



February 5, 2021

The Honorable Lauren Underwood
1130 Longworth House Office Building
U.S. House of Representatives
Washington, DC 20515

Dear Representative Underwood,

On behalf of the American Academy of Nursing (Academy), I write in support of the Black Maternal Health Momnibus Act of 2021 (Momnibus), which would improve the maternal health of Black women. It was an honor to support this critical issue at the inaugural House of Representatives' Black Maternal Caucus's Stakeholder Summit in 2019 where I reinforced the Academy's longstanding commitment to addressing the causes, consequences, and solutions to combat prominent issues related to maternal and infant health.

As a Fellow, you know the Academy serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. The Academy has a clear and distinct focus on health equity and uses this lens to advance policies and solutions within each of our three overarching policy priorities: advance health equity & champion wellness, promote innovation & sustainability; and reduce patient, provider & system burden. The Academy is pleased that 12 individual bills included in the Momnibus Act fall under each of these policy priorities.

Advance Health Equity & Champion Wellness

Social Determinants of Health

Research is continuing to reveal that social determinants of health – conditions where people live, learn, work, and play – have a profound effect on health risks and outcomes.¹ Examples include housing, transportation, racism, discrimination, violence, education, job opportunities, income, access to nutritious foods, exposure to polluted air and water, etc. Some studies have shown that these factors can affect up to 80 percent of health outcomes.² The Academy is extremely supportive of The Social Determinants for Moms Act which would address crucial issues like safe housing, eliminating transportation barriers, access to nutritious food, and a wide array of other factors related to the social determinants of health. It is vital that we make key investments in social determinants so that mothers and their children are not negatively affected in their health outcomes.

Veterans' Maternity Care

Women in the military and female veterans face many challenges while serving our nation, but little is known or discussed regarding their maternal care. According to an article published in the *Journal of Women's Health*, "severe maternal morbidity affects a significant number of veteran women" and "a multidisciplinary review committee would improve surveillance and case management at the Department of Veteran's Affairs."³ The Academy is hopeful that the Protect Moms Who Served Act would bring much needed clarity on the maternal health crisis among female veterans. It is encouraging that this bill would streamline care coordination between VA and non-VA facilities, specifically target social determinants of health like housing and employment status, expand pregnant

and postpartum mental health treatment, offer various support classes like childbirth preparation classes and lactation classes, and commission a formal study to look at maternal mortality and severe maternal morbidity among veterans.

Mental Health Care, Substance Use Treatment, & Incarcerated Mothers

The Academy is encouraged to see the Moms Matter Act and Justice for Incarcerated Moms Act included in the Momnibus. Ending the practice of shackling of women in labor, establishing a wide array of birthing/parenting programs in prisons, funding programs that address maternal and perinatal mental health, and other components of these two bills are long overdue. The Academy is pleased that the Justice for Incarcerated Moms Act also would commission a comprehensive study on maternal mortality and morbidity among incarcerated women with a focus on racial disparities in maternal health outcomes. The Academy urges you and your colleagues to consider adding language during this bill's markup that "calls for an end to criminal prosecution and punitive civil actions against pregnant and parenting women based solely on their substance use or substance use disorder (SUD). The Academy supports a public health response to the needs of women, their children, and families affected by SUDs, which incorporates multi-disciplinary culturally- and trauma-responsive models of health care, child welfare, treatment and recovery supports, and clinician practices that are in line with the accumulated scientific evidence."⁴

Environmental & Climate Health

The Academy appreciates the inclusion of the Protecting Babies Against Climate Change Act in the Momnibus. As we have now come to learn, climate change not only affects the health of our planet, but our health as well. The World Health Organization has said that they believe that climate change would cause an additional 250,000 deaths per year between 2030 to 2050 from malnutrition, malaria, diarrhea, and heat stress.⁵ We are pleased to see that the bill includes funding and support to shore up housing against the threat of extreme weather events, providing patients with air conditioning units and other support devices, as well as training for health care providers to be able to identify climate change-related health risks for patients. Further, funding for the National Institutes of Health to conduct advanced research on climate change and its effects on maternal and infant health specifically, is a needed investment. We believe the provision that would design a program to identify and designate climate change risk zones for pregnant and postpartum women and their babies would be vital considering that not many people are aware that climate change is also a health issue.

