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Author manuscript

Maternal Health Legislation Enacted in Three Southeastern States in the United States Between 2018-2023: Policy Surveillance

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Abstract

Background—Maternal mortality and morbidity rates in the Southeastern states of the US are among the highest in the nation. Arkansas, Mississippi, and Louisiana are ranked first, second and fifth, respectively, in maternal mortality. This retrospective policy surveillance systematically documents legislation enacted to address maternal health disparities and ameliorate maternal health.

Methods—The Maternal and Child Health Legislative Database of the National Conference of State Legislators was searched for all legislation relating to maternal health in Arkansas, Louisiana, and Mississippi between 2018-2023. Two reviewers independently identified the laws passed by year and state and cross-checked to verify results. The legislative screening process is documented on a modified PRISMA flow diagram. Data extracted included the specific maternal

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health population targeted, the general health area addressed by the bill, and the directive of the bill.

Results—126 pieces of legislation were identified using the database (41 AR, 12 MS, and 73 LA). There were no duplicates identified; 2 laws were identified outside of the database (1 AR, 1 MS). All 128 legislation titles and summaries were screened and laws pertaining to issues other than maternal health were excluded (28 AR, 9 MS, and 48 LA). 43 full text bills were retrieved and reviewed in their entirety to assess eligibility for inclusion. 40 pieces of legislation were included (11 AR, 4 MS, and 25 LA) in this policy surveillance.

Discussion—Louisiana enacted the most laws targeting and addressing maternal health, while Mississippi enacted the least. The legislation enacted addresses a broad range of health aspects, such as maternal mental health, incarcerated pregnant population reproductive health, and postpartum Medicaid coverage extension. Together with the task forces, committees, and study commissions created, the legislation enacted has the potential to address current inequities and improve maternal health outcomes in this vulnerable population by increasing access to and/or utilization of care, extending duration and/or type of evidence-based care available, and decreasing racial disparities in maternal health with the eventual goal of rooting out preventable morbidity and mortality.

Introduction

The United States (US) has the highest maternal mortality rate (MMR) among industrialized nations.¹ Although MMRs in the US are high in general, data from the 2021 National Vital Statistics System showed non-Hispanic Black Americans (69.9 per 100,000 live births) were disproportionally impacted relative to White Americans (26.6 per 100,000 live births) and women of all races and ethnicities (32.9 per 100,000 live births).² Furthermore, MMRs and racial disparities are persistently high in the Southeastern US.³ In particular, the 2018-2021 MMRs were among the highest in Arkansas (43.5 per 100,000 live births; ranked highest), Louisiana (39.0 per 100,000 live births; ranked 5th highest), and Mississippi (43.0 per 100,000 live births; ranked 2nd highest).^{4,5} More than 80% of maternal deaths occurring during pregnancy or within 12 months postpartum are preventable; most of these preventable deaths are related to maternal mental health disorders.^{6,7}

The National Institutes of Health (NIH) launched the IMPROVE initiative (Implementing a maternal health and pregnancy outcomes vision for everyone) in 2019 to support research on the preventable causes of maternal morbidity and mortality (MMM). In 2023, the Southern Center for Maternal Health Equity (SCMHE) was established with funding from the IMPROVE initiative to reduce MMRs and racial disparities in the Southeast.⁸ There are three distinct seven-year NIH grant-funded research studies supported under the SCMHE with the overarching aim of assessing the implementation and translation of multi-level, evidence-based strategies to improve maternal health. One of these studies is evaluating the effectiveness and cost-effectiveness of Medicaid postpartum coverage extension (MPE) and postpartum depression screening on maternal health outcomes in the Deep South.

The American Rescue Plan Act of 2021 allowed states the option to extend postpartum coverage from the mandated 60 days to up to 12 months post-delivery.⁹ Louisiana

was the first state to approve MPE in 2022,¹⁰ and Mississippi followed in 2023;¹¹ however, as of 2024, Arkansas has not sought MPE. In 2022, Louisiana legislation also mandated screening for postpartum depression.¹² Evidence suggests that state legislation can potentially improve maternal health and reduce racial disparities in MMR.¹³ SCMHE investigators and community partners conducted a retrospective surveillance of enacted legislation in Arkansas, Louisiana, and Mississippi between 2018 and 2023 to provide context for studying the impact of MPE and other relevant policies on maternal health. This descriptive report summarizes the legislation enacted within these three Southeastern states where MMRs are among the highest nationally. The findings provide a contextual foundation for understanding the impact of MPE and other maternal health policies on maternal health outcomes.

