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TO: Chair Rogers and members of the House Health Policy Committee

FROM: Carrie Bell, MD carriebe@med.umich.edu or 734-763-6295

RE: HB 5167 and 5168

As a Clinician and Clinical Associate Professor at Michigan Medicine, I write to express my strong support for the HB 5167 and 5168. This is vital legislation to increase care access, care equity and the quality of care for all pregnant and postpartum mothers/people, not just the "high risk" pregnancies.

With the necessity to change our practices during the pandemic, we know how we can incorporate telemedicine as a key strategy for improving prenatal care access for all birthing people. Our work at Michigan Medicine and across the state shows telemedicine can make care accessible, particularly in populations historically marginalized by race/racism, those living on low income, those with transportation issues, and people facing barriers to care. For telemedicine to be effective, meaningful, and safe, birthing people need a blood pressure monitor.

While worldwide maternal mortality is decreasing, in the United States of America, maternal mortality increased from 20.1 per 100,000 in 2019 to 32.9/100,000 live births in 2021. We are the only first world country with rising maternal mortality rates. Hypertensive disorders of pregnancy are among the leading causes of maternal mortality of pregnant and postpartum people and are the #1 killer of Black birthing people. Importantly, before maternal mortality, there are increased risks to the pregnant person and the baby. Mothers/birthing people have an increased risk of seizure, kidney, and liver damage. The placenta can separate from the uterus interrupting blood flow to the baby. Babies have an increased risk of poor growth, low fluid, and admission to the neonatal intensive care unit. Blood pressure monitoring is the method by which these disorders are identified. The CDC reported in 2022 that hypertensive disorders of pregnancy have increased from 13% in 2017 to 16% in 2019. Other studies reveal a rate over 20%These conditions are common affecting 1 in 7 hospital admissions, are detectable, and can be deadly. Dr. Alex Peahl's work, locally at U of M and through a national listening tour of >110 leaders and advocates from 25 organizations, revealed that disparities in telemedicine uptake are largely driven by blood pressure monitor affordability and access.

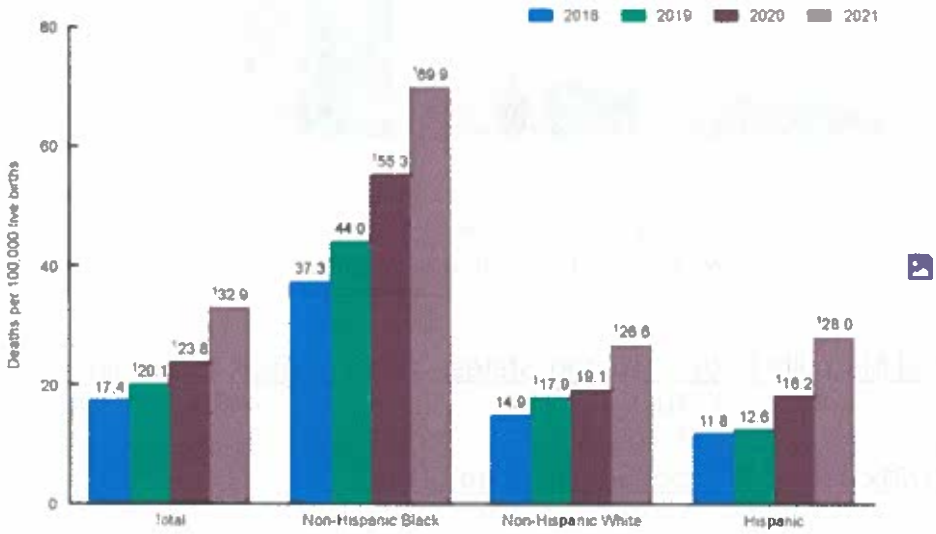
Providing all pregnant and postpartum patients with a blood pressure cuff is the best next step. At U-M, we have a process to assist patients in getting a blood pressure monitor and to ensure when patients use a home monitor that it fits well and gives an accurate measurement. The pregnant person is trained how to take the blood pressure at home and how to contact our office with abnormal results. Unfortunately, many of our patients have had to pay out of pocket for their monitors, an expense that is not always attainable for our patients living on low incomes with both Medicaid and Commercial insurance. So how would having a cuff at home and knowing how to use it at home look for a doctor and a pregnant or postpartum person. Here is an example. I receive a portal message from a person in my care at 38 weeks gestation. She has a headache however she gets headaches weekly. She is not sure if this is different. She lives about an hour away in Ferndale and has 3 other children. She denies pain under the right ribs and changes in her vision. She checks her blood pressure, and it is 120/70, normal. The baby is moving well, she is not bleeding or leaking fluid. She is not contracting. She will try a few things over the next hour and repeat her blood pressure. If it is the same and she is feeling better, she may continue to be at home. If her blood pressure if above 140/90 and/or she is feeling worse, she needs to be seen either at the closest ED or to come to Ann Arbor. She has the power to gather more information about her health at home. If her blood pressure is high, she knows she needs to be seen. For some people, the cost of a cuff is not a barrier. For others, it is just one more thing on the list of important things. Hypertension in pregnancy and in life can be silent and deadly. Providing anticipatory guidance, educating people on how to use a cuff and what values are abnormal, is an important element in prenatal and post-partum care. Lastly, pregnancy is a window into our future health. People with hypertensive disorders of pregnancy have a 50% chance of having hypertension as an adult. Heart disease is the number one killer of women, 100,000 deaths per year more than cancer. This investment during pregnancy, will provide data long beyond pregnancy where outpatient blood pressure monitoring is standard of care.

