Statement for the Record Submitted by
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Markup of H.R. 2339, H.R. 4995, H.R. 4996 and H.R. 2387 by the Energy and Commerce Committee's Subcommittee on Health
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March of Dimes is a non-profit, non-partisan, organization that fights for the health of all moms and babies. We appreciate this opportunity to submit testimony for the record in support of the *Maternal Health Quality Improvement Act of 2019* (H.R. 4995), the *Helping Medicaid Offer Maternity Services* (MOMS) Act of 2019 (H.R. 4996) and the *Reversing the Youth Tobacco Epidemic Act of 2019* (H.R. 2339). Today's markup shows the Subcommittee's commitment to improving the health of mothers and their infants.

Each day, in thousands of delivery rooms across the country, mothers cradle newborns wrapped in the iconic pink and blue stripped receiving blanket. They will bundle their new baby girl or boy in the same blanket as they go home for the first time, and swaddle their infant in the soft flannel during the early sleepless nights. Tragically, more than 700 infants will keep their hospital receiving blanket, but will not have their mothers to lovingly wrap them in it. In the United States, 700 mothers die from pregnancy-related causes each year, and more than 50,000 others experience dangerous complications that could have killed them -- making the United States the most dangerous place in the developed world to give birth.[i] For women of color, the dangers of giving birth are even more acute. Black mothers of all ages are more than three times as likely to die from pregnancy-related complications as their white peers.[ii] The rates of pregnancy-related death for black and native women over the age of thirty are four to five times higher than their white peers.[iii]

Our nation is in the midst of a crisis in maternal and child health. It's one crisis, not two—as the health of moms and babies are intertwined. Virtually every measure of the health of pregnant women, new mothers, and infants is going in the wrong direction. Preterm birth rates are rising. In many communities, infant mortality rates exceed those in developing nations. Nations such as Slovenia and French Polynesia have a better infant mortality rate than the United States.[iv]

Striking disparities exist among the health of mothers and babies of different racial and ethnic backgrounds. Black children face the highest child mortality rate among racial/ethnic groups – more than two times higher than the rate for Asian children and 1.5 times higher than the rate for white children.[v] There are dramatic variations in key measures like well-visits for women and infants among different racial and ethnic groups, as well as geographic areas.

These alarming numbers and statistics represent the stories of real people. The new mom who develops preeclampsia after her delivery, but can't get to the doctor in time to treat the life-threatening condition. The Black mother who told her health care provider that something wasn't right, but whose voice was ignored, leading to life-threatening consequences. The father who loads his new daughter into the car seat for the first time without his partner by his side.

March of Dimes thanks the Subcommittee for taking action today to ensure these stories will have happier endings in the future. With your leadership, the 115th Congress passed two important bills to address the rising rates of maternal mortality, the *Preventing Maternal Deaths Act* (P.L. 115-344) and the *Improving Access to Maternity Care Act* (P. L. 115-320). However, addressing the maternal and infant health crisis demands additional Congressional effort. The provisions in the *Maternal Health Quality Improvement Act of 2019* and the *Helping MOMS Act of 2019* would take critical next steps, including:

Authorizing important public health initiatives to implement evidence-based practices and systems change. Both the Alliance for Innovation on Maternal Health (AIM) program and state-based perinatal quality collaboratives (PQCs) are initiatives with a record of success in advancing evidence-based or evidence-informed practices to improve the quality of maternity and newborn care. These programs are positioned to facilitate implementation of recommendations from state maternal mortality review committees and other expert bodies. Authorizing the AIM and PQCs will ensure that the promise of new data and evidence to improve maternity care is quickly realized.

Addressing racial and ethnic disparities in maternal and infant health outcomes. A significant racial and ethnic disparity in maternal mortality exists in the United States, with black women being three times more likely to die from pregnancy-related causes compared to white women.[vi,vii] These disparities cannot be explained by differences in age or education. According to the latest data from the Centers for Disease Control and Prevention (CDC), maternal mortality rates among black women with a completed college education or higher was 1.6 times that of white women with less than a high school diploma.[viii] Providing support for training programs to address provider implicit and explicit bias is an important first step to eliminate systemic barriers in health care that perpetuate inequities in maternal health outcomes.

Improving care for women in underserved areas. Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,[ix] and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.[x] In October 2018, March of Dimes released a report showing that 5 million women live in "maternity care deserts," which are communities without a hospital offering obstetric services or providers. Establishing rural obstetric networks, training providers in rural communities and expanding access to telehealth services will help close the access gap for the 150,000 mothers living in maternity care deserts that give birth each year.

