



**Department
of Health**

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**Joint Public Hearing: An Examination of Maternal Mortality and Morbidity Rates in
New York State**

**Written Testimony of Johanne Morne
Executive Deputy Commissioner
New York State Department of Health
February 24, 2025**

Introduction

Thank you, Senators Webb, Persaud, Brouk, and Rivera for hosting a hearing on this critical topic. My name is Johanne Morne, and I am the Executive Deputy Commissioner of the New York State Department of Health (the Department). I am joined by Dr. Kirsten Siegenthaler, the Department's Director of the Division of Family Health.

The Department remains deeply committed to improving maternal health outcomes and eliminating health disparities. We have a comprehensive approach that aligns our roles as a payer, public health department, and convener with community-based agencies and clinical stakeholders. The Department leverages state and federal investments. We have utilized funding to award implement strategies to reduce unnecessary cesarean births, provide fetal heart monitoring training to providers and nursing staff, expand doula programs and services, and reduce disparities in maternal health through racial equity, implicit bias, and trauma informed care trainings for hospital staff. This budget includes \$16 million in annual state funding for public health initiatives to address maternal and infant mortality, and these state funds are matched by \$17 million in federal funds.

Governor Hochul's Fiscal Year 2026 Executive Budget includes various proposals to improve maternal and infant health outcomes, which the Department strongly supports. These include an initiative to pay a birthing person on public assistance \$100 per month during pregnancy and \$1,200 when their baby is born to assist with expenses. The Governor is also proposing to expand on the State's partnership with Baby2Baby to provide families with "baby boxes" full of maternal health, diapers, and other newborn supplies following the birth of a child. Governor Hochul will also expand the WIC program to reach 475,000 people, an increase of 30,000 people. In addition, New York's Paid Prenatal Leave Law, a first in the nation law, effective January 1, 2025, is a significant step toward improving maternal health outcomes by ensuring that any pregnant New Yorker will be able to receive an additional 20 hours of paid sick leave for prenatal care.

Maternal Health Data

Now let's take a step back and look at maternal mortality rates which have more than doubled in the United States since 2001. In New York State, the rates peaked in 2008-2010. They declined to 18.1 per 100,000 births in 2016-2018. While the rate has since increased slightly to 20.5 per 100,000 births in 2019-2021, this is less than the rest of the United States at 25.5 deaths per 100,000 births. Due to the complexity of the process involved in identifying maternal deaths that occurred within one year of the end of pregnancy identifying the sources of information available for each case, collecting and reviewing case documentation, and developing recommendations for prevention, this is the most recent data available.

There is a critical influence of economic, societal, and environmental factors on maternal health. A national maternal vulnerability index, which includes multiple data sources modeled to understand their impact on health outcomes, has shown that in New York State, personal and community environments and social determinants of health have the largest impact on negative maternal health outcomes. Physical environment factors include violent crime rates, housing conditions, pollution, and access to transportation. Social determinants of health include education attainment, poverty levels, food insecurity, and social support. These two factors are followed by physical health, including presence of chronic diseases, and mental health challenges and substance use as the third and fourth leading factors for negative outcomes. The data demonstrate that access to general and reproductive health care do not have as significant an influence as they do in other states. This is a result of New York's laws and funding supporting access to full reproductive care, including contraception and abortion, the State's comprehensive Medicaid program, and our laws ensuring prenatal, birthing and postnatal care are covered by third-party private insurance.

There is still an important role for health care quality and respectful care. There is a shortage of clinicians – obstetricians, midwives, nurses and anesthesiologists. According to the Health Resources and Services Administration in July 2024, over 5 million New Yorkers live in Health Personnel Shortage Areas. There are 47 counties with fewer than 10 obstetricians per 100,000 population, and 10 of those counties have fewer than six. The Department of Health recognizes that there is a profound disparity in outcomes for Black birthing people; Black birthing people are four times more likely to experience a pregnancy-related death than White birthing people in the United States. Established in 2019, the Maternal Mortality Review Board reviews each pregnancy-

associated death. The reviews covered by this report were performed by two boards (also known as committees): the New York State Maternal Mortality Review Board reviewed cases of pregnancy-associated deaths that occurred outside of New York City, and the New York City Maternal Mortality and Morbidity Review Committee reviewed cases of pregnancy-associated deaths that occurred within New York City. The Board's multidisciplinary members develop recommendations to improve maternal outcomes and prevent future deaths. Almost three quarters of all pregnancy-related deaths were determined by the Maternal Mortality Review Boards to have some or a good likelihood of being preventable. Examples of factors that contributed include lack of continuity of care (i.e., care coordination), quality of care related to clinical skills, and structural racism.

