PREEMIE ACT UPDATE

SECRETARY’S ADVISORY COMMITTEE ON INFANT MORTALITY

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March of Dimes
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LEGISLATIVE HISTORY

2003: Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREEMIE) Act first introduced

2006: PREEMIE passed as one of the last bills of the 109th Congress.

2010-11: Reauthorization introduced; approved by both chambers, but Senate failed to vote on House amendments prior to the end of the 112th Congress

2013: PREEMIE reauthorization reintroduced and passed in November
CURRENT PREEMIE LAW

Center for Disease Control and Prevention (CDC)

• $1.88 million for preterm birth (PTB) activities at the CDC for:
  • Epidemiologic studies on factors related to PTB
  • Data tracking.
  • Report on PTB activities every 2 years
    o Division of Reproductive Health: $2 million PTB subline funded in FY16 and FY17

Health Resources and Services Admin (HRSA)

• Added prenatal care for high-risk pregnancies to HRSA’s telehealth network grant program
• Public and provider education on PTB and risk factors
  • Range of public and provider educational efforts, including EED and more
  • Some activities included in HRSA COIN work
CURRENT PREEMIE LAW

Secretary’s Advisory Committee on Infant Mortality (SACIM)

• Authorizes the already existing Advisory Committee on Infant Mortality
  o Provides advice and recommendations to the HHS Secretary on:
    - HHS programs directed at reducing infant mortality and improving health status of pregnant women and infants
    - Strategies to coordinate the federal programs and activities with State, local, and private programs and efforts that address factors that affect infant mortality.
    - Implementation of Healthy Start program & Healthy People 2020 infant mortality objectives
    - Strategies to reduce preterm birth rates through research, programs and education

• Other miscellaneous provisions
NEW PREEMIE ACT

• Increased focus on disparities and health equity (new language)

• New SACIM priorities:
  • Health equity
  • Severe maternal morbidity

• New interagency task force to examine and make recommendations for better coordination of federal programs that impact PTB
  • Duplication/gaps
  • Definitions, metrics, goals
  • Report 1 year after establishment
NEW PREEMIE ACT

• Increase in funding for data tracking (Pregnancy Risk Assessment Monitoring Survey, PRAMS)

• New focus in public/provider education program on
  • Substance use
  • Maternal mental health
  • Maternal immunization
NEXT STEPS: CONGRESS

• Bills introduced in House and Senate (H.R. 6085/S. 3029) by Sens. Alexander (R-TN) and Bennet (D-CO) and Reps. Eshoo (D-CA) and Lance (R-NJ)

• Senate Health, Education, Labor and Pensions Cmte marked up June 25

• Senate passed S. 3029 on September 12

• House Energy and Commerce Cmte could take up Senate-passed bill

• House of Representatives could pass bill on the suspension calendar (expedited consideration)

• Bill would go to President for signature
THE CAMPAIGN

#BlanketChange is a movement committed to taking every action in preventing the tragic and preventable deaths of mothers during pregnancy and after childbirth.

Using the image of the iconic receiving blanket that hospitals swaddle newborns in, we’re asking people to raise awareness of this health crisis by making their voices heard to demand #BlanketChange on behalf of our nation’s moms and babies.
THE #BLANKETCHANGE AGENDA

Prevent women from dying from pregnancy-related causes.

Require all health plans to cover people with pre-existing conditions.

Require all health plans to cover maternity and newborn care.

Ensure new moms don’t have to trade maternal health benefits they need to afford health coverage.

Prevent and treat preterm birth.
Blanket Memorial on the National Mall
NOWHERE TO GO: MATERNITY CARE DESERTS ACROSS THE U.S.

NATION

Maternal healthcare encompasses health care services for women during pregnancy, delivery and postpartum.¹ ²

Every four million births in the U.S. each year.³ Access to quality maternity care is a critical maternal health and positive birth outcomes, especially in light of the high rates of maternal severe maternal morbidity in the U.S. A maternity care desert is a county in which access to health care services is limited or absent, either through lack of services or barriers to a woman’s access that care. This report begins to identify these areas by looking at the availability of hospitals, providers, and means to pay for that care through health insurance.

BACKGROUND

Each year in this country, approximately 700 women die of complications related to pregnancy and childbirth⁴ and more than 650 women experience severe maternal morbidity, a life-threatening complication as a result of labor and delivery.⁵ Despite countries around the world successfully reducing their maternal mortality rates since the 1990s, the U.S. rate is still higher than most other high-income countries,⁶ and the U.S. maternal mortality rate has increased over the last few decades (Figure 1).⁷ In addition, a significant racial and ethnic disparity in maternal mortality exists in the U.S., with black women being three to four times more likely to die from pregnancy-related causes compared to white women.⁸ There are also geographical disparities, with many women in rural areas

KEY FINDINGS

More than 5 million women live in maternity care deserts (1,085 counties) that have no hospital offering obstetric services and no OB providers.

For the first time, this report combines both of these factors to identify maternity care deserts.

Almost 150,000 babies are born
Influencer Activation:

Sen. Patty Murray
Sen. Heidi Heitkamp
Sen. Tom Carper
Rep. Lucille Roybal-Allard
Rep. Jaime Herrera Beutler
Rep. Rosa DeLauro
Rep. Raj Krishnamoorthi
Rep. Katherine Clark
Rep. Robin Kelly
Powerful Images to Share on Social Media

- WHERE'S MY MOMMY?
- BABY. DADDY. MOMMY.
- WANTED: A MOTHER.
- HELLO BABY. YOUR MAMMY DIED.
- SHARE YOUR STORY.
- DYING THIS YEAR: 700 NEW MOMS
RESULTS

• Over 20 million impressions of #BlanketChange

• 2700+ public posts of #BlanketChange

• Almost 150 unique media placements

• Equal activation among liberal and conservative audiences
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