Thank you again for allowing me to speak and for your consideration on this commonsense legislation.

Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023.
DOI: https://dx.doi.org/10.15620/cdc:124678.

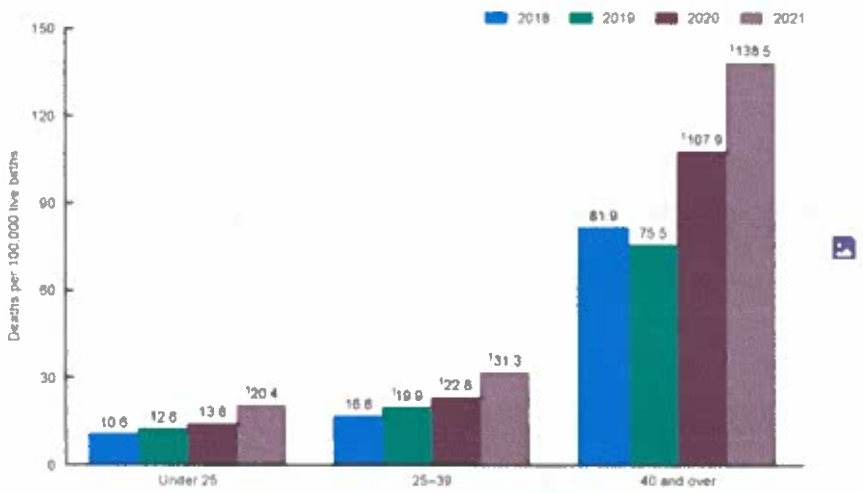
Figures

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021



[1]Statistically significant increase from previous year ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Figure 2. Maternal mortality rates, by age group: United States, 2018–2021



†Statistically significant increase from previous year ($p < 0.05$).
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Provisional Mortality Data — United States, 2022 | MMWR (cdc.gov)
Ahmad FB, Cisewski JA, Xu J, Anderson RN. Provisional Mortality Data — United States, 2022. MMWR Morb Mortal Wkly Rep 2023; 72:488–492.
DOI: http://dx.doi.org/10.15585/mmwr.mm7218a3.

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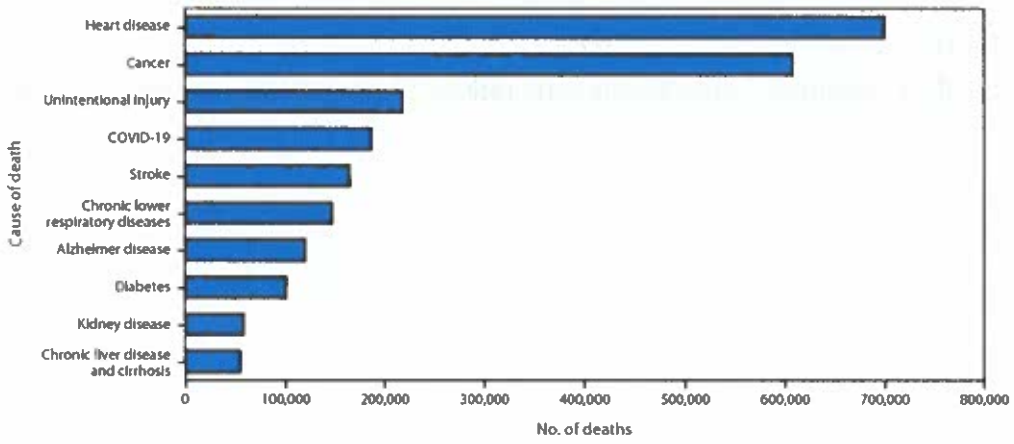
FIGURE 2. Leading underlying causes of death*,†— National Vital Statistics System, United States, 2022



* Data are provisional; National Vital Statistics System provisional data are incomplete, and data from December are less complete because of reporting lags. Deaths that occurred in the United States among residents of U.S. territories and foreign countries were excluded.

Sincerely,

Carrie Bell, MD
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Women's Health Fellowship Director