Since 2019, the Department has also coordinated the Maternal Mortality and Morbidity Advisory Council, which is comprised of multidisciplinary experts and lay persons knowledgeable in the fields of maternal mortality, women's health, and public health. Maternal Mortality and Morbidity Advisory Council members serve and are representative of the racial, ethnic, and socioeconomic diversity of the women and mothers of the state. The Advisory Council may review findings of the Maternal Mortality Review Boards and develop their own recommendations on policies, best practices, and strategies to prevent maternal mortality and morbidity.

Department of Health Initiatives and Investments

The Department utilizes \$700,000 to implement the New York State Perinatal Quality Collaborative (NYSPQC) – Quality Improvement Projects, which is a voluntary program through which we engage with 60-75% of birthing facilities on any one project

to develop evidence-based or informed quality improvement initiatives. This is implemented by the use of improvement science which includes the use of patient safety bundles. Patient Safety Bundles (PSBs) are a structured way of creating system change to improve the processes of care and patient outcomes. They are collections of evidence-based and -informed practices, developed by multidisciplinary experts, which address clinically specific conditions in pregnant and postpartum people. The goal of PSBs is to improve the way care is provided to improve outcomes. A bundle includes actionable steps, which include drivers of specific system change, and activities to address readiness, recognition and prevention, response, reporting and systems learning and respectful, equitable and supportive care. The NYSPQC participates in the Alliance for Innovation on Maternal Health, which is a quality improvement initiative supported by the Health Resource and Services Administration to improve maternal health and safety statewide by increasing access to safe, reliable, and quality care. The NYSPQC has also developed bundles with national and New York experts that have been implemented. Specifically, the NYSPQC has adapted the following PSBs to date:

1. Care for Pregnant and Postpartum People with Substance Use Disorder – New York State Opioid Use Disorder in Pregnancy & Neonatal Abstinence Syndrome Project (September 2018 – October 2020), with 41 participating birthing hospitals and birthing centers.
2. Safe Reduction of Primary Cesarean Birth – New York State Perinatal Quality Collaborative Birth Equity & Safe Reduction of Nulliparous, Term, Singleton, Vertex Cesarean Birth Project, with 70 participating birthing hospitals and birthing centers, which covers 80% of the births in New York State.

3. The NYSPQC has developed PSBs, as well as related resources, including Driver Diagrams, Change Packages, and measures, for its two current projects:
 - a. New York State Birth Equity Improvement Project, with 64 participating birthing hospitals and birthing centers.
 - b. NYSPQC Neonatal Intensive Care Unit (NICU) Equity Project, with 43 NICUs participating in the project.

Additional Investments support:

1. \$4.5 million for Regional Perinatal Centers, which provide training and support for their regional birthing hospitals and centers.
2. Three Home Visiting Programs, which all provide periodic visits at which home visitors assess pregnant and newly parenting families' health and social support needs, provide information to promote positive birth outcomes and enhance parenting skills, and make referrals to needed services. The three programs are:
 - a) \$8.5 million for Nurse Family Partnership, which utilizes nurses as home visitors. This program is the most intensive with strict eligibility requirements.
 - b) \$13.6 million for Perinatal and Infant Community Health Collaborative, which utilizes community health workers as home visitors.
 - c) \$4.7 million for Healthy Families New York, which is managed by the Office for Child and Family Services and receives an allocation from the Department's federal funding for home visiting.
3. \$470,000 for the Maternal Mortality Review Board and Maternal Mortality and Morbidity Advisory Council, with most of the funding supporting the case ascertainment and review process for maternal deaths. The Board meets every other month to review maternal deaths and is currently reviewing cases from

2023 and 2024. The Council meets at least twice a year and more frequently when developing recommendations.

4. \$53,000 from two appropriations for a partnership with SUNY to support maternal mortality initiatives and the Perinatal Quality Collaborative. These funds support continuing education opportunities for clinicians.

Medicaid benefits have been expanded to improve maternal health outcomes, as well.

