

Testimony

Public Hearing: Perinatal Care

To examine the quality of and access to perinatal care, as well as perinatal and maternal morbidity and mortality.

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Assembly Standing Committee on Health

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President**



Good morning, Chairman Gottfried and distinguished members of the Standing Committee on Health. On behalf of the Healthcare Association of New York State's members, thank you for convening this important and timely hearing. While New York has made significant investments in reducing maternal mortality, the state continues to be challenged by increased rates, ranking 23rd in the nation. Significant racial disparities exist in outcomes, especially for Black women.

HANYS and our member not-for-profit and public hospitals, health systems and post-acute care providers across New York state appreciate the opportunity to submit testimony on perinatal care and reinforce our commitment to addressing maternal mortality and disparate racial outcomes.

HANYS and New York hospitals are active partners in reducing maternal mortality and disparities

HANYS has been an active partner with the Legislature, the Department of Health and the Executive on the issue of maternal mortality for many years and has served on the Taskforce on Maternal Mortality and Disparate Racial Outcomes since its inception in 2018. Together with clinicians, community-based organizations, women's health advocates and others, HANYS and the members of the Task Force developed a set of ten recommendations to help the state continue to make gains in maternal mortality for all pregnant and birthing people.

The Task Force builds upon the work of the American College of Obstetricians and Gynecologists, HANYS, DOH and others engaged in the [Safe Motherhood Initiative](#). Since 2013, the Safe Motherhood Initiative has been working with obstetric hospitals in New York state to develop and implement standard approaches for handling obstetric emergencies associated with maternal mortality and morbidity. The Safe Motherhood Initiative focuses on the four leading causes of maternal death: maternal sepsis, obstetric hemorrhage (severe bleeding), venous thromboembolism (blood clots) and severe hypertension (high blood pressure) in pregnancy.

In addition, HANYS was a strong advocate for the creation of the Maternal Mortality Review Board, which was created by statute in 2019 and plays a critical role in reviewing all maternal deaths and making policy and best practice recommendations to DOH. At the recommendation of the Task Force, the Review Board will specifically contemplate racial and economic disparities.

Most recently, HANYS collaborated with DOH, specialty societies and professional associations to launch the [Statewide Birth Equity Improvement Project](#) in 2021. The Project, sponsored by the New York State Perinatal Quality Collaborative, supports New York state birthing hospitals in their adoption of anti-racist policies and practices at the facility level with the overarching goal of improving the experience of care and obstetric outcomes for Black birthing people across the state.

Causes of maternity care deserts

HANYS appreciates the Committee's interest in maternity care deserts — counties in which access to maternity healthcare services is limited or absent, either through lack of services or barriers to a woman's ability to access that care. According to a [2020 March of Dimes report](#), in the United States, seven million women of childbearing age live where there is no or limited access to maternity care. In New York, the March of Dimes identifies Hamilton and Seneca counties as maternity care deserts. Cattaraugus, Herkimer, Livingston, Montgomery, Oswego, Tioga and Yates counties are designated as having limited access to care.

Knowing that maternity care deserts and areas with limited access are located in rural, upstate counties in New York, HANYS strongly recommends that the state provide additional resources to recruit and retain obstetricians and certified nurse practitioners in these areas.

HANYS and our members appreciate the Legislature's commitment to funding Doctors Across New York, an important source of physician loan repayment and physician practice support in our rural areas. We encourage the state to make additional investments in this program to support obstetric providers.

We also urge the state to consider other approaches to physician recruitment and retention. In Oregon, the Office of Rural Health provides [Rural Healthcare Provider Insurance Subsidies](#) to more than 500 physicians and nurse practitioners in selected specialties. For doctors specializing in obstetrics and nurse practitioners certified for obstetric care, reimbursement of medical malpractice premiums is set at 80% for policy limits not exceeding \$1 million per occurrence and \$3 million in aggregate.

Recommendations:

- **The state should provide financial incentives for obstetric providers willing to practice in underserved communities.**
- **The state should provide financial relief to obstetric providers to address the high cost of malpractice insurance, which is a disincentive to practicing the specialty, especially in rural areas where the volume of deliveries is low.**

Cultural competency of care

Disparities in perinatal care are persistent and structural racism is a significant contributing factor. The Task Force specifically called out this issue in its recommendation to, "Design and Implement a Comprehensive Training and Education Program for Hospitals on Implicit Racial Bias."

