

PREEMIE ACT UPDATE

SECRETARY'S ADVISORY COMMITTEE ON INFANT MORTALITY

Cindy Pellegrini Senior Vice President, Public Policy & Government Affairs March of Dimes December 5, 2018

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
 - 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 COIIN work



CURRENT PREEMIE LAW

Secretary's Advisory Committee on Infant Mortality (SACIM)

- Authorizes the already existing Advisory Committee on Infant Mortality
 - 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



#BLANKETCHANGE

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.

Maternal Healthcare Desert Report

READ THE REPORT

STION

hcompasses health care services for women during pregnancy, delivery and postpartum.^{1,2} y 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 alth care services is limited or absent, either through lack of services or barriers to a woman's cess 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.

GROUND

er high-income countries,⁶ and the U.S. maternal mortality rate has creased over the last few decades (*Figure 1*).⁷ In addition, a ignificant 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:

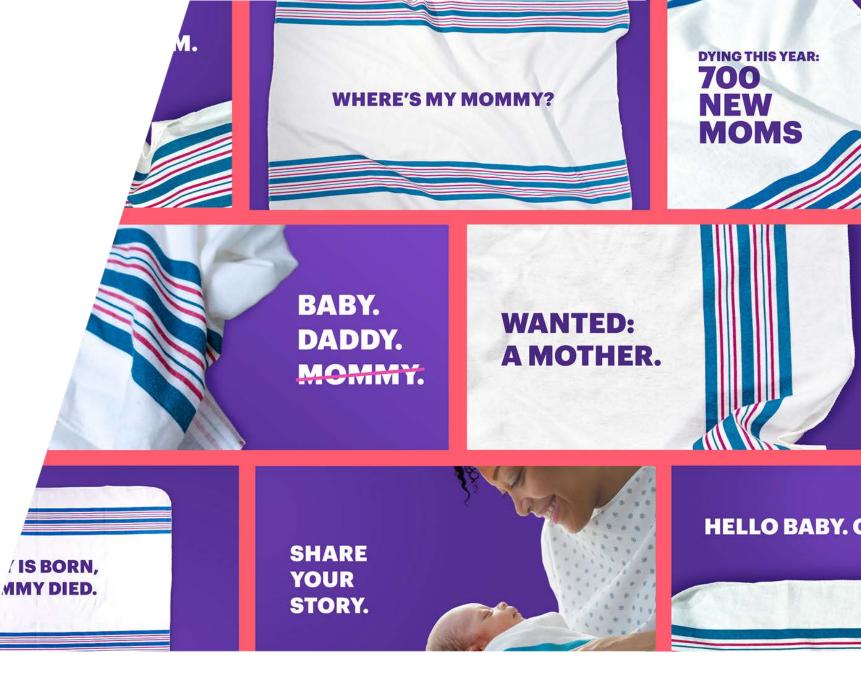
Sen. Patty Murray Sen. Heidi Heitkamp Sen. Tom Carper Rep. Lucille Roybal-Allard Rep. Jaime Herrera Beutler Rep. Rosa DeLauro Rep. Raj Krishnamoorthi Rep. Katherine Clark Rep. Robin Kelly

I SUPPORT #BLANKETCHANGE

MarchofDimes.org/BlanketChange



Powerful Images to Share on Social Media





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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