

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Burton, Chair
Senator Harrell, Vice Chair

MEETING DATE: Tuesday, January 14, 2025
TIME: 1:30—3:30 p.m.
PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Burton, Chair; Senator Harrell, Vice Chair; Senators Berman, Calatayud, Davis, Gaetz, Leek, Osgood, Passidomo, and Trumbull

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Presentations on Florida's Programs for Improving Maternal Health Outcomes – Department of Health and Agency for Health Care Administration		Presented
2	Presentation on the New Jersey Maternal and Infant Health Innovation Authority – Lisa Asare, President and Chief Executive Officer		Presented
Other Related Meeting Documents			

Florida Medicaid's Comprehensive Health Care Coverage for Pregnant Woman and Infants

Senate Health Policy Committee

January 14, 2025



What is Medicaid?

Medicaid is a federal program through which states partner with the federal government to provide health care coverage to low-income children, families, elders, and people with disabilities.

The federal government establishes basic mandatory program requirements.

States choose whether to participate.

Jointly financed: federal and state governments share the cost.

Each state develops a unique Medicaid program based on federal rules – subject to federal Centers for Medicare and Medicaid Services (CMS) approval.

Who does Florida Medicaid Serve?

Medicaid serves more than 4.3 million Floridians.

Over 2.1 Million

• Children in Florida

48.5%

• Birth deliveries in Florida (CY 2020)

61.7%

• Nursing home days in Florida

Mandatory and Optional Medicaid Groups

- The federal government requires state Medicaid programs to cover “mandatory groups” and allows for coverage of “optional groups.”
 - Mandatory groups: Categories of people that must be covered.
 - Optional groups: States may choose to cover additional federally approved groups.
- The Florida Medicaid program outlines covered groups through its Medicaid state plan and various waivers.

Mandatory Groups Required by Federal CMS

Low Income:

- Children
- Pregnant Women
- Parents
- Seniors who are Medicaid recipients

Foster Care/Former Foster Care to Age 26

SSI Recipients

Emergency Medicaid for Non-Citizens

Optional (Examples)

Medically Needy

19 and 20 Year Olds

Lawfully Residing Children During Their First 5 Years

Breast and Cervical Cancer Program Enrollees

Family Planning Waiver

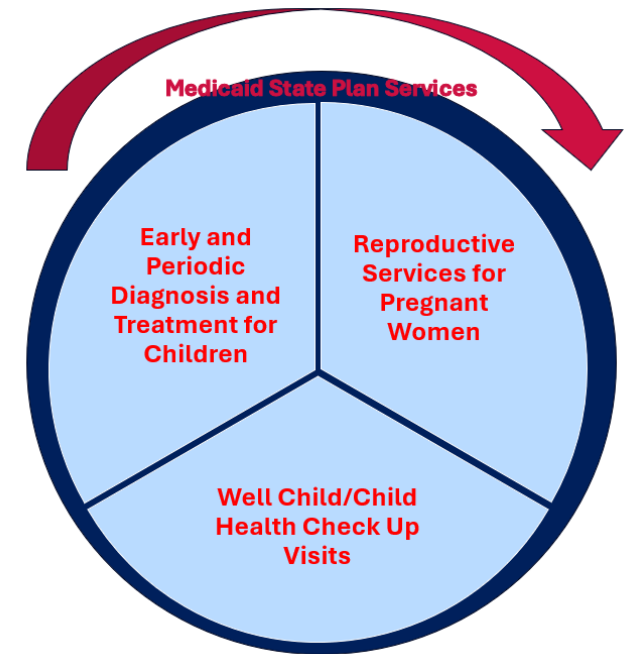
Who is Eligible to Enroll in Florida Medicaid?

- Medicaid is an entitlement program, which means that everyone who meets eligibility rules has a right to enroll in Medicaid coverage. States cannot cap their programs.
- In order to be eligible for Medicaid in Florida, a person must:



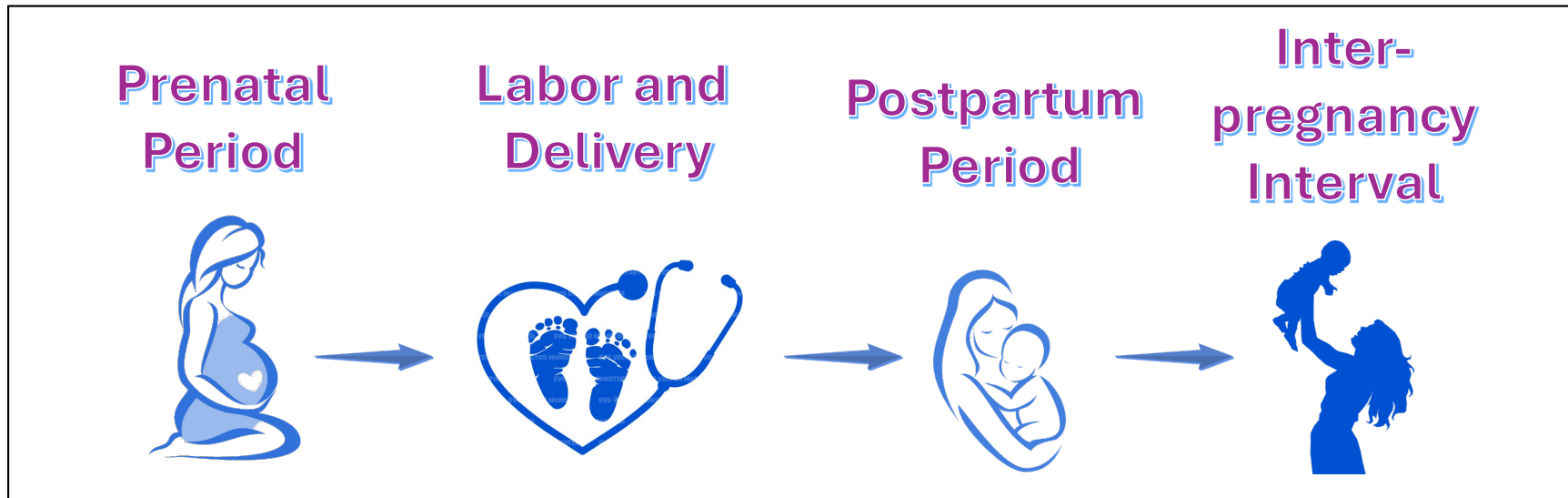
Florida Medicaid: Comprehensive Health Care Coverage for Pregnant Women and Infants

- Florida Medicaid provides comprehensive health care coverage for pregnant women and infants.
- This coverage includes **Medicaid state plan** (fee-for-service) basic health coverage:
 - **Reproductive services** provides diagnostic and therapeutic procedures including obstetrical and family planning services
 - **Well-child visits** (Child Health Check-Up Visits) include preventive and comprehensive services for eligible children born through 20 years of age and children in the Medicaid program.
 - **Early and Periodic Screening, Diagnostic and Treatment** services for children, including all services that are medically necessary to correct, prevent, or ameliorate a defect, a condition, or a physical or mental illness.



Florida Medicaid: Comprehensive Health Care Coverage for Pregnant Women and Infants.

Coverage is provided during the following phases:





Florida Medicaid During the Prenatal Period

Florida Medicaid During the Prenatal Period

Prenatal
Period

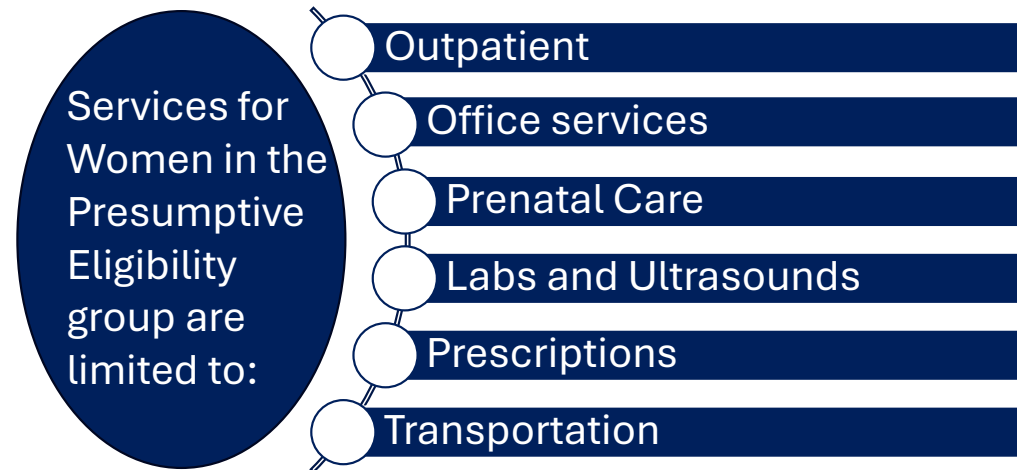


- Florida Medicaid has two main coverage groups for women in the Prenatal Period:
 - Full Eligibility for Pregnant Women
 - Presumptive Eligibility for Pregnant Women

Florida Medicaid During the Prenatal Period: Presumptive Eligibility for Pregnant Women



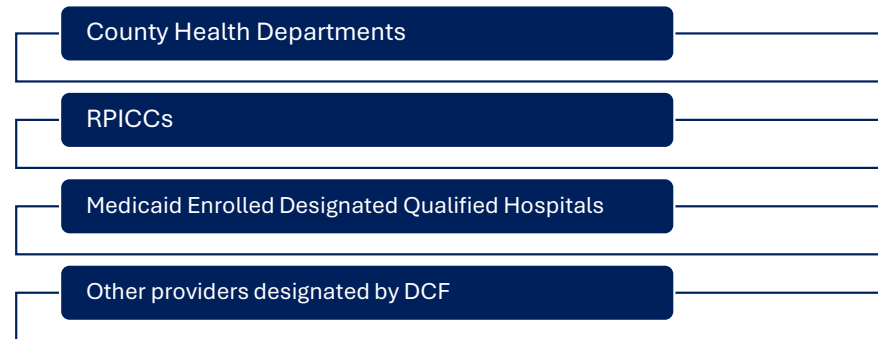
- Florida Medicaid During the Prenatal Period:
 - Presumptive eligibility for pregnant women (also known as Presumptively Eligible Pregnant Women) allows a woman to access prenatal care while Department of Children and Families eligibility staff makes a regular determination of eligibility:
 - Income limit is 185% of FPL
 - Limited Pregnancy related services



Florida Medicaid During the Prenatal Period: Presumptive Eligibility for Pregnant Women



- Florida Medicaid During the Prenatal Period:
 - Determinations of eligibility for Presumptively Eligible Pregnant Women (PEPW) coverage are made by Qualified Designated Providers (QDPs, designated by DCF). QDPs include:



- Eligibility lasts for 60 days, or until determined eligible for full Medicaid.

