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**HOUSE OF REPRESENTATIVES**  
COMMONWEALTH *of* PENNSYLVANIA

*House Democratic Policy Committee Roundtable*

Maternal Health Care Deserts

Tuesday, April 16, 2024 | 9:00 a.m.

PA Black Maternal Health Caucus

**OPENING REMARKS**

9:00 a.m. Welcome and Introductions

**ROUNDTABLE**

9:10 a.m. Melissa Patti, Director of Maternal and Infant Health Initiatives  
*March of Dimes*

BJ Leber, President & CEO  
*Adagio Health*

Christa Caceres, Commissioner  
*Pike County*

*Q & A with Legislators*

Remarks and Testimony can be found by scanning the QR Code below:



**TESTIMONY OF MELISSA PATTI  
DIRECTOR OF MATERNAL AND INFANT HEALTH INITIATIVES  
GREATER PHILADELPHIA AND SOUTH JERSEY MARCH OF DIMES  
PENNSYLVANIA HOUSE DEMOCRATIC POLICY COMMITTEE HEARING  
“MATERNITY CARE DESERTS AND IMPROVING MATERNAL HEALTH OUTCOMES IN PENNSYLVANIA”  
9:00 AM, TUESDAY, APRIL 16, 2024**

On behalf of March of Dimes, we appreciate this opportunity to submit testimony for the record. March of Dimes leads the fight for the health of all moms and babies. We began that fight 86 years ago as an organization dedicated to eradicating polio in the United States. The achievement of this goal did not end our mission to strive for better health outcomes. On the contrary, we continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

**State of Maternity Care in Pennsylvania**

Families in Pennsylvania are facing a maternal and infant health crisis. Many of our counties have premature birth rates, infant mortality rates, and maternal mortality rates that are higher than the national average. In addition, we are seeing growing racial disparities in all pregnancy and birth outcomes. Black mothers are 1.5 times more likely to have a preterm baby and 2 times as likely to suffer the loss of their infants. <sup>i</sup>

This problem is exacerbated by the presence of many maternal care deserts that exist across the Commonwealth. Access to care during pregnancy and around the time of birth is not consistently available. Hospital closures and a shortage of providers are driving changes in maternity care access, especially within rural areas and among Black, Indigenous, and people of color (BIPOC). The level of maternity care access within each county is classified across Pennsylvania by the availability of birthing facilities, maternity care providers, and the percent of uninsured women. Maternity care deserts are counties where there is a lack of maternity care resources, such as hospitals, birth centers, and care providers. The resulting lack of access to care presents one of the biggest barriers to safe, healthy pregnancies, and often imposes economic and emotional strains on our most vulnerable communities. Consistent, high-quality maternity care is essential to protect the health of all moms and babies. Maternity care encompasses health care services for women during pregnancy, delivery and postpartum. <sup>ii</sup>

Currently in Pennsylvania, we have 6 counties that are designated as maternity care deserts with no birthing facility or any obstetric care providers. There are 20 counties that are without a birthing facility of any kind. For many women, lack of care options means traveling long distances and making difficult choices about where to have their babies. In our rural counties, nearly 50% of women have to travel over 30 minutes to the nearest birthing facility. Women living in maternity care deserts traveled over 3 times farther than those living in counties with full access to care. The farther a woman travels to receive maternity care, the greater the risk of maternal morbidity and adverse infant outcomes, such as stillbirth and NICU admission. Furthermore, longer travel distances to care can cause increased prenatal

stress and anxiety. The distance a woman must travel to access care becomes a critical factor during pregnancy, at the time of birth, and in the case of emergencies. <sup>iii</sup>

