

**TESTIMONY OF STACEY D. STEWART
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**BEFORE A JOINT HEARING OF
THE EDUCATION AND LABOR SUBCOMMITTEES ON
HEALTH, EMPLOYMENT, LABOR, AND PENSIONS
AND
WORKFORCE PROTECTIONS
“EXPECTING MORE: ADDRESSING AMERICA’S MATERNAL AND INFANT
HEALTH CRISIS.”**

**U.S. HOUSE OF REPRESENTATIVES
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Good morning, Chairwoman Wilson, Chairwoman Adams, Ranking Member Walberg, Ranking Member Byrne and members of the Subcommittees. Thank you for the opportunity to testify at today's hearing, "Expecting More: Addressing America's Maternal and Infant Health Crisis."

I am Stacey Stewart, President and CEO of March of Dimes. Every day at March of Dimes we lead the fight for the health of all moms and babies. We began that fight more than 80 years ago as an organization dedicated to eradicating polio in the United States, a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

March of Dimes' ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Rates of preterm birth are increasing, the United States is one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in birth outcomes between women and infants of color and their white peers. Though you will hear me and my fellow panelists talk about threats to the health of moms and babies, it is critical to recognize that we are dealing with one crisis, not two. The health and well-being of mothers and infants are inextricably linked. By improving the health of women before, during and between pregnancies, we are guaranteeing improved outcomes for both them and their infants. I thank the Subcommittees for recognizing this is a single crisis and focusing on policies to improve both maternal and infant health in today's hearing.

OUR NATION IS IN THE MIDST OF A MATERNAL AND INFANT HEALTH CRISIS

Virtually every measure of the health of pregnant women, new mothers, and infants living in the United States is going in the wrong direction. In 2018, the nation's preterm birth rate rose for the fourth year in a row.ⁱ In many communities, infant mortality rates exceed those in developing nations.ⁱⁱ Approximately every 12 hours, a woman dies due to pregnancy-related complications.ⁱⁱⁱ

This has led to an urgent crisis that demands a comprehensive response by policymakers at every level of government.

Premature Birth

Each year, March of Dimes releases its annual report card grading the United States, each of the states, the District of Columbia and Puerto Rico, on their progress toward improving maternal and infant health.^{iv} Our most recent report card found that the nation's preterm birth rate rose for the fourth year in a row in 2018 – to 10.0 percent. The startling increase comes after nearly a decade of decline. As you might expect, the worsening national picture does not signal good news in individual states. Between 2017 and 2018, preterm birth rates worsened in 30 states. While we have one state, Oregon, earning an A-, we have six states and one territory earning a F. What do these statistics mean for the nation's families? They mean one in every 10 babies is born preterm, which can lead to life-long health problems and, in the most tragic cases, a baby's death.

These topline numbers tell only part of the story. Diving deeper into the data highlights an even starker reality for certain communities. With preterm birth rates as high as 14.2 percent (Mississippi), 13.0 percent (Louisiana), and 12.5 percent (Alabama), infants born in the southeastern United States are much more likely to be born early than those born in other parts of the country. Racial disparities exist across the United States. Hispanic, American Indian/Alaska Native, and Black babies are born premature at a rate surpassing their white peers. In fact, the preterm birth rate among Black women is 49 percent higher than the rate among all other women.

Maternal Health

The state of maternal health mirrors that of infants born too soon. Outcomes are getting worse and those worsening outcomes are driven by disparities. Each year, 700 women die from complications related to pregnancy.^v For every maternal death, another 70 women suffer life-threatening health challenges. That's 50,000 women each year.^{vi} While other countries have

reduced their maternal mortality rates since the 1990s, the U.S. maternal mortality rate continues to rise.^{vii}

The threat of maternal mortality and morbidity is especially acute for women of color. Black mothers of all ages are three times more likely to die from pregnancy-related complications than their white peers.^{viii} The rates of pregnancy-related death for Black and American Indian/Alaska Native women over the age of thirty are four to five times higher than their white peers.^{ix} Black women are 27 percent more likely to experience severe pregnancy complications than white women.^x 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.^{xi}

Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,^{xii} and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.^{xiii} 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.^{xiv} Each year, 150,000 babies are born to mothers living in maternity care deserts.^{xv}

A MULTIFACETED RESPONSE IS NECESSARY

The causes of our nation’s maternal and infant health crisis are complex, and there is still much we do not know. That is why March of Dimes was pleased that Congress passed the *Preventing Maternal Deaths Act* (P.L. 115-344) and the *PREEMIE Reauthorization Act* (P.L. 115-328) in late 2018. Both bills continue vital programs at CDC to collect enhanced data on the causes of maternal mortality and premature birth, respectively, and translate that data into meaningful action to prevent future deaths.