Fact: During FY 2023-2024, there were 4,785 women enrolled in this Florida Medicaid Eligibility group.

Florida Medicaid During the Prenatal Period: Full Eligibility for Pregnant Women



- Florida Medicaid During the Prenatal Period:
 - Full Eligibility for Pregnant Women
 - Coverage group that is mandatory Medicaid groups for all state Medicaid programs.
 - Provides full Medicaid state plan benefits to qualifying pregnant women.
 - Income limit = 185% FPL.
 - FPL is based on family size, from \$3,152 per month (\$37,824 per year) for a family of two (mother and unborn baby) to \$6,469 for a family of 6 (\$77,628 per year), for example.

Fact: During FY 2023/2024, there were 162,663 women enrolled in this Florida Medicaid Eligibility group

Florida Medicaid During the Prenatal Period: Full Eligibility for Pregnant Women



- Full Medicaid During the Prenatal Period:
 - State plan (or fee-for-service) services include (but are not limited to):
 - Preventive, and acute care services
 - Pharmacy
 - Therapies
 - Behavioral Health
 - Inpatient and Outpatient Services
 - Reproductive services providing diagnostic and therapeutic procedures, including obstetrical and family planning services

Florida Medicaid During the Prenatal Period: Full Eligibility for Pregnant Women



- Full Medicaid During the Prenatal Period:
 - State plan (or fee-for-service) reproductive services include (but are not limited to):
 - One prenatal visit that includes a Healthy Start prenatal risk screening
 - Up to ten visits, per recipient, for prenatal care
 - Up to four additional prenatal visits, per recipient experiencing a high-risk pregnancy
 - One neonatology consultation per specialty referral

Florida Medicaid During the Prenatal Period: SMMC Highlights



Medicaid recipients who receive their health care through the Statewide Medicaid Managed Care (SMMC) program, receive additional benefits:

- SMMC plans offer expanded benefits, which are services that are offered in addition to those available through the Medicaid program. Plans can:
 - Exceed the limits stated in Medicaid policy for certain services; or
 - Offer additional services not covered under the Medicaid State Plan

Current Contract Plan Expanded Benefits	SMMC 3.0 Contract Plan Expanded Benefits
Doula services (birth coach who helps pregnant women)	Doula services
Prenatal services	Prenatal services – may include benefits such as increased number of visits, hospital grade breast pumps, etc.
	Virtual Pregnancy Support

Florida Medicaid During the Prenatal Period: SMMC Highlights



- Florida SMMC Health Plans also:
 - Provide home visits by a nurse or aide, counseling and educational materials for pregnant and postpartum enrollees who are not in compliance with the plan's maternal programs.
 - Collaborate with local Healthy Start Coalitions to provide risk-appropriate care to promote early prenatal care and decrease infant mortality and low birth weight.
 - Provide nutritional assessments and counseling to all pregnant and postpartum enrollees and their children.
 - Promote breast-feeding and the use of breast milk substitutes to ensure safe and adequate nutrition for infants.

Florida Medicaid During the Prenatal Period: SMMC Highlights



- Medicaid recipients who receive their health care through the SMMC program are guaranteed continuity of care (COC) during and after their pregnancy:

Current SMMC Contract

- COC is extended beyond the 60-day COC period to allow the pregnant enrollee to continue prenatal and postpartum care with the enrollee's current provider.

SMMC 3.0 Contract

- COC is extended beyond the 90-day COC period to allow pregnant enrollees to continue prenatal and postpartum care with the enrollee's current provider.

Florida Medicaid During the Prenatal Period: Quality and Performance Metrics



- Florida Medicaid focuses on improving Quality and Performance through its SMMC program with a core focus on metrics relating to pregnancy and maternal health outcomes.
- Measurement tools with this focus include:
 - Healthcare Effectiveness Data and Information Set (HEDIS)
 - Supplemental Funding Program Quality Measures
 - Performance Improvement Projects (PIPs)
 - Additional Agency-Run Quality Measures

Florida Medicaid During the Prenatal Period: Quality and Performance Metrics



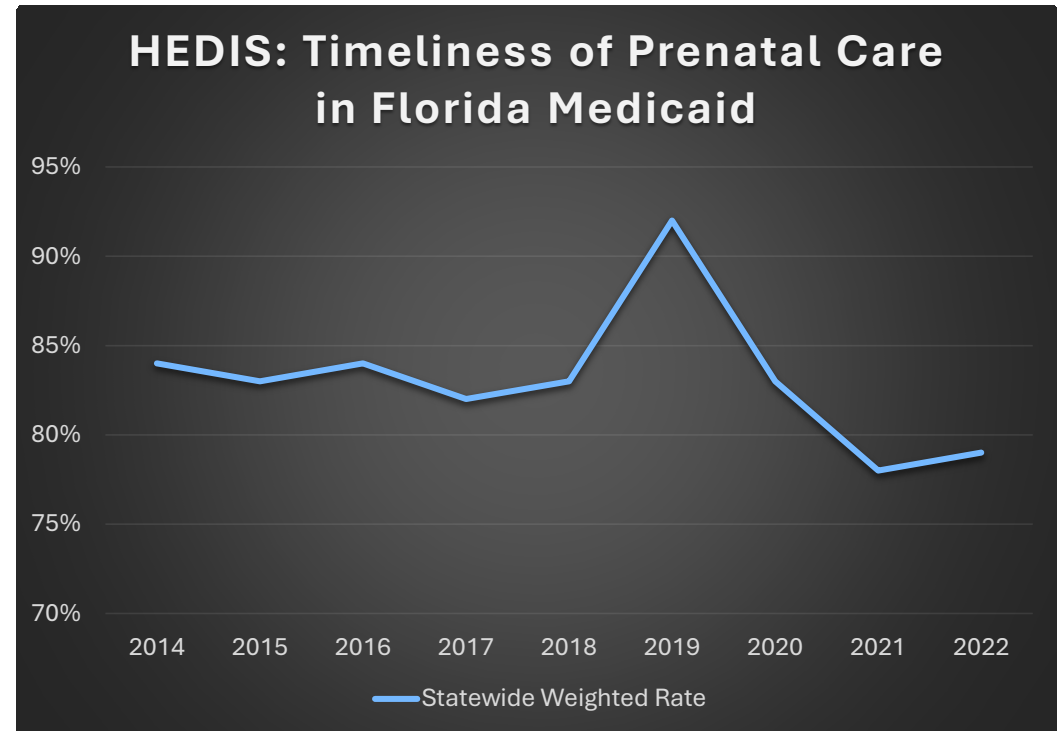
Florida Medicaid Prenatal Period Quality Measures		
	Current Contract	SMMC 3.0 Contract
HEDIS Performance Measures	<ul style="list-style-type: none"> Timeliness of Prenatal Care 	<ul style="list-style-type: none"> Timeliness of Prenatal Care Prenatal Depression Screening and Follow-Up (PND-E) Prenatal Immunization Status (PRS-E)
Supplemental Funding Program Measures	<ul style="list-style-type: none"> MMA Physician Incentive Program (MPIP): Timeliness of Prenatal Care 	<ul style="list-style-type: none"> MPIP: Timeliness of Prenatal Care

Florida Medicaid During the Prenatal Period: Quality and Performance Metrics



- **Timeliness of Prenatal Care:** The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

The National Committee for Quality Assurance (NCQA) significantly changed the specifications for this measure starting with calendar year 2019 reporting. The specs changed from requiring that the prenatal care visit occur while the member was enrolled in the plan to allowing a prenatal care visit to count for the measure even if that visit occurred prior to the member's enrollment in the plan.





Florida Medicaid During Labor & Delivery

Florida Medicaid During Labor and Delivery



- Florida Medicaid has two main coverage groups for women for labor and delivery:
 - Full Eligibility for Pregnant Women
 - Emergency Medicaid for Non-Citizens, which is federally required

Florida Medicaid During Labor and Delivery: Full Medicaid Coverage



- Full Eligibility for Pregnant Women
 - Coverage group that is a mandatory Medicaid group for all state Medicaid programs that provide full Medicaid state plan benefits to qualifying pregnant women.
 - State plan (or fee-for-service) services include (but are not limited to):
 - Preventive and acute care services
 - Pharmacy
 - Therapies
 - Behavioral Health
 - Inpatient and Outpatient Services
 - Reproductive services providing diagnostic and therapeutic procedures including obstetrical and family planning services

Florida Medicaid During Labor and Delivery: Emergency Medicaid for Non-Citizens Coverage



- Emergency Medicaid for Non-Citizens, which is federally required
 - Non-citizens, who are Medicaid eligible except for their citizenship status, may be eligible for Medicaid to cover a serious medical emergency. This includes the emergency labor and delivery of a child
 - In the case of labor and delivery, there is no postpartum coverage.
 - Medicaid can be approved only for the date(s) of the emergency.
 - Non-citizens in the United States for a temporary reason, such as tourists or those traveling for business or pleasure, are not eligible for EMA, or any other Medicaid benefits.