Methods

The Maternal and Child Health Legislative Database, operated by staff of the National Conference of State Legislators (NCSL), tracks legislation of interest to the maternal and child health population.¹⁴ The NCSL is a non-partisan entity. As noted on their website, it is maintained with support from the Maternal and Child Health Bureau of the Health Resources and Services Administration and only covers legislation enacted into law.

The study team searched the NCSL database for all legislation relating to maternal health in Arkansas, Louisiana, and Mississippi between 2018 and 2023. Inclusion criteria followed PICO (population, intervention, comparator, outcome). The population of interest included pregnant, peripartum, and postpartum women within 12 months of delivery. Policy (interventions) were included if there was a directive impacting maternal health, wellbeing, or health care. Health outcomes were not restricted; legislation was included if the directive was tied to health issues such as maternal mental health, breastfeeding, long-acting reversible contraceptive insertion, clinical screening, and procedures or processes impacting public or clinical health care. Comparators are not applicable in this surveillance report. The search for eligibility and inclusion was carried out independently by two reviewers (SA and UN). The reviewers then conferred and cross-checked the legislation identified by year and state. Any disagreements were resolved through discussion based on the PICO outlined until consensus was reached.

The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA statement) provides guidelines and a checklist for the conduct of systematic reviews. In the absence of reporting guidelines for policy surveillances such as this, the screening process has been documented using a modified PRISMA diagram.¹⁵ This has been done to ensure reproducibility and detail key processes required to document the methodology, rigor, and systematic nature of this surveillance of legislation. The date of the last search was 15th March 2024.

The data extracted included the year and state in which the law was enacted, the legislative house, the bill number, the act number (if applicable), the target population, the general topic of the bill, and the directive. If a bill pertained to more than one item in its summary, only

the portion pertinent to maternal health was extracted. Data extraction was carried out by SA and verified by UN and AG.

Results

Between 2018 and 2023, 126 laws were enacted in Arkansas, Louisiana, and Mississippi; 40 of those were related to maternal health. Most (n=25; 62.5%) bills were passed by the Louisiana legislature, followed by Arkansas (n=11; 27.5%), and then Mississippi (n=4; 10.0%). Figure 1 shows the screening process using the modified PRISMA diagram, stratified by state.¹⁵

Table 1 describes the target population, health topic, and directive of each bill by state and year.

Populations

Most legislation targeted general pregnant and postpartum populations (n=22; 55.0%). Nine bills were related to Medicaid (22.5%), six targeted incarcerated persons (15.0%), two were related to adolescents (5.0%), and one was specific to rural populations (2.5%).

Health Topic

Twelve (28.6%) bills addressed general maternal health and well-being. Seven (16.7%) bills sought to improve maternal mental health, six (14.3%) were related to breastfeeding or human donor milk, five (11.9%) addressed MMM, and five (11.9%) pertained to increasing services covered by Medicaid. Two bills each sought to reduce abortion (4.8%), improve labor and delivery outcomes (4.8%), and increase access to long-acting reversible contraception (4.8%). Timely and evidence-based treatment of substance use in pregnant and postpartum women was the health topic of one bill (2.4%).

Directives

There were 42 directives set by the enacted legislations; two of the 40 laws had multiple directives. Insurance coverage was the most common directive with 13 laws (31.0%) addressing either Medicaid coverage or other forms of insurance coverage. Five laws (11.9%) created advisory councils or task forces, and five (11.9%) formed a review committee, study commission, or mandated an audit. Four laws (9.5%) were related to health care or clinical treatment, and four (9.5%) established a policy; for example, high school attendance and breastfeeding policies for adolescents. Two laws (4.8%) in Louisiana requested that racial disparities in MMM be addressed, two (4.8%) mandated staff training in maternal health care, and two (4.8%) required information resources be developed and made available to pregnant populations and their families. The remaining five laws (11.9%) sought to create clinical-community linkages, conduct a pilot study, assess health care utilization, establish licensure for maternal support service providers, and form a doula registry.

