



August 2, 2024

The Honorable Ron Wyden
Chairman
Senate Finance Committee
SD-221, The Capitol
Washington, DC 20510

Dear Senator Wyden and Senate Co-leads,

The National Rural Health Association (NRHA) appreciates the opportunity to provide feedback on the discussion draft of the Keeping Obstetrics Local Act (KOLA). We appreciate the Senators' commitment to maintaining access to maternal health care services in rural areas throughout the country. The proposals in KOLA would be instrumental in addressing the root causes of labor and delivery unit closures in rural hospitals and preserve access to care.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

A majority of rural births traditionally have occurred at local hospital facilities, yet as of 2022, 58.8% (1162/1976) of rural counties had no hospital-based obstetric services.¹ Studies show a doubling of infant mortality rates where counties have lost OB services.² Residents in communities that lost care have lower incomes and fewer resources to access health care.³ Additionally, out-of-hospital births and preterm births increase in counties without hospital-based OB services.⁴ The South has the lowest number of OB services in hospitals, with seven rural hospitals offering these services per 100,000 pregnant women in 2021.⁵

¹ Kozhimannil KB, Interrante JD, Fritz AH, and Sheffield EC. "Loss of Hospital-Based Obstetric Services in Rural Counties in the United States, 2010-2022," UMN Rural Health Research Center Infographic. July 2024. <https://rhrc.umn.edu/publication/loss-ofhospital-based-obstetric-services-in-rural-counties-in-the-unitedstates-2010-2022>

² Meyer, E., Hennink, M., Rochat, R. et al. Working Towards Safe Motherhood: Delays and Barriers to Prenatal Care for Women in Rural and Peri-Urban Areas of Georgia. *Matern Child Health J.* 20: 1358. 2016. Doi:10.1007/s10995-016-1997-x

³ Declercq E, Barnard-Mayers R, Zephyrin L, Johnson K. The U.S. Maternal Health Divide: The limited maternal health services and worse outcomes of states proposing new abortion restrictions. U.S. Maternal Health Divide: Limited Services and Worse Outcomes | Commonwealth Fund. December 14, 2022. Accessed January 11, 2024. <https://www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide-limited-services-worseoutcomes>

⁴ Byron JJ, Avalos M, Xiao K (Amy), Klein AA, Leheste JR. Health equity in a post 'Roe versus Wade' America. *Cureus.* Published online 2022. Doi:10.7759/cureus.32100

⁵ Declercq E, Barnard-Mayers R, Zephyrin L, Johnson K. The U.S. Maternal Health Divide: The limited maternal health services and worse outcomes of states proposing new abortion restrictions. U.S. Maternal Health Divide: Limited Services and Worse Outcomes | Commonwealth Fund. December 14, 2022. Accessed January 11, 2024. <https://www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide-limited-services-worseoutcomes>

NRHA applauds Senator Wyden and KOLA co-sponsors for addressing this growing crisis in rural areas. We offer the following comments on the discussion draft for consideration.

Title I – Enhancing Financial Support for Rural Hospitals

Financial challenges, such as low Medicaid reimbursement rates and high costs of malpractice insurance, are significant barriers to keeping obstetric units open in rural hospitals.⁶ Rural hospitals are more reliant on Medicaid, with half of all births in these facilities covered by Medicaid.⁷ The high rate of births covered by Medicaid poses a financial challenge for rural hospitals, as Medicaid reimbursement for childbirth is half the rate of private insurers on average.⁸ High costs associated with staffing obstetric units in rural hospitals and the lower volume of deliveries also contributes to financial instability. The proposed sections in Title I of KOLA are critical because of the significant role Medicaid plays in the feasibility of rural hospitals providing obstetric services, especially the increase in base Medicaid payment rates to 150% of Medicare and two types of maternity services anchor payments.

