

August 17, 2021

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

Dear Majority Leader Schumer, Speaker Pelosi, Minority Leader McConnell, and Minority Leader McCarthy:

On behalf of the 212 undersigned groups, we urge you to take meaningful action to immediately address the deep inequities that birthing people of color face, specifically Black and Indigenous women. Our organizations applaud the show of member unity in addressing maternal health and birth justice demonstrated by the many bills, hearings, and public statements made by members of the House and Senate, including a [recent letter](#) signed by 160 legislators urging Congressional leadership to prioritize improving Black maternal health. Consistent with that letter, we urge you to enact legislation to improve maternal health that centers racial equity.

Specifically, as groups committed to the health and well-being of birthing people and their families, we are writing to express our shared support for the following priorities.

Ensure Coverage for Birthing People

The extension of Medicaid coverage to one year must be required across states and be accompanied by a Federal Medical Assistance Percentage of 100% to ensure that states have the resources and support needed to implement this critical change. The American Rescue Plan Act took a critical first step towards birth equity by creating an option for states to extend Medicaid coverage for 12 months postpartum. However, simplifying the process by which states extend the Medicaid postpartum coverage period is only a start to ensuring that birthing people can access integrated care with dignity. To implement this critical policy in all states, Congress should enact provisions to extend postpartum Medicaid coverage, like those included in the MOMMA's Act ([H.R.3407/S.411](#)) or the MOMMIES Act ([H.R.3063/S.1542](#)). This is necessary for our work towards an intersectional and systems-level set of policies that can raise our expectations for birth from an experience where people merely survive to a respectful, equitable experience that supports the abilities of all families to thrive. Black and Indigenous women and all birthing people deserve access to coverage of holistic quality care that addresses gaps in care and ensures continuity of care, regardless of the type of insurance they hold.

At least one third of maternal deaths happen after the end of pregnancy, during the vulnerable postpartum year.¹ Nearly one-quarter of maternal deaths happen more than six weeks postpartum, a period when new mothers can face a range of medical challenges, such as pregnancy-related complications, chronic conditions, or postpartum depression, all while caring for a newborn.² Despite these risks, pregnancy-related Medicaid currently only covers women for 60 days after the end of pregnancy. This coverage cutoff exposes new mothers to a dangerous health insurance cliff, particularly in states without Medicaid expansion, and can leave them without access to medical services that are essential for their own well-being, as well as the health of their infants. The lapse in coverage during this critical time falls hardest on mothers of color and their families.

A permanent extension of Medicaid for one year postpartum is a needed and important step to provide birthing people access to the essential services they need to support their own health and the health of their pregnancy. However, going without access to care before and after pregnancy has a negative effect on the health of both the birthing person, the infant and their families over the long-term. Additionally, Medicaid expansion plays a critical role in family health, especially for Black women and babies. Although the American Rescue Plan Act offered incentives to states to expand their Medicaid programs, Congress should go further to advance a comprehensive solution to close the coverage gap for all low income adults so that they can access the full range of health services throughout their life, no matter where they live. Closing the coverage gap will support better maternal health and advance health equity for all.

Our Recommendations:

- Congress has the opportunity to permanently pave the way for states to ensure that every birthing family has access to the health care they need during the critical postpartum period. Accessing health services for 12 months postpartum in Medicaid is paramount and foundational for families. Ensuring that all people regardless of where they live have access to these services must be a priority.
- Congress should close the Medicaid coverage gap, guaranteeing people in all states have access to affordable coverage and to the full range of health care benefits, including necessary and preventive health care services. Closing the coverage gap is critical not only for better maternal health, but also to achieve broader health equity.

Build out Maternal Health Services, Centering Racial Equity

With some of the worst maternal health outcomes among high-resource countries, the United States maternity care system had been failing to meet families' needs long before the COVID-

¹ Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. Retrieved from:

https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w.

