March of Dimes leads the fight for the health of ALL moms and babies. We advocate for women, infants, children and families across a wide range of issues at the federal and state level. The diagram below, outlines the highest priority issues March of Dimes will champion, to improve health equity, reduce prematurity, prevent maternal mortality, and make measurable strides for the health of moms and babies.

**Access to Quality Healthcare**
1) Medicaid Expansion
2) Expanding Postpartum Medicaid Coverage
3) Enhanced Payment Group Prenatal Care
4) Support policies that ensure access to appropriate care for women with opioid use disorder and babies born with NAS

**Supporting Healthy Women and Healthy Babies**
1) Maternal Mortality Review Committee Development and improved Data collection and surveillance
2) Increased Access to Doula Care / Certified Nurse Midwives (that meet the International Confederation of Midwives (ICM) educational standards) / Medicaid Reimbursement
3) Paid Family Leave
4) Pregnancy Accommodations Nondiscrimination
5) Health Equity / Implicit Bias
Access to Quality Health Care:
March of Dimes advocates for access to quality and affordable private health insurance and public health coverage, as well as programs that provide key health care services.

Tier 1:
- Protecting coverage for people with pre-existing conditions and the requirement that all plans cover maternity and newborn care
- Improving access to group prenatal care through enhanced payment and other models through the CMS Innovation Center

Tier 2:
- Expanding access to Medicaid, including extending coverage for mothers after childbirth through federal legislation
- Opposing regulations to expand on substandard insurance coverage such as short-term limited duration health plans and association health plans
- Opposing harmful Medicaid block grant proposals, work requirements, and other barriers to coverage
- Advocating for Medicaid and private insurance reimbursement for doula care

Supporting Healthy Women and Healthy Babies
March of Dimes supports a broad range of policies and programs to promote health, improve health equity, prevent disease, further patient safety, and prevent infant mortality.

Tier 1:
- Advocating for a comprehensive national response to high maternal mortality and morbidity rates, especially among women of color who face health disparities
- Advancing legislation to enhance and sustain Maternal Mortality Review Committees (MMRCs), perinatal quality collaboratives, extend postpartum coverage, implicit bias training for health providers, rural health access, and access to mental health services

Tier 2:
- Advocating for policies and programs to prevent and treat substance use, including opioids, alcohol, and tobacco, with a focus on the safety and care of pregnant women and infants
- Working closely with key federal agencies and Congress to fully implement the Protecting Our Infants Act and support critical treatment programs for women with substance use disorders and care for babies with neonatal abstinence syndrome
- Advancing policies to support mothers and reduce health disparities in the workplace such as paid family leave, pregnancy accommodations, nondiscrimination, and breastfeeding promotion
- Advocating for national paid family leave and workplace accommodation legislation including the FAMILY Act and the Pregnancy Worker Fairness Act
- Promoting policies and practices that address Social Determinants of Health to help reduce health inequities related to housing, transportation, environmental health, food insecurity and access to nutritional foods
- Ensuring coverage of immunizations and supporting efforts by federal agencies and Congress to address vaccine hesitance and dispel misinformation about immunizations that endanger the public health
**Research and Surveillance**

March of Dimes advocates for innovative medical research and robust health surveillance programs, which are essential to discovering ways to prevent, diagnose, and treat maternal and child health conditions, track occurrence, and promote health equity.

Tier 1:
- Supporting federal legislation to protect and enhance newborn screening, ensure every state tests each newborn for all conditions on the Recommended Uniform Screening Panel (RUSP) by enacting the Newborn Screenings Saves Lives Reauthorization Act
- Promoting surveillance and research on key maternal and child health priorities, including birth defects, preterm birth, health disparities, maternal depression, and infant and maternal mortality

Tier 2:
- Ensuring the creation of the authorized interagency task force on infant mortality
- Continuing to champion funding for pre-term birth research at CDC
- Promoting research to help pregnant and breastfeeding women and their health care providers know what medications are safe for them and their infants by advancing the recommendations of the Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC)
2020 KEY STATE POLICY PRIORITIES

California:
- Maternal Mortality and Morbidity: Doula Services coverage under Medicaid
- Paid Family Leave: Expand Paid Family Leave from 4 months coverage to 6+ month coverage
- Access to Healthcare: Removal of prior authorization for 17P
- Vaccinations: Medical Exemption Regulations
- Health Equity: Implicit Bias training mandate for certain medical professionals

District of Columbia:
- Maternal Mortality and Morbidity: Extend postpartum Medicaid coverage
- Preventing Preterm Birth: Enhanced Payment for Group Prenatal Care

Florida:
- Maternal Mortality and Morbidity: Extend postpartum Medicaid coverage for Substance Use Disorder
- Neonatal Abstinence Syndrome: secure MOD Representation on the Statewide Opioid Task Force

Illinois
- Maternal Mortality and Morbidity: Doula Services coverage under Medicaid and increased access to Certified Nurse Midwives (that meet the International Confederation of Midwives (ICM) educational standards) and Community Health Workers
- Maternal Mortality and Morbidity: Collaborate with Healthcare and Family Services on 1115 waiver to implement extending postpartum coverage up to one year for women receiving Medicaid up to 200% FPL
- Access to Healthcare: Establish risk-appropriate neonatal and maternal levels of care for all birthing facilities

Maryland
- Maternal Mortality and Morbidity: Extend postpartum Medicaid coverage from 3 month to 12 months
- Preventing Preterm Birth: Enhanced Payment for Group Prenatal Care

New York
- Maternal Mortality and Morbidity: Extend postpartum Medicaid from 3 month to 12 months
- Maternal Mortality and Morbidity: Doula Services Coverage for Medicaid
- Maternal Mortality and Morbidity: Rural Health – Telemedicine – addressing upstate NY Maternity Deserts
- Health Equity: Mandate of Community Advisory Boards at every NY hospital (an initiative in Rural Health Workgroups)
- Vaccinations: Monitor ongoing 2019 law changes and uptake in Medical Exemptions

Texas (Not in Session in 2020 / Interim priorities)
- Maternal Mortality and Morbidity: Implementation of TexasAIM maternal health safety bundles at more hospitals and birthing facilities, continue work with Department of State Health Service on state program design and implementation
- Maternal Mortality and Morbidity: Implementation of pilot programs to improve maternal health (telehealth services, maternity care coordination for high risk pregnant women - provisions of SB 750)
- Newborn Screening: Newborn screening dedicated fund and rollout of X-ALD screening

Virginia
- Maternal Mortality and Morbidity: Doula Services coverage under Medicaid
- Prematurity Prevention: Maintain state budget funding for Virginia Neo-natal and Perinatal Collaborative
- Newborn Screening: Increase state NBS fees to accommodate for new conditions added to the Recommended Newborn Screening Panel (RUSP)