

# Comment Report

SSB 1042

A bill for an act relating to specialty areas, service commitment area distance requirements, and practice-related requirements under the rural Iowa primary care loan repayment program.(See SF 129.)

Subcommittee Members: Cournoyer-CH, Quirmbach, Taylor, J.

Date: 01/20/2021

Time: 10:00 AM

Location: RM 24A

**Name:** Mary Nelle Trefz

**Comment:** Common Good Iowa is registered in support of SSB 1042. This bill creates an important opportunity to enhance Iowas obstetric workforce and it comes at a critical time. We know there is an uneven distribution of obstetric services in Iowa and limited access to culturally responsive care. Significant racial and ethnic disparities in maternal outcomes exist in Iowa. Black mothers in Iowa have a pregnancyrelated maternal mortality over 6 times higher than their White counterparts. Broadening the workforce that is able to provide care, particularly to areas and populations that are underserved and underrepresented, can help improve obstetric care and maternal health outcomes. Reducing these disparities will require a multifaceted approach, but Iowa can take an important step by prioritizing providers of color. One recent study of hospital births in Florida found that there were significant improvements in mortality for Black newborns who were cared for by Black physicians, pointing to the importance of culturally competent care. This strategy is also supported by the American College of Obstetricians and Gynecologists calling for support and assistance in, the recruitment of ObGyns and other health care providers from racial and ethnic minorities. To that end, I would ask the subcommittee to consider adding language that would encourage recruiting and retaining Obgyn providers of color. Thank you for your consideration.

Common Good Iowa is registered in support of SSB 1042.

This bill creates an important opportunity to enhance Iowa's obstetric workforce and it comes at a critical time. We know there is an uneven distribution of obstetric services in Iowa and limited access to culturally responsive care. Significant racial and ethnic disparities in maternal outcomes exist in Iowa. Black mothers in Iowa have a pregnancy-related maternal mortality over 6 times higher than their White counterparts.<sup>1</sup> Broadening the workforce that is able to provide care, particularly to areas and populations that are underserved and under-represented, can help improve obstetric care and maternal health outcomes.

Reducing these disparities will require a multifaceted approach, but Iowa can take an important step by prioritizing providers of color. One [recent study](#) of hospital births in Florida found that there were significant improvements in mortality for Black newborns who were cared for by Black physicians, pointing to the importance of culturally competent care. This strategy is also supported by the [American College of Obstetricians and Gynecologists](#)—calling for support and assistance in, “the recruitment of ObGyns and other health care providers from racial and ethnic minorities.”

To that end, I would ask the sub-committee to consider adding language that would encourage recruiting and retaining Ob-gyn providers of color.

Thank you for your consideration.

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<sup>1</sup> <https://idph.iowa.gov/Portals/1/userfiles/38/Final%202020%20MMRC%20report.pdf> and [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal\\_mortality\\_b/state/IA](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_b/state/IA)