POLICY BRIEF

TAKING ACTION TO IMPROVE MATERNAL HEALTH EQUITY

BlueCross BlueShield Association

An Alarming Crisis: Racial and Ethnic Maternal Health Disparities by the Numbers

April 2024

The overall maternal death rate in the U.S., already worse than any other high-income country, rose significantly during the COVID-19 pandemic. The crisis remains substantially worse for Black women. **They are still three times more likely than white women to die from pregnancy-related complications,** regardless of education level, socioeconomic status, age, geography and type of health care coverage.[1]

These disparate outcomes point to **deep-seated issues like underlying chronic conditions, racial inequities, and bias within the health care system** that must be addressed systemically and across a woman's life span — not just while she is pregnant.

Meaningful actions must combat the cultural, operational and structural barriers that have created the inequities that exist today, as well as directly addressing the significant disparities in maternal health.

The Blue Cross Blue Shield Association (BCBSA) is leading this critical priority. Three years ago, we made a national commitment to advance maternal health equity and set a bold goal to **reduce racial disparities in maternal health outcomes by 50% in five years.** Since then, we have identified 10 meaningful actions organizations can take and renewed our support for key national and state policies aimed at addressing disparities and creating a better system of health for all. We also improved our Blue Distinction® Centers for Maternity Care program by enhancing its quality and measurement standards to recognize higher-quality facilities that have taken action to improve maternal health outcomes while reducing racial and ethnic disparities.[4]

BCBSA data show that severe maternal morbidity (SMM) rates are consistently higher among Black, Latina and Asian women compared to white women, regardless of age or type of insurance.[2] Our data also reveal that while SMM rates for all women rise with age, Black women ages 35-44, especially those with chronic conditions, have a 66% higher risk of experiencing an SMM event than white women.[3]

1. https://www.cdc.gov/healthequity/features/maternal-mortality/index.html
2. https://www.bcbs.com/the-health-of-america/reports/racial-and-ethnic-disparities-maternal-health
3. Ibid.
4. Blue Distinction® Centers Promote Health Equity to Reduce Racial and Ethnic Disparities and Improve Patient Outcomes | Blue Cross Blue Shield (bcbs.com)

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POLICY PILLARS

As outlined in our health equity policy platform, *Creating a More Equitable System for the Health of America*, we believe that everyone should have access to affordable, high-quality health care regardless of their race, ethnicity, national origin, sex, gender identity, sexual orientation, disability or age. The platform outlines four foundational policy pillars that must be prioritized to change the trajectory of health disparities in this country and build a more equitable health care system for everyone. We must:

1. **IMPROVE ACCESS AND AFFORDABILITY**
2. **ADDRESS AND MITIGATE THE IMPACTS OF SOCIAL DRIVERS OF HEALTH**
3. **BUILD AN EQUITABLE HEALTH CARE WORKFORCE**
4. **HARNESS AND STANDARDIZE HEALTH EQUITY DATA**

WHY HEALTH EQUITY MATTERS

The health disparities and inequities that have plagued the U.S. health system are well documented. We know these inequities rob people and communities of years of life and prevent historically marginalized people from receiving the care they need. Numbers paint a grim picture.

Black infants are more than

2X AS LIKELY

to die than white infants in the U.S.

Black mothers are nearly

3X AS LIKELY

to die from pregnancy-related causes than white women

Black and Hispanic children are more than

3X AS LIKELY

to experience food insecurity as white children – a condition that impacts health

Tackling the systemic injustices that lead to these inequities in health and social conditions is our moral obligation.

POLICIES TO HELP ELIMINATE RACIAL AND ETHNIC DISPARITIES IN MATERNAL HEALTH

Leveraging these four foundational policy pillars, we recommend the following regulatory and legislative actions to advance maternal health equity.

PILLAR 1: IMPROVE ACCESS AND AFFORDABILITY

Everyone deserves access to high-quality, affordable perinatal health care, but historically marginalized communities continue to experience gaps in access and barriers to affordability.

