Mike Bloomberg’s Maternal Health Policy

Women’s health is under attack. The Trump administration is united on very few goals but, unfortunately, one of them is restricting women’s access to reproductive and sexual health services. On Jan. 23, 2017, in one of President Trump’s first actions as president, Donald Trump reinstated and expanded what is known as the “Mexico City Policy,” which requires foreign nongovernmental organizations that receive U.S. aid to certify that they will not perform or promote abortion. This signaled to women everywhere his intention to undermine, in every way possible, women’s right to choose. Since then, Trump has named more than 40 judges to federal appeals courts – which often decide matters of government policy. These judges, along with the two new conservative justices on the Supreme Court, could put long-lasting limits on women’s access to health care.

In addition to limiting the availability of abortion, the Trump administration has restricted access to health insurance and preventive health services. (Many of these actions remain tied up in the courts.) The administration has attempted to roll back the ACA requirement that insurers cover contraceptives, banned organizations that receive Title X funding from performing abortions or referrals with patients and allowed states to limit Medicaid coverage, hurting the most vulnerable. Under Trump, several states have passed “heartbeat” bills which ban women from having abortions as early as six weeks into pregnancy.

Meanwhile, women’s health in the U.S. is declining. Although the uninsured rate is climbing across the population, the greatest increases have been among women, people living in households with annual incomes under $48,000 per year, and young adults under 35. 41% of women over 20 are now obese. And in the past 20 years, severe maternal complications have more than doubled and the U.S. maternal mortality rate has risen to the highest among affluent countries. Unfortunately, the data on maternal mortality are not as clear as they should be. Estimates of the maternal mortality rate range from 17.2 deaths for every 100,000 live births (from the Centers for Disease Control and Prevention) to 31.9 deaths per 100,000 births (the Institute for Health Metrics and Evaluation). Meanwhile, as the American College of Obstetricians and Gynecologists acknowledges, racial bias among health care providers’ – both implicit and explicit – contributes to the disproportionately high maternal mortality rate among women of color. This is why Mike Bloomberg has made women’s health a priority issue of his presidential campaign.

1. **Protect reproductive rights.**

   Mike promises to expand access to reproductive health services by working with Congress to codify *Roe v. Wade* and repeal the Hyde Amendment, which bars federal funding for abortion except to save a woman’s life, or if the pregnancy arises from rape or incest. He would also abolish the domestic and

---

1 White House, [President Donald J. Trump Is Appointing a Historic Number of Federal Judges to Uphold Our Constitution as Written](https://www.whitehouse.gov), November 2019
2 Gallup, [U.S. Uninsured Rate Rises to Four-Year High](https://www.gallup.com/poll/210410/uninsured-rate-rises-four-year-high.aspx), January 2019
4 ProPublica, [Severe Complications for Women During Childbirth Are Skyrocketing](https://www.propublica.org/article/severe-complications-for-women-during-childbirth-are-skyrocketing), December 2017
6 Institute for Health Metrics and Evaluation, [Health-Related SDGs](https://www.healthdata.org/health-related-sustainable-development-goals), 2019
global gag rules the Trump administration has applied to organizations that receive funding for family planning.

- **Mike will abolish the Trump administration’s domestic and global gag rules that apply to organizations that receive funding for family planning.** And he won’t stop there. Mike will oppose states’ bans on private insurance coverage of abortion, which 11 states have passed. He will oppose unnecessarily restrictive and often frivolous regulations on reproductive health clinics and doctors that limit women’s access to safe abortions.

2. **Support pregnant women by funding additional services and programs.**

Mike’s administration would standardize maternal mortality data collection, centralizing it at the CDC, and use this data to inform and improve standards of health care. He would also increase funding to HRSA’s Maternal, Infant, and Early Childhood Home Visiting program to cover more programs like the Nurse-Family Partnership. The Nurse-Family Partnership, which originated in New York, is a demonstrably successful program that matches low-income first-time families with a nurse who visits the family at home during pregnancy and the first couple years of parenthood. Launched in New York in 2003, the NYC Nurse-Family Partnership has expanded to become the largest urban site in the nation, serving all five boroughs in New York City. Mike would build on the successful model, better integrating the program into Medicaid to increase participation and improve outcomes.

- **Mike will address OB/GYN shortages.** To address OB/GYN shortages, Mike would encourage states to allow nurse practitioners, physician assistants and other medical professionals to perform all treatments they are trained to perform.

3. **End racial disparities in maternal health outcomes.**

Significant disparities exist in pregnancy and birth outcomes across race and ethnicity. Evidence shows that more racial diversity among physicians can help improve outcomes for patients of color. To increase diversity among physicians, Mike would expand the National Health Service Corps, which offers loan repayment and scholarship opportunities for doctors who practice in high-need areas, to also include funding for medical students from minority communities. He would also include recruitment and tuition reimbursement for medical students from minority communities and, at the same time, boost funding for medical schools at historically black colleges and universities.

- **Establish programs to help clinicians identify high-risk pregnancies, and require doctors to have training in understanding and countering implicit bias in medical care.**

---

8 Nurse Family Partnership, **Medicaid and Health Care Integration**
9 Doximity, **2019 OB-GYN Workforce Study**, September 2019