In the past few years, we have:

1. Enhanced Medicaid midwife reimbursement rates from 80% to 95% of the physician fees.
2. Extended Medicaid coverage from 60 days to 12 months postpartum, regardless of immigration status.
3. Expanded doula coverage statewide and increased Medicaid reimbursement rates for doulas to the highest in the nation.
4. Expanded coverage to include nutrition counseling provided by Certified Dietitians/Nutritionists within their scope of practice.
5. Expanded lactation counseling to increase reimbursement rates and allow for group counseling reimbursement.
6. Expanded reimbursement for non-invasive prenatal testing expansion for prenatal trisomy screening, Spinal Muscular Atrophy, and third trimester Syphilis screening.
7. Added monthly Medicaid reimbursement to cover the cost of remote patient monitoring devices.

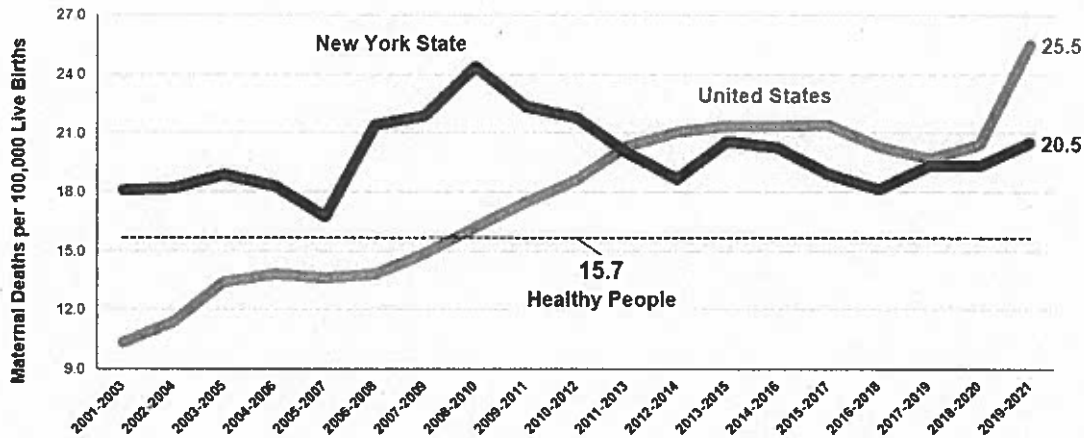
8. Released updated Perinatal Care Standards for all Medicaid providers serving pregnant and postpartum individuals to support improved access to and quality of maternal care.
9. Implemented a value-based payment initiative with Managed Care plans and hospitals to decrease low-risk cesarean deliveries to improve health outcomes for low-income people enrolled in New York State Medicaid.
10. Implemented the 1115 Waiver amendment as another way in which New York is leveraging our current demonstration project with Centers for Medicare and Medicaid Services (CMS) to advance social care networks and workforce innovation organizations.

Conclusion

The Department appreciates the Legislature's focus on improving the maternal and infant health outcomes in the State, and we look forward to a continuing partnership to address this complex social and medical challenge.

Appendix

TRENDS IN MATERNAL MORTALITY AS REPORTED IN VITAL RECORDS*



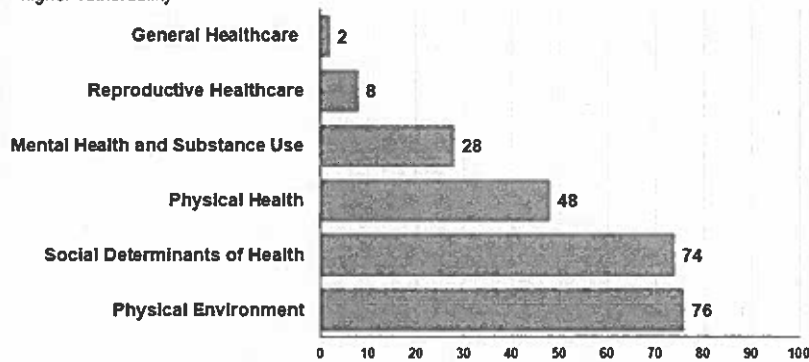
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*Causes of death from death records A34, O00-O95, O96-O99 (within 42 days of the end of pregnancy)
Data Source: National Data from Centers for Disease Control and Prevention WONDER database and NY data from New York State Vital Statistics

MATERNAL VULNERABILITY INDEX

Higher scores indicate higher vulnerability

FACTORS RELATED TO MATERNAL VULNERABILITY



Socioeconomic Determinants of Health:

- Educational Attainment
- Poverty Levels
- Food Insecurity
- Social Support

Physical Environment:

- Violent Crime Rates
- Housing Conditions
- Pollution
- Access to Transportation

Birthing people in New York State are most vulnerable due to socioeconomic determinants of health and physical environment.