Narrative Summary

An infographic of the laws included in this report is shown in Figure 2. Accompanying supplementary material includes an interactive figure that links directly to the bill text for each law enacted by these states (interactivity feature supported on Adobe Acrobat).

Below is a narrative summary of the enacted legislation according to salient topics across all 40 laws.

Maternal morbidity and mortality—In 2018, Louisiana established the Healthy Moms, Healthy Babies Advisory Council to address MMM. The council's charge included studying maternal health disparities by race and ethnicity, evaluating activities, collaborating with maternal health organizations and entities, and advising on policy options to eliminate preventable MMM. In 2019, Louisiana passed additional legislation to address disparities in MMM. This directive was to take action to implement measures to combat this crisis, including requiring health care diversity sensitivity training and increasing access to home visits and doulas.

In 2023, the legislature requested that the Louisiana State Nurses Association create the Nursing Maternal Mortality and Preterm Birth Task Force to make recommendations on how nurses can improve MMM and, separately, mandated the creation of a Task Force on Maternal Health to study strategies to improve health outcomes.

In 2019, Arkansas established a Maternal Mortality Review Committee and a Maternal and Perinatal Outcomes Quality Committee to decrease MMM, and in 2021, enacted the Health and Opportunity for Me Act (ARHOME), which included initiatives to reduce MMM.

Incarcerated populations—In 2020, Louisiana established the Women's Incarceration Task Force to promote holistic health approaches including access to hormone therapy, prenatal care, mental health support, and substance use recovery resources. Following this, in 2021, the Louisiana legislature requested a study of health policies for female prisoners, including issues of pregnancy and delivery. Another law passed in 2023 mandated performance audits of state and local correctional facility compliance, implementation, and enforcement of prior Acts on the use of restraints and solitary confinement of pregnant women.

In 2021, Arkansas enacted protections prohibiting juveniles or inmates from being placed in solitary confinement if they were pregnant, within 30 days postpartum, breastfeeding, or diagnosed with postpartum depression. That same year, Mississippi required the Department of Corrections to develop training for its staff on the mental health of pregnant inmates. In 2023, Arkansas also charged the Department of Corrections to provide physical and mental health training to all employees in the custody of, or providing care for, pregnant inmates.

Medicaid—In 2021, a House and a Senate bill were passed that requested the Louisiana Department of Health (LDH) to amend the state plan for MPE to 12 months, which was later approved in 2022 by the Centers for Medicare and Medicaid Services. Additionally, in 2023, Louisiana passed a House and a Senate bill urging and requesting that LDH amend the

state Medicaid plan to extend pregnancy coverage from 138% of the federal poverty level to 185%.

In 2023, Mississippi adopted MPE for up to 12 months postpartum. Before this, in 2021, Mississippi authorized capitated payments under Medicaid-managed care delivery systems to increase the use of long-acting reversible contraceptives. Arkansas established Medicaid long-acting reversible contraceptives reimbursement legislation in 2023.

Mental Health—In 2021, Louisiana established the Maternal Mental Health Task Force to advance education, treatment, and services related to maternal mental health, and in a separate bill requested the LDH and medical community provide evidence-based preventive care, screening, and treatment services. In 2022, Louisiana mandated information and resources about perinatal mood and anxiety disorders be disseminated to women prior to hospital discharge. The Louisiana legislature also mandated the Study Commission on Maternal Health and Wellbeing to make recommendations for connecting pregnant and postpartum women in rural and underserved areas to health resources.

In 2021, Arkansas amended the Life Choices Lifeline Program to include mental health care for depression and substance use disorders, and in 2023, it required Medicaid coverage for depression screenings.

Breastfeeding and donor human milk—In 2021, the Louisiana legislature required employers to make accommodations for breastfeeding, including scheduled and more frequent or longer break periods and a private place other than a bathroom to express breast milk. Louisiana also passed measures on donor human milk coverage in health plans and breastfeeding and childcare policies in public high schools for students. Arkansas passed a similar law in 2023 requiring public schools and open-enrollment public charter schools to accommodate breastfeeding, expressing milk, and absences related to pregnancy or parenting.