During FY 2023-2024, this federal requirement mandated that Florida Medicaid reimburse for the cost of labor and delivery for 6,559 births for women eligible under the Emergency Medicaid for Non-Citizen program

Florida Medicaid During Labor and Delivery: Focused Payments under the DRG System



- Florida Medicaid During Labor and Delivery
 - Reimbursement is through the Diagnosis Related Grouping (DRG) methodology.
 - DRG payment methodologies pay different amounts for services based on the resources required for each inpatient stay per Medicaid recipient.
 - Each service has a “base rate,” which acts as the starting point for each claim for a service. The methodology then applies modifiers to the base rate based on the type of facility performing the service (e.g., Neonates Service Adjustor Severity Level, Normal Newborn DRGs, Obstetrics DRGs, Marginal Cost Percentage for Neonates).

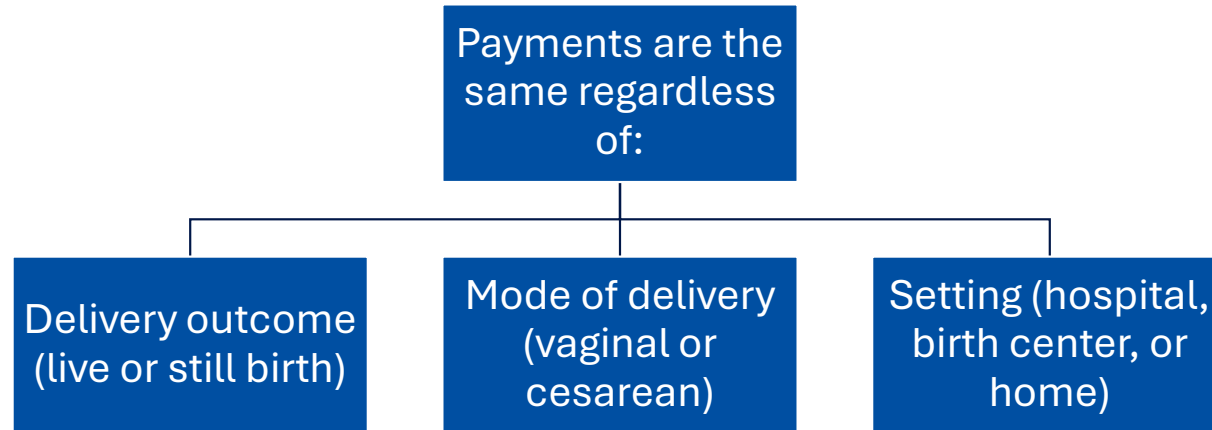
Fact: During FY 2023/2024, Florida Medicaid reimbursed for 29,666 cesarean sections

Fact: During FY 2023/2024, Florida Medicaid reimbursed for 66,380 vaginal births

Florida Medicaid During Labor and Delivery: Maternity Kick Payments



- Florida Medicaid During Labor and Delivery
 - SMMC Health Plans are eligible to receive a one-time fixed Maternity Kick Payment for each obstetrical delivery for enrollees who are not also eligible for Medicare or other third-party coverage.



Fact: During FY 2023/2024, Florida Medicaid made 73,129 Kick payments to health plans for Labor and Delivery

Florida Medicaid During Labor and Delivery: SMMC Highlights



- SMMC plans offer expanded benefits which are services that are offered in addition to those available through the Medicaid program. Plans can:
 - Exceed the limits stated in Medicaid policy for certain services; or
 - Offer additional services not covered under the Medicaid State Plan

Current Plan Expanded Benefits	New Plan Expanded Benefits
Doula services (birth coach who helps pregnant women)	Doula services
Prenatal services	Prenatal services – may include benefits such as hospital grade breast pumps, etc.
	Mother and Baby Item Benefit – may include benefits such as portable crib, monitors, car seat, etc.
	Nursing Mothers Support Items
	Virtual Pregnancy Support

Florida Medicaid During Labor and Delivery: SMMC Highlights



- Each SMMC Health Plan has:
 - Healthy Behaviors programs to encourage and reward healthy maternal behaviors.
 - Rewards are provided when specific interventions within each program are completed.
 - Examples of specific interventions include:
 - Completing prenatal and postpartum visits
 - Having a dental cleaning and exam during pregnancy
 - Enrolling in their SMMC plan's maternal program(s)

Florida Medicaid During Labor and Delivery: Quality and Performance Metrics



Florida Medicaid Labor and Delivery Period Quality Measures		
	Current SMMC Contract	SMMC 3.0 Contract
HEDIS Performance Measures		<ul style="list-style-type: none"> Pregnancies Conceived within 18 months of a Previous Birth
Supplemental Funding Program	<ul style="list-style-type: none"> Hospital Directed Payment Program (HDPP): Overall C-Section Rate Measure MPIP: Florida Medicaid Cesarean Section Rate 	<ul style="list-style-type: none"> HDPP: Overall C-Section Rate Measure MPIP: Florida Medicaid Cesarean Section Rate
PIP	<ul style="list-style-type: none"> Birth Outcomes 	<ul style="list-style-type: none"> Birth Outcomes and Maternal Care
Additional Agency Measures		<ul style="list-style-type: none"> Live Births Weighing Less than 2,500 Grams (LBW-CH) Low-Risk Cesarean Delivery (LRCD-CH) Primary Cesarean Section (C-Section) Preterm Delivery Neonatal Abstinence Syndrome (NAS)

Florida Medicaid During Labor and Delivery: Quality and Performance Metrics

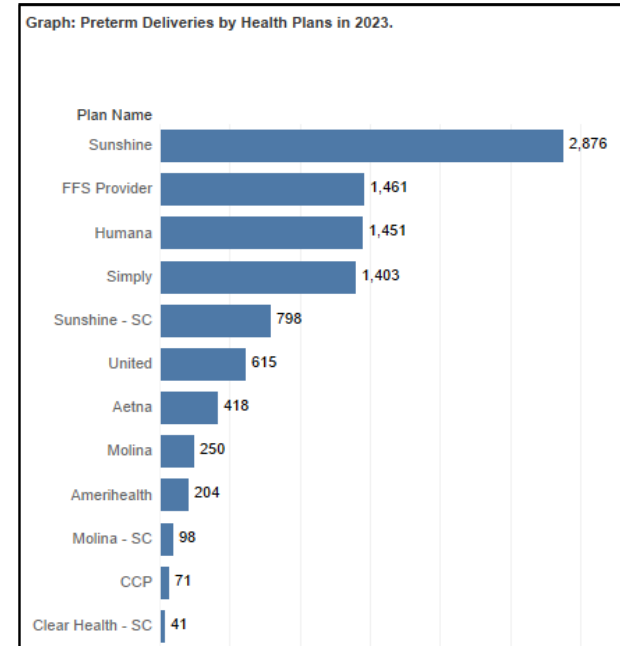
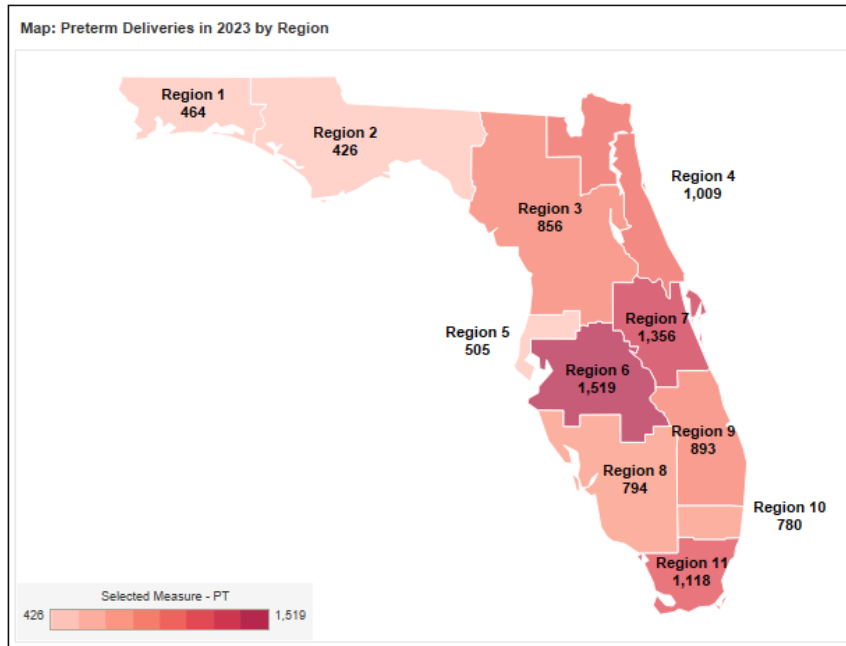


- **Overall C-Section Rate Measure:**
This metric identifies the C-Section rate by hospital provider for Medicaid eligible recipients who had a delivery within the calendar year.
- For hospital providers to receive the HDPP funding, the region as a whole must not exceed the target specified for their region.

