



409 12th Street, SW
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Washington, DC 20024
SMFM.org

September 12, 2017

The Hon. Orrin Hatch, Chairman
Senate Committee on Finance
Washington, DC 20510

The Hon. Ron Wyden, Ranking Member
Senate Committee on Finance
Washington, DC 20510

The Hon. Greg Walden, Chairman
House Committee on Energy & Commerce
Washington, DC 20515

The Hon. Frank Pallone, Ranking Member
House Committee on Energy & Commerce
Washington, DC 20515

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Dear Chairman Hatch, Senator Wyden, Chairman Walden and Representative Pallone:

On behalf of the Society for Maternal-Fetal Medicine (SMFM), we are writing to urge you to ensure access to maternity care services, providers and treatments as you work to reauthorize the Children's Health Insurance Program (CHIP).

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, 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. Over half of all births in the U.S. are paid for by Medicaid or CHIP, and therefore it is imperative that states are provided the ability to continue to cover pregnant women through state plan amendments.

Although the Affordable Care Act's passage ensured access to maternity care for millions of women, the need for continued access to health care for this population remains. Healthy babies start with healthy mothers, and we urge you to keep in mind the following principles as you consider CHIP reauthorization:

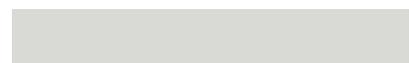
- **All women who may become or are pregnant must have health coverage that provides all medically-necessary, situation-appropriate benefits that promote healthy pregnancies and child development.** These benefits must include access to prenatal and postpartum care visits equivalent to those outlined in ACOG's



ACOG's Guidelines for Perinatal Care, and access to subspecialists and specialized interventions for those with high risk pregnancies. 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 that currently exist under Medicaid should be maintained and available for CHIP in states that so desire it 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, sub specialists and appropriate facilities and testing 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 benefits 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, etc. Changes in coverage and access during the time of pregnancy creates detrimental gaps in care for women.

Women who are pregnant often have a patchwork of care, being covered in ways different than their children, being “kicked off” of Medicaid on some states at 60 days postpartum, and sacrificing their own health and wellbeing for their babies. It is imperative that all babies born in the United States start off their lives from the best possible position – and that truly starts with ensuring access to appropriate, affordable prenatal care.



Please continue to ensure access and coverage for preconception, prenatal, labor and postpartum care and allow states to use CHIP to do so. Should you have any questions or comments, please contact SMFM's Chief Advocacy Officer Katie Schubert at kschubert@smfm.org or (202) 517-6122.

Sincerely,

A handwritten signature in black ink, appearing to read "Alfred Abuhamad". The signature is fluid and cursive, with a large initial "A".

Alfred Abuhamad, MD
President

A handwritten signature in black ink, appearing to read "Matt J. Granato". The signature is cursive and includes a horizontal line under the name.

Matt J. Granato, LL.M., MBA
Chief Executive Officer