Ensuring women maintain access to Medicaid for a full year after delivery. Medicaid covers nearly half of all births in the United States.[xi] For these women, Medicaid pregnancy coverage ends approximately 60 days after delivery, ending access to care at a time when the risks of maternal complications and death persist. According to the latest data from the Centers for Disease Control and Prevention (CDC), approximately one-third of pregnancy-related deaths occur during the time between seven days to one year following childbirth and more than one-third of those deaths occurred 43 – 365 days postpartum.[xii] The CDC estimates that up to 60 percent of these deaths are preventable.[xiii] Causes of maternal deaths include cardiovascular conditions, hypertensive disorders of pregnancy (preeclampsia/eclampsia), infection, hemorrhage, suicide and drug overdose. Enabling mothers to maintain access to treatment for these medical conditions in the postpartum period is essential to preventing maternal morbidity and maternal mortality. The *Helping MOMS Act of 2019* is an important first step toward guaranteeing access to health insurance coverage in the postpartum period for all women in every state.

In addition to the *Maternal Health Quality Improvement Act of 2019* and the *Helping MOMS Act of 2019,* the Subcommittee is also marking up a bill that addresses an ongoing and significant threat to mothers and infants – tobacco. Tobacco use remains the leading cause of preventable death in the United States.[xiv] Not only do tobacco products harm those who use them, they also endanger the health of those exposed to their dangerous byproducts, including pregnant women and their developing infants. Smoking while pregnant is associated with low birth weight, increased stillbirth rates, and premature birth.[xv] Exposure to secondhand smoke during pregnancy poses the very same threats to infants.[xvi] Use of electronic cigarettes (e-cigarettes) is problematic for this population as well. There is no known amount of nicotine that is safe during pregnancy, and no studies have been done on the safety of e-cigarettes in pregnant women.[xvii] The skyrocketing use of e-cigarettes among female high school students is particularly alarming because of the threat it poses to health of these young women, including any future pregnancies.

The *Reversing the Youth Tobacco Epidemic Act of 2019* would implement a sweeping set of policy changes to reduce tobacco use, including raising the minimum age to purchase all tobacco products to 21, banning flavored tobacco products, prohibiting the sale of tobacco products online, and limiting advertising of e-cigarettes. These measures are essential to preventing a new generation of Americans from becoming addicted to deadly tobacco products.

March of Dimes again thanks to the Subcommittee for demonstrating its commitment to improving the health of the nation's mothers and infants by considering the *Maternal Health Quality Improvement Act of 2019*, the *Helping MOMS Act of 2019*, and the *Reversing the Youth Tobacco Epidemic Act of 2019*. In totality, these bills represent an extraordinary step forward in addressing the maternal and infant health crisis. March of Dimes stands ready to support you in your efforts to swiftly pass these important bills.

[i] 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.

[ii]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: http://dx.doi.org/10.15585/mmwr.mm6818e1.

[iii] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. Available at: http://dx.doi.org/10.15585/mmwr.mm6835a3external.

[iv] Central Intelligence Agency. World Factbook: Infant Mortality Rate. Access May 2019. Available at https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html.

[v] America's Health Rankings Health of Women and Children Report. March 2018. United Health Foundation. Available at https://assets.americashealthrankings.org/app/uploads/ahr_hwc_2018_report_summary_022818a.pdf.

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[vii] Callaghan WM. Overview of maternal mortality in the United States. Semin Perinatol 2012;36(1):2-6.

[viii] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. Available at: http://dx.doi.org/10.15585/mmwr.mm6835a3external.

[ix] Faron, Dina. Maternal Health Care is disappearing in rural America. Scientific American, February 15, 2017.

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[xi] Births: Final Data for 2016. National vital statistics reports; Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, and Drake P. (2018, January 31) vol 67 no 1. Hyattsville, MD: National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf.

[xii] 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: http://dx.doi.org/10.15585/mmwr.mm6818e1.

[xiii] Ibid.

[xiv] Gentzke AS, Creamer M, Cullen KA, et al. Vital Signs: Tobacco Product Use Among Middle and High School Students — United States, 2011–2018. *MMWR Morbidity and Mortality Weekly Report* 2019;68:157–164.Available at https://www.cdc.gov/mmwr/volumes/68/wr/mm6806e1.htm?s_cid=mm6806e1_w.

[xv] Centers for Disease Control and Prevention (CDC). Smoking During Pregnancy. Available at https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm.

[xvi] Ibid.

[xvii] CDC. E-Cigarettes and Pregnancy. Available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/e-cigarettes-pregnancy.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Ftobaccouse pregnancy%2Fe-cigarettes-pregnancy.htm.