



The Hospital + Healthsystem  
Association of Pennsylvania

Statement of  
**The Hospital and Healthsystem Association of Pennsylvania**  
for the  
**House Democratic Policy Committee**

April 14, 2026

The Hospital and Healthsystem Association of Pennsylvania (HAP) appreciates the opportunity to offer testimony and provide perspective on behalf of the hospital community on one of the most pressing public health challenges facing our commonwealth: the maternal health crisis.

HAP advocates for more than 235 hospitals and health systems statewide, including nearly every birthing hospital in Pennsylvania. Our members are deeply committed to ensuring that every mother receives safe, equitable, and accessible care before, during, and following pregnancy and delivery. Hospitals are on the front lines of both continuously enhancing the care they provide and partnering with community and support organizations to address the many factors that affect maternal health outcomes.

### **Compelled by Numbers**

In late 2023, data showed a sharp increase in maternal complications and widening disparities in outcomes between Black mothers and white mothers. Over a five-year period, Pennsylvania has seen a 40 percent increase in the rate of severe maternal morbidity (SMM), unexpected outcomes of labor and delivery that result in significant health consequences like kidney failure, blood clots, or heart attacks.

Consider the following:

- The rate of maternal complications increased more than twice as much for Black mothers compared to white mothers from 2016–2022. The SMM rate for Black Pennsylvanians was 2.3 times the rate for white Pennsylvanians.
- Approximately a third of SMM is preventable, while more than 90 percent of pregnancy-related deaths in Pennsylvania were deemed preventable.
- Substance use disorder (SUD) and behavioral health conditions are leading causes of maternal mortality in Pennsylvania, with most preventable deaths occurring later in the postpartum period.



Compelled by these statistics, the HAP Board directed the association to make maternal health a top priority. In January 2025, HAP released a report with recommendations for hospitals and policymakers to improve maternal health equity, quality, and access. These recommendations were developed by a task force of clinical and administrative leaders from our member hospitals who met throughout 2024.

Health disparities are complicated and while there's no one cause or solution, our task force's recommendations take a multi-pronged approach that include hospitals building deliberate frameworks to assess and improve factors that contribute to health disparities and address social risks throughout the course of the pregnancy, labor, and delivery.

## **Hospital-Led Collaboration and Solutions**

Hospitals are not waiting for the crisis to solve itself. They are partnering with each other and their communities to share and grow best strategies and implement actionable steps to improve maternal health outcomes.

Across Pennsylvania, the majority of birthing hospitals participate in the Pennsylvania Perinatal Quality Collaborative (PA PQC). The PA PQC includes an advisory group consisting of many maternal and neonatal stakeholders, which provide input on the program. In 2025, hospitals in this collaborative engaged in sepsis screenings and diagnosis, including adopting standard order sets, improvements to screenings, laboratory results, resources, and referral pathways. In 2026, the collaborative will focus on four areas, with three specifically designed for hospital participation: Discharge transitions; services and transitions for substance use and exposure; and a prenatal and postpartum initiative.

Additionally, the HAP-released report featured actionable recommendations developed by clinical and administrative leaders focused on improving care through a deliberate and data-driven approach. Our hospital members are already implementing programs that provide a roadmap for statewide success. Examples of these initiatives include:

### *Remote Monitoring and Home Visits:*

- Penn Medicine used remote blood pressure monitoring and text message reminders to eliminate 10-day readmissions for hypertension, erasing inequities between Black and white patients in follow-up care.
- Jefferson Einstein Philadelphia Hospital offers free home visiting in partnership with Philadelphia Department of Public Health through a program that has been found to improve maternal health, support infant safety, and reduce racial disparities in rates of postpartum anxiety and depression.



- Main Line Health’s remote blood pressure monitoring program is improving maternal health outcomes by increasing access to care, enabling early intervention for conditions like preeclampsia, and empowering new mothers to manage their health safely from home.

*Integrated, Connected Care:*

- WellSpan Health created a system to directly connect patients who were diagnosed with hypertension during pregnancy with follow-up care, resulting in a 62 percent increase in at-risk patients who followed up with their primary care providers.
- Temple Health created a special team that connects at-risk pregnant patients with cardiology care within about a week of the referral from the emergency department or OB-GYN (down from 2–3 months).
- Geisinger addressed complications in plain community patients transferred from home births by creating an initiative to strengthen relationships with home birth providers and improve transfers.

