



**OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS**

May 6, 2021

**Via E-Mail AND U.S. Mail**

The Honorable Nancy Pelosi  
Speaker of the House  
U.S. House of Representatives  
H-232, The Capitol  
Washington, DC 20515

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
H-204, The Capitol  
Washington, DC 20515

The Honorable Charles Schumer  
Senate Majority Leader  
U.S. Senate  
S-221, The Capitol  
Washington, DC 20510

The Honorable Mitch McConnell  
Minority Leader  
U.S. Senate  
S-230, The Capitol  
Washington, DC 20510

**Re: Support for the Black Maternal Health Momnibus Act of 2021**

Dear Congressional Leaders:

We, the undersigned state Attorneys General, write to urge Congress to enact the Black Maternal Health Momnibus Act of 2021 (“Momnibus”) to combat the national Black maternal mortality crisis.<sup>1</sup> Our nation has the highest rate of maternal mortality in the developed world, with significantly higher rates of maternal mortality for Black women. The U.S. maternal mortality rate has been steadily rising even as other countries’ rates have declined.<sup>2</sup> The Momnibus consists of twelve pieces of legislation that work in coordination to increase access to maternal and perinatal care, while also addressing the social determinants of this health crisis, including housing, transportation, and nutrition services.

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<sup>1</sup> Black Maternal Health Momnibus Act of 2021, H.R. 959, 117th Cong. § 2 (2021); Black Maternal Health Momnibus Act of 2021, S. 346, 117th Cong. § 2 (2021).

<sup>2</sup> Martin, Nina et al., *The Last Person You’d Expect to Die in Childbirth*. ProPublica. (May 12, 2017), available at <https://bit.ly/2PFAHXM>.

As state Attorneys General, we are responsible for protecting the health, safety, and well-being of our residents, especially those in high-risk communities and those who face inequitable treatment and discrimination. This weekend, as we celebrate Mother’s Day, our focus must be on advancing health equity across the country for mothers of all racial and ethnic minorities, but especially Black mothers. As the COVID-19 pandemic has tragically shown, race and racism play a significant role in exacerbating disparities in health outcomes, care, and policies.<sup>3</sup> The time has come to enact national legislation to help address the Black maternal mortality crisis.

Maternal mortality refers to a death from complications from pregnancy or childbirth occurring during the pregnancy or within 6 weeks after the end of the pregnancy.<sup>4</sup> This crisis is most severe for Black mothers, who are dying at rate of 3 to 4 times the rate of white mothers from pregnancy-related causes.<sup>5</sup> Other women of color are disproportionately affected as well. Native women are more than twice as likely to die from pregnancy-related causes.<sup>6</sup> A New York City study found Hispanic women experience severe maternal morbidity at 1.8 times the rate of non-Hispanic white birthers.<sup>7</sup> And Asian-American and Pacific Islander women have a higher rate of maternal mortality during hospitalization for delivery than white women even after accounting for other factors that affect outcomes.<sup>8</sup>

Multiple factors contribute to these disparities. Risk factors for maternal mortality include diabetes, hypertension, smoking, obesity, opioid use, and lack of access to quality prenatal care.<sup>9</sup> Studies have shown that groups with the highest risk factors include, but are not limited to, Black women, women ages 35-44, women in low-income ZIP codes, women without insurance, and women residing in southern states.<sup>10</sup> Lastly, and most notably, implicit bias and discrimination contribute to inequities in health care: Black women report more instances of being ignored by doctors when they raise health concerns during pregnancy than women of any other race.<sup>11</sup>

To address these multifaceted problems, legislation relating to maternal health must be holistic and encompass equitable care at all stages of pregnancy. According to the Centers for Disease Control and Prevention (“CDC”), social determinants of health are the conditions in places where people live, learn, work, and play – conditions that affect a wide range of health risks and

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<sup>3</sup> Centers for Disease Control and Prevention, MMWR Morb Mortal Wkly Rep. *Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 — United States, May–August 2020* (October 23, 2020), available at <https://bit.ly/3rSlz5B>.

<sup>4</sup> National Institute of Health: Shriver National Institute of Child Health and Human Development. *Maternal Morbidity and Mortality*, Publication Number 19-OD-8069 (2019).

<sup>5</sup> Centers for Disease Control and Prevention, *Pregnancy Mortality Survey System*, (last updated November 25, 2020), <https://bit.ly/39IjBPO>.

<sup>6</sup> *Id.*

<sup>7</sup> Howell, Elizabeth A. et al., *Severe Maternal Morbidity Among Hispanic Women in New York City: Investigation of Health Disparities*. *Obstetrics and Gynecology* vol. 129, 2 (2017).

