



November 13, 2019

The Honorable Frank Pallone
Chairman
House Energy and Commerce Committee
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
House Energy and Commerce Committee
Washington, DC 20515

Dear Chairman Pallone and Ranking Member Walden:

March for Moms writes in support of H.R. 4996, the *Helping Medicaid Offer Maternity Service (MOMS) Act* of 2019, and H.R. 4995, the *Maternal Health Quality Improvement Act* of 2019. March for Moms is non-partisan, solution-oriented, nonprofit that advocates for respect and dignity in care for all growing American families. We are pleased that the full Committee is considering these bipartisan bills that represent a significant start to our work as a nation to address the crisis of maternal mortality and morbidity and the inequities therein.

The statistics are staggering – three out of five pregnancy-related deaths were preventable, around a quarter of all maternal deaths occur in the time period between six weeks and one year post-partum, and behavioral health conditions are a large driver of the fatalities in the pregnancy and post-partum periods.¹ We must continue the work to ensure that all birthing people who need it have access to full-scope Medicaid and CHIP services; therefore providing access to the comprehensive, integrated medical, behavioral and social care they need throughout pregnancy, childbirth and the year following birth. While *the Helping MOMS Act* is strong start to ease the path for states who want to extend coverage from 60 days to one year for new parents – we are concerned that it is not enough to incentivize all states to do so. We will continue to advocate for a mandatory extension for all states, accompanied by a higher federal matching rate that is more in line with those in the *Affordable Care Act*, 90% - 100%. Further, coverage is only a start to ensuring that birthing people can access integrated care with dignity – we must continue to work on an intersectional and systems-level set of policies that can help us move from merely surviving pregnancy and childbirth, to thriving families. Integrated care will also help to off-set the costs of coverage extensions and other public assistance funding by reducing unnecessary hospital and other service use, as well as untold pain and suffering for families.²

¹ Vital Signs: Pregnancy-Related Deaths, United States. Petersen EE, Davis NL, Goodman D, et al., 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>.; For Addicted Women, the Year After Childbirth Is the Deadliest. Vestal, Christine. (2018, August 14) Pew Stateline. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/08/14/foraddicted-women-the-year-after-childbirth-isthe-deadliest>.

² Lisa Sontag-Padilla, Dana Schultz, Kerry A. Reynolds, Susan L. Lovejoy, & Ray Firth, Maternal Depression: Implications for Systems Serving Mother and Child, RAND, https://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR404/RAND_RR404.pdf



We advocate for Medicaid financing changes to ensure that states can pay for the services that new parents need most: a one to two-week post-partum visit with a care provider and supportive, community-based services for families in the prenatal and postpartum periods such as doulas.

Second and related, we need to support states to fund and scale evidence-based, integrated, community-led care models that predominantly use a midwifery model of care with seamless coordination to primary care, OB-GYN specialists and behavioral health care. We need Medicaid and commercial payers alike to use value-based payment models that are appropriately risk-adjusted to allow us to provide the comprehensive services across social, medical, and behavioral needs for moms at scale and not just as grant-funded pilots. Lastly but just as important, we need a better way of holding institutions accountable for safe, reliable and anti-racist care. We need valid and accepted quality measures of respect and dignity in pregnancy, birth and post-partum phases. These factors are critical for people to make decisions about where to seek care, for payers and purchasers of care to incentivize health care providers with and for states, and for the Federal government to know we are making progress beyond just reducing maternal mortality rates. Survival should be the floor, not the ceiling.

As the Committee and Congress continues work on this public health crisis, we encourage you to continue to consider how to best center the experiences of American families and partner with consumer advocacy and community-based groups such as ours as you develop your policies. We applaud the leadership of Congresswomen Lauren Underwood and Alma Adams and the work of the Black Maternal Health Caucus and staff in their approach of engaging consumer and community-based groups that represent and serve Black women and families on Medicaid every day as an integral partner in the policy development process, not as a token or afterthought.

We appreciate your continued commitment to addressing our nation's maternal mortality crisis, and prioritizing this issue in the Committee. We look forward to working with you and stand ready to be a resource as this legislation advances. The *Maternal Health Quality Improvement Act* and the *Helping Medicaid Offer Maternity Services Act* would create important policies to improve maternal health care and eliminate disparities in maternal health outcomes. We thank you for your leadership and urge passage of this critical legislation.

Sincerely,

Katie Shea Barrett, MPH
Executive Director
March for Moms