New York State Assembly

Committee on Health
Task Force on Women's Issues

Hearing Testimony: Perinatal Care

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GREATER NEW YORK HOSPITAL ASSOCIATION

Good morning. I am Lorraine Ryan, Senior Vice President for Legal, Regulatory, and Professional Affairs at Greater New York Hospital Association (GNYHA). GNYHA proudly represents all hospitals in New York City, both not-for-profit and public, and hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island. I oversee the GNYHA-sponsored clinical quality improvement initiatives for our hospitals.

Thank you for the opportunity to speak with you today about our member hospitals' efforts to improve care for pregnant people and their newborns, reduce maternal mortality and morbidity, and end associated racial disparities in these areas.

As you know, studies show that Black and Latinx people die or experience severe complications at higher rates than white people during and after pregnancy. Black people are three times more likely to die in childbirth than white people in New York State (NYS) and eight times more likely in New York City. Racial disparities exist regardless of socioeconomic status, health insurance, education, behaviors, and employment status.

In 2019, there were 25.5 pregnancy-related deaths per 100,000 live births in NYS. While this has since improved to 20.8, the status quo remains unacceptable. New York's hospitals are committed to change.

Perinatal Care in NYS Hospitals and Challenges

Providing quality perinatal care—and ensuring all birthing people have access to it—is critical for the health of all New Yorkers.

Hospitals are among the largest providers of perinatal care in the State, both via prenatal ambulatory care well visits (inside and outside the hospital setting), labor and delivery care, and postnatal follow-up care. This is particularly true for Medicaid beneficiaries and uninsured individuals. In 2020, 180,179 babies were born in NYS hospitals. 91,156 of those births were billed to Medicaid and 80,103 to commercial insurance; 5,286 were uninsured. Of that total, 92,501 babies were born in New York City (49,979 were billed to Medicaid and 38,920 to commercial insurance; 2,129 were uninsured).[1]

Hospitals face many challenges to their ability to provide perinatal care and keep labor and delivery units open, especially financially struggling safety net hospitals that serve the State's most vulnerable residents—including Black and Latinx people who experience poorer outcomes than white people. Below we expand on those issues and propose solutions.

- *Medicaid Rate Inadequacy*. Some 30 hospitals around the State are on a NYS Department of Health (DOH) "watch list" for closure, primarily in high-need areas. The primary reason for their financial condition is inadequate Medicaid reimbursement, which has been frozen for 10 years and does not come close to covering the cost of providing care. GNYHA is advocating with the health care workers union 1199SEIU to increase Medicaid rates (including for ambulatory and hospital-based perinatal care), which would shore up critical community hospitals and help the individuals they serve, including birthing people.
- *Health Insurance Coverage Gaps*. Around 95% of New Yorkers have insurance coverage, which is among the highest in the country. However, GNYHA and our members want to get *all* New Yorkers covered by expanding the Essential Plan to cover undocumented immigrants, increasing New York State of Health subsidies so more people can afford insurance, and doing more outreach to Medicaid-

[1] Source: NYS Institutional Cost Reports (ICR).

eligible individuals who haven't signed up for coverage. We also strongly support enhancing access to care for birthing people by extending the Medicaid coverage period to one year after the last day of pregnancy (Medicaid currently only covers 60 days), as proposed in A.307/S.1411 (Gottfried/Rivera). The post-partum phase of childbirth, known as the fourth trimester (which lasts up to 12 weeks post-delivery), is a period of great vulnerability to both physical and emotional complications. Only 40% of women (many of them Medicaid beneficiaries and uninsured persons) attend a post-partum check-up and at least 70% of pregnant people have at least one physical problem during the first 12 months post-partum. Expanding post-partum coverage would improve the long-term health and well-being of the entire family.

- *Social Determinants of Health*. Birthing people, including many who receive care at GNYHA member hospitals, face many obstacles that impact their physical and emotional heath. These can include poor housing, food insecurity, lack of child care, limited employment opportunities and training, transportation inadequacy, and systemic racism. Improving the safety net and addressing these societal problems would have a tremendous impact on health outcomes across the State. Government must think beyond the four walls of the hospital.
- *Medical Liability Reform*. New York has the highest medical liability costs in the country, and this broken system makes it harder to provide care to New Yorkers. Perinatal care is no exception: obstetric providers pay some of the highest medical liability costs of any provider group, making it difficult for them to practice in less commercially lucrative areas and for hospitals to provide perinatal services. This is one of the reasons hospitals experiencing financial difficulties often reduce labor and delivery services. Albany can address this problem by enacting comprehensive medical liability reform and supporting and expanding programs like the Medical Indemnity Fund (MIF), a landmark reform that covers the ongoing medical costs of neurologically impaired infants. (GNYHA participated in a recent legislative roundtable on the MIF sponsored by Assembly Member Thomas Abinanti and Sen. Liz Krueger.)

