

HEALTH POLICY

LOOKING BEYOND MATERNAL MORTALITY—A HEALTHIER FUTURE FOR U.S. WOMEN DEPENDS ON ACCESS TO CARE

Ankita Sagar, MD, MPH, FACP

Dr. Sagar (ASagar@Northwell.edu) is the director of ambulatory quality for the Internal Medicine Service Line at Northwell Health and assistant professor of medicine at the Donald & Barbara Zucker School of Medicine at Hofstra/Northwell. She completed the Leadership in Health Policy program (LEAHP) in 2018.

“For the first time in history, maternal health is at the forefront of discussion in a presidential election in the United States”.¹ It is true—this is a hallmark moment for health policy and women’s health advocacy.

The Commonwealth Fund published a study to understand women’s perception of care delivery and the results showed that “U.S. women report the least positive experiences ... greatest burden of chronic illness, highest rates of skipping needed health care because of cost, difficulty affording their health care.”² Only 1 in 4 U.S. women rate their medical quality as “excellent or very good.”² While cost and restricted access to care may potentiate this perception among U.S. women, there are other factors to consider.

As the presidential candidates are being featured in the news cycle, when we hear about women’s health, the topic is often isolated to women’s reproductive health. I wonder though: does women’s health stretch beyond reproductive health? Yes. Women’s health is a conglomeration of physical, emotional, and behavioral wellness. The implications of proposed plans are considerable, especially when compounded by recent federal/state policy changes. And, in order to improve women’s health and the respective healthcare delivery system, we must especially address cost of care, maternal mortality, lack of medical care before/beyond maternity, threats to coverage for pre-existing conditions, Title X Program, and family medical leave (or lack thereof).

Cost of Health Care

More than 7 million working-age women have gained insurance since the implementation of the Affordable Care Act, however cost of care remains a significant barrier.² A recent survey highlighted that healthcare costs dominated healthcare decisions for individuals and families.³

- a. More than 1 in 3 U.S. women report skipping health care due to cost, especially noting: 1) having a medical problem but did not visit a doctor; 2) skipped a

medical test, treatment, or follow-up recommended by a doctor; or 3) did not fill or collect a prescription for medicine, or skipped doses of medicine, due to cost in the past 12 months.

- b. More than 1 in 4 U.S. women report their annual family out-of-pocket* spending for medical treatments or services was \$2,000 or more. (*costs of services not covered by public or private insurance)
- c. Almost 1 in 2 U.S. women reported medical bill problems in past 1 year, including: 1) serious problems paying or were unable to pay medical bills; 2) spent a lot of time on paperwork or disputes related to medical bills; or 3) insurance denied payment or paid less than expected.

Maternal Mortality

Maternal mortality has been a highlighted topic over the past few months, and for good reason. Data from the CDC reveals:⁴

1. U.S. pregnancy-related deaths more than doubled in less than 30 years: steady increase from 7.2 deaths per 100,000 live births (in 1987) to 17.2 deaths per 100,000 live births (in 2015)
2. Racial/ethnic disparities exist in pregnancy-related mortality: approximately 42.8 per 100,000 black non-Hispanic women die of pregnancy-related outcomes, compared to 13 per 100,000 white non-Hispanic women. That is almost three times higher mortality rate for black non-Hispanic versus white non-Hispanic women. American Indian/Alaskan Native non-Hispanic women had a mortality rate which was second highest at 32.5 per 100,000 women.

continued on page 2

**HEALTH POLICY** (continued from page 1)

- Cardiovascular conditions are responsible for more than 33% of pregnancy-related deaths including cardiomyopathy, other cardiovascular conditions, and cerebrovascular accidents. Other leading causes of pregnancy-related death include non-cardiovascular medical conditions (14.3%), infection (12.5%), and obstetric hemorrhage (11.2%).
- Almost 60% of pregnancy-related deaths were thought to be preventable: Of the 232 pregnancy-related deaths assessed for determination of preventability, 139 were deemed preventable.

Access to Medical Care Before, During, and Beyond Maternity

A recent evaluation of short-term insurance products marketed in 45 states found that only 57% of plans covered Mental Health services, 38% covered Substance Abuse Treatment services, and 21% covered outpatient prescription medications. However, none of the plans covered maternity care.

Across the nation, Medicaid programs provide coverage for women to 60 days post-partum. States with expanded Medicaid coverage have noted expanded the number of days covered, however a large variability remains in Medicaid coverage for post-partum mothers.

