

RESOLUTION NO. 200819

Directing the City Manager to partner with its benefits consultant, healthcare insurance claims processor, and stop-loss carrier to analyze the cost of the total episode of care and outcomes for pregnant and newborn members under health insurance plans provided by the City; and directing the City Manager to suggest options for value-based reimbursement and benefit design and innovative and neighborhood-based service solutions that improve the social determinants of healthy pregnancies.

WHEREAS, the City of Kansas City recognizes employees' contribution to health insurance grew almost three times faster than wages between 2010 and 2019, middle-class Americans' healthcare spending increased 60% over the past 30 years, and the growing financial burden of healthcare has been a significant factor in the low growth in purchasing power of the middle class in the U.S. over the past two decades; and

WHEREAS, the City of Kansas City desires to practice fiduciary responsibility to encourage lower cost and healthier pregnancies and newborn care for its members, and to be an exemplar for the Kansas City Metropolitan Area, the state of Missouri, and MO HealthNet; and

WHEREAS, the City of Kansas City strives for health equality, acknowledging and growing from Missouri's history of slavery, the Little Dixie Missouri River Valley, decades of racial segregation, redlining, and disparity in access to healthcare services; and

WHEREAS, the City of Kansas City acknowledges the CDC report on poor Infant Mortality in the Delta region, which includes Missouri, and the March of Dime Report Card, in which Jackson County and the City of Kansas City received a D+ for Pre-Term Birth, with no demonstrable change for 10 years; and

WHEREAS, the City of Kansas City seeks to be a nurturing community that protects its most vulnerable citizens, values its mothers and infants, and recognizes the multi-generational impact of epigenetic expression during pregnancy, birth, and the first year of life; and

WHEREAS, the populations of Platte, Clay and Jackson counties passed Amendment 2, by significant margins, and the stated goals of MO HealthNet (Medicaid) transformation include bringing Medicaid spending growth in line with the rate of growth for Missouri, ensuring access to health care and services to meet the needs of Missouri's most vulnerable populations, improving participant experiences and health care outcomes, increasing their independence, partnering with providers to modernize care delivery systems, and becoming a leader in the implementation of value-based care in Medicaid; and

WHEREAS, Amendment 2 requires the Missouri Department of Social Services to submit its plan to the federal government by March 1, 2021; and

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WHEREAS, the City of Kansas City recognizes the COVID-19 pandemic has negatively impacted its citizens of color, and seeks to take transformational anti-racist healthcare purchasing action that demonstrates it is a community that protects and nurtures its most vulnerable citizens, values its mothers and infants, and invests in the multi-generational impact of positive epigenetic expression during pregnancy, birth and the first year of life; NOW, THEREFORE,

BE IT RESOLVED BY THE COUNCIL OF KANSAS CITY:

That the City Manager is directed to partner with its benefits consultant, healthcare insurance claims processor, and stop-loss carrier to analyze the cost of the total episode of care and outcomes for pregnant and newborn members under health care plans provided by the City. The City Manager is also directed to suggest options for value-based reimbursement and benefit design and innovative and neighborhood-based service solutions that improve the social determinants of healthy pregnancies.
