meeting on Tuesday.

Sincerely,
Becky

Becky Majdoch, MPH

Pronouns: she/her/hers

Senior Advisor to the Director | Bureau of Family Health

Louisiana Department of Health

1450 Poydras Ave., Suite 2013, New Orleans, LA 70112

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PartnersForFamilyHealth.org and PartnersForHealthyBabies.org



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Anticipated Needs and Additions for LDH Services, Programs, and Support for Women, Adolescents & Families in the Post-Roe Landscape

- Below is a list that includes LDH services, programs, and supports that are anticipated need additional infrastructure, funding, partnerships, and policies to support women, adolescents & families that may have considered terminating their pregnancies.
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.
- LDH current programs/services in purple.

New or Expanded Efforts, Services and Programs

- **Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services
- **Increase resources for unplanned pregnancy prevention**
 - Through the Reproductive Health program, Office of Public Health Parish Health Units (PHUs) provide sexual and reproductive health services directly to clients. Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants. In addition to the sexual and reproductive health services provided at the Parish Health Units, the Reproductive Health Program works with community clinics and federally qualified health centers to integrate quality reproductive healthcare into their primary care visits through the "Reproductive Health Integration Initiative."
 - Provide and expand access to the full range of contraceptive options at no cost to the individual through Parish Health Units and community-based clinics in medically underserved areas
 - BFH funds six local sexual assault centers (through the Preventive Health & Health Services Block Grant and the Violence Against Women Act) that work closely in their communities to identify needs and partnership opportunities, adapt evidence-informed and evidence-based programs, and implement sexual violence primary prevention strategies.
 - Support expansion of rape and sexual violence prevention activities
- **Increase awareness of the mental and behavioral health resources available in Louisiana**
 - The Office of Behavioral Health offers the [Louisiana Crisis Response System](#) for Medicaid-enrolled individuals who are 21 and older, experiencing emotional distress,

Commented [Katie Magee1]: OPH
What have other states done / any potential federal funding sources to improve obstetric care in HPSAs?

Commented [Katie Magee2]: OPH
Anticipated staffing/funding needs for this?

Commented [Katie Magee3]: Need more info

Commented [Katie Magee4]: BFH
-How much do we currently spend on these activities?
-What could expanded access look like? What are we currently not providing?

Commented [Katie Magee5]: BFH
-How much do we currently spend on these activities?

and would benefit from crisis response from trained practitioners to get the supports needed to resolve the crisis and stay in the community. Individuals in crisis may also call the National Suicide Prevention Lifeline toll free at 1-800-273-TALK. This number will change to a new three-digit phone number, 988, on July 16, 2022.

Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)

- Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support
- Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments
- Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact)

• **Expand family support and coaching services**

- Louisiana is recognized for its long-standing investment in evidence-based family support and coaching services. The most established is the Nurse-Family Partnership (NFP) model which pairs first-time pregnant individuals with a nurse early in pregnancy through the child's second birthday. In recent years the state has also begun to offer another evidence-based model, Parents as Teachers (PAT), in certain areas of the state which pairs a parent educator with pregnant and parenting families.

In addition to the current models provided in Louisiana under the Maternal, Infant, and Early-Childhood Home Visiting program (Nurse-Family Partnership and Parents as Teachers), build the partnerships and related infrastructure to offer these services to all families in Louisiana and adopt new models as identified.

• **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.

WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations

Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.

Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

• **Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs**

- Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children's Special Health Services, EarlySteps, and associated activities

Commented [Katie Magee6]: -Add more about 988 rollout here, specifically in Louisiana + anticipated funding needs for call centers to go live and to staff them

I've asked OBH to share the state implementation plan if we've developed/finalized one. There may be several needs here (funding for capacity-building and workforce expansion)

Commented [Katie Magee7]: BFH
-Who trains them?
-What's it going to cost?
-Discuss Caregiver Perinatal Depression Screening Pediatric Clinics Pilot and what it would take to expand

Commented [Katie Magee8]: Medicaid – fiscal note on this?

Commented [Katie Magee9]: BFH:
-Who are these potential partners?
-What resources needed to expand to all families?
-What models have been identified through Pritzker work or other state research?

Commented [Katie Magee10]: WIC
What would this look like and what is the anticipated cost?

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing “baby bonds” in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Commented [Katie Magee11]: BFH? Policy can support/lead if need be

Commented [Katie Magee12]: BFH? Policy can support too
What states have expanded coverage? What's the cost? Can Medicaid run a fiscal note?

Commented [Katie Magee13]: Katie

Partnership and Collaborative Opportunities

- Work with the Governor’s Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Commented [Katie Magee14]: Aly -

Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states

Commented [Katie Magee15]: More clarity on this – what was the guidance? How does it impact LDH?

From: Rebecca Majdoch
Sent: Thursday, July 07, 2022 4:02 PM EDT
To: Aly Neel <Aly.Curro@la.gov>
CC: Amy Zapata <Amy.Zapata@LA.GOV>
Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs
Attachment(s): "Anticipated needs and expansion LDH post Roe KM.docx"

Hello Aly,

EMT has reviewed the document we submitted on 7/1 as the small group charged with identifying anticipated needs and additions for LDH now that Roe vs. Wade was overturned. Attached please find their mark-up for reference.

Please send me any additions updates/edits or comments related to the following sections no later than noon on Monday, 7/11, so that I may compile and submit to EMT by Tuesday morning.

- Work with the Governor's Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign) EMT would like more information on budgetary needs for a campaign of this nature
 - o Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - o Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports

Thanks in advance for the quick turnaround on this. EMT would like to review it at their meeting on Tuesday.

Sincerely,
Becky

Becky Majdoch, MPH

Pronouns: she/her/hers
Senior Advisor to the Director | Bureau of Family Health
Louisiana Department of Health
1450 Poydras Ave., Suite 2013, New Orleans, LA 70112
Rebecca.Majdoch@la.gov | Phone: (504) 568-8171
PartnersForFamilyHealth.org and PartnersForHealthyBabies.org



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Anticipated Needs and Additions for LDH Services, Programs, and Support for Women, Adolescents & Families in the Post-Roe Landscape

- Below is a list that includes LDH services, programs, and supports that are anticipated need additional infrastructure, funding, partnerships, and policies to support women, adolescents & families that may have considered terminating their pregnancies.
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.
- LDH current programs/services in purple.

New or Expanded Efforts, Services and Programs

- **Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services
- **Increase resources for unplanned pregnancy prevention**
 - Through the Reproductive Health program, Office of Public Health Parish Health Units (PHUs) provide sexual and reproductive health services directly to clients. Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants. In addition to the sexual and reproductive health services provided at the Parish Health Units, the Reproductive Health Program works with community clinics and federally qualified health centers to integrate quality reproductive healthcare into their primary care visits through the "Reproductive Health Integration Initiative."
 - Provide and expand access to the full range of contraceptive options at no cost to the individual through Parish Health Units and community-based clinics in medically underserved areas
 - BFH funds six local sexual assault centers (through the Preventive Health & Health Services Block Grant and the Violence Against Women Act) that work closely in their communities to identify needs and partnership opportunities, adapt evidence-informed and evidence-based programs, and implement sexual violence primary prevention strategies.
 - Support expansion of rape and sexual violence prevention activities
- **Increase awareness of the mental and behavioral health resources available in Louisiana**
 - The Office of Behavioral Health offers the [Louisiana Crisis Response System](#) for Medicaid-enrolled individuals who are 21 and older, experiencing emotional distress,

Commented [Katie Magee1]: OPH
What have other states done / any potential federal funding sources to improve obstetric care in HPSAs?

Commented [Katie Magee2]: OPH
Anticipated staffing/funding needs for this?

Commented [Katie Magee3]: Need more info

Commented [Katie Magee4]: BFH
-How much do we currently spend on these activities?
-What could expanded access look like? What are we currently not providing?

Commented [Katie Magee5]: BFH
-How much do we currently spend on these activities?

and would benefit from crisis response from trained practitioners to get the supports needed to resolve the crisis and stay in the community. Individuals in crisis may also call the National Suicide Prevention Lifeline toll free at 1-800-273-TALK. This number will change to a new three-digit phone number, 988, on July 16, 2022.

- Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)

- o Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support

- o Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments

- o Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact)

- **Expand family support and coaching services**

- o Louisiana is recognized for its long-standing investment in evidence-based family support and coaching services. The most established is the Nurse-Family Partnership (NFP) model which pairs first-time pregnant individuals with a nurse early in pregnancy through the child's second birthday. In recent years the state has also begun to offer another evidence-based model, Parents as Teachers (PAT), in certain areas of the state which pairs a parent educator with pregnant and parenting families.

- In addition to the current models provided in Louisiana under the Maternal, Infant, and Early-Childhood Home Visiting program (Nurse-Family Partnership and Parents as Teachers), build the partnerships and related infrastructure to offer these services to all families in Louisiana and adopt new models as identified.

- **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**

- o The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.

- WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations

- Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.

- Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

- **Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs**

- o Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children's Special Health Services, EarlySteps, and associated activities

Commented [Katie Magee6]: -Add more about 988 rollout here, specifically in Louisiana + anticipated funding needs for call centers to go live and to staff them

I've asked OBH to share the state implementation plan if we've developed/finalized one. There may be several needs here (funding for capacity-building and workforce expansion)

Commented [Katie Magee7]: BFH
-Who trains them?
-What's it going to cost?
-Discuss Caregiver Perinatal Depression Screening Pediatric Clinics Pilot and what it would take to expand

Commented [Katie Magee8]: Medicaid – fiscal note on this?

Commented [Katie Magee9]: BFH:
-Who are these potential partners?
-What resources needed to expand to all families?
-What models have been identified through Pritzker work or other state research?

Commented [Katie Magee10]: WIC
What would this look like and what is the anticipated cost?

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing “baby bonds” in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Commented [Katie Magee11]: BFH? Policy can support/lead if need be

Commented [Katie Magee12]: BFH? Policy can support too
What states have expanded coverage? What's the cost? Can Medicaid run a fiscal note?

Commented [Katie Magee13]: Katie

Partnership and Collaborative Opportunities

- Work with the Governor’s Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Commented [Katie Magee14]: Aly -

Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states

Commented [Katie Magee15]: More clarity on this – what was the guidance? How does it impact LDH?

From: Rebecca Majdoch
Sent: Thursday, July 07, 2022 6:04 PM EDT
To: Tangela Womack <Tangela.Womack@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>
CC: Amy Zapata <Amy.Zapata@LA.GOV>; Ashley Jefferson <Ashley.Jefferson@LA.GOV>
Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Thanks Tangela,

I will review my notes – those probably came from us in BFH because of the work on the Doula Registry and the possible need to expand home visiting programs to access additional families and expand eligibility. I believe it would span Medicaid and commercial insurance policies.

-Becky

Becky Majdoch, MPH

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From: Tangela Womack <Tangela.Womack@la.gov>
Sent: Thursday, July 7, 2022 4:43 PM
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>
Cc: Amy Zapata <Amy.Zapata@LA.GOV>; Ashley Jefferson <Ashley.Jefferson@LA.GOV>
Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hi Rebecca,

Not sure which agency provided the information for those two bullet points but happy to share the information we have on collaborative care. There was a bill this past session (HB 278) on adding the collaborative care codes but Medicaid was amended out of the bill. We did complete a fiscal note (approved version attached) for the financial impact. Adding Ashley in case OBH has additional information.

As far as the HCBS to pregnant individuals, we are happy to assist in the research but if you could share where the idea originated that would be helpful. Thanks!

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Thursday, July 7, 2022 3:24 PM
To: Tara LeBlanc <Tara.LeBlanc@LA.GOV>; Tangela Womack <Tangela.Womack@la.gov>
Cc: Amy Zapata <Amy.Zapata@LA.GOV>
Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

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From: Tangela Womack <Tangela.Womack@la.gov>

Sent: Thursday, July 07, 2022 5:42 PM EDT

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>

CC: Amy Zapata <Amy.Zapata@LA.GOV>; Ashley Jefferson <Ashley.Jefferson@LA.GOV>

Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Attachment(s): "LFO FiscalNoteWorksheet_HB 278. 050622-dc.xlsx"

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Rebecca.Majdoch@la.gov | Phone: (504) 568-8171

LA-DOH-22-1187-A-000030



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	A	B	C	D	E	F	G	H	I	J										
1	LEGISLATIVE FISCAL OFFICE																			
2	Fiscal Note Worksheet																			
3																				
4	Person Preparing Fiscal Note: Marcus Bachhuber				BILL #: HB 278 DRAFTING #:															
5	Phone Number of this Person: 225-342-1400				STATUS OF BILL: ReEngrossed															
6	DEPARTMENT: Medicaid				AUTHOR: Rep. Echols															
7																				
8																				
9	DATE SENT TO AGENCY:			DATE RETURNED TO LFO:			ANALYST:													
10																				
11																				
12	Expenditure Increase (Decrease)																			
13																				
14	STATE COSTS	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	Total													
15	Personal Services	\$0	\$0	\$0	\$0	\$0	\$0													
16	Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0													
17	Professional Services	\$0	\$0	\$0	\$0	\$0	\$0													
18	Other Charges	\$1,953,790	\$2,248,963	\$2,588,077	\$2,977,801	\$3,426,230	\$13,194,861	\$13,194,861												
19	Equipment	\$0	\$0	\$0	\$0	\$0	\$0													
20	Total State Expenditures	\$1,953,790	\$2,248,963	\$2,588,077	\$2,977,801	\$3,426,230	\$13,194,861													
21																				
22																				
23	PERSONNEL																			
24	(By Classification)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th># Pos / Av Sal</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>									# Pos / Av Sal									
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32																				
33	Means of Finance for Above Expenditures																			
34																				
35	FISCAL YEAR	SGF	SGR	Dedicated	Federal	Local	Total													
36	22-23	\$396,366	\$0	\$42,119	\$1,515,305	\$0	\$1,953,790													
37	23-24	\$383,658	\$0	\$121,145	\$1,744,161	\$0	\$2,248,964													
38	24-25	\$441,572	\$0	\$139,371	\$2,007,133	\$0	\$2,588,076													
39	25-26	\$508,143	\$0	\$160,314	\$2,309,344	\$0	\$2,977,801													
40	26-27	\$584,677	\$0	\$184,427	\$2,657,126	\$0	\$3,426,230													
41	Total Revenues	\$2,314,416	\$0	\$647,376	\$10,233,069	\$0	\$13,194,861													
42	* Specify the fund source being used																			
43																				
44																				

	A	B	C	D	E	F	G	H	I	J
	Narrative Explanation of Expenditure Impact		<p>This bill provides for Medicaid coverage of psychiatric Collaborative Care Model (CoCM) services. CoCM is a model of care that integrates behavioral health care with primary care.</p> <p>Reference. Medicaid used this published study to guide the development of this fiscal note: Cross DA, Qin X, Huckfeldt P, Jarosek S, Parsons H, Golberstein E. Use of Medicare's Behavioral Health Integration Service Codes in the First Two Years: an Observational Study. J Gen Intern Med. 2020 Dec;35(12):3745-3746. Epub 2019 Dec 16. PMID: 31845107 This study was from 2017 and 2018 and looked at the uptake of CoCM services in Medicare. This study found less than 1% of those eligible received the service and the average was 2.7 months of CoCM per patient. Medicaid increased the estimate of uptake in the first year (to 1%) and the estimate of the number of months received (4 months) since the above study uses data from 4 years ago and the treatment infrastructure has gradually increased. In addition, Medicaid providers typically have more experience treating behavioral health disorders than Medicare providers.</p>							
45										
46	1) Implementation Costs:									
47	2) Source of Funds (Include any alternative sources that may be available):									
48										
49	State ALL Assumptions and show ALL CALCULATIONS. If there is no fiscal impact, clearly and completely explain why.									
50	To estimate the fiscal impact, Medicaid first identified members with a behavioral health diagnosis that would be potentially eligible for CoCM. Then, Medicaid estimated that 1% of those eligible would receive the service in the first year of coverage (A total of 5,063 members, 99 in FFS and 4,964 with an MCO). Next, Medicaid estimated the average units of service that a member would receive: 1 initial month of CoCM and 3 subsequent months of CoCM (see Reference below). Assuming 4 months of service and using Medicaid's CMS-approved reimbursement methodology, this would result in a total fee of \$509.34 for members under age 16 and \$424.45 for members age 16 and over for those 4 months of services. Medicaid assumed a 15% year-over-year increase.									
51										
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55	Medicaid assumed a 5% offset of total costs of care for those members receiving the service, during the time they are receiving the service. Medicaid assumed this offset based on the findings from the Milliman Research report linked below. To estimate that, we took four months of the Mercer PMPMs (the mean duration of the service) and found 5% of total.									
56										
57										
58	/media/milliman/importedfiles/uploadedfiles/insight/2018/potential-economic-impact-integrated-healthcare.ashx									
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65										
66	Signature of Agency Head or Designee					Signature of Person Preparing Fiscal Note				
67										
68	LEGISLATIVE FISCAL OFFICE									
69	Fiscal Note Worksheet									
70										
71	BILL #:					STATUS OF BILL:				
72										
73										
74										
75										
76	FISCAL YEAR	SGF	SGR	Dedicated	Federal	Local	Total			
77	22-23	\$0	\$0	\$42,119	\$0	\$0	\$42,119			
78	23-24	\$0	\$0	\$121,145	\$0	\$0	\$121,145			
79	24-25	\$0	\$0	\$139,371	\$0	\$0	\$139,371			
80	25-26	\$0	\$0	\$160,314	\$0	\$0	\$160,314			
81	26-27	\$0	\$0	\$184,427	\$0	\$0	\$184,427			
82	Total Revenues	\$0	\$0	\$647,376	\$0	\$0	\$647,376			
83										
84	Narrative Explanation of Revenue Impact									

	A	B	C	D	E	F	G	H	I	J
85	The revenue increase is attributed to projected Medical Assistance Trust Fund (MATF) collections for the increase in Managed Care premiums as a result of the inclusion of CoCM services in managed care rates.									
86	State ALL Assumptions and show ALL CALCULATIONS . If there is no fiscal impact, clearly and completely explain why. Premium Tax on the Healthy Louisiana managed care organizations totals 5.5% of the premiums paid to the MCOs during the calendar year. For FY 23, the MATF calculation assumes 4/10 (assumed August implementation with first premiums being paid in September) of the managed care spend for the year occurs within calendar year 2022. For all other years, MATF is calculated at 5.5% of the total managed care projected expenditures.									
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178	REVENUES: (Continued)									
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180	State <i>ALL</i> Assumptions and show <i>ALL</i> CALCULATIONS. If there is no fiscal impact, clearly and completely explain why.									

