



June 9, 2020

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

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

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

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

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

On behalf of the undersigned members of the Equitable Maternal Health Coalition, representing health care professionals, public health professionals and patient advocates dedicated to improving maternal health outcomes, we recognize the congressional actions taken thus far to respond to the global pandemic caused by the novel coronavirus (COVID-19). As the pandemic continues, we are deeply troubled by the disparate impacts on Black and American Indian/Alaska Native (AI/AN) communities, and the potential exacerbation of the maternal mortality crisis. We respectfully urge you to advance additional legislation to address the ongoing public health emergency that prioritizes the needs of pregnant and postpartum people of color.

The unprecedented COVID-19 pandemic is further exposing inequities faced by women of color and may have implications for the country's maternal mortality crisis. The rates of maternal mortality and severe maternal morbidity in the United States are already unacceptable, and even more concerning are the stark racial and ethnic disparities in these outcomes. Black women are three times more likely and AI/AN women are more than twice as likely to die from a pregnancy-related complication as non-Hispanic White women.ⁱ In addition, preliminary data indicate disproportionate COVID-19 infection, severe morbidity, and mortality rates among racial and ethnic minorities, specifically Black and AI/AN individuals.^{ii,iii,iv} Differences in outcomes by race is the result of historic and current systemic and institutionalized racism that concentrates social risk factors in communities of color and drives inequitable access to economic opportunity, housing stability, and quality health care, among other critical factors influencing health.

We therefore urge you to prioritize the following recommendations for inclusion in any legislative package responding to the COVID-19 pandemic:

- **Support and expand surveillance efforts to monitor the impact of COVID-19 on maternal health outcomes, including disparate outcomes among communities of color.** As we seek to better understand the short- and long-term impacts of the pandemic on maternal health and health outcomes, including disparate outcomes among communities of color, it is

crucial that we support a robust surveillance infrastructure. Specifically, we request that Congress invest in the Surveillance for Emerging Threats to Mothers and Babies program and the Pregnancy Risk Assessment Monitoring System (PRAMS) at the Centers for Disease Control and Prevention (CDC). The Emerging Threats program, established during the Zika virus outbreak, is a unique mother-baby linked surveillance network to monitor and improve the health of pregnant women and infants. PRAMS collects data on maternal attitudes and experiences before, during, and after pregnancy, with the goal of improving maternal and infant health and reducing adverse outcomes. Taken together, the Emerging Threats program and PRAMS can help us understand the public health impacts of COVID-19 on maternal and infant health outcomes and make evidence-based recommendations.

Additional funding directed to the Emerging Threats to Mothers and Babies program and PRAMS would enable them to expand to effectively respond to COVID-19 surveillance needs. Congress must require that these programs ensure appropriate inclusion of racial and ethnic minority populations.

- **Ensure that pregnant and breastfeeding people and communities of color are included in research and data collection.** Our collective efforts to fully understand and effectively mitigate the impact of COVID-19 rely on quality, inclusive, and comprehensive data collection and research. We remain incredibly concerned by the lack of uniform and standardized collection and reporting of race and ethnicity data across states and **urge Congress to use the authorities at its disposal to require collection and reporting of race and ethnicity data for all diagnostic tests, positive cases, hospitalizations, and deaths.** It is critically important that pregnancy status be included as part of the demographic data collected and reported on COVID-19. Having this data is essential to establishing the evidence base to inform future policy to protect pregnant and postpartum women. In addition, we are concerned that Congress has not yet appropriated funding specifically to support research on COVID-19 and pregnancy, and that pregnant and lactating women, including women of color, continue to be largely excluded from clinical trials on a potential COVID-19 vaccine. **We urge Congress to encourage safe inclusion of pregnant and lactating women, including women of color, in trials for vaccines and therapeutics** to ensure these populations are not left behind in our search for ways to prevent and treat COVID-19. We also **urge Congress to provide funding to the National Institutes of Health, specifically the Eunice Kennedy Shriver National Institute on Child Health and Human Development, for research specific to COVID-19 and pregnancy, with an emphasis on thorough data collection methods that include race and ethnicity data for all diagnostic tests, positive cases, hospitalizations, and deaths.**
- **Prioritize maternity care and ensure patients and health care professionals have the equipment and testing they need to stay safe.** To preserve the health and safety of laboring patients and their obstetric care professionals, it is critical that labor and delivery units be considered high priority for the distribution of rapid-response diagnostic testing and personal protective equipment (PPE). Reports indicate that some women have tested positive for COVID-19 when presenting for delivery but were asymptomatic.^v Our capacity to overcome this pandemic hinges on our ability to accurately identify and subsequently compassionately and collaboratively adjust clinical management of those testing positive to COVID-19 that balances safety and patients' preferences. We appreciate the steps already

taken by Congress to incentivize the production of PPE and diagnostic testing, but more must be done. **We urge Congress to continue leveraging all authorization and funding mechanisms at its disposal to increase the production and appropriate distribution of PPE and rapid-response diagnostic testing, especially in underserved communities that often face under-resourced facilities and are disproportionately impacted by this pandemic.**