² Building U.S. Capacity to Review and Prevent Maternal Deaths. Report from nine maternal mortality review committees. 2018. Retrieved from

<https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>

19 crisis. Racial inequities in maternal health have reached crisis proportions, with mortality for Black and Indigenous women 2.8–3.3 and 1.7–3.3 times as high, respectively, as the rate for white women.³ Prior to the pandemic, Congress had considered multiple initiatives aimed at improving maternal health outcomes, particularly for the more than 42% of births that are covered by Medicaid.⁴

The American Families Plan includes historic investments in maternal health.⁵ President Biden's proposal shows a clear commitment to invest federal resources in maternal health, paving the way for key policies included in the Black Maternal Health Momnibus Act of 2021 ([H.R.959/S.346](#)). We applaud this initial and important first step in improving maternal health, specifically for Black and Indigenous people, and urge Congress to include the president's request and pass additional legislation, guided by the voices of advocates whose work centers on the needs of moms and birthing people. The Momnibus proposal, comprised of 12 bills, takes needed steps to strengthen our health care systems by investing in community-based partners that center the needs, preferences, and voices of Black birthing people.

Our Recommendation:

- Congress should advance the policies included in the Momnibus, making needed investments in maternal care. The provisions address deep inequities for pregnant people of color; specifically their access to mental health services, a culturally competent perinatal workforce and prevention services.

Invest in Community-Based Partners

Finally, the Momnibus would ensure needed funding for the community-based organizations working to provide birthing people with a safe, healthy birthing experience free from the stress of racism and bias. The Momnibus is designed to diversify the perinatal workforce to help ensure that all pregnant people receive culturally congruent maternity care and support.

Community-based partners are best positioned to address social determinants of health that can lead to poor health outcomes including access to housing, healthy food and water, transportation, child care services and improving access to health care. Importantly, community partners are the closest to pregnant people, serving them in the communities in which they live and being from the community themselves.

Our Recommendation:

³ Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:762–765. Retrieved from: https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3.

⁴ Martin JA et al. Births: Final Data for 2018. *National Vital Statistics Reports*. 2019; 68(13). Retrieved from: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf.

⁵ The White House: American Families Plan. <https://www.whitehouse.gov/american-families-plan/> Accessed on July 7, 2021.

- Congress should prioritize investments that direct much-needed resources to community-based partners that are working on the front lines to address the racial inequities of maternal health through culturally congruent, place-based caregiving.

Together, our organizations offer our support and are prepared to work together to strengthen our health care policies and make the changes needed to reverse rates of maternal death and morbidity, specifically for Black and Indigenous people. We urge Congress to include these provisions in the next legislative package, including reconciliation, that moves to improve maternal health and equity.

Sincerely,

1,000 Days

2020 Mom

ACA Consumer Advocacy

Academy of Nutrition and Dietetics

AFE Foundation

AIDS Foundation Chicago

Alabama Arise

American Academy of Pediatrics

American College of Nurse-Midwives

American College of Obstetricians and Gynecologists

American College of Osteopathic Obstetricians and Gynecologists

American Medical Student Association

American Medical Women's Association

American Muslim Health Professionals

American Nurses Association

American Public Health Association

Ancient Song Doula Services

Arkansas Birthing Project

Association for Community Affiliated Plans

Association for Prevention Teaching and Research

Association of Maternal & Child Health Programs

Association of Public Health Laboratories

Association of Schools and Programs of Public Health

Association of State Public Health Nutritionists

Association of University Centers on Disabilities

Association of Women's Health Obstetric and Neonatal Nurses (AWHONN)

Babyscripts

Baobab Birth Collective

Black Mamas Matter Alliance

Black Women for Wellness

Black Women's Health Imperative

California Latinas for Reproductive Justice

Catholics for Choice
Center for American Progress
Center for Biological Diversity
Center for Law and Social Policy (CLASP)
Center for Reproductive Rights
Centering Healthcare Institute
Central Florida Jobs with Justice
CHILDREN AT RISK
Children's Advocacy Alliance
Children's Action Alliance
Children's HealthWatch
Citizen Action of Wisconsin
Colorado Consumer Health Initiative
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Common Good Iowa
Commonsense Childbirth School of Midwifery
Community Catalyst
Division for Early Childhood of the Council for Exceptional Children (DEC)
Dr. Shalon's Maternal Action Project
Economic Opportunity Institute
Every Mother Counts
Every Texan
Families USA
Feminist Women's Health Center
Femtech Media
First Focus Campaign for Children
Florida Health Justice Project
Florida Policy Institute
Futures Without Violence
Gainwell Technologies
Gender Justice
Georgia Equality
Georgia Interfaith Public Policy Center
Georgians for a Healthy Future
Guttmacher Institute
Harambee Village Doulas
Health & Medicine Policy Research Group
Health Care For All- MA
Health Care is a Human Right - WA
Health Care Voices
HealthConnect One
Healthy Mothers, Healthy Babies Coalition of Georgia
HealthyWomen
Hemophilia Federation of America