Region	Baseline	FFY 2022-23 Target	Met/Not Met
1	33.00%	32.40%	Not Met
2	32.60%	32.00%	Met
3	33.70%	33.10%	Met
4	32.70%	32.10%	Met
5	33.40%	32.80%	Met
6	32.60%	32.00%	Met
7	33.50%	32.90%	Met
8	33.60%	33.00%	Met
9	40.20%	39.60%	Met
10	42.80%	42.20%	Met
11	50.00%	49.40%	Met

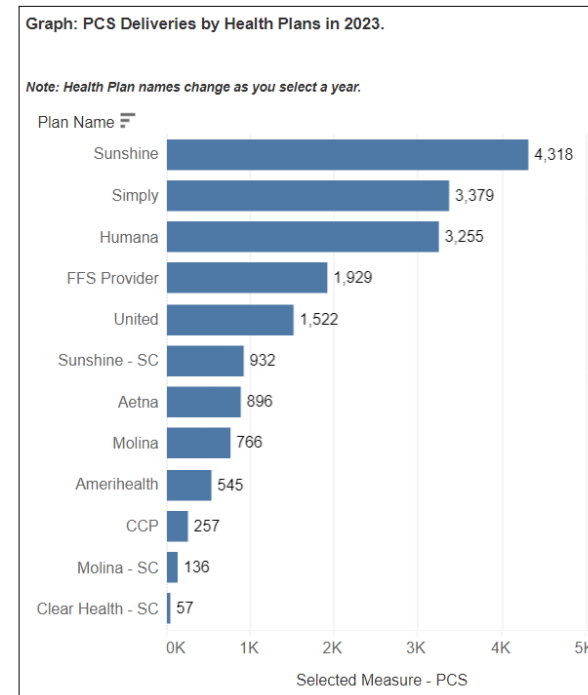
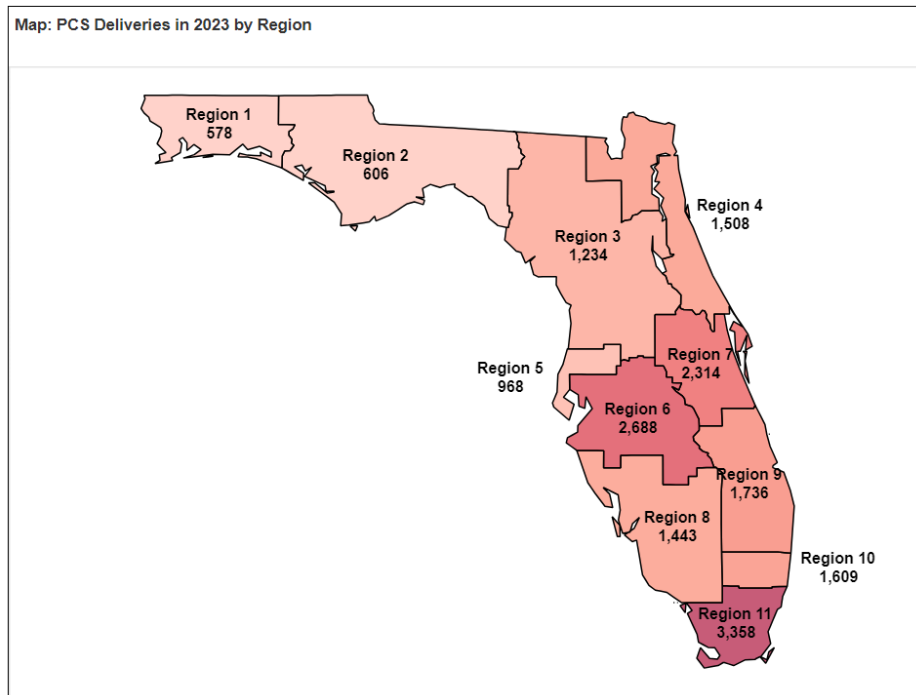
Florida Medicaid During Labor and Delivery: Quality and Performance Metrics

- Pre-Term Deliveries in Florida Medicaid, CY 2023
 - The Preterm Delivery Rate is a critical indicator used to track the number of preterm births in the Medicaid Population. Preterm birth is defined as a delivery that occurs before 37 weeks of gestation. There were a total of 100,342 Medicaid deliveries in 2023. The figures below show the numbers of preterm deliveries by region and health plan.



Florida Medicaid During Labor and Delivery: Quality and Performance Metrics

- Primary Cesarean Sections (C-Sections) in Florida Medicaid, CY 2023
 - The primary C-Section Rate measures the rate of primary (first-time) C-sections among Medicaid enrollees. There were a total of 100,342 Medicaid deliveries in 2023. The figures below show the number of primary C-sections by region and health plan.





Florida Medicaid During The Postpartum Period



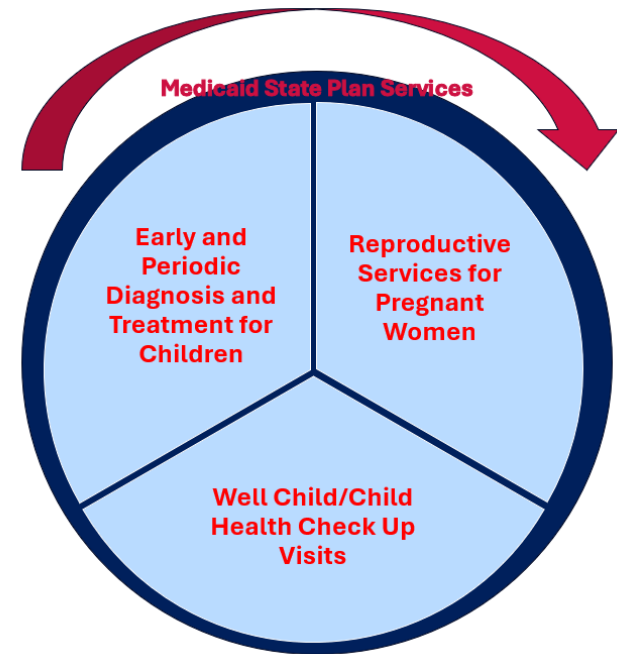
Florida Medicaid During the Postpartum Period: Postpartum Coverage for Women

- Florida Medicaid has one main coverage group for women in the Postpartum Period:
 - Full Eligibility for Pregnant Women
- Florida Medicaid During the Postpartum period
 - Florida Medicaid provides 12-months of full benefit postpartum coverage.
 - Women who give birth while enrolled in Florida's CHIP program also have 12 months of postpartum coverage through that program

Florida Medicaid During the Postpartum Period: Presumptive Eligibility for Newborns



- Florida Medicaid During the Postpartum period
- Presumptively Eligible Newborn (PEN):
 - If the mother is eligible for Medicaid when the child is born, the newborn is automatically eligible for Medicaid for 1 year.
 - No income limit
 - Eligible for full Medicaid State Plan Services, including EPSDT and Well Child/Child Health Check Up services





Florida Medicaid During the Postpartum Period: SMMC Highlights

- Each SMMC Health Plan has Healthy Behaviors programs to encourage and reward healthy postpartum behaviors such as completing visits between 7-84 days post delivery.
- Newborns are enrolled in the Managed Care Plan of the mother unless the mother chooses another plan, or the newborn does not meet the enrollment criteria of the mother's plan



Florida Medicaid During the Postpartum Period: SMMC Highlights



- SMMC plans offer expanded benefits which are services that are offered in addition to those available through the Medicaid program. Plans can:
 - Exceed the limits stated in Medicaid policy for certain services; or
 - Offer additional services not covered under the Medicaid State Plan

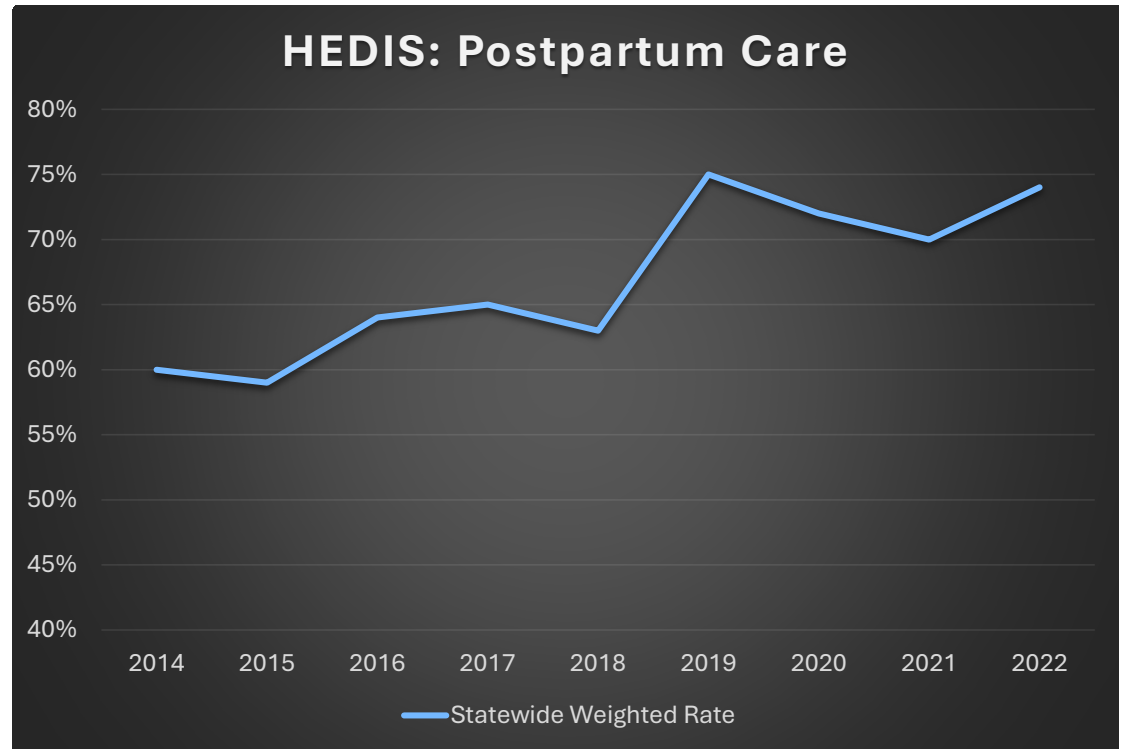
Current Plan Expanded Benefits	New Plan Expanded Benefits
Prenatal services	Benefits such as increased number of postpartum visits, hospital grade breast pumps, etc.
	Mother and Baby Item Benefit – may include benefits such as portable crib, monitors, car seat, etc.
	Nursing Mothers Support Items
	Lactation Support



Florida Medicaid During the Postpartum Period: Quality and Performance Metrics

Postpartum Care: The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.

