WRITTEN TESTIMONY OF

LAURA E. RILEY, MD, FACOG

BEFORE THE

HOUSE COMMITTEE ON ENERGY AND COMMERCE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

REGARDING THE HEARING

LESSONS FROM THE FRONTLINE: COVID-19'S IMPACT ON AMERICAN HEALTH CARE

MARCH 2, 2022

Chair Pallone, Chair DeGette, Ranking Member McMorris Rodgers, Ranking Member Griffith, and Members of the House Energy and Commerce Subcommittee on Oversight and Investigations, thank you for inviting me to speak with you today at this important hearing entitled "Lessons from the Frontline: COVID-19's Impact on American Health Care." It is an honor to be here today to testify and discuss the deep impact of the pandemic on obstetrician-gynecologists, the systems in which we work, and the patients we serve.

My name is Dr. Laura Riley and I am the Obstetrician and Gynecologist-in-Chief at New York-Presbyterian/Weill Cornell Medical Center and Chair of the Department of Obstetrics and Gynecology at Weill Cornell Medicine. As a maternal-fetal medicine specialist, expert on obstetric infectious disease, and a physician-researcher, I have dedicated my career of more than 30 years to ensuring patients have healthy pregnancies, especially those whose pregnancies are high-risk because of chronic illness or infectious disease. I am also a member of the Advisory Committee on Immunization Practice's workgroup on COVID vaccines as well as the COVID vaccine safety technical work group at the Centers for Disease Control and Prevention (CDC). I have worked extensively with the CDC to develop practice guidelines for pregnancy care for those with Group B strep, Ebola, Zika, H1N1, influenza, and COVID-19. I currently serve as the chair of the American College of Obstetricians and Gynecologists' (ACOG) Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group and am a member of ACOG's COVID-19 Expert Work Group, where I coauthored ACOG's clinical guidance on care for patients with COVID-19 and COVID-19 vaccine considerations for obstetric and gynecologic patients.[i]

My testimony will focus on three main areas, through the lens of obstetrics and gynecology: the impact of the pandemic on the health care workforce, the impact on systems of care, and the impact on the patients we serve.

Impact on the Health Care Workforce

Obstetrician-gynecologists are on the frontline of this pandemic. While many of my colleagues in other specialties were forced to delay preventive and non-emergent services during COVID-19 surges, our labor and delivery unit remained operational at full speed, caring for our laboring patients for whom care cannot be delayed. Early in the pandemic, when we knew very little about COVID-19 infection and experienced shortages of personal protective equipment meant that we worked at great personal risk.

The strain that this ongoing pandemic has placed on our already stressed health care system – and its workforce – cannot be overstated. According to the Association of American Medical Colleges, the pandemic is exacerbating workforce shortages, as physician labor supply is impacted by the "morbidity, mortality, and stress caused by COVID-19, both directly and indirectly."[ii] These strains are, as in the general population, felt most acutely by people of color and women physicians, who bear a disproportionate amount of childcare burdens.[iii] As a specialty that is now majority female, the field of obstetrics and gynecology has been particularly impacted.

The COVID-19 pandemic has revealed and intensified pre-existing workforce challenges. Many labor and delivery units, including my own, are struggling with the mounting health care workforce shortage, particularly among our nursing colleagues and technicians. Obstetrics is practiced in a team-based care model, with each team member playing an important role and bringing their own expertise, to optimize clinical outcomes and enhance the patient experience.[iv] When staffing levels drop, and members of the team are missing, that can have a negative impact on patient care. These stressors are being felt across the board, from urban academic medical centers to critical access hospitals in rural communities. While there is no one solution to these workforce challenges, greater investment in and training of health care professionals, and efforts to diversify our health care workforce, are critical.

One aspect of the pandemic response that has given me hope for the health care workforce is the coordinated effort behind the safe development of the vaccines, as well as the policies of many health care institutions to require vaccination of health care workers in order to help ensure that those life-saving vaccines are deployed. When the vaccines first became available to health care workers, the collective sigh of relief was palpable among my colleagues. Having contracted the COVID-19 virus myself early in the pandemic, and continuing to serve patients once I recovered, I was personally grateful to receive the vaccine and do my part to keep my patients, colleagues, and family safe.

Finally, I would be remiss if I didn't also mention the mental health impact of the pandemic on the health care workforce. Recent surveys on physician burnout are incredibly alarming, with 20 percent of respondents reporting depression and 13 percent reporting suicidal thoughts.[v] This issue is not new, but it has been dramatically worsened by the pandemic and the current trend of anti-science, anti-medicine vaccine opposition, and it must be urgently addressed. I appreciate that the Energy and Commerce Committee recognized this urgency when it advanced the Dr. Lorna Breen Health Care Provider Protection Act and I am relieved that the bill is to be signed into law. It will save lives.

