



August 20, 2021

The Honorable Lorena Gonzalez
Chair, Assembly Appropriations Committee
State Capitol, Room 2114
Sacramento, CA 95814

Re: SB 65 (Skinner) – Omnibus – Support

Dear Assemblymember Gonzalez:

On behalf of In Our Own Voice: National Black Women's Reproductive Justice Agenda we're writing in support of SB 65 (Skinner) which would re-imagine maternal health in order to improve perinatal outcomes, close racial disparities in maternal and infant mortality and morbidity, and improve data collection and research on socioeconomic factors that contribute to negative birth outcomes. Although we have had several elements of SB 65 included in the California Budget, there is still important work to do.

In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national/state partnership designed to amplify and lift up the voices of Black women leaders at the national and state levels in our ongoing fight to secure Reproductive Justice for all women, femmes, girls and gender-expansive people. Our organization partners with eight Black women's Reproductive Justice organizations – Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, SisterReach, SPARK Reproductive Justice NOW!, the Afiya Center, and Women With a Vision – to educate and mobilize Black women, femmes, girls, and gender-expansive people on issues such as abortion access, contraceptive equity and comprehensive sexuality education.

Although California has reduced the rates of maternal mortality over the past 30 years, mortality and morbidity for Black and Indigenous/Native American pregnant people, women, and infants remain considerably higher than the state's average. Research points to structural racism, as well as socioeconomic factors contributing to the racial and geographic disparities seen in birthing outcomes of people of color.

Between 2011 and 2013, the ratio of death for Black women was 26.4 per 100,000, almost 3.8 times higher than that for white women. Meanwhile, California's infant mortality rate is 4.2 per 1000 live births, lower than the national average of 5.7. However, a closer look at the numbers demonstrates sharp racial disparities. Indigenous/Native American infants in California die at a rate of 11.7 per 1000 live births, followed by Black infants who die at a rate of 8.7 per 1000 live births. Higher numbers of Black, Asian and Pacific Islander pregnant and postpartum people report unfair treatment, harsh language, and rough handling during their labor/delivery hospital stay, as compared to white pregnant and postpartum people. Higher numbers of pregnant and postpartum people who speak an



Asian Language or Spanish at home also report unfair treatment during their labor/delivery hospital stay, as compared to pregnant and postpartum people who speak primarily English at home.

In addition, California is heading towards a maternal health crisis, with critical shortages in maternity providers predicted by 2025. Currently California has nine counties that do not have a single OBGYN. California only has two nurse midwifery programs in the entire state, and only one direct entry midwifery program, approved by their respective state licensing boards. It is becoming increasingly difficult for these programs to expand the midwifery workforce in California to meet the demand in maternity care deserts and low access areas.

SB 65 will address these issues by:

1. Codifying and expanding the powers and protections for California's Pregnancy-Associated Mortality Review Committee including having the committee investigate maternal mortality and morbidity; racial and socioeconomic disparities; Queer, Trans, and Gender Non-Conforming birthing outcomes; the impact of global warming on pregnancy outcomes; as well as make recommendations on best practices.
2. Updating data collection and protocols for counties participating in the Fetal and Infant Mortality Review Process and requiring counties meeting a specified criteria to participate.
3. Clarifying that pregnant people are exempt from CalWORKs welfare-to-work requirements.
4. Building the midwifery workforce by providing establishing a fund for midwife training programs that prioritize admitting underrepresented groups and those from underserved communities.
5. Establish a stakeholder workgroup to aid in the implementation the new Medi-Cal doula benefit set to start next year.

Because many elements of SB 65 were incorporated into the recently passed California budget, we understand that portions of the bill currently in print will be amended. However, we still need to address the issues mentioned above. For these reasons, we proudly support SB 65 and ask for your "AYE" vote.

Sincerely,

Marcela Howell
President & CEO

In Our Own Voice: National Black Women's Reproductive Justice Agenda