

Congress of the United States

Washington, DC 20510

July 12, 2018

The Honorable Bruce Rauner
Governor of the State of Illinois
207 State House
Springfield, Illinois 62706

Dear Governor Rauner:

The United States is one of only 13 developed countries in the world where the rate of maternal mortality—the death of a woman related to pregnancy or childbirth either during pregnancy or up to a year after the end of the pregnancy—is worse today than it was 25 years ago. Each year, an estimated 700 to 900 women nationwide now die as a result of pregnancy or childbirth, with black women being three to four times more likely than white women to die from pregnancy related causes. Further, black infants in America are now more than twice as likely to die as white infants. This is both a public health and moral crisis that deserves our full and immediate attention.

In 2016, Illinois had more than 150,000 births—with 72 pregnancy-associated maternal deaths and 985 infant deaths. According to United Health Foundation's 2018 Health of Women and Children Report, Illinois ranks 18th in maternal mortality with 16.6 deaths per 100,000 live births—with black women and babies faring far worse than white women and babies. Specifically, in Illinois, black women have 3.5 times higher mortality rates than white women and black infants have nearly 3 times higher mortality rates than white infants—far worse than the national average. We write today to better understand what steps you are taking, or plan to take, to reduce racial disparities and improve maternal and infant health outcomes in Illinois.

A recent report from nine maternal mortality review committees, entitled "Building U.S. Capacity to Review and Prevent Maternal Deaths," found that nearly 50 percent of all pregnancy-related deaths were caused by hemorrhage, cardiovascular and coronary conditions, cardiomyopathy, or infection. Further, the report found that the leading causes of death varied by race—with preeclampsia, eclampsia, and embolism the leading underlying causes of death among black women, and mental health conditions among the leading underlying causes of death among white women. Perhaps most shocking of all, the report estimated that more than 60 percent of pregnancy-related deaths were preventable.

If 60 percent of pregnancy-related deaths in the U.S. are preventable, why are they not being prevented? The most common factors identified as contributing to these deaths were patient/family factors (e.g., lack of knowledge on warning signs and delay in seeking care); provider factors (e.g., misdiagnosis, implicit bias, and ineffective treatments); and systems of care factors (e.g., lack of coordination between providers). It is imperative that we better address these factors in order to improve maternal and infant health outcomes and reduce racial disparities in outcomes. With half of all births in Illinois being covered by Medicaid, your Administration must play a pivotal role in our efforts.

In order to better understand what your Administration is doing to ensure that all women and infants in Illinois are afforded the best health outcomes possible, we request answers to the following questions as soon as possible:

- 1) What steps is your Administration currently taking to improve maternal and infant health outcomes in Illinois, as well as to reduce the stark racial disparities?
- 2) Thanks to the Affordable Care Act (ACA), all non-grandfathered private health insurance plans nationwide must now cover certain "essential health benefits" vital to new mothers and babies—including maternity and newborn care and mental health and substance use disorder services. Further, women are guaranteed free access to the full range of contraception methods approved by the Food and Drug Administration (FDA). Unfortunately, the Trump Administration is currently seeking to undo these requirements. If the President is successful at gutting these ACA requirements, insurance companies will once again be allowed to deny coverage of health care services that are essential for pregnant and postpartum women, as well as their children. As Illinois's Governor, will you commit to supporting state-level legislation requiring that all health insurance plans offered in Illinois cover maternity and newborn care, as well as mental health and substance use disorder services?
- 3) Each year in Illinois, Medicaid covers 50 percent of all births. And yet, our Medicaid program does not provide adequate postpartum care for mothers. For instance, Illinois's Medicaid program—like many other states—only covers certain eligible women during pregnancy and then 60 days postpartum, with only one six-week routine postpartum visit covered. Given that 60 percent of maternal deaths occurring between 43 days and one year postpartum are preventable, new mothers should have access to health care for longer than two months after giving birth. Do you support proposals to expand Medicaid coverage to women for up to one year postpartum in Illinois (understanding that, given Illinois's, low Medicaid match rate, the federal government would need to contribute additional resources toward achieving this goal)?
- 4) Last month, the American College of Obstetricians and Gynecologists (ACOG) released a series of recommendations which, if effectuated, would help optimize the health of women and infants nationwide. ACOG recommended that:
 - To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs;
 - Anticipatory guidance should begin during pregnancy with development of a postpartum care plan that addresses the transition to parenthood and well-woman care;
 - Prenatal discussions should include the woman's reproductive life plans, including desire for and timing of any future pregnancies;
 - All women should ideally have contact with a maternal care provider within the first three weeks postpartum. This initial assessment should be followed up with

ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth;

- The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being;
- Women with pregnancies complicated by preterm birth, gestational diabetes, or hypertensive disorders of pregnancy should be counseled that these disorders are associated with a higher lifetime risk of maternal cardio-metabolic disease;
- Women with chronic medical conditions—such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, mood disorders, and substance use disorders—should be counseled regarding the importance of timely follow-up with their obstetrician-gynecologists or primary care providers for ongoing coordination of care;
- For a woman who has experienced a miscarriage, stillbirth, or neonatal death, it is essential to ensure follow-up with an obstetrician-gynecologist or other obstetric care provider; and
- Changes in the scope of postpartum care should be facilitated by reimbursement policies that support postpartum care as an ongoing process, rather than an isolated visit.

What steps have you taken, or will you take, to ensure that all women in Illinois—whether with private insurance or Medicaid coverage—have access to these ACOG-recommended services and supports? Does the state have plans to implement a pilot or model program based on these new recommendations?

- 5) There have been promising signs that doulas, community health workers, home visitation programs, peer counselor programs, and group prenatal care programs may improve obstetric outcomes for certain women and provide cost savings to our health care system. Do you believe that all women in Illinois—whether with private insurance or Medicaid coverage—should have access to these services? Which of these services and/or providers are currently covered by Illinois's Medicaid program or through other funding streams, and how many eligible women and infants currently receive these services? Do you have recommendations for how we can successfully expand access to these services for more women?
- 6) Pregnant and postpartum women of color are too often ignored, not treated fairly, or not taken seriously when they seek medical treatment. This is often due to implicit bias when providers are treating women of color. What steps has your Administration taken, or do you plan to take, in order to better educate and train providers statewide about implicit bias and stigma in medical care and racial disparities in health outcomes?
- 7) What steps can Congress take to better assist the state of Illinois in improving maternal and infant health outcomes and reducing racial disparities?

The United States is one of the very few developed countries where deaths related to pregnancy or childbirth are increasing—and there is a greater racial gap in infant mortality rates today than there was during slavery in America. This is simultaneously unacceptable and heart-breaking. More must be done to help women and infants across Illinois—especially black mothers and babies—and we look forward to hearing what your Administration plans to do to assist in these efforts.

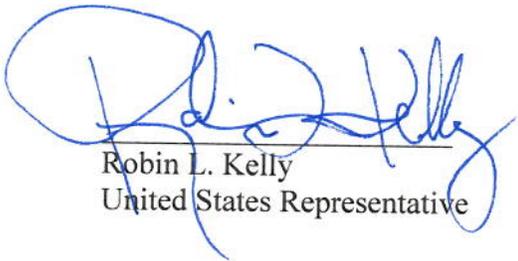
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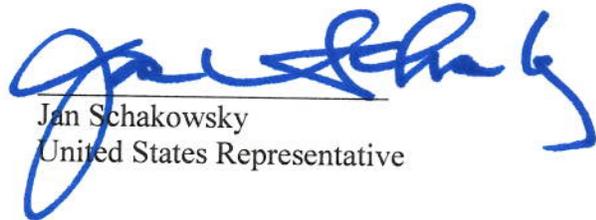
Richard J. Durbin
United States Senator



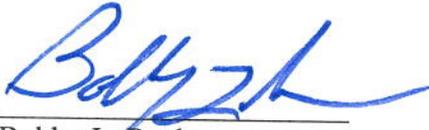
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United States Senator



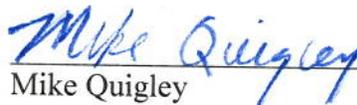
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