AAMC
Association of
American Medical Colleges
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

From Crisis to a Call to Action: *The AAMC's Recommendations to Address the Maternal Health Crisis and Advance Birthing Equity*

Rates of maternal death in the United States are unacceptably high — and on the rise. According to data from the Centers for Disease Control and Prevention, in 2021, the nation's maternal mortality rate was 32.9 deaths per 100,000 live births, a nearly 40 percent increase over 2020 levels.[1] Black, American Indian, and Alaska Native women are more likely to die from pregnancy-related causes than their white counterparts, even after controlling for individual-level characteristics such as age, education, and socioeconomic status.[2,3]

AAMC-member medical schools, teaching health systems and hospitals, and faculty physicians play a critical role in the maternal health care delivery system, offering highly specialized services that are often unavailable in other settings. For example, over 70 percent of AAMC-member health systems and hospitals provide level III obstetrics and gynecology services, which include the management and treatment of complex maternal medical conditions, obstetric complications, and fetal abnormalities — as compared to just 12 percent of all hospitals nationwide.[4] This statistic illustrates the important role that academic medical centers, faculty physicians, learners, and other providers play in managing high-risk pregnancies. Our members are committed to preventing maternal injury and death by investing in the maternity care workforce, improving clinical care, pioneering new discoveries, and partnering with patients, families, and communities. You can read more about our members' efforts to address the maternal health crisis here.

The AAMC supports a multi-pronged strategy to prevent maternal deaths and advance health equity. We appreciate and support the administration's ongoing commitment to address this crisis, including through the provision of $486 million in funding to close disparities in maternal and infant health. We support policies to expand and diversify the perinatal workforce; bolster our maternity care system; and expand access to health coverage, care, and social supports before, during, and after pregnancy. To achieve these goals, we urge Congress and the administration to consider the following recommendations:

---

[1] Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: https://dx.doi.org/10.15620/cdc:124678.
[2] Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.
[3] Ibid.
[4] Source: AAMC Analysis of American Hospital Association (AHA) Annual Survey Database, FY2021. Hospital counts reflect total number of hospitals in the database and excludes federal hospitals, long-term care hospitals, and specialty hospitals. Reflects AAMC membership as of September 2023.

Diversify, Expand, and Extend the Perinatal Workforce

According to AAMC data, the United States faces a projected physician shortage of up to 86,000 doctors by 2036, with demand rapidly outpacing supply.[5] If all populations enjoyed the same access to care as white, insured patients living in suburban areas, then this shortage would surge to over 200,000 doctors.[6] The nation's changing demographics — namely, a growing and aging population — will only further exacerbate this challenge in coming years. The COVID-19 pandemic and associated burnout have placed profound pressure on our nation's physicians, causing many to leave the profession. Given the staggering magnitude of current and future workforce shortages, it is critical that we recruit, train, and retain additional physicians.

Health care workforce shortages significantly impact pregnant patients' access to maternity care. According to a 2022 March of Dimes Report, 36 percent of U.S. counties qualify as a "maternity care desert," meaning that they have no access to an obstetric provider.[7] Patients who live in maternity care deserts may struggle to access appropriate preventive, prenatal, and postpartum care, which can lead to worse health outcomes and profound disparities. This issue disproportionately affects low-income and rural patients, who are more likely to live in a maternity care desert.

To strengthen the maternity care workforce and ensure access to care for all patients, the AAMC urges Congress to increase investment in Medicare-supported graduate medical education (GME). The AAMC endorses the Resident Physician Shortage Reduction Act of 2023 (H.R. 2389/S. 1302), which would increase the number of Medicare-supported GME positions by 2,000 per year for seven years, for a total of 14,000 new positions. This meaningful investment in the physician workforce would translate to an increase in the number of maternity care providers, including obstetricians and maternal and fetal medicine specialists.

