AMA
AMERICAN MEDICAL ASSOCIATION

James L. Madara, MD
CEO, EXECUTIVE VICE PRESIDENT

james.madara@ama-assn.org

October 28, 2024

The Honorable Robin Kelly
U.S. House of Representatives
2329 Rayburn House Office Building
Washington, DC 20515

The Honorable Dan Meuser
U.S. House of Representatives
350 Cannon House Office Building
Washington, DC 20515

The Honorable Young Kim
U.S. House of Representatives
1306 Longworth House Office Building
Washington, DC 20515

The Honorable Kim Schrier
U.S. House of Representatives
1110 Longworth House Office Building
Washington, DC 20515

Dear Representatives Kelly, Kim, Meuser, and Schrier:

On behalf of the physician and medical student members of the American Medical Association (AMA), I want to express our support for H.R. 8383, the "Rural Obstetrics Readiness Act," which would provide grant funding to develop, and facilitate access to, an evidence-based program to train practitioners to provide emergency obstetric services during pregnancy, labor, delivery, or the postpartum period in rural health care facilities that do not have dedicated obstetric units. This bipartisan legislation would also support the acquisition of needed equipment and provide funding to develop and carry out protocols for the transfer of patients to other facilities, the hiring of additional personnel, and the establishment of training opportunities to enable non-obstetric health professionals to gain exposure to obstetric services. The bill would also support the development of pilot teleconsultation programs within the maternal health care space.

Patients may seek obstetric care in a number of non-obstetric settings "including EMS/911, hospital-based emergency departments, standalone emergency rooms, or urgent care facilities."[1] Therefore, it is important to ensure that the larger physician workforce, especially those physicians who are often required to provide prenatal and postpartum care in rural facilities, are trained and prepared to provide this medical care. For example, "[w]omen often see their primary care physicians for common acute conditions during pregnancy, even if they are not the primary maternity care clinician."[2] Moreover, "[f]amily medicine physicians have a prominent role in delivery of women's health services, particularly in rural areas… Given their broad skill set, family medicine physicians are especially well suited to provide prenatal care and to attend births in sparsely populated settings because they can attend to the totality of the family's needs."[3] Furthermore, Emergency Department use in pregnancy is common.[4] "The proportion of pregnancy-associated emergency department visits among reproductive-age women is increasing, as are inpatient admissions from the emergency department for pregnancy-associated diagnoses."[5] Therefore, it is important to expand maternal care education and training especially to non-

[1] https://www.acog.org/programs/obstetric-emergencies-in-nonobstetric-settings.
[2] https://www.aafp.org/pubs/afp/issues/2018/1101/p595.html.
[3] https://fdslive.oup.com/www.oup.com/academic/pdf/openaccess/9780197662984.pdf.
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5290191/.
[5] https://pubmed.ncbi.nlm.nih.gov/37790954/.

obstetrics providers, including family medicine and emergency medicine physicians, to ensure they can more effectively diagnose, manage, and treat higher-risk pregnant and postpartum patients in rural communities.

Furthermore, in many rural areas that lack regular and reliable access to physician specialists and subspecialists, such as maternal-fetal medicine physicians and fetal cardiologists, primary care physicians routinely manage pregnancy care. These primary care providers need access to specialist consultations to help address complex clinical challenges that may arise over the course of pregnancy or delivery. One way to support multidisciplinary peer collaboration is through teleconsultations. This model enables physicians in rural areas to connect with specialists in facilities with the capacity to provide higher levels of maternal care via telehealth. Evaluations of these programs show that remote consults are generally feasible, acceptable to patients, and can save patients time and money on travel. Telemedicine may also increase access to specialty care for patients who may otherwise forgo this care due to lack of availability in their communities. Having specialists accessible via telemedicine may also encourage local providers to maintain care of their high-risk patients and safely facilitate more deliveries in nearby hospitals.[6] These models of teleconsultation would be supported through the pilot program within H.R. 8383 which would facilitate the ability for patients in rural areas to access higher levels of, and more specialized, care without having to leave their communities.

In maternity care deserts where pregnant and postpartum patients may not have access to obstetrician-gynecologists (OBGYNs), it is important to equip all physicians with the skills necessary to recognize and treat obstetric emergencies. The AMA believes that the Rural Obstetrics Readiness Act would help to facilitate the knowledge that is necessary to care for our mothers and infants in rural communities when access to an OBGYN may not be possible and strongly supports the bill.

The AMA is committed to addressing the issues surrounding maternal mortality and morbidity and working with Congress to develop solutions aimed at improving maternal health outcomes, nationwide. We appreciate your leadership on this important issue and look forward to working with you to advance this legislation.

Sincerely,

James L. Madara, MD

[6] https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/.