From: Colleen Arceneaux <Colleen.Arceneaux@la.gov>

Sent: Thursday, July 07, 2022 5:16 PM EDT

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>

CC: Amy Zapata <Amy.Zapata@LA.GOV>

Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Thanks!

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Colleen

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>

Sent: Thursday, July 7, 2022 4:16 PM

To: Colleen Arceneaux <Colleen.Arceneaux@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>

Cc: Amy Zapata <Amy.Zapata@LA.GOV>

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Becky Majdoch, MPH

Pronouns: she/her/hers

Senior Advisor to the Director | Bureau of Family Health

Louisiana Department of Health

1450 Poydras Ave., Suite 2013, New Orleans, LA 70112

Rebecca.Majdoch@la.gov | Phone: (504) 568-8171

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Sent: Thursday, July 7, 2022 3:44 PM

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>

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Sent: Thursday, July 07, 2022 5:15 PM EDT
To: Colleen Arceneaux <Colleen.Arceneaux@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>
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Pronouns: she/her/hers

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Louisiana Department of Health

1450 Poydras Ave., Suite 2013, New Orleans, LA 70112

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OVERSIGHT

LA-DOH-22-1187-A-000040

Rebecca.Majdoch@la.gov | Phone: (504) 568-8171
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From: Amy Zapata <Amy.Zapata@LA.GOV>
Sent: Thursday, July 07, 2022 4:51 PM EDT
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Yes please.

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Thursday, July 7, 2022 3:29 PM
To: Amy Zapata <Amy.Zapata@LA.GOV>
Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Can we run through the BFH assigned items together? I think some are pretty straightforward and I need a little help on the home visiting/Pritzker note and I'm not sure if we've scoped out costs for expanding the LaPQC pediatric clinic pilot. I'm also happy to look up the info on the \$\$ spent on current efforts if the Business team is swamped with closeout.

Becky Majdoch, MPH

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 - § WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations For Jen – EMT specifically wants to know what this would look like and the anticipated costs
 - § Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
 - § Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

Thanks in advance for the quick turnaround on this. EMT would like to review it at their meeting on Tuesday.

Sincerely,
Becky

Becky Majdoch, MPH

Pronouns: she/her/hers

Senior Advisor to the Director | Bureau of Family Health

Louisiana Department of Health

1450 Poydras Ave., Suite 2013, New Orleans, LA 70112

Rebecca.Majdoch@la.gov | Phone: (504) 568-8171

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From: Aly Neel <Aly.Curro@la.gov>
Sent: Friday, July 08, 2022 4:14 PM EDT
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
CC: Amy Zapata <Amy.Zapata@LA.GOV>
Subject: Re: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs
Attachment(s): "Anticipated needs and expansion LDH post Roe KM AN.docx"

Thanks, Becky. I added it in the doc as well - but basically, it depends on the desired scope and duration of the campaign. My estimate is \$500-750K minimum. But we could do a campaign for more or less.

Alyson Neel
Communications Director
Louisiana Department of Health
985.231.8066
aly.neel@la.gov

From: Rebecca Majdoch
Sent: Thursday, July 7, 2022 3:02:01 PM
To: Aly Neel
Cc: Amy Zapata
Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hello Aly,

EMT has reviewed the document we submitted on 7/1 as the small group charged with identifying anticipated needs and additions for LDH now that Roe vs. Wade was overturned. Attached please find their mark-up for reference.

Please send me any additions updates/edits or comments related to the following sections no later than noon on Monday, 7/11, so that I may compile and submit to EMT by Tuesday morning.

- Work with the Governor's Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign) EMT would like more information on budgetary needs for a campaign of this nature
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports

Thanks in advance for the quick turnaround on this. EMT would like to review it at their meeting on Tuesday.

Sincerely,
Becky

Becky Majdoch, MPH

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Anticipated Needs and Additions for LDH Services, Programs, and Support for Women, Adolescents & Families in the Post-Roe Landscape

- Below is a list that includes LDH services, programs, and supports that are anticipated need additional infrastructure, funding, partnerships, and policies to support women, adolescents & families that may have considered terminating their pregnancies.
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the recent U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.
- Below is a list that includes LDH services, programs, and supports that we anticipate will need additional infrastructure, funding, partnerships and policies to support women, adolescents and families that may have considered terminating their pregnancies.
- Current LDH current programs/services are in purple.

New or Expanded Efforts, Services and Programs

- Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services
- Increase resources for unplanned pregnancy prevention**
 - Through the Reproductive Health program, Office of Public Health Parish Health Units (PHUs) provide sexual and reproductive health services directly to clients. Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants. In addition to the sexual and reproductive health services provided at the Parish Health Units, the Reproductive Health Program works with community clinics and federally qualified health centers to integrate quality reproductive healthcare into their primary care visits through the "Reproductive Health Integration Initiative."
 - Provide and expand access to the full range of contraceptive options at no cost to the individual through Parish Health Units and community-based clinics in medically underserved areas
 - BFH funds six local sexual assault centers (through the Preventive Health & Health Services Block Grant and the Violence Against Women Act) that work closely in their communities to identify needs and partnership opportunities, adapt evidence-informed and evidence-based programs, and implement sexual violence primary prevention strategies.
 - Support expansion of rape and sexual violence prevention activities

Commented [Katie Magee1]: OPH ¶
What have other states done / any potential federal funding sources to improve obstetric care in HPSAs?

Commented [Katie Magee2]: OPH ¶
Anticipated staffing/funding needs for this?

Commented [Katie Magee3]: Need more info

Commented [Katie Magee4]: BFH ¶
-How much do we currently spend on these activities? ¶
-What could expanded access look like? What are we currently not providing?

Commented [Admin5R4]: Check on Plan B. Similarly, what's involved in current distribution? How do people know it's available?

Commented [Katie Magee6]: BFH ¶
-How much do we currently spend on these activities?

- **Increase awareness of the mental and behavioral health resources available in Louisiana**

- The Office of Behavioral Health offers the [Louisiana Crisis Response System](#) for Medicaid-enrolled individuals who are 21 and older, experiencing emotional distress, and would benefit from crisis response from trained practitioners to get the supports needed to resolve the crisis and stay in the community. Individuals in crisis may also call the National Suicide Prevention Lifeline toll free at 1-800-273-TALK. [This number will change to a new three-digit phone number, 988, on July 16, 2022.]
 - Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)
- Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support
- Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments
- Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact)

Commented [Katie Magee7]: -Add more about 988 rollout here, specifically in Louisiana + anticipated funding needs for call centers to go live and to staff them¶

¶ I've asked OBH to share the state implementation plan if we've developed/finalized one. There may be several needs here (funding for capacity-building and workforce expansion)

Commented [Katie Magee8]: BFH¶
-Who trains them?¶
-What's it going to cost?¶
-Discuss Caregiver Perinatal Depression Screening Pediatric Clinics Pilot and what it would take to expand

Commented [Katie Magee9]: Medicaid – fiscal note on this?

- **Expand family support and coaching services**

- Louisiana is recognized for its long-standing investment in evidence-based family support and coaching services. The most established is the Nurse-Family Partnership (NFP) model which pairs first-time pregnant individuals with a nurse early in pregnancy through the child's second birthday. In recent years the state has also begun to offer another evidence-based model, Parents as Teachers (PAT), in certain areas of the state which pairs a parent educator with pregnant and parenting families.
 - In addition to the current models provided in Louisiana under the Maternal, Infant, and Early-Childhood Home Visiting program (Nurse-Family Partnership and Parents as Teachers), build the partnerships and related infrastructure to offer these services to all families in Louisiana and adopt new models as identified.

Commented [Katie Magee10]: BFH:¶
-Who are these potential partners?¶
-What resources needed to expand to all families?¶
-What models have been identified through Pritzker work or other state research?

- **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.
 - WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations
 - Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
 - Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

Commented [Katie Magee11]: WIC¶
What would this look like and what is the anticipated cost?

- **Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs**
 - Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children's Special Health Services, EarlySteps, and associated activities

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing "baby bonds" in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Commented [Katy Magee12]: BFH? Policy can support/lead if need be

Commented [Katy Magee13]: BFH? Policy can support too! What states have expanded coverage? What's the cost? Can Medicaid run a fiscal note?

Commented [Katy Magee14]: Katy

Partnership and Collaborative Opportunities

- Work with the Governor's **Press Office communications team** to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Commented [Katy Magee15]: Aly –

Commented [Admin16R15]: Depends on the scope and duration of the campaign. If it's for several months to a year and involves robust paid media you could do this for \$500-750K.

Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states

Commented [Katy Magee17]: More clarity on this – what was the guidance? How does it impact LDH?

From: Rebecca Majdoch
Sent: Friday, July 08, 2022 3:30 PM EDT
To: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>
CC: YaSheka Adams <Yasheka.Adams@la.gov>; Nicole Coarsey <Nicole.Coarsey@la.gov>
Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Thank you all so much! I really appreciate the quick turnaround and thorough response!

Becky Majdoch, MPH

Pronouns: she/her/hers
Senior Advisor to the Director | Bureau of Family Health
Louisiana Department of Health
1450 Poydras Ave., Suite 2013, New Orleans, LA 70112
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From: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>
Sent: Friday, July 8, 2022 2:30 PM
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Cc: YaSheka Adams <Yasheka.Adams@la.gov>; Nicole Coarsey <Nicole.Coarsey@la.gov>
Subject: FW: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hey Becky, so Nicole and team did a great job pulling lots of great information- please see below and attached!

Healthy Wishes, Melissa

Melissa R. Martin, MBA, RDN, LDN
Well-Ahead Louisiana
225.342.9513
Melissa.r.martin@la.gov

From: Nicole Coarsey <Nicole.Coarsey@la.gov>
Sent: Friday, July 8, 2022 2:13 PM
To: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>
Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Good afternoon.

See responses/information below and attached.

1. Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - a. EMT specifically wants to know what other states have done around this and if there are any potential federal funding sources to improve obstetric care in Healthcare Provider Shortage Areas.
 - Using HRSA's Data Warehouse, I was able to download the attached document of all funding the HRSA Maternal and Child Health Bureau has awarded to Louisiana. (MCHB Data Grantee Data 7-8-2022)
 - Our office supports several programs that an obstetric or pediatric provider can take advantage of. I have detailed these programs in the attached "OB-Peds Provider Training Recruitment and Retention Programs in Louisiana"
 - o 43 states participate in the State Loan Repayment Program (Including Louisiana)
 - o 56 states and US territories participate in the National Health Service Corps programs
2. Expand access to prenatal care in rural areas through the use of mobile health units
 - a. EMT wants to know the anticipated staffing/funding needed for this.
 - According to [LDH/HSS](#), a Rural Health Clinic is only able to offer mobile health services if they are licensed as a hospital offsite facility (Type 3). LDH/HSS would be the office with the most up-to-date list of RHCs that are licensed to provide mobile medical services.
 - FQHCs are allowed to provide mobile medical services, but it is unknown as to how many in Louisiana provide this

service.

This office will be better able to assess the need/shortages very soon. On May 19, the Health Resources and Services Administration (HRSA) published a notice of its final policy regarding determining and scoring Maternity Health Care Professional Target Areas (MCTAs). (Attached: Criteria for Determining MCTA) MCTAs are areas within existing primary care Health Professional Shortage Areas that are experiencing a shortage of maternity health care professionals. The Primary Care Office team is working with our EPI/EVAL team in preparing for the new designation. This office will receive further guidance from HRSA during the upcoming PCO Reverse Site Visit.

Summarized below is the data that will be collected for this new HPSA Primary Care designation:

- 1. Population to provider:** Ratio of females of childbearing age (defined as ages 15-44) to full-time equivalent maternity care health professional (defined as OB-GYN or certified nurse midwife). A ratio of 1500:1 is deemed the minimum requirement for a population to be reasonably served.
 - o 1 to 5 points will be assigned to a MCTA based upon the ratio.
- 2. Federal poverty level (FPL):** Percentage of females aged 15-44 with income at or below 200 percent of the FPL.
 - o 1 to 5 points will be assigned to a MCTA based upon percentage of population at or below the FPL.
- 3. Travel time:** The travel time and distance (defined as average time to travel by road miles) to the nearest source of care (defined as nearest provide trained and licensed to provide necessary care).
 - o 1 to 5 points will be assigned to a MCTA based upon travel time or distance, ranging from 30 minutes/30 miles to 90 minutes/90 miles.
- 4. Fertility rate:** Females of childbearing age compared to births reflects the fertility rate, indicating an increased need in areas that experience higher birth rates.
 - o 0 to 2 points will be assigned to a MCTA based upon fertility rate in the 90th percentile or higher, 50th to 90th percentile, and lower than 50th percentile of fertility.
- 5. Social Vulnerability Index (SVI):** The resilience of communities when confronted by external hazards such as disasters or disease outbreaks per the Agency for Toxic Substances and Disease Registry's Geospatial Research, within the Centers for Disease Control and Prevention.
 - o 0 to 2 points will be assigned to a MCTA based upon placement in the 75th percentile or higher, 50th percentile to 75th percentile, or less than 50th percentile for SVI.
- 6. Maternal health indicators:** Factors associated with poor maternal health outcomes. This includes several indicators: pre-pregnancy obesity (BMI of 30 or higher), pre-pregnancy diabetes, pre-pregnancy hypertension, cigarette smoking before or during pregnancy (defined as smoking one or more cigarettes daily 3 months prior to pregnancy or during any trimester of pregnancy), prenatal care initiation in the first trimester, and behavioral health (defined as a Mental Health HPSA meeting certain population to provider median ratio thresholds).
 - o 0 to 1 point will be assigned to a MCTA for each indicator based upon whether the prevalence of an indicator in a MCTA is above or below the 50th percentile for all U.S. counties.

Please let me know if you need any additional information. Thank you.

Nicole Peace Coarsey, MPA
Division Manager, Healthcare Access
State Office of Rural Health (SORH) Officer
Well-Ahead Louisiana
Louisiana Department of Health | Office of Public Health
225.342.1583 | Nicole.Coarsey@la.gov

From: Melissa Martin (LDH)
Sent: Friday, July 8, 2022 7:40 AM
To: YaSheka Adams <Yasheka.Adams@la.gov>; Nicole Coarsey <Nicole.Coarsey@la.gov>
Subject: FW: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs
Importance: High

Hey Nicole, another tap on you and your team... please see below. I am out of this meeting at 11am and can provide support if needed

1. Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - a. EMT specifically wants to know what other states have done around this and if there are any potential federal funding sources to improve obstetric care in Healthcare Provider Shortage Areas.
2. Expand access to prenatal care in rural areas through the use of mobile health units
 - a. EMT wants to know the anticipated staffing/funding needed for this.

Healthy Wishes, Melissa

Melissa R. Martin, MBA, RDN, LDN
Well-Ahead Louisiana
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Melissa.r.martin@la.gov

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Thursday, July 7, 2022 3:12 PM
To: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>
Cc: Amy Zapata <Amy.Zapata@LA.GOV>

Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hello Melissa, YaSheka, Colleen, and Jen,

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Please send me any additions updates/edits or comments related to the following sections no later than noon on Monday, 7/11, so that I may compile and submit to EMT by Tuesday morning.

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 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers For Melissa/YaSheka - EMT specifically wants to know what other states have done around this and if there are any potential federal funding sources to improve obstetric care in Healthcare Provider Shortage Areas. I just saw an email about ARPA funds for primary care providers.
 - Expand access to prenatal care in rural areas through the use of mobile health units –these units could also process WIC-related services This may not be in your lane – this idea came from BCPHE (Davondra), but the question about it came back to OPH – they want to know the anticipated staffing/funding needed for this. I'm punting this to any of you who may have info on this - Colleen, Melissa, and/or Jen.
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 - The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.
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Thanks in advance for the quick turnaround on this. EMT would like to review it at their meeting on Tuesday.

Sincerely,
Becky

Becky Majdoch, MPH

Pronouns: she/her/hers

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From: Rebecca Majdoch
Sent: Friday, July 08, 2022 11:42 AM EDT
To: Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>
CC: Amy Zapata <Amy.Zapata@LA.GOV>; Kate Andrus <Kate.Andrus@La.Gov>; Julie Silva (DHH) <Julie.Silva@la.gov>
Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Thank you so much, Jen!

