



September 1, 2021

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

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

The Honorable Chuck Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

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

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

On behalf of March of Dimes, the nation's leading nonprofit organization fighting for the health of all moms and babies, I write to request that you take swift action to improve the health of our nation's mothers, infants and families. As Congress develops upcoming budget legislation, March of Dimes urges you to take meaningful action to immediately address the deep inequities that birthing people of color face, specifically Black and Indigenous women.

Maternal health outcomes are getting worse and those worsening outcomes are driven by disparities. Each year, about 700 women die from complications related to pregnancy.ⁱ For every maternal death, another 70 women suffer life-threatening health challenges. That's over 50,000 women each year.ⁱⁱ While other countries have reduced their maternal mortality rates since the 1990s, the U.S. maternal mortality rate continues to rise.ⁱⁱⁱ

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.^{iv} 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.^v Black women are 27 percent more likely to experience severe pregnancy complications than White women.^{vi} 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.^{vii}

Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,^{viii} and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.^{ix} In September 2020, March of Dimes released an updated report showing that 2.2 million women of childbearing age live in "maternity care deserts," which are counties without a hospital, birth center or providers offering obstetric services.^x An additional 4.8 million women of childbearing age live in counties with limited access to maternity care.

The issue of maternal health has received much needed attention from Congress through several important hearings, letters from Members of Congress, and efforts to raise the profile of the need for

action through the Black Maternal Health Caucus. There is much that we can do at this pivotal moment in time to improve the health of mothers and infants by filling the gaps in health care coverage, addressing social determinants that negatively affect their health, and providing social supports to help moms care for themselves and their family members. March of Dimes recommends the following policies to achieve these essential aims.

PRIORITIZE THE HEALTH OF MOMS AND BABIES

March of Dimes recognizes that ensuring access to continuous care for women before, during, and in the months following pregnancy is critical to addressing our nation's growing rates of maternal mortality and severe maternal morbidity. To achieve this, policymakers must expand access to health coverage.

Extend Postpartum Medicaid Coverage to One Year on a Mandatory Basis

Access to quality maternity care is a critical component of maternal health and positive birth outcomes. Uninsured mothers and newborns are more likely to have poor birth outcomes than moms and babies with insurance coverage.^{xi}

Medicaid covers roughly half of all births in the United States, and women with Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions (e.g., diabetes) – putting them at higher risk of maternal morbidity and mortality.^{xii} While the Affordable Care Act expanded the availability of maternity care coverage for women through Exchange plans and Medicaid expansion, there remain significant limitations on coverage for postpartum care. For many new moms across the country, Medicaid's pregnancy coverage lapses 60 days after birth, ending at a critical time for the health of new moms. Studies show that that approximately 55 percent of women covered by Medicaid for their delivery were uninsured at some point in the following six months.^{xiii} Too many new moms are losing coverage at a critical time. The data show that approximately 30 percent of pregnancy-related deaths – not counting those that were caused by suicide or overdose – occur 43 to 365 days postpartum.^{xiv} Causes of these postpartum deaths include cardiovascular disease and infection.^{xv}

Congress took a positive step by passing the *American Rescue Plan Act of 2021 (ARPA)*, which provided an important new incentive for states to extend postpartum coverage from 60 days to 12 months on an optional basis. It is a much needed improvement but one we need to build on. March of Dimes believes it should not be optional for states to ensure every woman gets the coverage she needs to stay healthy after their babies are born. Congress must take the next step and make one year of Medicaid coverage after birth a permanent, mandatory policy across the nation consistent with provisions to extend postpartum Medicaid coverage, like those included in the *MOMMA's Act (H.R. 3407/S. 411)* or the *MOMMIES Act (H.R. 3063/S. 1542)*.

Increase Access to Affordable Coverage

Additionally, Congress should close the Medicaid coverage gap, guaranteeing people in all states have access to affordable coverage and to the full range of health care benefits, including necessary and preventive health care services. Closing the coverage gap is critical not only for better maternal health, but also to achieve broader health equity.

For many years, affordability has been a barrier for many Americans to purchasing adequate insurance. With the enhanced advance premium tax credit (APTC) subsidies passed through the ARPA, high-quality coverage has never been more affordable. In the wake of the ARPA, Congress has an opportunity to

expand access to high-quality, affordable health care coverage. It is therefore critical that Congress take immediate steps to permanently secure the enhanced APTCs passed in ARPA.

