



November 14, 2022

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Leader McCarthy, Leader Schumer, and Leader McConnell:

On behalf of March of Dimes, the nation's leading nonprofit organization fighting for the health of all moms and babies, I write to express our appreciation for your commitment to ending the maternal mortality crisis in the United States, including your support for legislation to improve maternal health outcomes and eliminate disparities. As negotiations around end-of-year legislation take place, we strongly urge you to ensure that critical maternal health equity investments are included in the final package to address the deep inequities individuals giving birth face, specifically Black, Hispanic and Indigenous women.

During this critical time of enduring COVID-19, the health of our nation's mothers, infants and families must be a priority. Even before the pandemic, our nation was confronted with a maternal health crisis. Over 800 women died due to pregnancy or childbirth in 2020, a record high exacerbated by the COVID-19 pandemic¹, and more than 50,000 other women experience life-threatening complications due to labor and delivery. Black and Indigenous birthing people die at 2-3 times the rate of their white counterparts.² These rates reveal the long-standing inequities within our health care system and the racial and ethnic disparities in health outcomes. Further, research from the U.S. Centers for Disease Control and Prevention (CDC) based on state Maternal Mortality Review Committee data found that at least 80% of pregnancy-related deaths are preventable.³ Additionally, one in five women are affected by anxiety, depression, and other maternal mental health conditions during the postpartum period.

We urge you to include a permanent extension of full benefits for eligible pregnant and postpartum women for up to one year under Medicaid and CHIP. Extending postpartum coverage from the current requirement of 60-days to 12-months nationwide is critical to lowering the nation's alarming maternal

¹ Centers for Disease Control and Prevention (CDC). Maternal Mortality Rates in the United States, 2020. Accessed September 14, 2022. Available at: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>.

² Centers for Disease Control and Prevention (CDC). Pregnancy Mortality Surveillance System. Accessed September 14, 2020. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#race-ethnicity>.

³ Centers for Disease Control and Prevention (CDC). Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 states, 2017-2019. Accessed September 20, 2022. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html#table3>.

mortality rate. Currently, Medicaid covers almost half of all births in the U.S.⁴, however, states are required to provide just 60 days of postpartum coverage. While we are pleased with the progress being made under the American Rescue Plan Act (ARPA) with many states taking up the temporary state plan option to extend postpartum coverage to one year after the end of pregnancy, we must make 12 months postpartum coverage permanent. Without Congressional action, the state option will expire in 2027. This looming deadline causes uncertainty and administrative burden to states, and disincentivizes the remaining states in taking advantage of the option as time goes on.

We greatly appreciate both the House and Senate Appropriations Committees for including proposed funding increases for critical maternal and infant health programs. As leadership continues to work on finalizing the FY 2023 budget, we ask that you maintain this new investment specifically for the following programs.

- **Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)** to allow NICHD to sustain vital research on maternal and child health.
- **Surveillance for Emerging Threats to Moms and Babies Initiative** to expand to all 50 states, territories and jurisdictions on the impact of COVID-19 and new public health threats.
- **Safe Motherhood Initiative** to support expansion of Maternal Mortality Review Committees and Perinatal Quality Collaboratives to all 50 states and territories.
- **Newborn Screening** funding for both the CDC's Quality Assurance Program and the Health Resources and Services Administration's Heritable Disorders Program, as well as to commission a study on improving practices.
- **Grants for Maternal Depression Screening and Treatment** to help expand this program to an additional five states for pregnant and postpartum women experiencing depression and other behavioral health conditions.
- **Maternal Mental Health Hotline** which will allow qualified counselors to staff a hotline 24 hours a day and conduct outreach efforts on maternal mental health issues.

We also ask that you include the following legislation in any end-of-year package:

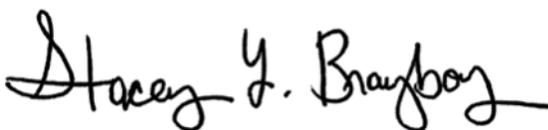
- Provisions to secure coverage for children by providing for **12 months continuous coverage eligibility under Medicaid and CHIP, make CHIP permanent** removing the potential for lapses in authorization that threaten the program's stability and children's continued access to coverage, and **extend the expanded Child Tax Credit**.
- **The Pregnant Workers Fairness Act** (S. 4431), bipartisan legislation passed by the House and approved by the Senate HELP Committee to ensure that pregnant workers have the reasonable accommodations they need to work safely while having healthy pregnancies.
- **The Restoring Hope for Mental Health and Well-Being Act of 2022** (H.R. 7666) passed by the House, which includes the Into the Light for Maternal Mental Health and Substance Use Disorders Act (S.3824/H.R.7073) and TRIUMPH for New Moms Act (S.2779/H.R.4217). This legislation would provide an authorization for the Maternal Mental Health Hotline and reauthorize HRSA grants that support state screening and treatment programs for maternal mental health and substance use.

⁴ MACPAC. Financing Maternity Care: Medicaid's Role. January 2020. Accessed October 18, 2022. Available at: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>

- **The Black Maternal Health Momnibus Act of 2021** (S. 346/H.R. 959), the first significant step in improving maternal health, specifically for Black, Hispanic and Indigenous people. The Momnibus investments would strengthen our health care systems by investing in community-based partners that center the needs, preferences, and voices of Black birthing people.
- **The Newborn Screening Saves Lives Reauthorization Act** (S. 350/H.R. 482), bipartisan legislation passed by the House to renew critical federal programs that assist states to improve and expand their newborn screening programs, support parent and provider education, and ensure laboratory quality and surveillance for newborn screening.
- **The Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022** (H.R. 8876), which would reauthorize the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) providing critical funding to reach more families and support workforce, research, evaluation, and technical assistance needs. This bill would also increase support for virtual home visiting, especially in rural communities.
- **The Stillbirth Health Improvement and Education (SHINE) for Autumn Act** (S.3972/H.R.5487), bipartisan legislation passed by the House that would take a significant first step towards addressing stillbirth by correcting shortfalls in research and data collection to better understand stillbirth, providing critical resources to improve public education and awareness and training of practitioners on stillbirth.

March of Dimes appreciates your continued strong leadership on the above maternal and infant health care priorities as you work to finalize the FY 2023 budget agreement. We look forward to working with you to ensure that pregnant women, new mothers and infants are prioritized as Congress focuses on addressing our nation's most pressing health care challenges. Please direct any follow-up questions to KJ Hertz, Senior Director, Federal Affairs (khertz@marchofdimes.org, 571.969.8655).

Sincerely,



Stacey Y. Brayboy
Sr. Vice President, Public Policy & Government Affairs

CC:

The Honorable Patrick Leahy
The Honorable Richard Shelby
The Honorable Rosa DeLauro
The Honorable Kay Granger
The Honorable Patty Murray
The Honorable Richard Burr
The Honorable Ron Wyden
The Honorable Mike Crapo

**HEALTHY
MOMS.
STRONG
BABIES.**



OFFICE OF GOVERNMENT AFFAIRS

T (202) 659-1800

E advocacy@marchofdimes.org

MARCHOFDIMES.ORG

The Honorable Frank Pallone
The Honorable Cathy McMorris Rodgers
The Honorable Richard Neal
The Honorable Kevin Brady
The Honorable Bobby Scott
The Honorable Virginia Foxx