Fortunately, we do not have to wait for new data to take action. We know that the causes of our nation's maternal and infant health crisis are diverse; they include physical health, mental health, social determinants, and much more. They can be traced back to issues in our health care system, including quality of care, systemic problems, and implicit bias. They stem from factors in our homes, our workplaces, and our communities. The evidence tells us there are additional steps policymakers can take **today** to protect the health of moms and their babies, including:

- Ensuring women have access to comprehensive and affordable health care before, during, and after pregnancy, and guaranteeing her newborn has the same from birth.
- Improving the health of both mom and baby by expanding innovative care models, such as group prenatal care.
- Enhancing data collection activities in communities and states to improve local and national data to drive action.
- Requiring health care provider training in implicit bias and cultural competency so all women receive the best possible care.
- Removing barriers to quality care in rural and other underserved communities.
- Enhancing protections in the workplace for pregnant women and new mothers.
- Expanding access to paid family leave.
- Strengthening existing public health and nutrition programs spreading evidence-based practices to improve maternal and infant health.

March of Dimes strongly supports policies that would advance the goals outlined above. Today, I will provide additional details on the policies most relevant to this Committee's jurisdiction.

PROTECTING AND ENHANCING HEALTH INSURANCE COVERAGE

The evidence is clear that access to health insurance is critical to improving the health of moms and their babies. Uninsured mothers and newborns are more likely to have poor birth outcomes than moms and babies with insurance coverage.^{xvi} This difference in outcomes is

related, in part, to the care moms receive while pregnant. For instance, insurance coverage is associated with early initiation of prenatal care, which has been shown to reduce rates of low birthweight.^{xvii}

But it is not just prenatal care that makes the difference. Improving the health of a mom before she becomes pregnant and in the postpartum period are essential to maternal and infant health. Chronic conditions that begin long before a woman becomes pregnant, such as high blood pressure, diabetes, heart disease and obesity, put women at higher risk of pregnancy complications and must be appropriately managed. More than one-third of pregnancy-related deaths between 2011 and 2016 are associated with cardiovascular conditions.^{xviii} About one in nine women experience postpartum depression in the year after giving birth,^{xix} and suicide is an increasing cause of maternal deaths in states around the country.

Maintaining Current Insurance Protections for Moms and New Babies

Given the importance of health coverage to mothers and newborns, it is imperative that policymakers maintain existing patient protections for all forms of health insurance. The *Patient Protection and Affordable Care Act of 2010 (ACA)* contains a range of provisions to help ensure comprehensive, meaningful, and affordable coverage for women, infants and families.

Prohibiting discrimination against individuals with preexisting conditions is essential for this population, as a chronic cardiovascular condition, a history of preterm birth, or even a past pregnancy, could have prevented a family from obtaining coverage prior to the ACA.

Guaranteeing that health plans **cover 10 categories of essential health benefits (EHBs)** is also critical for moms and babies. EHBs ensure individuals have access to comprehensive benefits and services, including maternity care, well-woman and well-child preventive care, prescription drugs and mental health services. Prior to the ACA, only 13 percent of plans sold on the individual market offered maternity care.^{xx} The ACA also includes protections to promote the affordability of insurance coverage. It **prohibits gender rating and annual or lifetime caps**. These provisions ensure that being a woman is no longer a preexisting condition and that a complicated pregnancy or early birth will not bankrupt a family.

March of Dimes urges policymakers to ensure that these important consumer protections remain in place so that all women and infants can access the affordable, quality health care services they need.

Improve health insurance coverage for pregnant women and infants

The insurance reforms in the ACA should serve as the foundation for future reforms to improve access to quality health care for mothers and infants. March of Dimes supports the policies outlined below that will make coverage more accessible, comprehensive, and affordable.

Create a special enrollment period for pregnant women

Under current law, pregnant women can only enroll in a private health insurance during annual open enrollment periods. This can lead to situations where a woman who becomes pregnant while uninsured, or is covered by a grandfathered plan that does not cover maternity care, remains uninsured for all or a part of her pregnancy. Without maternity coverage, these women are more likely to forgo necessary prenatal care and face significant out-of-pocket costs for pregnancy complications.