The AAMC also encourages Congress to increase support for HRSA Title VII and Title VIII workforce development programs, which serve as important complements to Medicare-supported GME in strengthening the health care workforce. These programs play a critical role in fostering a diverse and culturally responsive health care workforce. For example, the Centers of Excellence (COE) program works to diversify the workforce through grants for education and training. In the 2021-2022 academic year, the program supported over 2,000 trainees, 99% of whom belong to underrepresented groups. Of those participants who intended to apply to a health professions school, nearly half were

---

[5] Dall, Tim, et al. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. Washington, DC: Association of American Medical Colleges (AAMC), 2024. https://www.aamc.org/media/75236/download?attachment

[6] Ibid, 11.

[7] Brigance, C., Lucas R., Jones, E., Davis, A., Oinuma, M., Mishkin, K. and Henderson, Z. (2022). Nowhere to Go: Maternity Care Deserts Across the U.S. (Report No. 3). March of Dimes. https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx

admitted within one year of completing a COE structured program.[8] In addition, these programs promote collaborative, interdisciplinary care teams — including midwives, nurses, licensed clinical social workers, mental health providers, and other professionals — through interprofessional training and education. Area Health Education Centers (AHECs) develop education and training networks within communities and academic institutions to broaden the distribution of the health care workforce and improve health care delivery to rural and underserved areas. In the 2021-2022 academic year, AHECs supported 28,000 clinical training sites for health professional trainees, nearly half of which were located in rural areas.

In addition to these long-term investments in the health care workforce, the AAMC supports policies to enhance current workforce capacity and help providers efficiently respond to patients' care needs. The COVID-19 pandemic illustrated the important role that telehealth can play in expanding access to maternity care services, especially for patients in maternity care deserts. For example, patients who live in rural and underserved areas may rely on a combination of telehealth and remote patient monitoring to help manage chronic conditions during pregnancy, such as gestational diabetes. To maintain patients' access to telehealth services, the AAMC supports permanently extending pandemic-related regulatory flexibilities and payment parity.

The AAMC also supports policies to extend the expertise of its members to patients and providers in rural and underserved communities. AAMC-member institutions provide highly specialized maternity care services that are often unavailable in other settings, including the diagnosis and management of high-risk pregnancies. While not every pregnant patient enjoys easy access to an academic medical center, AAMC members continue to spearhead innovative strategies to expand access to these services, including through the use of technology-enabled interprofessional consults ("eConsults") and remote physiologic monitoring devices. The AAMC endorses the Connected Maternal Online Monitoring (MOM) Act (S. 712), which would direct the Centers for Medicare & Medicaid Services (CMS) to identify and address barriers to coverage for remote physiologic monitoring devices under state Medicaid programs.

Bolster the Maternity Care System

Nationally, over 98% of live births occur in a hospital setting, and therefore, hospital financial challenges and closures pose a major challenge to pregnant patients.[9] In 2022, over 2.2 million women of childbearing age lived in a county without a hospital or birth center offering obstetric care, and this challenge is expected to worsen in coming years

---

[8] Health Resources and Services Administration Workforce Development Programs: A Budget Blueprint for Fiscal Year 2024. Health Professions and Nursing Education Coalition (HPNEC). https://www.hpnec.org/media/4166/download?attachment

[9] MacDorman, Marian F., and Eugene Declercq. "Trends and state variations in out-of-hospital births in the United States, 2004–2017." *Birth* 46, no. 2 (2019): 279–288.

due to the profound financial pressures facing hospitals.[10] Mounting financial challenges stemming from insufficient reimbursement, workforce shortages, and rising costs have forced many hospitals across the country to shutter their maternity care units, or else close entirely. These closures seriously endanger the health and safety of pregnant patients living in both rural and urban communities.

To ensure that teaching health systems and hospitals remain open and ready to serve pregnant patients, it is critical that Congress and the administration understand and address the profound financial challenges facing the hospital sector, and in particular, teaching hospitals, driven by historic workforce shortages, an unprecedent growth in costs, and inadequate reimbursement from payers. To this end, we urge Congress to reject harmful and misguided cuts to hospital outpatient departments (HOPDs), preserve and strengthen the 340B Drug Pricing Program, eliminate scheduled reductions to the Medicaid Disproportionate Share Hospital (DSH) Program, and update hospital payments to account for inflation. Together, these critical programs help to ensure the long-term financial sustainability of teaching health systems and hospitals, thereby allowing these providers to continue to serve pregnant patients and their families.

