

The Bipartisan Improving Access to Maternity Care Act

U.S. Senators Tammy Baldwin (D-WI) and Lisa Murkowski (R-AK)

Background¹:

- There are major pockets of the US where women do not have access to needed ob-gyn care.
- 49% of US countries do not have an ACOG fellow, 9.5 million Americans live in these often rural counties. More than half of women in rural communities live more than 30 minutes away from a hospital offering perinatal services.
- The proportion of ob-gyns retiring is rising while the female population is expected to increase 36% by 2050; ACOG projects an ob-gyn shortage of 18% by 2030.
- The National Health Service Corps (NHSC) places providers in health professional shortage areas (HPSAs); however there is no shortage area designation for maternity care.
- Maternity care shortages threaten women's ability to receive timely prenatal and labor/delivery services.
- Every year, 1 million babies are born to mothers who did not receive adequate prenatal care.
- Babies born to mothers who received no prenatal care are 3 times more likely to be low birth weight and 5 times more likely to die than babies whose mothers received prenatal care.²
- The average cost of medical care for a premature or low birth-weight baby for its first year of life is about \$49,000. By contrast, a newborn without complications costs \$4,551 for care in its first year of life.³

The Problem⁴:

- The NHSC was created in 1972 to help fill health provider shortages in underserved areas; more than 45,000 providers have participated in the program.
- Currently, there are over 9,200 NHSC providers serving 9.7 million Americans across the U.S.
- The program provides scholarships and loan repayments in exchange for service in a NHSC site:
 - The scholarship program provides tuition assistance and a living stipend in exchange for 2-4 years of service, and can be awarded for up to 4 years.
 - The loan repayment program provides up to \$50,000 in loan repayment in exchange for at least 2 years of service.
- There are shortage area designations for primary care, dental care, and mental health, but not for maternity care. The Health Resources and Services Administration (HRSA) is tasked with identifying HPSAs.
- Currently, ob-gyns in the program are sent to primary care sites, even if those areas don't have high maternity care needs.

The Solution:

- The Improving Access to Maternity Care Act would:
 - Require HRSA to collect and analyze data to create a maternity health professional shortage area (HPSA) sub-designation for use by NHSC, based on provider types, geographic regions and population characteristics.
 - Target maternity care resources where they're most needed, helping ensure healthier pregnancies and healthier babies.

¹Data based on ACOG fellow and member statistics and US Census Projections from 2013. ACOG represents over 90% of all board certified obstetricians and gynecologists in the United States.

²Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. Prenatal services.

³Health Resources and Services Administration, U.S. Department of Health and Human Services. Prenatal – First Trimester Care Access. Clinical Quality Measures.

⁴Data based on HRSA NHSC public statistics