March of Dimes strongly supports allowing newly pregnant women to enroll in coverage outside the designated open enrollment period. By creating a new special enrollment period (SEP) for pregnancy, policymakers will ensure that the 1.1 percent of women that report having no health insurance at the time of delivery can access critical care throughout the prenatal period.^{xxi} New York and Connecticut have both recognized the importance of coverage for pregnant women by creating pregnancy SEPs for insurance plans sold in those states. It is time for Congress to do the same by passing the *Healthy Maternity and Obstetric Medicine (MOM) Act* (H.R. 2745/S. 1481). The legislation would create a SEP allowing newly pregnant women in every state to enroll in health insurance coverage through the Marketplaces, group health plans, and the Federal Employee Health Benefits system.

Ease barriers to enrollment for new babies

Pregnant women are not the only ones who would benefit from an improved enrollment experience. Many new families face unexpected medical bills and long phone calls with insurance companies as they attempt to add a new baby to their family's health plan. Enrolling a newborn in coverage is unnecessarily complicated, and can often be overlooked. This is especially true when things do not go according to plan. Moms recovering from a complicated delivery or new parents trading off shifts in the neonatal intensive care unit (NICU) can miss enrollment windows. That is why March of Dimes recommends simplifying the enrollment process for newborns to protect families from surprise medical bills after the birth of a child.

Guarantee access to important benefits

Of course, a health insurance plan is only as good as the services it covers. Congress should strengthen existing requirements for insurers to cover maternity care and certain preventive health benefits.

The ACA took the important step of requiring plans to offer dependent coverage up to age 26. However, further steps are needed to strengthen coverage in employer-sponsored plans. Since EHBs only apply in the individual and small group market, health plans sponsored by large employers are not required to provide coverage of maternity care for dependents. More than 4 million women are covered as dependents under their parents' policy, creating a loophole that potentially places women at risk of high out-of-pocket costs. This gap in coverage must be addressed to ensure all young women have access to quality maternity care.

The ACA also included important provisions that require health plans to provide essential preventive care services for women and infants without cost-sharing, promoting the utilization of these services to improve health and prevent disease. The Health Resources and Services Administration maintains a list of evidence-based, preventive care benefits for women, including comprehensive breastfeeding supports and counseling, screening for certain infectious diseases and dangerous health conditions, and tobacco cessation support, among

others. Ensuring that health insurance continues to provide this care without cost-sharing is crucial to healthy women, healthy pregnancies and healthy babies.

These preventive services are important, as are the appointments where they take place. That is why March of Dimes has endorsed *the Primary and Behavioral Health Care Access Act of 2020* (H.R. 5575), which requires insurance plans to cover three annual primary care visits and three annual outpatient mental health or outpatient substance use disorder treatment visits without cost-sharing. The reforms would ensure that new moms and their babies receive necessary care without worrying about financial barriers. These appointments are especially important for new moms and infants managing ongoing health issues stemming from pregnancy or a complicated labor and delivery.

Health insurance must also provide coverage when things do not go according to plan – whether that is a long stay in the NICU or surgery to correct a structural birth defect. Essential life-saving and life-improving care can cost a family hundreds of thousands of dollars if not covered by insurance plans. That is why March of Dimes supports the *Ensuring Lasting Smiles Act* (H.R. 1379/S. 560), which would require group and individual insurance plans to cover all medically necessary treatment for infants born with a congenital birth defect. The bill guarantees that families do not have to choose between their financial security and getting their babies and children the care they need.

IMPROVING MATERNAL AND INFANT HEALTH OUTSIDE THE CLINICAL SETTING

While access to health insurance and health care services is essential to promoting healthy pregnancies and healthy infants, we cannot address the nation’s maternal and infant health crisis by focusing exclusively on doctor’s offices and hospitals. We must also address barriers to health in our communities and our workplaces.

Protecting Pregnant Women in the Workplace

March of Dimes applauds this Committee and its members for promoting healthy pregnancies by taking steps to advance the *Pregnant Workers' Fairness Act* (H.R. 2694). Earlier this month, the Committee voted to send H.R. 2694 to the House Floor for a vote. That action was an important step toward ending workplace pregnancy discrimination that persists despite protections enacted by the *Pregnancy Discrimination Act of 1978* (P.L. 95–555). March of Dimes stands ready to work with you to enact this legislation before the end of the 116th Congress.

