



June 5, 2019

*Via electronic submission*

The Honorable Lamar Alexander  
Chairman  
U.S. Senate Committee on Health,  
Education, Labor & Pensions  
Washington, D.C. 20515

The Honorable Patty Murray  
Ranking Member  
U.S. Senate Committee on Health,  
Education, Labor & Pensions  
Washington, D.C. 20515

RE: Comments on Discussion Draft of the *Lower Health Care Costs Act of 2019*

Dear Chairman Alexander and Ranking Member Murray:

March of Dimes, a unique collaboration of scientists, clinicians, parents, members of the business community and other volunteers representing every state, the District of Columbia and Puerto Rico, thanks you for the opportunity to offer comments on the *Lower Health Care Costs Act of 2019*. We appreciate your bipartisan dedication to lowering health care costs while simultaneously improving the health of Americans, and we commend you for including important public health priorities in the draft legislation. Too often the United States shortchanges programs dedicated to preventing death and disease, leading to avoidable human suffering and unnecessary costs.

March of Dimes strongly supports provisions in the *Lower Health Care Costs Act of 2019* aimed at improving maternal health, boosting U.S. vaccination rates, and modernizing the nation's public health data infrastructure. The nation's unacceptably high maternal mortality rate, alarming outbreaks of vaccine-preventable disease, and public health's antiquated systems to respond to these emergencies highlight the urgent need for programs included in the Committee's discussion draft. March of Dimes urges the Committee to include specific authorization levels for the programs as outlined below to guarantee they receive the funding necessary for meaningful implementation.

### **MATERNAL MORTALITY**

While the United States is one of the costliest countries in the world to give birth<sup>1</sup>, outcomes for our nation's mothers are poor and getting worse. Approximately 700 women die in childbirth each year and more than 50,000 experience severe complications due to labor and

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<sup>1</sup> Rosenthal, E. American Way of Birth, Costliest in the World. *The New York Times*. June 30, 2013. Accessed at <https://www.nytimes.com/2013/07/01/health/american-way-of-birth-costliest-in-the-world.html?src=me>.

delivery.<sup>2</sup> Pregnancy-related death in the United States has more than doubled over the past 25 years.<sup>3</sup> These statistics don't only tell a tragic story, they also tell an expensive one. Complications in childbirth can turn an already expensive hospital bill into an exorbitant one, straining the finances of families and the entire health care system.

March of Dimes applauds the Committee for addressing our nation's maternal mortality crisis by incorporating sections 406 – 410 in the *Lower Health Care Costs Act of 2019*. Programs authorized by these sections will build on the strong foundation the Committee laid last year by advancing the *Preventing Maternal Deaths Act of 2018* (P.L. 115-344) and the *Improving Access to Maternity Care Act* (P.L. 115-320). Despite these successes in the 115th Congress, more must be done to save the lives of mothers across the country.

#### Section 406. Innovation for maternal health.

With the passage of the *Preventing Maternal Deaths Act of 2018*, Congress made a significant commitment to discovering the drivers of the nation's high maternal death rate and identifying opportunities to prevent future tragedies. However, the investment in state maternal mortality review committees (MMRC) is only beneficial if the data gathered leads to meaningful and timely action. Section 406 will ensure states have tools to help providers and health systems implement best practices to prevent maternal mortality and morbidity.

March of Dimes recommends including an authorization of appropriations for this grant program at **\$10 million** for each of fiscal years 2020 – 2024 as outlined in similar provisions in the MOMMA's Act (S. 916).

#### Section 407. Training for health care providers.

Women of color are disproportionately impacted by the nation's maternal mortality crisis. Black and American Indian/Alaska Native women are roughly three times as likely to die from pregnancy-related causes as white women in the United States.<sup>4</sup> Research suggests that stereotyping and implicit bias on the part of health care providers can contribute to racial and ethnic disparities in health outcomes.<sup>5</sup> March of Dimes strongly supports inclusion of provisions in the *Lower Health Care Costs Act of 2019* to reduce these disparities through health care provider training on implicit bias and cultural competency.