Midwives and doulas—To enhance maternal health care in 2021, Louisiana required health care coverage among private insurers for midwifery services and established a doula registry board. Similarly, Arkansas granted full practice authority to certified nurse midwives. In 2023, Louisiana requested Medicaid and other health insurance coverage for support services provided by doulas.

Discussion

This retrospective surveillance report describes the policy landscape of maternal health legislation in Arkansas, Louisiana, and Mississippi between 2018 and 2023. The Louisiana legislature enacted the most laws, including approval for MPE and other legislation that has sought to address racial disparities and provided considerations for special populations (e.g., incarcerated persons and adolescent mothers). Mississippi enacted the fewest bills; however, approval for MPE in 2023 was a critical milestone for the state. While Arkansas has not sought MPE, the state legislature has demonstrated support for improving maternal mental health, breastfeeding accommodations, and midwives and doulas.

Only two bills, both in Louisiana, overtly gave the directive to engage community partners or take regulatory action to address racial disparities, specifically among Black or African American mothers. Developing a diverse perinatal workforce, including midwives and doulas, is a key strategy to reduce racial disparities.¹⁶ Studies have shown that among Medicaid beneficiaries, women whose labor and delivery were supported by a doula had improved birth outcomes and rates of breastfeeding initiation.¹⁷ Given that Medicaid covers more than 60% of births among Black mothers,¹⁶ increasing legislation to support their role may further reduce racial disparities in maternal health outcomes.¹⁸ In Louisiana, legislation enacted to support training doulas and midwives in conjunction with Medicaid mandates to reimburse for services is a promising multi-component approach to advance reproductive justice among Black women in the state.

Louisiana also led the charge among the three states in promoting maternal mental health. Postpartum depression is the most common and preventable maternal health complication following childbirth.⁶ Despite recommendations made by the US Preventive Services Task Force and the American College of Obstetrics and Gynecology,^{19,20} clinical screening, treatment, and prevention practices are lacking.^{21,22} Research and policy development are needed to improve the availability and accessibility of mental health prevention and treatment services.²³ The SCMHE will assess the effectiveness of Louisiana's Perinatal Mood and Anxiety Disorders Act (HB784, Act 188; 2022) on screening and treatment of mental health disorders among Medicaid beneficiaries, in comparison to Mississippi and Arkansas, where screening practices are not mandated.

A final point of discussion on abortion trigger laws is warranted. In June 2022, the Supreme Court of the United States in its decision in the Dobbs v. Jackson Women's Health Organization case, overruled Roe v. Wade and ended the constitutional right to abortion.²⁴ The power to prohibit or limit abortions was returned to the states. Trigger laws in Arkansas (AR SB 149, Act number 180; 2019), Louisiana (LA SB 33, Act number 467; 2006), and Mississippi (MS SB 2391; 2007) went into effect soon after the 2022 Supreme Court decision, with a few state-based exceptions such as medical emergencies or rape. A potential unintended consequence of restrictions on abortion may result in increased racial disparities in MMM.^{25,26}

Limitations

There are several limitations to this report. First, the results were based on a single database and may be limited by the legislation tracked by the NCSL. For example, Mississippi SB 2212, which approved MPE, was not included in the Maternal and Child Health database. Arkansas' 2023 amendment of the Life Choices Lifeline program to create the Continuum of Care Program was included (S 465) in the database, but the 2021 amendment, Every Mom Matters Act (H 1195), was not. Second, screening only the bill title and summary to select legislation for full-text review may have excluded relevant bills. For example, Louisiana's 2018 bill on neonatal opioid withdrawal syndrome (H 658) did not mention maternal priorities in the title and summary; however, a full-text review revealed maternal access to evidence-based treatment for substance use disorder as one of its priorities. Another limitation was that this retrospective surveillance included enacted legislation

only. Bills introduced but not passed demonstrate impetus for improving maternal health, which is important to understanding context. Finally, guidelines for conducting rigorous and reproducible policy surveillance have not been developed.