Becky Majdoch, MPH

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From: Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>
Sent: Friday, July 8, 2022 10:02 AM
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>
Cc: Amy Zapata <Amy.Zapata@LA.GOV>; Kate Andrus <Kate.Andrus@LA.Gov>; Julie Silva (DHH) <Julie.Silva@la.gov>
Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Becky, I added two comments re: WIC mobile units and staffing/anticipated costs. Details about staffing and costs were added in bullets (track changes). Please let me know if you have any questions. I will be on planned leave Monday so including Julie (EMO) and Kate here.

Thanks,
Jen

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Thursday, July 7, 2022 3:12 PM
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Sincerely,
Becky

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Louisiana Department of Health
1450 Poydras Ave., Suite 2013, New Orleans, LA 70112
Rebecca.Majdoch@la.gov | Phone: (504) 568-8171
PartnersForFamilyHealth.org and PartnersForHealthyBabies.org



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From: Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>

Sent: Friday, July 08, 2022 11:02 AM EDT

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>

CC: Amy Zapata <Amy.Zapata@LA.GOV>; Kate Andrus <Kate.Andrus@LA.Gov>; Julie Silva (DHH) <Julie.Silva@la.gov>

Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Attachment(s): "Anticipated needs and expansion LDH post Roe KM BONS WIC.docx"

Becky, I added two comments re: WIC mobile units and staffing/anticipated costs. Details about staffing and costs were added in bullets (track changes). Please let me know if you have any questions. I will be on planned leave Monday so including Julie (EMO) and Kate here.

Thanks,
Jen

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>

Sent: Thursday, July 7, 2022 3:12 PM

To: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>

Cc: Amy Zapata <Amy.Zapata@LA.GOV>

Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hello Melissa, YaSheka, Colleen, and Jen,

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Please send me any additions updates/edits or comments related to the following sections no later than noon on Monday, 7/11, so that I may compile and submit to EMT by Tuesday morning.

- **Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers For Melissa/YaSheka - EMT specifically wants to know what other states have done around this and if there are any potential federal funding sources to improve obstetric care in Healthcare Provider Shortage Areas. I just saw an email about ARPA funds for primary care providers.
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services This may not be in your lane – this idea came from BCPHE (Davondra), but the question about it came back to OPH – they want to know the anticipated staffing/funding needed for this. I'm punting this to any of you who may have info on this - Colleen, Melissa, and/or Jen.
- **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**
 - The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.
 - § WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations For Jen – EMT specifically wants to know what this would look like and the anticipated costs
 - § Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
 - § Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

Thanks in advance for the quick turnaround on this. EMT would like to review it at their meeting on Tuesday.

Sincerely,
Becky

Becky Majdoch, MPH

Pronouns: she/her/hers

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Anticipated Needs and Additions for LDH Services, Programs, and Support for Women, Adolescents & Families in the Post-Roe Landscape

- Below is a list that includes LDH services, programs, and supports that are anticipated need additional infrastructure, funding, partnerships, and policies to support women, adolescents & families that may have considered terminating their pregnancies.
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.
- LDH current programs/services in purple.

New or Expanded Efforts, Services and Programs

- **Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services
- **Increase resources for unplanned pregnancy prevention**
 - Through the Reproductive Health program, Office of Public Health Parish Health Units (PHUs) provide sexual and reproductive health services directly to clients. Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants. In addition to the sexual and reproductive health services provided at the Parish Health Units, the Reproductive Health Program works with community clinics and federally qualified health centers to integrate quality reproductive healthcare into their primary care visits through the "Reproductive Health Integration Initiative."
 - Provide and expand access to the full range of contraceptive options at no cost to the individual through Parish Health Units and community-based clinics in medically underserved areas
 - BFH funds six local sexual assault centers (through the Preventive Health & Health Services Block Grant and the Violence Against Women Act) that work closely in their communities to identify needs and partnership opportunities, adapt evidence-informed and evidence-based programs, and implement sexual violence primary prevention strategies.
 - Support expansion of rape and sexual violence prevention activities
- **Increase awareness of the mental and behavioral health resources available in Louisiana**
 - The Office of Behavioral Health offers the [Louisiana Crisis Response System](#) for Medicaid-enrolled individuals who are 21 and older, experiencing emotional distress,

Commented [Katie Magee1]: OPH ¶
What have other states done / any potential federal funding sources to improve obstetric care in HPSAs?

Commented [Katie Magee2]: OPH ¶
Anticipated staffing/funding needs for this?

Commented [Jennifer Nicklas3R2]: WIC:
Mobile WIC units are an allowable cost with approval from USDA. Federal funding is available to expand WIC services through mobile units (including the cost to purchase vehicle, to purchase equipment required for participant certification and benefit issuance, to hire staff dedicated to mobile service delivery/travel between sites). Anticipated staffing would depend on the estimated # of participants seen. See detailed notes below re: WIC staffing and expansion of services.

Commented [Katie Magee4]: Need more info

Commented [Katie Magee5]: BFH ¶
-How much do we currently spend on these activities? ¶
-What could expanded access look like? What are we currently not providing?

Commented [Katie Magee6]: BFH ¶
-How much do we currently spend on these activities?

and would benefit from crisis response from trained practitioners to get the supports needed to resolve the crisis and stay in the community. Individuals in crisis may also call the National Suicide Prevention Lifeline toll free at 1-800-273-TALK. This number will change to a new three-digit phone number, 988, on July 16, 2022.

- Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)
- Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support
- Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments
- Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact)

• **Expand family support and coaching services**

- Louisiana is recognized for its long-standing investment in evidence-based family support and coaching services. The most established is the Nurse-Family Partnership (NFP) model which pairs first-time pregnant individuals with a nurse early in pregnancy through the child's second birthday. In recent years the state has also begun to offer another evidence-based model, Parents as Teachers (PAT), in certain areas of the state which pairs a parent educator with pregnant and parenting families.
 - In addition to the current models provided in Louisiana under the Maternal, Infant, and Early-Childhood Home Visiting program (Nurse-Family Partnership and Parents as Teachers), build the partnerships and related infrastructure to offer these services to all families in Louisiana and adopt new models as identified.

• **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.
 - WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations
 - Staff needed to provide WIC services: Administrative Coordinators, Nutrition Educators, Health Educators (Competent Professional Authorities – required by federal regulation), Public Health Nutritionists (High Risk Nutritionists and can also serve as Competent Professional Authorities); Public Health Nurses are also used in some clinics/regions.
 - Using established WIC State Agency staffing standards, approximately 125 FTE are currently needed to provide WIC services at the PHUs (based on data from September 2021, the PHUs serve

Commented [Katie Magee7]: -Add more about 988 rollout here, specifically in Louisiana + anticipated funding needs for call centers to go live and to staff them

I've asked OBH to share the state implementation plan if we've developed/finalized one. There may be several needs here (funding for capacity-building and workforce expansion)

Commented [Katie Magee8]: BFH
-Who trains them?
-What's it going to cost?
-Discuss Caregiver Perinatal Depression Screening Pediatric Clinics Pilot and what it would take to expand

Commented [Katie Magee9]: Medicaid – fiscal note on this?

Commented [Katie Magee10]: BFH
-Who are these potential partners?
-What resources needed to expand to all families?
-What models have been identified through Pritzker work or other state research?

Commented [Katie Magee11]: WIC
What would this look like and what is the anticipated cost?

Commented [Jennifer Nicklas12R11]:
Information added in bullets.

approximately 49,084 participants or 57.3% of the total participation for LA WIC).

- Based on responses to the WIC Workforce Survey in July/August 2021, there were approximately 112 FTE providing WIC services in the regions (100% dedicated to WIC and not split across other programs).
- A 10% increase in WIC participation would result in the need for an additional 14 FTE (total 139) through either SCS positions or the regional WIC staffing contracts in order to provide adequate WIC services throughout the state and accommodate an increase in prenatal/postpartum/infant participation.
- It would cost approximately \$2,900,000 (estimated salaries and related benefits) to fully staff up at existing participation levels (13 FTE) plus the additional 14 FTE for expansion. The existing federal WIC grant will more than cover the anticipated cost of expanding WIC services and staffing. No SGF needs.

- Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
- Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

- **Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs**

- Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children's Special Health Services, EarlySteps, and associated activities

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing "baby bonds" in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Commented [Katie Magee13]: BFH? Policy can support/lead if need be

Commented [Katie Magee14]: BFH? Policy can support too!
What states have expanded coverage? What's the cost? Can Medicaid run a fiscal note?

Commented [Katie Magee15]: Katie

Partnership and Collaborative Opportunities

- Work with the Governor's Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)

Commented [Katie Magee16]: Aly -

- Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
- Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states

Commented [Katie Magee17]: More clarity on this – what was the guidance? How does it impact LDH?

From: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>

Sent: Friday, July 08, 2022 8:57 AM EDT

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; YaSheka Adams <Yasheka.Adams@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>

CC: Amy Zapata <Amy.Zapata@LA.GOV>

Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Thanks Becky, working through this now!

Healthy Wishes, Melissa

Melissa R. Martin, MBA, RDN, LDN

Well-Ahead Louisiana

225.342.9513

Melissa.r.martin@la.gov

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>

Sent: Thursday, July 7, 2022 3:12 PM

To: Melissa Martin (LDH) <Melissa.R.Martin@la.gov>; YaSheka Adams <Yasheka.Adams@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Colleen Arceneaux <Colleen.Arceneaux@la.gov>

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Sincerely,
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Pronouns: she/her/hers

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From: Ashley Jefferson <Ashley.Jefferson@LA.GOV>

Sent: Thursday, July 07, 2022 6:45 PM EDT

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Tangela Womack <Tangela.Womack@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>

CC: Amy Zapata <Amy.Zapata@LA.GOV>; Robyn McDermott <Robyn.McDermott@LA.GOV>; Missy Graves <Missy.Graves@la.gov>; Karen Stubbs <Karen.Stubbs@la.gov>; James Hussey <James.Hussey@LA.GOV>

Subject: Re: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hi All,

To our knowledge, and I believe that Legal confirmed this, Title 40 was amended (only Title 22 remains in the language) out so there is nothing legally necessary from LDH regarding this legislation.

+OBH Team members for awareness and input if needed

Ashley R. Jefferson, PsyD

From: Rebecca Majdoch

Sent: Thursday, July 7, 2022 5:04:55 PM

To: Tangela Womack; Tara LeBlanc

Cc: Amy Zapata; Ashley Jefferson

Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Thanks Tangela,

I will review my notes – those probably came from us in BFH because of the work on the Doula Registry and the possible need to expand home visiting programs to access additional families and expand eligibility. I believe it would span Medicaid and commercial insurance policies.

-Becky

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From: Tangela Womack <Tangela.Womack@la.gov>

Sent: Thursday, July 7, 2022 4:43 PM

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>

Cc: Amy Zapata <Amy.Zapata@LA.GOV>; Ashley Jefferson <Ashley.Jefferson@LA.GOV>

Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hi Rebecca,

Not sure which agency provided the information for those two bullet points but happy to share the information we have on collaborative care. There was a bill this past session (HB 278) on adding the collaborative care codes but Medicaid was amended out of the bill. We did complete a fiscal note (approved version attached) for the financial impact. Adding Ashley in case OBH has additional information.

As far as the HCBS to pregnant individuals, we are happy to assist in the research but if you could share where the idea originated that would be helpful. Thanks!

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>

Sent: Thursday, July 7, 2022 3:24 PM

To: Tara LeBlanc <Tara.LeBlanc@LA.GOV>; Tangela Womack <Tangela.Womack@la.gov>

Cc: Amy Zapata <Amy.Zapata@LA.GOV>

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Legislative and Administrative Policy Considerations

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From: Karen Stubbs <Karen.Stubbs@la.gov>
Sent: Monday, July 11, 2022 11:04 AM EDT
To: Ashley Jefferson <Ashley.Jefferson@LA.GOV>; Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Tangela Womack <Tangela.Womack@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>
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Medicaid provided the fiscal note that I would suggest we use since it's public. If LDH decided to adopt those collaborative care codes it would be because we wanted to, we are not required in this past legislation to do it because Medicaid was amended out.

Karen Stubbs Church, J.D.
Assistant Secretary
Office of Behavioral Health
Louisiana Department of Health
Email: Karen.Stubbs@la.gov

For scheduling, please contact BJ Stafford at BJ.Stafford@la.gov

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To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Tangela Womack <Tangela.Womack@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>
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-Becky

Becky Majdoch, MPH

Pronouns: she/her/hers
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Louisiana Department of Health
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From: Tangela Womack <Tangela.Womack@la.gov>

Sent: Thursday, July 7, 2022 4:43 PM

To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>

Cc: Amy Zapata <Amy.Zapata@LA.GOV>; Ashley Jefferson <Ashley.Jefferson@LA.GOV>

Subject: RE: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hi Rebecca,

Not sure which agency provided the information for those two bullet points but happy to share the information we have on collaborative care. There was a bill this past session (HB 278) on adding the collaborative care codes but Medicaid was amended out of the bill. We did complete a fiscal note (approved version attached) for the financial impact. Adding Ashley in case OBH has additional information.

As far as the HCBS to pregnant individuals, we are happy to assist in the research but if you could share where the idea originated that would be helpful. Thanks!

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>

Sent: Thursday, July 7, 2022 3:24 PM

To: Tara LeBlanc <Tara.LeBlanc@LA.GOV>; Tangela Womack <Tangela.Womack@la.gov>

Cc: Amy Zapata <Amy.Zapata@LA.GOV>

Subject: Information Needed by noon on Monday, 7/11 - Follow-Up on Roe V Wade and Women's Services Future Needs

Hello Tara and Tangela,

EMT has reviewed the document we submitted on 7/1 as the small group charged with identifying anticipated needs and additions for LDH now that Roe vs. Wade was overturned. Attached please find their mark-up for reference.

Please send me any additions updates/edits or comments related to the following sections no later than noon on Monday, 7/11, so that I may compile and submit to EMT by Tuesday morning.

• **Increase awareness of the mental and behavioral health resources available in Louisiana**

- The Office of Behavioral Health offers the [Louisiana Crisis Response System](#) for Medicaid-enrolled individuals who are 21 and older, experiencing emotional distress, and would benefit from crisis response from trained practitioners to get the supports needed to resolve the crisis and stay in the community. Individuals in crisis may also call the National Suicide Prevention Lifeline toll free at 1-800-273-TALK. This number will change to a new three-digit phone number, 988, on July 16, 2022.

§ Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)

- Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support
- Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments
- Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact) EMT specifically asked if there would be a fiscal note on this.

• **Legislative and Administrative Policy Considerations**

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting EMT asked what states have expanded coverage, what is the cost, and if Medicaid could run a fiscal note for this.
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing "baby bonds" in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Thanks in advance for the quick turnaround on this. EMT would like to review it at their meeting on Tuesday.

Sincerely,
Becky

Becky Majdoch, MPH

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Louisiana Department of Health

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From: Katy Magee <Katy.Magee@LA.GOV>
Sent: Saturday, July 16, 2022 3:44 PM EDT
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Becky, received! Thanks for sending it Tuesday. I'm finally looking it over. I know you and BFH have been juggling a lot of requests this week. Really appreciate your work on this and everything else!

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Tuesday, July 12, 2022 12:01 PM
To: Katy Magee <Katy.Magee@LA.GOV>
Cc: Tonya Joiner <Tonya.Joiner@la.gov>; Amy Zapata <Amy.Zapata@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Hello Katy,

Attached is the new draft of the future needs for LDH post Roe vs. Wade document. I removed comments for all of the items that were resolved within the document and I retained comments for items that are better resolved in the comments with visibility for EMT.

Sincerely,
Becky

Becky Majdoch, MPH

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From: Katy Magee <Katy.Magee@LA.GOV>
Sent: Thursday, July 7, 2022 10:54 AM
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Cc: Tonya Joiner <Tonya.Joiner@la.gov>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Becky,

Thanks again for leading this effort and pulling this document together. Based on EMT feedback, we need to move to the next phase of research on these proposed activities, with the objective being identifying what the expanded activities could look like (what gaps do we have, what could we do with more funding, what have other states done) and what additional resources would be needed to get there. I went through the attached and added some questions in this vein and noted the section likely responsible for providing the info. Will you lead the outreach to gather this additional info? Let's aim to finalize a new doc by **Tuesday at noon** for Tonya to share with EMT. Happy to circle with you offline to discuss further if need be.

In the doc, note that the primary edit is the text added in purple. That text was pulled from the doc Aly shared last week of current services/programs. I think it would be helpful to show what we're currently doing, the current funding allocation, followed by the proposed expanded activities.

Thank you!
Katy

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Thursday, June 30, 2022 12:05 PM
To: Katy Magee <Katy.Magee@LA.GOV>; Devin George <Devin.George@LA.GOV>; Tasheka Dukes <Tasheka.Dukes@LA.GOV>; Kimberly Hood <Kimberly.Hood@la.gov>; Tonya Joiner <Tonya.Joiner@la.gov>; Aly Noel

<Aly.Curro@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Amy Zapata <Amy.Zapata@LA.GOV>; Karen Stubbs <Karen.Stubbs@la.gov>; Davondra Brown <Davondra.Brown@LA.Gov>; Ayesha Umrigar <Ayesha.Umrigar@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>

Cc: William Whatley <William.Whatley@LA.GOV>

Subject: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Hello Everyone,

Please review the attached document based on our meeting this morning. If you see anything that is missing or misrepresented, please let me know (you can put comments or track changes or simply put it into an email).

