

America's Maternal Mortality Crisis: **Current system** vs. **Medicare for All**

Contributors to maternal mortality	Current health care "system"	Medicare for All
Chronic conditions that increase pregnancy risks	<p>✗ Most maternal deaths are caused by conditions that can be identified and managed with routine preventive care, such as high blood pressure. Because of commercial insurers' cost barriers (deductibles and copays), about half of women with insurance face bills for preventive care, and one in four skip medical care because of costs.</p>	<p>✓ Medicare for All would provide seamless, comprehensive coverage to everybody in the U.S., with zero copays or deductibles. Lifelong health care would empower every American to prevent, identify, and treat the chronic health conditions that increase risk of pregnancy-related complications or death.</p>
Lack of prenatal & postpartum care	<p>✗ Even safety-net plans like Medicaid only start <i>after</i> a person discovers they are pregnant, and in many states end soon after birth, limiting access to critically important prenatal and postpartum care, and further endangering mothers.</p>	<p>✓ Medicare for All would provide coverage for life, including critically important pre-conception, prenatal, and postpartum care, with no copays, deductibles, or surprise bills. Patients would never experience gaps in coverage, ever.</p>
Racial inequities in health services and outcomes	<p>✗ People of color are more likely to be uninsured, face financial barriers to care, and are 2-3 times more likely to receive late or no prenatal care. Racial bias among health providers compounds the stress of racism faced by mothers of color.</p>	<p>✓ Medicare for All would eliminate all cost barriers to preventive, prenatal, and postpartum care, fund research and data collection on racial inequity, and provide training and education for health professionals to combat racial bias.</p>
Few providers in rural and low-income areas	<p>✗ Commercial insurers have done nothing to stop the closure of 100 rural hospitals since 2010, leaving half of rural counties without obstetric care, forcing families to make dangerously long trips for labor and delivery.</p>	<p>✓ Medicare for All would support hospitals in rural and underserved areas by funding them via global operating budgets, similar to the way we fund fire departments. Global budgets are based on community health needs, not profits.</p>
High rates of unintended pregnancies	<p>✗ High costs and insurance hassles mean that a majority of reproductive-age women are not using the most effective or preferred method of birth control. As a result, nearly half of all pregnancies in the U.S. are unintended.</p>	<p>✓ Medicare for All would provide no-cost coverage for all FDA-approved contraceptive methods. Lifelong coverage means that patients could work with their doctors to find the best option for every stage of life.</p>
Lack of choice in provider	<p>✗ Commercial insurers severely restrict patient choice of provider. Frequent insurance "churn" forces patients to change providers — sometimes multiple times a year — preventing them from forming a trusting relationship with a physician.</p>	<p>✓ Medicare for All would give patients free choice of family doctor, OB-GYN, nurse midwife, or other qualified professional that meets their needs. Lifelong coverage means building a trusted relationship between patient and provider.</p>