July 14, 2026

The Honorable Bill Cassidy, MD
Senate Committee on Health, Education, Labor & Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bernie Sanders
Senate Committee on Health, Education, Labor & Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Brett Guthrie
House Committee on Energy & Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
House Committee on Energy & Commerce
2323 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Cassidy, Ranking Member Sanders, Chairman Guthrie, and Ranking Member Pallone,

On behalf of the American College of Obstetricians & Gynecologists, American Academy of Family Physicians, American Academy of Neurology, American College of Cardiology, American College of Emergency Physicians, American College of Physicians, American Psychiatric Association, and Society for Maternal-Fetal Medicine, we respectfully request mark-up of S. 380/H.R. 1254, the Rural Obstetrics Readiness Act, at the earliest available opportunity. This bipartisan legislation would support the provision of critical, at times lifesaving care to pregnant and postpartum women residing in rural areas without local access to emergency obstetric services.

Over 35 percent of counties nationwide are maternity care deserts, defined as counties without obstetric clinicians or facilities that deliver babies.[i] Since 2021, 139 rural hospitals have stopped providing obstetric services or announced that they will stop by the end of this year.[ii] Only 41 percent of rural hospitals currently maintain labor and delivery units, forcing many women to travel long distances when urgent care is needed.[iii] Labor and delivery units are shuttering while the U.S. maternal mortality rate remains unacceptably high,[iv] particularly among women residing in rural areas.[v] Increasingly, women experiencing labor or an obstetric emergency – for example, hemorrhage or severe hypertension – present at the nearest medical facility regardless of that facility's obstetric capabilities. This can lead to adverse maternal and neonatal outcomes if the clinicians on staff are not trained in obstetric care or the facility lacks the necessary supplies and equipment to manage obstetric emergencies.

The Rural Obstetrics Readiness Act would mitigate the harms of maternity care deserts by establishing an obstetric emergency training program for rural facilities without a dedicated labor and delivery unit; grants for rural facilities to purchase necessary supplies and equipment to manage obstetric emergencies; and a pilot program to support a network of obstetric care teams that can provide urgent teleconsultation to clinicians in rural facilities. Together, these new programs would reduce adverse maternal and neonatal outcomes and enable rural women to access obstetric specialty care in a safe and timely manner.

Our organizations are committed to closing gaps in health care access. The persistent – and worsening – challenges facing rural patients and providers call for practical legislative responses, such as those proposed by the Rural Obstetrics Readiness Act. We look forward to further engagement with your offices on this important legislation in the weeks ahead.

Sincerely,

American College of Obstetricians & Gynecologists
American Academy of Family Physicians
American Academy of Neurology
American College of Cardiology
American College of Emergency Physicians
American College of Physicians
American Psychiatric Association
Society for Maternal-Fetal Medicine

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[i] Stoneburner A, Lucas R, Fontenot J, Brigance C, Jones E, DeMaria AL. Nowhere to Go: Maternity Care Deserts Across the US. (Report No 4). March of Dimes. 2024. https://www.marchofdimes.org/maternity-care-deserts-report

[ii] Stopping the Loss of Rural Maternity Care. Center for Healthcare Quality & Payment Reform. June 2026. https://ruralhospitals.chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf

[iii] Ibid.

[iv] Hoyert DL. Maternal mortality rates in the United States, 2024. NCHS Health E-Stats. 2026 Mar;(113):1–7. DOI: https://dx.doi.org/10.15620/cdc/174651

[v] Maternal Mortality and Morbidity: Additional Efforts Needed to Assess Program Data for Rural and Underserved Areas. U.S. Government Accountability Office. April 2021. https://www.gao.gov/assets/gao-21-283.pdf