Improving Care for Pregnant People and Newborns

Hospitals are working to improve perinatal care and reduce maternal mortality and morbidity in concert with government, community groups, professional organizations, and nonprofits. A number of organizations, including the US Department of Health and Human Services, The Joint Commission, DOH, and the New York City Department of Health and Mental Hygiene (DOHMH) have issued recommendations in this area that GNYHA and our members are implementing. Below I describe some notable efforts.[2]

- *Obstetric Hemorrhage Project*. This initiative implements obstetric hemorrhage protocols in hospitals to reduce mortality and morbidity. GNYHA, our member hospitals, the Healthcare Association of New York State, and the American College of Obstetricians and Gynecologists (ACOG) are working on a voluntary basis to actively engage all birthing hospitals across the State in implementing ACOG's Safe Motherhood Initiative bundle of best practices. To date, 100% of the regional perinatal

[2] Many of these programs grew out of New York City and State Task Forces to reduce maternal mortality and racial disparities, which included a broad group of stakeholders, including hospitals and GNYHA, clinicians, researchers, and community organizations, as well as a 2018 DOH-sponsored listening tour across New York State designed to enable Black and Brown women to share their experiences with the health care system.

centers and over 70% of all other birthing hospitals across the State have been actively engaged in bundle implementation.

- *NYS Birth Equity Improvement Program.* Initiated in 2020, this program aims to help providers understand how racism contributes to inequitable perinatal outcomes and combat its pernicious effects. It addresses clinical and communication strategies to ensure equity in the delivery of prenatal, intrapartum, post-partum, and newborn care. GNYHA supports implementation by helping members of the birthing team, including physicians, midwives, nurses, and doulas understand their patients' unique circumstances and use that knowledge to deliver equitable, culturally competent care to all pregnant persons.
- *Implicit Bias Training.* GNYHA will offer our members a new, free online training resource to supplement their own initiatives addressing implicit bias. In partnership with the March of Dimes and Quality Interactions Company, we plan to share virtual implicit bias training with direct care obstetric staff such as physicians and nurses, who will be eligible for continuing education credits. The training will focus on preconceived notions, listening to patients, taking pain seriously, and birth equity.
- *Maternal Depression Screening Quality Collaborative*. Through this GNYHA-led collaborative, New York hospitals are implementing depression screening protocols for mothers in the prenatal and postpartum settings. They are also connecting mothers who screen positive to appropriate treatment.
- *NYS Perinatal Collaborative.* ACOG, GNYHA, and others are working with more than 90% of birthing hospitals across the State to support the development of anti-racist policies and practices at birthing facilities to improve patient care and obstetrical outcomes for Black birthing people. The project helps individual hospitals focus on the culture in their organizations with an eye to early recognition of policies and health system structures that lead to bias and pregnancy complications. There are process measures, including measuring patients' experience of care (as reported by patients), as well as clinical outcome measures, including reducing C-section rates in Black patients (the goal is to reduce them by 5%). Work includes:
    - Collection of race, ethnicity and language data
    - Review of prenatal data stratified by race and ethnicity and language
    - Anti-racism education for staff (including cultural competency, implicit bias, equity, diversity and inclusion training)
    - Overhauling Human Resource practices: does the workforce reflect patients served?
    - Incorporating racial, ethnic, and linguistic justice into job descriptions or evaluations for all labor and delivery staff
- *DOH Neonatal Abstinence Syndrome (NAS)/Opioid Use Disorder (OUD) Reduction Efforts*. This effort trains maternal care providers to screen pregnant persons for OUD and refers them to appropriate services. Goals include increasing pregnant people screened for SUD by 20%, increasing pregnant people with OUD who are referred for treatment by 20%, and decreasing by 10% the average hospital length of stay for newborns with NAS.
- *Cultural Competency Training*. GNYHA believes delivering culturally competent care is a key element of addressing racial disparities in maternal mortality and morbidity. Hospitals include cultural competency training as part of new staff orientation and build it into ongoing training.
- *Maternal Mortality Review Boards (MMRB).* Examining cases of maternal mortality and morbidity is key to improving patient care and birth outcomes and reducing racial disparities. Legislation passed in in 2019 (A.2376/S.1819, Gottfried/Rivera) created a group of experts for this purpose. This multidisciplinary team, including clinicians and experts from GNYHA member hospitals, reviews maternal death data, identifies the causes of poor outcomes, and shares evidence-based best practices to prevent them in the future. The board focuses on quality improvement, reviewing outcomes of care, conducting peer reviews, and collaborating on process improvements. New York City has its

own MMRB, a right that is specified in State law. DOHMH also operates the Maternal Mortality and Morbidity Steering Committee, which focuses on addressing the root causes of death and morbidity in pregnancy. GNYHA supported the State legislation, advocated for its passage in Albany, and coordinates with DOH and DOHMH on these efforts. Both the City and State MMRBs have met regularly; we expect recommendations in 2022.

Conclusion

While hospitals cannot solve the problem of disparities in perinatal care and maternal mortality on their own, they play a major role—along with government, health care providers, community groups, and many others—in addressing it. While we have collectively achieved progress, there is much more work to do.