



PREEMIE ACT

UPDATE FOR THE SECRETARY'S ADVISORY COMMITTEE ON INFANT MORTALITY

Rebecca Abbott

Deputy Director of Federal Affairs for Public Health

March of Dimes

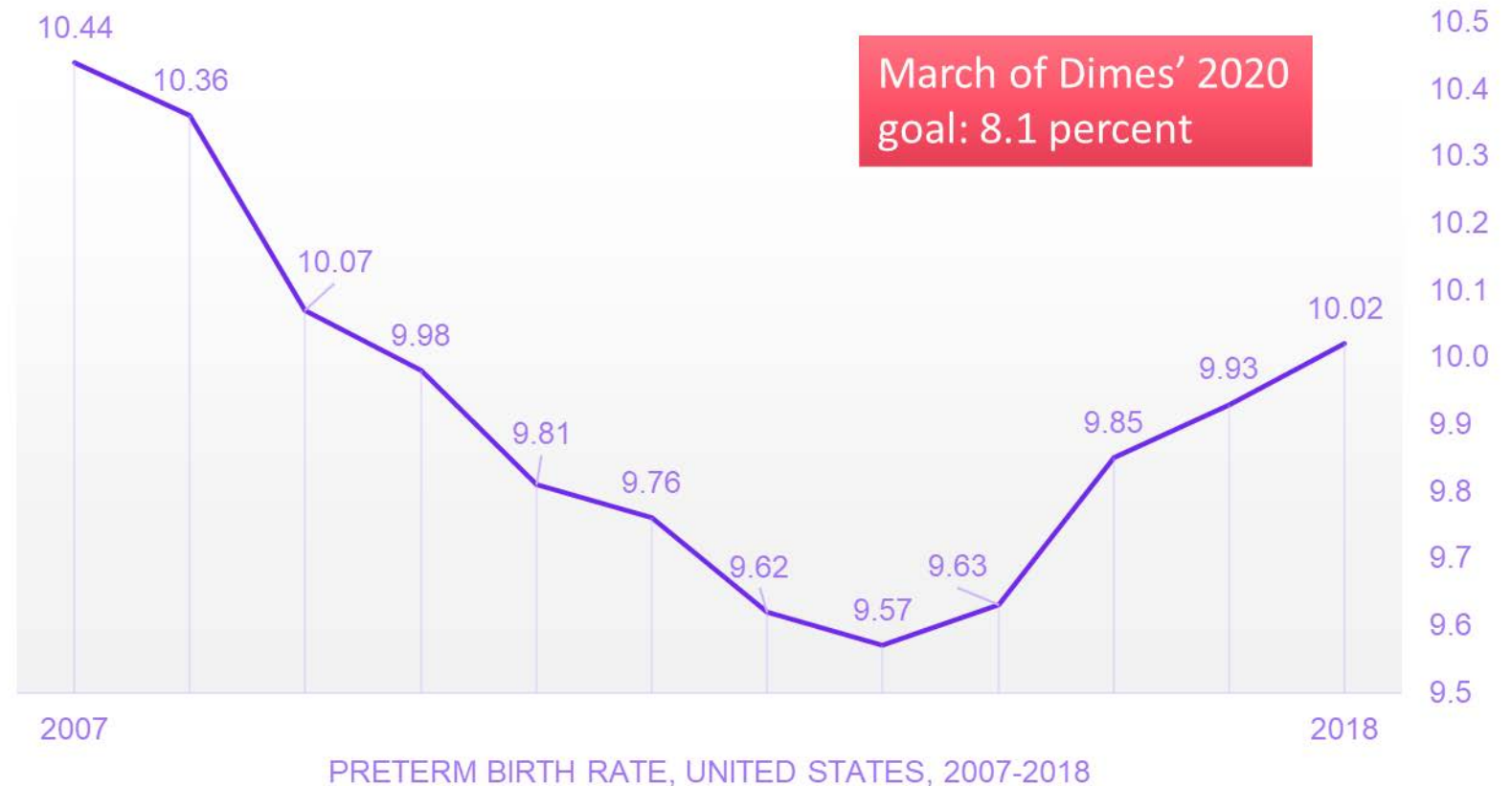
December 4, 2019

OUR MISSION

MARCH OF
DIMES LEADS
THE FIGHT FOR
THE HEALTH
OF ALL MOMS
AND BABIES.