The National Committee for Quality Assurance (NCQA) expanded the timeframe for postpartum care to between 7 and 84 days after delivery. Previously, the requirement was that postpartum visits occurred between 21 and 56 days after delivery. Additionally, NCQA now allows telehealth visits to count toward this measure. A longer timeframe for postpartum visits partially accounts for the significant increase in the rate for the measure.

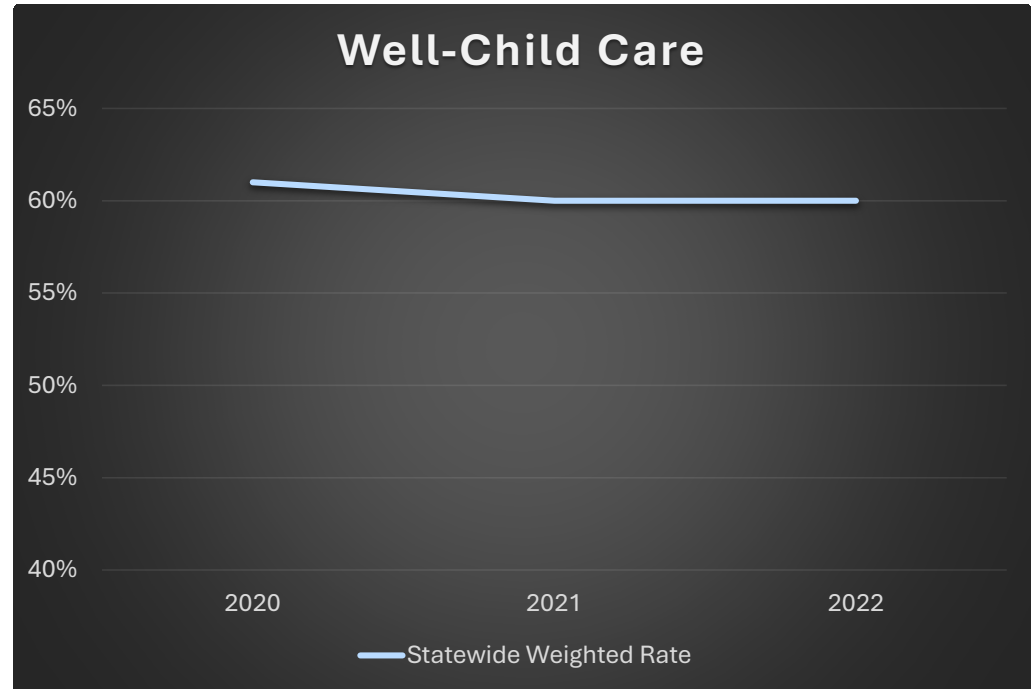


Florida Medicaid During the Postpartum Period: Quality and Performance Metrics



Well-Child Care: Well-child visits in the first 15 months of life

Only three years are presented as the measures changed significantly starting with CY 2020 and cannot be compared to earlier years.





Florida Medicaid During the Postpartum Period: Quality and Performance Metrics

Florida Medicaid Postpartum Period Quality Measures		
	Current SMMC Contract	SMMC 3.0 Contract
HEDIS Measures	<ul style="list-style-type: none"> Postpartum Care (PPC) 	<ul style="list-style-type: none"> Postpartum Care (PPC) Postpartum Depression Screening and Follow-Up (PDS-E)
Supplemental Funding Program	<ul style="list-style-type: none"> MPIP: Postpartum Care 	<ul style="list-style-type: none"> MPIP: Postpartum Care



Florida Medicaid During The Interpregnancy Interval

Florida Medicaid During the Interpregnancy Interval

Interpregnancy
Interval



- Florida Medicaid During the Interpregnancy Interval:
 - Family Planning Waiver

Florida Medicaid During the Interpregnancy Interval: Family Planning Waiver



- Florida Medicaid During the Interpregnancy Interval
 - Family Planning Waiver: For women losing Florida Medicaid State Plan eligibility (full Medicaid for pregnant women) who are not otherwise eligible for Medicaid
 - The waiver allows a woman to access Family Planning services without full Medicaid eligibility.
 - Income limit is 185% of FPL
 - Limited Family Planning related services



Fact: During FY 2023/2024, there were 288,862 women enrolled in this Florida Medicaid Eligibility group

New!: SMMC 3.0 Quality Incentive Continuum:

Layered Approach to Drive Continued Improvement Managed Medical Assistance and Dental Programs

The improved Quality Strategy is designed to enhance the quality of care provided to Medicaid recipients by providing a continual and increasing incentive, with corresponding penalties, for the Managed Care Plans and Dental Plans to achieve and maintain high performance in key health and dental measures.

The new structure utilizes a layered approach, where with each incremental increase or decrease in performance, the plan is either rewarded or penalized. This structure eliminates the incentive “cliff” or “gap” that existed in prior contracts where once a certain level of performance was achieved, the return on further investment diminished.

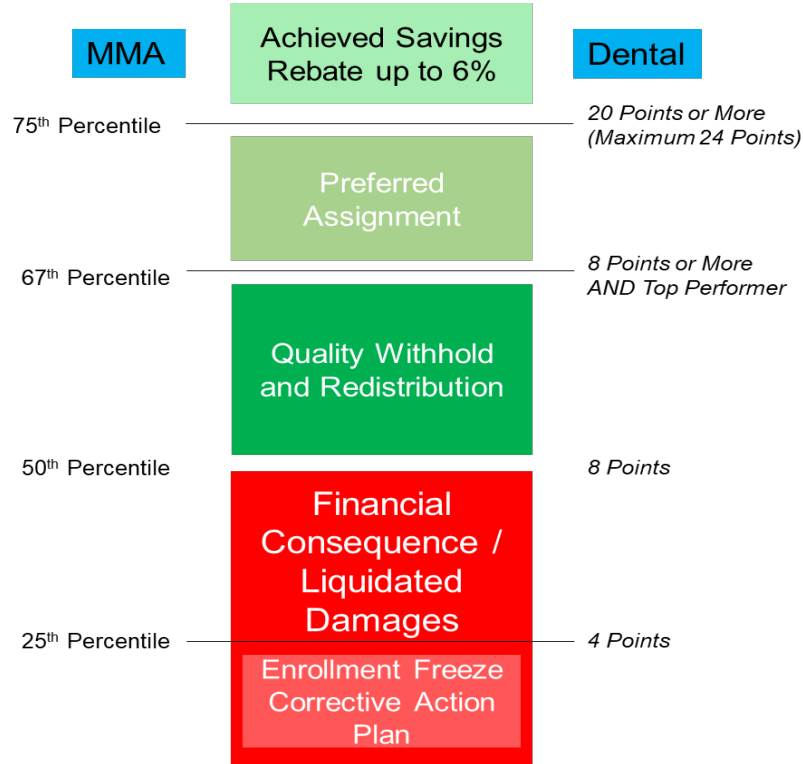
This approach aims to promote healthier outcomes for recipients, ensure cost efficiency, and drive continuous improvement in health care and delivery.

SMMC 3.0 Quality Incentive Continuum: Prenatal and Postpartum Care

Using the Quality Continuum Layered Approach to Drive Continued Improvements in Maternal Health

- Enhancing the quality of care provided to eligible pregnant women and infants by incentivizing Managed Care Plans to achieve and maintain high performance in key health measures:
 - Timeliness of Prenatal Care (PPC-Pre)
 - Postpartum Care (PPC-Post)
- Approach promotes healthier outcomes for pregnant recipients and infants, ensures cost efficiency, and drives continuous improvement in health care and delivery.

Quality Continuum Points Scale



Quality Continuum Reward:

- If the Managed Care Plan's Total Quality Points equals or exceeds an average of two (2) points per reportable performance measure, then the Managed Care Plan shall earn its full two percent (2%) withhold.
- As part of the Achieved Savings Rebate (ASR) process, a Managed Care Plan that exceeds Agency-defined quality measures in the reporting period may retain an additional one percent (1%) of revenue.

Fiscal Year 2024-25 Medicaid Program Goal: Maternal Health

Overall Description

- The Agency has further emphasized the importance of maternal health and is working to launch new initiatives that include:
 - Improve delivery of care and outcomes for perinatal women and infants
 - Workgroup focused on initiative for two sub-goals:
 - Increase the percentage of women compliant with timeliness of prenatal care (HEDIS).
 - Increase the percentage of women with postpartum care follow-up (HEDIS).
 - Establish a Maternal Health Incentive Program

Stakeholder engagement

- Collaborate with the SMMC Health Plans and sister agencies, and other stakeholders

THANK YOU



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FLORIDA AGENCY OF HEALTH
CARE ADMINISTRATION



FLORIDA AGENCY OF HEALTH
CARE ADMINISTRATION

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

Maternal Health

Bill Number or Topic

January 14, 2025

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

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Tallahassee FL 32308

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

AGENCY

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

Florida Department of Health

Maternal and Child Health Programs and Initiatives

Shay Holloway, BSN, MBA

Division Director

Community Health Promotion



Florida
HEALTH

January 14, 2025

Maternal Child Health Data Overview

- Data sources presented are directly from maternal and child health programs supported and/or implemented by the Department of Health (Department).
- Or from the Florida Community Health Assessment Resource Tool Set (FLCHARTS). A dedicated health data resource with over 5,000 health indicators, dashboards, community maps, and query systems for the states disease and vital statistics data.
- For more data and information, please go to FLHealthCHARTS.gov.

