

House Committee on Energy and Commerce, Subcommittee on Health

Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care

September 10th, 2019

10:00 am, 2123 Rayburn House Office Building

Purpose

The purpose of this hearing to understand the causes of maternal mortality and discuss potential solutions. The hearing examined four bills: H.R. 1897, the "Mothers and Offspring Mortality and Morbidity Awareness Act", H.R. 1551, the "Quality Care for Moms and Babies Act", H.R. 2902, the "Maternal Care Access and Reducing Emergencies Act", and H.R. 2602, the "Healthy MOMMIES Act."

Members Present

Chairman Eshoo, Ranking Member Burgess, Representatives Pallone, Matsui, Walden, Kennedy, Upton, Kelly, Shimkus, Ruiz, Guthrie, Butterfield, Griffith, Barragan, Bilirakis, Castor, Long, Blunt-Rochester, Brooks, Sarbanes, Gianforte, Cardenas, Carter, Engel, Rush, and Schakowsky

Witnesses

Ms. Wanda Irving, Mother of Dr. Shalon Irving

Ms. Patrice Harris, M.D., President, American Medical Association

Ms. Elizabeth Howell, M.D. , M.P.P. Director, Blavatnik Family Women's Health Research Institute, Icahn School of Medicine at Mount Sinai

Mr. David Nelson, M.D., Chief of Obstetrics, Parkland Health and Hospital System, Assistant Professor of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, University of Texas Southwestern Medical Center

Ms. Usha Ranji, Associate Director, Women's Health Policy, Kaiser Family Foundation

Opening Statements

Chairman Eshoo said that the United States is the most dangerous place in the developed world to give birth to a child. The dangers are even greater for women of color. The bills being considered today seek to improve maternal and child health. The bills use data and evidence driven solutions to improve quality measures before, during and after birth. Furthermore, some of the bills extend Medicaid eligibility for up to one year for mothers who have recently given birth. The maternal death rate is a reflection of how much a society values its women. As the first female chair of this committee, she remains committed to improving maternal health.

Ranking Member Burgess said that by authorizing grants and allowing states to establish maternal mortality review committees, states will be able to clearly identify causes of mortality and seek appropriate solutions. Members of this committee have put forward bipartisan solutions to address maternal mortality and those must be considered. It is important to focus on legislation that has the chance of being signed into law. As a former obstetrics and gynecology practitioner, he is dedicated to finding solutions to the problem.

Rep. Pallone said that today Congress is examining the often tragic outcomes of child birth and the policies that enable it. Every year in the United States, about seven hundred women die from pregnancy related complications. It is the only developed country in the world with a rising maternal death rate. It is estimated that sixty percent of maternal deaths in the United States are preventable. These problems are especially apparent in African American communities. The bills today look to enhance evidence based practices, reduce racial disparities and expand health insurance coverage directly after birth. It is vitally important to approach the problem in a bipartisan manner.

Rep. Kelly said that nationwide, black mothers die at three to four times the rate of white mothers. In the state of Washington, Native American mothers die at eight times the rate of white mothers. It is clear that race plays a role in maternal health outcomes. The bill she introduced attempts to close the racial disparities related to maternal health.

Rep. Walden said that despite massive innovation in medical technology, maternal mortality continues to rise. Previous legislation has attempted to empower states to collect more accurate data in order to identify the causes of maternal mortality. He said that he is disappointed that Rep. Buchson's bill is not being considered today as it represents a bipartisan approach forward and contains important language. Furthermore, some states have already attempted to expand health insurance coverage for women following birth, and congress should collect evidence and data from these states before acting to expand coverage nationally. He asked for a second hearing to be considered to introduce Rep. Buchson's bill.

Testimony

Ms. Wanda Irving said that new data from the CDC shows that black women have significantly higher rates of maternal mortality when compared to white women. Her daughter was a well-respected public health professional who fought for equality. However, following a planned cesarean section she began to suffer chronic pain and illness. Despite numerous attempts to describe her symptoms to medical professionals, she was ignored. Just twenty one days after giving birth she went into cardiac arrest and later died. Her daughter fought hard and did what she was supposed to do, but she was let down by her medical providers. Ms. Irving's granddaughter will have to grow up without a mother. She emphasized that not all maternal mortality is due to a lack of insurance, most pregnancy related deaths can be prevented, and it is imperative that racial biases must be addressed among health care professionals.

Dr. Patrice Harris said that the data surrounding maternal mortality in the United States is alarming and unacceptable. Factors that contribute to maternal mortality disparities includes lack of adequate insurance coverage, closings of maternal health care centers in rural communities, structural determinants of health, and social determinants of health. Evidence suggests that clinical and professional bias contributes to insufficient care for women of color. The AMA supports the Mommas act and believes that Medicaid coverage should be expanded for up to one year post-partum. Although the center for health equity

is just getting started at the AMA, there is opportunity to work with congress going forward to address these dire issues.

