

WRITTEN TESTIMONY OF CONGRESSWOMAN GWEN MOORE
ENERGY AND COMMERCE COMMITTEE

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Chairman Pallone, Ranking Member Walden, and Members of the Committee, thank you for the opportunity to testify about my legislative priorities for the 116th Congress that falls within the Committee's jurisdiction.

While there are many areas of concern, I want to focus my remarks today on two areas that are absolutely critical to my constituents in Milwaukee: infant and maternal mortality, challenges that affect African -Americans and Indigenous women at far higher rates.

Infant mortality remains a pressing public health concerns both nationally and in my district. According to the Wisconsin Department of Health Services, the infant death rate for African American babies in Wisconsin is the worse infant death rate in the country (15.58 per 1,000 live births compared to an overall national average for all babies of 5.87 per 1,000 live births in 2016). We can and must do better.

What can we do?

The Scarlett Sunshine H.R.2271 - Scarlett's Sunshine on Sudden Unexpected Death Act

I urge this committee to take up and pass the Scarlett's Sunshine on Sudden Unexpected Death Act, bipartisan legislation that I have introduced. I want to thank Rep. Tom Cole, Rep. Jaime Herrera-Beutler, and Rep. Cathy McMorris Rodgers, among others who have crossed the aisle to cosponsor this legislation.

Mr. Chairman I know you are well acquainted with this legislation and the problem it attempts to solve. The bill aims to strengthen efforts to save the lives of the thousands of infants and children who die suddenly and unexpectedly each year in our country causing grief for countless parents. And that grief doesn't just begin when their infant dies, but goes on for a lifetime, wondering: Was it my fault? Could I have done something? Am I a bad parent?

Sudden Unexpected Infant Death (SUID) refers to any sudden and unexpected death that occurs during infancy (from birth to age one) and includes deaths from Sudden Infant Death Syndrome (SIDS) and other ill-defined deaths. About 3,700 infants deaths are classified as SUID each year.

In my home state of Wisconsin, in 2016, 15 percent of infant deaths were classified as SUID's.

The death of a child is always a tragedy, but the unexplained nature of some of these deaths only makes it harder for grieving families, as well as public health officials and policymakers who are working to prevent them.

Sudden Unexplained Death in Children (SUDC) refers to the death of a child 12 months and older, which remains unexplained after a thorough case review is conducted. SUDC is a leading cause of death in young children.

Scarlett Lillian Pauley was one of those children. Scarlett loved her pets. She loved to smile. She loved books. Her favorite book was "Barnyard Dance" by Sandra Boynton, which her mom read to her almost every night including right before she put her to sleep on January 7, 2017. A few hours later, her mama went to check on her and Scarlett was not breathing in her crib. After being taken to the hospital, this beautiful 16-month-old baby was declared dead on January 8, 2017.

That is just one story. But it is a story that happens way too often in our nation. We can and must do something about it.

The Scarlett Sunshine Act would boost efforts to better understand SUID and SUDC, facilitate better data collection and analysis to feed prevention efforts, while also providing funds to support children and grieving families.

- The bill authorizes grants to states and local agencies to improve SUID/SUDC case reporting form completion and autopsies, training grants and materials for death scene investigators, authorizes funds so that states and localities complete comprehensive reviews of all infant and child deaths, funds outreach efforts to educate families on safer-sleep practices for infants and provides low- or reduced-cost products that meet safer sleep recommendations from experts. It also authorizes new grants to support grieving families.

By providing resources to help better examine and understand the factors that contribute to SUID/SUDC, we can help inform and strengthen prevention efforts and better support families that are at risk, especially those with fewer financial resources.

Again, this bill has bipartisan support and is bicameral. The Senate version has been introduced by Senator Bob Casey and Senator Johnny Isakson.

Just a few weeks ago, when I offered an amendment to the FY 2020 Labor-HHS funding bill in the House that would boost CDC funding to carry out some of the activities authorized in the bill to help find answers that will prevent more of these deaths, it passed by an overwhelming margin of 405-19.

Passage of that amendment was a good first step but this Committee now has the ability to help more families in every part of our country get the answers they need.

I urge you to act quickly on H.R. 2271 in the next work period and send it to the floor for consideration.

H.R. 2751—Mama’s First Act

I applaud the Committee’s continued interest in working to save the lives of mothers, including addressing the troubling racial disparities that see African American mothers die as a result of pregnancy related causes at three or four times the rate of other mothers. *In my state of Wisconsin, the rate is even higher with African American mothers dying at over five times the rate of white women.*

You all know the statistics about our nation’s maternal mortality crisis so I won’t repeat them here. In many hospital settings, women of color face systematic barriers and racial biases regarding delays in recognizing symptoms, not acknowledging the patient's pain, not fully elaborating on treatment options, and pushing for C-sections.

This Committee has been at the forefront of efforts to address this problem and I hope it will continue to be.

My bill, the Mamas First Act (H.R. 2751), that has been referred to this Committee, would help expand access to doulas and midwives who promote patient-centered care like birthing choice and reproductive autonomy. Studies have shown that providing access to doulas and midwives reduces the need for C-sections, decreases maternal anxiety, and improve communication between pregnant women and their health care providers.

The bill would require Medicaid reimbursement for services provided by doulas and midwives. Given that almost half of the 4 million women who give birth in the U.S. annually are on Medicaid, including many who are at the highest risk, this change can significantly impact maternal and infant health outcomes and disparities.

Again, I thank you for your work on this issue and encourage you to include my bill in any maternal mortality package the Committee puts together this Congress.