THE NATION'S PRETERM BIRTH RATE IS RISING

- The U.S. preterm birth rate rose to 10.02 percent of births in 2018, earning the nation a “C” grade.
- After nearly a decade of declines, 2018 is the fourth year in a row with an increase.



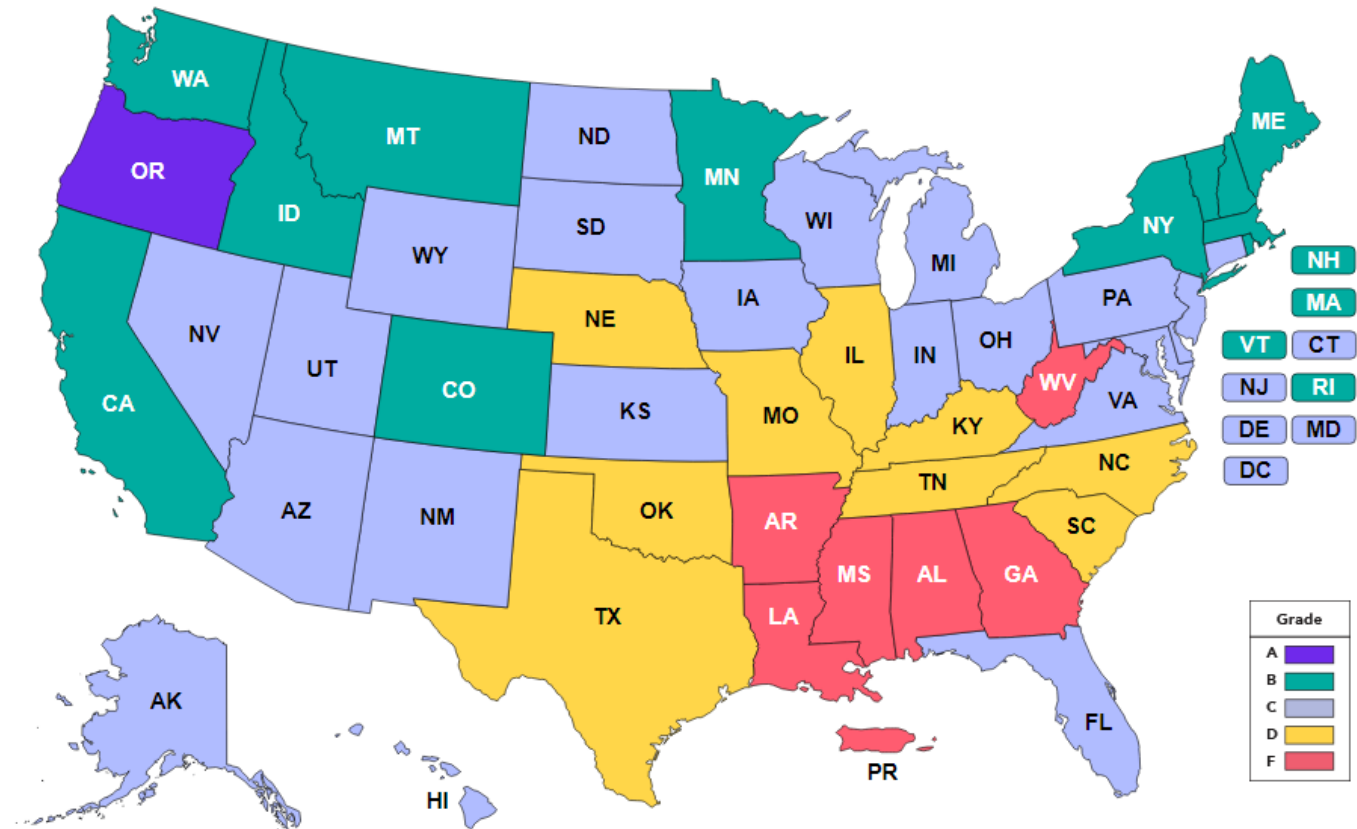
Premature/preterm is less than 37 weeks of gestation. Preterm birth rate is defined as the percentage of live births born preterm.

