Statement for the Record Submitted by
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Mark Up Session of the House Energy and Commerce Subcommittee on Health
"H.R. 4387, *Maternal Health Quality Improvement Act of 2021;* H.R. 925, *the Data to Save Moms Act of 2021;* H.R. 951, *the Maternal Vaccinations Act of 2021;* H.R. 1550, the *Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act of 2021*, and H.R. 2347, the *Strengthening the Vaccines for Children Act of 2021*
Thursday, July 15, 11:00 a.m.

Chairwoman Eshoo, Ranking Member Guthrie, and distinguished members of the House Energy and Commerce Subcommittee on Health, thank you for your commitment to prioritizing child health by considering the bills during today's mark up. March of Dimes commends you for holding this session to consider critical legislation impacting maternal and child health.

On behalf of March of Dimes, the nonprofit organization leading the fight for the health of all moms and babies, we appreciate this opportunity to submit testimony for the record. We began that fight more than 80 years ago as an organization dedicated to eradicating polio in the U.S., a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

March of Dimes' ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Rates of preterm birth are increasing, the U.S. is one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in birth outcomes between women and infants of color and their White peers.

We know the pandemic has only worsened this crisis. According to CDC data, expectant mothers with the virus had a 50 percent higher chance of being admitted to intensive care and a 70 percent higher chance of being intubated than non-pregnant women in their childbearing years.[i] The data also shows pregnant Latina and Black women were infected at higher rates than White woman. As we know, COVID-19 strikes the respiratory and cardiovascular systems, which are the two systems already strained during pregnancy.

We also know the health and well-being of mothers and infants are inextricably linked. By improving the health of women before, during and between pregnancies, we can improve outcomes for both them and their infants. But we have many challenges before us.

OUR NATION IS IN THE MIDST OF A MATERNAL AND INFANT HEALTH CRISIS

Nearly every measure of the health of pregnant women, new mothers, and infants living in the U.S. is going in the wrong direction. In many communities, infant mortality rates exceed those in developing nations.[ii] Approximately every 12 hours, a woman dies due to pregnancy-related complications.[iii]

Preterm Birth

Each year, March of Dimes releases its annual Report Card grading the U.S., each of the states, DC, and Puerto Rico, on their progress toward improving maternal and infant health.[iv] Our most recent 2020 report found the nation's preterm birth rate rose for the fifth year in a row in 2019 to 10.2 percent. This startling increase comes after nearly a decade of decline. As you might expect, the worsening national picture does not signal good news in individual states. Between 2018 and 2019, preterm birth rates worsened in 38 states. While we have four states, New Hampshire, Oregon, Vermont, and Washington, earning a B+, we have eight states and one territory earning a F. What do these statistics mean for the nation's families? They mean 1 in every 10 babies are born preterm, which can lead to life-long health problems and, in the most tragic cases, a baby's death.

These topline numbers tell only part of the story. Diving deeper into the data highlights an even starker reality for certain communities. With preterm birth rates as high as 14.6 percent (Mississippi), 13.1 percent (Louisiana), and 12.5 percent (Alabama), infants born in the southeastern U.S. are much more likely to be born early than in other parts of the country. Racial disparities exist across the U.S., Hispanic, American Indian/Alaska Native, and Black babies are born premature at a rate surpassing their White peers. In fact, the preterm birth rate among Black women is 50 percent higher than the rate among all other women-combined.

Maternal Health

The state of maternal health mirrors that of infants born too soon. Outcomes are getting worse and those worsening outcomes are driven by disparities. Each year, about 700 women die from complications related to pregnancy.[v] For every maternal death, another 70 women suffer life-threating health challenges. That's over 50,000 women each year.[vi] While other countries have reduced their maternal mortality rates since the 1990s, the U.S. maternal mortality rate continues to rise.[vii]

The threat of maternal mortality and morbidity is especially acute for women of color. Black mothers of all ages are three times more likely to die from pregnancy-related complications than their White peers.[viii] The rates of pregnancy-related death for Black and American Indian/Alaska Native women over the age of thirty are four to five times higher than their White peers.[ix] Black women are 27 percent more likely to experience severe pregnancy complications than White women.[x] These disparities cannot be explained by differences in age or education. According to the latest CDC data, maternal mortality rates among Black women with a completed college education or higher was 1.6 times that of White women with less than a high school diploma.[xi]

In addition to access to quality prenatal care that makes the difference, improving the health of a mom before she becomes pregnant and in the postpartum period are essential to maternal and infant health. Chronic conditions begin long before a woman becomes pregnant, such as high blood pressure, diabetes, heart disease and obesity, putting women at higher risk of pregnancy complications and must be appropriately managed. We know that more than one-third of pregnancy-related deaths from 2011 to 2016 were associated with cardiovascular conditions.[xii]

We also know the "4th trimester," the 12-week period immediately after birth, is a vulnerable time for moms, babies and families and so it is imperative to ensure mothers are receiving adequate care during this postpartum period. About 1 in 8 women experience symptoms of postpartum depression.[xiii] These conditions are the most common complication of pregnancy and childbirth, impacting an estimated 800,000 women in the U.S. each year.[xiv]

