



September 15, 2023

The Honorable Alma S. Adams, Ph.D.
United States House of Representatives
Washington, DC 20515

The Honorable Cory Booker
United States Senate
Washington, DC 20510

The Honorable Lauren Underwood
United States House of Representatives
Washington, DC 20515

Dear Congresswomen Adams and Underwood and Senator Booker:

On behalf of the American College of Physicians (ACP), I am writing to express our strong support for H.R. 3305 and S. 1606, the *Black Maternal Health Momnibus Act*. This legislation strengthens efforts to address social determinants of health, authorizes grants for community-based organizations, grows and diversifies the perinatal health workforce, expands access to maternal mental health care, and addresses the effects of climate change on maternal and infant care. ACP commends your ongoing leadership to advance legislation to improve maternal health and reduce health inequities prevalent in our society among Women of Color.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness.

H.R. 3305 and S. 1606

According to the [Century Foundation](#), Black women nationally are two to three times more likely than their white counterparts to die from pregnancy-related causes, and this statistic does not capture the many women and birthing people experiencing pregnancy complications and near misses. Because of historical and ongoing racism and inequality, racial disparities in maternal health must be tackled with a comprehensive set of solutions. The *Momnibus* does that by combining 13 bills that address issues ranging from the social determinants of health, maternal mental health, perinatal workforce development, and the effects of climate change, to the unique circumstances facing incarcerated individuals and veterans.

For example, the Momnibus legislation will:

- Authorize critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.

- Extend Women, Infants, and Children (WIC) eligibility in the postpartum and breastfeeding periods.
- Support grants to community-based organizations that are working to improve maternal health outcomes and promote equity.
- Grow and diversify the perinatal workforce to ensure that every mom in America receives maternal health care and support from people they trust.
- Improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.
- Support moms with maternal mental health conditions and substance use disorders.
- Improve maternal health care and support for incarcerated moms and veterans.
- Invest in digital tools to improve maternal health outcomes in underserved areas.
- Promote innovative payment models to incentivize high-quality maternity care and non-clinical support during and after pregnancy.
- Invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies.
- Promote maternal vaccinations to protect the health of moms and babies.

Health Inequities

The maternal mortality crisis continues to worsen in the United States. In 2021, over 1,200 women died as a result of pregnancy or childbirth, continuing an upward trend of over 20 years¹. Racial disparities in maternal outcomes persist, with Black and Indigenous birthing people dying at 2-3 times the rate of their white counterparts.² Additionally, rural areas experience higher rates of maternal mortality compared to urban areas.³ Yet research from the Centers for Disease Control and Prevention (CDC) using state Maternal Mortality Review Committee data indicates that at least 80 percent of maternal mortalities are preventable.⁴

ACP Policy

ACP policy recognizes the importance of addressing our nation’s maternal mortality crisis, which disproportionately affects Black and Indigenous people, through bold policies that will help ensure that pregnant and postpartum people have access to critical resources, health care coverage, community based and social supports, and the high-quality health care they need. These historic investments are critical to improving Black maternal health. We urge Congress to swiftly advance these provisions to enactment. Thank you again for your continued

¹ [https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%201%2C%205%20women%20died,20.1%20in%202019%20\(Table\)](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%201%2C%205%20women%20died,20.1%20in%202019%20(Table))

² <https://jamanetwork.com/journals/jama/article-abstract/2806661>

³

<https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.307134#:~:text=Data%20from%20the%20National%20Inpatient,socioeconomic%20factors%20and%20clinical%20conditions>

⁴ <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>

commitment to addressing the maternal mortality crisis and improving maternal health. If you have any questions, please contact George Lyons at glyons@acponline.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Omar Atiq". The signature is written in a cursive, slightly slanted style.

Omar T. Atiq, MD, FACP

President