

Draft Oral Testimony – Janna Walter – 4-5 minutes

My name is Janna Walter, and I am a public health nurse working for the Sullivan County Department of Health.

My job with the County is to supervise our Maternal and Child health programs, which provide home visits and other supports to women during and after their pregnancies.

I want to thank the Chairs and members of the Committees for holding this hearing to address the maternal mortality and morbidity crisis and giving me an opportunity to share our concerns.

Let me also note that I am appearing today as a member of the New York State Nurses Association and am not representing or speaking for the Sullivan County Health Department.

The ongoing crisis of high maternal mortality and morbidity rates in New York and nationally is well known and widely acknowledged, so I will not spend too much time describing the problem.

We know that maternal mortality rates in New York and nationally are more than twice the rate of comparable countries.

We also know that there is a major racial and class component to the problem, as black and low-income women in general have mortality rates that are 4 to 5 times higher than those of white or more affluent populations.

The causes of high maternal mortality are also well known:

- Lack of access to pre-natal and post-natal care
- Untreated mental health and substance use issues
- High rates of hypertension, diabetes, cardiac and coronary illness and other diagnoses and
- Overuse of c-section deliveries, which are inherently more dangerous than vaginal delivery.

These and other chronic or emerging health conditions are prevalent in the wider community and are made worse by the stress of pregnancy and having a baby.

The good news, however, is that 3/4s of maternal deaths are preventable. We just have to take action and put in place policies that will save women's lives and improve their long-term health and that of their babies.

In my daily work providing care, educating, and coordinating services for pregnant women in Sullivan County, I see firsthand what is causing maternal mortality and what we need to do to tackle the problem

First, we must expand the availability of perinatal services.

Too many women live in healthcare deserts, particularly when it comes to maternal care, primary care, and psychiatric and substance use services.

In Sullivan County many private physicians and corporate practice groups do not take Medicaid patients.

That puts extra strain on the FQHCs and clinics that do care for low income and minority women, making it hard to get access to care and causing delays in scheduling appointments.

I have encountered women who were unable to see a doctor until they were in the early third trimester of their pregnancy. That is too long to wait and very dangerous.

Local hospital perinatal services are also limited, contributing to the crisis.

In Sullivan County, for example, we only have one hospital. It provides limited services, has no neo-natal intensive care unit, and is equally affected by low Medicaid reimbursement rates – its resources are stretched thin.

The County's maternal health services try to fill the gap by providing pregnant and post-partum women with home visitation services, but we do not have the resources to fill all of the holes in the safety net.

Second, we have to address the chronic conditions and health inequities that are prevalent in the community and lead to high maternal mortality.

Based on my experiences as a nurse, I believe the legislature should consider the following measures:

- 1. Increase the availability of perinatal primary care services and programs – every region and local community should have equal access health services.**

- 2. Increase funding for and access to perinatal home visitation programs – these programs work and will significantly lower mortality and morbidity rates.**
- 3. Increase Medicaid reimbursement rates for maternal health services – this will help keep the existing providers operating and will encourage hospitals and private practice groups to expand their services.**
- 4. Expand the availability of mental and substance use health services.**
- 5. Require private hospitals and for-profit providers to provide more services to Medicaid and uninsured perinatal patients as a condition for state approval to open or expand services that are profitable to them.**
- 6. Pass legislation to freeze or restrict hospital closures or reductions of perinatal services – pass the LICH Act to require public hearings and a showing that communities will not be harmed when operators ask to close services.**