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HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

House Democratic Policy Committee Hearing

Black Maternal Health and Hospital Accountability

Tuesday, April 14, 2026 | 1:00 p.m.

Rep. LaTasha D. Mayes, Rep. Gina H. Curry, Rep. Morgan Cephas

OPENING REMARKS

1:00 p.m.

Rep. LaTasha D. Mayes, D-Allegheny
Rep. Gina H. Curry, D-Delaware
Rep. Morgan Cephas, D-Philadelphia

PANEL ONE

1:10 p.m.

Mercedes Sheri Wells
Black Maternal Health Advocate

Leon Wells
Black Maternal Health Advocate

Q & A with Legislators

PANEL TWO

1:40 p.m.

Jim Paradis, President of Riddle Hospital
Main Line Health

Q & A with Legislators

PANEL THREE

2:05 p.m.

Arielle Chortanoff, Vice President of State Advocacy
Hospital and Healthsystem Association of Pennsylvania

Rob Shipp, Vice President of Workforce and Clinical Affairs
Hospital and Healthsystem Association of Pennsylvania

Q & A with Legislators

MERCEDES WELLS TESTIMONY

Good afternoon and thank you for the opportunity to speak today.

My name is Mercedes Wells, and this is my husband, Leon Wells.

Like most families, we were excited and ready to meet our little girl on November 16th, 2025. I had a healthy pregnancy. This was my fourth vaginal birth, so I knew the signs of labor. I went to the hospital expecting to safely deliver my baby.

Unexpectedly, the nurse did not believe I was in labor, and the doctor agreed—even though during the entire six hours I was there, the doctor never once came to see me.

During that time, my water had broken, and at one point the nurse even said she could feel the baby's head when she checked me. Yet despite everything my body was telling me—and everything they themselves observed—I was handed discharge papers.

I begged to stay because I knew I was in active labor, but I was still told I had to leave.

Just minutes after leaving the hospital, my labor progressed rapidly. I gave birth to our daughter on the side of the road in my husband's truck. Leon had to turn his body from the driver's seat and assist in delivering our baby without any medical support.

What should have been a safe hospital birth became a frightening and dangerous situation.

The system that should have protected us failed us.

The impact of this experience did not end that night. It affected me, my husband Leon, our daughter Alena, and our entire family. What should have been one of the most joyful moments of our lives became a traumatic memory that we continue to process.

My husband was forced into a life-or-death situation with no preparation, and our newborn daughter entered the world without the medical care that every baby deserves.

What makes this even more concerning is that I delivered my two-year-old at the very same hospital system and had a completely different experience. That contrast speaks to a deeper issue—one of inconsistent care, lack of quality oversight, and lack of accountability within hospital systems. No mother's safety should depend on which staff member happens to be on shift that day.

I am here today not only as an advocate, but as a woman whose childbirth experience reflects the very disparities we are here to address.

My story is not just about one hospital or one moment. It represents a larger issue that many Black women across this country face: not being believed, not being heard, and not receiving timely care when we know something is wrong with our bodies before, during, and after labor.

The Black maternal health crisis in this country is real. Black women are significantly more likely to experience severe complications or die from pregnancy-related causes. Behind those statistics are real families and real stories like mine.

Our story has sparked conversations across the country about the disproportionate disparities affecting Black mothers and babies. It has helped bring attention to the reality that in communities across this nation, mothers and babies are dying from preventable causes.

No mother should have to give birth on the side of the road after seeking care at a hospital.

Since this experience, my husband and I have turned our pain into purpose.

We are working alongside leaders such as Robin Kelly to advocate for the WELLS Act—legislation aimed at improving maternal health outcomes, strengthening accountability in hospitals, and addressing disparities in care.

Here in Pennsylvania, we are also working with La'Tasha D. Mayes to develop a Pennsylvania version of the WELLS Act so that meaningful policy change can happen at the state level as well.

In addition to policy advocacy, my husband and I founded a nonprofit organization called LuvToLove.org.