Population health implications

This is one of the few retrospective surveillance reports of enacted maternal health legislation available in the scientific literature. Findings from this report provide the SCMHE investigators and community partners with an understanding of the historical context for legislation to improve maternal health and reduce MMM and racial disparities in Arkansas, Louisiana, and Mississippi. The next steps are to examine the effectiveness and cost-effectiveness of MPE (Louisiana, Mississippi) and mental health screening mandates (Louisiana) on maternal health outcomes, as compared to counterparts in Arkansas. Longitudinal surveillance of proposed and enacted legislation across these three Southeastern states is ongoing and will contribute to our understanding of policy impacts on MMM and maternal health equity.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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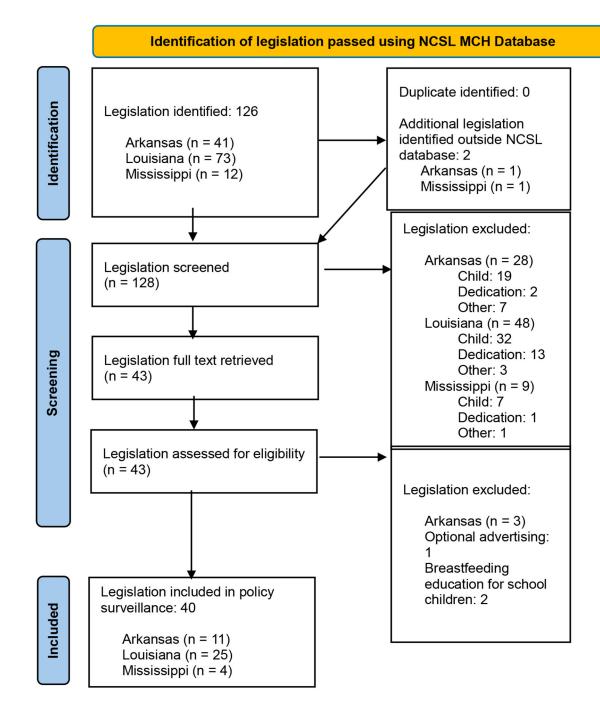


Figure 1:

Modified PRISMA 2020 flow diagram of legislation identified using NCSL Maternal and Child Health Database

RKANSAS (AR)	LOUISIANA (LA)	MISSISSIPPI (MS
	2018	
	LA H 658	
	Act No. 174	
	LA H 818 Act no. 497	
	2019	
AR H 1440	LA SR 240	
Act no. 829	LA HR 294	
AR H 1441	LA H 536	
Act no. 1032	Act No. 332	
	2020	
	LA SR 42	
	2021	
AR S 410.	LA HCR 85	MS H 196
Act no. 530	LA HCR 103	Act no. 440
AR H 1470.	LA HCR 105	MS S 2799
Act no. 422.	LA H 190	Act no. 474
AR H 1195	Act no. 182	
AR H 1215	LA HCR 193	
Act no. 607	LA HCR 208	
	LA HCR 215	
	2022	
	LA SR 131	
	LA H 516 Act no. 472	
	LA H 650	
	LA H 651	
	Act no. 489	
	LA H 784	
	Act no. 188	
	2023	
AR H 1161	LA SCR 20	MS S 2212
Act no. 128	LA S 135	MS S 2781
AR H 1385	Act no. 207	
Act no. 581	LA SR 145	
AR S 465	LA SR 192 LA H 104	
AR S 495	LAH 272	
AR H 1011	Act no. 270	
	LA HR 273	

HR = House Resolution Bill, S = Senate Bill, and SR = Senate Resolution Bill

AS, LOUISIANA, & MISSISSIPP 2018 - 2023 TIMELINE OF MATERNAL HEALTH POLICIES ENACTED ARKANSAS: POLICIES ENACTED

> 2019-AR H 1440, Act no. 829. Establishes a maternal mortality review committee in the State to decrease the number of maternal deaths in AR H 1441. Act no. 1032. Establishes a maternal and perinatal

outcomes quality review committee in the State to improve maternal and perinatal outcomes.

