

HEALTH AND HUMAN SERVICES (HHS)

Resolution HHS-22-18

INCREASING ACCESS TO SAFE MATERNITY CARE

WHEREAS, the National Black Caucus of State Legislators (NBCSL) has long seen safe and effective maternal health care as critical to improving quality health care and safety in the United States and passed numerous resolutions in support of this issue including resolution HHS-20-07 “A RESOLUTION ON IMPROVING OUTCOMES FOR MOTHERS AND CHILDREN DURING PREGNANCY”;

WHEREAS, obstacles to healthcare are widespread, and while the United States spends more on healthcare per capita than any other nation, funding for certain conditions still falls short of demand and pregnancy and childbirth-related hospital costs have now reached \$86 billion;

WHEREAS, the United States has the highest maternal mortality rate of all other developed countries with 17.4 maternal deaths for every 100,000 births, half of which have been deemed preventable;

WHEREAS, preterm births cost society at least \$26 billion or \$51,600.00 per premature baby per year, including money spent on medical care for short and long-term health conditions, educational expenditures, and lost productivity for families of those babies who survive;

WHEREAS, nearly 13 million women of reproductive age (from 15 to 44 years of age), or one in five, have no health insurance;

WHEREAS, women of color account for just under one-third of all women in the United States but represent half of all uninsured women;

WHEREAS, women of color are more likely to experience discriminatory and inappropriate treatment and poorer quality of care;

WHEREAS, Black mothers are three to four times more likely to die from pregnancy-related causes than their white counterparts;

WHEREAS, there is a shortage of Black healthcare providers, according to the American Medical Colleges only 2.6% of doctors in 2019 and 7.3% of students enrolled in medical schools identify as Black or African American;

WHEREAS, the Black infant mortality rate is more than twice as high as it is for white infants;

WHEREAS, studies suggest that the mortality disparity decreases between Black infants and white infants when Black infants are treated by Black healthcare providers and that racism, implicit bias, and lack of cultural competency play a major role in infant and maternal morbidity and mortality;

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WHEREAS, there is a particular shortage of maternity care in rural areas where fewer than half of all rural counties have a practicing obstetrician-gynecologist (OB/GYN) or baby delivery services;

WHEREAS, such scarcity of OB/GYN providers means women who live in rural areas have limited access to postpartum care, an alarming concern since one-third of maternal deaths happen between one week to a year after giving birth;

WHEREAS, the NBCSL strongly supports proven healthcare models, and the promotion of good healthcare policies with a view toward increasing equity, diversity, and access for all;

WHEREAS, it is vital that birthing mothers and their families have access to perinatal care teams incorporating safe maternal healthcare providers, which include community healthcare workers and community midwives;

WHEREAS, there is an urgent need to recruit, train, and deploy a diverse and interdisciplinary maternal child healthcare workforce so that all birthing mothers, their families, and infants receive un-restricted access to equitable maternity care and support which is essential for improved health outcomes;

WHEREAS, it is important to recruit maternal child community-based healthcare providers who are from racially, ethnically, and linguistically diverse backgrounds with experience practicing in racially and ethnically diverse communities or providers who have undergone training on implicit bias and racism and who understand the impact of cultural congruence and cultural safety in service de-livery;

WHEREAS, there is a need to increase the investment and for the expansion of a community-based perinatal healthcare workforce must begin with recruiting, training, and reimbursing maternal health and community healthcare workers, community midwives, nurses and nurse practitioners, behavioral health and lactation specialists, physician assistants, and physicians to provide collaborative, culturally congruent maternity care and psychosocial support, including virtual and telehealth prenatal and postpartum services when necessary;

WHEREAS, fully-trained community healthcare workers cover all aspects of the childbearing cycle, including pregnancy, birth and postpartum, and reproductive health;

WHEREAS, such fully-trained community healthcare workers effectively teach across the life-course with evidence-based information, provide wrap-around support, and health navigation, which includes creating liaisons and trusted relationships with other healthcare providers and agencies;

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WHEREAS, well trained and certified community midwives specialize in low-risk, clinical maternal child healthcare emphasizing respectful interpersonal relationships, health promotion with preventative care, health education, continuity care, ongoing risk assessments, and referral to collaborative perinatal healthcare team members, including mid-level providers, physicians, and specialists when necessary;

WHEREAS, community healthcare workers and community midwives are trained and able to support families throughout the childbearing years and such workers and midwives should have access to dedicated fee schedules to compensate the vital perinatal services they offer; and

WHEREAS, community healthcare workers and community midwives create a readily achievable, economically viable, and sustainable solution that fully embraces "The Triple Aim" of better care, better health, and reduced costs.

THEREFOR BE IT RESOLVED, that the National Black Caucus of State Legislators (NBCSL), in response to the Black maternal and child health crisis in the United States calls for a State of Emergency for Black birthing mothers and their families and urges legislators to implement and support legislation needed to diversify the maternal child workforce;

BE IT FURTHER RESOLVED, that the NBCSL recognizes the urgent need for recruiting, training, deploying, and reimbursing a diverse maternal child healthcare workforce to address the rising rate of maternal and infant morbidity and mortality and proposes increasing access to community healthcare workers and well-trained community midwives;

BE IT FURTHER RESOLVED, that the NBCSL urges states to implement and support existing community-based, community-led programs that train, support, and employ community healthcare workers or community midwives, as well as support their equitable, value-based reimbursement through Medicaid, Managed Care, and commercial payers and other funders;

BE IT FURTHER RESOLVED, that the NBCSL urges the United States Congress to fully fund programs that increase safe maternity care and support for all childbearing people; 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.

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SPONSOR: Senator Lester Jackson (GA)

Committee of Jurisdiction: Health and Human Services (HHS) Policy Committee

Ratified in Plenary Session: December 2, 2021

Ratification certified by: Representative Billy Mitchell (GA), NBCSL President