## Policies and Solutions

- **Strengthening data and resources:** In Pennsylvania we are looking to build systems that will identify when counties are at risk of losing maternity wards and providers, before the care is lost. Strengthening data systems will allow the appropriate state departments to work with these counties to maintain and enhance care through targeted resources.
- **Expanding access to midwives:** Midwifery care can refer to certified nurse–midwives (CNMs), certified midwives (CMs). Midwifery care offers a chance to address health disparities and help improve birth outcomes, especially among women of color. Some studies suggest that midwifery care can lower interventions (like needing a c-section or pain medicine), can lower health care costs, increase patient satisfaction (happiness) and improve overall care. <sup>iiii</sup>
- **Access to telehealth:** Telehealth, through various platforms, equips maternal health providers with the tools to better facilitate care before, during and after pregnancy and has been shown to not only increase access but also improves patient engagement and treatment. <sup>ii</sup>
- **Mobile health care:** Mobile health programming can help to fill gaps in the continuity of care that families receive. Mobile health programs can provide care, education, and support to underserved communities with little or no access to health care, and create a nontraditional environment for women and infants to receive vital health care services, otherwise unattainable.

March of Dimes thanks the Democratic Policy Committee for focusing on this public health crisis. As we continue to work on advancing new policies, Pennsylvania must continue to invest in the programs to improve the health of mothers, infants, and families. With your help, we can make strides to prevent pregnancy loss, preterm birth, and end preventable maternal deaths. March of Dimes stands ready to work with you to achieve that change.

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<sup>i</sup> <https://www.marchofdimes.org/peristats/reports/pennsylvania/report-card>

<sup>ii</sup> [https://www.marchofdimes.org/sites/default/files/2022-10/2022\\_Maternity\\_Care\\_Report.pdf](https://www.marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf)

<sup>iii</sup> <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/march-of-dimes-maternity-care-deserts-dashboard.html>

<sup>iiii</sup> <https://www.marchofdimes.org/find-support/blog/midwifery-care-improving-health-outcomes-moms-and-babies>



APRIL 16, 2024

**ADAGIO HEALTH TESTIMONY**

**Maternal Health Deserts in rural and medically underserved areas in Western Pennsylvania**

BJ Leber, President & CEO



## **Adagio Health: Addressing Maternal Health Deserts and Barriers to Care**

With eight medical offices and five WIC offices, Adagio Health is deeply committed to addressing the critical issue of maternal health deserts in western Pennsylvania. We provide essential prenatal care at four of our medical offices strategically located in the medically underserved areas (MUAs) of Erie, Butler, Beaver, and Lawrence Counties. Butler and Lawrence Counties are also categorized as rural, intensifying the need for accessible healthcare.

In these rural and underserved communities, there is a notable scarcity of maternal health services and access to qualified healthcare professionals. This shortage extends to basic reproductive services such as free pregnancy testing and contraceptive care, crucial for helping women space their pregnancies to achieve the best health outcomes. Additionally, many of our patients face additional barriers, including the need to travel over an hour and schedule critically important prenatal services like ultrasounds months in advance, further highlighting the need for more accessible healthcare services in these areas.

At Adagio Health, our efforts span various dimensions of healthcare and societal support, aiming to create a more equitable and effective system of prenatal and postpartum care for vulnerable women and patients.

## **The Disproportionate Impact on Black Maternal Health**

We know that despite advancements in healthcare, Black women, including those with higher socioeconomic statuses and educational degrees, continue to face increased risks of morbidity and mortality during pregnancy. These elevated risks are exacerbated by racism, bias, and generational trauma, as well as social determinants of health that affect both Black and wider populations.

This year, Black prenatal patients represent 21% of the pregnant women Adagio Health serves across our medical footprint. Of these women, 7% are classified as high-risk due to factors including pre-existing conditions like diabetes, or pregnancy-related conditions such as gestational diabetes, age over 35 or under 17, and any positive screen for tobacco, alcohol or illicit or misuse of prescription drugs. Additionally, 25% of these women are facing food insecurity, underscoring the urgent need for comprehensive care and support.