AR S 410. Act no. 530. Creates the state Health and Opportunity for Me Act of 2021 and the state Health and Opportunity for Me Program Includes initiatives aimed at reducing maternal and infant mortality. 22. Prohibits, with certain exceptions, a juvenile or an inmate who has been placed or detained in a detention facility from being placed in solitary confinement if the juvenile or inmate is pregnant, delivered a child prior to or within 30 days of being detained, is breastfeeding, or is suffering from postpartum depression.

AR H 1195. Creates the Every Mom Matters Act; to provide healthcare support to pregnant women in Arkansas, to stabilize families and reduce the number of abortions in the state. 215. Act no. 607. Grants full practice authority to certified nurse

midwives. 2023-

ARI 1161. Act no. 128. Provides that each public school district and open-enrollment public charter school shall include in its attendance policy the requirement that the public school district or open-enrollment public charter school shall, among other things, excuse absences due to conditions that are related to pregnancy or parenting, provides for reasonable accommodations for a lacating student on the public school district or open-enrollment public charter school campus to exprese breat will and honce theory. school district or open-enrollment pu express breast milk and breast feed.

AR H 1385. Act no. 591. Ensures that healthcare providers are properly reimbursed by the Arkansas Medicaid program for providing long-acting reversible contraception immediately and during postpartum.

AR S 465. Creates the continuum of care program within the department of human services, amends the life choices lifeline program to clarify language and ensure proper administration of the program, transfers the resource access assistance offers under the "Every Mom Matters Act" to the department of human services.

ARX 495. Requires the Department of theman at record. ARX 495. Requires the Department of Corrections to develop and provide to all department employees responsible for the care or custody of pregnant immates raming related to the physical and mental health of pregnant immates and unborn children. H 1011. Requires Medicaid coverage and reimbursement for

depression screening for pregnant women

LOUISIANA: POLICIES ENACTED

LA H 658. Act No. 174. Relates to neonatal opiate withdrawal syndrome, provides for the duties of the Louisiana Department of Health in establishing a pilot project.

LA H 818. Act no. 497. Establishes the Healthy Moms, Healthy Babies Advisory Council. Includes activities that address both infant mortality and maternal mortality and morbidity.

LA SR 240. Requests the Department of Health to take immediate action to address racial disparity in maternal and child health outco and the alarming rate of mortality for African American infants and mothers in the state. ernal and child health outcomes

minimulate action to address racial disparity in maternal and child health outcomes and the alarming rate of mortality for African American infants and mothers in Louisiana.

mans and momers in coustaina. LA H 538, Act No. 332. Birth Centers: establishes regulation for the licensing of free standing birth centers, provides for the health, safety, wellare, and well-being of persons receiving services at free standing birth centers, provides for the safe operation and maintenance of free standing birth centers.

LA SR 42. Creates the Women's Incarceration Task Force holistic health of women to include access to hormone therapy, prenatal ca reproductive health, access to other medicine to maintain health, natal care consistent health screenings, mental health access, and access to substance use and recovery resources.

2021-LA HCR 85. Maternal Mortality & Morbidity. Requests a study of policies relative to certain health issues of women prisoners, including practices related to pregnancy and delivery. LA HCR 103. Requests that certain state agencies address the impacts of maternal depression and anxiety and provide evidence-based preventive care, early idonitication, and treatment services. LA HCR 105. Establishes the Maternal Mental Health Tsatk Force for the purposes of advancing deutacian and treatment and improving services relating to maternal mental health.

LA H 190. Act no. 182. Requires health coverage for services provided by midwives and creates a doula registry board to promulgate rules for doula registration and reimbursement.

LA HR 193. Requests Department of Health to amend the Medicaid state plan to allow for postpartum Medicaid coverage after childbirth for certain pregnant individuals.

certain pregnant individuals. LAS R208, Requests the State Department of Health to amend the state Medicaid plan to extend postpartum coverage for a full year after pregnancy ends. LAS 215. Breasteeding: provides for the reasonable accommodations of certain employees, including for scheduled and more frequent or longer break periods and a private place other than a bathroom for the purpose of expressing breast milk.

