



Department of Health

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Executive Deputy Commissioner

June 3, 2025

Nadine Morrell
Audit Director
Division of State Government Accountability
NYS Office of the State Comptroller
110 State Street, 11th Floor
Albany, New York 12236

Dear Nadine Morrell:

Pursuant to the provisions of Section 170 of New York State Executive Law, I hereby transmit to you a copy of the New York State Department of Health's comments related to the Office of the State Comptroller's final audit report 2022-S-25 entitled, "Maternal Health."

Please feel free to contact the Office of Governmental and External Affairs at (518) 473-1124 with any questions.

Sincerely,

Johanne E. Morne, M.S.
Executive Deputy Commissioner

Enclosures

cc: Alyssa DeRosa
Melissa Fiore
DOH Audit

**Department of Health
Comments on the
Office of the State Comptroller's
Draft Audit Report 2022-S-25 entitled,
"Maternal Health"**

The following are the Department of Health's (Department) comments in response to the Office of the State Comptroller's (OSC) Draft Audit Report 2022-S-25 entitled, "Maternal Health."

General Comments:

First, it is important to note the timing of the release of the original recommendations covered by this audit. The Taskforce on Maternal Mortality and Disparate Racial Outcomes released the report of recommendations in March 2019. The Postpartum Work Group released their report of recommendations January 2021. The recommendations from the Maternal Mortality Review Board were issued in April 2022, one month prior to OSC sending an engagement letter to kick off this audit, in May 2022. Each set of recommendations represents systemic changes which require substantial time and resources to fully implement. For the audit timeframe, there was less than eighteen months from when the Maternal Mortality Review Board recommendations were issued to when the audit of the Department's performance was completed.

Further, the report does not reflect the context in which the Department was pursuing these initiatives. The Department implemented these initiatives during a global pandemic that disproportionately affected New York State and had a noticeable impact on maternal outcomes nationally. During the pandemic, staff usually focused on maternal health initiatives were redeployed across the State both to take direct action to protect New Yorkers (e.g., staffing drive-through testing sites and vaccine distribution sites, conducting outbreak investigation and support contact tracing, supporting broader epidemiology efforts) and to understand the science of COVID-19. Include in this work were a number of efforts focused specifically on protecting people who were pregnant from the pandemic, including:

- Providing guidance and information to clinical providers, health care facilities, and the general public on a broad array of topics, including but not limited to breastfeeding and chestfeeding; modification of prenatal and postpartum care schedule and mechanisms; care of an newborn/infant care when a birthing person has suspected or confirmed COVID-19; testing of pregnant persons; vaccination of pregnant persons; and physical and mental health wellness information and support/resources.
- Ensuring appropriate support protocols in place for pregnant persons and newborns throughout the healthcare delivery system, such as providing guidance to hospitals requiring that a support person (doula, etc.) and a family member (partner) be available at birth unless medically contraindicated.
- Launching a public social media campaign promoting vaccination among pregnant and postpartum individuals and other caregivers.

If these COVID-19 related efforts had not been implemented, there would likely have been an even worse impact on maternal mortality in New York State over the past few years.

Despite the disruption of the pandemic, the Department continued to advance the recommendations to address maternal mortality, which include the accomplishments listed below. Acknowledging that the state's work is far from over, and several population-level maternal health metrics remain unsatisfactory, the Department is extremely proud of the quantity and quality of work it had led within this space in a short period of time when a substantial portion of its workforce effort was dedicated to responding to COVID-19. The following details illustrate the level of work that has been completed by the Department:

- **Establishing a maternal mortality review board**, which began during the COVID-19 pandemic and has continued to meet every other month. Reviews of maternal mortality have been completed and a report with data through 2020 is in the Department's review process. The Board has also completed mortality reviews for 2021 and 2022 and is now reviewing 2023 and 2024 cases.
- **Convening a work group on postpartum care**, which produced a report with four additional recommendations. This work group was convened during the COVID-19 pandemic and produced a high-quality report with additional recommendations, all of which have been implemented or are in the process of implementing.
- **Developing a systemic approach to reduce structural racism**, which includes a comprehensive curriculum for hospitals on implicit bias. This recommendation was further strengthened to address racism within a quality improvement project that includes an extensive curriculum to address the facets of bias and racism. This quality improvement initiative goes well beyond a standalone training which evidence does not support changes in behaviors and/or actions is sustained. This nation-leading quality improvement activity reflects two recommendations.
- **Expanding and enhancing the State's community health worker access**, which included incorporating stress-free zones into the community health worker program. The Department prioritized funding to expand the community health worker program so more people who are pregnant, giving birth, and in the postpartum period have access to supports. Furthermore, the Department integrated the recommendation for Stress-Free Zones and incorporated that into the expansion. This expansion reflects two recommendations.
- **Expanding Medicaid to include a new benefit for coverage of community health workers from pregnancy through twelve months postpartum**. This enables people with Medicaid to connect to various medical and non-medical supports.
- **Enhancing Medicaid midwife reimbursement rates**. The Department has increased Medicaid reimbursement rates for midwives from 80% to 95% of the physician fees.
- **Identifying a loan forgiveness program and ensuring providers are eligible**. The Department has connected with existing loan forgiveness programs and ensured that clinical providers are eligible. The Department will continue to share information so that providers can take advantage of these programs.
- **Expanding telehealth and ensuring parity**. The Department worked to ensure parity in Medicaid reimbursement for telehealth through April 2024.
- **Extending Medicaid coverage from 60 days to 12 months postpartum**. The Department has extended Medicaid coverage to 12 months postpartum ensuring continuity of care for people who have given birth.
- **Developing a cardiac bundle for hospitals**. The Department has worked with the American College of Obstetricians District II on the development of the cardiac bundle for hospitals.

The Department also implemented additional protections and benefits that were not included in the reports of recommendations but were critical to supporting people who are pregnant and who have given birth. These accomplishments were not represented in the draft audit report. These examples include:

- **Investing in the Regional Perinatal Centers**: The State made an investment of \$4.5 million to support the work of the State's Regional Perinatal Centers. The Department

established contracts with expanded scopes to further support the centers themselves and the networks of lower-level hospitals that the centers support.

- **Doula Coverage:** Effective January 1, 2024, Medicaid will expand coverage of doula services for all pregnant, birthing, and postpartum Medicaid-enrolled individuals through 12-months postpartum.
- **Nutrition Counseling:** Medicaid will expand coverage to include nutrition counseling provided by Certified Dietitians/Nutritionists within their scope of practice.
- **Lactation Counseling:** Effective July 1, 2022 for Fee for Service and September 1, 2022 for Medicaid Managed Care, Medicaid expanded the list of allowable lactation certifications of licensed medical professionals to be eligible for reimbursement for lactation counseling.
- **Prenatal testing expansion:** Medicaid expanded reimbursement for non-invasive prenatal trisomy screening, Spinal Muscular Atrophy, and third trimester Syphilis screening.
- **Remote Patient Monitoring:** Effective October 1, 2022, an additional monthly reimbursement is available to cover the cost of remote patient monitoring devices.
- **Perinatal Care Standards:** Effective August 1, 2022, Medicaid released updated Perinatal Care Standards for all Medicaid providers serving pregnant and postpartum individuals to support improved access to and quality of maternal care.
- **Increased reproductive health services reimbursement and expanded the state's Family Planning Program.**

Audit Recommendation Responses:

Recommendation #1

Evaluate progress and impact on maternal health to assess the effectiveness of the programs aimed at improving maternal health outcomes. This should include but not be limited to the following:

- Develop objectives, as appropriate, and implement monitoring and evaluation processes to assess the effectiveness of programs and projects aimed at maternal health outcomes.
- Identify and analyze severe morbidity data and develop a strategy to address risks.
- Increase outreach and collaboration efforts with birthing hospitals and other involved entities (such as providers and applicable agencies) to maximize participation in efforts to decrease maternal mortalities and morbidities.

Response #1

Bullet 1

The Department agrees that it is critical to have objectives and monitoring and evaluation processes to assess the effectiveness of programs. The Department integrates objectives as well as monitoring and evaluation toward those objectives in its state-funded or federally funded programs and projects aimed at maternal health outcomes. Programs and projects are managed by multidisciplinary teams of staff with expertise in clinical care, statistics, epidemiology, and program management.