Maternal Child Health Data Overview

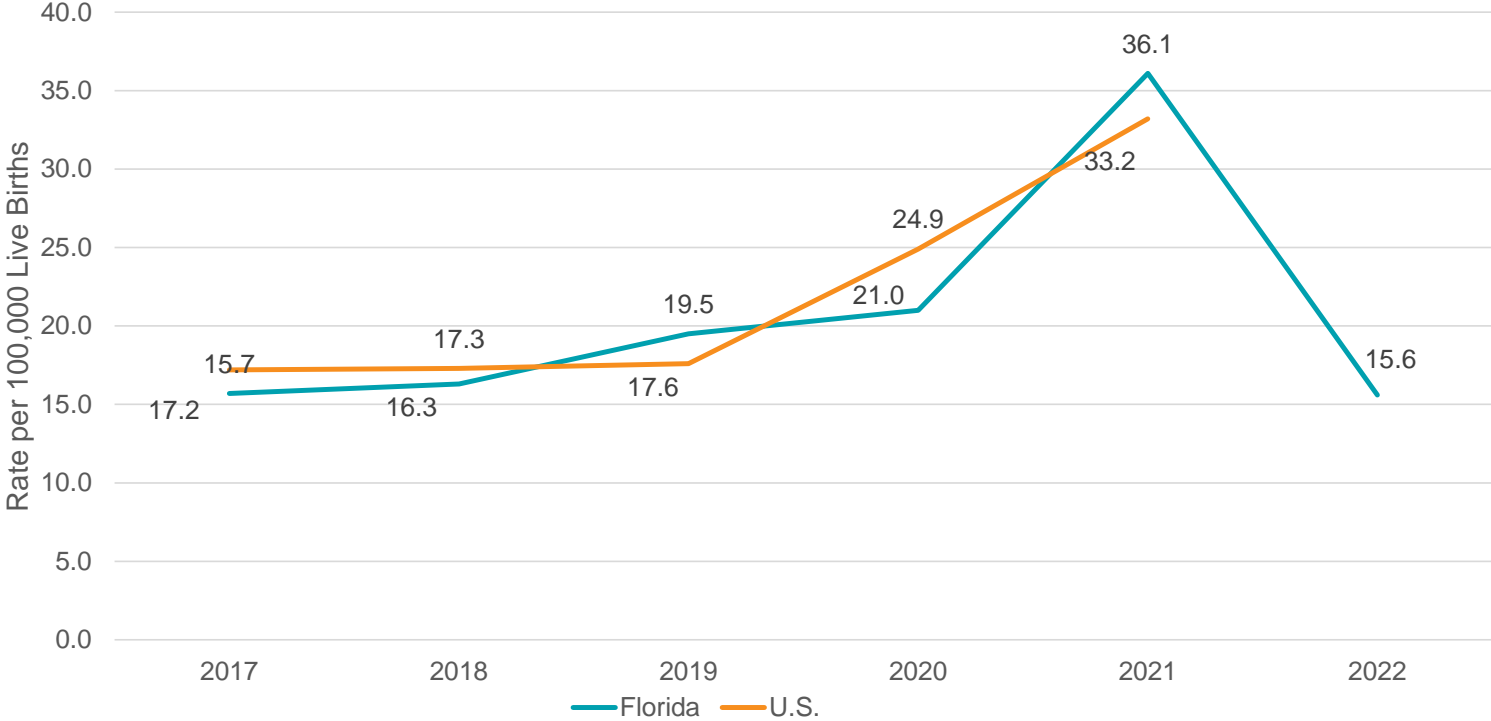
Maternal & Child Health Overview, Florida

Indicator	Year(s)	Measure Type	Florida
Infants (Under 1)			
Resident Live Births	2023	Per 1,000 population	9.8
Very Low Birthweight (VLBW) Infants Born in Subspecialty Perinatal Centers	2021-23	Percent of VLBW births	83.1
Multiple Births	2021-23	Percent of births	4
Preterm With Low Birth Weight	2021-23	Percent	6.2
Live Births Under 1500 Grams (Very Low Birth Weight)	2021-23	Percent of births	1.6
Live Births Under 2500 Grams (Low Birth Weight)	2021-23	Percent of births	9.1
Preterm Births (<37 Weeks Gestation)	2021-23	Percent of births	14.3
Hospitalizations From or With Asthma as Any Listed Diagnosis (Aged Under 1 Year)	2021-23	Per 100,000 population under 1	278.6
Hospitalizations From All Non-Fatal Unintentional Injuries (Aged Under 1 Year)	2021-23	Per 100,000 population < 1	195.2
Emergency Department Visits From Non-Fatal Unintentional Falls (Aged Under 1 Year)	2021-23	Per 100,000 population < 1	4198.6
Hospitalizations From Non-Fatal Traumatic Brain Injuries (Aged Under 1 Year)	2021-23	Per 100,000 population < 1	155.3
Birth Family Characteristics			
Births (Aged 15-19 Years)	2021-23	Per 1,000 females 15-19	13.2
Repeat Births to Mothers (Aged 15-19 Years)	2021-23	Percent of births 15-19	12.9
Births by Mothers Age, Aged 36 and Older	2021-23	Per 1,000 females > 35	5.5

Maternal Child Health Data Overview

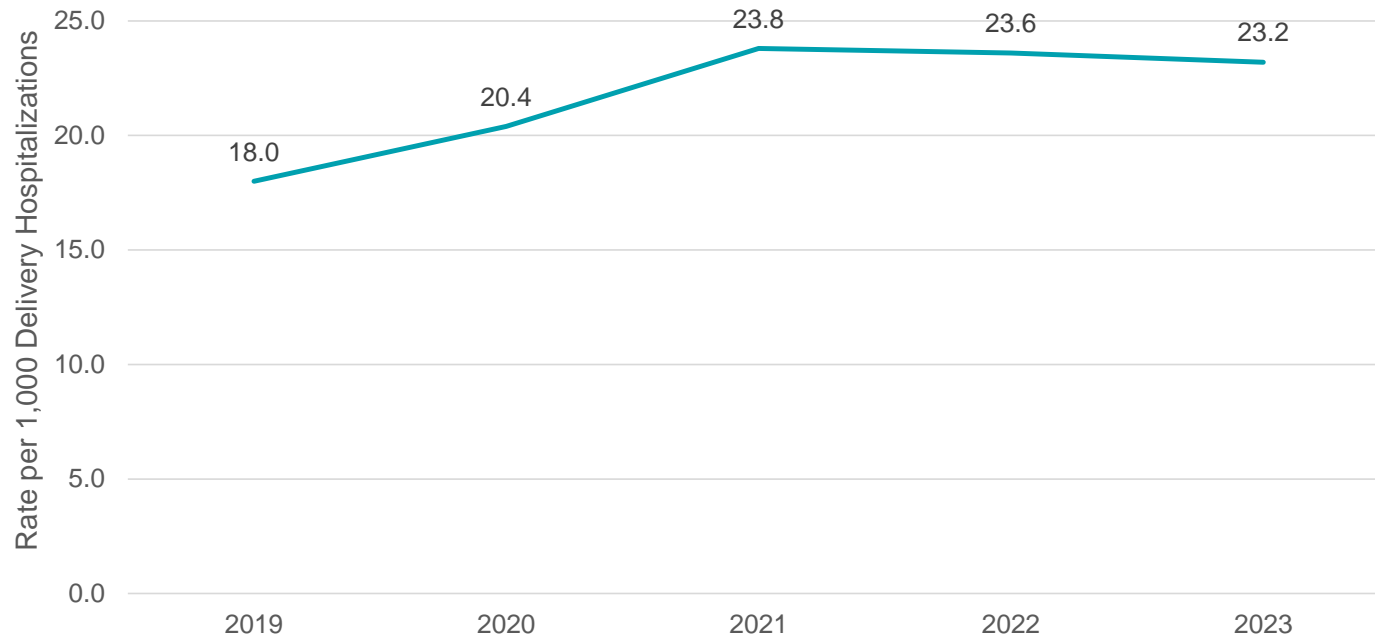
Maternal & Child Health, Florida			
Indicator	Year(s)	Measure Type	Florida
Pregnancy and Mother's Health Behaviors			
Resident Live Births to Mothers Who Smoked During Pregnancy	2021-23	Percent of births	2.3
Births to Mothers With 1st Trimester Prenatal Care (PNC)	2021-23	Percent of births w/ known PNC status	71.7
Births to Mothers With 3rd Trimester or No Prenatal Care	2021-23	Percent of births w/ known PNC status	9.2
Births With Adequate Prenatal Care Based on Kotelchuck Index	2021-23	Percent of births w/ known PNC status	63.3
Births Covered by Medicaid	2021-23	Percent of births	43.8
Cesarean Section Deliveries	2021-23	Percent of births	35.9
Mothers Who Initiate Breastfeeding	2021-23	Percent	85.8
Maternal Morbidity and Fetal, Infant and Maternal Deaths			
Severe Maternal Morbidity	2023	Per 1,000 Delivery Hospitalizations	23.8
Fetal Deaths (Stillbirths)	2021-23	Per 1,000 deliveries	4.6
Neonatal Mortality (Aged 0-27 Days)	2021-23	Per 1,000 live births	3.9
Postneonatal Mortality (Aged 28-364 Days)	2021-23	Per 1,000 live births	2
Infant Mortality (Aged 0-364 Days)	2021-23	Per 1,000 live births	6
Infant Deaths From Sudden Unexpected Infant Death (SUID) (Aged Under 1 Year)	2021-23	Per 1,000 live births	0.6
Maternal Deaths	2021-23	Per 100,000 Live Births	24.2

