

# Addressing the Rural Maternal Health Crisis with the Black Maternal Health Momnibus

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The need to address the ongoing maternal health crisis in the United States has never been more dire. The most recent data from the Centers for Disease Control and Prevention (CDC), from 2020, shows a continuation of an alarming trend: a worsening maternal mortality rate. At 23.8 deaths per 100,000 live births, women and birthing people are at greater risk in the United States than in any other developed nation. This statistic becomes even more shameful when broken out by race: nationwide, Black and Indigenous women are three times as likely to die of pregnancy-related causes as white women.

Often overlooked in the discussion of the maternal health crisis, however, is the role of geography—particularly the unique and harmful impacts of the crisis on rural communities. Hospital closures and a general lack of health care access outside the nation’s urban cores create maternity care deserts, with just 8 percent of obstetric providers practicing in rural areas. This lack of health care professionals, combined with the prevalence of maternal mental health and substance use disorders and high rates of COVID-19, are just a few of the factors contributing to the maternal health crisis in rural America—in which rural women have a 9 percent greater

likelihood of severe maternal morbidity and mortality than women in urban areas. West Virginia in particular has high rates of adverse maternal health outcomes: the state received an “F” grade from the March of Dimes 2021 report card on the health of moms and babies.

It is past time to address the maternal health crisis plaguing rural communities. Fortunately, Congress already has the tools to act: the Black Maternal Health Momnibus. This comprehensive legislative package aimed at addressing the Black health crisis has provisions that would also help address the rural maternal health crisis. In particular, the Momnibus would:

- expand the maternal health workforce in rural areas;
- address discrimination and bias in maternity care that put certain rural communities at risk;
- utilize telehealth, a lifeline for rural residents, to improve maternal outcomes;
- expand research and data collection on maternal health in all parts of the country;
- address transportation, housing, and other barriers to care that are particularly acute in rural areas;

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This report can be found online at: <https://tcf.org/content/commentary/addressing-the-rural-maternal-health-crisis-with-the-black-maternal-health-momnibus/>

- improve access to care for mental health and substance use disorders, rates of which are particularly high in rural areas;
- facilitate continuous Medicaid coverage for rural moms;
- promote maternal vaccination, including against COVID-19, where rates remain low; and
- protect pregnant and postpartum individuals and their babies against the effects of climate change.

Any budget reconciliation package must include these crucial provisions to improve maternal health in West Virginia and across rural America.

## Components of the Momnibus That Would Benefit Rural Communities

Of the twelve bills contained in the Momnibus, nine of them have provisions that would specifically address maternal health care deficits and challenges occurring in rural areas.

### *Perinatal Workforce Act*

Rural areas have been hit disproportionately by hospital closures, so that now half of rural counties lack hospital-based obstetric services. Rural counties with higher percentages of Black people of reproductive age are more likely to lose access to these services, an alarming fact given existing racial inequities in maternal health. These workforce shortages put pregnant women and birthing people at risk and force millions to travel long distances to reach needed care.

The Perinatal Workforce Act would expand the number of maternal care providers, including nurses, behavioral health professionals, and other perinatal health workers in areas experiencing health workforce shortages—such as rural areas. The impact would be significant in West Virginia, where most counties are designated as health professional shortage areas.

### *Kira Johnson Act*

The Kira Johnson Act would provide funding for community-based organizations in rural and other underserved

communities. Community-based organizations are often underfunded, but are situated to address the unique needs of pregnant people in the areas they serve, including rural communities.

Beyond adequate funding for community-based organizations, patients in underserved areas must receive high-quality, culturally competent, and patient-centered care. The Kira Johnson Act would also support research and provide funding to address discrimination and bias in maternity care—necessary provisions to address the unacceptable inequities in maternal morbidity and mortality that put Black and Indigenous women and birthing people at disproportionate risk.

### *Tech to Save Moms Act*

Telehealth offers another opportunity to expand access to rural areas facing hospital closures and a lack of maternity care providers.