Tonya – knowing the time crunch, should you simultaneously circulate this with EMT?

Thanks for all the thoughtful input today. I hope I captured it appropriately here.

-Becky

Becky Majdoch, MPH

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From: Tara LeBlanc <Tara.LeBlanc@LA.GOV>
Sent: Tuesday, July 05, 2022 9:50 AM EDT
To: Tonya Joiner <Tonya.Joiner@la.gov>
CC: Tangela Womack <Tangela.Womack@la.gov>; Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group
Attachment(s): "Medicaid reproductive and maternal health services.docx"

Tonya,

Ruth asked us to put the attached together. She has provided feedback and we are to submit tomorrow an updated version. As soon as she reviews, we will distribute.

Thanks.

Tara A. LeBlanc
Bureau of Health Services Financing
Medicaid Executive Director

Louisiana Department of Health
225.219-7810 (desk)
225.317.4484 (cell)
225.242.0415 (fax)



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From: Tonya Joiner <Tonya.Joiner@la.gov>
Sent: Saturday, July 2, 2022 11:14 AM
To: Tara LeBlanc <Tara.LeBlanc@LA.GOV>
Cc: Tangela Womack <Tangela.Womack@la.gov>; Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Subject: Re: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Hi Tara:

Just following up on this request - will you have something to send by Tuesday morning?

Sent from my iPhone

On Jun 30, 2022, at 2:55 PM, Rebecca Majdoch <Rebecca.Majdoch@la.gov> wrote:

Hi Tara,
I appreciate it and will be on the lookout!
-Becky

Becky Majdoch, MPH

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Sent: Thursday, June 30, 2022 2:52 PM
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Karen Stubbs <Karen.Stubbs@la.gov>
Cc: Tonya Joiner <Tonya.Joiner@la.gov>; Aly Neel <Aly.Curro@la.gov>; Amy Zapata <Amy.Zapata@LA.GOV>; Tangela Womack <Tangela.Womack@la.gov>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Rebecca,

Yes, Karen reached out. Medicaid has been compiling information and had a call with Ruth today at 1. We will review and add.

BTW – Ruth has us working on another document with Medicaid offerings and impacts that we will share once completed.

Thanks.

Tara A. LeBlanc
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From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Thursday, June 30, 2022 2:46 PM
To: Tara LeBlanc <Tara.LeBlanc@LA.GOV>; Karen Stubbs <Karen.Stubbs@la.gov>
Cc: Tonya Joiner <Tonya.Joiner@la.gov>; Aly Neel <Aly.Curro@la.gov>; Amy Zapata <Amy.Zapata@LA.GOV>
Subject: FW: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group
Importance: High

Hello Tara and Karen,

Tonya would like Medicaid to weigh in on the attached document before she brings it to EMT for review and approvals to route to the Governor this afternoon.

Karen – you mentioned that you planned to reach out to Tara so I am including you in case you both reviewed together and/or had any feedback.

Thank you both!
-Becky

Becky Majdoch, MPH

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From: Rebecca Majdoch

Sent: Thursday, June 30, 2022 12:05 PM

To: Katye Magee <Katye.Magee@LA.GOV>; Devin George <Devin.George@LA.GOV>; Tasheka Dukes <Tasheka.Dukes@LA.GOV>; Kimberly Hood <Kimberly.Hood@la.gov>; Tonya Joiner <Tonya.Joiner@la.gov>; Aly Neel <Aly.Curro@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Amy Zapata <Amy.Zapata@LA.GOV>; Karen Stubbs <Karen.Stubbs@la.gov>; Davondra Brown <Davondra.Brown@LA.Gov>; Ayesha Umrigar <Ayesha.Umrigar@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>

Cc: William Whatley <William.Whatley@LA.GOV>

Subject: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Hello Everyone,

Please review the attached document based on our meeting this morning. If you see anything that is missing or misrepresented, please let me know (you can put comments or track changes or simply put it into an email).

Tonya – knowing the time crunch, should you simultaneously circulate this with EMT?

Thanks for all the thoughtful input today. I hope I captured it appropriately here.

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Louisiana Medicaid Reproductive and Maternal Health Coverage

With the possibility of abortion being prohibited in the state of Louisiana, Medicaid would like to ensure citizens are aware of the options offered to embrace mothers and children enrolled in the Medicaid program. Medicaid offers a population and social determinants of health approach to maintain and improve the health status of our citizens by implementing strategies to reduce health inequities among subpopulations.

The Medicaid Managed Care Organizations (MCOs) currently offer the following preventative measures for the population impacted by the recent overturning of *Roe v. Wade*:

- **Availability and accessibility:** This includes, but is not limited to, ensuring geographic access, availability of appointments and addressing wait times for enrollees.
- **Continuity of Care:** This requirement ensures a continuation of activities to ensure a continuum of care approach in providing services to pregnant women.
- **Coverage for family planning services:** This includes comprehensive medical history and physical exams, contraceptive counseling (Long-Acting Reversible Contraceptives or LARC for example), laboratory testing, pharmaceutical supplies and devices, etc.
- **Preconception/Inter-conception Care:** This option provides for future pregnancy planning for women of reproductive age.
- **Prenatal Care Services:** This service ensures pregnant enrollees begin receiving care within the first trimester or within seven (7) days after enrolling in the MCO.
 - Including specialized behavioral health services that are incidental to a pregnancy.
- **Maternity Services-** Health coverage for a hospital stay in connection with childbirth following a cesarean section may not be limited to less than 96 hours for both mother and newborn child.
- **Hysterectomies-** MCOs currently cover the cost of medically necessary hysterectomies.
- **Sterilization-** MCOs currently offer sterilization services in accordance with Louisiana law, state Medicaid policy and federal regulations.
- **Perinatal Services-**MCOs also maintain a plan to address prematurity prevention and improved perinatal outcomes.
- **Preventative Medicine Evaluation and Management Services:** this includes coverage for preventive medicine services for adults, aged 21 years and older receiving services such as physical exam, medical/social history review, counseling, screening tests/results, one well-women gynecological exam per calendar year. There is also certain provisions for sterilization services.
- **Extended Postpartum Coverage:** Extends healthcare coverage to pregnant women for 12 month after a pregnancy ends.

In addition to the coverage options above, Medicaid covers the following services after the birth of a child:

- **NICU and/ or well-baby nurse:** NICU will provide for babies born at less than 32 weeks or those requiring the highest level of care.
- **Breast Pumps:** Louisiana Medicaid began coverage of breast pumps for members in 2019.

- **Early Steps:** Services to families with children aged birth to three years of age who have a medical condition likely to result in a developmental delay or who have a developmental delay.
- **EPSDT Preventive visits:** Coverage of well-child visits from newborn until 21 years of age

From: Rebecca Majdoch
Sent: Tuesday, July 05, 2022 11:24 AM EDT
To: Tara LeBlanc <Tara.LeBlanc@LA.GOV>; Tonya Joiner <Tonya.Joiner@la.gov>
CC: Tangela Womack <Tangela.Womack@la.gov>; Amy Zapata <Amy.Zapata@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group
Attachment(s): "Anticipated needs and expansion LDH post Roe.docx"

Thanks Tara.

Reviewing the attachment, this looks like a pretty comprehensive overview of all of the currently covered services. It should serve the purpose of the first part of the request that Aly Neal was managing related to our current resources.

The piece I was asked to compile was related to anticipated additions needed that are not currently provided or covered and if we would need any budget and/or legislation to be able to provide those expanded resources. I'm not sure if that is what you all are working on for tomorrow or if you're continuing to edit the document you shared this morning. I'm reattaching the draft we circulated last week for reference. There are some references to things that would likely add to Medicaid budget, such as increases in newborn screening and follow-up management and treatment; expansion of voluntary, evidence-based home visiting; turning on codes to bill for collaborative care/mental health consultations; etc.

Please advise if those are under review and will be included in tomorrow's update.

Thank you,
Becky

Becky Majdoch, MPH

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From: Tara LeBlanc <Tara.LeBlanc@LA.GOV>
Sent: Tuesday, July 5, 2022 8:50 AM
To: Tonya Joiner <Tonya.Joiner@la.gov>
Cc: Tangela Womack <Tangela.Womack@la.gov>; Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
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Tonya,

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Tara A. LeBlanc
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Subject: Re: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

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Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Rebecca,

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Tara A. LeBlanc
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Subject: FW: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group
Importance: High

Hello Tara and Karen,

Tonya would like Medicaid to weigh in on the attached document before she brings it to EMT for review and approvals to route to the Governor this afternoon.

Karen – you mentioned that you planned to reach out to Tara so I am including you in case you both reviewed together and/or had any feedback.

Thank you both!
-Becky

Becky Majdoch, MPH

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Louisiana Department of Health
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Cc: William Whatley <William.Whatley@LA.GOV>
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Tonya – knowing the time crunch, should you simultaneously circulate this with EMT?

Thanks for all the thoughtful input today. I hope I captured it appropriately here.

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- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.

New or Expanded Efforts, Services and Programs

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 - Expand the Rural Health Scholars program
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- Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants

- WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations
- Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
- Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care
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Partnership and Collaborative Opportunities

- Work with the Governor’s Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states

From: Tangela Womack <Tangela.Womack@la.gov>
Sent: Tuesday, July 05, 2022 12:43 PM EDT
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>; Tonya Joiner <Tonya.Joiner@la.gov>
CC: Amy Zapata <Amy.Zapata@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group
Attachment(s): "Anticipated Needs and expansion LDH Roe tw2.docx"

Hi Rebecca,

Added a few bullet points in tracked changes. Please let me know if these is along the lines of what you are needed. Thanks!

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Tuesday, July 5, 2022 10:24 AM
To: Tara LeBlanc <Tara.LeBlanc@LA.GOV>; Tonya Joiner <Tonya.Joiner@la.gov>
Cc: Tangela Womack <Tangela.Womack@la.gov>; Amy Zapata <Amy.Zapata@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Thanks Tara.

Reviewing the attachment, this looks like a pretty comprehensive overview of all of the currently covered services. It should serve the purpose of the first part of the request that Aly Neal was managing related to our current resources.

The piece I was asked to compile was related to anticipated additions needed that are not currently provided or covered and if we would need any budget and/or legislation to be able to provide those expanded resources. I'm not sure if that is what you all are working on for tomorrow or if you're continuing to edit the document you shared this morning. I'm reattaching the draft we circulated last week for reference. There are some references to things that would likely add to Medicaid budget, such as increases in newborn screening and follow-up management and treatment; expansion of voluntary, evidence-based home visiting; turning on codes to bill for collaborative care/mental health consultations; etc.

Please advise if those are under review and will be included in tomorrow's update.

Thank you,
Becky

Becky Majdoch, MPH

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Cc: Tangela Womack <Tangela.Womack@la.gov>; Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Tonya,

Ruth asked us to put the attached together. She has provided feedback and we are to submit tomorrow an updated version. As soon as she reviews, we will distribute.

Thanks.

*Bureau of Health Services Financing
Medicaid Executive Director*

Louisiana Department of Health
225.219-7810 (desk)
225.317.4484 (cell)
225.242.0415 (fax)



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Hi Tara:

Just following up on this request - will you have something to send by Tuesday morning?

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On Jun 30, 2022, at 2:55 PM, Rebecca Majdoch <Rebecca.Majdoch@la.gov> wrote:

Hi Tara,
I appreciate it and will be on the lookout!
-Becky

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Rebecca,

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LA-DOH-22-1187-A-000083

<Ayesha.Umrigar@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>

Cc: William Whatley <William.Whatley@LA.GOV>

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- Support policies that expand genetic testing for earlier diagnosis of genetic disorders allowing providers to target a specific plan of care.
 - LDH will be implementing SB 154 of the 2022 Regular Legislative Session which allows for whole genome sequencing over and above the hospital payment for inpatient services.
- Support policies that allow an increase in supply and access to contraceptives.
 - LDH will be implementing HB 557 of the 2022 Regular Legislative Session which allows for the reimbursement of a 6-month supply of contraceptive drugs to be obtained at one time and receive the prescription onsite at the provider's office, if available.

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Partnership and Collaborative Opportunities

- Work with the Governor's Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
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- Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services
- Leverage our Public University Partnership Program (PUPP) to educate citizens on the importance family planning and prenatal care.
 - As a key initiative of the LDH business plan, the agency developed strategic partnerships with Louisiana's public universities and colleges to develop local solutions for challenges facing LDH programs.



Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states

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Hello Tara and Karen,

Tonya would like Medicaid to weigh in on the attached document before she brings it to EMT for review and approvals to route to the Governor this afternoon.
Karen – you mentioned that you planned to reach out to Tara so I am including you in case you both reviewed together and/or had any feedback.

Thank you both!
-Becky

Becky Majdoch, MPH

Pronouns: she/her/hers
Senior Advisor to the Director | Bureau of Family Health
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1450 Poydras Ave., Suite 2013, New Orleans, LA 70112
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From: Rebecca Majdoch
Sent: Thursday, June 30, 2022 12:05 PM
To: Katye Magee <Katye.Magee@LA.GOV>; Devin George <Devin.George@LA.GOV>; Tasheka Dukes <Tasheka.Dukes@LA.GOV>; Kimberly Hood <Kimberly.Hood@la.gov>; Tonya Joiner <Tonya.Joiner@la.gov>; Aly Neel <Aly.Curro@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Amy Zapata <Amy.Zapata@LA.GOV>; Karen Stubbs <Karen.Stubbs@la.gov>; Davondra Brown <Davondra.Brown@LA.Gov>; Ayesha Umrigar <Ayesha.Umrigar@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>
Cc: William Whatley <William.Whatley@LA.GOV>
Subject: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Hello Everyone,

Please review the attached document based on our meeting this morning. If you see anything that is missing or misrepresented, please let me know (you can put comments or track changes or simply put it into an email).

Tonya – knowing the time crunch, should you simultaneously circulate this with EMT?

Thanks for all the thoughtful input today. I hope I captured it appropriately here.

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Anticipated Needs and Additions for LDH Services, Programs, and Support for Women, Adolescents & Families in the Post-Roe Landscape

- Below is a list that includes LDH services, programs, and supports that are anticipated need additional infrastructure, funding, partnerships, and policies to support women, adolescents & families that may have considered terminating their pregnancies.
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.

New or Expanded Efforts, Services and Programs

- Increasing support for programs to grow our medical provider infrastructure in Louisiana
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services
 - Expand services offered by community health workers (CHW) to include social supports for family planning and wellness.
- Increase resources for unplanned pregnancy prevention
 - Provide and expand access to the full range of contraceptive options at no cost to the individual through Parish Health Units and community-based clinics in medically underserved areas
 - Support expansion of rape and sexual violence prevention activities
- Increase awareness of the mental and behavioral health resources available in Louisiana
 - Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)
 - Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support
 - Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments
 - Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact)
- Expand the reach of voluntary, evidence-based home visiting for pregnant people and new families in Louisiana
 - In addition to the current models provided in Louisiana under the Maternal, Infant, and Early-Childhood Home Visiting program (Nurse-Family Partnership and Parents as Teachers), build the partnerships and related infrastructure to offer these services to all families in Louisiana and adopt new models as identified.
- Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants

- WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations
- Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
- Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care
- Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs
 - Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children’s Special Health Services, EarlySteps, and associated activities

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing “baby bonds” in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.
- Support policies that expand genetic testing for earlier diagnosis of genetic disorders allowing providers to target a specific plan of care.
 - LDH will be implementing SB 154 of the 2022 Regular Legislative Session which allows for whole genome sequencing over and above the hospital payment for inpatient services.
- Support policies that allow an increase in supply and access to contraceptives.
 - LDH will be implementing HB 557 of the 2022 Regular Legislative Session which allows for the reimbursement of a 6-month supply of contraceptive drugs to be obtained at one time and receive the prescription onsite at the provider’s office, if available.

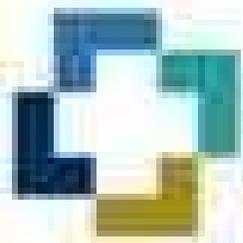
Partnership and Collaborative Opportunities

- Work with the Governor’s Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports

- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services
- Leverage our Public University Partnership Program (PUPP) to educate citizens on the importance family planning and prenatal care.
 - As a key initiative of the LDH business plan, the agency developed strategic partnerships with Louisiana’s public universities and colleges to develop local solutions for challenges facing LDH programs.