Our providers are incredibly committed to our patients. Recently, we provided care for a Black single mother expecting to undergo a scheduled cesarean at Heritage Valley Hospital in Beaver County. She was concerned about the care of her two-year-old child during her hospital stay. Through the efforts of our Behavioral Health Clinician (BHC) and Care Navigator (CN), and with information provided by UPMC Children's Advocacy Center, we arranged for her toddler to be cared for at a Pittsburgh facility, covered by Medicaid. We were able to provide the mother with gas cards to ease transportation costs. She expressed to us that this care coordination "saved her life," allowing her to give birth in peace without worrying about her child's safety. Our approach goes beyond medical care as we work to address crucial social determinants of health that significantly impact maternal health and outcomes.



## **Expanded Services and Support**

All of our pregnant moms receive recommended medical screenings including testing for syphilis. A recent sharp spike in rates of syphilis in Pennsylvania put moms and babies at much greater risk for congenital syphilis – including a pregnant mom who recently tested positive at our Beaver County office. We are able to offer immediate intervention and protection for moms and babies.

Our prenatal moms are also offered an initial screen with a Behavioral Health provider to get a baseline for future risks such as mood disorder, postpartum depression, or anxiety, also tobacco cessation. If an issue is identified, our team works to provide needed care, or facilitates a warm hand-off to another appropriate provider.

We have actively expanded our services to address additional disparities as well, with on-site food pantries to assist those who are food insecure, along with no-cost prenatal and postpartum cooking classes offered alongside breastfeeding and infant feeding classes.

Recently, a pregnant mother of four visited our New Castle Adagio Health Medical Office and was greeted by our compassionate staff. The patient disclosed that she was homeless and feeling increasingly desperate. An Adagio Health Nurse Practitioner teamed up with our BHC, offering empathy and working toward a solution that would enable this family to receive housing quickly. They wrote a letter of necessity to Lawrence County Community Action Partnership regarding this crisis situation. The patient was able to immediately qualify for a housing program, which entails finding her a home and covering the initial deposit. A week later, the family received a three-bedroom apartment from the Lawrence County Community Action Partnership. Now, the family has a home to enjoy and a place to welcome the new baby later this year. With housing shortages throughout our state and nation, it was only through the diligent action of the Adagio Health team that this family obtained a home in a week's time.

## **Legislative and Funding Challenges**

One of the persistent challenges is the fluctuation in funding and legislative support. For example, a recent 30% cut in our Title X funding; diminishing our capacity to ensure that women in our footprint have comprehensive access to birth control and education around family planning that allows women to space out their pregnancies. The World Health Organization recommends a minimum of 33 months of birth spacing between births or 24 months before trying a future pregnancy to decrease the risk of unfavorable maternal and newborn outcomes.

Current legislation on billing for care navigators and behavioral health reimbursement remains a significant concern, affecting our capacity to offer comprehensive services.

## **A Call to Action**

Adagio Health's ongoing commitment to improving maternal health in western Pennsylvania demonstrates the importance of a comprehensive approach that encompasses healthcare provision, nutrition support, access to behavioral health services, tobacco cessation, addressing social determinants of health, and advocacy. With continued funding and support, we can continue our efforts to reduce the disparities in maternal health outcomes; and ensure that every mother has access to the care she needs and deserves.

TESTIMONY SUBMITTED BY CHRISTA CACERES, PIKE COUNTY COMMISSIONER  
TO THE HOUSE DEMOCRATIC POLICY COMMITTEE PUBLIC HEARING ON  
MATERNAL HEALTH DESERTS IN THE COMMONWEALTH OF PENNSYLVANIA

Tuesday, April 16, 2024

Good morning. My name is Christa Caceres, and I serve as a Commissioner for Pike County. I would like to thank Representative Curry, Chairman Bizzarro, and the House Democratic Policy Committee for hosting this hearing and for the invitation to speak with you today. I come to you in two different capacities: one as a county administrator and the other as a black woman, wife and mother of a teenaged son who has lived in Pike County for nearly two decades without access to quality medical and maternal care. I am one of thousands of women who has given birth to children outside of my home county since the county's founding in the year 1814. Two hundred and ten years later, I stand on behalf of my women neighbors and ask for the legislature to make my home county a priority and address our maternal health desert.