MAKE IMPROVEMENTS TO MATERNAL HEALTH

The American Families Plan includes historic investments in maternal health. President Biden's proposal shows a clear commitment to invest federal resources in maternal health, paving the way for key policies included in the *Black Maternal Health Momnibus Act of 2021 (H.R. 959/S. 346)*. We applaud this initial and important first step in improving maternal health, specifically for Black and Indigenous people, and urge Congress to include the president's request and pass additional legislation. The Momnibus, comprised of 12 bills, takes needed steps to strengthen our health care systems by investing in community-based partners that center the needs, preferences, and voices of Black birthing people.

In particular, March of Dimes supports efforts to increase the number of midwives of color and diversify the maternity care workforce with individuals who represent the lived and cultural experiences of the patients they serve. We also support Medicaid and other payers providing coverage for doula services as one tool to help improve birth outcomes and reduce the higher rates of maternal morbidity and mortality among women of color.

SUPPORT OUR NATION'S CARE ECONOMY

March of Dimes recognizes families are under tremendous stress right now during the pandemic as the nation continues its economic recovery. This is especially the case with schools reopening across the country while COVID-19 continues to be a serious threat and physical distancing making it difficult to rely on social networks for support. It is imperative that the next legislative package bolster support for struggling families by establishing a permanent national paid family and medical leave program and making permanent the expanded Child Tax Credit.

Establish a National Paid Family and Medical Leave Program

March of Dimes is grateful Congress took action to provide paid sick and family leave for some workers impacted by COVID-19 in the *Families First Coronavirus Response Act*. Unfortunately, the new programs included gaps and have subsequently lapsed. To close these gaps and help protect the health and financial security of all American families during the pandemic and afterwards, March of Dimes urges Congress to establish a permanent national paid family and medical leave program in the upcoming legislative package.

The U.S. is the only industrialized nation that does not offer working parents paid time off to care for a new child. Many challenges facing new parents and their families could be solved if the U.S. provided paid family leave. Access to paid family leave and sick day benefits supports parent-infant attachment, establishing an essential foundation for safe, stable, nurturing relationships and parenting practices that promote optimal infant health and development. These benefits include improved establishment and maintenance of breastfeeding and on-time routine childhood vaccinations. Paid leave also generates important maternal health outcomes, including association with reduced depressive symptoms.

March of Dimes supports policies to create an affordable and self-sustaining national system to provide workers with up to 12 weeks of partial income through a family and medical leave insurance fund. We call on Congress to take immediate action to establish a universal, comprehensive national paid family and medical leave program that is available to every employee no matter where they live.

Make the Expansion of the Child Tax Credit Permanent

The ARPA temporarily expanded the Child Tax Credit (CTC) to more lower-to-middle income families by making it fully refundable for this year thereby allowing most qualifying poor families to receive it. Since last month, parents, on average, are receiving monthly payments of \$300 per month for young children and \$250 for older children until the end of this year.

Not only has the CTC extension provided critical relief for families during COVID-19, it is also helping lift more families out of poverty. However, for far too long, millions of families have been excluded from this benefit, including those of color. Although temporary, the ARPA helped address this racial and economic disparity, including providing eligibility to poor families who historically have not had any federal tax liability. Without congressional action, millions of families' monthly budgets could be significantly impacted next year. The CTC is a pathway out of poverty that helps reduce food insecurity and Congress should extend it permanently.

INVEST IN THE NATION'S NONPROFIT SECTOR

Charities employ approximately 10 percent of the nation's private workforce and account for over 5 percent of the national GDP. More importantly, nonprofits are the linchpin to a healthy civil society and to advancing what is surely a shared goal: ensuring that all people living in America thrive. March of Dimes is working to meet the challenges of these times and fight for pregnant women, infants, and their families to remain as healthy as possible during the pandemic. We greatly appreciate Congress' efforts to provide forgivable loan assistance during the pandemic through the Paycheck Protection Program (PPP). This assistance that was expanded to larger nonprofits has been critical to March of Dimes' ability to carry out our mission.

