

ONE HUNDRED SEVENTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

March 24, 2022

Dr. Laura E. Riley
Obstetrician and Gynecologist-in-Chief
New York Presbyterian Hospital
525 East 68th Street, M-724
New York, NY 10065

Dear Dr. Riley:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Wednesday, March 2, 2022, at the hearing entitled “Lessons from the Frontline: COVID-19’s Impact on American Health Care.” I appreciate the time and effort you gave as a witness before the Committee on Energy and Commerce.

Pursuant to Rule 3 of the Committee on Energy and Commerce, members are permitted to submit additional questions to the witnesses for their responses, which will be included in the hearing record. Attached are questions directed to you from certain members of the Committee. In preparing your answers to these questions, please address your response to the member who has submitted the questions in the space provided.

To facilitate the printing of the hearing record, please submit your responses to these questions no later than the close of business on Thursday, April 7, 2022. As previously noted, this transmittal letter and your responses, as well as the responses from the other witnesses appearing at the hearing, will all be included in the hearing record. Your written responses should be transmitted by e-mail in the Word document provided to Austin Flack, Junior Professional Staff, at austin.flack@mail.house.gov. To help in maintaining the proper format for hearing records, please use the document provided to complete your responses.

Dr. Laura E. Riley
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Thank you for your prompt attention to this request. If you need additional information or have other questions, please contact Austin Flack with the Committee staff at (202) 225-2927.

Sincerely,

A handwritten signature in blue ink that reads "Frank Pallone, Jr." in a cursive style.

Frank Pallone, Jr.
Chairman

Attachment

cc: The Honorable Cathy McMorris Rodgers
Ranking Member
Committee on Energy and Commerce

The Honorable Diana DeGette
Chair
Subcommittee on Oversight and Investigations

The Honorable H. Morgan Griffith
Ranking Member
Subcommittee on Oversight and Investigations

Attachment—Additional Questions for the Record

**Subcommittee on Oversight and Investigations
Hearing on
“Lessons from the Frontline: COVID-19’s Impact on American Health Care”
March 2, 2022**

Dr. Laura E. Riley, Obstetrician and Gynecologist-in-Chief, New York Presbyterian Hospital

The Honorable Diana DeGette (D-CO)

1. How have misinformation and data gaps affected pregnant women during the pandemic and what can Congress and the Administration do to better support public health messaging in an effort to reduce confusion and restore confidence?
 - a. Thank you, Chair DeGette, for the recent opportunity to provide testimony during the Subcommittee on Oversight and Investigations hearing entitled “Lessons from the Frontline: COVID-19’s Impact on American Health Care”. I appreciate the thoughtful question provided following my testimony.

Perhaps the best measure of how misinformation and data gaps are affecting pregnant individuals is vaccine hesitancy. Despite the growing body of evidence that pregnant individuals are at increased risk for adverse outcomes and urgent calls from the medical and public health community, pregnant and lactating individuals were and continue to be excluded from COVID-19 vaccine and therapeutic trials.ⁱ As I discussed in my testimony, the exclusion of pregnant individuals in clinical trials resulted in the availability of minimal data to make an informed, evidence-based recommendation for the use of COVID-19 vaccines during pregnancy. This delayed the American College of Obstetricians and Gynecologists (ACOG), the Society for Maternal-Fetal Medicine (SMFM), the Centers for Disease Control and Prevention (CDC), and others from providing an affirmative recommendation for COVID-19 vaccination during pregnancy until more data were collected, which did not occur until several months after the vaccines were made available.ⁱⁱ

Unfortunately, vaccine uptake remained slow despite these recommendations for COVID-19 vaccination for pregnant women. By September 2021, the CDC issued an urgent health advisory to encourage individuals who are pregnant, lactating, or who might become pregnant, to get the vaccination.ⁱⁱⁱ At the time of the health advisory, the CDC reported only 31 percent of pregnant individuals had been vaccinated against COVID-19, while more than 22,000 were hospitalized and 161 deaths had occurred through the pandemic.^{iv} Further, data still indicate a gap in COVID vaccination for pregnant individuals, especially Black and Latinx

populations.^v As of March 26, 2022, CDC data indicate just over 70 percent of all pregnant individuals are fully vaccinated, compared to 75 percent of all eligible adults ages 18 and older.^{vi} However, only 56 percent of pregnant individuals who are Black are fully vaccinated.^{vii}

The routine exclusions of pregnant and lactating individuals from research, presumably for their protection, leaves them disproportionately vulnerable and may have in this instance contributed to avoidable loss of life. In order to avoid future data gaps, federal agencies should prioritize the safe inclusion of pregnant and lactating individuals in the development of vaccines and therapeutics and ensure that industry includes this population in their study plans from the outset. In addition, Congress should provide CDC with appropriate funding to ensure that culturally-appropriate messaging regarding vaccination is reaching this vulnerable population, and that resources focus not only on the safety of the vaccine during pregnancy, but also pre-pregnancy.