Potential Funding Implications

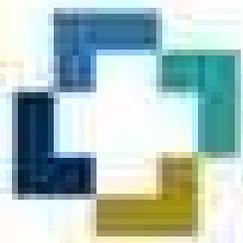
- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states



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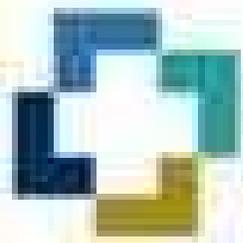
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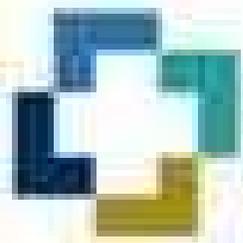
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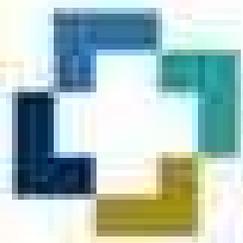
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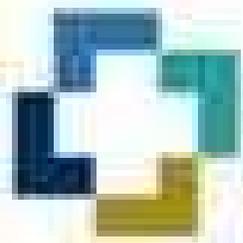
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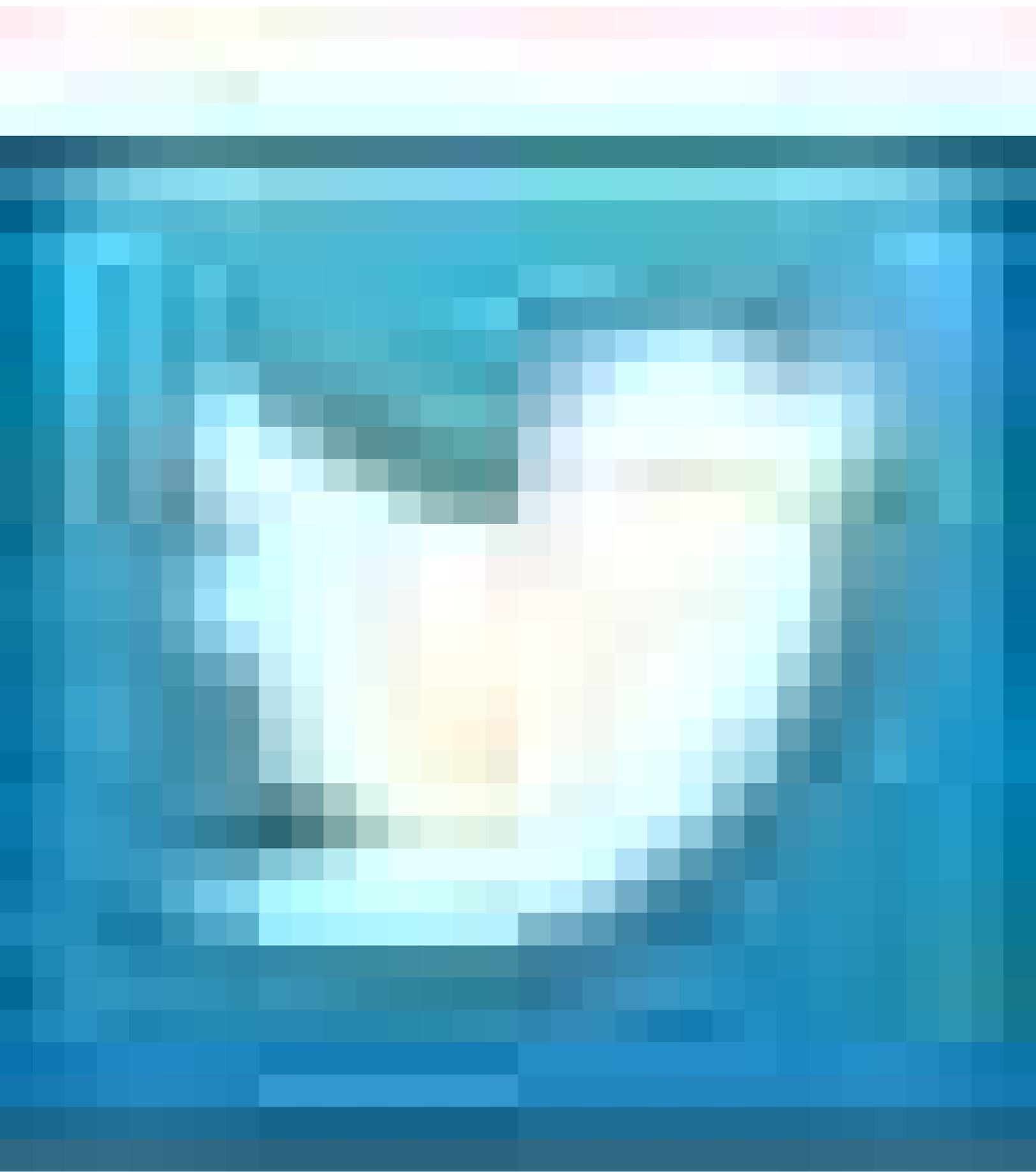


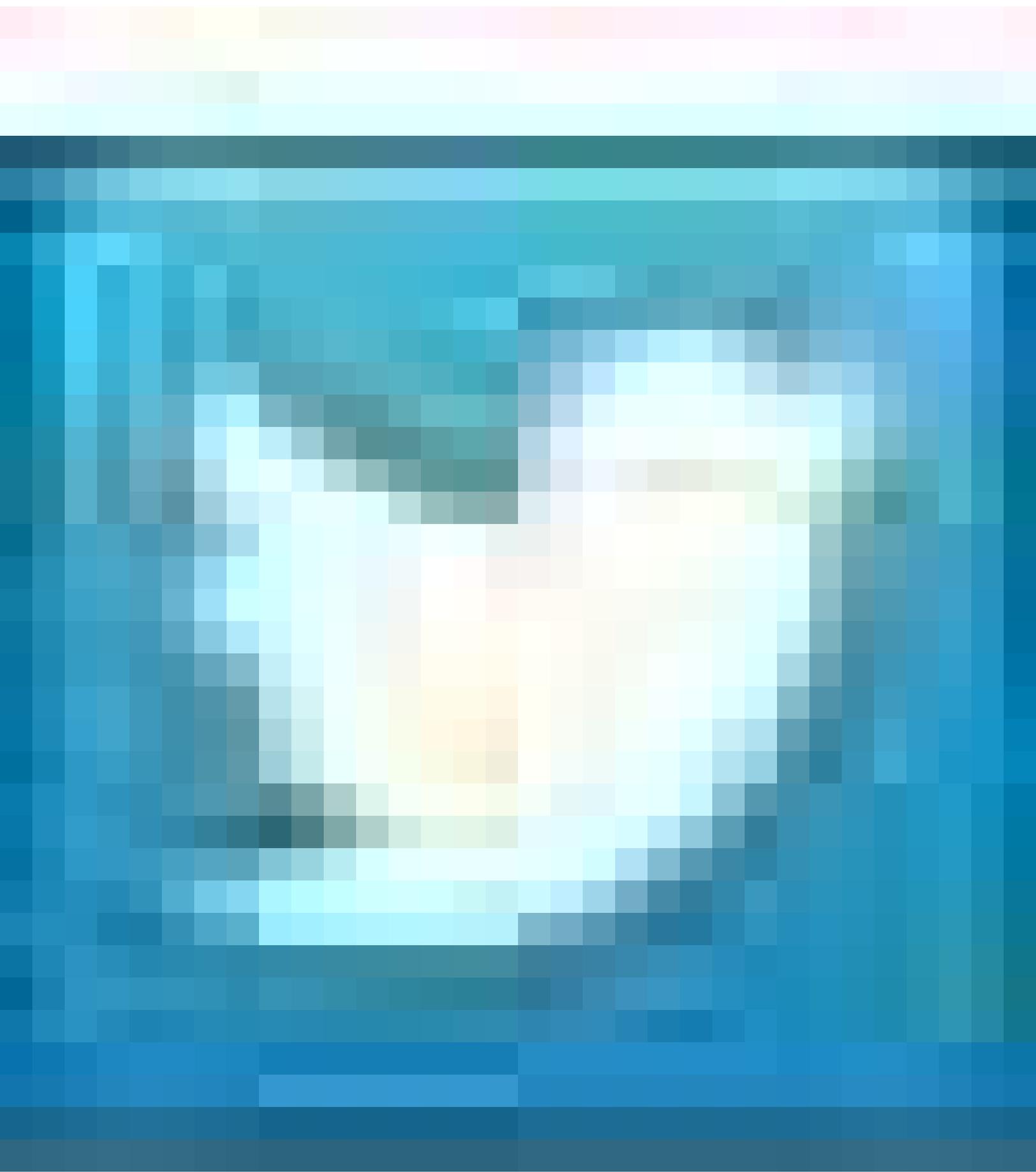


































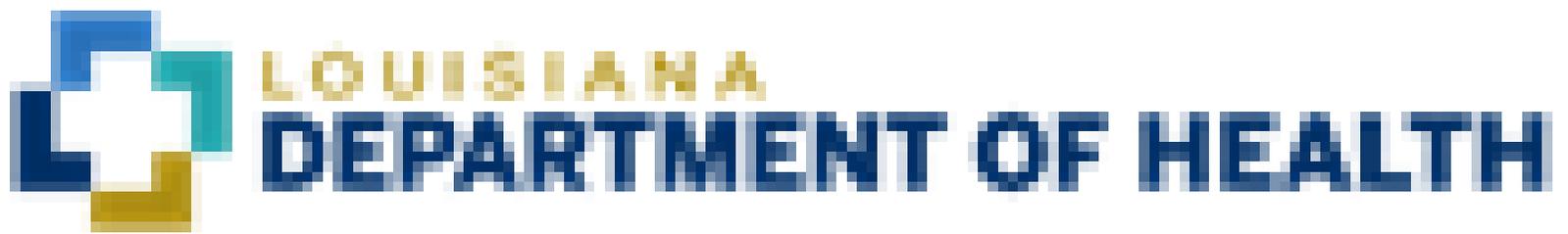


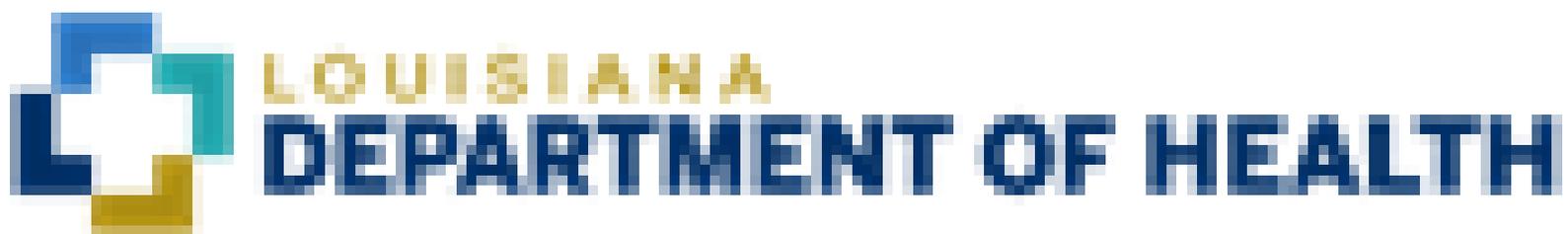


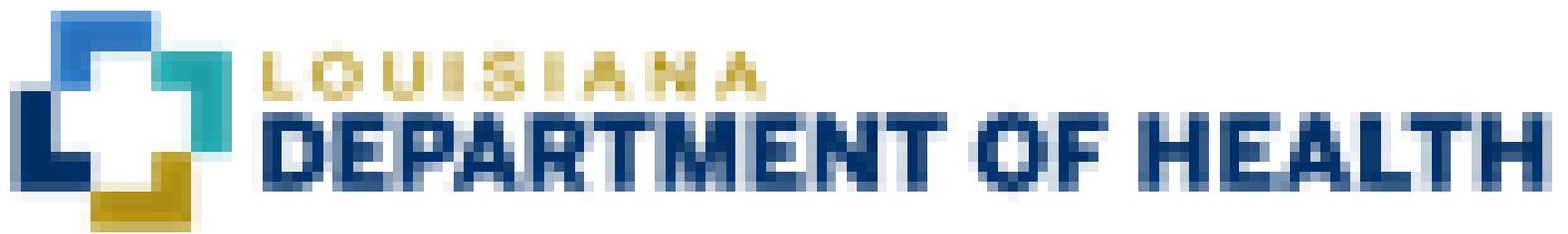












From: Katy Magee <Katy.Magee@LA.GOV>
Sent: Thursday, July 07, 2022 11:53 AM EDT
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
CC: Tonya Joiner <Tonya.Joiner@la.gov>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group
Attachment(s): "Anticipated needs and expansion LDH post Roe KM.docx"

Becky,

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- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.
- LDH current programs/services in purple.

New or Expanded Efforts, Services and Programs

- **Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services
- **Increase resources for unplanned pregnancy prevention**
 - Through the Reproductive Health program, Office of Public Health Parish Health Units (PHUs) provide sexual and reproductive health services directly to clients. Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants. In addition to the sexual and reproductive health services provided at the Parish Health Units, the Reproductive Health Program works with community clinics and federally qualified health centers to integrate quality reproductive healthcare into their primary care visits through the "Reproductive Health Integration Initiative."
 - Provide and expand access to the full range of contraceptive options at no cost to the individual through Parish Health Units and community-based clinics in medically underserved areas
 - BFH funds six local sexual assault centers (through the Preventive Health & Health Services Block Grant and the Violence Against Women Act) that work closely in their communities to identify needs and partnership opportunities, adapt evidence-informed and evidence-based programs, and implement sexual violence primary prevention strategies.
 - Support expansion of rape and sexual violence prevention activities
- **Increase awareness of the mental and behavioral health resources available in Louisiana**
 - The Office of Behavioral Health offers the [Louisiana Crisis Response System](#) for Medicaid-enrolled individuals who are 21 and older, experiencing emotional distress,

Commented [Katie Magee1]: OPH
What have other states done / any potential federal funding sources to improve obstetric care in HPSAs?

Commented [Katie Magee2]: OPH
Anticipated staffing/funding needs for this?

Commented [Katie Magee3]: Need more info

Commented [Katie Magee4]: BFH
-How much do we currently spend on these activities?
-What could expanded access look like? What are we currently not providing?

Commented [Katie Magee5]: BFH
-How much do we currently spend on these activities?

and would benefit from crisis response from trained practitioners to get the supports needed to resolve the crisis and stay in the community. Individuals in crisis may also call the National Suicide Prevention Lifeline toll free at 1-800-273-TALK. This number will change to a new three-digit phone number, 988, on July 16, 2022.

- Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)
- Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support
- Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments
- Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact)

Commented [Katie Magee6]: -Add more about 988 rollout here, specifically in Louisiana + anticipated funding needs for call centers to go live and to staff them

I've asked OBH to share the state implementation plan if we've developed/finalized one. There may be several needs here (funding for capacity-building and workforce expansion)

Commented [Katie Magee7]: BFH
-Who trains them?
-What's it going to cost?
-Discuss Caregiver Perinatal Depression Screening Pediatric Clinics Pilot and what it would take to expand

Commented [Katie Magee8]: Medicaid – fiscal note on this?

• **Expand family support and coaching services**

- Louisiana is recognized for its long-standing investment in evidence-based family support and coaching services. The most established is the Nurse-Family Partnership (NFP) model which pairs first-time pregnant individuals with a nurse early in pregnancy through the child's second birthday. In recent years the state has also begun to offer another evidence-based model, Parents as Teachers (PAT), in certain areas of the state which pairs a parent educator with pregnant and parenting families.
 - In addition to the current models provided in Louisiana under the Maternal, Infant, and Early-Childhood Home Visiting program (Nurse-Family Partnership and Parents as Teachers), build the partnerships and related infrastructure to offer these services to all families in Louisiana and adopt new models as identified.

Commented [Katie Magee9]: BFH:
-Who are these potential partners?
-What resources needed to expand to all families?
-What models have been identified through Pritzker work or other state research?

• **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.
 - WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations
 - Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
 - Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

Commented [Katie Magee10]: WIC
What would this look like and what is the anticipated cost?

• **Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs**

- Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children's Special Health Services, EarlySteps, and associated activities

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing “baby bonds” in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Commented [Katie Magee11]: BFH? Policy can support/lead if need be

Commented [Katie Magee12]: BFH? Policy can support too
What states have expanded coverage? What's the cost? Can Medicaid run a fiscal note?

Commented [Katie Magee13]: Katie

Partnership and Collaborative Opportunities

- Work with the Governor’s Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Commented [Katie Magee14]: Aly -

Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states

Commented [Katie Magee15]: More clarity on this – what was the guidance? How does it impact LDH?

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Sent: Thursday, July 07, 2022 12:44 PM EDT
To: Katye Magee <Katye.Magee@LA.GOV>
CC: Tonya Joiner <Tonya.Joiner@la.gov>; Amy Zapata <Amy.Zapata@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group
Attachment(s): "Anticipated needs and expansion LDH post Roe KM.docx"

Hi Katye,

I am happy to request the additional information as requested. At first glance, I think I understand the notes and the clarifications needed and I'll reach out to the appropriate people. My quick questions are related to the first 2 follow-ups for OPH:

- Do you remember who, specifically, asked us to include the mobile health units beyond WIC? I thought the original idea came from Davondra, not OPH, and WIC shared that they would love to consider working with any mobile health units to expand access to WIC services.
- For the provider training, recruitment and retention, I'm not sure this was specifically from OPH, but added because of Ruth Johnson's suggestions in the initial call last Tuesday. I will ask our Well Ahead folks since I know they've done some work around healthcare shortage areas. Isn't this also a focus from the LDH business plan?

Thanks for clarifying. I will send the updated version on or before the 7/12 @ noon deadline.

-Becky

Becky Majdoch, MPH

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Sent: Thursday, July 7, 2022 10:54 AM
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LA-DOH-22-1187-A-000131

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Anticipated Needs and Additions for LDH Services, Programs, and Support for Women, Adolescents & Families in the Post-Roe Landscape

- Below is a list that includes LDH services, programs, and supports that are anticipated need additional infrastructure, funding, partnerships, and policies to support women, adolescents & families that may have considered terminating their pregnancies.
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.
- LDH current programs/services in purple.