Title II – Expanding Coverage of Maternal Health Care

NRHA has encouraged innovation in rural maternal care through establishing alternative payment models for obstetrics and delivery. Section 202, which creates an option for state Medicaid programs to provide and receive enhanced federal funding for a health home will be an important option for developing maternal coordinate care models for rural pregnant persons. In addition to a focus on care coordination, NRHA appreciates the inclusion of behavioral health support services for both substance use and mental health concerns, both significant areas of need in rural areas across the country.

Additional Medicaid-covered support roles for pregnancy, like doulas, will further promote healthy pregnancies and reduce the overall cost to rural hospitals taking on a higher shares of Medicaid patients. As such, NRHA supports include of provisions that encourage States to expand coverage and reimbursement payment options for the non-physician clinicians and doulas to promote consistent payment, credentialing and certification across states for certified nurse midwives, doulas, and other supportive maternal health providers.

Title III – Investing in the Maternal Health Care Workforce

Many rural areas have a shortage of providers with advanced training in maternity care.⁹ Staffing models for maternity care in rural areas vary, with OB services most commonly

⁶ Rural Hospital Closures Threaten Access – American Hospital Association. AHA.org. September 2022. Accessed January 11, 2024. <https://www.aha.org/system/files/media/file/2022/09/rural-hospital-closures-threaten-access-report.pdf>

⁷ GAO. Maternal health: Availability of hospital-based obstetric care in rural areas. GAO.gov. October 19, 2022. Accessed January 11, 2024. <https://www.gao.gov/products/gao-23-105515>

⁸ Truven Health Analytics. The Cost of Having a Baby in the United States. 2013. <https://www.nationalpartnership.org/ourwork/resources/health-care/maternity/archive/the-cost-of-having-a-baby-in-the-us.pdf>

⁹ Maternal Mortality and Morbidity: Additional Efforts Needed to Assess Program Data for Rural and Underserved Areas. GAO21-283. April 8, 2021. Accessed January 22, 2024. <https://www.gao.gov/products/gao-21-283>.



provided by family practice physicians.¹⁰ A variety of personal and professional factors contribute to the shortage of maternal health providers in rural areas.¹¹ The declining number of rural primary care physicians trained in OB care, difficulty of maintaining clinical skill sets for delivery of high-risk pregnancies, and closure of OB units in hospitals contribute to the maternal health workforce shortage and inadequate training of rural providers. NRHA supports policy changes that encourage and support family practice physicians in providing maternity care services in rural America.

In addition to the proposals included in KOLA, NRHA urges consideration of additional opportunities within Senate Finance Committee jurisdiction, as well as partnering with other committees to continue to develop the rural maternal health workforce. NRHA supports the creation of new Medicare Graduate Medical Education (GME) slots with a focus on allocating a portion of slots to high-need specialties in rural areas, such as obstetric or OB fellowships following a family medicine residency. NRHA encourages members to consider S. 4097 Rural Obstetric Readiness Act led by Senators Hassan (D-NH), Collins (R-ME), Britt (R-AL), and Smith (D-MN). The bill helps rural hospitals and doctors prepare to handle the obstetric emergencies that come through their doors by creating training programs to help non-specialists respond to emergencies like labor and delivery, among other provisions.

NRHA strongly endorses a formal introduction of KOLA in the fall as proposed. The Association thanks Senator Wyden and his colleagues for their efforts on this important legislation and for the opportunity to submit public comments. We look forward to working with the Senators on this legislation and seeing rural maternal health reform move forward, ensuring all rural residents have access to necessary care. For any additional information, please contact NRHA's Chief Policy Officer, Carrie Cochran-McClain (ccochran@ruralhealth.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Morgan".

Alan Morgan
Chief Executive Officer
National Rural Health Association

10 Brigance C, Lucas R, Jones E, et al. Nowhere to go: Maternity care deserts across the U.S. 2022 Report. March of Dimes. 2022. Accessed January 11, 2024. https://www.marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf

11 Cohen, D., & Coco, A. (2009). Declining trends in the provision of prenatal care visits by family physicians. *Annals of family medicine*, 7(2), 128-133. <https://doi.org/10.1370/afm.916>