

December 13, 2019

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

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

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

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

Dear Senate Majority Leader Mitch McConnell, Minority Leader Chuck Schumer, House Speaker Nancy Pelosi, and House Minority Leader Kevin McCarthy:

The undersigned organizations write to request that key provisions that improve health for women and families be included in the end of year health package. Collectively, our organizations work to improve the affordability of health care, expand access, and combat the maternal health crisis. The bipartisan, bicameral Lower Health Care Costs Act released by the Senate HELP Committee and the House Committee on Energy & Commerce will put an end to surprise medical billing and also includes important steps to improve maternal health. We hope that Congressional and Committee leadership will hold the line on surprise billing and expand maternal health provisions in the bill.

Surprise Billing Must End to Safeguard Women's Health and Economic Security

For many women, childbirth is the first time they have a hospital stay or major surgery, which puts women at great risk for receiving a surprise medical bill. A woman who chooses an in-network hospital and obstetrician for her labor and delivery could face a surprise medical bill if, for example, an out-of-network anesthesiologist administers an epidural. It is unethical for women in these circumstances, at no fault of their own, to be charged for care from out-of-network providers, all while they are healing from the process of labor and delivery, battling debilitating fatigue and coping with a major life change.

We commend Sens. Alexander and Murray, along with Reps. Pallone and Walden, for coming to an agreement on surprise billing and for moving this comprehensive legislation forward. Congress should move expeditiously to pass it into law. Surprise medical billing is a deeply concerning issue that profoundly affects women's health and economic security. Unfortunately, surprise billing is a widespread and growing problem, affecting women and families in many different situations, from air and ground emergency transport, to an ancillary testing services being sent to an out-of-network lab. In fact a recently released poll by Families USA and YouGov found that 44 percent of voters are in families that have experienced a surprise bill.ⁱ Additionally, 21 percent of women undergoing mastectomies experience out-of-network provider charges.ⁱⁱ

The bicameral, bipartisan Lower Health Care Costs Act protects patients in surprise out-of-network balance billing and contains total costs for consumers so that premiums do not increase. The approaches used in both the Senate HELP Committee legislation and the House Energy & Commerce legislation have been found by the CBO as saving \$25 billionⁱⁱⁱ and \$22 billion^{iv}, respectively.

The Time is Now to Take Strong Action to Address the Maternal Health Crisis

We also strongly support the maternal health provisions included in this package. Despite spending more money than any other country on maternity care, Black and Native women are three to four times more likely to die from pregnancy related complications, and our national rates of prematurity and low birthweight babies are worse than those of other developed countries. It is imperative that we increase access to maternal health care - particularly in rural areas - support perinatal quality collaboratives, expand maternal health research initiatives, and address implicit bias in health care to improve maternal health outcomes. However, the ongoing maternal health crisis requires that Congress takes more steps to save lives and improve maternal health outcomes.

We strongly recommend that provisions that extend Medicaid coverage to a full year postpartum be added to the LHCC Act. Many low-income women qualify for health coverage through Medicaid when they become pregnant, but their eligibility typically ends 60 days after giving birth. The postpartum period is critical for women and babies, with long-term implications for their health and well-being.^v Recent professional recommendations state that postpartum care should become an “ongoing process, rather than a single encounter, with services and support tailored to each woman’s individual needs.”^{vi} Moreover, approximately 18 percent of pregnancy-related deaths occur between 43 days and one year after giving birth.^{vii} Expanding post-partum health coverage for up to a year should improve maternal outcomes by providing better access to care and reducing financial instability in the period immediately following birth. Given the bipartisan support to pass legislation that improves maternal health outcomes, this provision should be added to the LHCC Act.

As Congressional leadership assembles a year-end package to lower health care costs and improve access to quality care, we hope that the maternal health crisis and the goal of holding patients harmless in surprise billing will be front and center.

Signed,

Advocates for Youth

African Services Committee

American Association of Birth Centers

American College of Nurse-Midwives

Black Mamas Matter Alliance

Center for American Progress

Center for Independence of the Disabled, NY

Center for Reproductive Rights

Congregation of Our Lady of the Good Shepherd, US Provinces

Disability Rights Education and Defense Fund (DREDF)

Every Mother Counts
Families USA
First Focus Campaign for Children
Futures Without Violence
March for Moms
Maternal Mental Health Leadership Alliance
MomsRising
NAACP
National Advocacy Center of the Sisters of the Good Shepherd
National Center for Transgender Equality
National Council of Jewish Women
National Health Law Program
National Partnership for Women & Families
National Patient Advocate Foundation
National WIC Association
Power to Decide
Society for Public Health Education
The Afiya Center
Virginia Organizing
Voices for Progress

ⁱ Families USA. (2019, November). *Families USA Surprise Medical Bills National Survey*. Retrieved 12 December 2019, from <https://familiesusa.org/resources/families-usa-surprise-medical-bills-national-survey/>

ⁱⁱ Pollitz, K., Rae, M., Cox, C., & Kurani, N. (2019, December). *Surprise bills vary by diagnosis and type of admission*. Retrieved 12 December 2019, from Peterson Center on Healthcare website: <https://www.healthsystemtracker.org/brief/surprise-bills-vary-by-diagnosis-and-type-of-admission/>

ⁱⁱⁱ Congressional Budget Office. (2019, July). *S. 1895, Lower Health Care Costs Act*. Retrieved 12 December 2019, from https://www.cbo.gov/system/files/2019-07/s1895_0.pdf

^{iv} Congressional Budget Office. (2019, September). *H.R. 2328, Reauthorizing and Extending America's Community Health Act*. Retrieved 12 December 2019, from <https://www.cbo.gov/system/files/2019-09/hr2328.pdf>

^v American College of Obstetricians and Gynecologists. "ACOG Committee Opinion: Optimizing Postpartum Care." (2018, May) Retrieved on 2 April 2019 from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care?IsMobileSet=false>

^{vi} Ibid.

^{vii} Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from Nine Maternal Mortality Review Committees. Retrieved on 2 April 2019 from http://reviewtoaction.org/sites/default/files/national-portalmaterial/Report%20from%20Nine%20MMRCs%20final_0.pdf