Dr. Elizabeth Howell said that the United States is in a maternal mortality crisis. Rates of maternal death related to overdose and suicide is rising. For every death, one hundred women experience a severe birthing complication. It is crucial that we improve the quality of care before, during and after birth. It is also crucial that resources are available for women to receive evidence based care throughout the country. By increasing quality of care, maternal mortality and birthing complications can be reduced. Furthermore, racial disparity cannot be attributed to wealth status as women of color with higher education have higher odds of maternal mortality when compared to a high school educated white woman. It is possible to create quality care measures that are patient centered and address disparities.

Dr. David Nelson said that a single preventable maternal death is one too many. Solutions moving forward include improving access to care and creating quality measures. Parkland Hospital is a publically funded hospital serving mostly indigent women. At Parkland, there has been a concerted effort to improve maternal mortality. Parkland continues to serve as a woman's home for maternal health services after birth, such as bloodwork, checkups and others. Parkland has also implemented standardized quality measures and standardized responses across its sites. Parkland emphasizes access to prenatal care. It is critical that we use relevant data to examine our policies.

Ms. Usha Ranji said that Medicaid is a large financier of child birth. Research shows that women covered by Medicaid have improved maternal health when compared to women who are uninsured. Often times, women lose their Medicaid coverage shortly after birth and have trouble finding adequate coverage. While federal subsidies are available for some eligible women, in states that have not fully expanded Medicaid, many women fall into a coverage gap where they are ineligible for Medicaid and ineligible to marketplace subsidies. The research is clear, access to health insurance before, during and after pregnancy promotes greater health care utilization and reduces maternal mortality.

Questions and Answers

Chairman Eshoo asked what the AMA is doing to reduce racial bias in medicine. **Dr. Harris** said that the AMA is attempting to impact the physician community and build quality measures but have not communicated with hospitals yet. **Chairman Eshoo** asked where doctors have gone wrong. **Dr. Howell** said that there is larger push for evidence based standardized practices. While these efforts have begun, they need to be expanded and continually evaluated. It must be a data driven effort.

Ranking member Burgess asked if Dr. Nelson had something to add. **Dr. Nelson** said that he agrees with Dr. Howell and emphasized the need for data driven measures and standardized response. **Ranking member Burgess** asked how urgent responses to medical events have prepared him to deal with this issue. **Dr. Nelson** said that time is of the essence and since Parkland hospital is so big, it is vital to have emergency carts ready to

go in multiple locations. Furthermore, Parkland staff debrief after every emergency event to discuss positive and negatives of the response. Parkland staff also uses virtual learning tools.

Rep. Matsui asked what the link is between insurance coverage and quality of care. **Dr. Howell** said that coverage is essential before, during and after birth. **Rep. Matsui** asked how health plans should integrate social and environmental health data to improve maternal health. **Dr. Harris** said that social determinants of health are critical to patient outcomes and should be considered when evaluating maternal health. **Rep. Matsui** asked what the link was between depression and maternal health outcomes. **Ms. Ranji** said that mental health is a contributor to maternal mortality. It is also known that depression does not disappear after a month or two. Thus, it is vitally important to extend access to coverage after birth.

Rep. Walden asked how the work of state review committees improved maternal mortality. **Dr. Howell** said that the state review committees are vital to understand the deaths across the country. She also said that state review committees' allow for the gathering of information, the dissemination of that information and suggestions on solutions moving forward. All states should have these review committees. **Rep. Walden** asked if state maternal review committees are capturing cases of post-partum depression. **Dr. Harris** said that she cannot answer if these cases are being captured, but added that if they are missed this represents a major gap in knowledge.

Rep. Kennedy asked what systemic reforms are needed in the health care system. **Ms. Irving** says we need a standardized evaluation process that is tied to funding or accreditation. There needs to be an incentive for people to do the right thing. **Rep. Kennedy** asked if adding doula services to Medicaid would improve access to care and lower racial disparities. **Ms. Ranji** said there is research that suggests that women like Doula care. However, she said that there is not enough research to answer his specific question.

Rep. Upton asked what collaborative efforts are being taken to try to duplicate successful results from other providers. **Dr. Howell** said that at the state level, there has been a cross state collaboration. Furthermore, the NY Department of Health is implementing implicit bias trainings and other quality care programs. Many of these hospitals also do not have enough resources depending on their geographic location. **Rep. Upton** asked what the impact on the states will be if Medicaid eligibility is expanded to one year post-partum. **Ms. Ranji** answered that there would be uniformity across the states due to the legislation being at the national level.

Rep. Kelly spoke in favor of the Mommas Act.

Rep. Shimkus asked if additional federal legislation could complicate state efforts for having made investments and dedicating their resources elsewhere. **Ms. Ranji** said states should still have the option to expand coverage beyond the federal legislation. **Rep. Shimkus** asked for

examples to limit racial bias. **Dr. Howell** said that it is important to collect data from different sources and analyze it critically. Data can be flawed but it is important.