Source: National Center for Health Statistics, final natality data 2007-2017, provisional natality data 2018.

Prepared by March of Dimes Perinatal Data Center, June, 2019.

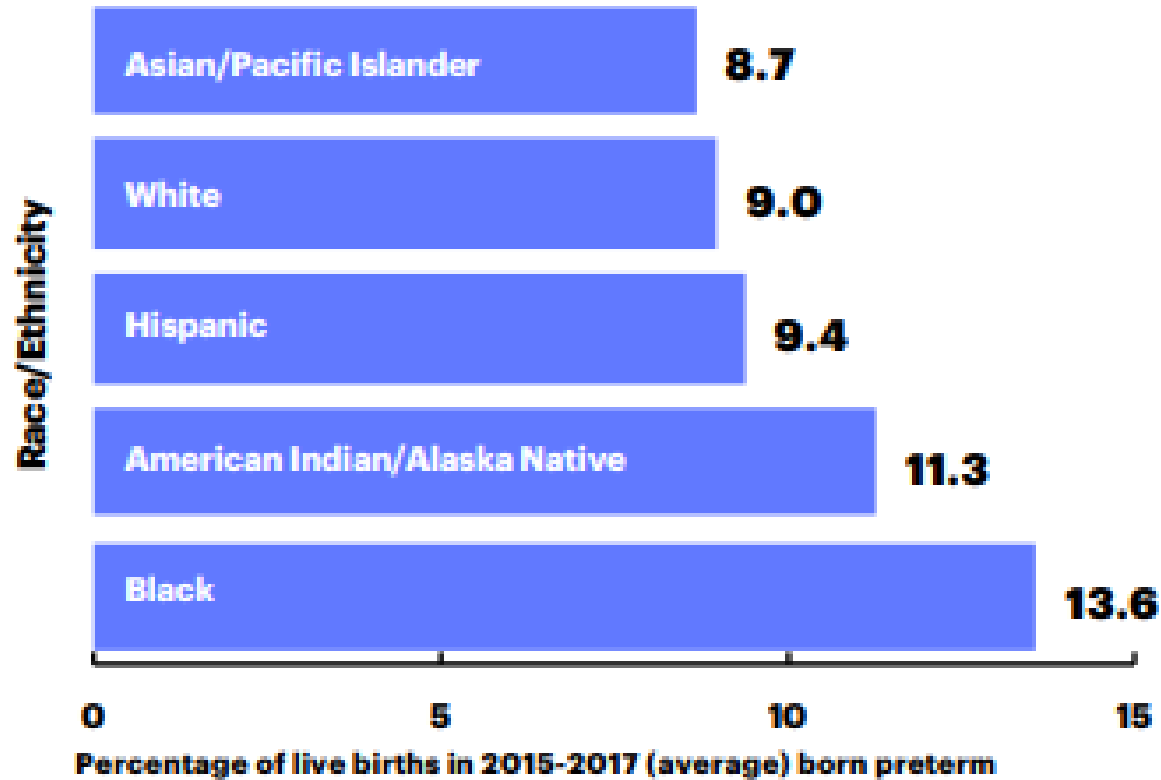
PRETERM BIRTH RATES IN INDIVIDUAL STATES ARE GOING IN THE WRONG DIRECTION

- Between 2017 and 2018, preterm birth rates worsened in 30 states.
- Only 13 states are earning higher than a C+; 15 are earning a D+ or lower.



