

**House Education and Labor Committee, Health, Employment, Labor, and Pensions
Subcommittee and Workforce Protections Subcommittee**

Expecting More: Addressing America's Maternal and Infant Health Crisis

January 28, 2020

10:15 AM, 2175 Rayburn House Office Building

Purpose

The purpose of this hearing is to discuss the issues of the maternal and infant mortality rates, workforce rights, and Congress' responsibility to these issues.

Members Present

Chairwoman Wilson, Ranking Member Walberg, Chairwoman Adams, Ranking Member Walker, Representatives Courtney, Roe, Fudge, Fulcher, Takano, Foxx, Jayapal, Johnson, Morelle, Wild, McBath, Underwood, Shalala, Levin, Stevens, Scott, and Bonamici

Witnesses

Ms. Stewart, President and CEO, March of Dimes

Ms. Sankofa, Executive Director, United States Breastfeeding Committee

Dr. Perry, President, National Birth Equity Collaborative

Opening Statements

Chairwoman Wilson said the United States has the worst maternal mortality rate among developed countries. Each year, 700 women die from pregnancy and 50,000 women suffer from pregnancy complications. Outcomes in the US are moving in the opposite direction. 2016 mortality rate was nearly 17 per 100,000 live births, more than the rate in 1987. Florida maternal mortality rates are especially alarming – well-above the national average. Improving maternal and infant health requires providing quality and affordable health insurance to the roughly 11% of reproductive age people, and 10.6 million Americans went without health insurance. 14 states still have not expanded Medicaid eligibility, which pays for 43% of births. Infants from WIC participants are 33% less likely to die as opposed to non-participants. Despite this, WICs are at the lowest number of participants in over a decade in 2016. Congress must expand access rather than restrict it. This will require undoing structural racism affects every aspect of American life. Black mothers are 3 to 4 more times likely to die of pregnancy compared to white mothers. Simply put, if Congress wants to stop this crisis, they must work together.

Ranking Member Walberg said maternal mortality rates have been rising in the United States unlike other countries. Black women have suffered from this crisis even more so and it is unacceptable. This issue demands a serious and thoughtful response. The rates are unclear and varied, but they can be known. Before this committee considers the imposition of an additional government mandate that could affect employers and pensions, Congress should examine the larger issue at hand and then propose legislation accordingly. Congress cannot forget the important role employers are playing to provide health insurance to mothers and babies. 159 million Americans are covered by employer-sponsored insurance. Employers offer different kinds of coverage to their employees to ensure they have options. Bottom line, bringing a child into the world should be exciting. Mothers should feel

confident in their new role not scared. This is why Congress should move forward with legislation on addressing the maternal and infant crisis.

Chairwoman Adams said this crisis is devastating communities across the country and especially the minority population. Strategies have been implemented and it is Congress' job to expand on those strategies that are working. Women work later into their pregnancies and more quickly after their babies are born. Congress should ensure workplaces support the health of mothers and infants. Federal law currently does not guarantee the right for mothers to express breastfeeding. There is no requirement of designated, private space for pumping breaks. Even covered workers have limited avenues. The question is whether Americans will come together to find solutions for these issues.

Ranking Member Walker said in the years of 1990– 2015, the US maternal mortality rate increased by 34%, while global maternal mortality rate decreased by 43%. There are protections under the law that safeguard new mothers – requires employers to provide reasonable break times and accommodations for one year after giving birth. 6 in every 10 mothers are in the workforce. Congress previously passed legislation that affected mothers and infants. Hundreds of maternal deaths occur every year, and Congress should do better. Careful examination of the statistics is required, which is why this hearing is important.

Testimony

Ms. Stewart said every day March of Dimes (MOD) began this fight for mothers and infants 80 years ago. 2 babies die every hour and one woman dies every 12 hours as a result of complications in pregnancy. The most recent MOD report card shows maternal mortality rates are increasing and disparity outcomes are worsening. Americans should not wait for more data to act on this crisis. There are additional steps people can take today. Congress should take steps to ensure comprehensive care for mothers and infants. MOD supports creating a new special enrollment period for pregnancy to access prenatal care (outlined in Healthy Moms Act) and protection from surprise billing/cost-sharing. Americans need to address the barriers are presented in communities, not just the legislative barriers.