LL SR 131. Establishes the Study Commission on Maternal Health and Wellbeing to make recommendations on connecting pregnant women and new mothers, particularly in rural and underserved areas, with resources for the health and wellbeing of the mother and child. LA H 516. Act no. 472. Requires each governing authority of a public high school to adopt policies regarding attendance, breastleading, and childcare for students who are pregnant or parenting. LA H 650. Provides for Medicaid coverage of donor human milk LA H 651. Act no. 489. Requires a health coverage plan to provide benefits for pasteurized donor human milk when medically necessa

LA H 784, Act no. 188. The Perinatal Mood and Anxiety Disorders Act. Provides that all hospitals and birthing centers that provide labor and delivery services shall, prior to discharge following pregnancy, provide pregnant women and their family members information about perinatal mood and anviety disorders, including the symptoms, treatment, and available resources.

LA SCR 20. Requests the State Department of Health to convene a ask force to make recommendations regarding nursing invol mprove maternal outcomes.

LA S 135, Act no. 207, Relates to Medicaid reimbursement for LA S 13.5. Act no. 201, relates to Medicato reimoursement for services of licensed midwives and certified nurse midwives, provides for a minimum rate of reimbursement relative to physician reimbursement, provides for legislative findings, provides for definitions, provides for religibility requirements, provides for approval by CMS, provides for nemarking, provides for prohibited decreases in certain reimbursements.

LA SR 145. Urges and requests the Department of Health to amend the state Medicaid plan to extend pregnancy coverage to individuals at or below 185% of the federal poverty level.

LA SR 192. Creates the task force on maternal health. LA H 104. Authorizes and directs the legislative auditor to conduct semi-annual performance audits of state and local correctional facilities.

tacinies. LA H 272, Act no. 270. Relates to maternity support services provided by doulas, requires health insurance coverage for such maternity support services, provides for legislative findings, provides for definitions, provides for the redesignation of certain statutes, provides for reflectiveness.

LA HR 273. Urges and requests the Louisiana Department of Health to amend the state Medicaid plan to extend pregnancy coverage.

MISSISSIPPI: POLICIES ENACTED

2021 WS H 196. Act no. 440. Requires the Department of Corrections to develop training for its staff on the mental health of pregnant immates. WS 52793. Act no. 474. Requires any contractors receiving capitaled payments under a managed care delivery system established under his subsection to work with providers of Medicaid services to improve the utilization of long-acting reversible contraceptives (LARCs). 2020.

MS S 2212. Division of CMS is authorized and directed to provide up to New Province Control to control to control and the control of t

determined by the division. MS § 2781. Requires the department of information technology services to develop: implement, and manage a website and a mobile application to coordinate and promote information and services related to pregnancy, childbirth, and care for dependent children for expectant mothers and new parents, provides that the website and mobile application shall include Information concerning certain resources.

Figure 2:

Summary of maternal health policies enacted in Arkansas, Louisiana, and Mississippi between 2018-2023.

ppi	Healt area							Ment	LAR		
Mississippi	Population							Incarcerated, pregnant	Postpartum		
	Act No.							440	474		
	Bill No.							Н 196	S 2799		
	Directive	LDH establish pilot project	LDH establish advisory council	LDH address racial disparity	LDH address racial disparity	LDH Licensure for birth centers	DOC establish task force	LPHI study of policies	LDH urged to address mental health	Task force	LDH establish doula registry; Coverage for midwives & doulas
Louisiana	Health area	Substance use	MMM	MMM	MMM	Labor and delivery	Holistic health	Pregnancy, labor and delivery	Mental health	Mental health	Doula & midwifery services
Lou	Population	Postpartum	Preg/Post	Preg/Post	Preg/Post	Peripartum	Incarcerated, Pregnant	Incarcerated, Preg/Post	Preg/Post	Preg/Post	Peripartum
	Act No.	174	497			332					182
	Bill No.	H 658	H 818	SR 240	HR 294	Н 536	SR 42	HCR 85	HCR 103	HCR 105	Н 190
	Directive			Review cmte	Review cmte			Health care coverage; Clinical-comm linkages	Prohibits solitary confinement	Comprehensive health care	Full practice authority
Arkansas	Health area			MMM	Health outcomes			MMM	Breastfeeding, PPD	Maternal health; abortion reduction	Nurse midwives
Arl	Population			Peripartum & postpartum	Preg/Post			Peripartum & postpartum	Incarcerated, Preg/Post	Pregnant	Peripartum
	Act No.			829	1032			530	422		607
	Bill No.			H 1440	H 1441			S 410	H 1470	H 1195	H 1215
	Year	2018		2019			2020	2021			