New or Expanded Efforts, Services and Programs

- **Increasing support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services
- **Increase resources for unplanned pregnancy prevention**
 - Through the Reproductive Health program, Office of Public Health Parish Health Units (PHUs) provide sexual and reproductive health services directly to clients. Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants. In addition to the sexual and reproductive health services provided at the Parish Health Units, the Reproductive Health Program works with community clinics and federally qualified health centers to integrate quality reproductive healthcare into their primary care visits through the "Reproductive Health Integration Initiative."
 - Provide and expand access to the full range of contraceptive options at no cost to the individual through Parish Health Units and community-based clinics in medically underserved areas
 - BFH funds six local sexual assault centers (through the Preventive Health & Health Services Block Grant and the Violence Against Women Act) that work closely in their communities to identify needs and partnership opportunities, adapt evidence-informed and evidence-based programs, and implement sexual violence primary prevention strategies.
 - Support expansion of rape and sexual violence prevention activities
- **Increase awareness of the mental and behavioral health resources available in Louisiana**
 - The Office of Behavioral Health offers the [Louisiana Crisis Response System](#) for Medicaid-enrolled individuals who are 21 and older, experiencing emotional distress,

Commented [Katie Magee1]: OPH
What have other states done / any potential federal funding sources to improve obstetric care in HPSAs?

Commented [Katie Magee2]: OPH
Anticipated staffing/funding needs for this?

Commented [Katie Magee3]: Need more info

Commented [Katie Magee4]: BFH
-How much do we currently spend on these activities?
-What could expanded access look like? What are we currently not providing?

Commented [Katie Magee5]: BFH
-How much do we currently spend on these activities?

and would benefit from crisis response from trained practitioners to get the supports needed to resolve the crisis and stay in the community. Individuals in crisis may also call the National Suicide Prevention Lifeline toll free at 1-800-273-TALK. This number will change to a new three-digit phone number, 988, on July 16, 2022.

- Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)

- o Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support

- o Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments

- o Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact)

- **Expand family support and coaching services**

- o Louisiana is recognized for its long-standing investment in evidence-based family support and coaching services. The most established is the Nurse-Family Partnership (NFP) model which pairs first-time pregnant individuals with a nurse early in pregnancy through the child's second birthday. In recent years the state has also begun to offer another evidence-based model, Parents as Teachers (PAT), in certain areas of the state which pairs a parent educator with pregnant and parenting families.

- In addition to the current models provided in Louisiana under the Maternal, Infant, and Early-Childhood Home Visiting program (Nurse-Family Partnership and Parents as Teachers), build the partnerships and related infrastructure to offer these services to all families in Louisiana and adopt new models as identified.

- **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**

- o The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.

- WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations

- Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.

- Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

- **Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs**

- o Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children's Special Health Services, EarlySteps, and associated activities

Commented [Katie Magee6]: -Add more about 988 rollout here, specifically in Louisiana + anticipated funding needs for call centers to go live and to staff them

I've asked OBH to share the state implementation plan if we've developed/finalized one. There may be several needs here (funding for capacity-building and workforce expansion)

Commented [Katie Magee7]: BFH
-Who trains them?
-What's it going to cost?
-Discuss Caregiver Perinatal Depression Screening Pediatric Clinics Pilot and what it would take to expand

Commented [Katie Magee8]: Medicaid – fiscal note on this?

Commented [Katie Magee9]: BFH:
-Who are these potential partners?
-What resources needed to expand to all families?
-What models have been identified through Pritzker work or other state research?

Commented [Katie Magee10]: WIC
What would this look like and what is the anticipated cost?

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing “baby bonds” in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Commented [Katie Magee11]: BFH? Policy can support/lead if need be

Commented [Katie Magee12]: BFH? Policy can support too
What states have expanded coverage? What's the cost? Can Medicaid run a fiscal note?

Commented [Katie Magee13]: Katie

Partnership and Collaborative Opportunities

- Work with the Governor’s Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Commented [Katie Magee14]: Aly -

Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states

Commented [Katie Magee15]: More clarity on this – what was the guidance? How does it impact LDH?

From: Rebecca Majdoch
Sent: Tuesday, July 12, 2022 1:01 PM EDT
To: Katye Magee <Katye.Magee@LA.GOV>
CC: Tonya Joiner <Tonya.Joiner@la.gov>; Amy Zapata <Amy.Zapata@LA.GOV>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group
Attachment(s): "LDH - expansion of activities to support pregnancy prevention and support to pregnant and parenting families_07-12-22.docx"

Hello Katye,

Attached is the new draft of the future needs for LDH post Roe vs. Wade document. I removed comments for all of the items that were resolved within the document and I retained comments for items that are better resolved in the comments with visibility for EMT.

Sincerely,
Becky

Becky Majdoch, MPH

Pronouns: she/her/hers
Senior Advisor to the Director | Bureau of Family Health
Louisiana Department of Health
1450 Poydras Ave., Suite 2013, New Orleans, LA 70112
Rebecca.Majdoch@la.gov | Phone: (504) 568-8171
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From: Katye Magee <Katye.Magee@LA.GOV>
Sent: Thursday, July 7, 2022 10:54 AM
To: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Cc: Tonya Joiner <Tonya.Joiner@la.gov>
Subject: RE: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Becky,

Thanks again for leading this effort and pulling this document together. Based on EMT feedback, we need to move to the next phase of research on these proposed activities, with the objective being identifying what the expanded activities could look like (what gaps do we have, what could we do with more funding, what have other states done) and what additional resources would be needed to get there. I went through the attached and added some questions in this vein and noted the section likely responsible for providing the info. Will you lead the outreach to gather this additional info? Let's aim to finalize a new doc by **Tuesday at noon** for Tonya to share with EMT. Happy to circle with you offline to discuss further if need be.

In the doc, note that the primary edit is the text added in purple. That text was pulled from the doc Aly shared last week of current services/programs. I think it would be helpful to show what we're currently doing, the current funding allocation, followed by the proposed expanded activities.

Thank you!
Katye

From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Thursday, June 30, 2022 12:05 PM
To: Katye Magee <Katye.Magee@LA.GOV>; Devin George <Devin.George@LA.GOV>; Tasheka Dukes <Tasheka.Dukes@LA.GOV>; Kimberly Hood <Kimberly.Hood@la.gov>; Tonya Joiner <Tonya.Joiner@la.gov>; Aly Neel <Aly.Curro@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Amy Zapata <Amy.Zapata@LA.GOV>; Karen Stubbs <Karen.Stubbs@la.gov>; Davondra Brown <Davondra.Brown@LA.Gov>; Ayesha Umrigar <Ayesha.Umrigar@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>
Cc: William Whatley <William.Whatley@LA.GOV>
Subject: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Hello Everyone,

Please review the attached document based on our meeting this morning. If you see anything that is missing or misrepresented, please let me know (you can put comments or track changes or simply put it into an email).

Tonya – knowing the time crunch, should you simultaneously circulate this with EMT?

Thanks for all the thoughtful input today. I hope I captured it appropriately here.

-Becky

Becky Majdoch, MPH

Pronouns: she/her/hers

Senior Advisor to the Director | Bureau of Family Health

Louisiana Department of Health

1450 Poydras Ave., Suite 2013, New Orleans, LA 70112

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Anticipated Needs and Additions for LDH Services, Programs, and Support for Women, Adolescents & Families in the Post-Roe Landscape

- Below is a list that includes LDH services, programs, and supports that are anticipated need additional infrastructure, funding, partnerships, and policies to support women, adolescents & families that may have considered terminating their pregnancies.
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.
- LDH current programs/services in purple.

New or Expanded Efforts, Services and Programs

- **Increase support for programs to grow our medical provider infrastructure in Louisiana**
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers. The Office of Public Health (OPH) Well-Ahead Louisiana program will be able to access Health Provider Shortage Areas (HPSAs) for Primary Care and Maternity Health Care Professional Target Areas (MCTAs) within those HPSAs. On May 19, 2022, the Health Resources and Services Administration (HRSA) published its notice of its final policy regarding determining and scoring MCTAs. The Primary Care Office team of OPH Well-Ahead is preparing for the new designation.
 - Currently, there are several related efforts in Louisiana, supported at both the state and national level. The OPH Well-Ahead Louisiana program supports several programs that an obstetric or pediatric provider can take advantage of, including the State Loan Repayment Program (43 states participate, including Louisiana), the National Health Service Corps programs (available to all 56 states and US territories), and membership in 3RNet which is the nonprofit organization Rural Recruitment and Retention Network where members are able to connect physicians and health professionals with job opportunities in rural and underserved communities.
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services.
 - Currently, according to the LDH Health Standards Section (HSS), a Rural Health Clinic is only able to offer mobile health services if they are licensed as a hospital offsite facility (Type 3). Federally-qualified health centers (FQHCs) are allowed to provide mobile medical services, but it is currently unknown how many FQHCs in Louisiana provide this service. The OPH Bureau of Regional Clinical Operations teams in Regions 4 and 5 are working on mobile health unit partnerships, but it is unclear at this time if those mobile health units would provide any prenatal or maternity care services. *[Expansion of mobile health will require coordination and partnerships with hospitals and FQHCs]*

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- Mobile WIC units are an allowable cost with approval from USDA and federal funding is available to expand WIC services through mobile units (including the cost to purchase the vehicle, equipment, staff, and travel expenses). Anticipated staffing would depend on the estimated number of participants seen.

- **Increase resources for prevention of unplanned pregnancies through increased access to high-quality reproductive health services**

- The OPH Bureau of Family Health (BFH) Reproductive Health Program oversees the state's Title X Family Planning Grant which supports clinical services and strategies to integrate high quality reproductive health services in certain clinical systems including select community health centers and the OPH Parish Health Unit (PHU) network overseen by the OPH Bureau of Regional and Clinical Operations (BRCO).

- Ensure that clinical sites in the OPH BRCO PHU clinical network that provide reproductive health services are scheduling patients to the full capacity of each clinician type and that OPH regional personnel are conducting outreach to promote available services and appointments. Services provided include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants. The OPH BFH – Reproductive Health Program, which issues the clinical standards and guidelines for Title X Family Planning Services Grant sub-recipients (including the OPH BRCO PHU clinical network), has assessed together with the OPH BRCO leadership that there is capacity within the BRCO PHU network to see more patients. *[Adjustments in scheduling practices and more active promotion of services would be needed to optimize utilization of the current service system].*

- Support and expand the OPH BFH "[Reproductive Health Integration Initiative](#)" (RHII) which is working with community clinics and federally qualified health centers to integrate quality reproductive healthcare into their primary care visits. The OPH BFH Reproductive Health Program works with these clinics in two ways. Annually, a cohort of 2-3 clinics are selected and funded via a solicitation of offers to integrate practices and meet key performance measures defined by the program. Clinics may also receive targeted training and technical assistance without the associated funding and tracking of performance measures. *[RHII is currently supported with the federal Title X grant and additional staff and funding would be necessary to fund additional sub-recipients in the annual RHII cohort].*

- Work with the Medicaid MCOs to promote reproductive healthcare benefits and available services, including family planning and prenatal care services (Medicaid).
- Assess the current utilization of the Medicaid policy that allows for payment for postpartum Long Acting Reversible Contraception (LARC) outside of the bundled payment for deliveries (Medicaid); promote non-coercive/patient directed implementation of the policy through bulletins, education, and technical assistance with clinical and administrative integration of the policy (Medicaid and OPH BFH). *[Additional funding would be needed to support some of the more intensive promotion activities; activities should likely qualify for Medicaid administrative match.]*

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- Assess utilization of the Medicaid policy that allows for payment to FQHCs and Rural Health Centers for LARC outside of the Prospective Payment System (PPS) rate; promote non-coercive/patient directed implementation of the policy through bulletins, education, and technical assistance (Medicaid and OPH BFH). *[Additional funding would be needed to support some of the more intensive promotion activities; activities should qualify for Medicaid administrative match.]*
- Engage in strategic partnerships with organizations that provide provider training and technical assistance on implementing comprehensive contraceptive access policies and quality improvement strategies. The OPH BFH Reproductive Health Program is researching potential partners and associated funding.
- **Increase awareness of the mental and behavioral health resources available in Louisiana**
 - The Office of Behavioral Health offers the [Louisiana Crisis Response System](#) for Medicaid-enrolled individuals who are 21 and older, experiencing emotional distress, and would benefit from crisis response from trained practitioners to get the supports needed to resolve the crisis and stay in the community. Individuals in crisis may also call the National Suicide Prevention Lifeline toll free at 1-800-273-TALK. This number will change to a new three-digit phone number, 988, on July 16, 2022. OBH is currently funding staff in Louisiana who answer the Lifeline.
 - Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline. There is not currently a state implementation plan for the maternal mental health hotline as it is federally funded and operated. *[Current funding should be sufficient as it anticipates increased utilization of 988 based on increased awareness of the 988 number and is already factored into the contracts with the 2 call centers as well as additional grant funds].*
 - Increase training options for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support. Currently, OPH BFH has funding for three initiatives related to these training and consultation efforts: the Louisiana Perinatal Quality Collaborative's (LaPQC) Caregiver Perinatal Depression Screening in Pediatric Clinics pilot (4 clinics participating in the 12-18 month pilot that began in January 2022); the Louisiana Provider to Provider Consultation Line (PPCL) launches in the Fall of 2022 to help pediatric health care providers address the behavioral and mental health needs of their patients (year 1 of a 5-year federal grant); and the Louisiana Mental Health Perinatal Partnership (federal funding ends this year and sustainability planning is underway).
 - The LaPQC pilot is intended to inform a change package for a statewide LaPQC initiative (rollout date and scope depends on results of the pilot).
 - Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments.
 - Add Medicaid coverage for psychiatric Collaborative Care Model (CoCM) services to reimburse for mental health consultations between primary care and behavioral health provider. CoCM is a model of care that integrates behavioral health care with primary care. This coverage has not been mandated in legislation, though a fiscal note was prepared for HB 278 of the 2022 Regular Legislative Session before the coverage mandate was removed from the bill. *[Per the fiscal note, this coverage would require \$2.3M in additional state funding and \$10.2M in additional federal funding over the next five years].*

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- **Expand voluntary family support and coaching services**

- Louisiana is recognized for its long-standing implementation of evidence-based family support and coaching services. The service system is currently overseen by the OPH Bureau of Family Health. The most established services in the state are the Nurse-Family Partnership (NFP) model which pairs first-time pregnant individuals with a nurse early in pregnancy through the child's second birthday. In recent years the state has also begun to offer another evidence-based model, Parents as Teachers (PAT), in certain areas of the state which pairs a parent educator with pregnant and parenting families.

- The OPH BFH has the expertise and a scalable infrastructure to monitor a statewide system of services that could include expansion of PAT and possibly additional models; time and planning would be required to identify where and how best to expand PAT, but it is a familiar and scalable model that could be expanded to other communities in the state. *[Would require additional funding to expand PAT services].*

- The OPH BFH is currently responsible for the establishment of the Doula Registry. This registry is intended to serve, in part, as a registry to facilitate identification of doulas who qualify to be reimbursed through insurance once there are enabling policies that align with the types of services doulas provide. The establishment of the registry was an unfunded mandate and as such has minimal staff support.

- Expansion of the availability of doula services could be strengthened with strategies to support the active development of the doula workforce including career pathways and continuing education.

- **Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants**

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.

- WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations

- Staff needed to provide WIC services: Administrative Coordinators, Nutrition Educators, Health Educators (Competent Professional Authorities – required by federal regulation), Public Health Nutritionists (High Risk Nutritionists and can also serve as Competent Professional Authorities); Public Health Nurses are also used in some clinics/regions.
- Using established WIC State Agency staffing standards, approximately 125 FTE are currently needed to provide WIC services at the PHUs (based on data from September 2021, the PHUs serve approximately 49,084 participants or 57.3% of the total participation for LA WIC).
- Based on responses to the WIC Workforce Survey in July/August 2021, there were approximately 112 FTE providing WIC services in

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the regions (100% dedicated to WIC and not split across other programs).

- A 10% increase in WIC participation would result in the need for an additional 14 FTE (total 139) through either SCS positions or the regional WIC staffing contracts in order to provide adequate WIC services throughout the state and accommodate an increase in prenatal/postpartum/infant participation.
- It would cost approximately \$2,900,000 (estimated salaries and related benefits) to fully staff up at existing participation levels (13 FTE) plus the additional 14 FTE for expansion. The existing federal WIC grant will more than cover the anticipated cost of expanding WIC services and staffing. No SGF needs.

- Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
- Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care

- **Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs**

- Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children's Special Health Services, EarlySteps, and associated activities

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings.
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
 - According to [Families USA](#), states can operationalize coverage of Evidence Based Home Visiting in several ways: using quality improvement strategies; including the service on the fee schedule or state plan; modifying MCO contracts to allow voluntary or mandatory action; and tying Value-Based Purchasing payments to outcomes known to be improved through EBHV. *[Costs vary depending on the options used and if they are mandatory or voluntary. A fiscal note would need research on the best option for families in Louisiana].*
 - The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program began in 2010 and has had level funding since 2013. MIECHV will be reauthorized and renew funding in the fall of 2022 and has the opportunity to increase the funding through this reauthorization.
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing "baby bonds" in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Commented [Katy Magee1]: BFH? Policy can support/lead if need be

Commented [Rebecca Majdoch2R1]: This was intended to capture Sec. Phillips' comment about the need for sexual education in schools. It could apply to other settings, but the biggest barrier is current statute prohibiting certain facets of comprehensive sexual and reproductive health education in schools.¶ Not sure what the ask is for updating the document here.

Commented [Katy Magee3]: Katy

Commented [Rebecca Majdoch4R3]: Hi Katy – I am assuming you will add your content to my draft when I submit.