March of Dimes urges the Committee to authorize **\$5 million** for this important grant program for each year of fiscal years 2020 – 2024 as recommended for a similar initiative in the *Maternal Care Access and Reducing Emergencies (Maternal CARE) Act* (S. 1600). March of Dimes also

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<sup>2</sup> March of Dimes. Nowhere to Go: Maternity Care Deserts Across the U.S. October 2018. Available at: [https://www.marchofdimes.org/materials/Nowhere\\_to\\_Go\\_Final.pdf](https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf).

<sup>3</sup> Ibid.

<sup>4</sup> Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. Available at: [https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s\\_cid=mm6818e1\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w)

<sup>5</sup> Racial and ethnic disparities in obstetrics and gynecology. Committee Opinion No. 649. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;126:e130–4. Available at: <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Racial-and-Ethnic-Disparities-in-Obstetrics-and-Gynecology>

supports efforts to study and make recommendations on best practices for implicit bias and cultural competency provider training as authorized by section 408 of the discussion draft.

#### Sec. 409. Perinatal quality collaboratives.

Much like the grant program authorized under section 406 will ensure states have tools to implement MMRC recommendations, the creation of a grant program to support perinatal quality collaboratives (PQCs) will ensure states have a system to support the implementation of recommendations. PQCs are networks of health care providers, health care systems, public health professionals and other stakeholders dedicated to improving maternal and infant outcomes through implementation of evidence-based interventions. For years, state-based PQCs have improved health outcomes for mothers and infants while saving the health system money. For example, during the period of September 2008 to March 2015, Ohio's PQC achieved an estimated cost savings of over \$27,789,000 associated with a shift of 48,400 births to 39 weeks gestation or greater and a 68 percent decline in the rate of deliveries at less than 39 weeks gestation without a medical indication.<sup>6</sup> If appropriately resourced, PQCs are poised to translate MMRC recommendations into reforms in policy and health care practice that will save women's lives.

March of Dimes recommends including an authorization of appropriations for state PQCs at **\$15 million** for each year of fiscal years 2020 – 2024 to ensure PQCs can continue and expand their work to save the lives of mothers and their infants. This level is consistent with the authorization for the same grant program in the *Quality Care for Moms and Babies Act* (S. 2637 in 115th Congress).

#### Sec. 410. Integrated services for pregnant and postpartum women.

March of Dimes appreciates that the Committee recognizes that fundamental change in how our nation cares for pregnant women is essential to reversing the alarming trends in maternal outcomes. There is a growing body of evidence demonstrating that access to non-traditional providers and services before pregnancy, during labor and in the postpartum period can lead to improved birth outcomes for mother and infant. For instance, studies suggest that increased access to doula care, especially in underserved communities, may improve birth outcomes, enhance the experience of care, and lower costs.<sup>7</sup> Further, group prenatal care has shown promise for improving both maternal and birth outcomes.<sup>8,9</sup> March of Dimes strongly supports

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<sup>6</sup> Centers for Disease Control and Prevention (CDC). (2019). Perinatal Quality Collaboratives. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm#success>

<sup>7</sup> Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. *Cochrane Database Syst Rev* 2013 Jul 15;7:CD003766.

<sup>8</sup> Crockett, Amy et al., "Investing in CenteringPregnancy™ Group Prenatal Care Reduces Newborn Hospitalization Costs," *Women's Health Issues*, Volume 27, Issue 1, 60 – 66. Available at: [https://www.whijournal.com/article/S1049-3867\(16\)30191-8/fulltext](https://www.whijournal.com/article/S1049-3867(16)30191-8/fulltext)

