

**Attachments—Additional Questions for the Record**

**Subcommittee on Health  
Hearing on  
“Legislation to Improve American’s Health Care Coverage and Outcomes”  
January 8, 2020**

**Lee Savio Beers, M.D.  
President Elect  
American Academy of Pediatrics**

**The Honorable Gus M. Bilirakis (R-FL)**

1. Dr. Beers - According to the CDC, for every 1,000 live births in the United States, nearly 6 babies will not live to see their first birthday. Additionally, 1 in 10 babies is born premature, the leading cause of infant death. Statistics get even worse when racial and other disparities are accounted for. However, infant mortality rates in Healthy Start programs are lower than the national average.

- a. *How is Healthy Start achieving this critical mission to protect our youngest, most-vulnerable citizens – our infants?*

Healthy Start aims to screen all pregnant women and families for risk factors such as physical and behavioral health, employment, housing, and potential for domestic violence. Healthy Start connects women, children, and families at high risk with continuous access to essential health care and support services that help reduce infant mortality rates, leading to a rate that is lower than the national average. The program offers key support services including case management, home visitation, enhancement of parenting skills, transportation, child care, breast feeding and nutrition support.

Healthy Start also attempts to alleviate racial and ethnic disparities among maternal and infant birth outcomes by providing intensive and culturally sensitive parent support. Furthermore, the program helps remove barriers to accessing health care by facilitating enrollment of eligible women and children in Medicaid or exchange plans.

- i. *Why is it important to deliver services to women and families not just during pregnancy, but also pre and post-pregnancy?*

Delivering high quality health care and social services at all stages of pregnancy, including prenatal and postpartum, as well as preconception care, is critical for the health of both mother and baby. Appropriate preconception, prenatal and primary care can help women minimize

potentially preventable risk factors for poor pregnancy and birth outcomes, including chronic disease management, avoidance of addictive behaviors and environmental exposures (i.e.: smoking, alcohol, and chemicals), and preventive health measures (i.e.: immunizations, dental hygiene, and vitamins). Additionally, prenatal services can help provide education to women and families on what to anticipate during pregnancy and also provide specialized education for those who may be at higher risk for complications, such as women with genetic disorders.

Furthermore, postpartum care and services help monitor the health and development, including physical, social, and psychological well-being, of both the infant and the mother during the period following childbirth. Lactation counseling or connection to treatment for maternal depression, for example, are some of the critical services that can be provided during the postpartum period.

*b. What is the average first year cost of care for babies born premature?*

In 2007, the Institute of Medicine reported that the cost associated with premature birth in the United States was \$26.2 billion each year (\$51,600 per infant annually) through the age of 5. These costs included \$16.9 billion in medical and health care costs for the baby (\$33,200 per infant), with 85% or \$28,500 of these costs occurring in the first year of life. The remaining \$1.9 billion encompassed the labor and delivery costs for mothers, totaling \$3,800 per infant.

A 2014 Centers for Medicare and Medicaid Services report indicated that state Medicaid programs are paying for an increasing proportion of births and costly complicated births, and a September 2017 *Pediatrics* study noted that, in 2013, employer-sponsored plans spent \$2 billion on care of infants. Eight percent of those were born prematurely but cost 1/3 of the aggregate sum.

*i. What is the long-term cost of medical and social services provided to premature babies?*

For preterm infants, the 2007 Institute of Medicine report indicated an associated \$2.535 billion total in medical and health care costs, or \$4,980 annually after the first year of life on average. These costs include:

- \$611 million for early intervention services (\$1,200 per infant), which are programs for children from birth to age 3 with disabilities and developmental delays. These services teach families strategies and interventions that help children acquire physical, cognitive, language, social and self-help skills to their full potential.

- \$1.1 billion for special education services (\$2,200 per infant) that are specifically designed for children with disabilities ages 3 through 21.
- Benefits from the Supplemental Security Income (SSI) program, which are provided to adults and children with disabilities who have limited income and resources.

The cost of medical care beyond early childhood is not reflected in the above numbers. Conditions that are more common in children who were born prematurely include but are not limited to the following

- Behavioral and emotional problems
- Attention deficit hyperactivity disorder (ADHD)
- Cerebral palsy
- Chronic lung disease – abnormal lung development due to premature birth and/or to oxygen therapy and ventilator support that predisposes them to more severe respiratory diseases throughout childhood
- Asthma
- Intestinal problems, e.g. due to necrotizing enterocolitis, a potentially lethal neonatal complication with lifelong implications on nutrition and growth due to short gut and/or impaired gut function
- Dental problems
- Vision or hearing impairment