

United States Senate
WASHINGTON, DC 20510

April 11, 2023

The Honorable Tammy Baldwin
Chairwoman
Committee on Appropriations
Subcommittee on Labor, HHS, Education
U.S. Senate
Washington, DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Committee on Appropriations
Subcommittee on Labor, HHS, Education
U.S. Senate
Washington, DC 20510

Dear Chair Baldwin and Ranking Member Capito:

We are grateful to you for prioritizing the health of our nation's mothers by including provisions of the *Maternal Health Quality Improvement Act* and the *Rural Maternal and Obstetric Modernization of Services (MOMS) Act* in the Fiscal Year (FY) 2022 Omnibus Appropriations bill. The programs and activities authorized by these provisions are foundational to addressing the nation's ongoing maternal health crisis. **We urge you to fully fund these recently authorized programs in FY 2024 to ensure these initiatives can fulfill their promise of improving maternal health outcomes, especially for Black, Latina, and Indigenous individuals, and those living in rural areas.**

The issue of maternal mortality and morbidity must continue to be a priority for the Committee. According to the Centers for Disease Control and Prevention (CDC), approximately 700 women die each year from pregnancy-related complications, and the rate of maternal deaths continues to rise. This number increased significantly during the COVID-19 pandemic, with 1,205 individuals dying of maternal causes in 2021, a 40% increase from 2020. For every mother that dies, another 70 will experience severe complications of pregnancy or childbirth that can affect their future health and pregnancies. Further, Black, Latina, and Indigenous individuals and women living in rural areas are more likely to die due to pregnancy-related causes than their white and urban-dwelling peers. The Committee must ensure that the funding for programs authorized by the *Maternal Health Quality Improvement Act* and the *Rural MOMS Act* includes the FY 2024 funding requests, which will help address disparities in maternal health outcomes and improve maternal health across the country.

Alliance for Innovation on Maternal Health (AIM) Program. The implementation of patient safety bundles and standardized approaches for delivering evidence-based care at birthing facilities has been shown to reduce preventable maternal deaths, improve maternal outcomes, and close the gap in inequitable care. The AIM program provides technical assistance, capacity building, and data support for the adoption of evidence-based best practices for patient safety through the use of safety bundles. Patient safety bundles include: Care for Pregnant and Postpartum People with Substance Use Disorder,

Obstetric Hemorrhage, Safe Reduction of Primary Cesarean Birth, Severe Hypertension in Pregnancy, Postpartum Discharge Transition, and Cardiac Conditions in Obstetrical Care. These bundles were designed to reduce maternal mortality and severe maternal morbidity by engaging multidisciplinary health care clinicians, public health professionals, and cross-sector stakeholders committed to improving maternal outcomes in the United States. AIM is currently partnering with more than 40 states, with each state at a different phase of implementation. The Committee should fund this program at \$15.3 million in FY 2024, consistent with funding levels for FY 2023, to support ongoing implementation of AIM's evidence-based patient safety bundles in every birthing facility across the country.

Training for Health Care Providers. Black women are three to four times more likely to die from a pregnancy-related cause than White women, and Indigenous individuals are two times more likely. Health care education programs often do not include cultural awareness or training to better provide care to racial and ethnic minority populations. Training health care professionals to recognize and remedy perceptions and biases will support improvements in the delivery of care to obstetric patients. The Committee should allocate \$5 million in FY 2024, consistent with the authorization included in the FY 2022 appropriations bill, to support a new grant program to improve training for all health care professionals providing obstetric care to racial and ethnic minority populations.

Integrated Services for Pregnant and Postpartum Women Demonstration. Social determinants of health are key factors in the care for obstetric patients. If social needs such as housing, food access, and transportation are unmet, health suffers. A patient-centered, integrated services care model can connect obstetric patients to needed social services and supports as well as ensure coordination among clinical care service providers, including providers of mental health and substance use disorder services. We encourage you to provide \$10 million in FY 2024, consistent with funding levels for FY 2023, to create and begin evaluating a new demonstration program to integrate a spectrum of services to best meet the needs of pregnant and postpartum individuals, with the goal of reducing inequities and improving maternal outcomes.

Rural Obstetric Network Grants. According to CDC data, maternal mortality is significantly higher for women who reside in rural areas, with rates two to three times higher than their peers living in urban areas. Racial and ethnic disparities persist as well. To address the unique needs of pregnant and postpartum people living in rural areas, the Committee should fully fund the rural obstetric network grant program in FY 2024 to identify and implement innovative strategies to improve access to and quality of obstetric care in rural areas.

Rural Maternal and Obstetric Care Training Demonstration Program. There is a critical shortage of obstetric health care professionals serving rural areas. To begin

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addressing this need, the Committee should allocate \$5 million in FY 2024, consistent with the authorization included in the FY 2022 appropriations bill, to create and begin evaluating a new demonstration program aimed at increasing the number of rural-based clinicians able to provide prenatal, labor and delivery, and postpartum care, with a special emphasis on health conditions and social determinants of health affecting this population.

The programs outlined above are foundational to improving maternity care for populations disproportionately impacted by maternal mortality and morbidity. We urge you to invest in these initiatives to build on the work you began by including the *Maternal Health Quality Improvement Act* and the *Rural MOMS Act* in the FY 2024 Omnibus Appropriations bill. Thank you for your consideration of this request to address the nation's maternal health crisis by improving health outcomes for Black, Latina, and Indigenous individuals and those living in rural areas.

Sincerely,



Raphael Warnock
United States Senator



Tina Smith
United States Senator



Michael F. Bennet
United States Senator



Catherine Cortez Masto
United States Senator

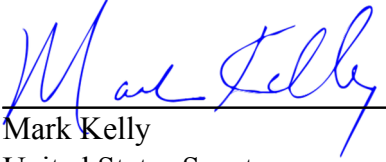


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