Pre-existing Conditions and Women's Health

Cuts on protections for pre-existing conditions may adversely affect women's health status. The Affordable Care Act provided protection to women with preexisting conditions. The current climate in which individual's right to access to insurance regardless of their health status is at risk, concerns about adverse effects on women's health status have risen considerably.² For example a diagnosis of pre-eclampsia or gestational diabetes may restrict options for a patient to a higher tier

coverage plan. Ironically, with access to care a patient may be able to moderate her risk factors and decrease her risk of future chronic diseases. In restricting coverage for pre-existing conditions, policies create barrier to care and only increase the risk of future chronic disease burden.

Title X Program

Title X Program may adversely affect women's health status. Women receive routine primary care and behavioral health services at women's health centers. The Title X program restricts funding for women's health centers offering family planning services and counseling. It has been widely cited that cuts in funding may adversely affect women's healthcare delivery, including access to care such as time to appointment for routine exams and cancer screenings.²

Family Medical Leave

The United States remains the only country in the developed world that does not guarantee paid family medical leave. There is momentum to make paid family medical leave a reality—82% of voters are in favor of maternity leave while 69% are in favor of paternity leave.⁶ There is a distinction between paid family medical leave in comparison to maternity/paternity leave. Family medical leave allows family members to take partial paid time to care for a family member—parent, sibling, child, spouse, etc. Caregiver burden is a known risk factor for stress, worsening chronic illnesses in caregiver, and overall financial instability. Given that women tend to be the primary caregivers, paid family leave may significantly mitigate stress from care giving, thus decreasing morbidity among female caregivers.

Looking Towards the 2020 Presidential Elections

Women's health and maternal mortality are important topics for 2020 presidential candidates.

Many candidates have a structural program or legislative plan to tackle of U.S. maternal mortality rates cited by publications such as Health Affairs Blog.¹ While it is exciting to have presidential candidates address maternal mortality, I hope that their respective plans go beyond the access to maternal health and addressing cognitive bias for physicians. Women's health encompasses services beyond the pregnant state—it includes childhood—obesity, cardiovascular disease, access to good nutrition, and preventive care. It includes young adulthood—vaccination against preventable diseases, access to an OB/GYN, family planning, equal pay, and access to childcare. And, it certainly continues into adult and senior years—access to behavioral health, good continuous preventive care, equal pay, family medical leave protections, and workforce equality. Protection from emotional and physical stressors such as harassment, assault, and poverty, at all ages must be embedded into any women's health plan being considered as “comprehensive.” If we hope to address U.S. maternal mortality rates and work towards a healthier future for U.S. women, we *must* seek a plan that allows comprehensive access to care—from childhood to adulthood to senior years.

References

- Peahl, A, Kozhimannil KB, Admon LK. Addressing the US maternal health crisis: Policies of 2020 presidential candidates. *Health Affairs Blog*. <https://www.healthaffairs.org/doi/10.1377/hblog20190625.583781/full>. Published June 26, 2019. Accessed November 15, 2019.
- Gunja M, Tikkanen R, Seervai, S, et al. What is the status of women's health and health care in the U.S. compared to ten

continued on page 3

**HEALTH POLICY** (continued from page 2)

- other countries? *Commonwealth Fund*. <https://doi.org/10.26099/wy8a-7w13>. Published December 19, 2018. Accessed November 15, 2019.
3. Kirzinger A, Muñana C, Wu B, et al. Date note: Americans' challenges with health care costs. *Kaiser Family Fdn*. <https://www.kff.org/health-costs/issue-brief/data-note-americans-challenges-health-care-costs> Published June 11, 2019. Accessed November 15, 2019.
 4. Centers for Disease Control and Prevention. Pregnancy mortality surveillance system. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>. Published June 4, 2019. Accessed November 15, 2019.
 5. Kaiser Family Foundation. Analysis: Most short-term health plans don't cover drug treatment or prescription drugs, and none cover maternity care. <https://www.kff.org/health-reform/press-release/analysis-most-short-term-health-plans-dont-cover-drug-treatment-or-prescription-drugs-and-none-cover-maternity-care>. Published April 23, 2018. Accessed November 15, 2019.
 6. Vesoulis A. Paid family leave has stalled in Congress for years. Here's why that's changing. *Time Magazine*. <https://time.com/5562960/paid-family-leave-congress>. Published May 4, 2019. Accessed November 15, 2019.