Ms. Sankofa said breastfeeding has been proven to be a primary prevention strategy of building a foundation for life-long health and wellness. Breastfeeding children not only helps children, but also reduces the likelihood of health issues in mothers. Lack of support and resources can create barriers feed into the maternal and infant crisis that exists today. 60% of mothers have stated they did not breastfeed for as long as they had hoped due to these barriers. Investment in upstream policy solutions is necessary to counter this crisis. Even with systemic solutions, more must be done. 9 million employees are excluded from current legislation protection among the workforce. The consequences of the coverage result in harassment, reduced wages, and job loss. This puts some new mothers at risk of their families' economic security by continuing to work and breastfeeding. The Pump for Nursing Mothers Act provided clarification for employers and remedies for nursing mothers. This is an example that if planned appropriately, it is possible to help mothers and infants from this crisis.

Dr. Perry said women are integral to every industry in the US. The CDC defines pregnancy-related deaths as the death of a woman while pregnant or within one year of the pregnancy. Based on the definition, 2,726 women died 2011-2014. Of those, 38% were black. Over 60% of these deaths were preventable. Race is a social and political construct. Currently, there is no culturally congruent maternal care provided. Diversifying the care is crucial to avoiding these disparity rates. Federal investment is critical. Black mothers need accountability – they need to know their lives are valued. This accountability may be complicated but racism, gender issues, and classism are killing Americans. Government has a responsibility to be fulfilled. Yes, black mommas matter.

Questions and Answers

Chairwoman Wilson asked how many black midwives are currently in practice and what policies should Congress pursue to increase these numbers. **Dr. Perry** said it is known that 5% midwives are black. There is an opportunity by decreasing intervention and allowing mothers to have a midwife. The idea of someone who looks like them and understands them being more comfortable. Increasing the workforce development is a direct pipeline to midwife programs. **Chairwoman Wilson** asked about the history of racism and the role Dr. Sims played in regards to quality of care. **Dr. Perry** said the background of the study that was conducted on black woman with Dr. Sims concluded black woman did not receive pain the same way as white women, as if melanin had something to do with it. This shows how black women were not historically valued. **Chairwoman Wilson** asked Ms. Stewart if March of Dimes supports legislation such as ensuring Lasting Smiles Act that closes the coverage gap in these children. **Ms. Stewart** said yes, this aligns with the MOD mission.

Ranking Member Walberg asked how the increased availability of data impacted maternal improvement initiatives. **Ms. Stewart** said the data did help understand the scope of the issue by state and the underlying causes of maternal mortality. **Ranking Member Walberg** asked Dr. Perry how protocols can help decrease mortality. **Dr. Perry** said protocols have proven to be effective, but there are a few biases that still occur with care. **Ranking Member Walberg** asked Ms. Stewart if other countries are experiencing similar increases in maternal mortality rates and if we are learning from those countries. **Ms. Stewart** said the US is unique and stand-alone in this increase among developed countries. She said other countries are expanding their care to the maternal and infant population further than just the period of pregnancy.

Chairwoman Adams asked how common is implicit biased training and what kind of gaps are being noticed. **Dr. Perry** said there is a big opportunity to build-up on these trainings. Americans need to understand their own biases and do not need to believe they are broken. **Chairwoman Adams** asked why coordination of care and services particularly effects black women. **Dr. Perry** said we are losing people in the gaps in the coordination of care. **Chairwoman Adams** asked Ms. Sankofa what the impact of the regulations of joint employment status, containing Nursing Mothers' Protections which has limited ability to take legal action against the employer. **Ms. Sankofa** said the private and clean areas where it is safe to pump breast milk is crucial to avoid any kind of trade-offs. **Chairwoman**

Adams asked who is left out of these rights currently. **Ms. Sankofa** said approximately 9 million women.

Ranking Member Walker asked what attributed to the shift in preterm birth rates after a decade of decline. **Ms. Stewart** said there are no concrete answers as to why. **Ranking Member Walker** asked what challenges infants and mothers face when it comes to preterm births. **Ms. Stewart** said there are a whole range of life-long complications and leads to higher costs. **Ranking Member Walker** asked if these biases are intended. **Dr. Perry** said these biases are not intended, but Americans have to unlearn these ideas they have been previously taught.

Rep. Courtney asked about the impact the ACA provision of dependents, up to the age 26, has because dependents are not covered per employer-sponsored insurance in terms of maternal care. **Ms. Stewart** said about 4 million women are not covered because they are considered dependents and this loop-hole needs to be addressed.

Rep. Roe asked the about maternal mortality rate definition and if it is defined differently in other countries. **Dr. Perry** said it is a global definition, but US is tracking it for a year as the global definition only tracks it for 42 days. **Rep. Roe** asked about the doubled rate even with the advances in research and technology. **Dr. Perry** said there are more C-Sections and the community-level care is less likely than it was back in the day.