Partnership and Collaborative Opportunities

- Work with the Governor's communication team to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies. *[Depending on the scope or the duration of the campaign, it is estimated this could cost \$500-750K to assure robust coverage across media channels].*
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Potential Funding Implications

- ~~The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states~~

Commented [Katie Magee5]: More clarity on this – what was the guidance? How does it impact LDH?

Commented [Rebecca Majdoch6R5]: We recommend removing this. Upon further review of the guidance alongside the Louisiana statute, there is no current conflict in our Title X services with the newly enacted law.

From: Gina Easterly
Sent: Wed, 29 Jun 2022 07:12:48 -0500
To: Rebecca Majdoch; Amanda Perry; Victoria Alexis; Dionka Pierce
Subject: RE: URGENT: Roundup of LDH services/ programs in post-Roe landscape

Morning all. Let me know what you need – you've hit all of the ones in FCS (evidence-based family support + coaching, Family Resource Center + care coordination for CYSHCN). Mental health consultation + pediatric medical home supports + services are more about capacity building for provider, but certainly indirect to families.

Gina Easterly, PhD, CCC-SLP
Family and Community Systems Team Lead
Bureau of Family Health, Office of Public Health, Louisiana Department of Health
628 N 4th Street, Bienville Building
Baton Rouge, LA 70802
225.342.1730 (office)
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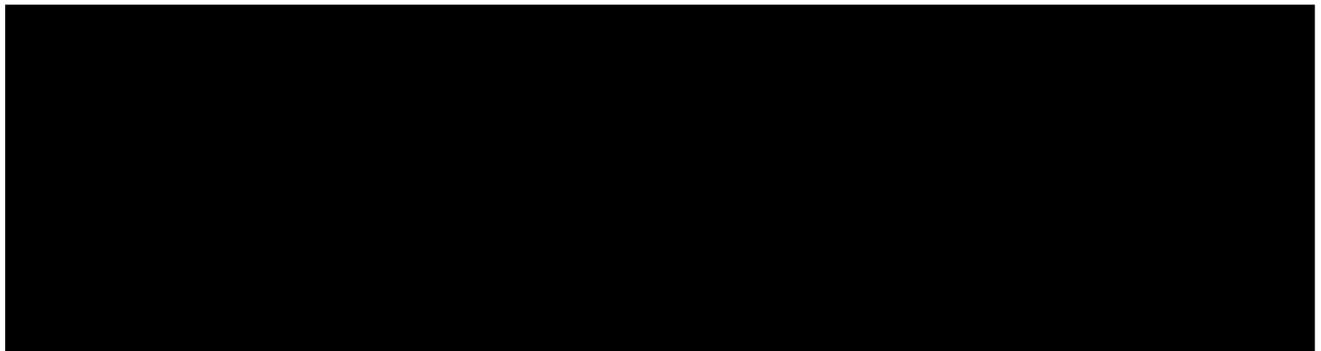
From: Rebecca Majdoch <Rebecca.Majdoch@LA.GOV>
Sent: Tuesday, June 28, 2022 7:28 PM
To: Gina Easterly <Gina.Easterly@LA.GOV>; Amanda Perry <Amanda.Perry@LA.GOV>; Victoria Alexis <Victoria.Alexis@la.gov>; Dionka Pierce <Dionka.Pierce@LA.GOV>
Subject: Fwd: URGENT: Roundup of LDH services/ programs in post-Roe landscape

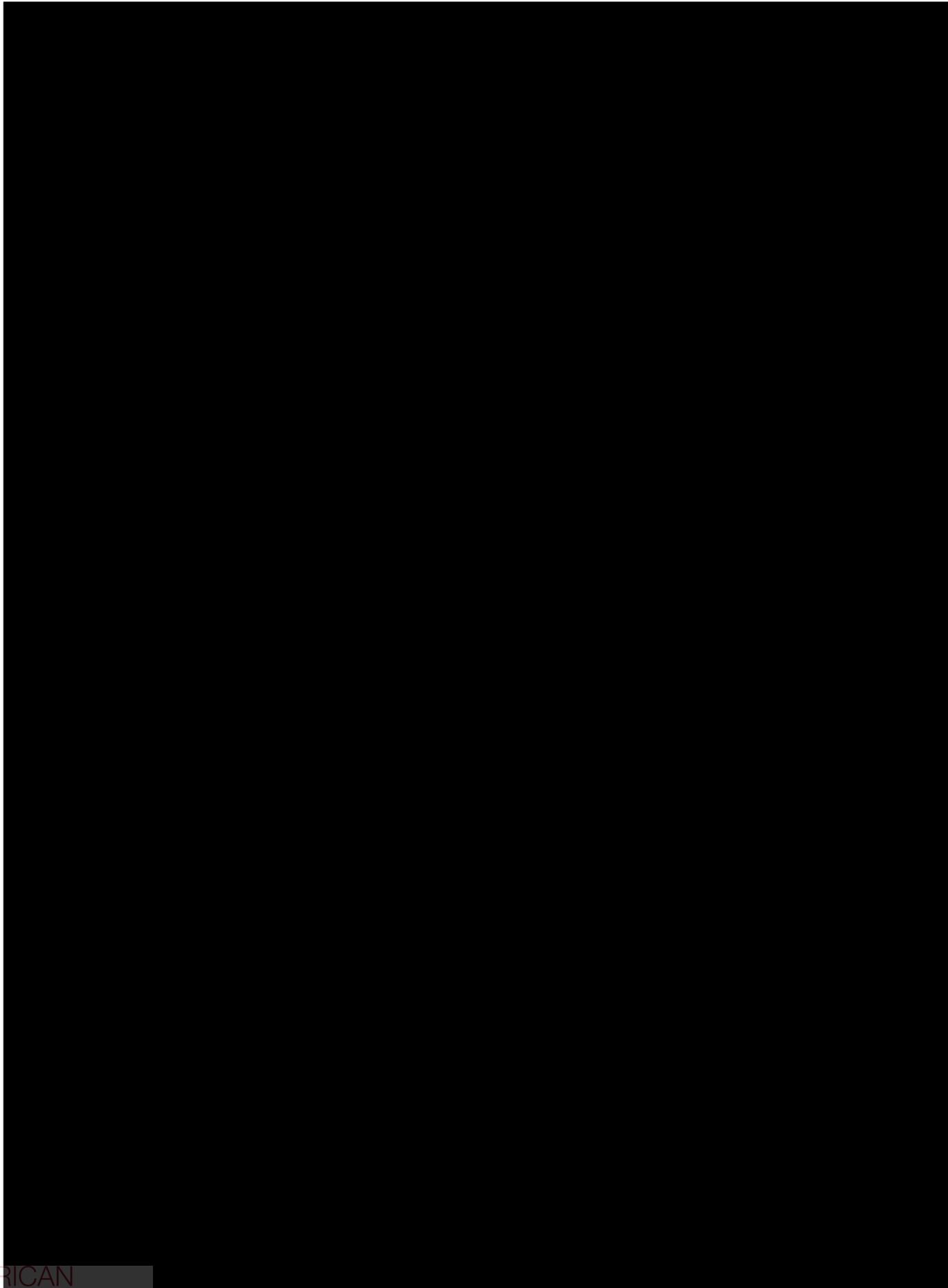
Hi all,

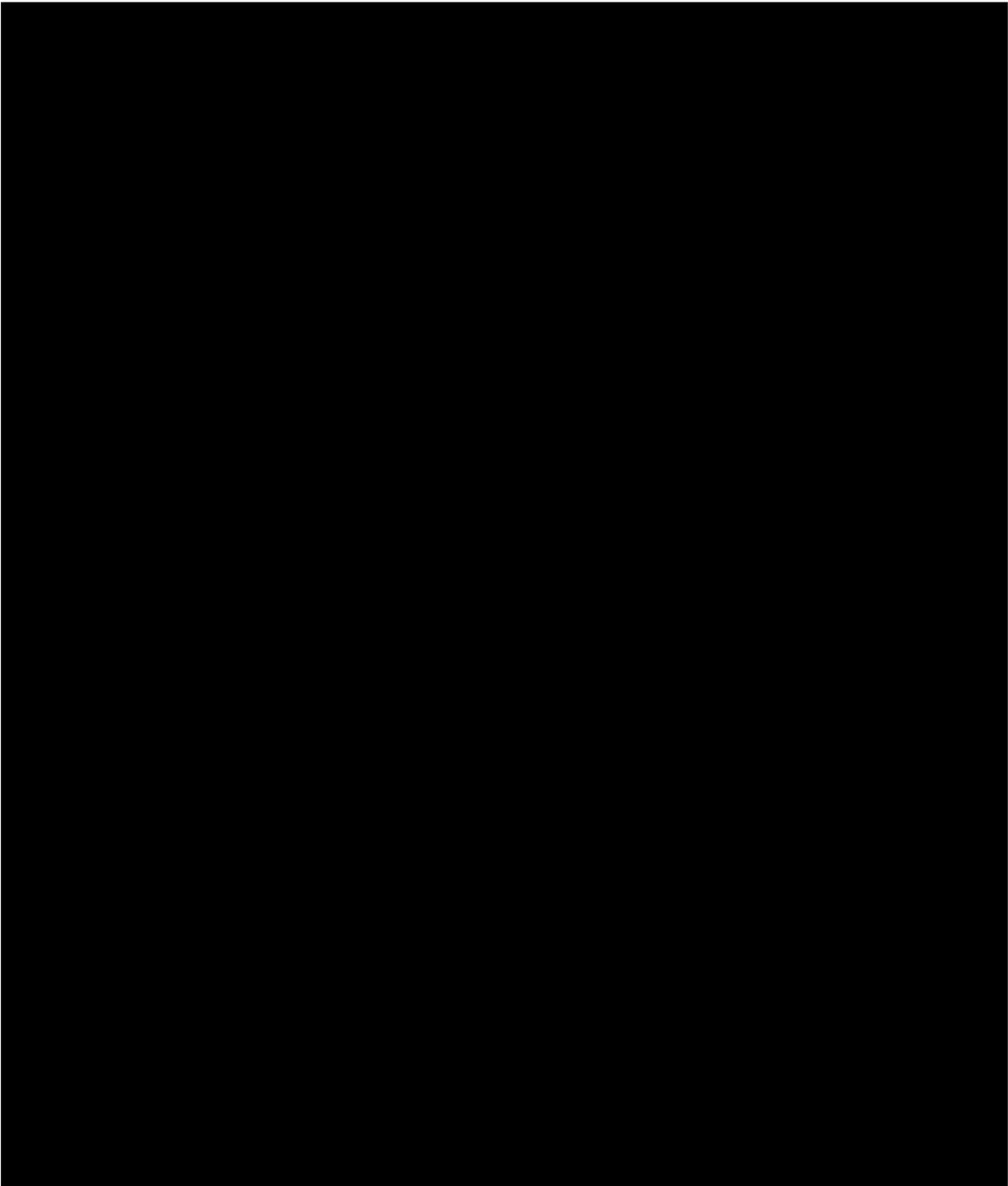
See below. I would like for us to prep an actual response beyond my quick email below. Victoria, can you help gather some info? I'll forward you an email about the meeting we had on Tuesday morning for some help. I think we need to consider the spectrum of what we provide that women and families who would have sought an abortion will now need, including newborn screening, CYSHCN resources, home visiting, mental health, etc. I still want to defer to the websites and the women's health assessment as key documents.

Becky Majdoch, MPH
Senior Advisor to the Director, Bureau of Family Health
Louisiana Department of Health - Office of Public Health

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From: Rebecca Majdoch
Sent: Thu, 30 Jun 2022 14:30:06 +0000
To: Aly Neel; Kevin Litten
Subject: RE: URGENT: Roundup of LDH services/ programs in post-Roe landscape
Attachments: Current LDH Services Post Roe_RM -BFH.docx

I'm edited the document sent yesterday. I tracked changes since I know you'll have to merge the 2 docs. Sorry – this took a bit since there were some big gaps re: some of our services and I was moving things around to make it flow better.

I didn't get a list in there for you for the topline section – need to shift to the other call now.

Becky Majdoch, M PH

Pronouns: she/her/hers

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Current LDH Services & Programs Available For Women, Adolescents & Families In The Post-Roe Landscape

- Below is a list that includes many of the LDH services and programs that are available to women and families in Louisiana. **[include tight listing here of several]**
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed **as we will see an increase in births in our state.**

Medicaid

- More than 60% of births in Louisiana are covered by Medicaid.
- Covered services include:
 - Prenatal, labor and delivery
 - 12-months postpartum coverage
 - Specialty care such as cancer and heart disease care
 - Family planning services, including contraceptives
 - Prenatal, labor and delivery, and postpartum care
 - Prescription drugs
 - Durable medical equipment including adaptive equipment for individuals with disabilities
 - Basic and specialty behavioral health care

Medicaid managed care organization programs and requirements focused on women

The MCO contracts include several strategies and requirements related to maternal care, including:

- Availability and accessibility
- Continuity of care
- Coverage for family planning services
- Preconception/inter-conception care
- Prenatal care services
- Preventative medicine evaluation and management services
- Population health and social determinants of health (nonmedical drivers of health) approaches

FY 22 Business Plan: Maternal health outcome improvements (Initiative 5)

- **Kevin will add this**

Parish Health Units

- Along with a range of family planning services, the full spectrum of contraceptives is available for free at parish health units throughout the state.

Commented [RM 1]: We usually say "at no cost" for the participants/patients/clients since legislators often call us out on the term "free" since it costs money to someone

I also moved the BFH RHP stuff here since it is in the PHUs

- The reproductive health program served over 10,500 women in 2019.
- Through this program, Office of Public Health Parish Health Units (PHU) provide sexual and reproductive health services directly to clients.

Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants.

- The reproductive health program served over 10,500 women in 2019.

Bureau of Family Health (BFH)

Reproductive Health

- In addition to the sexual and reproductive health services provided at the Parish Health Units, the Reproductive Health Program works with community clinics and federally qualified health centers to integrate quality reproductive healthcare into their primary care visits through the "Reproductive Health Integration Initiative."

Rape Prevention and Education

- Funded through the Preventive Health & Health Services Block Grant and the Violence Against Women Act.
- BFH funds the Louisiana Foundation Against Sexual Assault (LAFASA) to support six local sexual assault centers that work closely in their communities to identify needs and partnership opportunities, adapt evidence-informed and evidence-based programs, and implement sexual violence primary prevention strategies.

Louisiana Perinatal Quality Collaborative (LaPQC) initiatives

- The Louisiana Perinatal Quality collaborative is an initiative of the Bureau of Family Health and an authorized agent of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality.
- The LaPQC is a network of perinatal care providers, public health professionals, and advocates who work to improve outcomes for birthing persons, families, and newborns in Louisiana. Together, this team responds to the complex challenges birthing persons face during the perinatal period in order to improve population health and achieve equity.
- The "reducing maternal morbidity initiative" focused on improving recognition and response around hemorrhage and hypertension.
- Currently, the LaPQC has the following initiatives underway: *The Gift* breastfeeding quality designation, *Louisiana Birth Ready* hospital designation, Improving Care for the

Substance-Exposed Dyad (ICSED) Initiative, and the Caregiver Perinatal Depression Screening Pediatric Clinics Pilot.

Continuum of home-based family support and coaching services

The Maternal, Infant, Early Childhood Home Visiting program

- The Maternal, Infant, Early Childhood Home Visiting (MIECHV) program Provides provides pregnancy and parenting support to new families through two models: Nurse Family Partnership (NFP) and Parents as Teachers (PAT). Licensed mental health providers are part of each home visiting team to provide consultation to home visitors to help families navigate social, emotional, and behavioral health challenges, including perinatal depression and anxiety.
- - NFP served 3,279 families in SFY 2021, providing 36,855 home visits. PAT served 815 families in SFY 2021, providing 6,644 home visits.
- With the establishment of a Doula Registry Board (Act 182 of the 2021 Regular Session of the Louisiana Legislature)^[3], the Department is hopeful that doula support may soon become another type of support more widely available to support individuals during the sensitive pregnancy and postpartum periods.

Rape Prevention and Education

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Louisiana Mental Health Perinatal Partnership (LAMHPP)

- A statewide provider-to-provider consultation system available to all medical and mental health clinicians in the state who work with pregnant and parenting families. The purpose of LAMHPP is to support first-line management of mental health and substance use disorders, and make effective referrals to additional community resources.
- Through its work with these providers, LAMHPP reaches approximately 11,000 women annually.
- BFH also links caregivers, families, and health professionals to community behavioral health resources through the 24/7 Partners for Healthy Babies helpline (1-800-251-BABY).

Reproductive Health Louisiana Developmental Screening Initiative

This initiative, and the associated guidelines, toolkits, and consultation services, are an important complement to the Medicaid policy change related to screening for caregiver depression in pediatric practices. The initiative encompasses extensive resources for integrating evidence-based perinatal depression screening into pediatric clinical encounters.

Louisiana Developmental Screening Initiative

- This initiative, and the associated guidelines, toolkits, and consultation services, are an important complement to the Medicaid policy change related to screening for caregiver depression in pediatric practices. The initiative encompasses extensive resources for integrating evidence-based perinatal depression screening into pediatric clinical encounters.