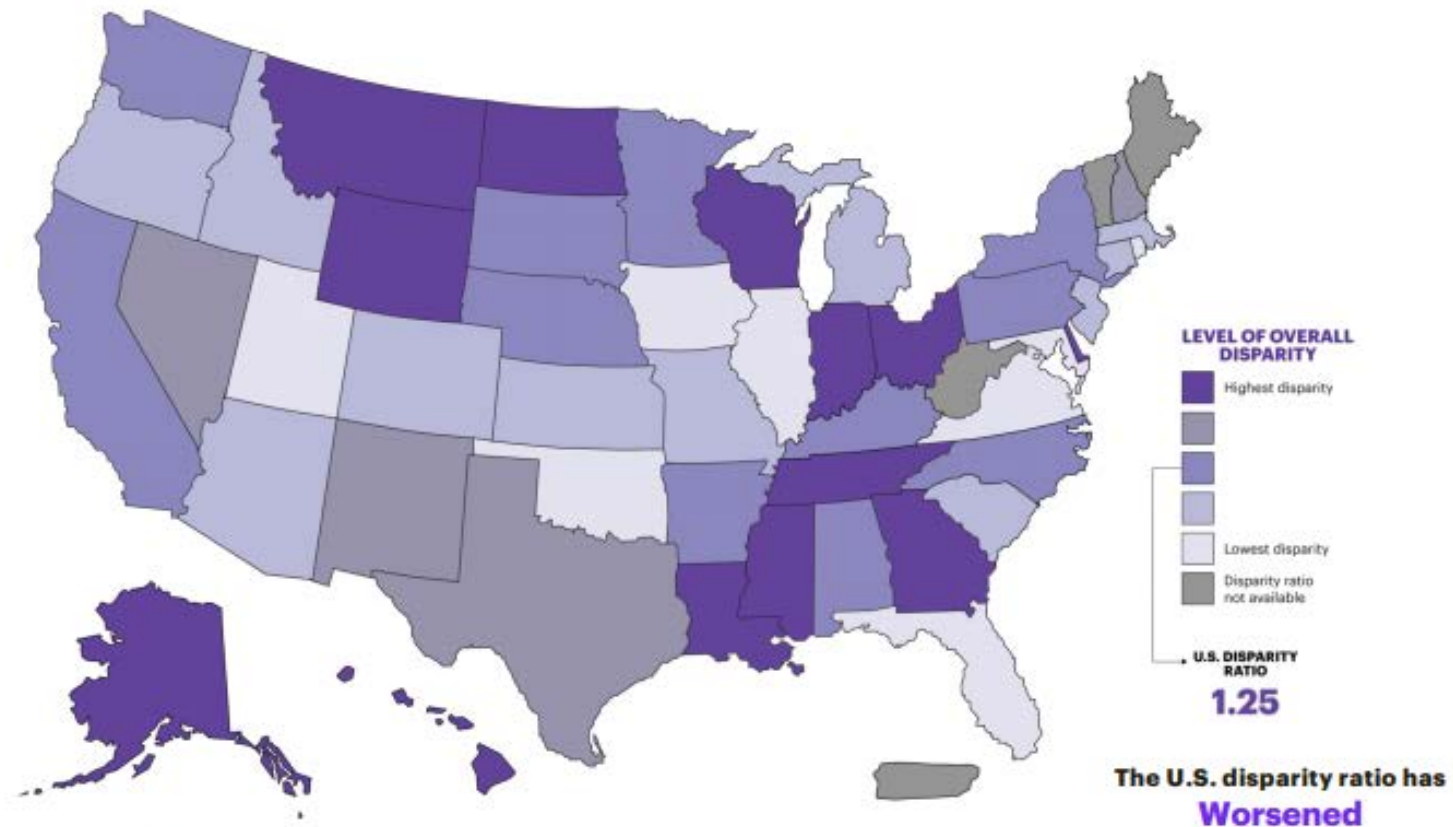
Source: Preterm birth rates are from the National Center for Health Statistics, 2018 final natality data. Grades assigned by March of Dimes Perinatal Data Center.

