January 13, 2021

The Honorable Joseph R. Biden, Jr.  
The Honorable Kamala Harris  
President-Elect  
Vice President-Elect  
United States of America  
United States of America  
Washington, DC 20230  
Washington, DC 20230

Dear President-Elect Biden and Vice President-Elect Harris,

On behalf of the Society for Maternal-Fetal Medicine (SMFM), which represents more than 5,000 members dedicated to optimizing the health of high-risk pregnant individuals and their babies, we write to offer our congratulations on your election victory and offer our unique expertise as you work to improve the health of our nation’s mothers and infants.

Established in 1977, SMFM is the medical professional society for obstetricians who have additional training in managing high-risk pregnancies. Maternal-fetal medicine (MFM) physicians treat the sickest patients with the most complicated pregnancies. As long-time champions for mothers and infants, we know you understand the urgent maternal and infant health crisis facing our nation, which was highlighted by the new U.S. Surgeon General’s Call to Action to Improve Maternal Health last month. Every 12 hours a pregnant person or new mother dies from pregnancy-related complications in the United States. To achieve our shared goal of improving health outcomes for mothers and their babies, SMFM offers the following recommendations, with further details in the following pages:

Prioritize reducing health inequities in all maternal and infant health initiatives.

• Ensure maternal and infant health initiatives will reduce health inequities.

Increase research in pregnant and lactating people through financial investment and elimination of barriers.

• Increase funding for pregnancy research to optimize pregnancy outcomes.
• Protect the Maternal-Fetal Medicine Units Network.
• Address legal and other barriers that prevent inclusion of pregnant and lactating people in research.
• Advance the recommendations of the Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC) and continue its charter to monitor progress.

Increase access to high-risk obstetric services through telehealth.

• Maintain and expand access to telehealth services, especially in state Medicaid programs.
• Implement telehealth policies that ensure equal access for all.

Promote access to comprehensive reproductive health care services.

• Reverse regulations, policies, and Executive Orders that endanger the life and health of pregnant people by limiting access to reproductive health care services, including abortion.
• Increase access to contraception and abortion services via regulatory and legislative action.

Boost funding for federal maternal health programs.

• Increase funding for programs that address the nation’s maternal health crisis.

Expand and extend affordable, quality health insurance for pregnant and postpartum people.

• Reverse regulations that erode Patient Protection and Affordable Care Act’s (ACA, PL 111-148) maternity care protections.
• Insulate the ACA from the threat posed by California v. Texas.
• Incentivize postpartum Medicaid extension, including streamlining the 1115 waiver process.
The recommendations outlined above are critical to making our nation a safer place to give birth. Further details on these recommendations follow.

Prioritize reducing health inequities in all maternal and infant health initiatives.

SMFM is deeply concerned about inequities in health care provision and health outcomes during pregnancy, childbirth, and the postpartum period. Black and Indigenous women are roughly three times more likely to die from pregnancy-related causes than white women.\textsuperscript{vi} Black infants are 50 percent more likely to die during the first year of life than white infants.\textsuperscript{v} Mothers living in rural areas have a greater probability of severe maternal morbidity and mortality compared to their urban counterparts.\textsuperscript{v} Women living in poverty die of pregnancy-related causes at rates significantly higher than the national average.\textsuperscript{vi} Unless we collectively address the root causes of these disparities, our nation will remain one of the most dangerous high income countries in which to give birth, with a maternal mortality rate more than double the rate of our peer nations.\textsuperscript{vii} As you develop your agenda, SMFM urges you to take explicit steps to ensure all new maternal and infant health initiatives will reduce, not exacerbate, health inequities.

Increase research in pregnant and lactating people through financial investment and eliminating barriers.

Each year in the United States, six million people become pregnant,\textsuperscript{vi} nearly four million give birth,\textsuperscript{ix} and more than three million initiate breastfeeding.\textsuperscript{v} We know that nearly 90 percent of U.S. women will give birth during their lifetime.\textsuperscript{x} Many people are becoming pregnant later in life, and more women are beginning pregnancy with a pre-existing condition that often requires medication to treat.\textsuperscript{a} More than 90 percent of pregnant women report taking a medication during pregnancy.\textsuperscript{y} However, there is very little research to determine the safety, efficacy, and appropriate dosing for pregnant and lactating people. There is a critical need for information on the safety and effectiveness of prescription drugs, therapies, and vaccines during pregnancy and lactation.

