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January 13, 2017

Dear Member of Congress:

On behalf of the Society for Maternal-Fetal Medicine (SMFM), we are writing to urge you to ensure continued and improved access to maternity care services, providers and treatments in any health policy package that may replace the Affordable Care Act. SMFM was established in 1977 as the medical professional society for Maternal-Fetal Medicine (MFM) physicians and scientists who have additional training in the area of high-risk, complicated pregnancies. SMFM's over 2,600 members are the experts in high-risk pregnancy, gathering annually at the Pregnancy Meeting to share new clinical strategies and research.

In the United States, adverse pregnancy outcomes not only affect the baby in terms of physical and developmental disabilities, but are also a large financial burden due to costs of neonatal ICU hospitalizations and long-term specialty care. In addition, abnormal pregnancies can often produce poor outcomes for the mother in terms of chronic illness, hospitals stays, severe morbidity and even death. These medical and financial burdens have been and continue to be improved with access to prenatal, labor, postpartum and infant care.

The Affordable Care Act's passage ensured access to this care for millions of women and their children. Rolling back these essential services will result in millions of women losing their coverage and reversing an upward trend of improved access to quality preconception, maternity, post-partum and interconception care.

Our nation's leaders – in the White house, in Congress, and in State capitols – must protect and improve women and infant health coverage, regardless of its source, guided by the following principles:

- ***All* women who may become or are pregnant must have health coverage that provides all medically necessary, situation-appropriate benefits that promote healthy pregnancies and child development.** These benefits must include access to prenatal and postpartum care visits equivalent to those outlined in ACOG's Guidelines for Perinatal Care, and access to subspecialists and specialized interventions for those with high-risk pregnancies that aim to prevent lifelong childhood disabilities and decrease future financial burden. Benefits covered must include preconception, prenatal, labor and postpartum care, including mental health services, prenatal diagnosis, nutrition counseling, lactation support, contraception for pregnancy spacing; as well as appropriate services, supplies, devices, and prescription medications for those women with high-risk pregnancies, without arbitrary limits.

- ***All* women who may become or are pregnant must have coverage that is affordable for their families.** Regardless of income or health status, these women and their infants must be able to get the care they need without jeopardizing their families' financial security. Out-of-pocket limits on premiums, deductibles and cost-sharing similar to those under Medicaid and CHIP should be established for private coverage so that pregnant women – including those with the most complex conditions – can afford appropriate and timely healthcare. This care should not be restricted to a predetermined number of visits, but rather based on the acuity of the medical condition. Providing this necessary coverage can help avoid the danger of future medical disability and spiraling financial cost when this coverage is denied or unaffordable.

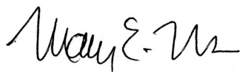
- ***All* women who may become or are pregnant must have access to the full range of appropriate health care providers, including perinatal specialists, subspecialists and facilities throughout their pregnancies.** All public and private health insurance should ensure that pregnant women do not lose access to their current providers during their pregnancy, that they are able to see the type of provider depending upon their personal healthcare needs, and that such providers are not "cut off" due to network changes during pregnancy. Coverage for services should not depend on whether the treatment, test or intervention is aimed at the baby versus the mother. A healthy mother is essential to have a healthy outcome for the baby.

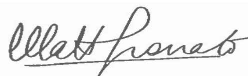
- ***All* women who are or may become pregnant must have continuous, consistent coverage with no gaps in care.** All public and private health insurance should not lapse during pregnancy due to changes in network requirements, change in services covered, change in calendar year, etc. Changes in coverage and access during the time of pregnancy creates detrimental gaps in care for women.

Over 50% of all births in the United States are covered by Medicaid. Women who are pregnant often have a patchwork of care, being covered in ways different than their children, being "kicked off" of Medicaid in some states at 60 days postpartum, sacrificing their own health and wellbeing for their babies. The coverage and access included through the ACA opened up new opportunities for women to be healthy before and after pregnancy and raise healthier children.

It would be irresponsible to repeal the ACA without a clear path forward. Doing so would roll back current strides in family health. Please continue to ensure access and coverage for preconception, prenatal, labor and postpartum care. SMFM stands ready to provide medical expertise and advice as you develop the next phase in our healthcare system. Should you have any questions or comments, please contact SMFM's Chief Advocacy Officer Katie Schubert at kschubert@smfm.org or (202) 863-2519.

Sincerely,





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