

Written Testimony

Of

The American College of Obstetricians and Gynecologists

Before the

Committee on Ways and Means

Regarding the Hearing titled

“The Disproportionate Impact of COVID-19 on Communities of Color”

May 27, 2020

Chairman Neal, Ranking Member Brady, and distinguished members of the Committee on Ways and Means, the American College of Obstetricians and Gynecologists (ACOG)—the Nation’s leading physician organization dedicated to advancing women’s health—is pleased to submit written testimony on behalf of its more than 60,000 members for your hearing titled “The Disproportionate Impact of COVID-19 on Communities of Color.” Obstetrician-gynecologists, as trusted women’s health physicians, are on the frontlines of responding to this global pandemic and witness firsthand how this crisis affects the populations they serve, including those disproportionately at risk. ACOG shares the Committee’s deep concerns about the disparate impacts of the COVID-19 pandemic on communities of color and urges immediate action to mitigate these impacts.

Critical Need for Investment in Data Collection

The COVID-19 pandemic is putting pressure on our Nation’s already stressed health care system and, most concerning, is exasperating existing racial inequities. Current data indicate disproportionate rates of COVID-19 infection, severe morbidity, and mortality in communities of color, particularly among Black, Latinx, and Native American people.ⁱ Social determinants of health, current and historic inequities in access to health care and other resources, and structural racism contribute to these disparate outcomes. These factors also contribute to disproportionate rates of comorbidities in communities of color, which place individuals at higher risk of severe illness from COVID-19. Access to preventive strategies, COVID-19 testing, and health care resources for those affected may also be limited in some communities. Additional data are needed to understand the full extent of these inequities and to guide equitable allocation of health care resources and other public health interventions.

Local, statewide, and national data regarding COVID-19 testing and outcomes, stratified by race/ethnicity, socioeconomic status, and language ability, are critical to ensure accurate documentation of disproportionate effects and to ensure that resources are equitably distributed. These data should be reliably and consistently reported and available to health care systems, state and local health departments, government agencies, and the public, in order to coordinate and direct resources to those at highest risk and most affected by COVID-19 infection. Our Nation’s antiquated public health data systems, lacking sufficient federal investment and in many communities relying on obsolete surveillance methods, are further contributing to the inadequate data reporting. Investment in, support for, and participation in registries and data collection efforts to facilitate collection and analysis of comprehensive and accurate data is imperative to understand the full impact of the pandemic. **ACOG strongly urges Congress to support the uniform and standardized collection and reporting of race and ethnicity data for all diagnostic tests, positive cases, hospitalizations, and deaths in order to determine how and to what extent existing inequities are further exacerbated by the pandemic.**

Mitigating COVID-19’s Impact on the Maternal Mortality Crisis

ACOG is especially concerned that the COVID-19 pandemic is further exposing inequities faced by women of color and may have implications for the country’s maternal mortality crisis. As the Committee conferred in its May 2019 hearing, titled “Overcoming Racial Disparities and Social Determinants in the Maternal Mortality Crisis,” Black women are three times more likely to die from a pregnancy-related complication than non-Hispanic White women.ⁱⁱ COVID-19 has caused additional strain on Black women’s ability to access care and has also increased fear and anxiety in many pregnant and postpartum women about the safety of seeking risk-appropriate care in health care settings. Efforts to eliminate preventable morbidity and mortality, with a focus on eliminating racial inequities in maternal health access, quality of care, and health outcomes, need to be expanded during the pandemic.

Since the Committee's May 2019 hearing, considerable progress has been made in the U.S. House of Representatives to advance meaningful bipartisan legislation to address our Nation's maternal mortality crisis. The Maternal Health Quality Improvement Act (H.R. 4995) and the Helping Medicaid Offer Maternity Services Act (H.R. 4996) were advanced unanimously out of the Committee on Energy and Commerce in November 2019, representing a positive step toward enacting legislation that will move the needle on maternal mortality by:

- supporting training programs to address and prevent implicit bias and racism in the provision of health care services;
- authorizing the Alliance for Innovation on Maternal Health program to facilitate the adoption of evidence-based maternal safety best practices;
- supporting perinatal quality collaboratives tasked with translating recommendations from maternal mortality review committees into policy and practice changes;
- improving access to obstetric care in rural areas;
- and mitigating barriers to coverage and helping to prevent disruptions in care by supporting states in extending postpartum Medicaid coverage beyond the duration of the COVID-19 pandemic.

