

Congress of the United States
Washington, DC 20515

July 13, 2020

The Honorable Diana DeGette
U.S. House of Representatives
Washington, DC 20515

The Honorable Fred Upton
U.S. House of Representatives
Washington, DC 20515

Dear Representative DeGette and Representative Upton:

We write today in the midst of a maternity care crisis in the United States. This crisis existed prior to the novel coronavirus (COVID-19) pandemic but the spread of the virus has introduced new and worsened risks for pregnant and postpartum women. These trends are especially glaring for women of color, who already suffered from disproportionate rates of adverse maternal health outcomes. We are now seeing similar disparities emerge in COVID-19 health outcomes. As you work on legislation relating to Cures for the 21st Century (CURES 2.0), we ask you to consider the inclusion of policies that can improve access to high-quality maternity care for women and their newborns.

Each year, there are more than 3.75 million births in the United States. Although many non-emergency health procedures and visits have been postponed or handled through telehealth while we fight COVID-19, pregnancy and childbirth cannot be put on hold until after the pandemic is over. Each woman who is currently pregnant in the United States, or who has given birth in the last four months faces unique and heightened risks due to COVID-19.

On June 26, the Centers for Disease Control and Prevention (CDC) published a report titled, “Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–June 7, 2020.” Assessing current data on COVID-19 that show higher rates of hospitalizations and ICU admissions associated with COVID-19 for pregnant women compared to non-pregnant women, the CDC found that pregnant women, “might be at increased risk for severe COVID-19 illness.” Moreover, the CDC found that “Hispanic and non-Hispanic black pregnant women appear to be disproportionately affected by SARS-CoV-2 infection during pregnancy, further exacerbating health disparities and inequities.

As a result of COVID-19 uncertainty and restrictions, women are choosing to explore alternate options for deliveries, such as giving birth at home or in a birth center with a midwife to limit exposure to the virus. But while these alternatives have been proven safe for low-risk mothers, there is currently a limited workforce and facility capacity to meet the demands.

This Congress has not addressed the needs of childbearing families in any of the COVID-19 relief efforts so far. The following list includes legislation that will improve our maternity care system in the United States during the pandemic and beyond. We ask that you consider adding these policies to your CURES 2.0 initiative, which is so critical to addressing our current and future public health emergencies. We strongly believe that they would strengthen yours CURES 2.0 effort either as a stand-alone Title on “Addressing Quality Care for Mothers and Babies during and post the Pandemic Crisis” or as an expansion of your Title on “Caregiver Integration” to include “Caregiver and Community Provider Integration”.

Birth Access Benefiting Improved Essential Facility Services Act or the BABIES Act (H.R.5189) - Sponsored by Rep. Katherine Clark (D-MA) and Rep. Buddy Carter (R-GA)

Summary

This bill requires the Centers for Medicare & Medicaid Services (CMS) to establish a Medicaid demonstration program to improve free-standing birth center services for women with low-risk pregnancies.

Among other things, the CMS must (1) publish criteria for free-standing birth centers to participate in the program, including specified accreditation, licensure, and service requirements; (2) publish guidance for states to establish prospective payment systems under Medicaid for program participants; and (3) award planning grants for states to develop program proposals. The CMS may choose up to six states to participate in the program.

Rationale

One effect of the COVID-19 pandemic was that pregnant women are reluctant to have their delivery in an acute care facility where COVID-19 patients are located. There has been a demand for out of hospital births in free-standing birth centers across the country. There are approximately 300 birth centers in the United States today, and they have been unable to keep up with the significant demand. Expanding the availability of birth centers is critical to public health.

Midwives for Maximizing Optimal Maternity Services Act of 2019 (H.R.3849) - Sponsored by Rep. Lucille Roybal-Allard (D-CA) and Rep. Jaime Herrera Beutler (R-WA)

Summary

This bill establishes two new funding streams under Title VII (Health Professions and Training Programs) and Title VIII (Nursing Workforce Development Programs) of the Public Health Service Act. The *Midwives for MOMS Act* aims to increase the number of midwives attending accredited midwifery programs by allocating funds that will support student midwives, establish or expand midwifery programs, and ensure support for increasing the number of preceptors at clinical training sites to mentor students training to become midwives. Additionally, the

legislation takes deliberate steps to address the health disparities that disproportionately impact black mothers and other people of color by prioritizing midwifery programs that demonstrate a focus on strengthening and increasing racial and ethnic representation that will help to create a more diverse midwifery workforce.

Rationale

The United States is facing a current and increasingly severe shortage of trained maternity care providers, leaving mothers and infants across the country at risk. Midwives are urgently needed to fill the gap. Timely federal action to grow and strengthen the midwifery workforce is a key strategy to address this provider shortage and increase access to quality care, especially in high-need rural and urban areas that too often have no obstetrical providers or maternity care services at all. Direct funding for midwifery education has been identified as the number one priority for growing the workforce to meet the urgent needs of the childbearing population. Better integration of the midwifery model of care depends on a robust workforce.

Title IV of the Black Maternal Health Omnibus Act of 2020 (H.R.6142) - Sponsored by Rep. Lauren Underwood (D-IL)

Summary

Title IV of the Black Maternal Health Omnibus Act would provide funding to establish and scale programs that will grow and diversify the maternal health workforce, increasing the number of nurses, physician assistants, and other perinatal health workers like doulas, community health workers, and peer supporters who moms can trust throughout their pregnancies, labor and delivery, and the postpartum period. It would also require the Secretary of Health and Human Services to (1) provide guidance to states on the promotion of diverse maternity care teams and (2) to study how culturally congruent maternity care promotes better outcomes for moms, especially minority women. Finally, the title would commission a study on the barriers that prevent individuals – particularly low-income and minority women – from entering maternity care professions.

Rationale

Even before COVID-19, American women faced limited access to maternity care. More than one-third of U.S. counties are “maternity care deserts,” with no hospitals offering obstetric care and zero obstetric providers. Maternity care access is limited in both rural and urban communities: more than one million American women live in maternity care deserts located in large metropolitan areas or urban settings. With even more restricted transportation options and other access barriers stemming from the pandemic, growing and diversifying the perinatal workforce is more important than ever to improve maternal health outcomes and close racial and ethnic disparities in outcomes.

Thank you for your consideration. We look forward to working with you on behalf of women and their newborns.

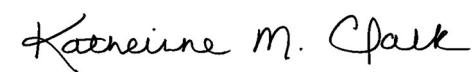
Sincerely,



LUCILLE ROYBAL-ALLARD
Member of Congress



JAIME HERRERA BEUTLER
Member of Congress



KATHERINE CLARK
Member of Congress



BUDDY CARTER
Member of Congress



LAUREN UNDERWOOD
Member of Congress