Maternal Vaccinations

The Academy fully supports the Maternal Vaccination Act, that has the goal of raising maternal vaccination rates. In 2020, during the World Health Organization's World Immunization Week, the Academy released a [statement](#) reaffirming our long-supported stance of encouraging immunization in order to reduce the incidence of disease, particularly for vulnerable populations. We believe that health care providers have a duty to provide evidence-based information to the public regarding the importance, and especially, the safety of immunizations. We believe that your bill would help the government partner with patients, families, communities, and stakeholders to help individuals and the public make informed healthcare decisions.⁶

Promote Innovation & Sustainability

Funding Community-Based Organizations & Diversifying the Perinatal Health Workforce

The Kira Johnson Act and the Perinatal Workforce Act are two crucial bills in the Momnibus. Being a nurse, you know that all health care is personal. This section of the Momnibus would make vital

investments in community-based organizations, expand the perinatal workforce, and emphasize creating culturally congruent support to women throughout their pregnancies, labor and delivery, and postpartum periods. To accomplish this work, growing and diversifying the perinatal workforce is essential. In fact, research published last year found that although Black newborns are three times more likely to die as white newborns, when the healthcare professionals handling the care for the Black newborn was also Black, their mortality rate as it compares to white newborns was cut in half.⁷ Additionally, the expansion of the workforce would not only save the lives of Black babies, but the lives of Black mothers. Black women are three to four times more likely to die from pregnancy-related causes when compared to their white counterparts. Research tells us that having higher income and more education offers no protection for Black women giving birth.⁸ That has led many who have studied this troubling trend to theorize that this disparity must at least be partially caused by the institutional racism in our society. Expanding the perinatal workforce and investing in community-based organizations and birthing centers can have a real impact and close the gap on these troubling disparities. We are hopeful that the additional funding of these birthing centers and community-based organizations, expansion of the perinatal workforce to be more culturally congruent, and the other the key components of the Kira Johnson Act and the Perinatal Workforce Act would ensure that tragic, preventable deaths like that of Kira Johnson never happen again.

Telehealth & Digital Tools

The Academy supports the inclusion of the Tech to Save Moms Act would help to extend care beyond the traditional clinical setting by expanding access to remote monitoring, telehealth, and other mobile and health IT services.⁹ As we can see now during the COVID-19 pandemic, social distancing is a critical component and is essential to further prevent the spread of this pandemic. Many have used telehealth for the first time during the pandemic and in many of those cases, it has proven to be a valuable way to reach people and provide care due to its accessibility. This as well as infrastructure investments would be crucial to improving maternal and infant care outcomes in rural and underserved communities.

Innovative Payment Models

A National Academies of Sciences, Engineering, and Medicine report found that access to birth settings is limited by a pregnant woman's ability to pay. Women with Medicaid are particularly financially constrained and are then limited to services covered by Medicaid, which often does not cover the facility fee for birth, home and birth center settings are unable to cover their costs and consequently accept only a limited number of Medicaid patients.¹⁰ The Academy is optimistic that such gaps in care would be closed with the IMPACT to Save Moms Act and its provisions to create an innovative perinatal care alternative payment model demonstration project.

Limited or no expansion of Medicaid in some areas is another barrier to improving access, quality, and outcomes in maternal and infant care. A 2019 report found states that expanded their Medicaid program under the Affordable Care Act improved maternal and infant health outcomes.¹¹ This report further found that expansion of Medicaid is key to addressing health disparities. Numerous evidence-based studies have found a lack of access to care ultimately leads to not only higher health care costs overall, but also poorer health outcomes. Increasing access to maternity care lowers the risk of pregnancy-related complications for mothers and infants before, during, and after giving birth.¹² Healthier mothers and babies equal better health outcomes and lower healthcare costs. The IMPACT to Save Moms Act would ensure the continuity of health insurance coverage for women throughout their pregnancies and provided a year after postpartum would undoubtedly save lives and improve health outcomes.