<sup>8</sup> Siddiqui M. et al., *Increased Perinatal Morbidity and Mortality Among Asian American and Pacific Islander Women in the United States*. *Anesth Analg.* (2017).

<sup>9</sup> *Supra* note 4.

<sup>10</sup> *Id.*

<sup>11</sup> Jamila Taylor et al., *Eliminating Racial Disparities in Maternal and Infant Mortality*, Center for American Progress (May 2, 2019), available at <https://ampr.gs/2Q2pFM0>.

outcomes.<sup>12</sup> Addressing these social determinants is especially important for reducing rates of maternal mortality and severe maternal morbidity for Black birthing people, who are more than three times as likely to die from pregnancy-related causes as their white counterparts.<sup>13</sup> According to the National Perinatal Task Force, “focusing on the social determinants of health is an important step to addressing root causes for these unwavering gaps in maternal and infant health.”<sup>14</sup> Further, President Biden recently issued a presidential proclamation calling on the nation to recognize the crisis of Black maternal mortality and morbidity, highlighting the need for Congress to act swiftly to pass the Momnibus.<sup>15</sup>

The twelve individual bills that compose the Momnibus directly address multiple factors that cause high rates of maternal mortality. These bills, laid out below, would provide funding to community-based maternal health organizations; diversify the perinatal workforce; support mothers and improve maternal health care for individuals with mental health conditions, substance abuse disorders, and the incarcerated; enhance postpartum care; and promote maternal health innovation such as telehealth, maternal vaccinations, and payment options from pregnancy through the postpartum period.<sup>16</sup>

- The Kira Johnson Act enhances support for community outreach, midwifery practices, doulas, and other perinatal health workers.<sup>17</sup>
- The Protecting Moms Who Served Act codifies maternity care programs for veterans at Veterans Affairs facilities including childbirth preparation and parenting classes, nutrition counseling, breastfeeding support and lactation classes, and breast pumps.<sup>18</sup>
- The Perinatal Workforce Act requires the Secretary of Health and Human Services to provide guidance to States on the promotion of racially, ethnically, and professionally diverse maternity care to encourage diversity in the workforce supporting maternal health.<sup>19</sup>
- The Data to Save Moms provides funding to Maternal Mortality Review Committees across all states to improve data collection for quality care measures in maternity care.<sup>20</sup>
- The Moms MATTER Act of 2020 supports moms with maternal mental health conditions and substance abuse disorders by investing in community-based treatment and support programs.<sup>21</sup>

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<sup>12</sup> Centers for Disease Control and Prevention, Social Determinants of Health: Know What Affects Health (last updated March 9, 2021), available at <https://www.cdc.gov/socialdeterminants/>.

<sup>13</sup> Centers for Disease Control and Prevention, MMWR Morb Mortal Wkly Rep. *Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016*. (2019), available at <https://bit.ly/39MTZl7>.

<sup>14</sup> Haile Eshe Cole et al., *Building a Movement to Birth a More Just and Loving World*, National Perinatal Task Force, (2018)

<sup>15</sup> Proclamation No. 10178, 86 FR 20023 (2021), <https://bit.ly/3xmecZc>

<sup>16</sup> *Supra* note 1.

<sup>17</sup> H.R. 959, 117th Cong. § 2, Title II (2021); S. 346, 117th Cong. § 2, Title II (2021). The Kira Johnson Act is named after an accomplished California woman who died 24 hours after a scheduled Cesarean section of her second child.

<sup>18</sup> H.R. 959, 117th Cong. § 2, Title III (2021); S. 346, 117th Cong. § 2, Title III (2021)

<sup>19</sup> H.R. 959, 117th Cong. § 2, Title IV (2021); S. 346, 117th Cong. § 2, Title IV (2021)

<sup>20</sup> H.R. 959, 117th Cong. § 2, Title V (2021); S. 346, 117th Cong. § 2, Title V (2021)

<sup>21</sup> H.R. 959, 117th Cong. § 2, Title VI (2021); S. 346, 117th Cong. § 2, Title VI (2021)