Pregnancy-Related Death Data



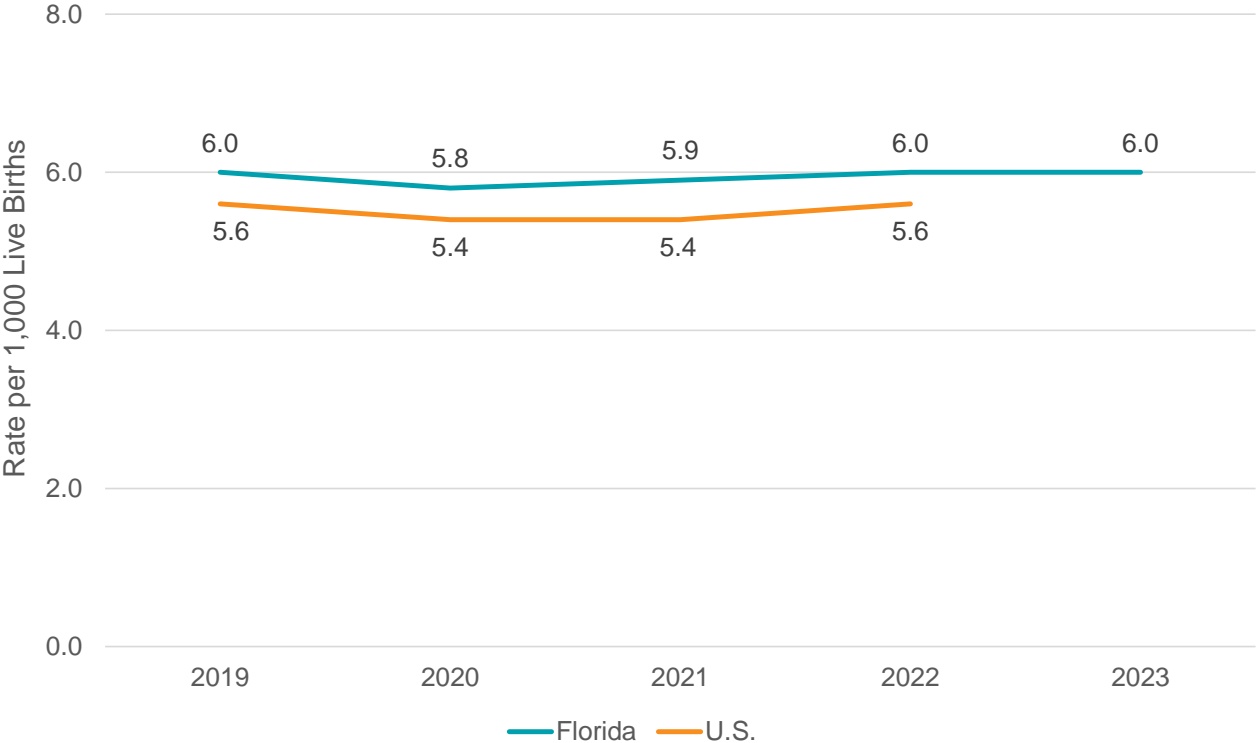
Source: Florida Maternal Mortality Review Committee Data
Note: U.S comparison data not yet available for 2022.

Severe Maternal Morbidity Data



Source: Florida Charts, Severe Maternal Morbidity, 2019-2023

Infant Mortality Data



Source: Florida Charts, Infant Deaths Rate Query System, 2023






Maternal Child Health Programs and Initiatives

- Maternal and Child Health Block Grant
- Maternal Mortality Review Committee
- Florida Perinatal Quality Collaborative
- Florida Healthy Babies Program
- Healthy Start Program
- Women, Infants, and Children
- Family Planning Program
- Telehealth Maternity Care Program
- Florida Pregnancy Care Network

Maternal and Child Health Block Grant

- Title V of the Social Security Act authorizes appropriations to states to improve the health of all mothers and children in the form of the Maternal and Child Health Block Grant.
- Each year, state health offices apply for funds, which are used to provide maternal and child health services to pregnant women, infants, and children, particularly children with special health care needs.
- Florida received \$21,475,758 for Fiscal Year 2024-2025.

Maternal and Child Health Block Grant

-  **Maternal Mortality Review Committee**
-  **Florida Perinatal Quality Collaborative**
-  **Electronic Prenatal Screen**
-  **Florida Healthy Babies**
-  **BH IMPACT**

Maternal Mortality Review Committee

The Maternal Mortality Review Committee (MMRC) was established in 1996 to improve surveillance and analysis of pregnancy-related deaths in Florida.

- The MMRC meets quarterly and reviews 15-20 cases.
- The MMRC has 17 volunteer members including:
 - Maternal fetal medicine specialists, obstetricians, a cardiologist, an emergency medicine physician, nurse midwives, social workers, epidemiologists, a pathologist, and a psychiatrist.
- 5 nurse abstractors review records and compile data
- 1 social worker conducts informant interviews with families

Maternal Mortality Review Committee

Five Leading Pregnancy Related Underlying Causes of Death, Florida, 2022 (N= 35)

Cause of Death	Frequency	Percent
Thrombotic Embolism	7	20.0%
Hemorrhage	7	20.0%
Hypertensive Disorder	5	14.3%
Cardiomyopathy	3	8.6%
Infection	3	8.6%

Florida Perinatal Quality Collaborative

- The Florida Perinatal Quality Collaborative (FPQC) was created to ensure all of Florida's mothers, infants, and families will have the best health outcomes possible through receiving respectful, high quality, evidence-based perinatal care.
- Legislation passed in 2022 requiring all birthing hospitals to participate in at least two quality improvement initiatives developed in collaboration with the FPQC (section 395.1054, Florida Statutes).

Florida Perinatal Quality Collaborative

The Department is providing the FPQC \$1,082,903 in funding for Fiscal Year 2024-2025 from the Maternal and Child Health Block Grant.

Florida Perinatal Quality Collaborative

	Postpartum Access and Continuity of Care	Homeward Bound	Mother-Focused Care	Pregnancy-Related Optimal Management of Hypertension
Goal	To improve maternal health through hospital-facilitated continuum of postpartum care by coordinating and providing respectful, timely, and risk appropriate coordinated care and services.	To promote comprehensive discharge planning and ensure optimized discharge and transition of the baby from the neonatal intensive care unit (NICU) to home using family engagement and preparedness; health-related needs; and transfer and coordination of care.	To assist hospitals in addressing factors that influence maternal health behaviors and outcomes.	To assist maternity hospitals and providers with implementing standardized evidence-based practices for the identification, management, and treatment of severe hypertension in pregnancy and postpartum across health care settings.
Launched	October 2022	October 2023	January 2023	October 2024
Participation	75 hospitals	49 NICUs	67 hospitals	91 hospitals
Represents	82% of births	68% of NICUs	63% of births	90% of births

Florida Perinatal Quality Collaborative

Maternal Levels of Care: an additional project is in place to promote Florida maternity hospital participation in the Joint Commission verification program to receive a maternal level of care designation.

Launched: July 2021

Participation: 33 hospitals verified, 13 hospitals in progress, 19 hospitals interested

Electronic Prenatal Screen

- Universal prenatal screening was established in 1991 (section 383.148, Florida Statutes). This has historically been accomplished through a paper-based process.
- Screening information is used to make referrals through a statewide referral system for home visiting services.
- The new electronic prenatal screen has reduced the average time from screen completion to referral from 33 to 5 days.

Florida Healthy Babies

- The Florida Healthy Babies program engages the 67 county health departments to address maternal and child health issues in their local communities.
- Each county health department selects, at a minimum, two Florida Healthy Babies program priority areas to address in their community.
- Examples include:
 - Safe Sleep Education
 - Breastfeeding Education and Support
 - Promotion of Childhood Literacy
 - Preventative Dental Visits
 - Car Seat Education

Florida BH IMPACT

- The Florida Behavioral Health Improving Maternal and Pediatric Access Care and Treatment (BH IMPACT) program is aimed to enhance the capacity of perinatal clinicians to improve behavioral health outcomes for new mothers in Florida.
- The program partners with clinicians and clinical care sites to integrate screening, training and technical assistance, as well as access to behavioral health specialists including psychiatric access.



Improving Maternal and Pediatric Access, Care and Treatment for Behavioral Health

Florida Healthy Start Program

- Healthy Start is a free home visiting program that provides education and care coordination to pregnant women and families of children under the age of three.
- Florida's Healthy Start program's priorities are to:
 - Reduce the occurrence of maternal and infant deaths.
 - Reduce the number of low birth weight and preterm births.
 - Improve infant and toddler developmental outcomes.

Florida Healthy Start Program

During Fiscal Year 2024-2025, the Healthy Start Program will receive \$35,955,341 in state general revenue funds and \$4,485,431 in funds from the Maternal and Child Health Block Grant from the Department of Health.

- The Healthy Start Program served a total of 136,172 prenatal clients and 90,490 infant clients.

Florida Healthy Start Program

- All Healthy Start Coalitions provide:
 - Care coordination
 - Home visiting
 - Fatherhood services
 - Statewide Fetal Infant Mortality Review



Women, Infants, and Children

- Women, Infants, and Children (WIC) services include nutrition counseling, breastfeeding support, and funding for nutritious foods for participants.
- WIC services are available in over 200 WIC clinic sites in all 67 counties in Florida.
- There are approximately 2,000 grocery stores in Florida that accept WIC electronic benefit cards, including all major chain stores.

Women, Infants, and Children

- During federal Fiscal Year 2023 the WIC program received a total of \$544,845,377 in funding:
 - \$313,850,886 in funding for client food
 - \$119,114,491 in formula rebates
 - \$105,700,000 for administrative costs
 - \$6,180,000 for breastfeeding peer counseling.
- Florida WIC clients redeemed \$432,965,377 of WIC foods in federal Fiscal Year 2023.
- Average monthly participation of 430,000 clients.

Family Planning Program

- The Family Planning Program helps people plan when they want to have children. Services are all provided on a voluntary basis through the 67 county health departments at 140 sites.
- Services include:
 - Access to FDA-approved birth control methods
 - Abstinence counseling
 - Education for health promotion and disease prevention
 - Pregnancy testing and counseling
 - Physical examinations
 - Hypertension screening
 - Breast and cervical cancer screening
 - Sexually transmitted infections screening

Family Planning Program

In Fiscal Year 2024-2025, the Family Planning Program will receive:

- Title X federal grant: \$11,800,000
- General Revenue:
 - Direct program funding - \$9,245,455
 - Bureau of Public Health Pharmacy - \$3,138,400

2023 Client Information:

- Florida served 72,822 clients.
- 88.1% of clients were at or below 250% of the federal poverty level.

