The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

February 10, 2021

The Honorable Frank Pallone
Chair
House Committee on Energy & Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
House Committee on Energy & Commerce
2322 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone and Ranking Member McMorris Rodgers:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), representing more than 60,000 physicians and partners dedicated to advancing women's health, we write to thank you for the critical proposals included in the Budget Reconciliation Legislative Recommendations Relating to the Medicaid Program, Public Health, Children's Health Insurance Program (CHIP), and Other Provisions and urge its swift advancement through the House Committee on Energy & Commerce. This legislation is imperative to our ongoing response to the COVID-19 pandemic and other related public health crises.

The COVID-19 pandemic, which has cost our nation nearly 470,000 lives, continues to put pressure on our strained health care system. It is also exacerbating existing inequities and disproportionately impacting communities of color. ACOG is deeply concerned that the pandemic will also negatively impact maternal health outcomes, worsening the existing maternal mortality crisis. Additional congressional action is urgently needed.

In particular, ACOG urges swift advancement of the following provisions that advance women's health and the health of their clinicians:

- **Extension of postpartum coverage under Medicaid and CHIP**. The United States is the only industrialized nation where maternal deaths are on the rise. Each year, approximately 700 maternal deaths occur in the U.S.[i] Of these, an estimated 60 percent are preventable, and more than 30 percent occur 1 week to 1 year postpartum.[ii,iii] Stark racial inequities persist; Black women are 3 times more likely and Indigenous women are more than twice as likely to die from pregnancy-related causes than non-Hispanic white women.[iv] Unsafe gaps in health insurance coverage, particularly for those on Medicaid, are contributing to poor maternal health outcomes.[v]

  The COVID-19 pandemic risks exacerbating the maternal health crisis. A recent study from the CDC suggests that pregnant women are at a significantly higher risk for severe outcomes, including death, from COVID-19 than non-pregnant women.[vi]

  Currently, under federal law, individuals with pregnancy-related Medicaid coverage lose their benefits 60 days after the end of pregnancy. A growing body of evidence shows that many maternal deaths, particularly those from preventable causes, occur after pregnancy-related Medicaid coverage ends.[vii] As the largest single payer of maternity care in the U.S., covering over 43 percent of births, Medicaid has a critical role to play in ensuring healthy moms and babies.[viii] Extending Medicaid coverage to 12 months postpartum helps ensure that women have access to comprehensive health care services throughout the critical postpartum period.

409 12th Street, S.W. • Washington, DC 20024-2188 • Tel: 202.638.5577 • **www.acog.org**

This bipartisan policy is an urgent foundational step in our efforts to increase postpartum coverage, and we urge its swift enactment. Once enacted, we look forward to continuing to build on this down payment and work with the Committee on additional legislation to further enhance Medicaid and CHIP coverage for pregnant and postpartum individuals.

- **Acceleration of COVID-19 vaccine access** through additional support for Centers for Disease Control and Prevention (CDC) activities to plan, prepare for, promote, distribute, administer, monitor, and track COVID–19 vaccines; funding to boost vaccine confidence and vaccines and therapeutics supply chains; support for Food and Drug Administration (FDA) COVID-19 vaccines and therapeutics activities; and Medicaid and CHIP coverage of COVID-19 vaccine administration and treatment.

  While data related to COVID-19 vaccines and pregnancy remain limited, ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on priority groups recommended by the Advisory Committee on Immunization Practices (ACIP).[ix] In addition, COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals when they meet criteria for receipt of the vaccine based on prioritization groups outlined by the ACIP.[x] To date, more than 20,000 pregnant individuals have been vaccinated against COVID-19. As vaccination efforts continue, it is critical that CDC has the resources necessary for robust monitoring and tracking to advance our understanding of the vaccines and pregnancy, and to combat vaccine hesitancy. We also support the proposed statutory changes to Section 1902(a)(10)(G)(XVI) that would guarantee coverage of the COVID-19 vaccine for beneficiaries enrolled in a limited-benefit family planning program.

- **Incentivizing Medicaid expansion** in states that have not yet expanded coverage to childless adults up to 138 percent of the federal poverty level (FPL). According to a 2019 study from the Georgetown University Center for Children and Families, the uninsured rate for women of reproductive age is nearly twice as high in states that have not expanded Medicaid compared to those that have expanded Medicaid.[xi] While Medicaid expansion alone will not solve the maternal mortality crisis, states that expanded Medicaid have shown reduced adverse health outcomes before, during and after pregnancies, and lower maternal mortality rates.[xii] Medicaid expansion is a critical tool for reducing uninsurance in the perinatal period.

- **Support for programs to increase access to mental and behavioral health and substance use disorder treatment**, including funding to support the mental and behavioral health of medical professionals. Mental health data show that physicians in the United States face higher incidents of suicide than almost any other profession. The COVID-19 pandemic has added a tremendous level of strain on medical professionals, many of whom are experiencing personal hardships as they care for distressed patients and manage their own health and that of their families. Additional support for programs to reduce stigma and prevent and reduce incidences of suicide, mental health crises, substance use disorders, and overall physician burnout is critical.

