



# Commission on Maternal and Infant Health

October 30, 2025 9:30am-11:00am Virtual via Microsoft Teams

## NOTES

**Attendees:** Champa Woodham, Marlo Vernon, Keisha Collins, Shae Evans, Rep. Karen Bennett, Kimberly Ross, Tim Denning

### **Welcome (2 minutes)**

**Dr. Woodham** opened the meeting and welcomed attendees.

### **Growing Physicians for Georgia's Future**

**Presenter:** Laurie Ott, Georgia Higher Education Healthcare Initiative (see attached presentation)

**More information:** [www.gahehi.org/our-findings](http://www.gahehi.org/our-findings)

#### **Discussion highlights:**

- Forty-two states leverage Medicaid funding for graduate medical education (GME).
- Florida provides a model by using 40% state funds and 60% through intergovernmental transfers, allowing federal matching. Georgia could receive \$2 for every \$1 invested.
- Leveraging Medicaid for GME does not reduce resources for Medicaid patients.
- Improving both the **quantity and quality of residency training** is essential, but how we train medical students also affects whether they remain in Georgia to practice.
- **MAG House of Delegates** passed a resolution to leverage Medicaid to expand physician training in Georgia.
- Georgia has potentially missed out on **\$1–3 billion in GME-related Medicaid funds** over the past decade.
- ACGME's procedural limits may restrict the ability to add residency slots; the Commission discussed exploring these barriers.
- Discussion on **UGA's medical school expansion**: increasing graduates may not address workforce shortages if residency slots remain limited—many graduates leave the state.
- Need to encourage graduates to return to Georgia and increase **state legislative support for medical research funding**, which helps attract trainees.

### **DPH Home Visiting Program**

**Presenter:** Christina Tice, CNM, Georgia Department of Public Health (see attached presentation)

#### **Discussion highlights:**

- **Safe Sleep practices** are part of the program.
- **Mental health referral data** will be provided later by Ms. Tice.
- Developmental follow-up can be difficult for rural families due to distance from Regional Perinatal Centers (RPCs).

- **NICU referrals:** frequency of follow-up varies by need; may begin twice weekly and taper over time. Information is shared with the child's DPC and/or pediatrician.
- Participation is **free** and open to all income levels
- **Program wish list:** statewide coverage, more staff, and stronger provider awareness to increase referrals (provider-referred families tend to stay engaged).
- **Maternal outcomes:** Data on maternal mortality impacts are forthcoming. Members noted that most maternal deaths occur between 6 weeks and 1 year postpartum, indicating this program could be a potential “*game changer*” for Georgia’s maternal mortality rates.

### **Healthy Mothers, Healthy Babies Coalition of Georgia**

**Presenter:** Margaret Master, MBA, MPH, CHES (see attached presentation)

#### **Recommendations discussed:**

- Raise awareness of **pregnancy Medicaid extension** and **presumptive eligibility**.
- Protect and expand **prenatal access** in communities affected by hospital closures.
- Close **coverage gaps** through Medicaid policy improvements.
- Invest in **maternal mental health** and **substance use infrastructure**.
- Leverage **technology** to connect families to existing programs.
- Include **maternal health** among protected categories as the legislature considers replacement funding.

#### **Additional discussion:**

- Access to **quality nutrition** is key—food-as-medicine initiatives and WIC participation can help reduce low birthweight and high blood pressure.
- Prenatal visits often lack sufficient time to cover nutrition, so supplemental programs should emphasize this more.

### **Next Steps (4 minutes)**

- A **Microsoft Team** has been created for Commission members.
- The Team includes meeting materials and reference documents to support development of the Commission’s recommendations report.
- The Team name is “**DPH Commission on Maternal and Infant Health**” (Microsoft automatically adds “DPH” to the name).
- Additional topics of interest will be shared via the Team due to limited meeting time.
- DPH’s overview of pregnancy resource center funding is located in the September folder.