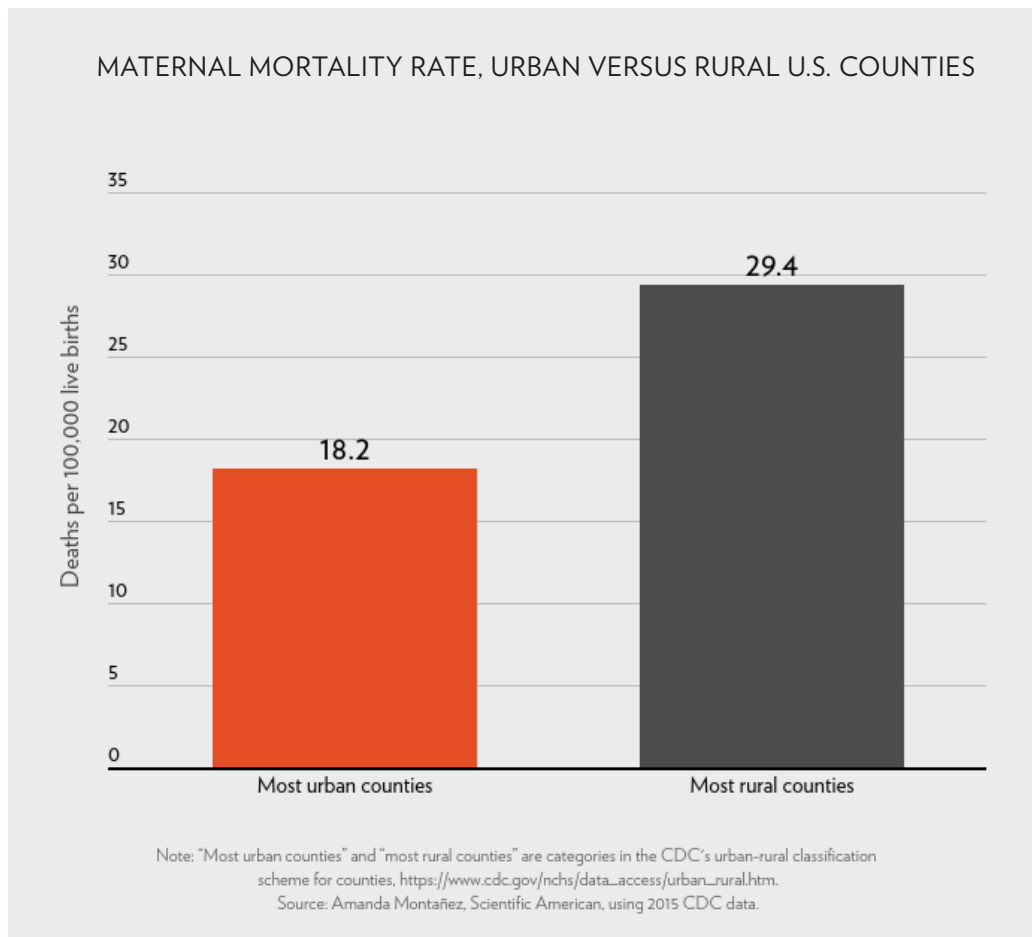
The Tech to Save Moms Act would support the use of technology, including telehealth, in improving maternal health outcomes, with a focus on medically underserved communities. Tools for remote patient monitoring, which this bill would support, would allow patients with high-risk conditions such as diabetes and hypertension to monitor their health from their own homes.

### *Data to Save Moms Act*

The maternal health crisis cannot be adequately addressed without robust data collection in the communities impacted. Maternal mortality review committees (MMRCs), which analyze the circumstances surrounding deaths that occur during or within one year of pregnancy, are critical to understanding and addressing the causes of maternal mortality. Although many rural states have established MMRCs, research has demonstrated that a lack of rural representation and focus from these committees may hinder their ability to address the unique needs of rural communities.

The Data to Save Moms Act would expand research and data collection on maternal health and support MMRCs.

FIGURE 1



With enhanced data collection, rural communities could better prevent maternal morbidity and mortality. This funding support is crucial for states like West Virginia, which would receive funding through CDC programs such as Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) and Surveillance for Emerging Threats to Mothers and Babies (SET-NET) for the first time.

### *Social Determinants for Moms Act*

The social determinants of health—the conditions in which people live, learn, work, and play—impact health outcomes. For rural women and birthing people, the barriers to receiving timely health care are tied to factors like affordable, accessible transportation. Other socioeconomic factors, including access to quality housing, also affect health outcomes—including maternal health outcomes.

The Social Determinants for Moms Act would address these and other issues by creating grant programs and studies to

