



A Passionate Voice for Compassionate Care

April 3, 2020

United States Senate
Committee on Finance
Washington, D.C. 20510

Dear Chairman Grassley and Ranking Member Wyden:

On behalf of the Catholic Health Association of the United States (CHA), I am writing in response to your request for information and solutions for improving maternal health.

For nearly 300 years, Catholic hospitals have been at the forefront of providing high quality and affordable maternal care to expectant mothers and their children. With more than 650 hospitals and 1,600 long-term care and other health facilities in all 50 states, the Catholic health ministry constitutes the largest group of nonprofit health care providers in the nation. Collectively, Catholic hospitals serve nearly 5 million inpatients and deliver approximately 500,000 babies each year. Over 324 Catholic hospitals have specialized obstetric units to care for pregnant women with 25 percent offering neonatal intensive care units (NICUs) to care for the most vulnerable babies at birth. Our commitment is rooted in our shared belief that every person is a treasure, every life a sacred gift, and every human being having inherent dignity.

Continuity of affordable health care coverage

Access to affordable and accessible health care coverage continues to be a critical element for providing and improving maternal health. In particular, low-income women's continued access to health care coverage through the Medicaid program is critical for improving our nation's maternal mortality rate. Under the Affordable Care Act, states were able to expand Medicaid coverage for *low-income adults* with incomes up to at least 138% of the Federal Poverty Level (FPL). While 36 states have expanded their coverage fourteen states continue to set Medicaid eligibility for parents at rates far below what is allowed under the ACA expansion. As a result, the median eligibility level for adults with children was 41% of FPL in 2019.¹ However, for *pregnant women*, states are required to provide coverage through Medicaid to women with incomes up to 138% of the federal poverty level. However, almost all states have chosen to expand coverage for pregnant women above this threshold with the median income level across all states standing at 205% FPL last year.² As a result, collectively each year approximately 43% (more than 1.6 million) of births

¹ Brooks, Tricia, et al. "Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey." *The Henry J. Kaiser Family Foundation*, 31 Mar. 2020, <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/>.

² *Id.*

were paid for by Medicaid.³

However, the health of a mother and her baby begins well before pregnancy and continues long past the 60 days of post-partum coverage typically provided by Medicaid.⁴ Between 2011 and 2015, 31% of maternal deaths took place during pregnancy, 36% happened at delivery or in the week after and 33% happened one week to one year postpartum.⁵ As a result, the American College of Obstetricians and Gynecologists recommends women have access to continuous health coverage in order to “increase preventative care, reduce avoidable adverse obstetric and gynecologic health outcomes increase early diagnosis of disease and reduce maternal mortality rates.”⁶ These results demonstrate that continuous access to health care leading up to and well after delivery is critical for addressing maternal mortality.

The positive impact of providing continuous health care coverage can be seen in the significant reduction in infant mortality that has taken place in states which have expanded Medicaid. Since the passage of the ACA, states which expanded Medicaid coverage saw a significant decrease in the uninsured rate for women of childbearing age – 16% for expansion states versus only 9% for non-expansion states - and, with it, a corresponding 50% greater reduction in infant mortality than non-expansion states.⁷ In addition, Medicaid expansion has been critical in reducing long-existing disparities in preterm birth, very preterm birth, low birth weight, and very low birth weight.⁸ **It is also critical for Congress to expand Medicaid coverage for one year postpartum to improve health outcomes for mothers, especially as nearly 33% of maternal deaths happen in the first year following birth.**

These findings contribute to the growing evidence demonstrating the importance of building upon the coverage expansions under the Affordable Care Act. Protecting these gains in coverage while continuing to expand Medicaid coverage to low-income Americans is one of the fastest means for improving maternal health.

Expand Presumptive Eligibility

Expanding presumptive eligible for pregnant women is another important step that states can take in order to improve maternal and child health. Under the Omnibus Budget Reconciliation Act of 1986, Congress gave states the option to implement presumptive eligibility for pregnant women.

³ Martin, Joyce A, et al. *Births in the United States, 2017*. Centers for Disease Control and Prevention, Aug. 2018, www.cdc.gov/nchs/data/databriefs/db318.pdf.

⁴ McMorrow, Stacey. “Despite Progress Under The ACA, Many New Mothers Lack Insurance Coverage.” *Despite Progress Under The ACA, Many New Mothers Lack Insurance Coverage | Health Affairs*, 19 Sept. 2018, www.healthaffairs.org/doi/10.1377/hblog20180917.317923/full/.

⁵ “Pregnancy-Related Deaths Happen Before, During, and Up to a Year After Delivery.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 7 May 2019, www.cdc.gov/media/releases/2019/p0507-pregnancy-related-deaths.html.

⁶ “Women’s Health Care Physicians.” *ACOG*, www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Benefits-to-Women-of-Medicaid-Expansion-Affordable-Care-Act.