As the clinicians treating the sickest pregnant patients, MFM subspecialists acutely understand the burden that excluding pregnant and lactating people from clinical trials places on expecting and new mothers. The COVID-19 pandemic clearly demonstrates the harm, as the failure to include pregnant and lactating people in clinical trials for COVID-19 therapies and vaccines limits treatment options and forces patients and their clinicians to make vaccination decisions without critical data.

SMFM is committed to pursuing legislative and regulatory changes to promote the inclusion of pregnant and lactating people in clinical trials. This work was accelerated when President Barack Obama signed the 21st Century Cures Act (P.L. 114-255), which created the Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC). Since that time, PRGLAC has put forward 15 recommendations and a detailed implementation plan for those recommendations. SMFM strongly encourages you to make enacting PRGLAC’s recommendations a centerpiece of your efforts to improve maternal health. We also encourage you to continue PRGLAC’s charter to monitor progress toward implementing those recommendations.

Further, to address maternal mortality and severe morbidity, and to make progress toward health equity for pregnant individuals and those who may be at risk of pregnancy complications, it is critical that the federal government prioritize investment in research and clinical trials in pregnancy. Funding for pregnancy-related research comes largely from federal agencies. Unlike other medical fields that rely heavily on industry to fund research and clinical trials, much of the evidence that guides obstetric and postpartum practice is generated from studies that are funded by the National Institutes of Health. In particular, the Maternal-Fetal Medicine Units Network supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development is critical to generating evidence to guide clinical practice and improve health outcomes. More than 25 percent of publications produced by members of the Maternal-Fetal Medicine Units Network have been cited in obstetric practice guidelines.

SMFM urges you to increase funding for pregnancy research to study, evaluate, disseminate, and implement interventions that optimize pregnancy outcomes. We also urge you to protect the important work of the Maternal-Fetal Medicine Units Network. Loss of the Maternal-Fetal Medicine Units Network would significantly hinder clinical research on maternal mortality and severe maternal morbidity.

Increase access to MFM services for high- and at-risk pregnancy patients through telehealth.

Most pregnancies follow the routine course; however, nearly 10 percent of women in the United States will experience a high-risk pregnancy, which can threaten the health and life of both mother and infant. Furthermore, more than 50 percent of women have factors that place them or their babies at increased risk of pregnancy complications. Therefore, it is critical that individuals with at-risk pregnancies have access to MFM subspecialists to minimize complications and support healthy pregnancies.
In 2010, there were 1,355 MFM subspecialists in the United States, and 98 percent of these subspecialists lived in metropolitan counties. Some states such as North Dakota and Wyoming had no MFM practicing in the state. Telehealth has the potential to improve access to obstetric services and improve care for people with high-risk pregnancies, especially those that live in rural or underserved areas. 

Adoption and utilization of telehealth were accelerated during the COVID-19 pandemic due to both increased demand and improved regulatory flexibility. SMFM encourages you to use all available authorities and tools to maintain and expand access to telehealth services after the pandemic, especially in state Medicaid programs. Further, we urge you to implement telehealth policy in ways that ensure equal access to services for all. SMFM encourages you to carefully review our recommendations for ensuring that telehealth is implemented in ways which promote equitable care for all patients and preserve telehealth as a viable ongoing practice option.

Promote access to comprehensive reproductive health care services.

Individuals at risk for pregnancy-related morbidity or mortality have unique needs for reproductive health services, including contraception and abortion care. However, restrictive legislation and regulations, lack of access to trained providers, and restrictions on communication of medical information often make it difficult for these patients to obtain needed services.

During his term, President Trump advanced numerous policies that eroded access to reproductive health services, including imposing new restrictions on the Title X program and its grantees, reinstating and expanding the Global Gag Rule, permitting health care providers to deny care to patients for religious or moral reasons, and dictating the care given to infants born preterm, among others. SMFM encourages you take immediate steps to reverse policies that interfere with the practice of medicine and endanger the life and health of pregnant people by limiting access to reproductive health care services.

It will not be enough only to reverse harmful policies. SMFM strongly encourages you to take proactive action to increase access to contraception and abortion services, including:

- Increasing federal funding for the Title X Family Planning Program and supporting continued authorization of the Title X Family Planning Program without restrictions on the patient-physician relationship;
- Protecting and strengthening regulations that guarantee access to all FDA-approved forms of contraception and sterilization procedures without cost-sharing;
- Eliminating burdensome Food and Drug Administration restrictions for prescribing mifepristone, which limit patient access to the safest medication regimen available for miscarriage and abortion management;
- Championing legislative proposals to increase access to reproductive health care services, including repeals of the Helms and Hyde amendments and passage of the Women’s Health Protection Act.