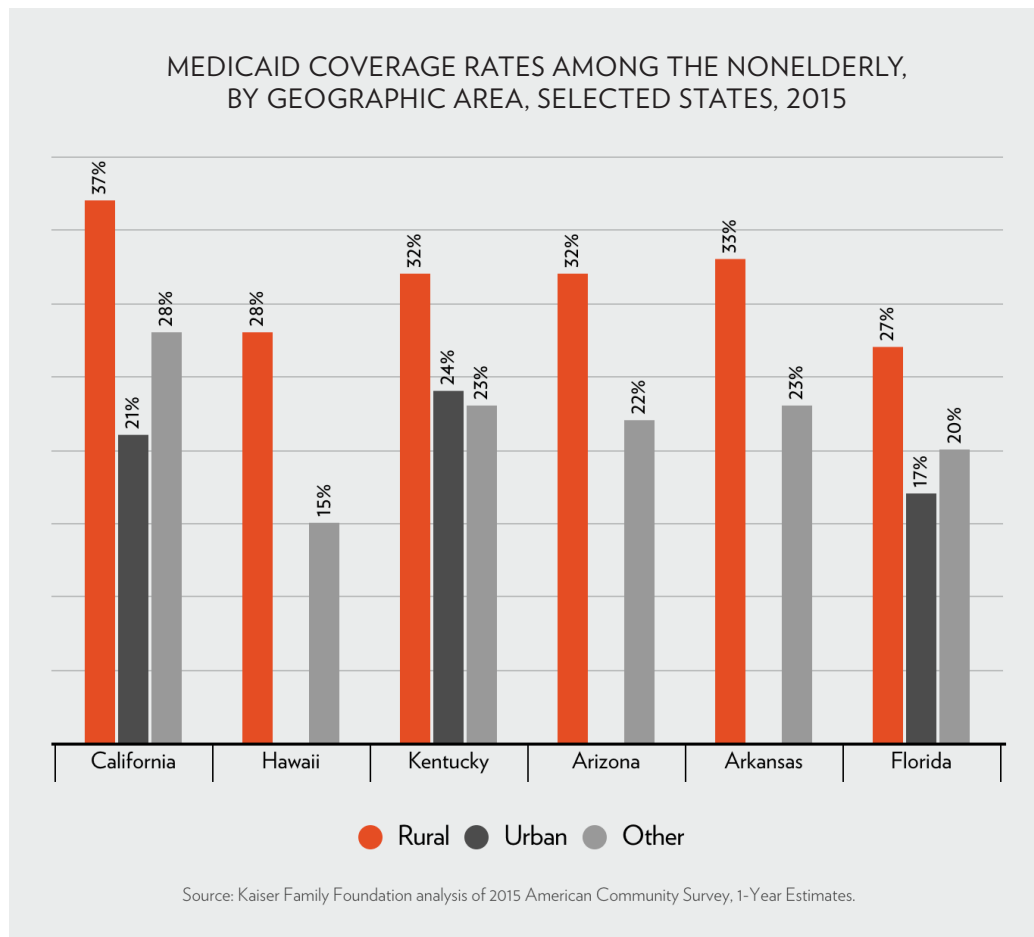
better understand and tackle barriers to transportation and housing for pregnant people.

### *Moms Matter Act*

Mental health disorders are among the most common complications during pregnancy and the postpartum period, and research suggests that incidence of postpartum depression may be higher in rural than in urban areas. And as rural areas suffer from dual crises of poor maternal health outcomes and substance use disorders, pregnant women in rural areas may be at higher risk than urban women for substance use disorders during pregnancy.

The Moms Matter Act would address maternal mental health conditions and substance use disorders through grants for behavioral health services and workforce expansion. Crucially, areas with workforce shortages, including rural areas, would be prioritized.

FIGURE 2



### *IMPACT to Save Moms Act*

Approximately one-quarter of nonelderly rural Americans are covered by Medicaid, and in some states, the Medicaid coverage rate is substantially higher in rural than in urban areas.

The IMPACT to Save Moms Act would facilitate rural women and birthing people maintaining Medicaid coverage during pregnancy and the postpartum period, which is necessary to reverse our nation’s maternal mortality crisis. Specifically, the bill calls for assessments of Medicaid policies regarding presumptive eligibility for pregnant people who apply for coverage; continuity of coverage for pregnant and postpartum individuals; and automatic re-enrollment for eligible individuals after pregnancy.

### *Maternal Health Pandemic Response Act/ Maternal Vaccination Act*

Rural areas have suffered higher rates of COVID-19 cases and deaths than urban areas, while vaccination rates

have remained lower in rural than in urban areas. For rural pregnant and lactating individuals, who are at increased risk of severe illness and death from COVID-19, especially when unvaccinated, closing these gaps is particularly important.

The Maternal Health Pandemic Response Act would improve data collection, surveillance, and research on COVID-19 and pregnant and postpartum individuals. This would include research on the safety of COVID-19 vaccines and therapeutics, critical for building confidence in such medical breakthroughs and dispelling harmful misinformation targeting these populations. Similarly, the Maternal Vaccination Act would fund efforts to increase maternal vaccination rates, including against COVID-19.

### *Protecting Moms and Babies Against Climate Change Act*

Effects of climate change will be experienced by all parts of the country, including rural areas. Droughts, floods, severe storms, heat waves, and other devastating consequences

are expected to become more frequent for many rural communities without the resources to recover from such disasters.

The Protecting Moms and Babies Against Climate Change Act would protect pregnant and postpartum people and their babies, including those in rural areas, against the hardships ahead. Specifically, the bill would invest in efforts to identify and mitigate the effects of climate change on these populations, including training for health care providers, funds to purchase air conditioning units and other appliances, transportation and housing during extreme climate events, and more.