⁷ Searing, Adam, and Donna Cohen Ross. *Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies*. Georgetown University Health Policy Institute Center for Children and Families, May 2019, ccf.georgetown.edu/wp-content/uploads/2019/05/Maternal-Health-3a.pdf

⁸ Bauchner H, Maddox KJ. Medicaid Expansion and Birth Outcomes. *JAMA*. 2019;321(16):1609. doi:10.1001/jama.2019.3824 available at <https://jamanetwork.com/journals/jama/fullarticle/2731153>

This state option allows providers to begin treating pregnant women when they first seek treatment and the pregnant women to be presumptively enrolled in Medicaid coverage, rather than having to wait a month or more for a final Medicaid eligibility determination by the state. Currently 30 states allow presumptive eligibility determinations to be made for pregnant women under Medicaid while three states allow for it under the Children's Health Insurance Program (CHIP).⁹

Requiring or incentivizing states to expand presumptive eligibility for pregnant women is critical in ensuring access to early prenatal care for pregnant women and their babies. Through presumptive eligibility policies, pregnant women are 40% more likely to enroll in prenatal care and 30% more likely to obtain care in their first trimester.¹⁰ This investment in prenatal care not only results in better birth outcomes and healthier babies but also lowers long term health care costs.

Community-based and System-wide coordination of care

Providing coordination of care both within and outside of the health sector is another means for improving maternal health outcomes. Through programs such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV), health providers and community social service providers can work together to improve coordination of service for at-risk community and provide wrap around services to families in at-risk communities.

The MIECHV program provides valuable information on the positive impact coordination of care and home visitations programs can have on improving maternal and child outcomes. Under the MIECHVI program 81% of state grantee programs demonstrated improvements in the performance measures for maternal and newborn health.¹¹ These grantees showed improvements in prenatal and preconception care, prenatal substance use, screening for maternal depression, breastfeeding support and increases in maternal and child health insurance coverages.¹²

The CHI St. Joseph's Children (CHI SJC) Home Visiting Program in Albuquerque, N.M. is one example of a population health model which connects early childhood educators, known as "home visitors," with first-time parents as they care for their children. Through weekly home visits by trained health educators, new parents can learn about the physical and emotional challenges and prepare for birth. Through the program enrolled mothers are also connected with an obstetrician if the mother does not have a doctor. For mothers in the program, 97% received regular prenatal care during pregnancy with a medical provider – compared to 63% of New Mexico's overall population, in 2016. **By continuing to support and expand maternal home visitation programs, Congress can build upon the early success of the MIECHV program** and support programs like those at CHI St. Josephs Children.

⁹ [Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey](#), Kaiser Family Foundation, March 2020. Based on a national survey conducted by the Kaiser Program on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2020.

¹⁰ Broaddus, Elena Tyler. *Presumptive Eligibility for Pregnant Women*. National Academy for State Health Policy, Dec. 2008, nashp.org/wp-content/uploads/sites/default/files/Presumptive%20Eligibility%20Monitor.pdf

¹¹ *Demonstrating Improvement in The Maternal, Infant, and Early Childhood Home Visiting Program*. Department of Health and Human Services, Mar. 2016, <https://www.jbassoc.com/resource/demonstrating-improvement-maternal-infant-early-childhood-home-visiting-program-report-congress/>.

¹²*Id.*

Other examples of Catholic hospitals providing community services and engagement as a means for building wrap around support for pregnant women include the following:

- Ascension St. Joseph Hospital in Sherman Park, WI, which is implementing a three-year plan to coordinate prenatal care ensuring access to medical, social, educational and other services to high-risk pregnant women.
- St. Joseph Medical Center in Montana, which was recognized as a “National Safe Sleep” hospital for its commitment to best practices and education on infant safe sleep to save babies’ lives.

While community-based visitation and outreach programs provide opportunity for increasing health literacy and access to care, Catholic health systems have also implemented system wide reform efforts to address maternal mortality. One such example is the Providence Saint Joseph Health (PSJH) Women and Children’s Institute, which brings together region wide health services to **ensure standardization and implementation of best practices in health care delivery for pregnant women.** Through focus on evidence-based care for major delivery complications; identifying risk factors early by developing a EMR Hemorrhage Risk assessment tool; standardizing protocols for all clinicians to use; empowering their care team; and promoting access to prenatal and postpartum care, PSJH has reduced childbirth-associated death from a projected 32 cases to 1 over a three-year time frame.¹³

These are just some of the many ways Catholic hospitals and health care providers continue their long practice of identifying and implementing high-quality and effective health care services. We look forward to continuing to work with you to strengthen our shared efforts and seek solutions to improve our nation’s health system.

Sincerely,



Sr. Mary Haddad, RSM
President and CEO
Catholic Health Association of the United States

¹³ Compton-Phillips, Amy. “Opinion: 5 Things Hospitals Can Do Today to Keep Women from Dying during Childbirth.” *Yahoo! News*, Yahoo!, 13 Sept. 2019, news.yahoo.com/opinion-5-things-hospitals-today-084031052.html.