Boost funding for federal maternal health programs.

In recent years, federal agencies, including the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), have strengthened existing programs or created new initiatives to improve maternal health. This is partly due to funding increases provided by Congress. However, funding remains insufficient to meet current need. For instance, the CDC can only support 25 state maternal mortality review committees and 13 state perinatal quality collaboratives, which significantly limits the ability of states to identify the causes of maternal deaths and implement targeted reforms to prevent them.

SMFM encourages you make maternal health a priority initiative in forthcoming budgets by proposing funding increases for programs to address the nation’s maternal health crisis, including those at CDC’s Division of Reproductive Health and HRSA’s Maternal and Child Health Bureau.

Expand affordable, quality health insurance for pregnant and postpartum people.

Quality health care before, during and after pregnancy is critical to reducing maternal deaths and improving maternal and infant health outcomes. Recognizing this, SMFM has four broad maternity care principles: 1) all people who may become or are pregnant must have health coverage that provides all medically necessary benefits that promote healthy pregnancies and child development; 2) all people who may become or are pregnant must have access to affordable coverage; 3) all people who may become or are pregnant must have access to the full range of appropriate health care providers, including specialists, subspecialists, and facilities throughout their pregnancies; and 4) all people who are or may become pregnant must have continuous, consistent coverage with no gaps in care.
To ensure those principles are upheld for all, SMFM urges you to reverse regulations finalized during President Trump’s term that erode the Patient Protection and Affordable Care Act’s (ACA, PL 111-148) maternity care protections, and we ask you to work with Congress to insulate the ACA from the threat posed by an unfavorable ruling by the Supreme Court of the United States in the case of California v. Texas.

In addition to protecting pregnant people covered by private health insurance, SMFM encourages you to take steps to extend postpartum Medicaid coverage to 12 months for every new mother in every state. Currently, Medicaid coverage ends for many new mothers 60 days after giving birth, leaving them without insurance during a critical and vulnerable time. Data from the CDC indicate that about 33 percent of pregnancy-related deaths occur during the time between seven days to one year following childbirth, and greater than one-third of those deaths occur 43-365 days postpartum.\(^{ix}\) As these statistics do not include deaths attributable to suicide or drug overdose, both of which occur in greater numbers in the later postpartum period, this is likely an underestimate. Closing the postpartum coverage gap will ensure that the 43 percent of pregnant people covered by Medicaid at the time of their child’s birth can receive treatment for the many physical and behavioral health issues that have been shown to cause maternal deaths in the postpartum period.

Unfortunately, Congress failed to pass the bipartisan Helping Moms Act (HR 4996) before the end of the 116th Congress, which would have allowed states to extend postpartum Medicaid coverage through a state plan amendment. SMFM asks you to champion legislation to extend postpartum Medicaid coverage in the coming year and work with Congress to ensure the policy is swiftly enacted. Further, we urge you to take all available regulatory actions to incentivize postpartum Medicaid extension, including streamlining the 1115 waiver process for states seeking to cover new mothers for longer periods of time. Currently, there are applications under review by the Centers for Medicare and Medicaid Services (CMS) and ongoing delays in approval risk leaving new mothers uninsured.

SMFM again congratulates you on your victory and looks forward to working with you to advance policies that promote the health of mothers and their infants. I hope you will consider our organization a trusted partner in that effort. If you have questions, please contact Rebecca Abbott, Director of Government Relations, at rabbott@smfm.org.

Sincerely,

Judette Louis, MD, MPH
President

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3. Ibid.


A list of harmful reproductive health policies President-Elect Biden could reverse through administrative action is outlined the Kaiser Family Foundation Issue Brief, “Potential Health Policy Administrative Actions Under President Biden,” under the heading Women’s Health Policy. Available at https://www.kff.org/report-section/potential-health-policy-administrative-actions-under-president-biden-issue-brief/#HealthPolicy.

vii Women’s Preventive Services Guidelines supported by the Health Resources and Services Administration can be found at https://www.hrsa.gov/womens-guidelines/index.html#guidelines.