In 2021, with funding from the Mother Cabrini Health Foundation, HANYS hosted a multi-part virtual educational series with continuing education credits that focused on recognizing implicit bias in healthcare encounters and strategies to deliver more person-centered care. With faculty from Planetree International, the series of seven sessions received positive reviews from our member hospitals across the state. Many attendees identified concrete action steps they could take to change their practice and mitigate implicit bias.

In 2020-2021, HANYS hosted a multi-part virtual education series in partnership with the State University of New York at Albany titled, *Turning the Tide: Understanding and Eliminating Minority Health Disparities*. The series covered a range of topics such as “The impact of COVID-19 on sexual and reproductive health disparities: Perspectives of frontline providers in New York state” and “Serving culturally and linguistically diverse patients amid and beyond COVID-19.”

HANYS members consistently participate in these and other opportunities to enhance cultural competencies and deliver better care. These type of trainings are important and should continue.

Recommendation: The state should dedicate funding for the development and implementation of statewide training for all perinatal care providers on implicit racial bias.

Ensuring representation in medicine is another important factor in addressing systemic racism in healthcare. The Task Force recommended that the state “Establish an Educational Loan Forgiveness Program for Providers who are Underrepresented in Medicine (URIM) and who Intend to Practice Women’s Health Care Services.” Recruiting and retaining perinatal professionals from the communities they serve is an important goal and HANYS continues to support the creation of this fund.

Recommendation: New York should establish an educational loan forgiveness program for healthcare providers who are underrepresented in medicine, licensed under Title 8 of the Education Law, and who commit to working within the maternal health field for a minimum of three years.

A third recommendation from the Task Force was to “Create Competency-Based Curricula for Providers as well as Medical and Nursing Schools.” To reduce maternal deaths and address differences in outcomes, the Task Force recommended that a comprehensive set of measurable competencies for undergraduate, graduate and continuing education should be identified in areas of maternal health, social determinants, clinical care, quality improvement and implicit bias, with standards set at the practitioner level. Results should inform undergraduate medical education, graduate medical education, continuing medical education and continuing nursing education improvements.

Recommendation: The Legislature should work with DOH, the State Education Department and other stakeholders to support the development of this curricula and continuing education standards.

Restore Medicaid trend factor

As noted in the [January 2021 report from the New York State Expert Panel on Postpartum Care](#), a persistent challenge in the provision or expansion of perinatal services is the inadequate reimbursement rate for vaginal births covered by Medicaid. Currently, the New York State Medicaid program reimburses vaginal deliveries at 67% of the full Medicare rate. This fee was designed for uncomplicated, low-risk vaginal deliveries. However, over the past several years, increases in obstetrical age, the frequency of comorbid health conditions and other complicating social determinant factors have been accompanied by an increase in high-risk pregnancies and deliveries.

Without a corresponding increase in reimbursement, many providers find they are challenged with successfully managing the increasingly complex medical and social determinant factors impacting their patients. This is true not only for deliveries but with the vast array of healthcare services our members provide,

Medicaid substantially underpays for the services provided to its members — paying just 67 cents for every dollar of service provided in a hospital.¹ Importantly, Medicaid inpatient and outpatient services make up about one-third of all patient volume at hospitals. A consistent and reliable trend factor can help to close this reimbursement gap that only continues to worsen.

Additionally, ensuring adequate Medicaid reimbursement will enable providers to allocate the resources necessary to fully engage with patients to hear their needs and better address the increasing complexity of many birthing people's lives. Stable and adequate Medicaid funding would also support providers' efforts to address structural inequities that impact hospitals serving disproportionately lower-income birthing people as well as birthing people from racial and ethnic minority groups.

Recommendation: Re-establish a consistent Medicaid trend factor for hospitals, whose reimbursement rates have been stagnant since 2008.

Conclusion

Again, thank you for the opportunity to submit testimony. We look forward to additional conversations and partnership with you and your colleagues, legislative leadership and administration officials as we continue our work together to address maternal mortality and disparate racial outcomes.

¹ Medicaid underpayment estimated by HANYS using 2019 Institutional Cost Reports.