



ADVOCACY AGENDA

SMFM supports legislative and policy priorities that further the mission and vision of the Society. SMFM support the clinical practice of maternal-fetal medicine by providing education, promoting research and engaging in advocacy to optimize the health of high-risk pregnant women and their babies.

The SMFM Health Policy and Advocacy Committee implements the SMFM [strategic initiatives](#) via its legislative priorities, listed below.

- I. **Continued and improved access to maternity care benefits for high-risk pregnant women.** SMFM will continue to advocate for legislative proposals that maintain benefits enacted in the Affordable Care Act, and oppose any proposals that are not in line with our maternity care 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, sub specialists 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 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.

II. Ensure strength of Medicaid and other insurance coverage for high-risk pregnant women.

- Support reauthorization of the Children’s Health Insurance Program (CHIP), which covers pregnant women.
- Oppose efforts to weaken Medicaid coverage or cut Medicaid funding for family planning providers that would result in a loss of access to care for high-risk pregnant women.
- Ensure appropriate coverage and reimbursement for MFM services, such as ultrasounds and screening for pre-term birth.
- Advocate for innovate models of care that include MFMs and their patient population.
- Support quality improvement efforts and inclusion of bundles or toolkits in practice and hospital settings.

III. Support efforts to reduce maternal mortality rates nationally.

- SMFM endorses federal legislation to support the use of maternal mortality review committees.
- Support the implementation of Levels of Maternal Care nationally.
- Support the implementation of quality improvement and safety bundles in hospitals and practices.

IV. Support efforts to reduce maternal opiate dependence and improve access maternal mental health services.

- Support implementation of the Comprehensive Addiction and Recovery Act (CARA).
- Support maternal mental health screening for high-risk pregnant women.
- Protect federal funding for mental health programs that assist high-risk pregnant women, including Veterans and service-members.

V. Protect programs that support healthy pregnancies.

- Support funding for the National Institutes of Health.
- Support federal funding for public health programs through CDC and HRSA, among others, to ensure healthy pregnancy outcomes and access to care for women in need.
- Support reauthorization of PREEMIE and Healthy Start programs.

VI. Support initiatives aimed at reducing health care disparities for high-risk pregnant women.

- Support quality improvement efforts via AIM, council on patient Safety and the use of our own toolkits to reduce disparities.
- Engage in educational efforts and dialogue with our own members to ensure health equity.
- Support Congressional and Federal agency efforts that study the effects of and work to lessen health care disparities for high-risk pregnant women.