



March 20, 2023

The Honorable Bernard Sanders, Chair
Senate Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Bill Cassidy, M.D., Ranking Member
Senate Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

RE: Request for Information (RFI): Drivers of Health Care Workforce Shortages and Possible Solutions

Dear Chairman Sanders and Ranking Member Cassidy:

Families USA is a leading national, non-partisan voice for health care consumers that centers our work around four pillars: value, equity, coverage, and consumer experience. Black Mamas Matter Alliance, Inc. (BMMA) is a national network of Black women-led organizations and multi-disciplinary professionals that centers Black women and birthing people to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice. Families USA and the Black Mamas Matter Alliance are both dedicated to the achievement of high quality, affordable, and equitable health care. Both organizations are also committed to addressing the maternal health crisis in the United States, which disproportionately impacts Black and Indigenous women and birthing people.¹ We thank you for this opportunity to assist the Senate Health, Education, Labor & Pensions Committee through commenting on drivers of the health care workforce shortage and offering potential solutions.

The maternal health workforce shortage requires a broader array of solutions.

The United States is currently facing a significant health care workforce shortage - with nearly 99 million Americans living in health professional shortage areas (HSPA).² The broader shortage is tied to the existing maternal health care crisis and provider shortage, with 6.9 million women in the United States living in maternity care deserts where they have little to no access to a hospital or birth center offering maternity care, and an obstetrics provider, including a midwife.³ Data has shown that a lack of accessible

¹ While our RFI aims to address maternal health care provided to women, transgender men, and non-binary and other individuals with the capacity to become pregnant, most data sources and policies only address women. We will adopt the terminology of “women” and “birthing people” when we discuss maternal and child health policies in order to represent all people who seek care.

² *Health Workforce Shortage Areas*. data.HRSA.gov. (n.d.). Retrieved March 16, 2023, from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

³ Brigrance, C., Lucas R., Jones, E., Davis, A., Oinuma, M., Mishkin, K. and Henderson, Z. (2022). *Nowhere to Go: Maternity Care Deserts Across the U.S.* (Report No. 3). March of Dimes. <https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx>

maternity care can lead to poorer health outcomes for both moms and babies. And while maternity care deserts impact women of all races and ethnicities, there are significant disparities in the rates of women who receive prenatal care and who die as a result of pregnancy. “Twenty-four percent of Native American women and 20 percent of Black women did not receive adequate prenatal care in 2020, compared to 9.9 percent of White women...[and] the mortality rate for non-Hispanic Black women was 55.3 deaths per 100,000 live births, nearly three times the rate for non-Hispanic White women.”⁴

To improve access to care in maternity care deserts and address the workforce shortage, the focus cannot only be on increasing the number of obstetricians graduating from medical school and moving to rural areas. We must also grow and support our community-based workforce, which includes doulas, midwives, peer support personnel, and maternity community health workers. Along with traditional providers, the community-based workforce struggled to meet critical obstetric needs during the COVID-19 pandemic, with a 5% increase in the number of births attended by midwives, and many doulas being restricted from entering hospital delivery rooms.⁵ As Congress considers how best to meet the needs of birthing people in the U.S. moving forward, the research is clear that two of the most impactful solutions to combat the maternal health crisis are expanding 1) doula and maternal community health worker services, and (2) midwifery services. [Note terms defined below].

We know that improving access to necessary resources, support systems, and culturally congruent care is critical to addressing and ending this crisis. The foundation of a strong health care system begins with a knowledgeable, diverse, and supported workforce, in which workers have the time and autonomy to provide high-quality care to their patients.

These are the essential maternal health workforce members that are most needed.

- Doula: “Non-clinical support worker who provides continuous emotional, informational, and physical support for individuals before, during, and after labor. This includes explanations and guidance on medical procedures, lactation support, physical comfort measures during labor, education on coping skills and infant care, and encouragement of bodily autonomy and personal advocacy in the medical institution.”⁶
- Midwife: “A health care provider who is trained to provide obstetric and gynecological services, including primary care, prenatal and obstetric care, and routine gynecological care like annual exams and contraception.”⁷
- Maternity Community Health Workers: “A maternity community health worker utilizes the general skills of a CHW as described above and combines them with specific expertise related to pregnancy, birth, and postpartum care. It is similar in scope to a community-based doula.”⁸
- Peer Support Personnel: The term “peer supports” is defined as “the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges. This support is provided by peer supporters—people who have ‘lived experience’ and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals.”⁹

⁴ Brigance, C., (2022).

