May 8, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

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

As Congress takes action to advance "phase 4" legislation responding to the novel coronavirus (COVID-19) pandemic, the undersigned organizations strongly urge you to advance policies that ensure all growing families across our nation can access care that is equitable, respectful, dignified, and safe.

The COVID-19 crisis has strained our hospitals and health care system beyond capacity, shedding light on our country's already failing maternity care system and exacerbating existing maternal health inequities. **We encourage you to build on past bipartisan efforts to ensure that pregnant, childbearing, and postpartum people are supported during the COVID-19 pandemic**, by extending pregnancy-related Medicaid to one year postpartum, making virtual prenatal and postpartum care and remote monitoring available, and improving access to midwives, community birth, community-based doulas, peer childbirth educators, and peer counselors.

Now, more than ever, there is a need to enact long-term, stabilizing policies that better support growing families, especially for our most vulnerable populations. We ask you to prioritize pregnant, childbearing, and postpartum women in the response to COVID-19 by enacting four evidence-based, systems-level policy reforms, detailed in the following recommendations.

1. Permanently extend full-scope Medicaid coverage for all postpartum women for at least 12 months after giving birth with increased Federal Medical Assistance Percentages (FMAP) at 100% for the first five years, reduced to 90% thereafter.

As millions lose their jobs due to the COVID-19 pandemic, many are also losing employment-related health insurance. In 2018, Medicaid covered 42 percent of U.S. births,[1] but that is expected to skyrocket as a result of the current crisis.

Medicaid provides essential coverage for women while they are pregnant, during delivery, and up to 60 days postpartum. However, continuous health coverage is essential throughout the postpartum period, as one in three pregnancy-related deaths occur one week to one year after delivery and most of these

[1] Martin, J.A. et al. (2019). Births: Final Data, 2018. *Nat'l Vital Statistics Reports,* 68(13). https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf.

deaths are preventable.[2] In some states, more than half of pregnancy related deaths occurred between 60 days and one year postpartum,[3] and countless more people suffer trauma, severe mental health and morbidity during this vulnerable period.[4] Furthermore, the administrative efficiencies and cost-saving potential of continuing Medicaid coverage through one-year postpartum cannot be overstated, as it is estimated that the second six months of Medicaid coverage costs about 30 percent less than the first six months of coverage in a year.[5,6]

The 100 percent FMAP will ensure that all states can effectively participate in the population expansion, as many states with the highest maternal mortality rates have not elected to expand coverage under the Affordable Care Act (ACA).[7] As we have seen in the implementation of the ACA, we expect states will also realize savings in addition to the numerous health outcome gains through providing coverage as opposed to paying for uncompensated care in the form of emergency room visits and other emergent care for postpartum people through one-year.[8]

2. Make safe, virtual care and monitoring available to families for prenatal and postpartum health care, including mental health.

Telehealth visits are a critical strategy to limit exposure to COVID-19, while providing the ongoing care that keeps people healthy. The Centers for Medicare and Medicaid Services (CMS) recently offered broad guidance to states around Medicaid payment for telehealth services.[9] However, unless the service is provided in the same exact manner as in-person care, states must submit a State Plan Amendment for approval, an opportunity which only two states have taken to date.[10] Care will need to be provided differently for pregnant and postpartum people during this time, given that virtual care for prenatal, early labor, and postpartum support requires remote monitoring capabilities through durable medical equipment (DME), such as blood pressure cuffs.

We strongly encourage legislation that specifically enables states to pay for both the DME and the professional services at higher rates, while eliminating all administrative barriers to participation in virtual care from both the patient and provider sides. We also encourage enhanced payments for high-value programs, like Centering Pregnancy, and ensuring that online prenatal and childbirth education are covered services. Beyond reimbursement, we encourage waiving restrictions on the types of

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[2] CDC. (2019). Pregnancy-Related Deaths. *Vital Signs*. https://www.cdc.gov/vitalsigns/maternal-deaths/index.html.
[3] Manatt Health. (2020). Medicaid's Crucial Role in Combating the Maternal Mortality and Morbidity Crisis. *State Health and Value Strategies*. https://www.shvs.org/wp-content/uploads/2020/03/FINAL_-Medicaids-Crucial-Role-in-Combating-the-Maternal-Mortality-and-Morbidity-Crisis.pdf.
[4] Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. *Review to Action*. http://reviewtoaction.org/Report_from_Nine_MMRCs.
[5] Harman, J.S., Hall, A.G., Zhang, J. (2007). Changes in health care use and costs after a break in Medicaid coverage among persons with depression. *Psychiatr Serv*, 58(1), 49–54.
[6] Bindman, A.B., Chattopadhyay, A., Auerback, G.M. (2008). Interruptions in Medicaid coverage and risk for hospitalization for ambulatory care sensitive conditions. *Ann Intern Med*, 149(12), 854–860.
[7] Ranji, U., Gomez, I., Salganicoff, A. (2019). Expanding Postpartum Medicaid Coverage. *Kaiser Family Foundation*. https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/
[8] Hayes, S.L., Coleman, A., Collins, S.R., Nuzum, R. (2019). The Fiscal Case for Medicaid Expansion. *The Commonwealth Fund*. https://www.commonwealthfund.org/blog/2019/fiscal-case-medicaid-expansion
[9] Centers for Medicare and Medicaid Services. (2020, Mar.). Medicaid State Plan Fee-for-Service Payments for Services Delivered via Telehealth. https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf
[10] Cuello, L. (2020, Mar.). Overview on Using Medicaid to Respond to COVID-19. *National Health Law Program*. https://healthlaw.org/resource/overview-on-using-medicaid-to-respond-to-covid-19/

providers that are eligible for billing under telehealth to include midwives and community-based perinatal support workers.