Through LuvToLove.org, we advocate for Black maternal health, support families navigating pregnancy and postpartum care, and work to educate partners—especially fathers—on how to support mothers before, during, and after childbirth. Leon has taken on the role of helping teach other men how to be prepared advocates for their partners, especially in situations where medical systems fail to listen.

Our organization also works to elevate lived experiences, connect families with resources, and ensure that mothers' voices are centered in conversations about maternal health reform.

But advocacy alone cannot fix this crisis.

We need stronger systems of accountability. Hospitals must be held responsible for ensuring that every patient is listened to, evaluated properly, and treated with dignity and respect.

I am here today because change is needed. Policymakers have the power to ensure that no other family experiences what mine did.

Our daughter survived that night, but many mothers and babies across this country do not.

So the question before us today is simple:

How many more families must experience preventable trauma before real accountability and change happens?

We must create systems that listen to Black women, respect their voices, and ensure safe, equitable maternal care for every family.

Thank You.

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LEON WELLS TESTIMONY

Good afternoon - my name is Leon Wells.

I never imagined that one day I would have to deliver my own daughter in the front seat of my truck on the side of the road.

I'm not a doctor or a nurse—I'm a husband who trusted the medical system to take care of my wife and baby.

When we were turned away from the hospital, I had no choice but to step in and help bring my daughter into this world.

That moment was terrifying, and no father or partner should ever be put in that position.

Today I speak not only as a father, but also as an advocate. Since that day, I have committed myself to helping educate other men and partners on how to support and advocate for their families before, during, and after childbirth—especially in situations where families may not feel heard.

But advocacy alone is not enough. We also need changes within the healthcare system itself.

Healthcare professionals carry an enormous responsibility. Because of that, there should be systems in place to ensure that nurses and physicians are mentally and emotionally prepared before they begin caring for patients.

Something as simple as a brief mental health check before a shift could help identify when someone may need to step away for the day.

There should be reasonable protections that allow healthcare workers to take that time when needed, because having a difficult day should never lead to dangerous care or a lack of care for patients.

We also believe representation matters. There should be greater representation of Black doctors and nurses on labor and delivery floors.

When patients see providers who understand their experiences and communities, it can build trust and improve communication.

We believe that if there had been that level of representation and understanding during our experience, things may have been very different for our family.

Finally, empathy must be at the center of healthcare. Working in medicine requires compassion and the ability to listen to patients.

There should be stronger emphasis on evaluating empathy and patient-centered care throughout medical training and hiring, because caring for people of every background and every color is fundamental to this profession.

Families deserve to know that when they seek care, they will be listened to, respected, and protected.

Thank you.

House Democratic Policy Committee
Black Maternal Health and Hospital Accountability
Tuesday, April 14th, 2026

Testimony of Jim Paradis, President
Riddle Hospital of Main Line Health System

Good afternoon, Chair Bizzarro, Rep Curry, and members of the Policy Committee. Thank you for the opportunity to testify today on the important issue of Black maternal health and hospital accountability. I am honored to speak on behalf of Riddle Hospital, which is part of Main Line Health.

I have been with Main Line Health since 2003. Prior to becoming the President of Riddle Hospital, I had served as President of Paoli Hospital for 12 years and as Vice President of Operations at Bryn Mawr Hospital, which are two other hospitals in the Main Line Health system.

I am honored to share our responsibility and commitment to improving equity in maternal health outcomes.

Maternal mortality and severe maternal morbidity remain among the most urgent health equity challenges facing our healthcare system. Black mothers continue to face significantly higher risks before, during, and after pregnancy, regardless of their income, education, or insurance coverage. These disparities are caused not by individual choices but by longstanding systemic inequities in access, quality, and trust.