- **Support for health programs that improve health outcomes for Indigenous populations**, including 100 percent federal medical assistance percentage (FMAP) for Urban Indian Health Organizations and Native Hawaiian Health Care Systems. According to the CDC, Indigenous persons are disproportionately impacted by the COVID-19 pandemic, with some data indicating a COVID-19 positivity rate that is 3.5 times that of non-Hispanic white persons.[xiii]

409 12th Street, S.W. • Washington, DC 20024-2188 • Tel: 202.638.5577 • **www.acog.org**

ACOG also strongly supports additional resources for:

- **Data modernization and public health workforce enhancement**, which are desperately needed to assist with forecasting and tracking COVID-19 hotspots, and essential to overcoming the pandemic;
- **COVID-19 testing, contact tracing, and mitigation activities**, especially as new strains of COVID-19 emerge;
- **Critical public health programs** that increase access to care and alleviate workforce shortages including Community Health Centers, National Health Service Corps, and Teaching Health Center Graduate Medical Education;
- **Title X Family Planning Program**, the only federal grant program dedicated exclusively to providing low-income and adolescent patients with essential family planning and preventive health services and information; and
- **Addressing the disparate impacts of toxic environmental exposures and the COVID-19 pandemic**, given the potential links identified between exposure to air pollution and COVID-19 severity.[xiv]

As Congress continues its work to provide critical COVID-19 relief, we urge consideration of the following priorities:

- **Increase the FMAP for Medicaid by at least 5.8 percentage points**, establishing a minimum 12 percentage point FMAP increase when combined with the FMAP increase provided in the *Families First Coronavirus Response Act*. Enhancing the FMAP is critical to ensure that the more than 77 million Medicaid beneficiaries nationwide continue to have access to care during the nation's ongoing public health emergency and economic downturn.
- **Additional financial assistance for physicians and physician practices**. Obstetrician-gynecologists are uniquely affected by this public health emergency. Many are still struggling to recover from the reduction in revenue generating activities while continuing to serve on the front lines of the pandemic and deliver care to pregnant patients. Many obstetrician-gynecologists were also unable to take full advantage of the initial HHS Provider Relief funds due to the arbitrary limitations on payer qualifications.
- **Enhanced liability protections for physicians providing health care services during the COVID-19 pandemic**. Every physician practicing medicine during this unprecedented time has had to alter their practice in some way based on guidance and recommendations from federal, state, and local government directives. While necessary, these measures continue to raise serious concerns about the potential liability of physicians and other clinicians who are responding to the pandemic and continue to provide high-quality patient care while adhering to these guidance and recommendations.

Thank you for your commitment to addressing the public health emergency caused by the COVID-19 pandemic and our nation's maternal health crisis. We look forward to continuing to work with you to ensure legislation meets the needs of women and their physicians.

Sincerely,

Maureen G. Phipps, MD, MPH, FACOG
Chief Executive Officer

409 12th Street, S.W. • Washington, DC 20024-2188 • Tel: 202.638.5577 • **www.acog.org**

[i] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429.
[ii] Ibid.
[iii] Building U.S. Capacity to Review and Prevent Maternal Deaths. Report from nine maternal mortality review committees. Washington, DC: Review to Action; 2018. https://reviewtoaction.org/sites/default/files/national-portal-material/Report%20from%20Nine%20MMRCs%20final_0.pdf
[iv] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. DOI: http://dx.doi.org/10.15585/mmwr.mm6835a3
[v] Daw JR, Kozhimannil KB, Admon LK. High Rates of Perinatal Insurance Churn Persist After the ACA. Health Affairs Blog. September 16, 2019. Available at: https://www.healthaffairs.org/do/10.1377/hblog20190913.387157/full/
[vi] Zambrano LD, Ellington S, Strid P, et al. Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1641–1647. DOI: http://dx.doi.org/10.15585/mmwr.mm6944e3
[vii] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429.
[viii] Medicaid and CHIP Payment and Access Commission. Medicaid's role in financing maternity care. January 2020. Available at: https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf
[ix] American College of Obstetricians and Gynecologists. Practice Advisory: Vaccinating Pregnant and Lactating Patients Against COVID-19. December 2020. Available at: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19
[x] Ibid.
[xi] Searing A and Ross DH. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. Georgetown University Center for Children and Families. May 2019. Available at: https://ccf.georgetown.edu/wp-content/uploads/2019/05/Maternal-Health-3a.pdf
[xii] Ibid.
[xiii] Hatcher SM, Agnew-Brune C, Anderson M, et al. COVID-19 Among American Indian and Alaska Native Persons — 23 States, January 31–July 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1166–1169. DOI: http://dx.doi.org/10.15585/mmwr.mm6934e1
[xiv] Brandt EB, Beck AF, Mersha TB. Air pollution, racial disparities, and COVID-19 mortality. J Allergy Clin Immunol. 2020;146(1):61-63. doi:10.1016/j.jaci.2020.04.035

409 12th Street, S.W. • Washington, DC 20024-2188 • Tel: 202.638.5577 • **www.acog.org**