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The Maternal Vulnerability Index developed by Surge Ventures includes United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, 2021 [Natalty public-use data 2007-2020](#) and [Underlying Cause of Death, 1999-2020](#). Accessed on CDC WONDER Online Database 10/26/2020. Maternal Mortality Reviews were calculated using 2016-2020 data

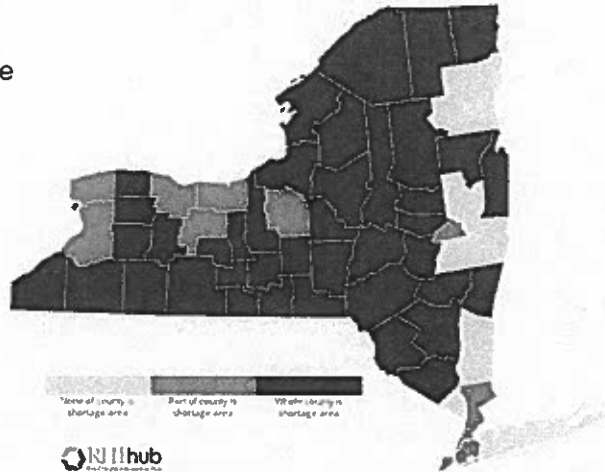
PHYSICIAN AND HEALTH PROFESSIONAL SHORTAGE

Health Professional Shortage Areas

- Over 5 million New Yorkers in Primary Care Health Professional Shortage Areas
- Includes rural areas with high poverty and limited access to healthcare

Maternity Care Target Areas

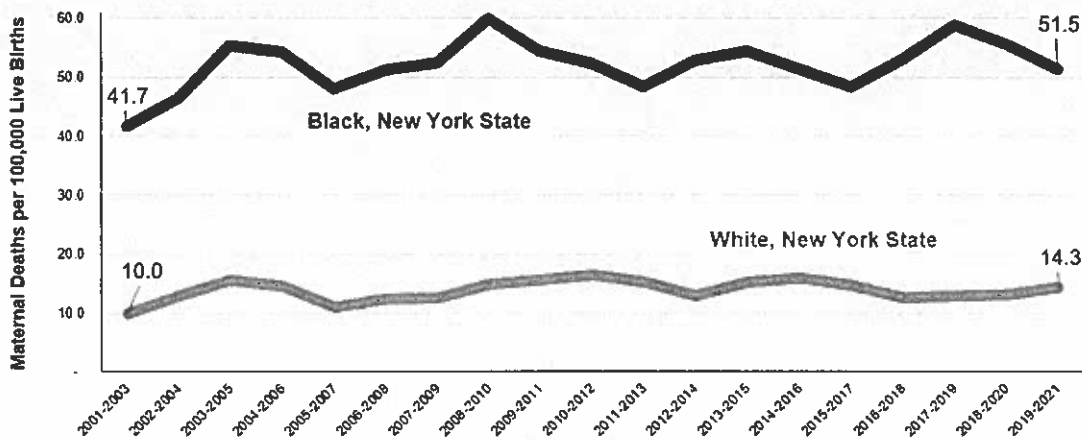
- 17 counties with < 6 obstetricians/ gynecologists per 100,000 population
- 47 counties with < 10 obstetricians/ gynecologists per 100,000 population



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Image source: Rural Health Innovation Hub (www.ruralhealthinfo.org/charte/5?state=NY)
 Data source: The Health Resources and Services Administration, July 2024
 Maternity Care Target Areas Supplementary Score for Primary Care Health Professional Shortage Areas, September 2024

