

Statement
of the
Catholic Health Association of the United States
for the
Committee on Health, Education Labor & Pensions
of the
U.S. Senate

**“What Can Congress Do to Address the Severe Shortage of Minority Health Care Professionals
and the Maternal Health Crisis?”**

May 2, 2024

The Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,200 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, is pleased to submit a statement for the record on this important hearing. We appreciate the Committee’s interest in addressing the maternal health crisis and the need to promote diversity in the health care professions. These important topics must be addressed, and your work will impact our members and the communities they serve.

Caring for women, babies, and children has been a cornerstone of Catholic health care connected to the founding of many of our hospitals. Catholic health care continues this legacy of care through our committed advocacy and partnership with Congress that has resulted in several successes: Making permanent the option for states to expand Medicaid postpartum care for one year (now adopted by 46 states and DC), increasing funding for the Maternal and Child Health Services Block Grant, and continuing to support the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Additionally, we have long supported Congress’ efforts on enhancing graduate medical education, funding doctor and nurse training programs, and working to advance opportunities in allied health and other health professions.

Among our members, this commitment to support mothers and babies is evident:

- Catholic hospitals serve nearly 5 million inpatients and deliver approximately 500,000 babies annually.
- More than half of our member hospitals were designated by the Centers for Medicare and Medicaid Services (CMS) as birthing-friendly, the first CMS designation to describe high-quality maternity care. To earn the designation, hospitals and health systems report their progress on CMS's Maternal Morbidity Structural Measure to the Hospital Inpatient Quality Reporting (IQR) Program.
- Nearly 300 of our hospitals offer obstetric services and staff more than 3,500 neonatal and pediatric intensive care beds; Catholic health care remains committed to caring for our youngest and most vulnerable patients and their moms.

Our work, however, must include federal legislation to support the needs of providers, mothers, and babies to stem the maternal health disparities that are sadly still evident in the country. The United States still suffers from a high rate of maternal deaths, with data showing that in 2021, 32.9 maternal deaths occurred per 100,000 live births, which is more than ten times the estimated rates of some other high-income countries. Further, there is an alarming racial disparity in that the maternal death rate among Black Americans is much higher than other racial groups; in 2021 it was 69.9 per 100,000, which is 2.6 times higher than the rate for White women. A [report](#) from the *Journal of the American Medical Association (JAMA)* released this past summer shares a worrying statistic: maternal deaths more than doubled over the course of two decades.

Congress must act to ensure that these troubling trends do not continue. The Catholic Health Association and our members view the following bills that address the social determinants of health as essential federal counterparts to our work at the community level for moms and babies:

- [H.R. 3305/ S. 1606 the Black Maternal Health Momnibus Act](#) – Introduced by Rep. Underwood (D-IL), Rep. Adams (D-NC), and Sen. Booker (D-NJ). This comprehensive legislation would make critical investments in the social determinants of health, address behavioral health needs, cultural competency, and gaps in the perinatal workforce, and bolster the collection of data to address every driver of maternal mortality, morbidity, and disparities in the United States. Specifically, we highlight the Perinatal Workforce Act introduced by Rep. Moore (D-WI) and Sen. Baldwin (D-WI), which would make investments to increase the number of maternity care providers and non-clinical perinatal health workers who offer culturally congruent care and support during and after pregnancy.
- [H.R. 3838/ S. 2415 the Preventing Maternal Deaths Reauthorization Act of 2023](#)- Introduced by Rep. Burgess (R-TX) and Sen. Capito (R-WV). This bipartisan and bicameral legislation would reauthorize federal support for state-based maternal mortality review committees, which review pregnancy-related deaths to identify causes and make recommendations to prevent future mortalities.
- [H.R. 2389/ S. 1302 Resident Physician Shortage Reduction Act of 2023](#)- Introduced by Sen. Menendez (D-NJ) and Sen. Boozman (R-AR). This bill would provide 2,000 new Medicare-supported graduate medical education (GME) positions per year over seven years, for a total of 14,000 new GME positions. The bill also ensures that at least 10% of the slots would be distributed to hospitals that are within rural or noncontiguous areas such as Alaska and Hawaii, training over their GME cap, located in states with new medical schools or branch campuses, and serve designated health-professional shortage areas, with priority given to hospitals affiliated with historically Black medical schools.
- [The Health Careers Opportunity Program](#), which has not been reintroduced in this Congress, aids students from disadvantaged backgrounds in entering and completing education in health profession schools through tailored enrichment programs. It also provides opportunities for community-based experiential health professions training.
- Provide federal incentives to train nurses to provide care in rural communities in states with extended postpartum Medicaid coverage and provide federal assistance to rural hospitals to prevent closures in these states. We also strongly encourage the authorization of federal grants to medical and educational institutions with rural health programs in these states, like S. 1110, the Rural Hospital Support Act sponsored by Senator Casey (D-PA).

These pieces of legislation and programs are a starting point and would also bolster C.H.A. members' work promoting health equity through our national campaign *We Are Called*. Our campaign is guided by the principles of Catholic social teaching, including the inherent dignity of each person, the common good, and concern for the poor and vulnerable. These values call us to

work to eradicate racial and ethnic disparities in access to quality health care and health outcomes, disparities that stand in direct opposition to the mission of Catholic health care and our social tradition. The imperative to identify and eliminate racial and health disparities has only increased in urgency as it relates to quality maternal health in this country.

In closing, we thank you for holding this important hearing on this timely topic. We urge Congress to continue to work with CHA and its members, other health providers, consumer advocates, and experts as you embark on the important goal of addressing maternal health disparities and promoting workforce diversity. We welcome the opportunity to discuss the critical work of our members who are caring for mothers, babies, and their families and thank you for your commitment to health equity. We look forward to working together with you on this important issue.