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icted between 2018-2023 in Arkansas, Louisiana, and Mississippi of leoislation and directives al health nonitations health areas Summary of matern

Directive

Health area Improve utilization

LARC

DOC staff training

Mental health

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	Directive									MPE	DIS website	
ppi	Health area									Medicaid	Gestation, birth, childcare	
Mississippi	Population									Postpartum	Preg/post	
	Act No.											
	Bill No.									S 2212	S 2781	
	Directive	Requests LDH to amend state plan	Requests LDH to extend coverage	Employers must accommodate breast- feeding	Study comm'n	Policies for school attendance and health	Medicaid coverage	Health benefits	LDH establish website with info & resources	Requests LDH to convene task force	Medicaid reimb.	Urged LDH to extend coverage to 185% FPL
Louisiana	Health area	Medicaid	Medicaid	Breastfeeding	Health & wellbeing, SDOH	Breastfeeding, childcare	Donor human milk	Donor human milk	PMAD	Maternal health	Midwife services	Medicaid
Lou	Population	Postpartum	Postpartum	Postpartum	Rural, Preg/ Post	Adolescents, Preg/Post	Postpartum	Postpartum	Peripartum	Preg/Post	Pregnant & peripartum	Postpartum
	Act No.					472		489	188		207	
	Bill No.	HR 193	SR 208	S 215	SR 131	H 516	H 650	H 651	H 784	SCR 20	S 135	SR 145
	Directive									Polices for absences	Medicaid reimbursement	Create continuity of care program; Life Choices Lifeline Program
Arkansas	Health area									Health, breast-feeding	LARC	Health resources
Arl	Population									Adolescents, Preg/Post	Peripartum & Postpartum	Preg/Post
	Act No.									128	581	
	Bill No.									H 1161	H 1385	S 465
	Year				2022					2023		

Г

			Ari	Arkansas				Lou	Louisiana				Mississippi	ippi	
Year	Bill No.	Act No.	Population	Health area	Directive	Bill No.	Act No.	Population	Health area	Directive	Bill No.	Act No.	Population	Health area	Directive
	S 495		Incarcerated, Pregnant	Physical health, mental health	DOC train staff	SR 192		Preg/Post	Maternal health	Create task force					
	H 1011		Medicaid, pregnant	Mental health	Coverage & reimbursement	HCR 104		Incarcerated, Preg/Post	Maternal health	Semi-annual audit					
						Н 272	270	Pregnant & peripartum	Doula services	Health care coverage					
						HR 273		Postpartum	Medicaid	Requests LDH to extend coverage					
Abbreviɛ House bi	ttions: cl 11; HCR:	inical-co House C	mm: clinical-cor Joncurrent Resol	nmunity; comm'n: ution; HR: House	Abbreviations: clinical-comm: clinical-community; comm'n: commission; cmte: committee; DIS: Department of Information Services, DOC: Department of Corrections; FPL: Federal Poverty Level; H: House bill; HCR: House Concurrent Resolution; HR: House Resolution; LARC: Long-acting reversible contraception; LDH: Louisiana Department of Health; MMM: maternal morbidity and mortality;	: commit Long-ac	tee; DIS ting rev	: Department of srsible contracel	Information Serv ption; LDH: Louis	ices, DOC: Depar siana Department (ttment of of Health	Correcti t; MMM	ons; FPL: Fede i: maternal mort	ral Poverty Le bidity and mor	vel; H: tality;

MPE: Medicaid postpartum extension; preg: pregnant, PMAD: perinatal mood and anxiety disorders; post: postpartum; PPD: postpartum depression; reimb: reimbursement; S: Senate bill; SCR: Senate Concurrent Resolution; SR: Senate Resolution

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