

Society for Maternal-Fetal Medicine
Written Public Testimony
Energy & Commerce Subcommittee on Health
“Examining Legislation to Improve Health Care and Treatment”
Submitted by Laura Riley, MD; President, Society for Maternal-Fetal Medicine

My name is Dr. Laura Riley, and I currently serve as President of the Society for Maternal-Fetal Medicine. I am the Medical Director of Labor and Delivery at Massachusetts General Hospital in Boston, MA. I appreciate the opportunity to offer written public testimony on the Energy & Commerce Subcommittee on Health’s hearing “Examining Legislation to Improve Health Care and Treatment.” Specifically I would like to comment on H.R. 1209, the Improving Access to Maternity Care Act and H.R. 3441, the Accurate Education for Prenatal Screenings Act.

The Society for Maternal-Fetal Medicine (SMFM) was established in 1977 to give Maternal-Fetal Medicine (MFM) physicians and scientists a place to share knowledge, research and clinical best practices in order to improve care for moms and babies. Maternal-Fetal physicians are obstetricians with additional training in the area of high-risk pregnancies. We specialize in treating the un-routine. Because of our additional training, we are involved in the latest advancements in maternal and fetal care. We are dedicated to improving maternal and child outcomes and to raising the standards of prevention, diagnosis and treatment of maternal and fetal disease. Our members also contribute to a large proportion of research and training in the Obstetrical field.

H.R. 1209, the Improving Access to Maternity Care Act

SMFM has proudly endorsed H.R. 1209, the Improving Access to Maternity Care Act, introduced by Rep. Michael Burgess, M.D. As you know, this important legislation would require the Health Resources and Services Administration to designate maternity care health professional shortage areas and review those designations on an annual basis. It would also require the Department of Health and Human Services to collect and publish data on these shortage areas.

Although MFMs deal primarily with high-risk pregnancies, access to maternity care is key to ensuring good outcomes for both mother and baby, regardless of whether their pregnancy is high risk or not. Unfortunately many women in underserved areas of the country may feel the brunt of shortages of qualified maternity providers – including MFMs. This legislation will improve access to maternity providers in underserved areas, ensuring that pregnant women receive the care they deserve, and lead to better outcomes.

We feel that highlighting the critical need for maternity care providers in a specific area and designating it as a maternity care shortage area will attract more qualified maternity care providers to these areas, and improve access of pregnant women to high quality care. These designations already exist for

primary care, dental and mental health, and it only makes sense to add maternal health to the list. This will go a long way to improving the health of both mothers and babies in our country.

H.R. 3441, the Accurate Education for Prenatal Screenings Act

SMFM has some concerns with H.R. 3441, and has previously expressed these to the champions of this legislation. While we agree that prenatal screening is very important, this is a very complex area that requires expertise and is a very rapidly evolving technology. SMFM and ACOG issued a Committee Opinion in June of 2015 related to Cell-free DNA Screening for Fetal Aneuploidy. In this document, the professional societies indicated that “Patients should be counseled that cell-free DNA screening does not replace the precision obtained with diagnostic tests. . . and therefore, is limited in its ability to identify all chromosomal abnormalities.” It goes on to say that these new technologies should not replace conventional screening methods in the low-risk obstetric population, wherein conventional screening methods remain the most appropriate choice for first-line screening.

With the ever evolving and improving technology, we feel that while materials certainly need to be created, the environment or circumstances under which such materials should be developed and disseminated is still unclear. The material produced will have to be updated frequently as knowledge and practice in this field is evolving rapidly. We anxiously await a previously requested report from the CDC about the gaps in materials and a recommended path forward.

We would also suggest that legislation should not be so specific as to include only cell-free DNA screening for fetal aneuploidy, but that materials for prenatal screening broadly would be more appropriate and would have a wider impact on public health. Prenatal cell free DNA screening is performed in the context of other screening and diagnostic tests, therefore accurate education requires equally accurate discussion of the alternative options.

Finally, the Perinatal Quality Foundation earlier this year partnered with Quest Diagnostics, LabCorp, Illumina and Sequenom to create a program aimed at exactly the activities included in this legislation – a national campaign to improve the understanding of “the advantages, limitations and clinical appropriate interpretation of results in noninvasive prenatal screening and other diagnostic tests for pregnant women and their healthcare providers.” This important initiative, supported by SMFM, is already underway to create a comprehensive education and quality-tracking program and aims to close knowledge gaps among consumers and providers about this new technology. It will also create an online patient registry through which women who receive prenatal screening during pregnancy may report results of confirmatory diagnostic tests as well as post-partum outcomes. This information is key to allow scientists to use this de-identified information to determine the positive and negative predictive value for noninvasive prenatal screens.

Specifically under this initiative, the PQF will develop educational materials and tools, including a website and event forums, for patients, clinicians, and other healthcare personnel. The materials will focus on the types of prenatal screening tests, their strengths and limitations, test results interpretation, and actions to consider based on results. The campaign will also educate health care providers to be alert to circumstances under which women should be referred for consultation with a genetic counselor

to better understand their risks or test results. To promote quality assurance, PQF also expects to track clinicians and other healthcare providers who complete the online and other educational programs. All of these important activities are expected in early 2016.

Given this project's current status, we believe that H.R. 3441 would create duplicative activities related to this space, and aims to achieve similar goals.

Conclusion

On behalf of the Society for Maternal-Fetal Medicine, I appreciate the opportunity to provide this testimony. We greatly appreciate the Subcommittee's attention to maternal health and hope that we can continue to work together to improve care and outcomes for women and their children. Please do not hesitate to contact our Washington Representative, Katie Schubert, with any questions you may have, at (202) 484-1100 or kschubert@dc-crd.com.