- **Invest in evidence-based public health programs that advance Black maternal health.** The unprecedented COVID-19 pandemic is further exposing inequities faced by women of color and may have implications for the country's maternal mortality crisis. We urge enactment of the bipartisan Maternal Health Quality Improvement Act (H.R. 4995), to support training programs to address and prevent implicit bias and racism in the provision of health care services; authorize the Alliance for Innovation on Maternal Health program to facilitate the adoption of evidence-based maternal safety best practices; support perinatal quality collaboratives tasked with translating recommendations from maternal mortality review committees into policy and practice changes; and improve access to obstetric care in rural areas. As Congress considers how to address the long-term health implications of the COVID-19 pandemic, it must also consider how the pandemic is impacting existing inequities. **Support for the programs authorized by H.R. 4995 is critical as we seek to recover from the pandemic.**

In addition, **we urge Congress to support increased access, particularly for women of color and publicly insured individuals, to non-clinical perinatal health workers** such as community health workers, doulas, peer supporters, certified lactation consultants, nutritionists and dietitians, social workers, home visitors, and navigators.

- **Support the Medicaid program as a critical safety net for low-income pregnant and postpartum people.** Medicaid is a primary payer of maternity care in the U.S., covering 43 percent of births nationwide.^{vi} Yet pregnancy-related Medicaid coverage ends roughly 60 days after delivery. One in three women experience a disruption in insurance coverage before, during, or after pregnancy, and nearly 60 percent of these perinatal insurance disruptions include a period of uninsurance.^{vii} The postpartum period is a time of vulnerability during which many women have unmet health needs.^{viii,ix} As many maternal mortality review committees have found, and the CDC has confirmed, about 33 percent of pregnancy-related deaths occur during the time between 7 days to one year following childbirth, and greater than one third of those deaths occur 43-365 days postpartum.^x Deaths from cardiovascular disease, including cardiomyopathy, and other preventable causes, including overdose and suicide, occur more frequently during this 12-month postpartum period.^{xi,xii} Closing this critical gap in coverage during this vulnerable time can mean the difference between life and death for many mothers. This is a matter of health equity as well, as nearly half of all non-Hispanic Black women had discontinuous insurance from pre-pregnancy to postpartum.^{xiii} As mentioned above, we are concerned that the COVID-19 pandemic will exacerbate the maternal mortality crisis, and deepen racial inequities in access to care and health outcomes. We appreciate that the Families First Coronavirus Response Act (P.L. 116-127) included a continuous coverage requirement for the duration of the national emergency, meaning that postpartum women will not lose their Medicaid coverage. However, we must continue to pursue a longer-term solution to ensure

that postpartum women on Medicaid continue to have coverage after the end of the national emergency. Therefore, **we urge inclusion of the bipartisan Helping MOMS Act (H.R. 4996), to support states in extending postpartum Medicaid coverage beyond the duration of the COVID-19 pandemic and improve equitable coverage for postpartum women.**

Thank you for your commitment to addressing the public health emergency caused by the COVID-19 pandemic. We look forward to continuing to work with you to ensure legislation improves equitable maternal health outcomes.

Sincerely,

1,000 Days

American Academy of Family Physicians

American College of Nurse-Midwives

American College of Obstetricians and Gynecologists

Anthem, Inc.

Ariadne Labs

Association of Maternal & Child Health Programs

Black Mamas Matter Alliance

Black Women's Health Imperative

California Maternal Quality Care Collaborative/Stanford University

Do Less Harm

First Coast Black Nurses Association

Healthy Mothers, Healthy Babies Coalition of Georgia

Human Rights Watch

Johnson & Johnson

The Joint Commission

LetsTalkPPCM

March of Dimes

Maternal Safety Foundation

National Accreta Foundation

National Association of Nurse Practitioners in Women's Health

National Birth Equity Collaborative

National Healthy Start Association

Nurse-Family Partnership

The PPROM Foundation

Preeclampsia Foundation

ROOTT Restoring Our Own Through Transformation

Sepsis Alliance

Society for Maternal-Fetal Medicine

The Tara Hansen Foundation

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- ⁱ 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.mm6835a3>.
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- ⁱⁱⁱ Moore, Natalie. “In Chicago, COVID-19 is Hitting the Black Community Hard.” NPR. 6 April 2020. Available at: <https://www.npr.org/sections/coronavirus-live-updates/2020/04/06/828303894/in-chicago-covid-19-is-hitting-theblack-community-hard>.
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- ^x 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>.
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- ^{xii} 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/for-addicted-women-the-year-after-childbirth-isthe-deadliest>.
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