Services for Children and Youth with Special Healthcare Needs

- The Genetic Diseases Program oversees the follow-up for all newborns who need additional diagnostics and linkage to specialty care for conditions identified during the Newborn Heel Stick Screening and for those who need follow-up after the Newborn Hearing Screening.
- Children's Special Health Services clinics provide families with children with special healthcare needs access across the state to specialty providers.

Louisiana Perinatal Quality Collaborative (LaPQC) initiatives

Two initiatives are particularly relevant to the recognition of and response to maternal mental health concerns: the current Improving Care for the Substance-Exposed Dyad (ICSED) Initiative¹, and the LaPQC pilot initiative to support integration of perinatal depression screening in pediatric practices.

- ~~• The reproductive health program served over 10,500 women in 2019.~~
- ~~• Through this program, Office of Public Health Parish Health Units (PHU) provide sexual and reproductive health services directly to clients.~~
- ~~• Services include: contraception to help people plan and space births and prevent unintended pregnancies; pregnancy testing and counseling; helping clients who want to conceive, including basic infertility services; preconception health services to improve infant and maternal outcomes and improve women's and men's health; and sexually transmitted infection (STI) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants.~~

STI/ HIV/ Hepatitis Program (SHHP)

- SHHP is engaging in several systems-level approaches to improving outcomes related to sexually transmitted diseases, HIV and Hepatitis C.
- SHHP offers testing for HIV, HCV, syphilis, and other STIs. Beyond these direct services, SHHP also offers technical assistance to improve the quality of services delivered by 45 providers across the state and funds external agencies for prevention and testing activities. SHHP provided testing services to over 35,500 women in 2019 for HIV, Hepatitis C Virus, syphilis, and other STIs, services provided include evidence-based prevention interventions, partner services, and addressing food and housing insecurities, as well as other social disparities that can adversely impact health outcomes.
- In New Orleans, SHHP utilizes Community Health Workers to provide client-centered sexual health services by screening for HIV and other STIs, making appropriate referrals

to STI testing, and linking clients to medical and/or social services. Almost 2,000 women were engaged between September 2019 and September 2021.

TelePrEP

- The Louisiana TelePrEP Program provides pre exposure prophylaxis (PrEP) access via telehealth services. PrEP counseling, education, and orientation are part of navigational services provided to all women who engage with TelePrEP and clinical services are provided by clinicians upon a client's enrollment in the program. Treatment support is also provided to individuals through the Syphilis Home Observed Treatment Program (SHOT), SHHP DirectRx, linkage to care and/or treatment program for people living with HIV or Hep C, and the SHHP Ryan White Part B Case Management and Support Services. SHHP also provides resources to improve outcomes for people living with STIs/HIV/and Hepatitis.
- The Louisiana Health Access Program (LA HAP) offers insurance premium, medical cost-share, and prescription cost-share assistance to low-income people living with HIV in Louisiana, serving approximately 1,100 women annually. LA HAP also covers medication assistance to uninsured clients.

The Black Women and PrEP (BWAP) Grass Roots Campaign

- BWAP is a grassroots social marketing campaign aimed to increase awareness among Black women of the utilization and effectiveness of pre-exposure prophylaxis (PrEP). Additionally, BWAP empowers women to take control of their sexual health by having meaningful conversations with their medical providers and sexual partners and to access the resources available through SHHP.
- Additionally, the SHHP Academic Detailing program involves identifying and training medical providers on the current evidence-based practices, based on the model of Academic Detailing. This model involves one-on-one work with clinicians to train them on the proper administration of sexual health medicine. The SHHP detailing efforts focus on PrEP, Hepatitis C, and STIs.

WIC

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, breastfeeding support and tools, and nutrition education to safeguard the health of low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants and children up to age 5 who are found to be at nutritional risk.
- [The WIC Breastfeeding Peer Counselor Program provides an essential support system for mothers to help meet their breastfeeding goals and to achieve success. Peer counselors, mothers who have participated in WIC and breastfed for at least six months, provide a valuable service to their communities by addressing the barriers to breastfeeding through offering breastfeeding education, support and role modeling. Louisiana WIC Peer Counselors have personal experience with breastfeeding and are trained to provide breastfeeding information and support to other mothers with whom](#)

they share various characteristics, such as language, race/ethnicity and socioeconomic status.

Office of Behavioral Health (OBH)

Expansion of healthcare coverage through Louisiana Medicaid

One of the most significant health policy changes made in the state to improve access to mental health services was the expanded eligibility for health insurance coverage through Medicaid in 2016. Medicaid covers services which are available for mothers in treatment of anxiety and depression, including those with co-occurring Substance Use Disorders.

Policy change related to perinatal depression screening

- In order to promote early recognition and response to perinatal depression, Medicaid and the Office of Public Health partnered to make changes in policy related to developmental screening in pediatric settings. In January 2021, the state began to cover a separate reimbursement to pediatric providers that implement certain evidence-based screenings, including one that addresses caregiver depression. (See also *Louisiana Developmental Screening Initiative* in the Department Supported System Improvement and Strengthening Initiatives section).
- In addition to the Medicaid-covered benefits listed including general inpatient and outpatient mental health treatment services and covered providers, individual MCOs at their own discretion offer added programs and incentives like specialized case management and screenings, trainings, gift card incentives, welcome kits, and partnerships with organizations such as March of Dimes and specific providers.

Behavioral health clinics

- Louisiana's Local Governing Entities (LGEs) are quasi state agencies which provide direct services locally around the state. The LGEs are currently treating adults and children with serious mental illnesses or emotional disturbances via clinics throughout the state.
- These behavioral health clinics provide a variety of services, including screening and assessment; emergency crisis care; individual evaluation and treatment; medication administration and management; clinical casework services, specialized services for children and adolescents; specialized criminal justice services; specialized services for the elderly and pharmacy services.
- Inability to pay does not affect receipt of services.

Continuum of home-based family support and coaching services

- ~~Louisiana is recognized for its long-standing investment in evidence-based family support and coaching services. The most established is the Nurse-Family Partnership (NFP) model which pairs first-time pregnant individuals with a nurse early in pregnancy through the child's second birthday.~~

- In recent years the state has also begun to offer another evidence-based model, Parents as Teachers (PAT), in certain areas of the state which pairs a parent educator with pregnant and parenting families.
- Both services are supported by mental health consultants that help ensure that the providers working with families are able to recognize and respond to potential mental health concerns, including caregiver depression.
- Both NFP and PAT are considered “intensive” voluntary supports. With the establishment of a Doula Registry Board (Act 182 of the 2021 Regular Session of the Louisiana Legislature)^[3], the Department is hopeful that doula support may soon become another type of support more widely available to support individuals during the sensitive pregnancy and postpartum periods.

Louisiana Developmental Screening Initiative

~~This initiative, and the associated guidelines, toolkits, and consultation services, are an important complement to the Medicaid policy change related to screening for caregiver depression in pediatric practices. The initiative encompasses extensive resources for integrating evidence-based perinatal depression screening into pediatric clinical encounters.~~

-

Louisiana Perinatal Quality Collaborative (LaPQC) initiatives

~~Two initiatives are particularly relevant to the recognition of and response to maternal mental health concerns: the current Improving Care for the Substance-Exposed Dyad (ICSED) Initiative¹, and the LaPQC pilot initiative to support integration of perinatal depression screening in pediatric practices.~~

Center for Evidence to Practice (CE2P)

- In order to support the expanded availability of best-practice mental health interventions, the Office of Behavioral Health has partnered with the Louisiana State University to establish a training and resource center in the state for mental health providers.
- The Center for Evidence to Practice is a collaboration between LSUHSC School of Public Health – Behavioral and Community Health Sciences Program and the Louisiana Department of Health – Office of Behavioral Health. Its mission is to support the state and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and to address challenges related to sustaining quality practice.
- The Center is a resource for both behavioral health practitioners interested in training in an evidence-based practice, or a parent looking for the right treatment for their child.

Substance Use Disorder (SUD) Toolkit

LDH developed a SUD Toolkit presentation that offers free Continuing Education credits for Louisiana providers. The toolkit emphasizes screening, assessment of comorbid conditions,

Screening, Brief Intervention, Referral to Treatment, Medication-Assisted Treatment, naloxone distribution, and resources among other topics.

Crisis System Development

LDH is in the process of expanding upon and restructuring the Medicaid service delivery system related to crisis services. OBH is working with partners in Medicaid and national experts to finalize the service design associated with a crisis system of care that is modern, innovative and coordinated. Information about this plan and the services being developed can be found at <https://ldh.la.gov/crisis>.

Office of Citizens with Developmental Disabilities (OCDD)

EarlySteps

- EarlySteps is Louisiana's Early Intervention System providing supports and services to families with children age birth to 36 months who have a medical condition associated with developmental delay or who have delays in their development.
- Services are provided to both Medicaid eligible and non-Medicaid eligible children and families who meet the entrance criteria.
- The following services are available through EarlySteps: Assistive technology devices and services; Audiology; Family Training and Home Visits; Nutrition Services; Occupational Therapy; Physical Therapy; Speech Therapy; Psychological Services; Service Coordination; Special Instruction; Vision Services; Family Support Referrals; Medical, Health, Nursing services for assessment purposes; Social Work Services; Other services available as determined through the Individualized Family Service Plan.

EPSDT – Screenings

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.
- EPSDT preventive services require that pediatric care include evidence-based screenings such as vision, hearing, lead exposure, developmental, oral health, social, behavioral, and physical health screenings, among others.

Money Follows the Person / My Place Louisiana

- This is a federal grant that Louisiana participates in that helps to keep people in the community and out of institutions.
- The demonstration collaborates with participants and support coordinators to move or "transition" participants who have spent over sixty days in an institution, nursing home, or hospital into a home and community-based living setting, such as a home or apartment.
- Participants range from children born with complex needs and stayed at least sixty days in a hospital setting to children and adults with intellectual or developmental disabilities.

OCDD Home and Community Based Waiver Services

- There are four OCDD Home and Community Based Waivers in Louisiana.
- To be eligible for these services, individuals must be determined eligible for developmental disabilities services as defined in Louisiana law.
- **The Children's Choice Waiver** offers supplemental support to children ages birth through age 20 with developmental disabilities. This waiver is designed to enhance home and community-based supports and services available to children who would otherwise require an institutional setting.
- **The New Opportunity Waiver (NOW)** offers people age 3 and older who otherwise would require an institution who need the most comprehensive services, such as all day support from a direct support professional and/or skilled nursing services.
- **The Residential Options Waiver (ROW)** offers people of all ages services designed to support them as an alternative to an institutional setting. Examples of services in the ROW and NOW include Individual and Family Support, Shared Living, Environmental Modifications / Assistive Technology, Employment Services, and Housing Services.
- **The Supports Waiver** offers individualized vocational services to people age 18 and older. Individuals who are identified as having an urgent or emergent need for waiver services receive a waiver offer; therefore, there is no waiver "waiting list" for these services.

Flexible Family Fund (FFF)

A monthly stipend to families of eligible children (from birth to age 18) with severe or profound developmental disabilities living in their home to help families meet extraordinary costs.

Individual and Family Support (IFS)

- Services provide assistance not available from any other resource that will allow people with developmental disabilities to live in their own homes or with their families in their own community.
- Examples include: respite care, equipment and supplies, communication services, specialized nutrition, and family education.

Children's Medicaid Option / TEFRA

- Louisiana's Tax Equity and Fiscal Responsibility Act (TEFRA) option is known as the Children's Medicaid Option.
- Under this program, certain children with disabilities are eligible for Medicaid state plan services, regardless of parental income.
- In order to qualify for this program, the child must have a disability within the Social Security Administration definition and meet level of care for a nursing facility, hospital, or Intermediate care facility (ICF/IID). Once eligible, children may receive all state plan Medicaid services.

From: Rebecca Majdoch

Sent: Thursday, June 30, 2022 1:04 PM EDT

To: Katy Magee <Katy.Magee@LA.GOV>; Devin George <Devin.George@LA.GOV>; Tasheka Dukes <Tasheka.Dukes@LA.GOV>; Kimberly Hood <Kimberly.Hood@la.gov>; Tonya Joiner <Tonya.Joiner@la.gov>; Aly Neel <Aly.Curro@la.gov>; Jennifer Nicklas <Jennifer.Nicklas@LA.GOV>; Amy Zapata <Amy.Zapata@LA.GOV>; Karen Stubbs <Karen.Stubbs@la.gov>; Davondra Brown <Davondra.Brown@LA.Gov>; Ayesha Umrigar <Ayesha.Umrigar@la.gov>; Tara LeBlanc <Tara.LeBlanc@LA.GOV>

CC: William Whatley <William.Whatley@LA.GOV>

Subject: Review Requested - Roe vs. Wade and Women's Services Future Needs Small Group

Attachment(s): "Anticipated needs and expansion LDH post Roe.docx"

Hello Everyone,

Please review the attached document based on our meeting this morning. If you see anything that is missing or misrepresented, please let me know (you can put comments or track changes or simply put it into an email).

Tonya – knowing the time crunch, should you simultaneously circulate this with EMT?

Thanks for all the thoughtful input today. I hope I captured it appropriately here.

-Becky

Becky Majdoch, MPH

Pronouns: she/her/hers

Senior Advisor to the Director | Bureau of Family Health

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Anticipated Needs and Additions for LDH Services, Programs, and Support for Women, Adolescents & Families in the Post-Roe Landscape

- Below is a list that includes LDH services, programs, and supports that are anticipated need additional infrastructure, funding, partnerships, and policies to support women, adolescents & families that may have considered terminating their pregnancies.
- In recent years Louisiana has made significant improvements in maternal health and early childhood outcomes; however, we are not where we need to be. Much work remains to be done.
- In light of the U.S. Supreme Court decision, we do anticipate additional supports will be needed as we will see an increase in births in our state.

New or Expanded Efforts, Services and Programs

- Increasing support for programs to grow our medical provider infrastructure in Louisiana
 - Expand the Rural Health Scholars program
 - Expand provider training, recruitment, and retention efforts with a focus on obstetric care and pediatric providers
 - Expand access to prenatal care in rural areas through the use of mobile health units – these units could also process WIC-related services
- Increase resources for unplanned pregnancy prevention
 - Provide and expand access to the full range of contraceptive options at no cost to the individual through Parish Health Units and community-based clinics in medically underserved areas
 - Support expansion of rape and sexual violence prevention activities
- Increase awareness of the mental and behavioral health resources available in Louisiana
 - Promote mental help hotlines such as the National Maternal Mental Health hotline and the 988 Suicide Prevention hotline (funding may be necessary to increase staffing levels for 988 if calls increase significantly)
 - Increase training for OBGYN and pediatric providers on perinatal depression and mood disorder screening and available resources for people who need additional support
 - Continue to provide behavioral health care to pregnant and postpartum individuals with substance use disorder that is inclusive of the infant/parent dyad and provides evidence-based supports and treatments
 - Adding collaborative care codes to Medicaid to reimburse for mental health consultations between primary care and behavioral health provider (this would have a budgetary impact)
- Expand the reach of voluntary, evidence-based home visiting for pregnant people and new families in Louisiana
 - In addition to the current models provided in Louisiana under the Maternal, Infant, and Early-Childhood Home Visiting program (Nurse-Family Partnership and Parents as Teachers), build the partnerships and related infrastructure to offer these services to all families in Louisiana and adopt new models as identified.
- Prepare for the anticipated increase in WIC participation by pregnant women, postpartum women, and infants

- WIC is 100% federally funded and can absorb an increase in participation, but would need to build staff capacity to meet the staffing requirements outlined in the federal regulations
- Leverage and expand upon existing partnerships with OBGYNs, pediatricians, hospitals, etc.
- Expand the number and location of WIC clinic sites, including FQHCs and other facilities that already provide prenatal and pediatric care
- Increase the staffing infrastructure to provide timely follow-up and care coordination for children and youth with special healthcare needs
 - Anticipating the need to increase staff and contract capacity for: Newborn Screening follow-up, Children’s Special Health Services, EarlySteps, and associated activities

Legislative and Administrative Policy Considerations

- Support policies to offer comprehensive, age- and developmentally-appropriate sexual and reproductive health education for adolescents and adults in a variety of settings
- Support policies that expand insurance coverage for services that provide home- and community-based supports to pregnant individuals and their families such as doula services and home visiting
- Support policies that are known to improve the social determinants of health for women and families such as paid family leave, minimum wage increases, pay equity, etc.
 - LDH will be coordinating with DCFS to lead a study on the potential for implementing “baby bonds” in Louisiana (HCR 94 of the 2022 Regular Legislative Session)
- Support policies that decriminalize adverse pregnancy outcomes such as miscarriage and ectopic pregnancies
- Support policies that improve access to family supports such as breastfeeding accommodations and spaces, non-gendered diaper changing stations, access to quality child care, etc.

Partnership and Collaborative Opportunities

- Work with the Governor’s Press Office to coordinate a communication campaign targeted to this audience to raise awareness of the supports and services available across state agencies (consider budgeting to build this campaign)
 - Through this, coordinate with LDOE, DCFS, Workforce Development/Labor, and others to cross-promote resources
 - Consider a campaign to promote services to prevent unplanned pregnancies as well as a campaign to link people who may have sought an abortion to available supports
- Work closely with Federally-Qualified Health Centers, Rural Health Clinics, Rural Hospitals, etc. to increase access to state services

Potential Funding Implications

- The Office of Population Affairs issued a statement to current grantees related to the impact on Dobbs v. Jackson on the Title X reproductive health program funding outlining the scope of what can and cannot be changed in the provision of Title X services in funded states