⁵ Brigance, C., (2022).

⁶ Bakst, C., Moore, J., George, K., & Shea, K. (2020, May). *Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicine*. Institute for Medicaid Innovation. Retrieved March 16, 2023, from https://www.medicaidinnovation.org/_images/content/2020-IMI-Community_Based_Maternal_Support_Services-Report.pdf

⁷ *Midwife*. Cleveland Clinic. (n.d.). Retrieved March 16, 2023, from <https://my.clevelandclinic.org/health/articles/22648-midwife>

⁸ Bakst, C., (2020).

⁹ Dmha. (n.d.). *Peer support*. Family and Social Services Administration. Retrieved March 17, 2023, from <https://www.in.gov/fssa/dmha/office-of-consumer-and-family-affairs/peer->

- Perinatal Health Care Workers: Focus on: “the health of women...before, during, and after birth.”¹⁰

Historic reimbursement and licensing policies and practices have inhibited the growth of the maternal and perinatal workforce.

Unfortunately, many maternal and perinatal health care workers are overworked, underpaid, and, in some states, prevented from providing life-saving care, due to licensure and scope of practice restrictions. For example, state regulations may exclude direct-entry midwives or perinatal healthcare providers with competency-based education and training from legally practicing. Inconsistencies in state regulation, education, and accreditation create an unstable environment for potential and practicing midwives. Although doula reimbursement programs are launching across the country, doulas, particularly those who are community-based, may experience extremely low and delayed reimbursements, administrative burdens, and insufficient administrative support and recognition for community-based doula models of care. In these and other ways, maternal and perinatal workers, particularly those who are community-based, are prevented from providing the care that so many communities need and deserve. All these factors underscore the need for a targeted workforce initiatives to address the maternal health crisis.

Recommendations for the Senate HELP committee to address the maternal health workforce shortage.

By expanding the scope of recognized, respected, and financially supported health care providers to include community-based workers, we believe that we can address the ongoing workforce shortage, and provide more Americans with necessary health care. If implemented, the policy recommendations below would help to improve health outcomes and health equity by increasing the overall size of the health care workforce to include more community-based health care workers, such as doulas, midwives, community health workers, and peer support personnel. These recommendations will cover the need for greater grant funding, expanding licensure, and improving culturally-congruent education programs.

Our comments focus on following workforce topics:

1. Investments in the maternal and perinatal health workforce;
2. Licensure, reimbursement, and scope of practice; and,
3. Recruitment, education, and retention.

To strengthen federal support for the maternal and perinatal workforce, we recommend that the Senate HELP committee take the following actions:

1. Investments in the Maternal and Perinatal Health Workforce

- Pass the Black Maternal Health Momnibus, which will be reintroduced during the 118th Congress as the Momnibus 2.0. The legislation includes significant funding and support for the community-based workforce, including midwives and doulas, through grant, education, and training opportunities.

support/#:~:text=Peer%20support%20is%20the%20process%20of%20giving%20and,recovery%20from%20severe%20p
sychiatric%2C%20traumatic%20or%20addiction%20challenges.

¹⁰ Maine Department of Health and Human Services. (n.d.). *Perinatal Health*. Division of Disease Prevention - Maine CDC: DHHS Maine. Retrieved March 17, 2023, from <https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/#:~:text=Perinatal%20health%20relates%20to%20the%20health%20of,women%20and%20babies%20before%2C%20during%2C%20and%20after%20birth.>

- Establish a grant program within the Health Resources and Services Administration to expand access to peer support programs in rural areas for underserved and marginalized birthing people by awarding eligible hospitals, FQHCs, and rural health units, with funding to begin peer support programs for birthing people. The community-based workforce should be involved in the development of and leading of group discussion. Grants that focus on negative birth outcomes, perinatal mood and anxiety disorders, the need for respectful care, and other pregnancy or postpartum-related concerns should be prioritized.
- The Health Resources and Services Administration (HRSA) received \$22 million to grow and train behavioral health workforce through the American Rescue Plan Act.¹¹ Build on this success and focus on improving the behavioral health workforce, by expanding the scope of the work to also consider marginalized birthing people and providing further funding.

