



ACOG DISTRICT II  
100 GREAT OAKS BLVD, SUITE 109  
ALBANY, NY 12203  
(518) 436-3461 • INFO@NY.ACOG.ORG

**Testimony on Behalf of the  
American College of Obstetricians and Gynecologists (ACOG), District II  
Joint Legislative Budget Hearing: Health & Medicaid**

**Christa R. Christakis, MPP, Executive Director  
February 5, 2019**

The American College of Obstetricians and Gynecologists (ACOG), District II appreciates the opportunity to provide written testimony on the Governor’s Fiscal Year 2019-20 Proposed Budget. As the leading group of physicians delivering women’s health care, ACOG District II promotes policies that reflect and prioritize the health needs of New York women. We appreciate the Joint Committee’s consideration of our remarks in their review of this year’s budget proposal. ACOG District II partners closely with the Legislature, Executive and state agencies to provide clinical guidance and expertise on key reproductive health issues and is committed to addressing health disparities and finding opportunities to bolster access and improve the quality of health care services delivered in the state. New York lawmakers have already acted swiftly this session to protect contraception and abortion access, and have sent a clear message of support for comprehensive women’s health care. In light of these tremendous achievements, our testimony today focuses on two women’s health issues requiring urgent attention from the Legislature as outlined in the proposed Executive budget.

***New York State’s Role in Combating Maternal Mortality***

New York State continues to grapple with stark rates of maternal mortality, compounded by persistent racial and ethnic disparities. Despite progressive state policies on women’s health access and being home to some of the most clinically advanced, state of the art medical facilities globally, New York currently ranks 30<sup>th</sup> out of 50 states in its maternal death rate.<sup>1</sup>

Black women are nearly four times more likely to die during pregnancy and childbirth compared to white women.<sup>2</sup> Moreover, 67% of maternal deaths from 2012-2013 were among women insured through the Medicaid program.<sup>3</sup> Similarly, severe maternal morbidity, life-threatening complications of delivery, has increased steadily in recent years—in New York City the rate rose 28.2% from 2008 to 2012. Severe maternal morbidity rates are highest among women living in high poverty neighborhoods.<sup>4</sup> Women with an underlying chronic condition such as high blood pressure, diabetes, or heart disease have a threefold likelihood of having severe maternal morbidity as women with no chronic conditions.<sup>5</sup>

ACOG District II has a long history of working to bring attention and resources to this public health issue, and as ob-gyns, our members have a professional obligation and moral imperative as clinicians to find out why maternal deaths and the

<sup>1</sup> America’s Health Rankings. Explore Maternal Mortality in New York | 2016 Health of Women and Children Report, 2017.[http://www.americashealthrankings.org/explore/2016-health-of-women-and-children-report/measure/maternal\\_mortality/state/NY](http://www.americashealthrankings.org/explore/2016-health-of-women-and-children-report/measure/maternal_mortality/state/NY), Accessed January 30, 2019

<sup>2</sup> Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>, Accessed January 30, 2019.

<sup>3</sup> New York State Department of Health. New York State Maternal Mortality Review: Update. July 25, 2017.

<sup>4</sup> New York City Department of Health & Mental Hygiene. Severe Maternal Morbidity Report, 2008-2012. <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>, Accessed January 30, 2019.

<sup>5</sup> Ibid.

stark racial and ethnic disparities occur, and to develop actionable strategies for prevention. As far back as 2001, ACOG partnered with the State Department of Health on the Safe Motherhood Initiative (SMI) – a series of quality assurance and quality improvement activities focused on improving understanding of the causes and risk factors for maternal mortality. Despite the significance of this public health crisis and its broader implications for our state’s overall health, attention and resources for this initiative have unfortunately been inadequate and have been discontinued several times.

As ACOG’s experience of nearly two decades of work on maternal mortality prevention underscores, in order to make a meaningful, measurable impact on maternal health, quality improvement work requires sustained investment by the state. While improvements have been made through initiatives like the SMI, our state’s persistently poor maternal mortality ranking suggests the need for a broader statewide effort to more effectively identify the causes of maternal deaths and develop strategies for prevention.

ACOG District II has long advocated for appropriate resources to address the full scope of this public health crisis and as such, we are incredibly pleased to see the inclusion of multifaceted maternal mortality prevention initiatives within the proposed budget, as well as dedicated funding to support those initiatives. With the Executive’s renewed attention on maternal mortality outlined through the budget, it is imperative that our legislators seize on this important opportunity for improved maternal health. The cost of inaction is simply too great.

***Establish through Statute a Maternal Mortality Review Board in Alignment with National Best Practices***

The Article VII Health and Mental Hygiene proposed budget includes language to create a statewide maternal mortality review board (MMRB) by statute (Part R). ACOG, in partnership with a broad range of health care providers, patient advocacy organizations, reproductive health organizations and legislators, has consistently called for the creation of a statewide maternal mortality review board (MMRB) which aligns with national best practices. A review board is necessary to ensure examination of every maternal death in the state and develop actionable strategies for prevention. The creation of an MMRB is a critical first step in understanding the underlying causes and risk factors for poor maternal health outcomes.