3. Improving access to midwifery care and community birth options.

As hospital space and resources are being used for COVID-19 patients, people with healthy, low-risk pregnancies need improved access to out-of-hospital providers and birth settings to keep hospitals available for those who need higher levels of care. Midwives and community birth options (freestanding birth centers, auxiliary maternity units, and home births) can help relieve pressure on the physician workforce, minimize COVID-19 transmission, and direct health system resources more effectively and efficiently. Unfortunately, restrictive regulations on midwifery care and community birth, as well as insufficient insurance reimbursement and Medicaid coverage, keep these options out of reach for the people who most need this type of care.

Care provided by midwives consistently achieves outcomes that are as good as, or better than, those of physicians, leading to fewer interventions, comparable newborn health outcomes, higher rates of satisfaction, and lower health care costs.[11,12,13] Community birth options can lead to excellent health outcomes for people with healthy, low-risk pregnancies and keep hospitals available for those who need higher levels of care, while also resulting in health care cost savings.[14,15] Leading maternity care professional associations have affirmed licensed, accredited freestanding birth centers remain safe places to give birth during the COVID-19 pandemic.[16]

In order to expand access to midwifery care, we recommend allowing midwives to practice to the full scope of their national certification and designating midwives as essential care providers during the COVID-19 pandemic. Regulations and financial support must permit birth centers and auxiliary maternity units to open and expand rapidly to meet the increasing demand for out-of-hospital birth, following guidelines from national birth center accreditation organizations.[17] These options also require adequate reimbursement rates and facility fees to sustain their operations and serve patients enrolled in Medicaid.

4. Expanding access to community-based doulas, peer childbirth educators, and peer counselors to provide essential emotional and informational support to families during this time of crisis.

The role of perinatal support workers is especially important during the COVID-19 pandemic, as pregnant, childbearing, and postpartum people face added stress and difficulties in accessing care. Community-based doulas, childbirth educators, and lactation counselors can provide the emotional,

[11] Sandall, J. et al. (2016). Midwife-led continuity models versus other models of care for childbearing women. *The Cochrane Library.*
[12] Sutcliffe, K. et al. (2012, Nov.). Comparing midwife-led and doctor-led maternity care: a systematic review of reviews. *Journal of advanced nursing*, 68(11), 2376-86.
[13] Newhouse, R.P. et al. (2011, Sept.). Advanced practice nurse outcomes 1990-2008: a systematic review. *Nursing Economics*, 29(5), 230.
[14] National Academies of Sciences, Engineering, and Medicine. (2020). *Birth Settings in America: Outcomes, Quality, Access, and Choice* (S. Scrimshaw & E. P. Backes, Eds.). National Academies Press. https://doi.org/10.17226/25636
[15] Center for Medicare and Medicaid Innovation. (2018). Strong Start for Mothers and Newborns: Evaluation of Full Performance Period. *Centers for Medicare and Medicaid Services*. https://innovation.cms.gov/files/reports/strongstart-prenatal-fg-finalevalrpt.pdf
[16] American College of Obstetricians and Gynecologists. (2020, Mar.). Patient-Centered Care for Pregnant Patients During the COVID-19 Pandemic. https://www.acog.org/news/news-releases/2020/03/patient-centered-care-for-pregnant-patients-during-the-covid-19-pandemic
[17] American Association for Birth Centers and Commission for the Accreditation of Birth Centers. (2020). Guidelines for Auxiliary Maternity Units. https://cdn.ymaws.com/www.birthcenters.org/resource/resmgr/covid_resources/guidelines_for_auxiliary_mat.pdf

informational, systems navigation and support that childbearing families need during such an overwhelming time.

Many perinatal support workers are having to adjust to virtual support during the COVID-19 pandemic, as in-person support is being limited and labor support policies are becoming more restrictive. Key policies must be put into place to ensure that community-based perinatal support workers are able to provide care during these unprecedented times and beyond. These include providing insurance and Medicaid coverage, as well as emergency funds, to community-based perinatal health workers providing emotional and informational support, system navigation, childbirth and lactation education and support. This must be extended to virtual, telephonic, and in-person visits.

Together, these policies can help ensure pregnant, childbearing, and postpartum people get the quality, equitable, and respectful maternity care they need during the COVID-19 pandemic and beyond. **As you draft the next stimulus package, we urge you to show your commitment to protecting the health and well-being of our nation's families by incorporating and enacting policies that ensure everyone can give birth safely and with dignity during this unprecedented time.**

Sincerely,

March for Moms
Every Mother Counts

American Association of Birth Centers
American College of Nurse-Midwives
Ancient Song Doula Services
Arab Community Center for Economic and Social Services
Association of Maternal and Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
Black Mamas Matter Alliance
Center for Reproductive Rights
Children's Defense Fund
Community Catalyst
DONA International
Families USA
Fourth Trimester Project
HealthConnect One
Kentucky Voices for Health
Lamaze International
LetsTalkPPCM
Louisiana Budget Project
Maternal Mental Health Leadership Alliance
Maternal Safety Foundation
Mom Congress
MotherNation
NARAL Pro-Choice America
National Association of Nurse Practitioners in Women's Health
National Birth Equity Collaborative
National Healthy Start Association
National Partnership for Women & Families
NC Child
Postpartum Support International
Preeclampsia Foundation
Save the Mommies
Tennessee Justice Center
1,000 Days
2020 Mom

For additional information, please contact Nan Strauss, Managing Director of Policy, Advocacy, and Grantmaking at Every Mother Counts, at nan@everymothercounts.org.