Hoosier Action
Ibis Reproductive Health
IDEA Infant and Toddler Coordinators Association (ITCA)
If/When/How: Lawyering for Reproductive Justice
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Indivisible Georgia Coalition
Ingram Screening, LLC
Ipas
Jacksonville NOW Chapter
Jennifer Bush-Lawson Foundation
Jewish Women International
Kansas Breastfeeding Coalition
Kentucky Equal Justice Center
Kentucky Voices for Health
Lamaze International Latina Institute for Reproductive Justice Florida
Lifeline for Families Center/Lifeline for Moms Program at the University of Massachusetts
Medical School
Louisiana Budget Project
Mamatoto Village
March for Moms
March of Dimes
Maryland Citizens' Health Initiative
Maternal Mental Health Leadership Alliance
Medicaid Matters New York
Melanin and Motherhood NJ LLC
Metro Organization for Racial and Economic Equity
Midwives for Universal Healthcare
Missouri Health Care for All
MomsRising
Montana Women Vote
Mothering Justice
NARAL Pro-Choice America
National Asian Pacific American Women's Forum (NAPAWF)
National Association for Children's Behavioral Health
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Birth Equity Collaborative
National Black Justice Coalition
National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Institute for Children's Health Quality - NICHQ
National Institute for Reproductive Health

National Latina Institute for Reproductive Justice
National League for Nursing National Network for Arab American Communities (NNAAC)
National Network for Arab American Communities
National Organization for Women
National Organization on Fetal Alcohol Syndrome
National Partnership for Women and Families
National Perinatal Task Force
NC Child
NC Justice Center
Nebraska Appleseed
New Futures Kids Count
New Georgia Project Action Fund
New Jersey Policy Perspective
New Virginia Majority
North Carolina AIDS Action Network
Northwest Health Law Advocates
Nurse-Family Partnership
Nzuri Malkia Birth Cooperative
Oklahoma Policy Institute
Pacific Islander Health Board of WA
Palladium
Parent Voices Oakland
Parents as Teachers National Center
Patient Safety Movement Foundation
PCOS Challenge: The National Polycystic Ovary Syndrome Association
Pennsylvania Health Access Network
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Positive Women's Network-USA
Postpartum Support International
Power to Decide Preeclampsia Foundation
Primary Maternity Care
Protect Our Healthcare RI
PSARA (Puget Sound Advocates for Retirement Action)
Raising Women's Voices for the Health Care We Need
Restoring Our Own Through Transformation
RESULTS
Rhia Ventures
Rhode Island KIDS COUNT
ROOTT
Salvation and Social Justice
San Diego County Breastfeeding Coalition
Schuyler Center for Analysis and Advocacy

SEIU Healthcare 1199NW
Shriver Center on Poverty Law
SisterLove, Inc.
Society for Maternal-Fetal Medicine
Society for Public Health Education
Society for Reproductive Investigation
Society for Women's Health Research
Sojourners
South Carolina Appleseed
South Seattle Women's Health Foundation & Rainier Valley Midwives
Southern Birth Justice Network
Start Early
Tara Hansen Foundation
Tennessee Justice Center
Texans Care for Children
Texas Academy of Family Physicians
Texas Association of Obstetricians and Gynecologists
TexProtects
The American Society for Reproductive Medicine
The Children's Partnership
The HOPE Project
The Jewish Federations of North America
The National Domestic Violence Hotline
The National Women's Health Network
Think Kids, Inc.
Third Way
U.S. Breastfeeding Committee
UCSF Bixby Center for Global Reproductive Health
Union for Reform Judaism
United Ways of Texas
Vaccinate Your Family
Village Birth International
Virginia Interfaith Center for Public Policy
Virginia Organizing
WA Affiliate American College of Nurse Midwives
Washington CAN Washington
Insulin 4 All
West Virginians for Affordable Health Care
Wisconsin Alliance for Women's Health
Women of Reform Judaism
WomenHeart: The National Coalition for Women with Heart Disease
ZERO TO THREE
Zioness