

HEALTH AND HUMAN SERVICES

Resolution HHS-20-07

A RESOLUTION ON IMPROVING OUTCOMES FOR MOTHERS AND CHILDREN DURING PREGNANCY

WHEREAS, National Black Caucus of State Legislators (NBCSL) supports the need to improve maternal health outcomes in the United States by advocating for public policy that will ensure all women have access to local, equitable, comprehensive and quality affordable health care;

WHEREAS, maternal mortality is defined by the Centers for Disease Control (CDC) as the death of a woman while pregnant or within 1 year of the end of a pregnancy regardless of the outcome, duration or site of the pregnancy from any cause related to or aggravated by the pregnancy or its management;

WHEREAS, severe maternal morbidity is defined as unexpected outcomes of labor and delivery that result in significant short or long-term consequences to a woman's health;

WHEREAS, maternal mortality and morbidity have become a crisis in the United States, there was a 26 percent increase in maternal deaths between 2000 and 2014, and at least 50,000 women in the United States suffered from severe maternal morbidity in 2014;

WHEREAS, the United States is the only advanced economy, and one of only eight nations globally, to have experienced an increase in maternal deaths in recent years while maternal mortality rates in other developed countries are decreasing;

WHEREAS, women of all races and cultures in the U.S. are at risk for pregnancy-related complications, but maternal death rates are disproportionately higher for African American and other traditionally marginalized women, low-income women, and women living in rural areas;

WHEREAS, according to the CDC Black and American Indian/Alaska Native women are about three times more likely to die from a pregnancy-related cause than white women, implicit bias and systemic inequality are key contributing factors;

WHEREAS, reports have indicated that a lack of access to quality of care are leading factors, particularly among women in lower socioeconomic levels;

WHEREAS, maternal deaths are significantly underestimated and inadequately documented, preventing efforts to identify and reduce or eliminate the causes of death;

WHEREAS, African American women are 4 times more likely to die in childbirth than white women, and the racial discrepancies in maternal death rates persist even when controlling for socioeconomic status and education;

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WHEREAS, low income and rural women can have challenges accessing comprehensive high-quality maternal care, a study by Georgetown University found that states that expanded Medicaid were able to see significant improvements in maternal health and a reduction in maternal and infant mortality; and

WHEREAS, 60 percent of pregnancy-related deaths in the U.S. could have been prevented with the tools that exist today, major pregnancy related ailments that negatively impact the health outcomes of women after giving birth include, but are not limited to, obstetric hemorrhage, preeclampsia, and post-partum depression (PPD).

THEREFORE BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL) urges federal, state and county legislators and officials to enact policies to enhance the quality of and access to equitable maternal health care;

BE IT FURTHER RESOLVED, that the NBSCL calls on state legislatures and Congress to improve maternal health by investing in connected data systems that allow states and the federal government to coordinate on the collection and reporting of aligned data and metrics;

BE IT FURTHER RESOLVED, that the NBSCL urges states to support the funding and full implementation of Maternal Mortality Review Committees, as they study data on the underlying causes of maternal death and identify strategies to help combat it, and share learnings and best practices across states;

BE IT FURTHER RESOLVED, that the NBSCL calls on states to evaluate and enhance medical education and training to ensure that all healthcare providers who care for women have the tools and support they need to provide quality care, including education on implicit bias, racial disparities, and culturally appropriate approaches to addressing maternal deaths and morbidity;

BE IT FURTHER RESOLVED, that the NBSCL calls on states to review and enhance standards and practices for hospitals and birthing centers by offering maternal care bundles, such as the Alliance for Innovation on Maternal Health (AIM)'s patient safety bundle, to reduce mortality and morbidity;

BE IT FURTHER RESOLVED, that the NBSCL calls on states to increase access to quality health care through the support of rural hospitals and treatment centers, and by ensuring that low-income women have access to quality pre-natal, perinatal care, and post-natal care;

BE IT FURTHER RESOLVED, that the NBSCL calls on states to extend Medicaid coverage to pregnant women for a year after giving birth to the child to protect their health as they are still vulnerable after the pregnancy;

BE IT FURTHER RESOLVED, that the NBSCL calls on those states that have not expanded Medicaid coverage under the Affordable Care Act to do so;

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BE IT FURTHER RESOLVED, that the NBCSL calls on states and the Congress to strengthen workforce programs and policies, such as Paid Family Leave, that support women in caring for themselves and their children after giving birth;

BE IT FURTHER RESOLVED, that the NBCSL will work with our legislators to help create policies and action items that legislators can work on in their respective states to improve maternal and infant health, and focus on closing the gap in outcomes for African Americans and other minorities;

BE IT FURTHER RESOLVED, that the NBCSL strongly urges all states and federal legislators to recognize this crisis, develop new solutions, increase the available resources, and share best practices to improve maternal and infant health, to end the racial divide in patient outcomes in the United States;

BE IT FURTHER RESOLVED, that the NBCSL urges states to invest in and use innovative care models to address social determinants of health that impact the wellness of birthing persons; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials and agencies as appropriate.

SPONSOR(S): Representative Laura Hall (AL), Representative Karen Camper (TN), and Senator Brenda Gilmore (TN)

Committee of Jurisdiction: Health and Human Services Policy Committee

Certified by Committee Co-Chair: Representative David J. Mack, III (SC)

Ratified in Plenary Session: Ratification Date is December 6, 2019

Ratification is certified by: Representative Gilda Cobb-Hunter (SC), President