RURAL MATERNAL HEALTH TRANSFORMATION PROGRAM OPPORTUNITIES

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KEY POINTS:

- H.R. 1 (also known as the One Big Beautiful Bill Act or OBBBA) was signed into law 7/4/25; Title VII, Sec. 71401 details the Rural Health Transformation Program (RHTP).[1] The CMS RHTP Notice of Funding Opportunity included a state strategy to improve access to health services as "expanding maternal health services."[2] Arizona can use RHTP funds to improve rural obstetrics access and maternal health services and reduce maternal and infant mortality in the state.

MATERNAL MORTALITY AND MORBIDITY IN RURAL ARIZONA:

The U.S. has the highest maternal mortality rates of developed countries, defined as maternal death during pregnancy, childbirth or within 42 days after delivery. The U.S. maternal mortality rate is 23.5 per 100,000 live births while the rate for the 38 Organization for Economic Co-operation and Development (OECD) countries is 10.9,[3] and Arizona's maternal mortality at 31.4 per 100,000 live births surpasses the U.S. average.[4] The burden of maternal death is most significant among American Indian women in Arizona (233.9 per 100,000 live births).[4] In Arizona, most pregnancy-associated and pregnancy-related deaths in the state are preventable and predominantly linked to mental health conditions or substance use disorders.[4]

Birth rates remained steady in Arizona's urban and rural areas between 2016-19. However, the proportion of Pregnancy-Associated deaths, defined as a death that occurs during or within one year of pregnancy, regardless of the cause, declined slightly in urban areas, while Arizona's rural regions saw an increase (Table 1).[4]

Conditions contributing to Pregnancy-Associated and Pregnancy-Related deaths included substance use disorder (SUD) and mental health conditions (Table 2).[4]

Table 1. Percent of Pregnancy-Associated mortality cases by rural and urban maternal residence.[4]

	2016–2017	2018–2019
Urban	82.1%	77.9%
Rural	15.7%	17.4%

Table 2. Distribution of Pregnancy-Related Deaths by primary underlying cause.[4]

	Percent
Mental Health Conditions	32.6%
Cardiovascular Conditions	20.9%
Hemorrhage	16.3%
Infection	16.3%
Other	14.0%

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ACCESS TO MATERNAL HEALTHCARE IN RURAL ARIZONA COUNTIES:

Access to maternal health services in Arizona is especially difficult in rural areas, where there are few hospitals offering labor and delivery services and less healthcare providers compared to urban regions. While 10 of Arizona's 17 Critical Access Hospitals (AzCAHs) employ Ob/Gyn physicians, just 5 AzCAHs provide labor and delivery services.[6]

Four rural Arizona counties (Graham, Greenlee, La Paz, Cochise) have limited or no access to maternal health services.[7] Shortages of maternal health providers in Arizona's rural areas make it harder for residents to access prenatal, obstetric, and postpartum care.

A quarter of rural women (25%) deliver at hospitals outside their own communities, and nearly half travel more than 30 minutes for maternity services due to local hospital unit closures.[7] Arizona's 2023 population of 7.3 million was served by 695 OB/GYNs and 203 certified nurse midwives (CNMs).[8] An estimated 11% of Arizona's population lives in a rural area, yet fewer than 5% of these professionals practice outside of Arizona's urban centers.[8] For tables 3 and 4, rural and urban county definitions use the Arizona Department of Health Services (ADHS), Arizona Health Status and Vital Statistics methodology.[8]

Table 3. Obstetrics workforce data for Arizona counties.[8–13]

