The American College of Obstetricians and Gynecologists (ACOG), representing more than 60,000 physicians and partners dedicated to advancing women’s health, appreciates the opportunity to submit comments to the Black Maternal Health Caucus (the Caucus) as it works to strategize advocacy efforts and develop policy to improve maternal health outcomes among Black women.

As the members of the Caucus are aware, in the United States Black women are three times more likely to die from a pregnancy-related complication than non-Hispanic White women. Differences in outcomes result from many factors including racism and bias in access to and delivery of quality health care. ACOG recognizes that in order to improve maternal health outcomes for Black women, it is critical to change the culture of medicine by addressing racism and implicit biases that contribute to health inequities and prioritizing centering Black women’s voices. ACOG is committed to eliminating inequities in women’s health and to confronting implicit bias and racism. This means recognizing and examining our own prejudice and bias and addressing the ways in which health care systems perpetuate inequity. ACOG is also deeply concerned that the COVID-19 pandemic may be negatively impacting maternal health outcomes, threatening to exacerbate the existing maternal mortality crisis. Congress should act swiftly to mitigate the impacts of the pandemic on Black women and to improve maternal health. We are grateful for the opportunity to collaborate with the members of the Caucus and other organizations that inform its work to promote policies that elevate Black women’s voices, eradicate racism, and eliminate preventable maternal deaths and inequities in health outcomes.

ACOG urges the members of the Caucus to ardently advocate for enactment of H.R. 4995, the Maternal Health Quality Improvement Act, and H.R. 4996, the Helping MOMS Act. Enactment of these two bipartisan bills is key to helping us move the needle on maternal mortality and improve health outcomes for Black women. H.R. 4995 includes support for important programs to improve cultural competency and address racism and implicit bias in medicine, invest in evidence-based quality improvement programs to implement safety best practices in birthing facilities across the nation, and expand access to obstetric care in rural areas, where communities with larger Black populations are more likely to lack access to hospital-based obstetric care. H.R. 4996 would incentivize states to adopt 12 months of continuous postpartum coverage for women who rely on the Medicaid program for pregnancy-related care, and its advancement is critical to our shared priority of improving health outcomes for Black women. Nearly half of all non-Hispanic Black women have discontinuous insurance from prepregnancy to postpartum. Closing this critical gap in coverage during a vulnerable time in women’s health can mean the difference between life and death for many mothers.

ACOG was pleased to endorse H.R. 6142, the Black Maternal Health Caucus Momnibus and supports the Caucus’ efforts to advance this legislation. H.R. 6142 centers the needs and preferences of Black women to establish programs that promote respectful and culturally congruent care, diversify the maternity care workforce, address social determinants of health, and strengthen care coordination. We look forward to continuing to work with the Caucus to advance these important policies.

In addition to its work to advance the aforementioned legislation, ACOG urges the Caucus to consider the following policies as it develops its agenda:

- **Prohibit insurers from offering inadequate medical coverage that circumvents consumer protections established in the Affordable Care Act (ACA) and restricts access to maternity care for pregnant and postpartum individuals.** Short-term, limited duration insurance (STLDI) plans can refuse to cover essential health benefits, including maternity care and mental health care, both of which are vital to the health of pregnant and postpartum individuals and their newborns. Reports indicate that all STLDI plans on the market exclude coverage for maternity care. These plans can be especially harmful for Black women, who are
disproportionately impacted by inadequate health care coverage while, as a result of a myriad of factors including systemic inequities, experiencing high rates of chronic health conditions that can be exacerbated by pregnancy and result in adverse health outcomes. ACOG affirms that essential maternity care benefits, including prenatal care, should be guaranteed for all women, regardless of their coverage; maternity coverage should be uniform and affordable under all insurance; and pregnancy and preventive care should be offered without cost-sharing.

**Improve and strengthen the telehealth infrastructure to meet the needs of Black women.** In the wake of the COVID-19 public health emergency, telehealth has served as an important, primary tool used by obstetrician-gynecologists to reduce exposure while ensuring access to timely, evidence-based health care for patients. Telehealth has the ability to help drive access to care and overcome barriers to access. However, policy changes are required to ensure that the widespread implementation of telehealth does not exacerbate existing inequities, including those experienced by communities of color. Many patients do not have the connectivity and equipment required for telehealth visits, including broadband access, home monitoring equipment, and video-capable phones. Beyond resource barriers, Black maternal health advocates report that for some patients the historic over-policing of communities of color causes apprehension in participating in video calls during which patients’ environments can be seen. These factors emphasize the need to expand access to audio-only telehealth services and distant site providers, including by allowing Federally Qualified Health Centers and Rural Health Centers to serve as distant sites for telehealth.

**Promote the standardization of data elements related to women’s health within electronic health records (EHR).** To improve the quality of information available to women’s health care teams, it is critical that EHRs uniformly collect and aggregate unique elements related to women’s health, including pregnancy status, pregnancy history and previous complications, and reproductive health. However, the EHR certification program does not require that these data elements are included in EHRs. The COVID-19 pandemic has highlighted the need for more robust data collection, especially as current data indicate disproportionate COVID-19 infection, severe morbidity, and mortality rates among minoritized populations, including Black individuals, when compared with their proportion in the population. Advanced data collection can better inform research and surveillance efforts as we work to address racial health inequities. A voluntary certification for women's health for EHR vendors could improve the collection and standardization of women's health data in EHRs, which would ultimately enhance the data available to women's health practitioners and improve maternity care.

**Establish a special enrollment period (SEP) for pregnant individuals.** Under current federal law, there is no SEP for pregnancy. This means that if an uninsured or underinsured woman becomes pregnant outside of the annual open enrollment period – and is not otherwise eligible for other insurance such as Medicaid or CHIP – she may be unable to access the health insurance she needs for the duration of her pregnancy. This may lead some women to forgo pregnancy-related care altogether because, absent coverage, they would need to pay for the full cost of care on their own. Establishing an SEP for pregnancy would eliminate this gap and get more women into timely prenatal care. Although the ACA added many protections for pregnant women, including making maternity care an Essential Health Benefit and requiring plans to cover prenatal care with no cost-sharing, Congress should go further by enabling women to pick and switch plans with lower out-of-pocket costs when they become pregnant. We encourage the Caucus to consider strategic advocacy to advance H.R. 2778, the Healthy MOM Act.

It is critical that our work to eliminate preventable maternal deaths and improve maternal health outcomes incorporates and centers Black women’s voices and lived experiences. If we hope to change how care is delivered, we must ensure that the methods hospitals and clinicians use to address implicit bias and racism align with Black women’s needs, values, and preferences. Black women’s experiences and feedback must be a driving factor in the development of quality improvement measures. ACOG reaffirms its commitment to this important work and looks forward to our continued partnership with this Caucus and shared goal of passing meaningful legislation that advances and protects Black maternal health.
8 The average cost for an uncomplicated vaginal delivery in 2012 was $23,000. This amount would be financially untenable for many women and families without the aid of insurance. More information is available here: https://aspe.hhs.gov/system/files/pdf/77191/ib_mch.pdf