For example, one of the state's core programs addressing maternal health outcomes is the NYS Perinatal Quality Collaborative (NYSPQC). The NYSPQC is voluntary for birthing facilities (hospitals and birthing centers), so not all agree to participate. Currently, the Department engages with 60-75% of birthing facilities (hospitals and birthing centers) for any project with extensive and ongoing recruitment. The NYSPQC implements an evidence-based or informed quality improvement framework to improve quality of care. Projects have focused on issues of significant clinical concern. Prior successful NYSPQC projects have focused on reducing hemorrhage and changing the practice of scheduling medically necessary cesarian births. The current NYSPQC project being implemented is addressing systemic racism, its impact on care, and patients' reported experiences. For this project, there are two outcome measures, seven structural measures, four process measures, and two balancing measures. Data are collected, reviewed, and shared back to participating hospitals monthly

Another example is the state's home visiting programs, which provide support for people who are pregnant, giving birth, or postpartum and their infants. The Department manages two programs: the Nurse Family Partnership and the Perinatal and Infant Community Health Collaborative. These programs have data-driven objectives supported by data systems in which locally funded programs enter information. These data are evaluated and shared back with programs to monitor progress toward improving maternal outcomes.

Bullet 2

The Department agrees that identifying and analyzing severe morbidity data is a critical first step to being able to understand the issues and determine steps to address them. The Department has access to data used to analyze severe maternal morbidity and has performed limited analysis in the past. The Department recently hired a highly qualified Centers for Disease Control and Prevention (CDC) Maternal and Child Health Epidemiology Assignee with a PhD and Master of Science in Public Health (MSPH) in Population, Family, and Reproductive Health. The primary objective for the Epidemiology Field Assignee was to analyze and report about severe maternal morbidity. An analysis has been completed and a preliminary report is under review. This analysis will inform strategies to effectuate change.

The Department of Health was also recently awarded new funding under the State Maternal Health Innovation grant. The grant funding will support the hiring of additional analytic staff to improve data capacity for analyzing maternal morbidity and mortality.

These two efforts will provide greater insight into severe maternal morbidity, the characteristics of the pregnancies, and factors impacting maternal outcomes. The information will allow the Department to better identify the areas of greatest concern and opportunities to engage with the community and clinical partners to develop strategies to reduce risk and improve maternal outcomes.

Bullet 3

The Department routinely collaborates with the state's birthing hospitals as well as the American College of Obstetricians and Gynecologists District II, the Healthcare Association of New York State, and the Greater New York Hospital Association. The Department is increasing its efforts to engage midwives and doulas to ensure a more holistic approach to supporting the birthing system. The Department also collaborates with other state agencies, including the Office of Mental Health, the Office of Addiction Services and Supports, and the Office of Children and

Family Services, which all have critical roles in supporting the health and well-being of people who are pregnant, giving birth, and in the postpartum period.

The Department will continue to engage with birthing facilities to promote participation in the NYSPQC, using an evidence-based or informed quality improvement framework from the Institute for Healthcare Improvement to effect and sustain change in clinical care. Participation in the NYSPQC projects is voluntary for birthing facilities. As of December 2024, the NYSPQC has implemented five projects total that have included maternal health safety bundles: two Alliance for Innovation on Maternal Health (AIM) bundles: Obstetric Care for Women with Opioid Use Disorder and the Safe Reduction of Primary Cesarean Birth; one American College of Obstetricians and Gynecologists' District II Safe Motherhood Initiative Obstetric Hemorrhage Bundle; and two NYSPQC-developed bundles: the NYS Birth Equity Improvement Project. The state's enacted budget for fiscal year 2024-2025 includes an investment in the NYSPQC. The Department must develop and release a Request for Applications/Proposals to competitively select an entity to support the work. Together, the Department and the successful awardee will prioritize engaging with birthing facilities to increase engagement in the state's clinical quality improvement initiatives with the overall goal to decrease maternal mortalities and morbidities.