April 17, 2020

Alex M. Azar II  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: ACOG Recommendations for Dispersing Relief Funds to Obstetrician-Gynecologists

Dear Secretary Azar:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), the Nation’s leading women’s health organization, representing over 60,000 physicians and partners dedicated to advancing women’s health, thank you for your work to date in response to COVID-19, a global pandemic and serious public health threat. As you know, while the United States is facing a pandemic it is also in the midst of a maternal mortality crisis, with at least two thirds of maternal deaths being deemed preventable.1 It is critical that physicians who care for women, including pregnant women, be supported so that they can continue to provide essential health care to women. To that end, we are writing to request that the Department of Health and Human Services (HHS) swiftly disperse relief funds to obstetrician-gynecologists to ensure ongoing access to women’s health care services.

We recognize and appreciate the measures HHS has taken to support physician practices during this public health emergency, including the disbursement of funds provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. To date, the relief funds and other financial support provisions rely solely on Medicare fee-for-service (FFS) claims. An internal analysis revealed that obstetrician-gynecologists billed 0.6 percent of the total relative value units (RVUs) on FFS claims paid in 2018. Additionally, the National Center for Health Statistics reports that 42 percent of births were covered by Medicaid in 2018, while an additional 49 percent were covered by private insurers.2 Medicaid is also a primary payer for older women; of the approximately 25 million women Medicaid beneficiaries, 32 percent are over 50 years old.3 As such, obstetrician-gynecologists are unable to benefit from the support to date, as most of their patients are enrolled in Medicaid or have private insurance coverage.

Women’s health practitioners are also disproportionately impacted by this crisis due to the unique billing structure of maternity care services, as well as the high cost of malpractice insurance. Maternity care is typically paid for all at once after delivery using a global service code, meaning that obstetrician-gynecologists provide about ten months of prenatal and labor and delivery services before being reimbursed. Obstetrician-gynecologists also have the highest malpractice insurance premium rates among all physician specialties. According to the public file published with the 2020 Medicare Physician Fee Schedule Final Rule, obstetrician-gynecologists providing obstetric services have a malpractice risk factor of 7.2 and an average normalized premium rate of $69,387.4 The average risk factor and normalized premiums across all other specialties and risk groups are 2.72 and $24,145 respectively.5
These high premium costs and the deferral of maternity care reimbursements are both putting additional financial strain on obstetric and gynecologic practices. ACOG believes that without adequate financial relief, practices may be forced to close.

Women’s health care practitioners are an essential part of our nation’s safety net and HHS must ensure the ongoing sustainability of obstetric and gynecologic practices throughout the COVID-19 pandemic and beyond. Beyond the work that obstetrician-gynecologists do to support pregnant women and deliver their babies, they also care for patients with cancer, chronic health conditions, and provide well-woman preventative care to women. These are critical functions to our nation’s public health. ACOG therefore urges HHS to swiftly disperse relief funds provided by the CARES Act to obstetrician-gynecologists. To ensure these funds will provide direct support to obstetrician-gynecologists, we recommend HHS:

1. **Provide financial relief directly to all practitioners with a National Provider Identifier (NPI) with the primary taxonomy classification of Obstetrics & Gynecology, as well as all of the taxonomy classifications listed in the Table 1 below.** This methodology ensures that women’s health providers will receive some relief funding regardless of their payer mix. It is critical that obstetrician-gynecologists are not left out of relief efforts due to eligibility and enrollment requirements that they cannot control.

   **Table 1: NPI Taxonomy Classifications of Obstetrician-Gynecologists**

<table>
<thead>
<tr>
<th>Number</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>207V00000X</td>
<td>Obstetrics &amp; Gynecology</td>
</tr>
<tr>
<td>207VX0200X</td>
<td>Ob/Gyn: Critical Care Medicine</td>
</tr>
<tr>
<td>207VF0040X</td>
<td>Ob/Gyn: Female Pelvic Medicine &amp; Reconstructive Surgery</td>
</tr>
<tr>
<td>207VX0201X</td>
<td>Ob/Gyn: Gynecologic Oncology</td>
</tr>
<tr>
<td>207VG0400X</td>
<td>Ob/Gyn: Gynecology</td>
</tr>
<tr>
<td>207VH0002X</td>
<td>Ob/Gyn: Hospice &amp; Palliative Medicine</td>
</tr>
<tr>
<td>207VM0101X</td>
<td>Ob/Gyn: Maternal &amp; Fetal Medicine</td>
</tr>
<tr>
<td>207VB0002X</td>
<td>Ob/Gyn: Obesity Medicine</td>
</tr>
<tr>
<td>207VX0000X</td>
<td>Ob/Gyn: Obstetrics</td>
</tr>
<tr>
<td>207VE0102X</td>
<td>Ob/Gyn: Reproductive Endocrinology</td>
</tr>
</tbody>
</table>

2. **Use the following method to determine the amount of relief funds that should be distributed to each obstetric and gynecologic practitioner:**

   a. **Determine the average amount of relief funds that were provided to those specialties who serve a significant proportion of Medicare FFS patients.** ACOG recommends using the average amount of funds per practitioner because it relies on data that we believe is readily available to HHS, which in turn will facilitate the process of dispersing funds. When calculating the average amount provided per practitioner in the first round of funds dispersed, HHS should exclude pediatricians, allergists, psychiatrists and obstetrician-gynecologists, who also have low rates of Medicare billing.

   b. **Add an additional flat dollar amount to adjust for the high cost of obstetrician-gynecologists’ professional liability premiums.** Obstetrician-gynecologists pay approximately 35 percent more for malpractice insurance premiums than all other physician specialties. The Medicare Physician Fee Schedule accounts for this cost in the RVUs that are assigned to the codes billed by obstetrician-gynecologists. Since this
recommended formula is based on claims submitted by other physician specialties, the amount derived must be adjusted to account for this additional liability cost that is not otherwise captured.

3. **Refrain from requiring physicians and other practitioners to submit an application to access relief funds. Funds should be deposited or mailed directly to practitioners.** Obstetrician-gynecologists are on the front lines caring for patients every day—often at great personal risk—in the midst of this pandemic. They must be able to focus on caring for patients at this time and HHS should ensure funds are sent directly to them.

While the United States faces an unprecedented public health crisis with the COVID-19 pandemic, it also faces a persistent and unacceptable maternal mortality crisis. It is critical that HHS take steps to ensure that women are able to access health care in this time. The Centers for Disease Control and Prevention report that the national rates of maternal mortality and severe maternal morbidity have been steadily increasing for several years. Our collective efforts to improve maternal health outcomes and eliminate preventable maternal mortality should not be lost amid the COVID-19 emergency; rather, more attention to women’s unique health needs is imperative at this time. **ACOG urges HHS to prioritize providing direct financial support to women’s health practitioners.**

We look forward to partnering with you to ensure both the equitable distribution of relief funds and continued access to women’s health care during the COVID-19 pandemic and beyond. Should you have any questions, please contact Meredith Yinger, Health Policy Analyst, at myinger@acog.org or (240) 423-7455.

Sincerely,

/s/ Skye Perryman

Skye L. Perryman, JD  
Chief Legal Officer & General Counsel  
American College of Obstetricians and Gynecologists

---

4 Centers for Medicare and Medicaid Services. CY 2020 PFS Final Rule Malpractice Risk Factors and Premium Amounts by Specialty. Available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F
5 Ibid.