<sup>9</sup> Zorrilla CD, Mosquera A, Silvia RD, Rivera-Viñas JI, Vega DIS et al. (2017) Cost Savings Related to Decreased Preterm Birth in a Program of Centering Pregnancy for Hispanic Women. *MOJ Womens Health* 5(1): 00108. DOI: 10.15406/mojwh.2017.05.00108. Available at: [https://www.academia.edu/36821648/Cost\\_Savings\\_Related\\_to\\_Decreased\\_Preterm\\_Birth\\_in\\_a\\_Program\\_of\\_Centering\\_Pregnancy\\_for\\_Hispanic\\_Women](https://www.academia.edu/36821648/Cost_Savings_Related_to_Decreased_Preterm_Birth_in_a_Program_of_Centering_Pregnancy_for_Hispanic_Women)

the creation of a grant program to support evidence-based and evidence-informed programs to deliver integrated services to expecting mothers. We recommend **\$25 million** for the program each year for fiscal years 2020 – 2024 as proposed in the *Maternal CARE Act*.

Further, March of Dimes encourages the Committee to work with the Senate Finance Committee to ensure that women have access to necessary postpartum care through Medicaid and the Children’s Health Insurance Program (CHIP) for a full year after pregnancy. Adequate postpartum coverage enables new mothers to obtain the services they need to recover completely and to ensure their next pregnancy, if any, can be healthy. In the interest of making progress toward this end, we ask the Committees to consider establishing a voluntary demonstration or pilot program to encourage a limited number of state Medicaid programs to expand coverage for this population.

## IMMUNIZATIONS

Immunizations are considered one of the greatest public health successes of modern medicine. It is estimated that from 1994 to 2016, the U.S. childhood immunization program prevented 381 million illnesses, 855,000 deaths, and nearly \$1.65 trillion in societal costs.<sup>10</sup> Immunizations play an especially critical role in the health of pregnant women and young children. For pregnant women, rubella (or German measles) is among the most dangerous infectious diseases. It can cause stillbirth, miscarriage, or severe birth defects that can affect almost every part of the newborn’s body, including deafness, cataracts, heart defects, intellectual disabilities, and liver and spleen damage.<sup>11</sup> Influenza can also have disproportionate dangers for pregnant women. Due to physiologic changes during pregnancy, pregnant women and women up to two weeks postpartum are more vulnerable to severe illness from flu, including illness requiring hospitalization.<sup>12</sup> Measles also poses a particular threat to pregnant women, increasing the risk for more severe complications of the illness and raising the likelihood of preterm birth.<sup>13</sup>

Despite the disease-prevention and cost-saving promise of vaccination, there are individuals that remain unvaccinated. Some choose to forgo immunizations for themselves or their children due to misinformation regarding vaccine safety. Others lack access to vaccines because they are uninsured.<sup>14</sup> March of Dimes thanks the Committee for including provisions to combat vaccine hesitancy and boost vaccination rates in the *Lower Health Care Costs Act of 2019*. We strongly support sections 401 and 402.

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<sup>10</sup> Centers for Disease Control and Prevention (CDC). (2018). VFC Infographic: 20 Years of Protection. Available at: <https://www.cdc.gov/vaccines/programs/vfc/20-year-infographic.html>

<sup>11</sup> CDC. (2017). Pregnancy and Rubella. Available at: <https://www.cdc.gov/rubella/pregnancy.html>.

<sup>12</sup> Rasmussen SA, Jamieson DJ, Uyeki TM. (2012). Effects of influenza on pregnant women and infants. *American Journal of Obstetrics & Gynecology*, 207(3 Suppl):S3-8. Available at: [https://www.ajog.org/article/S0002-9378\(12\)00722-3/pdf](https://www.ajog.org/article/S0002-9378(12)00722-3/pdf).

<sup>13</sup> Rasmussen SA, Jamieson DJ. (2015). What Obstetric Health Care Providers Need to Know About Measles and Pregnancy. *American Journal of Obstetrics & Gynecology*, 126(1): 163–170. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4552307/>.

<sup>14</sup> Hill HA, Elam-Evans LD, Yankey D, Singleton JA, Kang Y. Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017. *MMWR Morb Mortal Wkly Rep* 2018;67:1123–1128. Available at: <https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm#suggestedcitation>.