Ensure Access to Coverage and Care

The AAMC supports policies to expand access to robust and affordable insurance coverage for parents, families, and infants. Medicaid, which finances over 40 percent of all births in the U.S., plays a critical role in supporting the health of pregnant patients.[11] The Affordable Care Act (ACA) has dramatically expanded access to coverage by incentivizing states to extend Medicaid eligibility to additional individuals. Research shows that Medicaid expansion is associated with improved health outcomes for both parents and infants, including lower rates of maternal and infant mortality, reduced risk of pre-term birth and low birth weight, and fewer hospitalizations during the early post-partum period. Unfortunately, in the remaining states that have failed to adopt Medicaid expansion, nearly 2 million people fall into the “coverage gap,” meaning that their income is above the state’s Medicaid eligibility threshold but below the poverty line, making them ineligible for subsidies in the ACA Marketplaces.[12] To address this challenge, the AAMC supports policies that incentivize states to adopt Medicaid expansion, including continued access to enhanced federal matching funds for new expansion states.

---

[10] Brigance, C., Lucas R., Jones, E., Davis, A., Oinuma, M., Mishkin, K. and Henderson, Z. (2022). Nowhere to Go: Maternity Care Deserts Across the U.S. (Report No. 3). March of Dimes. https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx

[11] Osterman, Michelle J. K., et al. "Births: Final Data for 2020." National Vital Statistics Reports 70, no. 17 (2022). https://stacks.cdc.gov/view/cdc/112078.

[12] Rudowitz, Robin, et al. “How Many Uninsured Are in the Coverage Gap and How Many Could Be Eligible If All States Adopted the Medicaid Expansion?” Kaiser Family Foundation, March 31, 2023. https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/.

The one-year postpartum period is an especially risky time for patients, who may develop serious health complications, such as cardiovascular disease or behavioral health conditions. Despite these risks, a shocking percentage of postpartum patients report that they do not receive recommended care. Access to coverage is a key predictor of a patient's likelihood of receiving postpartum care. Although current federal statute requires that states provide just 60 days of postpartum Medicaid coverage, Congress and the administration recently provided states with the permanent option to extend coverage to 12 months postpartum. To date, 46 states and the District of Columbia have chosen to extend postpartum coverage.[13] While the AAMC applauds this progress, we urge Congress and the administration to continue to build on this momentum and advance policies that promote universal access to coverage.

The AAMC also recognizes that coverage alone does not guarantee access to care for pregnant patients. Barriers imposed by insurers, including administratively burdensome prior authorization requirements, can reduce patients' access to care and contribute to provider burnout. This is particularly concerning in the context of maternity care, as prior authorization requirements can limit patients' access to time-sensitive diagnostic and treatment procedures, such as genetic testing. To address this challenge, the AAMC urges CMS to prohibit prior authorization for maternal care during the prenatal and one-year postpartum period.[14] To support continuity of care during this critical window, the AAMC also recommends requiring payers to honor prior authorization approvals issued by a previous payer during pregnancy and for one-year postpartum. This policy would ensure that pregnant and postpartum patients have continued access to medically necessary care, regardless of whether their source of coverage has changed.

Promote Whole-Person Health

Perinatal behavioral health conditions, including depression and anxiety, are the most common complications of pregnancy and childbirth. An estimated one in five women experience these conditions, but few receive treatment.[15] Left untreated, perinatal behavioral health conditions can be deadly: suicide and overdose are the leading causes of pregnancy-related death in the one-year postpartum period. [16] The AAMC is committed to raising awareness of this troubling problem and empowering our members to expand access to mental and behavioral health services for pregnant patients and

---

[13] "Medicaid Postpartum Coverage Extension Tracker." Kaiser Family Foundation, January 17, 2024. https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/

[14] Jaffery, Jonathan. Advancing Interoperability and Improving Prior Authorization Processes [CMS-0057-P]. Letter. Washington, DC: Association of American Medical Colleges (AAMC), 2023. https://www.aamc.org/media/65416/download.