Rep. Ruiz asked if it was agreed upon that lack of federal coordination is making it difficult to address racial disparities and health inequities. **Dr. Harris** said that any opportunity for agencies to coordinate their efforts better is a step in the right direction. Furthermore, there should be physician input when there is agency coordination.

Rep. Guthrie asked if the AMA is trying to address racial disparities internally. **Dr. Harris** answered that the AMA is trying to answer questions as to why such stark health disparities exist. The fact that it is being discussed in congress is a step in the right direction. **Rep. Guthrie** asked why health care professionals are not collaborating with successful practices more. **Dr. Nelson** said that part of the problem is available resources due to geographic area. It is also true that providers are coming to Parkland to learn about the success.

Rep. Butterfield asked what the benefits are of expanding Medicaid to women one year post-partum. **Ms. Ranji** said that extending coverage would allow for seamless access to crucial post-partum providers such as mental health and physician services. **Rep. Butterfield** asked what we should do to empower providers to address racial disparities of health. **Dr. Howell** said that risk stratification is very important. Providers also need to understand how to communicate better with women and especially women of color.

Rep. Griffith asked how to fix hospitals that have poor maternal health outcomes. **Dr. Howell** said that it is not well understood exactly what the problems are between different hospitals. Some issues include, staffing, risk perception, quality and safety standards, and diversity.

Rep. Barragan asked if H.R. 1898 and H.R. 2902 would reduce implicit bias among medical professionals. **Dr. Howell** said that there are key elements in both bills. Specifically creating quality care measures and extending Medicaid one year post-partum. Care coordination is also vital.

Rep. Bilirakis asked what this committee should be paying the most attention too. **Dr. Howell** said that the focus should be on data. Specifically data from areas that have implemented pilot programs. When data is tied to quality improvement it becomes possible to make good progress. **Rep. Bilirakis** asked if there were any concerns about the integrity of the data collected. **Dr. Howell** said that the concerns are not surrounding the integrity of the data but instead the interpretation of the data.

Rep. Castor asked what Ms. Irving's daughter would want to be highlighted. **Ms. Irving** said her daughter would want to emphasize that this is not new. Furthermore it is important to remember that there is a real person behind every statistic. She would also want to emphasize that coverage is not the only issue. Her daughter had coverage but was not listened to.

Rep. Blunt-Rochester asked how social determinants of health can be addressed. **Dr. Harris** said that the AMA is continually pushing for policy to improve social determinants of health. **Rep. Blunt-Rochester** asked why women of color are not listened to. **Ms. Irving** said that she

was afraid of being perceived as an angry black woman so she decided not to push the medical providers more than she did.

Rep. Brooks asked what medical schools and nursing schools should do better. **Ms. Irving** said that implicit bias training must start much earlier. **Dr. Harris** said that students should be exposed to social determinants of health early on.

Rep. Sarbanes asked what the coverage options sixty days after birth are for a woman who was eligible for Medicaid during her pregnancy. **Ms. Ranji** said that it depends what state the woman lives in. States have different Medicaid policies and other coverage options. There is no uniform process.

Rep. Gianforte asked how drug addiction impacts maternal health. **Dr. Howell** said that substance use and abuse threatens maternal health. There are treatment alternatives that should be considered across many providers.

Rep. Cardenas asked what high quality care Ms. Irving's daughter should have received. **Ms. Irving** said that similar to the newborn, her daughter should have had doctor follow ups within days of giving birth. Furthermore, when she raised concerns she should have been seen by a doctor as opposed to a nurse practitioner. **Rep. Cardenas** asked about underreporting of racial data related to maternal mortality. **Dr. Howell** said that it emphasizes the need to larger data collection methods. With more robust data, it becomes possible to understand more of the problem.

Rep. Carter asked if we could use birth centers as a solution to this national health problem. **Ms. Ranji** said that similar to Medicaid, birth centers do not have uniformity across states. Thus, it is difficult to use them in a federal model.

Rep. Engel asked why developing and sustaining quality measures are important. **Dr. Howell** said that it allows for the collaboration between state health departments and providers to set bench mark goals and track progress. **Rep. Engel** asked how the metrics would help reduce disparities. **Dr. Harris** said that it is important to have data. While patients may be unique, it is vital to look at large trends and use data to justify additional funding.

Rep. Rush asked why doulas can improve health outcomes. **Ms. Ranji** said that research shows that women want access to doulas. It is thus important to expand coverage options for women who want it. Some states are currently expanding their access to doulas. **Rep. Rush** asked what some of the barriers are to accessing doulas. **Rep. Rush** said that administrative costs are high and that Medicaid does not typically contract with services like doulas.

Rep. Schakowsky asked what the physicians told Ms. Irving's daughter. **Ms. Irving** said that the doctors were dismissive and told her daughter that she will get better. **Rep. Schakowsky** asked if bundled payments for an entire episode of birthing complications could reduce racial disparities. **Dr. Howell** said that we need to look at alternative payment models. But there is concern about penalizing hospitals inappropriately. Bundle payments should be explored and research better.