



February 27, 2025

Senator Hardin, Chair  
Members of the Health and Human Services Committee  
Nebraska Legislature

RE: LB446

Chairman Hardin and Members of the Health and Human Services Committee,

Thank you for allowing me to testify today. My name is Sara Howard, spelled S-A-R-A H-O-W-A-R-D and I am a policy advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. My position at First Five Nebraska is focused on the area of maternal and infant health policy, because we know that healthy moms and babies are critical to ensuring the long-term success of children in our state. I am here to testify in support of LB446.

I view the role of the Legislature as twofold when it comes to public health data. First, to ensure that data is available to researchers, the public health community and policymakers to ensure that needed health interventions reach target populations while maintaining that the data is reported in a way that maintains confidentiality. Second, policymakers should be using good data to guide policy to support the best overall health outcomes for their constituents.

*Ensuring data is available*

To begin, it is the role of policymakers to ensure access to critical data that could tell us about the status of mothers and children in our state. The best example of the Legislature creating clear access to data in the maternal and child health arena began in 1993 when the Legislature created the Nebraska Child Death Review Team. The state had just experienced a year when more than 300 child deaths were recorded, and the Legislature's response was to create a team to analyze why those deaths occurred to create a line of sight between policymakers and data about child mortality in Nebraska.

In 2013, the Unicameral expanded the work of the Child Death Review Team to include a review of maternal mortality to ensure that policymakers have an understanding of the causes of death for new mothers in Nebraska. Most significantly, in 2023 the Legislature granted authority for the Maternal Mortality Review Committee to review incidents of Severe Maternal Morbidity. Severe maternal morbidity (SMM) cases are "near miss" death events at labor and delivery for mothers, and Nebraska is one of the first states to conduct comprehensive reviews of these incidents using aggregated hospital claims data. In July 2024, the Nebraska DHHS Division of Public Health released its first Severe Maternal Morbidity Report that tells us SMM impacts mothers in both rural and urban areas in our state, that disparities exist in SMM rates such as age, race and payer source and that hemorrhage complications are our most frequent SMM encountered in Nebraska.

### *Using data to guide policy*

In recent years, state senators have also used data to create policies that aim to improve maternal and infant health. A great example of when data directed appropriate support includes this past session when the Legislature passed Senator Dungan's LB857 for a Prenatal Plus program. This program is meant to address the high rate of prematurity and adverse birth outcomes among our population of pregnant mothers who receive Medicaid. The data that was used to support the Prenatal Plus program was based on statistics for preterm birth, specifically the rate that in 2021, one in nine Nebraska babies (10.8% of live births) was born preterm, defined as a live birth before 37 weeks gestation. This is a high rate compared to other states, and policymakers were correct in directing an intervention such as the Prenatal Plus Program to reduce this statistic in the hopes that more Nebraska babies are born healthy and at term.

### *How LB446 supports data access for maternal and child health*

LB446 approaches the challenge of access to maternal and child health data in three concrete ways:

1. Allows a statewide quality improvement initiative to access aggregate vital statistics data. This is to allow the Nebraska Perinatal Quality Improvement Collaborative the ability to access data that is important to the success of their work.
2. Creates a clear and expeditious application process for researchers. By placing this provision in statute, it will ensure that researchers in the maternal and child health space can be assured that there is a method for them to access aggregate data that is critical for research and outcomes monitoring for mothers and babies in Nebraska.
3. Calls for Nebraska DHHS to update a dashboard with vital statistics data annually. This dashboard is already in place as of September 2024, however by placing this provision in statute there is an assurance that there will be ongoing access to this important aggregate data and that it will be updated at least once a year.

In conclusion, LB446 supports access to data for maternal and child health improvement collaboratives, researchers and policymakers alike. The Unicameral has a long history of support for mothers and babies, and ensuring full access to critical data is a key component of improving outcomes for this population in Nebraska. I urge the Committee to advance LB446 to General File and thank Senator Guereca for his work on this important issue.

Sincerely,



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Policy Advisor  
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