The Article VII language to establish a review board reflects best practices of the Centers of Disease Control (CDC) including:

- Accountability and sustainability of a maternal mortality review board;
- Convening of diverse, multi-disciplinary experts who serve and are representative of the diversity of women and mothers in the state;
- Standards to provide confidentiality protections to the board’s proceedings to allow for open and honest dialogue and review; and
- Requires the board to report on aggregate findings and recommendations, which shall be a public document

The Article VII language is also reflective of the recommendations of the Governor’s Taskforce on Maternal Mortality and Disparate Racial Outcomes where I had the privilege of being one of its members. This taskforce was comprised of a variety of stakeholders including health care providers, legislators and patient advocates which overwhelmingly recommended the state establish an MMRB through statute and in alignment with national best practices. As our state advances policy solutions to address maternal mortality, it is critical that these policies are reflective of the recommendations of the communities and experts already engaged in this work.

Maternal mortality review board legislation was similarly included in the Article VII language of the FY 2018-19 Executive Budget, but ultimately was not included in the final enacted budget. Proposed changes to the legislation during budget negotiations would have created loopholes in the confidentiality protections of the bill – protections that maternal health experts and patient advocates agree are fundamentally necessary. Robust confidentiality protections are a

cornerstone of the review boards established across the country. Without these protections, review boards would be hindered from engaging in the open and honest dialogue necessary to conduct a thorough review of each maternal death and determine strategies for prevention. Efforts to insert confidentiality loopholes suggest a fundamental misunderstanding of the functioning of a maternal mortality review board, not to assign blame but to think innovatively to improve care and systems in the future. Given the state's abysmal maternal death ranking New York should NOT be an outlier.

Additionally, federal legislation<sup>6</sup> which was recently signed into law would provide federal funds to states to augment their maternal mortality review boards. In order to be eligible for these federal funds, New York's review board must align with national best practices. Without legislation ensuring the strong confidentiality protections supported by the advocacy community, New York is ineligible for this funding stream. This would be a missed opportunity to further enhance New York's ability to prevent maternal mortality.

### ***Ensure Funding for Maternal Mortality Prevention Initiatives in Final Enacted Budget***

The proposed budget includes \$8 million over two years for maternal mortality prevention initiatives, including establishing a maternal mortality review board, offering implicit bias training, expanding community health workers, and building a data warehouse on maternal health to support quality improvement initiatives. These initiatives were among the top recommendations of the Taskforce on Maternal Mortality and Disparate Racial Outcomes.

In order for the maternal mortality review board to be effective and sustainable, and to make progress on the goals of this important initiative, it is critical that the board is adequately funded. Funding is necessary to build a sustainable program capable of conducting timely reviews of maternal death and disseminating key findings and strategies for prevention.

Implicit bias has been documented to affect the patient-physician relationship as well as treatment decisions and outcomes. The racial and ethnic disparities in women's health including higher rates of maternal mortality and pre-term birth in black women cannot be ameliorated without addressing racial bias, both implicit and explicit. The creation of a grant program for hospitals to facilitate training for multidisciplinary providers to recognize their bias and its impact on the delivery of care is necessary to understanding this issue and developing strategies to reduce the impact on patients. We strongly support the Executive's inclusion of resources in the proposed budget to support this initiative.

New York must make enhancements to its data infrastructure to ensure that providers and institutions have timely access to quality data, including information on racial disparities and insurance status. We strongly support the Executive's inclusion of funding to establish a more effective data system modeled after the California Maternal Quality Care Collaborative (CMQCC) to support quality improvement efforts. Moreover, ACOG supports expansion of community health workers to provide health care system navigation support and to promote the health of pregnant and postpartum women and their families.

New York's continued struggle to improve its maternal mortality ranking and disparate racial outcomes strongly underscores the need for immediate state action and sustained focus on maternal health. New York women are counting on policy solutions to effectuate real change. We ask the Legislature to make a true investment in the health of New York women and help us work towards a future where no family or community suffers the loss of a mother due to a preventable pregnancy-related death.

---

<sup>6</sup>U.S. Congress. Preventing Maternal Deaths Act. December, 2018. <https://www.congress.gov/bill/115th-congress/house-bill/1318/text>. Accessed January 30, 2019.

**Insurance Coverage for Medically Necessary Abortions**

ACOG District II strongly supports the inclusion of language in the Health and Mental Hygiene budget bill to clarify the requirement that insurers cover medically necessary abortion. Access to abortion services is essential to women’s health and equality and insurance coverage for comprehensive reproductive health care is necessary to ensure that abortion remains an accessible component of women’s health care.

Obstetricians and gynecologists have a unique and first-hand understanding of the many factors which influence or necessitate a woman’s decision to have an abortion. Ensuring all women have access to high-quality abortion services is of paramount importance to ob-gyns in respecting the diverse needs of their patients.

Abortion is a critical component of basic care for women. Women need meaningful access to abortion to plan their lives and protect their health. ACOG applauds the inclusion of this provision and for the ongoing work being done to reduce barriers to medically necessary abortion care.

Thank you for consideration of our budget testimony. As an organization representing physicians who are entrusted to care for women during all stages of their lives, we urge the Legislature to strongly support these initiatives and ensure they are included in the final budget. As leading authorities in women’s health care, ACOG welcomes the opportunity to share further clinical insight on these or other women’s health issues.