#### Sec. 401. Improving awareness of disease prevention.

While child vaccination rates remain high in most part of our nation, there are communities around the country susceptible to outbreaks of vaccine-preventable diseases due to low vaccination rates.<sup>15</sup> This is allowing dangerous infectious diseases to gain a foothold from which they can spread. The resulting reduction in herd immunity endangers not only pregnant women and children, but those who cannot be vaccinated, such as those with medical conditions that compromise their immune systems.

March of Dimes strongly supports the creation of an education campaign to improve vaccination rates and urges the Committee to ensure that authorization language is flexible enough to allow for tailored campaigns targeted to specific geographic and online communities at risk for vaccine-preventable disease. We urge the Committee to authorize at least **\$20 million** for these activities in each year of fiscal years 2020 – 2024. Additionally, March of Dimes asks that authorization language clarify that the sums to be appropriated should not supplant funding from current immunization efforts at the Centers for Disease Control and Prevention (CDC).

#### Sec. 402. Grants to address vaccine-preventable diseases.

State and local health departments across the country are struggling to respond to outbreaks of vaccine-preventable disease. There have already been almost 1,000 confirmed cases of measles this year, the greatest number of cases reported in the U.S. since 1992.<sup>16</sup> Cases of whooping cough, hepatitis A, hepatitis B, mumps and seasonal flu also continue to spread across the country. Public health officials on the ground need new resources and effective tools to respond. March of Dimes supports the authorization of additional resources to help states prevent the spread of vaccine-preventable disease and again urges the addition of authorization language clarifying that the sums to be appropriated should not supplant funding from current immunization efforts at CDC.

### **PUBLIC HEALTH DATA INFRASTRUCTURE**

As authorized by the Health Information Technology for Economic and Clinical Health (HITECH) Act, the federal government has invested more than \$30 billion to incentivize the use of electronic health records. While there is debate about the overall success of the HITECH Act, the investment has helped move health care systems into the digital age.<sup>17</sup> The same cannot be said for the U.S. public health systems, which continues to operate using 20th century technology, including faxes, handwritten forms and screen shots. Antiquated technology hinders our nation's public health systems from effectively and swiftly identifying health threats and responding.

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<sup>15</sup> Hill HA, Elam-Evans LD, Yankey D, Singleton JA, Kang Y. (2018). Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017. *Morbidity and Mortality Weekly Report*, 67:1123–1128. Retrieved from <https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm>.

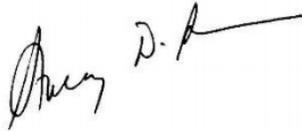
<sup>16</sup> Centers for Disease Control and Prevention (CDC). Measles Cases and Outbreaks. (2019). Available at: <https://www.cdc.gov/measles/cases-outbreaks.html>

<sup>17</sup> Adler-Milstein J, Jha AK. HITECH Act Drove Large Gains In Hospital Electronic Health Record Adoption. *Health Affairs*. Vol 30 No 8. August 2017. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1651>

March of Dimes thanks the Committee to including section 405 in the discussion draft. Now is the time to invest in a 21st century public health data infrastructure to improve future data collection efforts and swiftly move that data into action to improve population health, including the health of mothers and infants. March of Dimes urges the Committee to authorize **\$100 million** for these activities each year for fiscal years 2020 – 2024.

Thank you again for the opportunity to provide feedback on the *Lower Health Care Costs Act of 2019*. We stand ready to support your efforts to improve the health of mothers, infants and all Americans while also reducing the financial burden on families and the health care system. If we can provide further information or otherwise be of assistance, please contact Rebecca Abbott, Deputy Director of Federal Affairs for Public Health, at [rabbott@marchofdimes.org](mailto:rabbott@marchofdimes.org) or 202-292-2750.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacey D. Stewart", with a long horizontal flourish extending to the right.

Stacey D. Stewart  
President and CEO