The Pennsylvania Labor and Industry's Center for Workforce Information and Analysis reports our total population stands at approximately 58,996 with 28,714 residents identifying as female.<sup>1</sup> I am counted as one of those young girls and women who suffered an unthinkable maternal loss: I delivered my daughter via stillbirth at 6 months gestation. Having to travel to the Lehigh Valley for specialty care and monitoring as an expectant mother considered to have a high-risk pregnancy at age 38, I am only able to speculate that the constant commute added an unnecessary burden on my mental and physical health. The day I was told by the attending physician that my daughter had passed away and I was given a choice of labor versus D&C, I was also given a choice where to deliver her. Unfortunately, that was not my home county-which would have been convenient for friends and family that wanted to comfort and console my husband and me. It is taken for granted that quality healthcare is accessible to anyone living in Pennsylvania. I could have benefitted from proposed legislation HB 2127<sup>2</sup>, enhancing access to mental health care services for pregnant and postpartum patients following the trauma of losing Madison Grace.

I have been advised over the years from realtors that many who decide to relocate here from either New York, New Jersey or other parts of our Commonwealth don't bother to ask about nearby hospitals or specialty care because it is assumed to be a reasonable expectation. Imagine their shock when they discover that depending on where they reside in the county it's approximately a 45-minute drive to the nearest hospital or specialty physician. Imagine mothers going into labor and rolling the dice that not only will they get there safely to deliver, but that they will have access to life-saving services for themselves and their child. The window for maternal death reaches beyond the date of delivery. Following the successful birth of my son Josiah at St. Luke's Hospital in Bethlehem (the closest hospital with a NICU, if needed), I returned within a week or so with extremely high blood pressure-something that continues to affect me to this day. It was so high, in fact, that I could have lost my life within days of having a healthy baby and could have been robbed of raising him into the fine young man he is today. I could have benefitted from HB 2138<sup>3</sup>, requiring health insurance carriers to cover blood pressure monitors so that I could keep a watchful eye on my health along with the life-saving medication prescribed by my doctor.

As the newest county commissioner, I join my two colleagues as we are in the process of negotiations to finally bring a mini hospital to our county (which will allow for labor and delivery without complications) within the next 3-5 years. We are extremely optimistic and encouraged by the progress made thus far-but we could certainly use the assistance that Rep. Curry and others are seeking to deliver, and that is allowing needed services, resources and funding to be allocated for designated maternal health deserts within our Commonwealth, as I am certain we would qualify. As women will one day finally be able to safely deliver children here in Pike County, I am mindful that our entry-level wage is approximately \$28,000. I also look forward to the passage of HB 2137<sup>4</sup>, which provides for the distribution of essential resources to new moms and parents in addition to HB 2178<sup>5</sup>, which would require health-related boards within PA's Department of State to complete implicit-bias training that would help ensure women of color-specifically Black women-receive competent and informed care at every stage of their pregnancy.



Thank you all for your time.

Christa Caceres

Pike County Commissioner

1. [Pike County Workforce Stats and Demographics April 2024.pdf \(pa.gov\)](#)
2. [Bill Information - House Bill 2127; Regular Session 2023-2024 - PA General Assembly \(state.pa.us\)](#)
3. [Bill Information - House Bill 2138; Regular Session 2023-2024 - PA General Assembly \(state.pa.us\)](#)
4. [Bill Text: PA HB2137 | 2023-2024 | Regular Session | Introduced | LegiScan](#)
5. [Bill Information - House Bill 2178; Regular Session 2023-2024 - PA General Assembly \(state.pa.us\)](#)