Sadly, maternal mental health conditions often go undiagnosed and untreated, increasing the risk of multigenerational long-term negative impact on the mother's and child's physical, emotional, and developmental health, and the risk of poor health outcomes. **Furthermore, women of color and women who live in poverty are disproportionately impacted by both the pandemic and maternal mental health conditions, experiencing both at rates 2-3 times higher than White women.**[xv] [xvi]

A MULTIFACETED RESPONSE IS NECESSARY

This has led to an urgent crisis that demands a comprehensive response by policymakers. The causes of our nation's maternal and infant health crisis are complex, and there is still much we do not know. That is why March of Dimes was pleased Congress passed the *Preventing Maternal Deaths Act* (P.L. 115-344) and the *PREEMIE Reauthorization Act* (P.L. 115-328) in late 2018. Both bills enable the continuation of vital programs to collect enhanced data on the causes of maternal mortality and premature birth, respectively, and translate that data into meaningful action to prevent future deaths.

H.R. 4737, the *Maternal Health Quality Improvement Act of 2021* builds off and is informed by the successful enactment of P.L. 115-344. In May, the Senate Committee on Health, Education, Labor, and Pensions unanimously approved the bi-partisan Senate version of the bill (S. 1675) sponsored by Senators Ralph Warnock (D-GA) and Marco Rubio (R-FL). This bill was unanimously passed by the U.S. House of Representatives in the last Congress.

We greatly appreciate the Subcommittee taking action to address this unfinished business which authorizes evidence-based programs and policies that are critical to driving real change in addressing maternal mortality, including:

- Authorizing the Alliance for Innovation on Maternal Health (AIM) program through competitive grants for eligible entities to develop best practices that aim to improve maternal and infant health outcomes and eliminate preventable maternal mortality;

- Establishing a grant program to train health care providers on racial and ethnic bias when providing care to pregnant and postpartum women;
- Directing the Secretary of HHS to conduct a study and make recommendations for accredited medical schools and other health professional training programs on best practices to train health care providers on racial and ethnic bias when providing care to pregnant and postpartum women;
- Directing HHS and the CDC to establish a competitive grant program to support Perinatal Quality Collaboratives to improve perinatal care; and
- Establishing a grant program to support integrated care services for pregnant and postpartum women to optimize their health and health of infants.

March of Dimes also strongly supports **H.R. 925, *the Data to Save Moms Act of 2021***, which is part of a larger package of legislation under the ***Black Maternal Health Momnibus Act of 2021.*** This legislation would continue to build on bipartisan efforts to address the maternal health crisis for communities of color through data and more public investment in critical services.

H.R. 925 seeks to improve outcomes among the Native American community through greater levels of engagement in Maternal Mortality Review Committees (MMRCs) and improvements in data collection processes, quality measures for maternity care, and maternal health research at Minority-Serving Institutions (MSIs). It would commission the first-ever comprehensive study to understand the scope of the Native American maternal health crisis and establishes the first Tribal MMRC.

H.R. 925 would also invest in a review of maternal health data collection process and quality measures through engagement with key stakeholders to consider issues such as the impact of MMRC recommendations on whether or not they lead to meaningful reforms to improve outcomes or achieve equity, and the promotion of health quality measures that include safe, culturally congruent, and patient-centered maternity care.

VACCINES PLAY A CRITICAL ROLE PROTECTING THE HEALTH OF PREGNANT WOMEN AND THEIR BABIES

Pregnancy affects every system in a woman's body and the immune system changes so that it can protect not only the mother, but the baby. This can make pregnant women more susceptible to certain infections as different parts of the immune system are enhanced while others are suppressed. Therefore, it is crucial that pregnant and lactating women have access to COVID-19 vaccines. They must be included in vaccine trials so that there is data to allow them to make informed decisions with their medical providers about getting the vaccine and to ensure that the vaccine is safe and effective for them.

Vaccines are considered one of the greatest public health successes of modern medicine. It is estimated that from 1994 to 2016, the U.S. childhood immunization program prevented 381 million illnesses, 855,000 deaths, and nearly $1.65 trillion in societal costs.[xvii] Adult

immunizations have similarly prevented millions of fatalities and illnesses from diseases like influenza and pneumococcal disease.[xviii]

Immunizations play an especially critical role in the health of pregnant women and young children. For pregnant women, rubella (or German measles) is among the most dangerous infectious diseases. Rubella can cause stillbirth, miscarriage, or severe birth defects that can affect almost every part of the newborn's body, including deafness, cataracts, heart defects, intellectual disabilities, and liver and spleen damage.[xix] During the last major rubella epidemic in the United States, which took place 1964-1965, an estimated 12.5 million people contracted rubella, 11,000 pregnant women miscarried their pregnancies, 2,100 newborns died, and 20,000 babies were born with congenital rubella syndrome. Today, congenital rubella syndrome in newborns is all but unknown in the United States due to the incredible success of the measles, mumps and rubella (MMR) vaccine. Rubella was declared eliminated in the United States in 2004.[xx]