Continue to Incentivize Charitable Donations

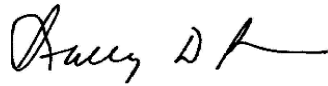
The CARES Act established a limited, yet important above-the-line deduction that encourages all taxpayers to donate to charitable organizations. In extending this provision as part of the year-end COVID relief law, Congress acknowledged that tax policy will continue to be an important incentive to help every American support pandemic relief and recovery. Greater incentives for charitable giving are needed as nonprofits respond to the health and economic crises and will be critical in the future as nonprofits play an essential role in recovery efforts. We urge Congress to increase the cap on the deduction, extend it at least through 2022, and preserve the itemized charitable contribution deduction, all to ensure that nonprofits can serve their communities.

Provide New Resources to Nonprofits to Aid in the Recovery

Additionally, March of Dimes supports the *Work Opportunities and Resources to Keep Nonprofit Organizations Well (WORK NOW) Act (H.R. 1987/S. 740)*, which will help nonprofit organizations retain their employees, scale their service delivery, and provide unemployed Americans with new jobs serving their communities. As of June 2021, there were still more than 700,000 nonprofit jobs that had been lost due to the pandemic, creating undue challenges particularly for women and communities of color disproportionately pushed out of the workforce. We believe the *WORK NOW Act* is urgently needed and ask for its inclusion in the budget legislation.

March of Dimes thanks you for your continued leadership as you work to develop upcoming legislation. We look forward to working with you to ensure that pregnant women, new mothers and infants are prioritized as Congress focuses on addressing our nation's most pressing health care challenges. Please direct any follow-up questions to KJ Hertz, Senior Director, Federal Affairs (khertz@marchofdimes.org, 571.969.8655).

Sincerely,



Stacey D. Stewart
President & CEO

Cc:

The Honorable Patty Murray
The Honorable Richard Burr
The Honorable Ron Wyden
The Honorable Mike Crapo

The Honorable Frank Pallone
The Honorable Cathy McMorris Rodgers
The Honorable Richard Neal
The Honorable Kevin Brady

ⁱ Centers for Disease Control and Prevention. Maternal Mortality. September 4, 2019. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>.

ⁱⁱ Ibid.

ⁱⁱⁱ Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States. November 27, 2017. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.

^{iv} Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *Morbidity and Mortality Weekly Report*. May 10, 2019. Available at: <http://dx.doi.org/10.15585/mmwr.mm6818e1>.

^v Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *Morbidity and Mortality Weekly Report*. September 6, 2019. Available at: <http://dx.doi.org/10.15585/mmwr.mm6835a3>.

^{vi} Leonard SA, Main EK, Scott KA, et al. Racial and ethnic disparities in severe maternal morbidity prevalence and trends. *Annals of Epidemiology* 2019;33:30-36. Available at <https://www.sciencedirect.com/science/article/pii/S1047279718308998>.

^{vii} Ibid.

^{viii} Faron, Dina. Maternal Health Care is disappearing in rural America. *Scientific American*, February 15, 2017. Available at: <https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/>.

^{ix} Kozhimannil KB, Thao V, Hung P, Tilden E, Caughey AB, Snowden JM. Association between hospital birth volume and maternal morbidity among low-risk pregnancies in rural, urban, and teaching hospitals in the United States. *American Journal of Perinatology*. 2016 May;33(6):590-9.

^x March of Dimes. Nowhere to Go: Maternity Care Deserts Across the U.S. September 2020. Available at: <https://www.marchofdimes.org/materials/2020-Maternity-Care-Report.pdf>

^{xi} Institute of Medicine. Committee on the Consequences of Uninsurance. *Health Insurance is a Family Matter*. Washington (DC): National Academies Press (US); 2002. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK221019/>.

^{xii} Medicaid and CHIP Payment and Access Commission, “Access in Brief: Pregnant Women and Medicaid,” November 2018, available at: <https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf>.

^{xiii} Daw, Jamie R., Laura A. Hatfield, Katherine Swartz, and Benjamin D. Sommers. 2017. “Women in the United States Experience High Rates of Coverage ‘Churn’ in Months before and after Childbirth.” *Health Affairs* 36 (4): 598–606. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.1241>.

^{xiv} In 2018, a total of 658 women were identified as having died of maternal causes in the United States, and an additional 277 deaths were reported as having occurred more than 42 days but less than 1 year after delivery in 2018. These numbers are based on an updated method of coding (the “2018 method”) maternal deaths based on the implementation of a revised U.S. Standard Certificate of Death. See Centers for Disease Control and Prevention, “Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018,” available at: https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf.

^{xv} Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429