Further compounding this issue is the fact that Southeast Pennsylvania has experienced numerous hospital closures. Unfortunately, these closures do not happen in isolation and cause immediate and lasting ripple effects throughout entire communities and surrounding healthcare systems. When a hospital closes, the surrounding community loses not just a hospital and its Emergency Department, but also the physicians and other clinicians who were associated with that hospital. Nearby hospitals and medical practices must absorb displaced patients, often with little notice and no additional resources, which is what is happening at Riddle Hospital due to the collapse of Prospect Health and the closure of their four hospitals in the Crozer System. The largest of these was the Crozer Chester Medical Center, located in the City of Chester in Delaware County, which had 429 beds which is more than one and one-half times the size of Riddle Hospital.

As seen with the closing of Crozer, these closings often disproportionately affect communities of color and lower-income populations, leaving a void in healthcare access for a vulnerable population. Unfortunately, pregnant patients may be forced to travel farther for prenatal visits, labor and delivery, or emergency care. For black mothers, who already face higher rates of maternal morbidity and mortality, these disruptions further compound risk and undermine continuity of care.

For hospitals like Riddle, which act as regional access points for maternal and emergency care, these surrounding closures greatly change patient flow and care needs almost immediately.

However, I am very proud of how the Riddle and Main Line team has handled the increased demand at Riddle while maintaining safe staffing ratios, timely access to specialty care, and consistent quality outcomes.

We had been closely monitoring the challenges at Crozer and recognized that if that system closed, one of the most urgent needs would be access to obstetric and gynecologic care. We have quickly added OB/GYN physicians and resources to meet the increasing demand, including providing support for a significant rise in deliveries.

Before the closure, Main Line Health proactively took steps to prepare for a shift in patient volume. We expanded services, strengthened partnerships, adjusted facility plans, and welcomed both patients and colleagues from the Crozer into our System. Our team united to ensure every patient received exceptional care and has continued working to broaden our reach to meet a vital need for ongoing OB/GYN services in the region, striving to provide patients with a seamless transition in care with our trusted clinicians and care teams. Main Line Health has now welcomed 10 new Women's Health clinicians in obstetrics, gynecology, urogynecology and midwifery to further reinforce our commitment to comprehensive women's care at every stage of life. But even with these significant investments, I do not want to minimize the stress and disruption patients experience, particularly pregnant patients, when their hospital and care team leave and they need to start over with clinicians whom they do not know or trust.

Over the years, Main Line Health has navigated other hospital closures in the region; I was serving as President of Paoli Hospital when the Jennersville and Brandywine Hospitals of the Tower system closed. However, the additional patient volume from Crozer system closure is creating a much more significant financial challenge because so many of the patients are covered by governmental payors. Riddle Hospital and Lankenau Medical Center have experienced a 10% growth in our Medicaid inpatient admissions.

This has contributed to financial instability across our entire health system.

Indeed, Main Line Health continues to face unprecedented financial challenges. Contributing to these challenges are government payor underpayments. Main Line Health is reimbursed 46 cents for every dollar of care we deliver to Medicaid patients and 77 cents for every dollar of care we deliver to Medicare patients. Over the last four fiscal years, these underpayments have resulted in \$895 million in patient care losses for Main Line Health.

Like other hospitals and health systems, these deficits greatly affect funds available for reinvestment in new technologies, staff, information technology and facilities to accommodate patients displaced by hospital closures in our area.

Nevertheless, we are encouraged by efforts that support ongoing access to care in the community, and hospital accountability must then include a broader policy discussion about long-term stability of hospitals, as well as coordination across health systems, government partners, and community stakeholders, not only in our area but throughout Pennsylvania.

These policy considerations will enable hospitals like Riddle and systems like Main Line Health to better protect maternal health and ensure equitable access for patients.

Thus, I call on the General Assembly to keep prioritizing Black maternal health through careful oversight, lasting investment, and policies that hold all of us, including healthcare systems, accountable for results. Lives truly depend on it.

Thank you for your time, your commitment to these issues, and for the opportunity to speak today.

I look forward to your questions.



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,

Arielle Chortanoff
Vice President, State Advocacy
HAP