ACOG strongly urges Congress to promptly enact H.R. 4995 and H.R. 4996, which are critical to improving maternal health outcomes and eliminating preventable maternal deaths especially as we seek to recover from the pandemic.

ACOG is also concerned by the lack of federally funded research on COVID-19 and pregnancy, and the fact that pregnant and lactating women are excluded from existing federally funded clinical trials on a potential COVID-19 vaccine. **We urge Congress to encourage the study of potential COVID-19 vaccination safety and efficacy on pregnant and lactating women to ensure these populations are not left behind in our search for a vaccine. We also urge Congress to support funding for the National Institutes of Health (NIH), specifically the Eunice Kennedy Shriver National Institute on Child Health and Human Development, for research specific to COVID-19 and pregnancy.** An example of research that would benefit from federal investment is PRIORITY (Pregnancy CoRonavIrus Outcomes ResIsTrY), a nationwide study—established in record time—seeking to better understand how pregnant patients and pregnancy outcomes are impacted by COVID-19. With more than 700 patients enrolled, the PRIORITY Study is the largest of its kind, but needs additional support to respond to the high volume of patient enrollment and data and to assist with rapid release of high impact outcome information.

In addition, **we urge Congress to increase support for critical maternal health surveillance programs, including the Surveillance for Emerging Threats to Mothers and Babies program and the Pregnancy Risk Assessment Monitoring System (PRAMS).** The Emerging Threats initiative, established during the Zika virus outbreak, is a unique mother-baby linked surveillance network to monitor and improve the health of pregnant women and infants. PRAMS collects data on maternal attitudes and experiences before, during, and after pregnancy, with the goal of improving maternal and infant health and reducing adverse outcomes. Taken together, the Emerging Threats initiative and PRAMS can help us best understand the short- and long-term impacts of COVID-19 on maternal and infant health outcomes and make evidence-based recommendations.

Strengthening and Expanding Safety Net Programs

ACOG is concerned by reports of states making deep cuts to their Medicaid programs, including cuts to clinician reimbursement, and the negative impact these cuts will have on access to care, especially for pregnant patients and women of color. We applaud Congress for the 6.2 percentage point increase in states' Federal Medical Assistance Percentage (FMAP), and the accompanying maintenance of effort and continuous coverage safeguards included in the Families First Coronavirus Response Act (Public Law

116-127). As the demands on the Medicaid program continue to mount amid the growing financial strains on state budgets, and states continue to face other financial challenges, we urge Congress to take additional action to support the Medicaid program, including beyond the national emergency. Specifically, **Congress should implement an automatic FMAP adjustment tied to each state's increase in unemployment rate, with a minimum total enhancement of 12 percentage points, to continue beyond the termination of the public health emergency and remain until the economy has truly recovered.**

Additionally, ACOG is concerned that many women enrolled in Medicaid do not have access to the at-home equipment that is required for remote patient monitoring services. Chronic diseases associated with increased risk for pregnancy-related mortality, such as hypertension and cardiomyopathy, are more prevalent and less well controlled in Black women.ⁱⁱⁱ Close monitoring and management of these conditions are critical to the health and well-being of women and their pregnancies and may require additional office visits.^{iv} When appropriate, monitoring of these conditions can be facilitated and enhanced through the use of at-home equipment, including blood pressure cuffs. **ACOG encourages Congress to direct the Centers for Medicare and Medicaid Services to broaden Medicaid coverage of durable medical equipment (DME) for pregnant and postpartum women.** Expanding the DME benefit so that clinicians can write prescriptions for at-home equipment will ensure equitable access to evidence-based telehealth services for pregnant and postpartum women, as well as reduce their risk of exposure to COVID-19.