2. Licensure, Reimbursement, and Scope of Practice

- Protect and expand licensure for all midwifery pathways, including Certified Nurse Midwives, Certified Midwives, Certified Professional Midwives, Licensed Midwives, and community midwives.¹²
- Establish equitable payment and reimbursement rates for midwives, doulas, and community birth workers across private insurance plans.

3. Recruitment, Education, and Retention

- Improve the graduate medical education (GME) system by including comprehensive training on culturally congruent care, and the need to collaborate with the community-based workforce, including doulas, midwives, community health workers, and peer support professionals. Further, according to data from 2018, only 5% of active physicians identified as Black or African American.¹³ The GME system must foster diversity in medicine by developing and training Black health care providers. We believe that an improvement in the diversity of the workforce and the education of providers on respectful, culturally congruent care will be a means to retain workers, and expand the overall interest in entering the health care field.
- Pass the Perinatal Workforce Act, which will be reintroduced during the 118th Congress through the Momnibus 2.0. This bill includes the following legislative provisions:
 - Provide grants to education and training programs to grow and diversify the maternity, reproductive, and perinatal care workforce.
 - Disseminate guidance on respectful maternal care delivery that covers recruiting and retaining maternity care providers from diverse backgrounds and incorporating trained midwives and other perinatal workers in maternity care teams.
- Increase availability of scholarships, debt-free education, loans, and loan repayment programs for midwifery, doula, and maternity community health workers provider education.¹⁴

Additional Resources

¹¹ Fact Sheet: Celebrating Mental Health Awareness Month 2022. (2022, May 3). *HHS.gov*. Retrieved March 17, 2023, from <https://www.hhs.gov/about/news/2022/05/03/fact-sheet-celebrating-mental-health-awareness-month-2022.html#:~:text=Awarded%20%2422%20million%20through%20the%20Health%20Resources%20and,where%20behavioral%20health%20services%20are%20most%20urgently%20needed>.

¹² “Black Mamas Matter: In Policy and Practice” (forthcoming) | [Black Mamas Matter Alliance, Inc.](#)

¹³ *Diversity in Medicine: Facts and Figures 2019*. AAMC. (n.d.). Retrieved March 17, 2023, from <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>

¹⁴ “Black Mamas Matter: In Policy and Practice” (forthcoming) | [Black Mamas Matter Alliance, Inc.](#)

Should the Senate HELP Committee members and staff have an interest in learning more about the maternal and perinatal workforce, we recommend these resources:

- [Joint Paper: Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities](#)
- [Health Connect One: Getting Doulas Paid Policy Brief](#)
- [CAP: Community-Based Doulas and Midwives: Key to Addressing the U.S. Maternal Health Care Crisis](#)
- [The Commonwealth Fund: Community-Based Models to Improve Maternal Health Outcomes and Promote Health Equity](#)
- [Institute for Medicaid Innovation: Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid](#)
- [Issue Brief: Expanding Midwifery Licensure in Georgia](#)

Thank you for considering these comments. We welcome the opportunity to work with you to advance these recommendations or any other efforts the committee undertakes to address the maternal health crisis. If you or your staff have questions or concerns, please do not hesitate to contact Ben Anderson, Director of Maternal and Child Health at BAAnderson@familiesusa.org and Clarke Wheeler, Federal Policy Manager at CCW@blackmamasmatter.org.

Sincerely,



Frederick Isasi, JD, MPH
Executive Director
Families USA



Angela Doyinsola Aina, MPH
Co-Founder and Executive Director
Black Mamas Matter Alliance, Inc.