[15] "Launch of the WHO guide for integration of perinatal mental health in maternal and child health services." World Health Organization, September 19, 2022. https://www.who.int/news/item/19-09-2022-launch-of-the-who-guide-for-integration-of-perinatal-mental-health#:~:text=Almost%201%20in%205%20women,undertake%20acts%20of%20self%2Dharm.

[16] Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2022.

their families. We are proud to be part of Mind the Gap, a national coalition convened by Postpartum Support International that aims to increase screening, diagnosis, and treatment of maternal mental health conditions.

Through our strategic plan, the AAMC works to accelerate the coordination and integration of physical and behavioral health care. Integrated behavioral health (IBH) models involve a multi-disciplinary team of medical and behavioral health providers working together to address the medical, behavioral, and social factors that affect a patient's health and wellbeing. These models, which can be embedded into both primary and specialty care settings, are a proven strategy to reduce the stigma surrounding mental health services and expand access to care, particularly for historically under-resourced patients. The AAMC believes that behavioral health integration is an effective strategy to improve pregnant and postpartum patients' access to mental health and substance use disorder services. To promote the adoption of these care models, the AAMC urges Congress and the administration to invest in sustainable financing mechanisms that incentivize same-day care and ensure the long-term financial viability of behavioral health integration.[17]

Foster Cross-Sector Partnerships

The AAMC recognizes that non-clinical factors, including access to safe and affordable housing, reliable transportation, nutritious food, and a healthy environment, play an important role in a person's health. As anchor institutions in their communities, academic medical centers are well-positioned to forge federal, state, and local community partnerships to address these social determinants of health. Every day, our members collaborate with communities to ensure that all people have the opportunity to reach their full health potential — a state of health equity.

To address this challenge, the AAMC supported the bipartisan Social Determinants Accelerator Act in the 117th Congress. This legislation would authorize an interagency technical advisory panel on the social determinants of health (SDOH) and create planning grants for state, local, and tribal governments to establish accelerator programs addressing SDOH. We encourage the reintroduction and swift enactment of this legislation as a first step in addressing the social drivers of maternal and child health inequities.

The AAMC understands that the availability of robust and comprehensive sociodemographic data is critical to identifying and addressing maternal health inequities. Per the AAMC Center for Health Justice's Principles of Trustworthiness, we believe that peoples' lived experiences with pregnancy and childbirth are integral to the research process, and therefore, data collection, analysis, and dissemination should be undertaken in partnership with the individuals and communities most impacted by maternal health inequities. For data to be useful and meaningful to these communities,

---

[17] Focusing on Mental and Behavioral Health Care. Washington, DC: Association of American Medical Colleges (AAMC), 2022. https://www.aamc.org/media/61651/download

researchers should strive to share their findings with pregnant patients, community members, and other relevant stakeholders. Transparent, comprehensive, and inclusive data can help researchers, providers, and policymakers understand who is most susceptible to maternal injury and death.

Maternal mortality review committees (MMRCs) are a powerful tool for understanding the root causes of pregnancy-related deaths. The committees, which are comprised of representatives from public health, medicine, and the community, analyze available data to identify and characterize pregnancy-related deaths, as well as recommend prevention measures. MMRCs help researchers, policymakers, and communities understand and address the key drivers of maternal deaths and disparities. To support these life-saving efforts, the AAMC endorses the Preventing Maternal Deaths Reauthorization Act of 2023 (H.R. 3838, S. 2415), which would reauthorize federal support for state-based MMRCs through fiscal year 2028. Absent congressional action, authorization for these programs is set to expire at the end of the current fiscal year (Sept. 30, 2024).

The AAMC also endorses the Data to Save Moms Act (S. 1599), which would expand data collection and research on maternal morbidity and mortality among communities of color. Under the legislation, the Secretary of the Department of Health and Human Services may furnish grants to MMRCs to support engagement with local communities, such as by inviting and supporting committee participation by community members with under-represented perspectives and experiences.