

**Energy and Commerce Committee Member Day Testimony**  
**Subcommittee on Health - Subcommittee Chairwoman Anna Eshoo**

Testimony submitted by

**Congresswoman Bonnie Watson Coleman**

Thursday July 25, 2019

**TIME**

**Room XXX**

**I. INTRODUCTION – AFFORDABLE CARE ACT (ACA)**

- Thank you, Chairwoman Eshoo, Ranking Member Burgess, and other members of the Subcommittee for holding this Member Day hearing.
- I want to begin by stressing that the Affordable Care Act (ACA) has been a literal lifeline for many in my district, New Jersey's 12th Congressional district, as well as in communities of color across the nation.
- Since 2010 the rates of uninsured African Americans have nearly been cut in half, going down from 20 percent to 11 percent.
- In my district, if the ACA were to be struck down by the courts in *Texas v. Azar*, nearly 50,000 people would lose their health insurance.

- So while the law isn't perfect, I know that you, Madame Chair, and this subcommittee are committed to protecting the ACA and expanding access to health care for all Americans.
- And in that spirit, I come before you today to ask for your commitment to addressing the inequities that our health care institutions and structures create, which put women and patients of color at elevated risks for certain morbidities, and even mortality.
- For black mothers, who are often provided lower quality maternal care when they can access care at all, the ACA's requirement to cover pregnancy, labor, delivery and newborn care as essential benefits in health plans was absolutely critical.
- However, since nearly half of pregnancies are unplanned, many women don't have a plan, when they find out they are pregnant. Or if they have a short-term plan, it doesn't cover pregnancy care.
- Surprisingly, while our system currently considers getting married or giving birth to a child a "qualifying life event" allowing one to sign up for health insurance, pregnancy does not currently trigger one of these "special enrollment periods."
- This is particularly alarming when Black maternal mortality rates in the United States are similar to rates in developing countries at 40 deaths per 100,000.

## **II. HEALTHY MOM ACT**

- This is why, as a founding member of the Congressional Caucus for Black Women and Girls, I made it a priority to address the gaps in our healthcare system which result in black mothers dying at 2-6 times the rate of their white peers.
- In addition to organizing stakeholder convenings to talk about this disparity, we are pushing legislation important to addressing health disparities among black women and girls.
- One of the first bills I introduced when I was elected to Congress was the Healthy Maternal and Obstetric Medicine Act, or Healthy MOM Act.
- The Healthy MOM Act would create a special enrollment period in the insurance marketplace for women when they become pregnant so that they and their child are able to receive the health care they need.
- This Congress, the Healthy MOM Act is HR 2278, and currently has [more than] 75 cosponsors.
- Madam Chair, as you and your Subcommittee explore ways to protect and expand access to health care for American families, I implore you to also work to address racial and ethnic disparities in our system. The Healthy MOM Act has the potential to be part of that solution.

### **III. REACH - Racial and Ethnic Approaches to Community Health**

- Before I yield back, I would be remiss to *not* mention that this year is the 20<sup>th</sup> anniversary of the REACH program – which stands for Racial and Ethnic Approaches to Community Health.
- REACH remains one of the CDC’s only programs specifically dedicated to addressing racial and ethnic health disparities.
- Started during the Clinton administration, REACH is unique because it follows a community-led model includes robust engagement of the populations impacted by health disparities, and multisector representation in all aspects of program planning, development, implementation to successfully tailor programming for communities of color with the greatest chronic disease burdens.
- As this subcommittee looks to address racial and ethnic disparities, I hope you will look to REACH grantees for lessons learned in how to address racial health disparities and incorporate them into your own policy proposals.
- And with that I yield back. Thank you for the opportunity to address these issues today.