

Representative Brenda Landwehr
Chair, Robert G. Bethell Joint Committee
Kansas State Capitol
441-E, 300 SW 10th Street
Topeka, Kansas 66612

April 18, 2022

Dear Chairwoman Landwehr & Members of the Robert G. Bethell Joint Committee;

I am submitting testimony today in support of increasing KanCare Member access to primary birth options, increasing KanCare utilization and sustainability of the Birth Center Model of Care. There are currently four birth centers, (Overland Park, Topeka, Winfield, Yoder) that are in-network with KanCare. There is a 5th Birth Center located in Wichita that is self-pay.

Increase Access to Birth Center & Midwifery Model of Care

- APRN Full Practice Authority passed by the legislature and signed by the Governor. Thank you !
- Promote innovative polices that support Birth Centers or Along-Side Delivery Units operating side by side Critical Access Hospitals or FQHCs. CMMI has interest in a Birth Center Plus Emergency Room model.
- Please support passage of SB 399 in the Veto Session. SB 399 is a technical fix to adding “maternity center” as a defined healthcare provider is a technical update such that a qualified KDHE licensed maternity center licensee can access the availability plan and healthcare stabilization fund as a malpractice line of last resort. It is not a mandate.
- Demonstrate pregnant women having access to their own clinical data from multiple providers and sources. Owning a personal health record starting at pregnancy is life affirming, raises health literacy, and supports shared decision making and trust in the community health system.

Sustainable Business Models

- Fair Share Certified Nurse Midwife Physician KanCare reimbursement. Certified Nurse Midwives are 100% Medicare Providers per the Social Security Act. Missouri, Colorado, Nebraska and Oklahoma Medicaid pays its CNMs the same as its Physicians for primary care for pregnant women.
- Fair Share Facility Reimbursement to cover costs. \$1295 not changing since 2006 isn't sustainable. Birth Centers do not receive matching DISH or CAH funding. This simply “passes costs” on to the employer sponsored market, resulting in higher deductibles that are then passed back to KanCare via secondary payer.
- Consider a global all-inclusive episode of care “Money Follows the Mom” model of payment or “Birth Voucher” for low-risk patients. Low risk Moms and Families know best how to invest pregnancy and birth dollars on behalf of themselves and taxpayers.

Increasing Utilization

- As the largest purchaser of Pregnancy, please support KanCare and the State of Kansas Employee Insurance Plan in the efficient purchase of birth services-⁽¹⁾ Tie KanCare Provider Payments to Value Based Outcomes and move away from Fee For Service Reimbursement. Align KanCare and Private market incentives for networks of Providers to support a highly repeatable “One Kansas” Maternity Episode of Care.

Respectfully submitted,
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Alveraz and Marsal Legislative Efficiency Report:

<http://www.kslegresearch.org/KLRD-web/Publications/AppropriationsRevenue/KansasStatewideEfficiencyInterimRpt2016Jan12.pdf>

Recommendation #5 – Implement healthy birth outcome initiatives to improve women and child health care outcomes and manage costs

Together, maternal and newborn care represent the largest single category of hospital expenditures for Kansas Medicaid, and the hospitalization phase of childbirth accounts for the vast majority of all maternal and newborn care costs. In 2014, Kansans spent more than a half billion dollars in birth related costs including more than \$160 million in birth related costs through Kansas Medicaid and state employee healthcare. 1 In 2014, there were 39,193 births recorded in Kansas for which Medicaid paid approximately 34 percent of the birth costs In Kansas, hospital and facility costs for a vaginal birth is on average \$11,180 per birth, and hospital and facility costs for cesarean births is on average \$17,391 per birth (preterm birth rates are calculated as the number of preterm births divided by the number of live births with known gestational age multiplied by 100).