ACOG also urges Congress to provide emergency funding for the programs authorized by the Violence Against Women Act. Rates of domestic and sexual violence have increased at alarming rates since the stay-at-home orders began, and programs and systems are struggling to respond. According to the Centers for Disease Control and Prevention, racial and ethnic minority populations are disproportionately impacted by intimate partner violence, with American Indian/Alaska Native women and non-Hispanic Black women reporting a higher lifetime prevalence than non-Hispanic White women.^v As the pandemic persists, these populations will continue to be at elevated risk.

Finally, ACOG recommends that the Committee consider legislation to improve equitable access of telehealth services for Medicare beneficiaries. Due to the declaration of a national public health emergency, CMS waived several statutory requirements for Medicare coverage of telehealth services, including geographic, distant site, and originating site requirements to increase at-home access to telehealth services for Medicare beneficiaries as we address the COVID-19 pandemic. Typically, only those beneficiaries that live in rural areas are able to access telehealth services. CMS also waived the requirement that covered telehealth services be delivered through synchronous audio-video modalities. This waiver made audio-only telehealth visits and telephone check-in services available to Medicare beneficiaries that cannot or do not want to have video visits. The Federal Communications Commission estimates that 21 million Americans lack access to a fixed broadband connection meeting the federal standards for connectivity.^{vi} This includes an estimated 13 percent of African-Americans, 11 percent of Hispanics, 22 percent of rural residents, and 37.2 percent of households that speak limited English who lack access to fixed, residential high-speed broadband services.^{vii} Many Medicare beneficiaries are unable to operate the software required for a video visit and are significantly more comfortable speaking to their health care practitioners over the phone. Overall, obstetrician-gynecologists report that these waivers have improved access to evidence-based telehealth services for their patients. However, once the public health emergency ends, each of these requirements will be reinstituted due to statutory limitations. **To ensure long-term equitable access to telehealth services for at-risk populations, ACOG recommends that the Committee consider legislation to lift onerous statutory requirements for Medicare coverage of telehealth services that hinder patients' ability to access health care.**

The COVID-19 pandemic is testing the strength of our health care system, and the ability of the federal government to meet the needs of all those living in the United States. We appreciate Congress' work to address this public health crisis, but more must be done to mitigate the disproportionate impacts of the pandemic on communities of color and those who face existing barriers to care. Thank you for your commitment to addressing these inequities in the wake of COVID-19 and beyond. We look forward to continuing to work with you to ensure legislation meets the needs of women and communities of color.

ⁱ Artiga S, Garfield R, Orgera K. "Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19." Kaiser Family Foundation. 7 April 2020. Available at: <https://www.kff.org/disparities-policy/issuebrief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>

ⁱⁱ Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:762–765. Available at: <http://dx.doi.org/10.15585/mmwr.mm6835a3>.

ⁱⁱⁱ Ibid.

^{iv} Emergent therapy for acute-onset, severe hypertension during pregnancy and the postpartum period. ACOG Committee Opinion No. 767. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;133:e174–80.

^v Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017).

Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

^{vi} Federal Communications Commission. 2019 Broadband Deployment Report. 2019. Retrieved from: <https://docs.fcc.gov/public/attachments/FCC-19-44A1.pdf>

^{vii} Ryan, Camille. 2018. "Computer and Internet Use in the United States: 2016." U.S. Census: American Community Survey Reports, August 2018. <https://www.census.gov/library/publications/2018/acs/acs-39.html>. See also: Anderson, Monica, Andrew Perrin, and Jingjing Jiang. 2018. "11% of Americans Don't Use the Internet. Who Are They?" Fact Tank (blog), Washington, DC: Pew Research Center, March 5, 2018. <http://www.pewresearch.org/fact-tank/2018/03/05/some-americans-dont-use-the-internet-who-are-they/>. Anderson, Monica, and Andrew Perrin. 2017. "Disabled Americans Less Likely to Use Technology." Fact Tank (blog), Washington, DC: Pew Research Center, April 7, 2017. <http://www.pewresearch.org/fact-tank/2017/04/07/disabled-americans-are-less-likely-to-use-technology/>.