	OB/Gyn Physicians per 10,000 (2019)	APRN Nurse Midwives per 10,000 (2019)	APRN Nurse (women's health) per 10,000 (2023)	APRN Nurse (psychiatric-mental health) per 10,000 (2023)	Behavioral Health Professionals* per 10,000 (2023)	Primary Care Physicians per 10,000 (2023)	Non Primary Care Physicians per 10,000 (2023)	Primary Care Physician FTE Shortage (2024)	Mental Health Provider FTE Shortage (2024)
Arizona	**2.03**	**0.6**	**0.7**	**1.3**	**20.2**	**8.1**	**17.8**	**-494**	**-144**
Apache	0.28	3	0.8	0.7	5.9	3.5	4.2	-0.5	-0.4
Cochise	0.8	1	0.6	0.9	9.6	7.4	5.9	-11.4	-5.6
Coconino	2.84	4	1.6	1.5	24.8	8.8	19.5	-4.7	-2
Gila	1.9	0	0	0.6	7.5	5.2	7.8	-3.14	-1.9
Graham	0.6	0.5	0.5	0.3	6	7.6	4.7	-2.02	-2.7
Greenlee	0	0	0	0	0	9.5	0	-1.5	-0.5
La Paz	0	0	0	0	6	5.2	5.7	-4	-0.8
Maricopa	2.31	56	0.7	1.4	22.5	8.5	19.9	-225.6	-40.5
Mohave	1.48	1	0.2	0.9	7.8	7	15	-31.4	-7.3
Navajo	1.3	2	0.5	1.1	9.7	7.9	7.6	-5.3	-2.7
Pima	2.05	21	0.7	1.5	23.4	10.3	23.3	-82.7	-12
Pinal	0.98	1	0.4	0.7	10.8	2.4	2.8	-31.9	-12.3
Santa Cruz	2.5	0	0.4	0	2.9	4.3	2.8	-6.7	-1.5
Yavapai	1.06	3	0.3	1.3	22.4	7.6	13.3	-15.3	-4
Yuma	1.41	5	0.8	0.5	8.2	5.5	10.5	-12.6	-10.6

*Behavioral Health Professionals includes analysts, counselors, marriage & family therapists, psychologists, social workers, and substance abuse counselors.
Rural counties are identified in light blue.

The Arizona Health Care Cost Containment System (AHCCCS), the state's Medicaid agency, pays for nearly half of all births statewide, and covers between 30% and 80% of births within rural counties (Table 4).

Table 4. Percent of births by type of payers for all counties in Arizona. [14]

	AHCCCS	IHS	Private Insurance	Self-Pay	Unknown
Arizona	**46.4%**	**0.8%**	**43.3%**	**5.8%**	**3.6%**
Apache	78.5%	5.3%	13.2%	2.6%	1.3%
Cochise	50.4%	0.0%	27.6%	7.3%	14.6%
Coconino	47.3%	2.3%	41.1%	7.0%	2.3%
Gila	46.7%	17.8%	26.7%	6.7%	2.2%
Graham	42.2%	4.4%	46.7%	6.7%	0.0%
Greenlee	27.3%	0.0%	63.6%	9.1%	0.0%
La Paz	64.7%	11.8%	17.6%	5.8%	0.0%
Maricopa	43.7%	0.3%	47.3%	5.1%	3.5%
Mohave	55.6%	0.0%	32.0%	11.2%	1.2%
Navajo	69.4%	3.2%	22.6%	4.0%	0.8%
Pima	48.6%	1.1%	38.4%	5.9%	6.1%
Pinal	43.4%	2.4%	46.4%	5.4%	2.4%
Santa Cruz	62.2%	0.0%	21.4%	14.8%	1.6%
Yavapai	49.4%	0.6%	38.8%	9.6%	1.7%
Yuma	60.7%	0.4%	26.1%	12.1%	0.7%

The shaded cells indicate the largest percent of births by type of payer for each county.

OPPORTUNITIES:

Sustainable Access to Rural Health Services

- Provide dedicated funding for emergency obstetric training of rural interprofessional teams and for rural facilities to obtain the equipment and supplies needed to manage obstetric and newborn complications.
- Expand prenatal, maternal fetal medicine (MFM), and behavioral health provider-to-provider telehealth services by facilitating regional partnerships between hospitals with basic obstetrics services, clinics at hospitals without obstetrics, and emergency departments or larger hospitals.
- Expand basic birth services to CAHs, birth suites, and birth centers for low risk patients by increasing access to **doulas** and **CNMs**. Currently, doula and CNM services are reimbursable by AHCCCS, but it is complicated, and barriers persist.

Recruiting and Retaining the Clinical Workforce

- Expand midwifery education by adding a Certified Professional Midwife (CPM) route in Arizona (e.g., licensed Midwife Associate of Science degree at community colleges) that can be tailored to traditional birth knowledge of Tribes or unique cultural settings.
- Support the full scope of practice for midwifery licensure and create a midwifery board so CNMs, Certified Midwives (CMs), and CPMs can be licensed and regulated under the same entity.
- Educate the public about Midwifery, including **CNMs, Certified Midwives (CM), Certified Professional Midwives (CPM).**

Alternative Payment and Operational Models

- Explore low-volume payment adjustments vital to rural maternity care and Medicaid payment parity for telehealth midwife services.
- Implement value-based payment models tailored to rural needs, including adjustments for non-clinical risk factors and incentives for maintaining access to care.

APPROACH:

The information provided in this brief is summarized from publicly available sources from the Arizona Department of Health Services and the Arizona Center for Rural Health.

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