

July 21, 2023

The Honorable Cathy McMorris Rodgers
U.S. House of Representatives
2188 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
U.S. House of Representatives
2107 Rayburn House Office Building
Washington, DC 20515

The Honorable Rep. Brett Guthrie
U.S. House of Representatives
2434 Rayburn House Office Building
Washington, DC 20515

The Honorable Anna Eshoo
U.S. House of Representatives
272 Cannon House Office Building
Washington, DC 20515

Re: Response to Question for the Record from Rep. Earl L. “Buddy” Carter (R-GA)

Dear Chairwoman McMorris Rodgers, Ranking Member Pallone, Chairman Guthrie, and Ranking Member Eshoo:

Please find the response to the question from Rep. Earl L. “Buddy” Carter (R-GA) following the June 14th hearing entitled “Examining Proposals that Provide Access to Care for Patients and Support Research for Rare Diseases.”

Q: Dr. Cherot – In Georgia, the leading cause of infant death is complications related to preterm birth and low birth weight. How do we best provide risk- appropriate care for moms to ensure better outcomes for babies in Georgia?

A: In 2021, 11.9% of babies born in Georgia were preterm, the highest percentage in 10 years, which earned the state an F grade on the 2022 March of Dimes Report Card.¹ The preterm birth rate for Black women in Georgia was 47% higher than all other women. In 2021, the percentage of babies born with low birth weights was 10.6%. Nearly one in four infants were born to women with less than adequate or no prenatal care in Georgia. Georgia’s infant mortality rate is 6.1 per 1,000 births and is also one of the worst in the nation.

The March of Dimes recommends several policies to address adverse maternal and infant health outcomes in Georgia. Addressing and eliminating racial/ethnic health disparities is a first step, as Georgia did not show any improvement in the preterm birth disparity ratio of 1.27 between our 2021 and 2022 March of Dimes Report Cards.

As highlighted in our Maternity Care Desert Report, areas in Georgia with little to no maternal care access are increasing. We must work to remove barriers to obtaining quality care in underserved and rural communities. Increasing access to inpatient obstetrical facilities and qualified obstetrical providers is critical to improving outcomes in these communities. March of Dimes supports priority legislation, programs and funding that sustain and expand telehealth programs for both consumers and providers, state perinatal regionalization programs that expand access to appropriate levels of care, and healthcare

workforce programs that support the expansion of the healthcare personnel in rural and underserved communities.

Telehealth is healthcare delivered using technology to replace or enhance in-person care and can save lives by providing high-quality care for pregnant and postpartum people. Women who are underserved, vulnerable to poor health outcomes, and have limited access to high-risk care can greatly benefit from telehealth.² Benefits of telehealth include efficiency and cost-effectiveness, increased access to care, reduction in patient travel and wait times, and increased patient satisfaction. Implementing perinatal regionalization programs and standards of care creates a coordinated system of care within a geographic area to allow pregnant women to receive risk-appropriate care in a facility equipped with the proper resources and health care providers.

Finally, healthcare workforce expansion and diversification policies and programs expand access to high-quality, diverse maternal health providers, including midwives and doulas. Midwifery care and further integrating midwives and their model of care into maternity care in all states can improve access in under-resourced areas, reduce interventions that contribute to risk of maternal mortality and morbidity, and improve the health of moms and babies. Reimbursement for doula care is also associated with improved birth outcomes and may reduce higher rates of maternal morbidity and mortality. Vaccines are considered one of the greatest public health successes in modern medicine. Maternal immunizations protect mothers and babies from deadly infectious diseases. We must prioritize efforts to boost confidence in vaccines, and build acceptance of the need to stay on schedule with routine vaccines, especially among pregnant women and children.

All women need access to quality prenatal, labor and delivery, and postpartum services to help prevent and manage complications. We must continue to promote the recently approved Georgia state extension of Medicaid coverage for postpartum care from 60 days to a full year. During the 2023 Georgia legislative session, March of Dimes also supported state policies designed to promote maternal and child health improvements that were recently signed into law. These include state appropriations for a new Department of Public Health home visiting pilot program that will focus on achieving healthy pregnancies in at-risk, underserved, and rural communities, Medicaid coverage for a three-year pilot providing remote maternal health clinical services, and a new rural OB/GYN graduate medical education residency program at Morehouse School of Medicine.

Atlanta, Georgia is also home to one of nine March of Dimes local Collective Impact Initiatives designed to mobilize cross-sector organizations and community members locally to address the underlying challenges impacting moms and babies, and deploy strategies to improve rates of preterm birth and maternal mortality. As the most populous city in Georgia, Atlanta is home to 498,000 residents, with just over 12,500 live births a year. The city has 1.33 more Black residents than any other racial/ethnic group. The city also faces challenges. It is considered the top city for income inequality in America. Poverty, inadequate access to health care, being uninsured and the impact of systemic racism, help fuel the local maternal and infant health crisis. These factors contribute to high rates of preterm birth and infant mortality, particularly for communities of color. Atlanta's Collective Impact Initiative is a multi-year effort that builds shared agendas, infrastructure and community partnerships and then implements strategies to create real, measurable change in the city.

March of Dimes continues to advocate that health plans provide affordable and quality programs, and offer the ten categories of Essential Health Benefits, including maternity and newborn care, well-woman and well-child preventive care, prescription drugs and mental health services, which are critical to the health of both mom and baby.

Thank you for this opportunity to share policies that can make a significant impact on maternal and infant health, beyond the bills discussed during the hearing, the PREEMIE Act (H.R. 3226) and Preventing Maternal Deaths Act (H.R. 3838).

Sincerely,



Dr. Elizabeth Cherot, MD, MBA, FACOG
President and CEO, March of Dimes

¹ <https://www.marchofdimes.org/peristats/reports/georgia/report-card>

² <https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-maternal-health-services/telehealth-and-high-risk-pregnancy>