Influenza can also have disproportionate dangers for pregnant women compared to other individuals. Due to changes in their immune system, heart, and lungs during pregnancy, pregnant women and women up to two weeks postpartum are more vulnerable to severe illness from flu, including illness requiring hospitalization.[xxi] During the H1N1 pandemic influenza outbreak of 2009, several studies indicated that pregnant women were at increased risk of hospitalization, admission to an intensive care unit, death, and other severe outcomes related to that strain of influenza.[xxii] Data from the first month after the appearance of 2009 H1N1 showed that pregnant women were four times more likely to be hospitalized than the general population.[xxiii] Although pregnant women represent only one percent of the U.S. population, they accounted for about five percent of all 2009 H1N1-related deaths.[xxiv] Influenza vaccination plays a critical role in protecting the health of both pregnant women and their babies.

Our nation cannot afford to let down its guard and allow the return of diseases that threaten the lives and health of pregnant women, children, and families. While child vaccination rates remain high in most part of our nation, there are communities around the country susceptible to outbreaks of vaccine-preventable diseases due to low vaccination rates. [xxv]

THE NEED TO EDUCATE PREGNANT WOMEN AND PROVIDERS ABOUT VACCINES

Since last year, experts have warned that COVID-19 is likely to move from pandemic to endemic, with the virus becoming more like the common cold, an illness that circulates constantly, making the goal of achieving "herd immunity" unlikely.[xxvi] That means the nation's efforts to boost confidence in the COVID-19 vaccines are not just about vaccinating enough people now to end the pandemic, but also about long-term acceptance of the vaccines.
The long-term impact of the coronavirus may result in annual booster shots. Now more than ever, we as a country must prioritize efforts to boost confidence in the COVID-19 vaccines not only to end the pandemic, but also build acceptance of the vaccines in every community, especially among pregnant women.

March of Dimes is concerned that that the missteps made with regard to vaccinating pregnant women against COVID-19 could result in years-long, potentially devastating, consequences for millions of mothers and babies. What is even more alarming is the declining access to routine pediatric vaccines. A recent report from the CDC found that while childhood vaccinations were delayed early in the pandemic, they have not returned to pre-coronavirus levels now that most stay at home orders have been lifted.[xxvii]

Maternal vaccines in general are critical to the health of moms and babies. However, on average, only half of pregnant people get their flu vaccines and less than half get the vaccination to protect against pertussis (whose outbreaks are on the rise). In addition, there are significant barriers to maternal immunization access for those living in black and brown communities.

While we applaud the Biden Administration's commitment to reach vaccination goals by this summer, we feel very strongly that there needs to be a nationwide campaign specifically aimed at pregnant women and their health care providers that will assist them getting the very best information about being vaccinated. Without a sustained communication effort, we will continue to see an information gap with persistent myths circulating instead of sound science.

In fact, last fall, Harvard University published a study on the lack of trust in COVID-19 vaccines among expected mothers even before the vaccination program was launched.[xxviii] Now that vaccines are widely available, it is our duty to reach birthing people and provide them with timely, critical information. That is why March of Dimes strongly supports **H.R. 951, *the Maternal Vaccinations Act of 2021***.

H.R. 951, which is also part of ***the Black Maternal Momnibus Act of 2021***, would create a national campaign to raise awareness about maternal vaccinations (including COVID-19) and increase maternal vaccination rates. Women from communities that historically have had low vaccination rates would be a particular focus, an important consideration as Black, Latino and Indigenous women are disproportionately impacted by both the pandemic and the nation's ongoing maternal health crisis. H.R. 951 would also provide evidence-based, culturally congruent resources, and build partnerships with key maternal and community-based organizations.

We also strongly support the ***Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act of 2021*** **(H.R. 1550)**, and the ***Strengthening the Vaccines for Children Act of 2021*** **(H.R. 2347)**.

H.R. 1550, the *PREVENT HPV Cancers Act*, would establish national public awareness campaign at the CDC to increase HPV vaccination rates and understanding of HPV-associated cancers, increase funding at the National Cancer Institute to expand, intensify and coordinate research on HPV-associated cancers, and give states critical resources to improve their immunization information systems. Most importantly, the bill would focus on early detection by expanding

funding for the CDC's Cervical Cancer Early Detection initiative to make sure resources are dedicated to underserved communities.

H.R. 2347, the *Strengthening the Vaccines for Children Act*, would greatly improve patient access and care by expanding eligibility under the Vaccines for Children program to cover more children, incentivize provider participation in the program, expand vaccine education efforts to combat vaccine hesitancy, and track immunizations to better coordinate services for underserved communities.

Thank you again for the opportunity to express March of Dimes' strong support for the bipartisan legislation under consideration at today's markup of these bills. They support evidence-based programs and would have a meaningful impact on women and families by improving maternal health outcomes, confronting social drivers, and providing increased access to immunizations. We urge the swift advancement of these important bills and look forward to working with you toward their enactment.

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