Telehealth Maternity Care Program

- The Telehealth Maternity Care Program was established July 1, 2021 (section 383.2163, Florida Statutes).
- The Telehealth Maternity Care Program uses telehealth to assess the service needs and gaps of pregnant and postpartum women who are at increased risk for severe maternal morbidities.
- In Fiscal Year 2024-2025, the Telehealth Maternity Care Program received \$35,908,563 in general revenue funding to expand the program statewide.

Telehealth Maternity Care Program

Services and education addressing unmet needs that may include:

- Housing
- Transportation
- Nutrition
- Lactation support
- Childcare
- Car seat training
- Stress management
- Pregnancy, childbirth, and parenting education
- Connection to doulas
- Remote monitoring tools to conduct wellness checks (e.g., scales, blood pressure, blood glucose tests).

Telehealth Maternity Care Program

During Fiscal Year 2023-2024:

- 10,710 telehealth visits were completed.
- Emergency department visits were 94% lower than typically seen among pregnant and postpartum women in Florida.
- Total hospitalizations were 82% lower than typically seen among pregnant and postpartum women in Florida.
- Estimated cost savings due to reduced emergency department utilization and reduced hospitalizations totaled \$41,816,799.

Florida Pregnancy Care Network

- Mission: To enhance the efforts of Florida pregnancy resource organizations that deliver wellness services to qualifying women, and that provide emotional and material support to pregnant women in need, enabling them to carry their pregnancies to term and choose parenting or adoption.
- For Fiscal Year 2024-2025, the Florida Pregnancy Care Network will receive \$29,500,000 in general revenue funds.

Florida Pregnancy Care Network, continued

In Fiscal Year 2023-2024, 41,626 clients received 314,657 pregnancy-related services.

Pregnancy Services:

- Pregnancy testing
- Counseling
- Referrals
- Training
- Education

Florida Pregnancy Care Network

In Fiscal Year 2023-2024, 5,911 clients received 36,662 wellness-related services.

Wellness Services:

- High blood pressure screening
- Anemia testing
- Thyroid screening
- Cholesterol screening
- Diabetes screening
- Smoking cessation
- Breast examinations
- Cervical cancer screening
- Sexually transmitted infection testing

Contact Information



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850-245-4464

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

DoH presentation

HB 1001 Tab 1

Bill Number or Topic

Amendment Barcode (if applicable)

1/14/25 Meeting Date

Health Policy Committee

Name: SHAR HOLLOWAY Phone: _____

Address: DEPARTMENT OF HEALTH Street Email: _____

City State Zip

Speaking: [] For [] Against [X] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

- [] I am appearing without compensation or sponsorship. [] I am a registered lobbyist, representing: [X] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

This form is part of the public record for this meeting.

New Jersey Maternal and Infant Health Innovation Authority



Pamela Taylor

Senior Advisor, Maternal & Infant Health Innovation
New Jersey Maternal & Infant Health Innovation Authority

Pamela Taylor is a public health leader focused on maternal health equity. As the Senior Advisor for the newly established Maternal and Infant Health Innovation Authority (MIHIA), she plays a pivotal role in the development of the first of its kind Maternal and Infant Health Innovation Center (MIHIC). She oversees strategic partnerships, community engagement, and millions in government funding for the center's planning and construction. Pamela is dedicated to advancing equitable health outcomes through innovation and workforce development.

Previously, she served as the Statewide Community Health Worker Training Coordinator for the New Jersey Department of Health (NJDOH), where she successfully launched the state's first Community Health Worker Registered Apprenticeship Program, training over 800 workers to date. Her expertise lies in creating equity-focused initiatives that drive lasting health improvements.

Recognized as a 2022 Emerging Leader by the Association of Maternal & Child Health Programs (AMCHP), Pamela holds a Master's in Public Health (Urban Health Administration) from Rutgers University and a Bachelor's in Biological Sciences from Tennessee State University.





Overview

In July 2023, Governor Murphy signed S3864, also known as the “New Jersey Maternal and Infant Health Innovation Center Act”, which created the New Jersey Maternal and Infant Health Innovation Authority (Authority). The Authority is tasked with overseeing the New Jersey Maternal and Infant Health Innovation Center based in Trenton and will be the government entity that continues the vital work of Nurture NJ for years to come. Nurture NJ is the statewide program that was launched by First Lady Tammy Murphy in 2019 to reduce the maternal and infant mortality epidemic in New Jersey and ensure equitable care among women and children of all races and ethnicities.

The one-of-a-kind Authority will be governed by a 15-member Board and shall employ an appointed President and Chief Executive Officer who will hire accompanying staff. The Board will adopt recommendations for action to reduce maternal mortality, morbidity, and disparities from the New Jersey Maternal Care Quality Collaborative (NJMCQC). The Board also will be required to coordinate with a Community Advisory Committee to support and inform the work of the Authority. The 11-member community advisory committee will represent diverse community groups with relevant experience as providers or recipients of maternal, infant, and child health services.

The New Jersey Maternal and Infant Health Innovation Center which shall serve as a central hub to coordinate among national, State, and local agencies, as well as private organizations, to:

- provide perinatal, infant care, related health services, and other services as outlined in P.L.2023, c.109 (C.26:18-17 et al.) to the residents of the City of Trenton and others who are in need of such services;
- promote equitable maternal and infant health care services;
- implement strategies related to health care and social service delivery, perinatal workforce development, community engagement, data collection, research, and analysis; and
- serve as an incubator of new enterprises, therapeutics, and technological innovations leading to better health outcomes and reduced mortality and morbidity rates for women and children; and

- be responsible for overseeing the design and implementation of programs and services to improve the State’s maternal and infant health outcomes, address racial disparities in maternal and infant mortality rates, ensure infant and perinatal care is provided on an equitable basis, and eliminate disparities in access to care, including, but not limited to, health care and social service delivery, research and innovation, perinatal workforce development, education and public awareness, and other initiatives as may be undertaken by the authority. c. The authority shall become the agency primarily responsible for coordinating efforts and strategies to reduce maternal mortality, morbidity, and racial and ethnic disparities in the State at such time as the members of the board are appointed pursuant to section 5 of P.L.2023, c.109 (C.26:18-21) and the board first organizes.

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Committee on Health Policy

Judge:

Started: 1/14/2025 1:31:52 PM

Ends: 1/14/2025 3:11:31 PM

Length: 01:39:40

1:31:57 PM	Chair Burton Calls Meeting to Order
1:32:00 PM	Roll Call
1:32:02 PM	Quorum Present
1:32:27 PM	Chair Burton Opening Remarks
1:33:16 PM	Senator Introductions
1:34:41 PM	Chair Burton Remarks
1:36:33 PM	Tab 2 Presentation on NJ Maternal and Infant Health Innovation Authority by Pamela Taylor
1:55:53 PM	Questions Back and Forth
1:56:35 PM	Senator Osgood
1:57:31 PM	Senator Harrell
1:58:11 PM	Pamela Talyor
1:59:19 PM	Senator Davis
2:00:00 PM	Pamela Taylor
2:00:23 PM	Senator Davis
2:00:32 PM	Pamela Taylor
2:01:40 PM	Chair Burton
2:03:44 PM	Chair Burton Remarks
2:04:43 PM	Tab 1
2:06:25 PM	Presentation on Florida's Programs for Improving Maternal Health from Brian Meyer-AHCA
2:28:53 PM	Questions Back and Forth
2:29:02 PM	Senator Calatayud
2:29:31 PM	Brian Meyer
2:29:55 PM	Senator Harrell
2:30:22 PM	Brian Meyer
2:30:53 PM	Senator Harrell
2:30:56 PM	Brian Meyer
2:31:05 PM	Senator Harrell
2:31:29 PM	Brian Meyer
2:31:59 PM	Senator Harrell
2:32:05 PM	Brian Meyer
2:33:04 PM	Senator Berman
2:33:27 PM	Brian Meyer
2:34:03 PM	Senator Berman
2:34:29 PM	Brian Meyer
2:34:54 PM	Senator Berman
2:35:00 PM	Brian Meyer
2:35:25 PM	Senator Osgood
2:35:48 PM	Brian Meyer
2:35:59 PM	Senator Osgood
2:37:15 PM	Brian Meyer
2:37:17 PM	Senator Harrell
2:38:15 PM	Brian Meyer
2:39:47 PM	Chair Burton
2:40:28 PM	Brian Meyer
2:40:45 PM	Chair Burton
2:41:14 PM	Brian Meyer
2:42:40 PM	Presentation on Maternal and Child Health Programs and Initiatives from DOH by Shay Holloway
2:59:40 PM	Questions Back and Forth
2:59:49 PM	Senator Berman
2:59:54 PM	Shay Holloway
3:00:16 PM	Senator Berman
3:00:21 PM	Shay Holloway

3:00:46 PM Senator Berman
3:00:52 PM Shay Holloway
3:01:15 PM Senator Berman
3:01:22 PM Shay Holloway
3:01:24 PM Senator Berman
3:01:32 PM Shay Holloway
3:01:54 PM Senator Harrell
3:02:44 PM Shay Holloway
3:03:47 PM Senator Harrell
3:04:27 PM Shay Holloway
3:05:09 PM Senator Osgood
3:05:58 PM Shay Holloway
3:06:29 PM Senator Osgood
3:06:45 PM Shay Holloway
3:06:52 PM Senator Berman
3:07:12 PM Shay Holloway
3:07:14 PM Senator Berman
3:07:45 PM Shay Holloway
3:08:21 PM Chair Burton
3:08:52 PM Shay Holloway
3:09:24 PM Senator Berman
3:09:55 PM Shay Holloway
3:10:14 PM Chair Burton
3:10:30 PM Shay Holloway
3:11:01 PM Closing Remarks
3:11:21 PM Senator Harrell moves to adjourn
3:11:27 PM Meeting adjourned