

COVID-19 Call to Action for Women's Health

— April 30, 2020 —

DEAR STATE OFFICIALS:

We write on behalf of the American College of Obstetricians and Gynecologists, representing 60,000 obstetrician-gynecologists and partners in women's health answering the call of our profession on the front lines and in communities across the United States. We appreciate the work you are already doing to address the COVID-19 pandemic.

The COVID-19 pandemic comes at a time in our nation's history when women's health is in crisis. Our maternal mortality rates are unsurpassed despite an overall downward trend worldwide, and Black women are dying at rates three to four times higher than white women. Our rates of uninsurance and underinsurance disproportionately burden women. We have unsustainable access divides that are worsening every day due to restrictions on evidence-based obstetric and gynecological care. In short, the COVID-19 pandemic has exacerbated weaknesses in our health care infrastructure and exposed limitations in our nation's health care policies.

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As you continue to mobilize resources to fight the COVID-19 pandemic, we ask that the measures you take prioritize women's health and safety and be based on science and informed in real-time by the experience of states and communities at the epicenter of the pandemic.

Our calls to action below are focused, necessary policy prescriptions: They prioritize equity in women's health care access and outcomes, value equitably and fairly the care provided by obstetrician-gynecologists, and should be considered for broad-scale and long-term implementation beyond this pandemic.

On behalf of the American College of Obstetricians and Gynecologists, thank you for your attention to the foregoing recommendations. In the days, weeks, and months to come, COVID-19 will continue to test the strength of our health care system, our economy, and our social safety net. As we learn from this crisis, we look forward to working with you to strengthen the health of women, families, and communities in our nation. Please contact us at stateleg@acog.org.

Sincerely,



Eva Chalas, MD, FACOG, FACS
President



Maureen G. Phipps, MD, MPH, FACOG
Chief Executive Officer

CALL TO ACTION: SUPPORT OUR FRONT-LINE PHYSICIANS

Recommendations:

- Accelerate all possible means to equip physicians and care teams with a continuous, adequate supply of quality personal protective equipment (PPE). Decisions regarding PPE distribution should take into consideration the unique needs and challenges of labor and delivery units, including visitor policies.
- Accelerate production and dissemination of testing kits. Collaborate with health care professionals on state testing policies, including policies that meet the needs of communities most affected. It is important that health care professionals who provide care in labor and delivery units be recognized as front-line workers and be prioritized for appropriate testing resources.
- Protect from civil liability health care professionals providing services within the scope of authority permitted under COVID-19 emergency rules, in support of the state's response to the COVID-19 outbreak, and under conditions and circumstances associated with the public health emergency—including the care of any individual who presents at a health care facility or to a health care professional during the period of the COVID-19 emergency declaration.
- Support health care professionals, including protection from retaliation for reporting unsafe working conditions.

CALL TO ACTION: PROTECT ACCESS TO SAFE, QUALITY CARE

Recommendations:

- Work with obstetrician-gynecologists to keep hospitals the safest birth option and ensure women have access to evidence-based information about birthing options and risks. Visitor policies for labor and delivery care should be patient-centered while also following safety and infection control protocols consistent with a pandemic.
- Enhance and protect health care coverage for women and families by eliminating private health insurance barriers, strengthening the public health and family planning safety net, and expediting coverage for newly uninsured due to the pandemic.
- Redouble efforts to reduce preventable maternal deaths, many of which occur within the first year after delivery, including giving Medicaid-insured women continuous, uninterrupted coverage for 12 months postpartum.
- Ensure that essential, time-sensitive obstetric and gynecologic procedures, including abortion care, are not postponed or inaccessible and engage in ongoing monitoring and prioritization in collaboration with health care professionals, clinics, and hospital systems.
- Waive cost sharing for COVID-19 testing and treatment and associated physician, urgent care, emergency care, and telehealth visits.
- Initiate planning for rapid COVID-19 vaccination uptake in all communities and ensure minimal to no patient cost-sharing.

CALL TO ACTION: CENTER AT-RISK AND MARGINALIZED COMMUNITIES

Recommendations:

- Prioritize communities already experiencing structural, societal, economic, and health inequities—including racism and gender oppression—in all COVID-19 responses.

- Partner with the federal government and academic registries in the collection, evaluation, and reporting of COVID-19-specific data, including by race and ethnicity.
- Evaluate crisis response on marginalized communities to guide planning and prioritization of resources.
- Redouble efforts during the pandemic to eliminate preventable morbidity and mortality with a focus on racial inequities in maternal health access, services and health outcomes.
- Dedicate law enforcement and direct service resources to help domestic violence victims leave abusive situations and protect domestic violence and sexual assault survivors.
- Innovate solutions to promote the health and dignity of communities whose circumstances inhibit spread-containment recommendations, including incarcerated people and those experiencing homelessness.
- Suspend medically inappropriate restrictions that impede access to reproductive health care and exacerbate inequities.

CALL TO ACTION: INVEST IN OUR HEALTH WORKFORCE AND INFRASTRUCTURE

Recommendations:

- Support private practice and employed obstetrician-gynecologists in new and existing financial relief programs.
- Support Medicaid physicians through appropriate reimbursement including maternity care and participation by all willing and qualified providers.
- Scale-up obstetrician-gynecologists' telehealth use by expanding modalities and lifting restrictions, guaranteeing equitable reimbursement and coverage, and increasing patient access including telemedicine visits for women's essential health services, prenatal and postpartum services, and postpartum mental health services.
- Expand physician license portability and multi-state licensure privileges.
- Provide medical liability insurance premium relief.

CALL TO ACTION: LEARN FROM THIS CRISIS

Recommendations:

- Prioritize immediate and long-term measures that strengthen our public health infrastructure.
- Accelerate efforts already underway to combat a maternal mortality crisis that is unacceptable in this country and disproportionately affects women of color.
- Build on innovations deployed during the crisis to modernize health care delivery and learning, including new efficiencies in telehealth.
- Repeal medically inappropriate restrictions on reproductive health care.
- Maintain support for physician practices, including administrative burden relief, fair reimbursement for obstetrical and gynecological care, and medical liability protection.
- Invest in patient-centered care by eliminating cost and coverage barriers and inequities, promoting continuous, timely access, and supporting a safety net of comprehensive services, referrals, and qualified providers.