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Testimony Before the District of Columbia Council
Committee on Health
March 29, 2021

Public Hearing:

Bill 24-0026, the "Maternal Health Resources and Access Act of 2021"

and

Bill 24-0065, the "Interagency Council on Behavioral Health Establishment Amendment Act of 2021"

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Introduction

Good morning, Chairperson Gray and members of the Committee. My name is Sharra E. Greer. I am the Policy Director of Children's Law Center[1] and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health, and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods—more than 5,000 children and families each year.

I appreciate this opportunity to testify regarding two important bills currently before the Council: B24-0026, the "Maternal Health Resources and Access Act of 2021," and B24-0065, the "Interagency Council on Behavioral Health Establishment Act of 2021," both of which have the potential to significantly impact the families we serve and their communities. The Maternal Health Resources and Access Act of 2021 seeks to increase access to necessary health care before, during, and after pregnancy for women who live east of the Anacostia River – a population that has consistently struggled to obtain vital prenatal care and birthing support, to the detriment of their health and the health of their families. Addressing this need is a critical step towards ensuring that all DC children have the chance to be born healthy and to have healthy mothers who can help them thrive. The Interagency Council on Behavioral Health Establishment Act of 2021 seeks to increase access to high-quality behavioral health services for DC residents

by establishing an interagency cabinet-level body responsible for improving DC's behavioral healthcare system. Both of these bills will increase and improve access to health care for DC's most vulnerable children and families, and we strongly support their passage.

DC Reports Some of the Worst Maternal Health Outcomes in the United States, Particularly for Black Women

As of 2019, the maternal mortality rate in DC was approximately 36 per 100,000 live births,[2] compared to the national rate of approximately 30.[3] The rate for Black women in DC is nearly double—71 per 100,000 live births (compared with the national rate of approximately 64),[4] one of the worst rates in the United States.[5] According to the DC Perinatal Health and Infant Mortality Report, about half of Black women do not receive prenatal care until their second or third trimester, if at all.[6] Further, women on Medicaid often do not receive the recommended number of prenatal and postpartum medical visits.[7] DC is experiencing and has been experiencing a maternal health crisis.

The gap in access to safe and quality maternal care is exacerbated in Wards 7 and 8. Wards 7 and 8 have the highest rates of women delaying prenatal care until the second or third trimester.[8] These Wards also have the highest rates of women receiving no prenatal care.[9] One factor leading to these statistics is the fact that there are currently no birthing centers serving Wards 7 and 8 since the closing of the obstetrics unit at United Medical Center in 2017. That is, some of DC's most vulnerable populations have nowhere in their community to safely give birth and to receive prenatal and postpartum

care. Women are forced to travel across the City and into Maryland to receive services, which is expensive and creates a significant barrier to care.

The Maternal Health Resources and Access Act of 2021 Can Improve Access to Safe and Quality Maternal Health Care

The Maternal Health Resources and Access Act of 2021 will support some of DC's most vulnerable populations and provide women with access to the requisite medical care and support throughout their pregnancy. In turn, this will help ensure the safe births of children. First, the bill requires a study of the feasibility of establishing a birthing center east of the Anacostia River.[10] This study would help to find a potential location of a facility in Wards 7 or 8. A maternity care center east of the Anacostia River would help close the prenatal care gap, particularly for Black women. Second, the bill establishes a pilot program for Medicaid reimbursement of doula services.[11] Doulas provide emotional and physical support throughout a woman's pregnancy and also postpartum. This support spans from accompanying individuals to medical appointments to connecting individuals to government-funded resources. As women of color are disproportionately affected by adverse birth outcomes, doula support is often utilized among these communities to ensure that their rights are being respected and their desires are being heard by medical personnel.[12] The cost of doula services should not be a barrier to low-income women living in the District. Third, the bill provides transportation subsidies to maternal health appointments for Medicaid and

DC Healthcare Alliance enrollees.[13] Transportation to and from medical appointments also should not be a barrier to low-income women who are pregnant.

Without healthy mothers, we cannot have healthy families or communities. This legislation increases the possibility that every child in the District can be part of a family with a healthy mother who receives the necessary medical care and emotional support throughout and after pregnancy. We urge the Committee and the Council to ensure its passage.

DC's Behavioral Health System Does Not Meet the Needs of Children and Families

With the pandemic continuing to drive ever-increasing behavioral health needs among children, the inadequacies of DC's behavioral health system for children and families are more apparent than ever. Our system lacks both breadth and depth – it does not include the full spectrum of services our children and families need, and for the services we do have, the capacity is insufficient to meet the need.