The Honorable H. Morgan Griffith (R-VA)

1. Do you believe that health systems benefit from the use of digital health technologies, like remote patient physiologic monitoring (RPM), to help clinicians care for patients and relieve stress on nursing staff?

- a. Thank you, Ranking Member Griffith, for the recent opportunity to provide testimony during the Subcommittee on Oversight and Investigations hearing entitled “Lessons from the Frontline: COVID-19’s Impact on American Health Care”. I appreciate the thoughtful question provided following my testimony.

As I discussed in my testimony, one of the most important health care system shifts during the pandemic was to increase both the utilization and health insurance coverage of telemedicine, which includes remote patient monitoring (RPM). In fact, a systematic literature review found that RPM has been shown to provide benefit in obstetric and gynecologic care.^{viii} For example, ACOG guidance suggests remote blood pressure monitoring with text-based surveillance shows promise in decreasing unscheduled or unanticipated in-person visits and improving adherence rates to ACOG’s recommendations for blood pressure monitoring in the first 10 days after birth.^{ix}

Further, there are studies that report high satisfaction for RPM, especially among pregnant individuals related to monitoring blood pressure.^x As more research is published from the increasing use of RPM during the public health emergency, we will better understand its benefit to clinicians and impact on patient health outcomes.

- 2. Do you think that the appropriate use of medical technology to safely and reliably monitor patients can help reduce burnout in our healthcare workforce?

- a. Thank you, Ranking Member Griffith, for the recent opportunity to provide testimony during the Subcommittee on Oversight and Investigations hearing entitled “Lessons from the Frontline: COVID-19’s Impact on American Health Care”. I appreciate the thoughtful question provided following my testimony.

While I unequivocally support the increased utilization and health insurance coverage of telemedicine, more research needs to be published specifically related to telemedicine and medical technology to adequately assess the benefit it may provide in reducing burnout in our health care workforce. For example, more evaluation is needed to assess whether the ease of documentation afforded by telemedicine and medical technology enhances efficiency or instead creates more unnecessary work for clinicians, potentially leading to disillusion and burnout. In light of this, Congress should consider providing additional resources and funding to federal agencies in an effort to encourage research in physician mental health, particularly as it relates to the impact of rapid increases in utilization of telemedicine and medical technology seen during the public health emergency.

ⁱ Letter from the Coalition to Advance Maternal Therapeutics to the National Institutes of Health and Food and Drug Administration. March 18, 2020. Available at: <https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/letters/letter-to-nih-and-fda-on-covid-19-camt.pdf?la=en&hash=696162B7BEC34A9F3998E3AE2CE99F93>.

ⁱⁱ ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals. July 30, 2021. Available at: <https://www.acog.org/news/news-releases/2021/07/acog-smfm-recommend-covid-19-vaccination-for-pregnant-individuals?msclkid=d8daa5cdb4fe11ec88b54767d3d11ee0>.

ⁱⁱⁱ CDC Statement on Pregnancy Health Advisory. September 29, 2021. Available at: <https://www.cdc.gov/media/releases/2021/s0929-pregnancy-health-advisory.html>.

^{iv} Ibid.

^v Latest Data on COVID-19 Vaccinations by Race/Ethnicity. Kaiser Family Foundation. March 9, 2022. Available at: <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/>.

^{vi} COVID-19 vaccination among pregnant people aged 18-49 years overall, by race/ethnicity, and date reported to CDC - Vaccine Safety Datalink,* United States. Accessed April 4, 2022. Available at: <https://covid.cdc.gov/COVID-data-tracker/#vaccinations-pregnant-women>.

^{vii} Ibid.

^{viii} Implementing Telehealth in Practice. Committee Opinion No. 798. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2020;135:e73–9.

^{ix} Ibid.

^x Thomas, N., Drewry, A., Racine Passmore, S. et al. Patient perceptions, opinions and satisfaction of telehealth with remote blood pressure monitoring postpartum. *BMC Pregnancy Childbirth* 21, 153 (2021). <https://doi.org/10.1186/s12884-021-03632-9>