*Expanding Partnerships and Training:*

- Reading Hospital is improving outcomes for higher-risk deliveries through regular team-based simulation training using realistic models to practice breech deliveries in a controlled setting to improve skills, confidence, and coordination.
- Titusville Area Hospital does not have labor and delivery services and instead partners with its affiliated hospital, Meadville Medical Center, to offer prenatal other OB-GYN service on site. The hospital conducts regular trainings so its emergency department is prepared to safely deliver babies in emergencies.
- Allegheny Health Network, UPMC, and community partners are focused on ending preventable deaths of Black mothers, birthing people, and babies through a program that fosters better communication, information sharing, and community-wide collaboration.

*Diversifying Teams to Address Care Navigation, Behavioral Health, and Social Needs:*

- UPMC established a program integrating doulas into hospital care teams, helping to increase attendance at prenatal and postpartum visits, reduce cesarean deliveries, and boost breastfeeding rates.
- St. Luke’s University Health Network recently launched a program where pregnant patients are assigned an obstetric nurse navigator who helps them access and navigate care and resources during and after pregnancy.



- Lehigh Valley Health Network, part of Jefferson Health, created a program that integrates mental health care directly into its OB-GYN practices, making it easier and more seamless for patients to access.
- Penn Highlands Healthcare assigns a special coordinator to help pregnant/postpartum patients with SUD navigate maternal care, SUD treatment, and community resources.
- Main Line Health utilizes community health workers to build trusting relationships with patients and community members to navigate non-clinical barriers like food and housing insecurity, which are often the root causes of poor health outcomes.

### **Barriers to Access**

While our hospitals continue to pursue continuous improvements and innovation, they are doing so despite workforce shortages, complex and outdated regulatory requirements, worsening finances, and a stifling medical liability climate.

Since 2005, 49 Pennsylvania birthing hospitals have closed or ended labor and delivery services, 22 of which were in rural communities. Almost 48 percent of women in rural Pennsylvania live more than 30 minutes from a birthing hospital, 16 counties have reduced access to maternal care while six are considered "maternal care deserts."

When labor and delivery units close, these are typically "last resort" decisions and are often the result of an unsustainable environment in which Medicaid payments do not cover the cost of care, specialized clinicians are in short supply, and declining population and birth rates make maintaining services challenging.

Furthermore, Pennsylvania's medical liability climate—exacerbated by the 2022 venue rule change—makes practicing obstetrics in this state exceptionally risky and costly. Liability insurance carriers are leaving the market, making it harder to recruit the very OB-GYNs needed to close the gap in care deserts.

### **Legislative Recommendations**

We cannot solve a crisis of this magnitude through hospital action alone. Hospitals call for community collaboration to provide broad supports for mothers and babies, and partnership with the General Assembly to enact policies that reflect the reality of modern care. HAP urges members of this committee to support the following:



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1. Funding that accounts for the cost of care delivery: Align Medicaid payments with the actual cost of providing maternal care to prevent further labor and delivery unit and hospital closures.
2. Insurance coverage reflective of modern treatment options: Require insurance coverage (House Bill 1088) and Medicaid reimbursement (House Bill 1234) for remote patient monitoring tools and expand home visiting programs.
3. Investments in workforce that match the need: Incentivize the recruitment of non-clinical providers, like doulas and community health workers; expand the use of J1 visas to recruit international medical professionals to underserved areas; and pass legislation (Senate Bill 507) to modernize midwife licensure.
4. Liability reforms to attract and retain high-risk specialties: Address the medical liability climate to ensure Pennsylvania remains an attractive location for obstetricians to establish and grow their practice.

## Conclusion

It is clear that there is a path forward for hospitals, together with community partners, the administration, and the General Assembly to position Pennsylvania as the national leader in maternal care and health equity.

Thank you for your time and your commitment to Pennsylvania's families and HAP is available to serve as a resource to this committee and to all members of the General Assembly interested in learning more about the intentional improvements hospitals, and HAP, are taking to strengthen care and increase support for mothers and babies.

Respectfully submitted,

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HAP