At Children's Law Center, we see the impact of this broken system on our clients firsthand. Many of our clients struggled to access behavioral health services over the past year – from basic intakes, to individual and family therapy sessions, to medication management appointments, to intensive outpatient mental health services. More often than not, the problem was a lack of providers – either the service needed was unavailable, or the waitlist for an appropriate provider was prohibitively long. Further,

high turnover among behavioral health providers negatively impacted our clients' ability to maintain consistent services.

Interagency Coordination Enables Systemic Improvements and Increased Accountability

Public behavioral health services for children and families in the District are delivered through a variety of programs and services that are spread across multiple agencies, including: the Child & Family Services Agency (CFSA), Department of Behavioral Health (DBH), Department of Health (DC Health), Department of Health Care Finance (DHCF), Department of Youth Rehabilitation Services (DYRS), DC Public Schools (DCPS), and Office of the State Superintendent of Education (OSSE). Each agency listed here plays a critical role in providing necessary services to children and families, but this fragmentation of DC's behavioral health care system often makes it extremely challenging for families to access these services. It also makes it more difficult for policymakers to identify solutions for the challenges families face in trying to obtain behavioral health services.

The interagency body proposed by the Interagency Council on Behavioral Health Establishment Act of 2021 seeks to address this fragmentation by bringing together DC agency leaders, service providers, community-based organizations (CBOs), and patients to identify and implement systemic improvements to DC's behavioral health care system.[14] While DBH leads the charge to develop, manage, and oversee DC's public behavioral health system, the responsibility for ensuring that timely, appropriate, high-

quality services are delivered to all children and families who need them extends beyond just DBH, which is why coordinated leadership from all relevant agencies – especially those within our justice and education systems – is crucial.

It will take the united efforts of the government and the community to build a system that adequately meets the need for behavioral health services for our children, youth, and families. We, along with many of our community partners, supported the predecessor of this bill, the "Interagency Council on Behavioral Health Establishment Act of 2019," introduced in Council Period 23.[15] The need for high-level coordination regarding DC's behavioral health care system has only intensified over the past two years. We strongly urge this Committee and the Council to pass this bill.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

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[1] Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With more than 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

[2] United Health Foundation, *Maternal Mortality* (2019), *retrieved from:* https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/DC?edition-year=2019.

[3] *Id.*

[4] Fadulu, Lola, *At D.C. Maternal Health Summit, Focus On Coronavirus Impact*, Washington Post, (Sept. 15, 2020), *available at:* https://www.washingtonpost.com/local/dc-politics/at-dc-maternal-health-summit-focus-on-coronavirus-impact/2020/09/15/013f641e-f6c3-11ea-a275-1a2c2d36e1f1_story.html.

[5] Of the reported data, the District ranks in the top ten jurisdictions with the highest maternal mortality rates for Black women. United Health Foundation, *Maternal Mortality – Black by State* (2019), *retrieved from:* https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/population/maternal_mortality_a_black/state/DC?edition-year=2019.

[6] DC Health, *Perinatal Health And Infant Mortality Report* (May 2018), 25, *retrieved from:* https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/Perinatal%20Health%20Report%202018_FINAL.pdf.

[7] American University, *Maternal Health Outcomes In DC: Why Are Black Women Dying From Pregnancy-Related Complications In Wards 7 & 8?* (April 26, 2020), *retrieved from:* https://www.american.edu/spa/metro-policy/upload/maternal-mortality-in-dc-poster-spr-2020.pdf.
[8] *Id.*
[9] *Id.*
[10] Bill 24-0026, *Maternal Health Resources and Access Act of 2021*, 4–5.
[11] *Id.* at 3–4.
[12] Ryan, Rachel & Lip, Sarah (March 1, 2021), *What Is A Doula? And Other Answers To Common Questions*, Washington Post, *available at:* https://www.washingtonpost.com/graphics/2021/the-lily/what-is-a-doula/.
[13] Bill 24-0026, *Maternal Health Resources and Access Act of 2021*, 5.
[14] Bill 24-0065, *Interagency Council on Behavioral Health Establishment Amendment Act of 2021*, 2–5.
[15] Michael Villafranca, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health (June 13, 2019), *available at:* https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/CLC%20Testimony%20--%20Interagency%20Council%20on%20Behavioral%20Health%20Establishment%20Amendment%20Act.pdf.