- **Establish incentives for coverage of doula services in Medicaid.** States currently have the option to add doula services in Medicaid, but only 13 states are actively reimbursing for doulas. Congress and the Centers for Medicaid & Medicare Services (CMS) should establish incentives, such as an enhanced federal match for doula services, to encourage more states to add this important benefit to their Medicaid programs.
- **Support expanded access to midwifery care.** Evidence shows that midwifery care is a critical component to perinatal equity, rooted in respectful, patient-centered maternal health care. States should enable expanded access to midwifery care by supporting policies and practices that promote full-practice authority without being limited by regulatory and legislative restrictions.
- **Develop multi-payer models for maternal health care.** The CMS Innovation Center (CMMI) should convene stakeholder groups, from health plans and employers to maternity care providers and maternal health professional organizations, to identify and prioritize on best practices for value-based maternity care demonstrations and payment models.
- **Create systems of regionalized maternal care, to increase access to risk-appropriate care and mitigate the impact of maternity unit closures**. States should support hospitals in defining levels of maternal care to establish perinatal regionalization programs with the goal of improving maternal outcomes. This framework of coordinated regional systems of perinatal care promotes the transfer of patients to hospitals equipped with the competencies and capabilities to care for patient specific risk factors and comorbidities, especially important in areas of maternity care deserts.

PILLAR 2: ADDRESS AND MITIGATE THE IMPACTS OF SOCIAL DRIVERS OF HEALTH (SDOH)

Maternal health equity cannot be achieved without addressing social drivers of health — those factors such as where people live, access to healthy food and reliable transportation that influence a significant part of a person's health.

- **Support innovative up-front payment models for maternal health care.** CMMI should structure new maternal health models to provide up-front funding for care providers to invest in new care patterns and processes as well as new partnerships with community-based organizations.
- **Establish a pilot program for rural obstetric mobile health units.** Congress should provide funding for the Department of Health and Human Services (HHS) to establish a pilot program for states and communities to provide obstetric mobile health units in rural areas, particularly those areas deemed as maternity care deserts and/or those facing maternity unit closures.
- **Extend WIC benefits for postpartum and breastfeeding women for two years.** Currently, postpartum individuals are eligible for WIC up to six months after the birth of an infant or up to the infant's first birthday, if breastfeeding. Congress should extend eligibility for WIC benefits to two years postpartum to ensure low-income mothers have stable access to nutritious foods during the early years of their child's life.

PILLAR 3: BUILD AN EQUITABLE HEALTH CARE WORKFORCE

Investing in initiatives to expand and diversify the perinatal health care workforce will improve access to care, specifically racially and ethnically concordant care, which can lead to better maternal health outcomes.

- **Establish Regional Centers of Excellence (COEs) to tackle implicit bias and promote culturally humble and appropriate care among health care professionals.** HHS' Health Services Resources Administration (HRSA), through its forthcoming National Health Workforce Institute, should prioritize reviewing and assessing implicit bias training programs across the country and develop regional COEs that identify successful programs, initiatives and best practices.
- **Promote integrated and collaborative clinical and family formation care models.** Through its Maternity Care Action Plan, CMS should promote the incorporation of multidisciplinary teams into integrated and collaborative maternal care models. Such teams should include community-based perinatal support workers, obstetric and child health nursing along with obstetricians, pediatricians and family physicians.

PILLAR 4: STANDARDIZE DATA

Data is foundational to understanding maternal health disparities and measuring our progress in eliminating them. A lack of standards, complete data, and protocols around gathering data stand in the way of achieving maternal health equity.

- **Establish state SMM Review Committees.** Congress should provide funding to the Centers for Disease Control and Prevention (CDC) for technical assistance to states to establish, coordinate, and manage SMM Review Committees. Similar to state Maternal Mortality Review Committees (MMRCs), the newly created state SMM Review Committees would identify, review and characterize pregnancy-related morbidity and report the data to the CDC; and coordinate with state MMRCs to identify prevention opportunities.

BCBSA continues our longstanding support for these critical maternal health equity priorities:

- **Pass the Black Maternal Health Caucus Momnibus Act (H.R. 3305).**
  Congress should pass the Momnibus package, which is a critical step to reducing preventable maternal mortality, severe maternal morbidity and maternal health disparities. These strong actions would make vital investments to grow and diversify the perinatal workforce in community-based organizations, improve maternal health data collection, improve quality measures and expand our understanding of the impacts of social determinants of health on racial disparities in maternal health.
- **Extend pregnancy-related Medicaid coverage to 12 months postpartum.**
  The remaining five states* should extend Medicaid postpartum coverage, an option that was made permanently available to states under the Consolidated Appropriations Act of 2023.

*As of Jan 17, 2024.