Impact on the Health Care System

The early days of the pandemic were a time of extreme anxiety and confusion for many of us, and especially our pregnant patients who were preparing to give birth. As the media was reporting on intensive care units (ICUs) with no available beds and overburdened emergency departments, many of our pregnant patients were left wondering if they should still attend their prenatal care appointments, if it was safe to deliver at the hospital, and if their hospital even had space for them.

Part of my work as a member of ACOG's COVID-19 Expert Work Group was to help develop guidance for obstetrician-gynecologists and other health professionals caring for pregnant and lactating patients. Practicing in what was an early COVID-19 "hot spot," I know my patients felt the uncertainty around safe access to care particularly acutely. Especially during those early days, and during subsequent COVID-19 surges, it was essential to reiterate to my patients that their entire maternity care team is committed to making sure they get the support they need to birth confidently, safely and respectfully.[vi]

One of the most important health care system shifts during the pandemic was to increase the utilization – and health insurance coverage – of telemedicine. Increased access to telemedicine has enabled my patients, especially those who are low income or are the primary caretakers of their children, to access the care they need without having to find childcare or make arrangements to travel to in-person appointments. Remote visits have become an expectation of patients, and I strongly urge its continued coverage, including extending flexibilities that enable utilization of the most appropriate modality of care, which in some cases may be audio-only, to meet patient needs.

Finally, an ongoing and urgent concern is our health system's failing of historically marginalized communities, who experience disproportionate rates of COVID-19 infection, severe morbidity and mortality, and have persistently lower COVID-19 vaccination rates. Social determinants of health, current and historic inequities in access to health care and other resources, and structural racism and the resultant distrust of the medical system, contribute to these disparate outcomes.[vii] A key lesson learned from the pandemic should be the need to center equity concerns in all of our pandemic decision-making. For instance, it is critical that protocols and policies for testing, visitation, triage, treatment, vaccine distribution, and resource allocation are intentionally reaching and meeting the needs of historically marginalized communities, and that policies and processes designed to mitigate virus transmission are closely monitored to ensure that their implementation does not worsen inequities.[viii]

Impact on Patients

As a specialist in high-risk pregnancy and infectious disease, I can say unequivocally that the impact of the COVID-19 pandemic on the patients I serve is significant and ongoing. When the pandemic first began, and we knew very little about the virus, we worried – based on our experience with other viruses like flu – that COVID-19 may be worse in pregnant individuals. Those fears were confirmed as we began to collect and report data, finding that pregnant individuals are at increased risk of severe illness, including ICU admission, mechanical ventilation, and extracorporeal membrane oxygenation, and death from COVID-19 infection.[ix]

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.[x] That exclusion meant that when the vaccines became available, we had very little data on their safety in pregnancy, resulting in an initial permissive recommendation from ACOG, the Society for Maternal-Fetal Medicine (SMFM), and the CDC that pregnant individuals should have access to the vaccines and not be denied vaccination. This led to confusion among patients and clinicians and fueled the proliferation of misinformation on the safety of the vaccines in pregnancy. While ACOG and SMFM, and subsequently the CDC, were finally able to make an affirmative recommendation for vaccination during pregnancy in July and August of 2021, respectively, the long delay contributed to persistently low vaccination rates among pregnant individuals and the rise of adverse outcomes. Finally, the lack of inclusion of pregnant and lactating individuals in clinical trials for COVID-19 therapeutics once again leaves pregnant patients and their clinicians with unanswered questions around safety and efficacy of medical interventions, and puts our patients at a further disadvantage, limiting their access to potentially life-saving treatment.

The United States is in the midst of a maternal mortality crisis that, according to data released by the CDC last week, continues to be on the rise, and disproportionately impacts Black and Indigenous birthing people.[xi,xii] The COVID-19 pandemic is exacerbating this crisis, leading the CDC to release a health advisory in September 2021 following the recording of the highest number of COVID-19-related deaths among pregnant individuals in a single month.[xiii] Of note, the primary recommendation in the CDC health advisory was to increase efforts to protect pregnant and lactating individuals through accelerated vaccination efforts, consistent with the strong medical consensus of the nation's leading organizations representing maternal and public health experts.[xiv] Unfortunately, vaccine hesitancy among pregnant and lactating individuals remains today and I continue to routinely counsel my unvaccinated pregnant patients on the science and evidence behind the COVID-19 vaccines, dispelling disproven myths and sharing the growing body of data confirming the safety and efficacy of the vaccines to protect their health and their newborns' health.[xv,xvi]

These 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. As we reflect on the pandemic and lessons learned, one that I hope we come away with is that it is past time to shift the narrative on research in pregnant and lactating individuals: instead of protecting them *from* research, we should be protecting them *through* research.[xvii] Specifically, 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.

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Thank you for the opportunity to share my experiences and expertise with you today as you evaluate the impact of the COVID-19 pandemic on American health care and consider lessons learned from the

frontline. I hope you will consider me a trusted resource as the Subcommittee continues its important work in this area.

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