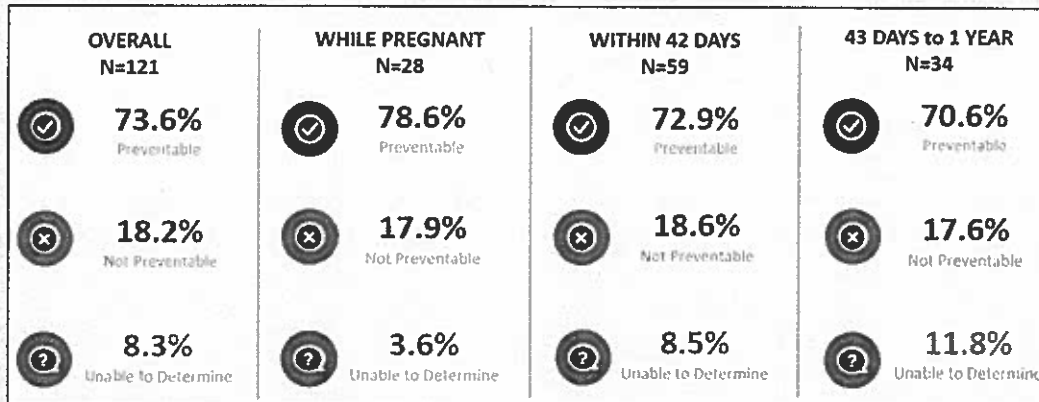
TRENDS IN MATERNAL MORTALITY AS REPORTED IN VITAL RECORDS* BY RACE/ETHNICITY



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Notes:
 *Causes of death from death records A34, 000-095, 098-099 (within 42 days of the end of pregnancy)
 Data Source: National Data from Centers for Disease Control Wonder database and NY data from New York State Vital Statistics

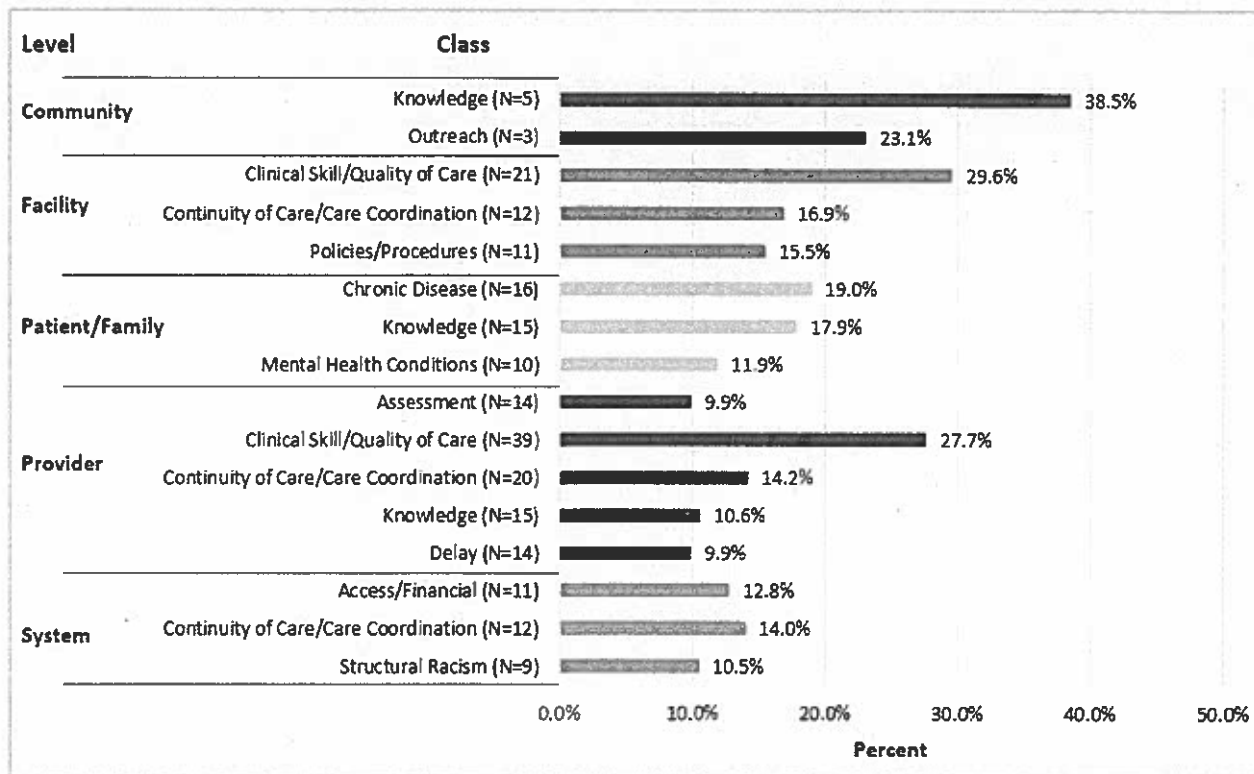
PREVENTABILITY AMONG PREGNANCY-RELATED DEATHS BY TIMING IN RELATION TO PREGNANCY, 2018-2020



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Data Source: New York State Maternal Mortality Review

Most Common Factor Classes Associated with Pregnancy-Related Deaths by Level, 2018-2020



Source: New York State Maternal Mortality Review