SIGNIFICANT DISPARITIES EXIST IN PRETERM BIRTH RATES BETWEEN DIFFERENT RACIAL/ETHNIC GROUPS



In the U.S., the preterm birth rate among Black women is 49% higher than the rate among all other women.

OUTCOMES FOR MOTHERS AND INFANTS OF COLOR VARY BETWEEN STATES



ONE CRISIS, NOT TWO

- Rates of maternal death and severe pregnancy complications are unacceptably high in the U.S.
- Significant racial disparities exist in maternal health outcomes.
- The health of moms and babies are interconnected.



IMPACT OF THE CRISIS

- The costs to the U.S. are staggering – the estimated societal burden of preterm birth in 2016 was \$25.2 billion.
- The data tell the stories of babies, moms and families.



THE PREEMIE
ACT IS THE
ONLY FEDERAL
LAW DEDICATED
EXCLUSIVELY TO
PREVENTING
AND TREATING
PRETERM BIRTH.



CENTERS FOR DISEASE
CONTROL AND PREVENTION



Health Resources & Services Administration

SACIM

THE SECRETARY'S ADVISORY COMMITTEE ON INFANT MORTALITY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

LEGISLATIVE HISTORY

2003

The PREEMIE Act first introduced

2006

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

2010 & 2011

PREEMIE 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

JUNE 2018

PREEMIE Reauthorization 2.0 reintroduced

DECEMBER 2018

PREEMIE Reauthorization 2.0 is signed into law



PREEMIE PROVISIONS

CDC

- Epidemiologic studies on factors related to preterm birth
- Data tracking on preterm birth
- Preterm birth prevention activities
- Report on preterm birth activities every 2 years

SACIM

- Establishes SACIM and outlines its responsibilities
- 2013 Reauthorization required SACIM to develop a plan for conducting and supporting research, education and programs on preterm birth

HRSA

- Prenatal care for high-risk pregnancies added to HRSA's telehealth network grant program
- Public and provider education on preterm birth and its risk factors

OTHER

- 2008 Surgeon General's Conference on Preterm Birth



2018 REAUTHORIZATION CHANGES

CDC

- New language to increase focus on social determinants of health in epidemiological studies
- Increases authorized funding for CDC's preterm birth activities, now \$2 million annually

SACIM

- New SACIM priorities -
 - Health equity
 - Maternal health, including maternal mortality and severe maternal morbidity
- Requires biennial reports to Congress on SACIM activities

HRSA

- New focus in public/provider education program on -
 - Substance use
 - Maternal mental health
 - Maternal immunization

OTHER

- New interagency task force to make recommendations for better coordination of federal programs that impact preterm birth -
 - Duplication/gaps
 - Definitions, metrics, goals
 - Report 1 year after establishment



WHAT'S
NEXT?

FEDERAL EFFORTS TO IMPROVE MATERNAL HEALTH

- Extending Medicaid coverage to women up to one year postpartum
- Supporting implicit bias and cultural competency training
- Standardizing and improving data collection
- Authorizing the Alliance for Innovation on Maternal Health (AIM) grant program
- Authorizes CDC support for state-based perinatal quality collaboratives
- Creates a maternity care home demonstration project
- Authorizes funding for a rural obstetric health CoIN and grants to train rural obstetric care providers



MATERNAL HEALTH LEGISLATION

- **Maternal Health Quality Improvement Act of 2019 (H.R. 4995)**
 - ✓ Introduction
 - ✓ Subcommittee Markup
 - ✓ Committee Markup
- **Helping Medicaid Offer Maternity Services (MOMS) Act of 2019 (H.R. 4995)**
 - ✓ Introduced
 - ✓ Subcommittee Markup
 - ✓ Committee Markup
- **Lower Health Care Costs Act (S. 1895)**
 - ✓ Introduced
 - ✓ Committee Markup





REBECCA

ABBOTT

Deputy Director of Federal Affairs for Public Health

Office of Government Affairs

RABBOTT@MARCHOFDIMES.ORG