

May 15, 2020

The Honorable Nancy Pelosi
House Speaker
H-232, The Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
House Minority Leader
H-204, The Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
S-230, The Capitol
Washington, DC 20510

The Honorable Chuck Schumer
Senate Minority Leader
S-221, The Capitol
Washington, DC 20510

Dear Speaker Pelosi, Leader McCarthy, Leader McConnell, and Leader Schumer:

On behalf of the Society for Maternal-Fetal Medicine (SMFM), we are writing to urge you to prioritize maternal health, the public health infrastructure, and the health care workforce in the next 2019 coronavirus disease (COVID-19) emergency response package. These are critical priorities to ensure the health and safety of all Americans during this public health emergency.

Established in 1977, SMFM is the medical professional society for obstetricians who have additional three years of training in the area of high-risk pregnancies. Our members, maternal-fetal medicine (MFM) subspecialists, see the most at-risk patients with the complex pregnancies. SMFM supports the clinical practice of maternal-fetal medicine by providing education, promoting research, and engaging in advocacy to optimize the health of at-risk pregnant people and their babies.

MFM's are on the front lines of the COVID-19 pandemic and are first-hand witnesses to the needs of pregnant people and the clinicians that care for them. With an eye toward recovery, we have identified the following opportunities for the next COVID-19 emergency response package.

- **Ensure pregnant and lactating women are included in clinical research for the development of vaccines and therapeutics for COVID-19.** There are significant gaps in our understanding of the effects of COVID-19 on pregnant women and lactating women and their infants. Failure to gather clinical trial data on these populations forces pregnant and lactating women diagnosed with COVID-19 and their health care providers to make care decisions based on incomplete evidence.

We are concerned that new vaccine candidates will become available without sufficient data to recommend them for use in pregnant and lactating women. This would prevent millions of expecting and new mothers from participating in any future mass immunization campaigns, putting their health and the health of their infants, and the public at risk. Rather than excluding pregnant and lactating women from research, we urge the National Institutes of Health and other federal agencies to ensure the development of vaccines and treatments suitable for this population by investing in early non-clinical studies to provide for the eventual enrollment of these women in late-stage clinical trials.

- **Collect and report data stratified by race and ethnicity to identify, characterize, and develop strategies to prevent and mitigate worsening health and health care disparities.** African American women are three times more likely to die from a pregnancy-related complication than white women

in the U.S. and surmounting data across the country indicate African Americans disproportionately bear adverse health outcomes from COVID-19. As federal research and surveillance efforts move forward, data stratified by race and ethnicity must be collected so that health care workers on the front lines and public health researchers can understand the risks and ensure appropriate treatment.

- **Protect access to reproductive health services including abortion and contraceptives** by preventing the classification of abortion as an elective procedure and expanding the Food and Drug Administration's (FDA) recent action to suspend enforcement of Risk Evaluation and Mitigation Strategy requirements to include mifepristone and subcutaneous depot medroxyprogesterone acetate. Abortion is an essential and time-sensitive component of comprehensive health care as the consequences of being unable to obtain an abortion profoundly impact a person's life, health, and well-being. The FDA requirements serve as a barrier to health care access for patients and as a safety concern for patients and physicians alike.
- **Ensure that health care workers on the front lines have access to adequate personal protective equipment (PPE) and testing supplies.** Obstetric care clinicians and their patients are at risk during this crisis. Access to PPE such as N95 respirators, isolation gowns and masks, surgical masks, and eye protection continue to be in short supply on the labor and delivery unit. PPE is essential to ensuring the health and safety of pregnant people and their families during pregnancy and labor throughout the United States.
- **Make additional funding available for physician practices as small businesses.** It is imperative that physician practices have access to financial assistance to support their continued ability to serve their patients. Support for physician practices is essential to the long-term health of our nation. Our members are confronting difficult financial decisions to continue serving their patients including layoffs of office staff, reduced or completely foregoing salary, and bearing the operating costs of their practices with their own private funds. Keeping the application process simple and modifying the size standards for physician practices will ensure our members can access and are eligible for financial assistance so that they can continue caring for their patients.
- **Ensure access to care for high-risk pregnant women by prioritizing Medicaid providers in the next wave of funding.** The distribution of federal funds to date has largely favored physicians who care for patients with Medicare coverage. Medicaid providers have joined in the national response to COVID-19 by providing care for one of the most vulnerable populations and taking on the financial challenges due to lost revenue and increased costs. As Medicaid finances about half of all births in the U.S., we urge Congress to support these providers, as well.
- **Provide continued support for reimbursement policies that support social distancing in clinical settings, such as telehealth and telephonic encounters.** Our most vulnerable patients may not have sufficient access to broadband internet to allow for an audiovisual visit and rely on telephonic encounters to receive clinical services. Patient counseling is a key component of the clinical services provided by our members and can be delivered using telehealth to limit exposure of at-risk women to the virus. By providing coverage and reimbursement for telephonic and video visits, the Centers for

Medicare and Medicaid (CMS) and other payers can enable social distancing to minimize the risk of contracting COVID-19 for patients and physicians alike.

- **Provide full coverage for durable medical equipment (DME) such as at-home blood pressure monitors.** DME is essential as it can aid physicians in conducting clinical surveillance and high-quality services via telehealth and telephone encounters. Supplying patients with the medical equipment they need will enable social distancing and help physicians triage high-risk women to minimize the risk of contracting COVID-19.

Thank you for the unprecedented investments you have made in the recent months to blunt the impact of COVID-19 on the nation's health and well-being. We ask that you ensure the next COVID-19 emergency response package continues to investment in maternal health, the public health infrastructure, and the health care workforces through the aforementioned priorities. We appreciate your attention to this important issue. Should you have any questions, please contact Kerri Wade at kwade@smfm.org.

Sincerely,



Judette Louis, MD, MPH
President



Matt J. Granato, LLM, MBA
Chief Executive Officer