Rep. Fudge asked how to remove barriers of breastfeeding for black mothers. **Ms. Sankofa** said listening to the communities that need to be served – community-assessment to understand what they need prior to proposing solutions. **Rep. Fudge** asked about the phenomenon on weathering and the impacts it has on black women. **Dr. Perry** said the impact of racism is really impactful on black women bodies, causing hypertension, preterm birth, etc.

Rep. Fulcher asked about the abortion rates among women of color. **Dr. Perry** said the social determinants of health is one of the implications of these rates. The result of not having the services to go through with a pregnancy, and that is the alternative option.

Rep. Takano asked Ms. Stewart what benefits expanding Medicaid coverage could have. **Ms. Stewart** said maternal deaths and other complications could be avoided, both physically and mentally. **Rep. Takano** asked what the reasonable time period of coverage is. **Ms. Stewart** said a year. **Rep. Takano** asked what can be learned from other countries. **Ms. Stewart** said more comprehensive family care coverage is something US is lacking.

Rep. Foxx asked what state initiatives are underway to address infant and maternal mortality. **Ms. Stewart** said the state with the most success is California with their data-driven decisions. **Rep. Foxx** asked how employers can work with providers on this issue. **Ms. Stewart** said paid-family leave is a huge step in the right direction. **Rep. Jayapal** asked how high out-of-pocket costs exacerbate these mortality rates in the racial context. **Dr. Perry** said when Congress allows these institutions to charge high

deductibles and premiums, allows these racial inequalities. Private insurance should also be considered, not just public options.

Rep. Johnson asked Dr. Perry where she thinks, on a scale of 1 -10, where the US is as a country as far as implementation of best practices. **Dr. Perry** said 3 & ½, maybe. **Ms. Stewart** added the real issue is upstream and preventative rather than waiting for women to get to the point of mortality risk.

Rep. Morelle asked about some of the barriers and impediments women face. **Ms. Stewart** said there is a dramatic increase in C-Sections than before which poses a new set of barriers in and of itself. **Rep. Morelle** asked Dr. Perry about the issues related the sub-conscious biases. **Dr. Perry** said the training is implemented to avoid these biases and their outcomes.

Rep. Wild asked if Dr. Perry thinks better access to contraception is an important component of women's health. **Dr. Perry** said yes. **Ms. Stewart** added women having choices around their body is important.

Rep. McBath asked what Congress should be doing to ensure women have access to healthcare prior to, during, and after pregnancy. **Dr. Perry** said the one year mark is a big move to allow more coverage. **Rep. McBath** asked about the correlation of domestic violence and maternal health. **Dr. Perry** said there is a correlation and it is not only on the mother, but also the father.

Rep. Underwood asked why protective factors like education and wealth are failing to insulate American moms from elevated risk of maternal mortality. **Ms. Stewart** said it goes back to the racial disparities discussed earlier. **Rep. Underwood** asked about the Republican repeal on the ACA and what it means for maternal health coverage. **Ms. Stewart** said more coverage translates to better outcomes.

Rep. Shalala asked what the witnesses recommend in terms of program improvements. **Ms. Stewart** said expanding the coverage to one year after child birth. **Dr. Perry** said to look into existing institutions and emphasize the programs within each of those.

Rep. Levin asked about the need for training on more midwives. **Dr. Perry** said US needs a larger and stronger workforce of midwives. **Rep. Levin** asked about the current time limits in legislation being too narrow. **Ms. Sankofa** said these limits are placed to move legislation forward.

Rep. Stevens asked about the challenges families face when affording the appropriate care regarding congenital birth defects. **Ms. Stewart** said coverage being denied is a common barrier especially when considering long-term care.

Rep. Scott asked about the ultimate cost of the initiatives that would prevent these deaths. **Ms. Stewart** said 3 out of 5 of these deaths are preventable. **Rep. Scott** asked if there is

evidence that these services would save more than they cost. **Ms. Stewart** said yes. **Rep. Scott** asked about the federal services provided which can reduce violence and impact maternal deaths. **Dr. Perry** said having safe places for mothers is one of the services that can be more widely used.

Rep. Bonamici asked how the reproductive rights might not be respected in healthcare settings pre-pregnancy. **Dr. Perry** said more restrictions on contraception, causes more mortality and complications. **Rep. Bonamici** asked why there is a large lack of certification for WIC. **Ms. Stewart** said this is a major issue and it poses other barriers so it needs to be addressed.