- The Justice for Incarcerated Moms Act provides funding to promote exemplary care for pregnant and postpartum people who are incarcerated including doulas, counseling, reentry assistance, maternal-infant bonding opportunities, and diversion programs to prevent incarceration.<sup>22</sup>
- The Tech to Safe Moms Act promotes digital tool investments for telehealth in underserved communities and expanding services for remote patient monitoring.<sup>23</sup>
- The IMPACT to Save Moms Act provides innovative payment models to incentivize high-quality maternity care and non-clinical perinatal support, including continuity of health insurance coverage for moms from the start of their pregnancies through the entire yearlong postpartum period.<sup>24</sup>
- The Social Determinant for Moms Act extends Special Supplemental Nutrition Program for Women, Infants, and Children (“WIC”) eligibility of new moms, providing funding to established programs that deliver food, formula, clean water, and diapers to those in food deserts.<sup>25</sup>
- The Maternal Health Pandemic Response Act invests in federal programs to address unique risks for and effects of COVID-19 during and after pregnancy and advance maternity care in future public health emergencies.<sup>26</sup>
- The Protecting Moms and Babies Against Climate Change Act invests in community-based programs to reduce levels of and exposure to climate change-related risks for moms and babies.<sup>27</sup>
- The Maternal Vaccination Act provides funding for a national campaign to raise awareness and increase maternal vaccination rates.<sup>28</sup>

These policy changes would directly benefit individual state agencies and programs by increasing funding, furthering access to community support, and enhancing education services for all mothers. For instance, Illinois’s Task Force on Infant and Maternal Mortality Among African Americans would benefit from improved data collection as it conducts research and reviews data to identify best practices in maternal health and disparities in healthcare. States like Illinois and New York have recently extended insurance coverage for pregnant women from 60 days to one year; programs such as the expanded WIC eligibility in the Momnibus will build on that insurance coverage to provide a larger safety net for low-income mothers. The Kira Johnson Act would also provide critical funding and enhance state and city efforts, like New York City’s Standards for Respectful Care at Birth and New York State’s plan to establish and diversify birthing site options, reduce bias in care, and improve maternal health outcomes. Similarly, New Jersey’s efforts to reduce maternal mortality by 50 percent over five years and eliminate racial disparities in maternal health through the Nurture New Jersey Strategic Plan would be bolstered by the Momnibus’s support for building a diverse, culturally competent maternity workforce and tackling the social

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<sup>22</sup> H.R. 959, 117th Cong. § 2, Title VII (2021); S. 346, 117th Cong. § 2, Title VII (2021)

<sup>23</sup> H.R. 959, 117th Cong. § 2, Title VIII (2021); S. 346, 117th Cong. § 2, Title VIII (2021)

<sup>24</sup> H.R. 959, 117th Cong. § 2, Title IX (2021); S. 346, 117th Cong. § 2, Title IX (2021)

<sup>25</sup> H.R. 959, 117th Cong. § 2, Title I (2021); S. 346, 117th Cong. § 2, Title I (2021)

<sup>26</sup> H.R. 959, 117th Cong. § 2, Title X (2021); S. 346, 117th Cong. § 2, Title X (2021)

<sup>27</sup> H.R. 959, 117th Cong. § 2, Title XI (2021); S. 346, 117th Cong. § 2, Title XI (2021)

<sup>28</sup> H.R. 959, 117th Cong. § 2, Title XII (2021); S. 346, 117th Cong. § 2, Title XII (2021)

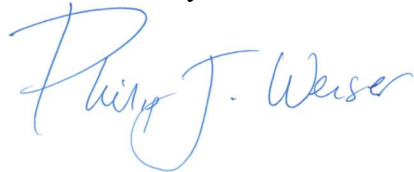
determinants of health.<sup>29</sup> More broadly, the Momnibus would assist all state Attorneys General in our work to protect our residents against race-based discrimination within our healthcare systems.

We applaud the sponsors and cosponsors of the Momnibus and thank them for their leadership. It is critical that Congress enact these healthcare reforms because they will help save lives. We ask committee members to give the bills due consideration and we urge the House and the Senate to ensure these bills are passed so that Black women and all people who give birth have a safe journey to motherhood. Black women have led and supported justice movements throughout our nation’s history and the time is now to step up, speak out, and protect them.

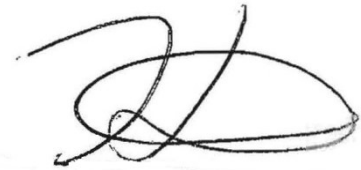
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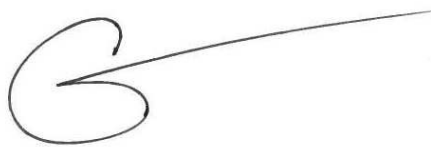
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<sup>29</sup> Nurture New Jersey Strategic Plan 2021 report, available at <https://nurturenj.nj.gov/wp-content/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf>.



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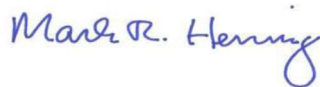
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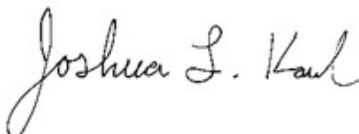
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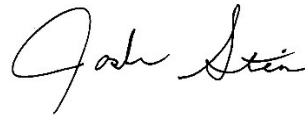
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