COVID-19 Pandemic Effects

The COVID-19 pandemic has forever changed the way we view health care in a public health crisis, but it has also magnified, amplified, and exacerbated existing issues and disparities. Before the pandemic, we knew that the United States had the highest maternal mortality rate compared to any other developed country, with specific racial and ethnic disparities in maternal health outcomes. Black Americans are 37 percent more likely to die from COVID-19 than their white counterparts.¹³ The Academy believes that the Maternal Health Pandemic Response Act would bring much-needed, vital data collection related to COVID-19, launch a necessary public health education campaign to share important COVID-19 information to pregnant women and their healthcare providers, and commission a study on public health emergency preparedness in relation to maternal health and care. These measures would also us to deal with the COVID-19 crisis and its effect on maternal health care and outcomes as well as study current trends and be better prepared for the next public health crisis or pandemic.

Reduce Patient, Provider & System Burden

Improving Data Collection

For hundreds of years, Native Americans have been one of the most underserved populations in the United States. There is very limited health data on Native Americans, specifically Native American women, but the research that we do have shows that trauma related to maternal and child health is ongoing. The Academy applauds the inclusion of the Data to Save Moms Act in the Momnibus. This bill commissions a long-overdue comprehensive study to fully understand the scope of the Native American maternal health crisis. Also, the Academy commends the creation of the first Tribal Maternal Mortality Review Committee in the Data to Save Moms.

Thank you for your leadership and commitment to improving maternal health in our country and for specifically designing a comprehensive plan to address the maternal health crisis, especially among Black mothers. We stand ready to support you in achieving our mutual goal of delivering high-quality, effective health care to moms throughout our country and ending health care disparities. If you have any questions or need additional information, please feel free to contact the Academy's Senior Director of Policy, Christine Murphy, at cmurphy@AANnet.org or 202-777-1174.

Sincerely,



Eileen Sullivan-Marx, PhD, RN, FAAN
President

¹ Centers for Disease Control and Prevention. *Social Determinants of Health: Know What Affects Health*. <https://www.cdc.gov/socialdeterminants/index.htm>

² Robert Wood Johnson Foundation (2019, February 1). *Medicaid's Role in Addressing Social Determinants of Health*. <https://www.rwjf.org/en/library/research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html>

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⁴ Jessup, M. A., Oerther, S. E., Gance-Cleveland, B., Cleveland, L.M., Czubaruk, K. M., D'Apolito, K., Adams, S. M., Braxter, B. J., & Martinez-Rogers, N. (2019, March 1). Pregnant and Parenting Women with a Substance Use

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<https://doi.org/10.1016/j.outlook.2019.02.005>

⁵ Climate Change and Health. (2018, February 1). *World Health Organization*. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

⁶ Lusk, B., Keeling, A. W., & Lewenson, S. B. (2016). Using nursing history to inform decision-making: Infectious diseases at the turn of the 20th century. *Nursing Outlook*, 64(2), 170–178.

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⁸ The Brookings Institution. *6 charts showing race gaps within the American middle class*. (2016, October 21).

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⁹ Office of the National Coordinator for Health Information Technology. (2020). *2020-2025 Federal Health IT Strategic Plan*. [https://www.healthit.gov/sites/default/files/page/2020-](https://www.healthit.gov/sites/default/files/page/2020-10/Federal%20Health%20IT%20Strategic%20Plan_2020_2025.pdf)

[10/Federal%20Health%20IT%20Strategic%20Plan_2020_2025.pdf](https://www.healthit.gov/sites/default/files/page/2020-10/Federal%20Health%20IT%20Strategic%20Plan_2020_2025.pdf)

¹⁰ National Academies of Sciences, Engineering, and Medicine. (2020). *Birth Settings in America: Outcomes, Quality, Access, and Choice*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25636>

¹¹ Searing, A. & Ross, D. C. (2019). Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. <https://ccf.georgetown.edu/wp-content/uploads/2019/05/Maternal-Health-3a.pdf>

¹² Centers for Disease Control & Prevention. (2006). *Recommendations to Improve Preconception Health and Health Care --- United States: A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care*. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

¹³ Keating, D., Cha, A. E., & Florit, G. (2020, November 20). 'I just pray God will help me': Racial, ethnic minorities reel from higher COVID-19 death rates. *The Washington Post*.

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