

# Post-Convening RECAP

Milbank Memorial Fund

## STATE LEADERSHIP NETWORK

### State Action to Improve Maternal & Child Health with the Rural Health Transformation Program: Virtual Convening of Milbank State Leadership Network

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#### PANELISTS

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#### Introduction

The Milbank State Leadership Network hosted a virtual session for state legislators and executive branch leaders to discuss how states are planning to leverage the Rural Health Transformation Program (RHTP) to improve maternal and child health (MCH). Leaders from Mississippi, Indiana, and Oklahoma shared early implementation strategies, highlighting how states are aligning funding, infrastructure, and community partnerships to expand access to care and improve outcomes.

#### Mississippi: Building a Statewide Perinatal System of Care

The Mississippi Department of Health is using RHTP to address high infant and maternal mortality rates, particularly among Black infants, and longstanding rural access challenges. Mississippi will address geographic access gaps and incentivize appropriate levels of care, while aligning public health, clinical care, and legislative action.

#### Key Initiatives

- **Statewide Obstetric System of Care:** Establish maternal and neonatal levels of care through a state survey (not merely self-attestation) and centrally coordinate interfacility transport to ensure patients reach the appropriate care settings, modeled after statewide trauma and stroke systems of care.
- **Expanding Access in Obstetrical Deserts:** Reintroducing public health pre- and postnatal services through mobile units and county health departments in areas lacking providers, targeting regions where patients are more than 45 minutes from care.

- **Healthy Mom Healthy Baby Program:** Leverage community health worker and home visiting programs to address health related social needs in high-risk counties.
- **Targeted Interventions for Infant Mortality:** Promote statewide educational campaigns for safe sleeping and crib distribution.

Dr. Edney also highlighted legislative actions that would support these initiatives including establishing statutory authority for Fetal and Infant Mortality Review, incentivizing work force development for maternal-infant health, and facilitating collaboration between the state government, federally qualified health centers, community-based organizations, and the private sector.

#### Indiana: Coordinating Systems and Investing in Regional Solutions

The Indiana Department of Health is implementing a dual strategy of statewide system transformation and regionally driven innovation, with maternal health integrated across multiple initiatives.

#### Statewide Initiatives

- **Medical Operations Coordination Center (MOCC):** Create a 24/7 statewide hub for patient transfers, EMS coordination, and hospital capacity to ensure timely access to maternal, neonatal, and emergency care.
- **Pediatric and Obstetric Readiness in Rural Emergency Departments:** Provide training, equipment, and ongoing readiness support to rural hospitals and emergency departments to manage maternal

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and infant emergencies, regardless of the availability of labor and delivery services in the hospital.

- Clinical Training and Readiness: Attract and retain physicians, including obstetricians, to rural areas by requiring rural clinical rotations for medical trainees, establishing certified nurse midwife training programs, and expanding the community health worker and behavioral health workforce.

## Regional Grant Model

In addition, 60% of the RHTP funding will support the Growing Rural Opportunities for Well-being (GROW) region grant program that advances access to prenatal and postnatal care, chronic disease prevention, and overall access to care. This grant model requires all providers and facilities of a regional to develop a plan and apply as one entity for funding. It is meant to encourage multi-sector collaboration across hospitals, FQHCs, and community organizations.

Indiana's approach emphasizes system coordination and community-driven solutions, ensuring maternal health is embedded across broader delivery system reforms. Statewide efforts include expanding health information interoperability and strengthening the 211-referral system to enable system coordination across the state. Initiatives will also include investment in telehealth, expanding teleconsults, and supporting post-discharge medication access.

## Oklahoma: Regional Reorientation and Infrastructure Investment

The Oklahoma State Department of Health (OSDH) and the Oklahoma Health

Care Authority, Oklahoma Hospital Association, and state universities are using RHTP to redesign care delivery through regional planning, infrastructure expansion, and targeted maternal health programs, addressing widespread rural access challenges.

## Maternal-Child Health Centered Programs

- Maternal Fetal Medicine & OB Telemedicine Expansion: Connect rural hospitals, clinics, and county health departments with MFM and OB specialists through partnerships with Oklahoma University (OU) and Oklahoma State University (OSU).
- Behavioral Health Integration in Primary Care and OB: Train providers in substance use disorder treatment and expanding access to treatment through hub and spoke model for medication-assisted treatment centers.
- Maternal Health Value Based Payment Support: Implement VBP incentives for Medicaid providers and birthing hospitals to improve maternal health outcomes.
- Doula Expansion: Scale successful doula programs linked to improved outcomes by building referral networks for hospitals and providers and training infrastructure.
- Remote Patient Monitoring: Support maternal hypertension and chronic disease management by partnering with hospitals to expand coverage of blood pressure monitor cuffs for high-risk pregnancies in rural communities.
- Rural Residency Expansion: Increase pipeline of physicians practicing in Oklahoma through

expanded residency programs in rural areas through partnership with OU and OSU.

## Maternal-Child Health Supporting Programs

Through the Rural Regional Reorientation program, the OSDH will support regional provider collaboratives through grants to fund planning, infrastructure, and service improvements that create a regionally coordinated system of care for OB and other services. The state will provide technical support to the provider groups to help them apply for regional grant funding. Additional programs to scale successful regional transportation assistance pilot programs, embed community health workers into rural hospitals and FQHCs, and expand closed-loop community care platforms will improve access to OB and other care.

## Sustaining Rural MCH: Challenges and Opportunities

The panelists highlighted rural MCH challenges related to workforce shortages, access gaps, and fragmented and uncoordinated systems of care. They note that RHTP is a lever to address these challenges, but that transforming maternal and child health outcomes in rural settings will require coordinated, long-term structural change beyond this one-time investment and will require ongoing collaboration between state executive and legislative branches of government as well as local, federal and state collaboration.