It is essential, but not enough, to protect pregnant women in the workplace. We must also advance policies to ensure new moms are supported before and after returning to work.

Guaranteeing access to paid family leave

First, it is paramount that the United States joins the rest of the world in providing paid family leave to allow working moms and dads to care for a new child. The evidence clearly shows that paid family leave improves infant and maternal health outcomes. An international evaluation of paid leave policies showed that for every increase of 10 weeks of paid maternity leave, there was a 10 percent lower neonatal and infant mortality rate, even after controlling for other known risk factors for infant and child death.^{xxii} Paid family leave benefits the economy, as well. A new study funded by March of Dimes' Center for Social Science Research found that states that have implemented paid family leave policies found that 20 percent fewer women leave their jobs in the first year after welcoming a child, and up to 50 percent fewer women leave the workforce after five years.^{xxiii} Given the overwhelming benefits of paid leave for, March of Dimes strongly supports the *Family And Medical Insurance Leave (FAMILY) Act* (H.R. 1185/S. 463), which would create an affordable and self-sustaining national system to provide workers with up to 12 weeks of partial income through a family and medical leave insurance fund. March of Dimes is pleased that the House Ways and Means Committee is considering the FAMILY Act as we speak, and we will continue to advocate for its passage by both chambers of Congress.

Protecting new moms in the workplace

When a new mom returns to work after having a baby, she will need continued support in the workplace to ensure she can continue to breastfeed her child if she chooses. Exclusive breastfeeding has a significant impact on the health of the baby, as well as benefits for moms.^{xxiv} However, returning to work can make continuing the breastfeeding relationship between mothers and their infants very difficult, especially if employers don't provide employees with adequate break time and an appropriate space to express breastmilk during the workday.

The ACA included provisions that required certain employers to provide break time and a place for most hourly wage-earning and some salaried employee to pump at work. The recently introduced *Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act* (H.R. 5592 /S. 3170) would extend those supports to the 9 million employees that were excluded from the ACA's protections.^{xxv} These nurses, teachers, retail workers, and managers across a number of industries deserve the same protections as other working mothers. March of Dimes proudly endorses the *PUMP for Nursing Mothers Act* and appreciates the Subcommittees for including the bill in today's hearing.

Enhancing nutrition for moms and infants

March of Dimes applauds the Committee for its work to improve maternal and infant health through its support for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC is responsible for reducing food insecurity, improving dietary intake, and creating better birth outcomes and health outcomes for millions of at-risk American families each year. A recent study added to the overwhelming evidence of the benefits of WIC by showing that WIC reduces infant mortality by one-third during the first year of life and lowers the risk of preterm birth for expectant mothers who participate.^{xxvi} March of Dimes encourages the Committee to strengthen WIC. We are especially supportive of the *Community Access, Resources, and Education (CARE) for Families Act* (H.R. 3117), which would provide dedicated funds to local WIC clinics to enhance linkages to healthcare providers to improve the health of moms and babies served at those clinics.

CONCLUSION

March of Dimes again thanks the Subcommittees for turning their attention the nation’s urgent maternal and infant health crisis. We continue to advocate fiercely for Congress to advance a comprehensive legislative package this year that will incorporate many of the policies above. We cannot wait to take action, because the state of maternal and child health in our nation is not fine. It’s not fine that 700 new moms die each year because of pregnancy complications. It’s not fine that babies of color die at rates far higher than white babies. It’s not fine that families must make a choice between earning a paycheck and working in conditions that put the health of mom and baby in danger. But with the help of policymakers dedicated to making meaningful change, it can be. March of Dimes stands ready to help you achieve that change. I look forward to your questions.

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ⁱⁱ Ingraham, C. Our infant mortality rate is a national embarrassment. *Washington Post*. September 29, 2014. Available at <https://www.washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment/>.

ⁱⁱⁱ 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.

^{iv} 2019 March of Dimes Report Card. March of Dimes. November 2019. Available at: <https://www.marchofdimes.org/mission/reportcard.aspx>.

^v Centers for Disease Control and Prevention. Maternal Mortality. September 4, 2019. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>.

^{vi} Ibid.

^{vii} Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States. November 27, 2017. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.

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^{xi} Ibid.

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^{xiv} 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.

^{xv} Ibid.

^{xvi} Institute of Medicine. Committee on the Consequences of Uninsurance. *Health Insurance is a Family Matter*. Washington (DC): National Academies Press (US); 2002. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK221019/>.

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