



June 14, 2017

Dear Senator:

On behalf of the Society for Maternal-Fetal Medicine (SMFM), we are writing in opposition to the American Health Care Act (AHCA), and urge you to work toward a plan that will strengthen key provisions related to maternity care.

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 more than 2,600 members are the experts in high-risk pregnancy, gathering annually at the Pregnancy Meeting to share new clinical strategies and research. SMFM believes that women should have access to and coverage of medically necessary, situation-appropriate benefits and health resources throughout their reproductive years to promote healthy pregnancy and child development.

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, high-risk pregnancies can often produce poor outcomes for the mother in terms of chronic illness, hospital 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.

While certainly far from perfect, the Affordable Care Act's passage ensured access to maternity care services for millions of women. This progress could be reversed with the AHCA or similar legislation, as essential health benefits (EHBs) once guaranteed under the ACA could be weakened or completely eliminated through state waiver authority. Aside from concerns surrounding rolling back EHBs, we have significant concerns about the proposal related to Medicaid. While we fully support innovative models of care that will improve quality and outcomes, a block grant or per capita allotment is likely to reduce services and access to care, rather than improve and incentivize innovation. Given that over 50% of all pregnancies in the United States are covered by Medicaid, cuts in Medicaid would put women at risk of losing their coverage as early as 60 days postpartum.

We urge the Senate to move on from the AHCA as it does not fulfil basic principles on maternity care coverage, and will result in millions of women losing access to maternity care coverage and services. We share these principles for your consideration:

- **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.

SMFM stands ready to work with you and will continue to advocate for improved access to maternity care services, providers, and treatments to optimize the health and wellbeing of women and children. Should you have any questions or comments, please contact SMFM's Chief Advocacy Officer Katie Schubert at [kschubert@smfm.org](mailto:kschubert@smfm.org) or (202) 517-6122.

Sincerely,



Alfred Abuhamad, MD  
President



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