

Policy Solutions to Workforce Shortages in Women's Health Care

**Mallory Schwarz, Federal Affairs Manager
American Congress of Obstetricians and Gynecologists**

ACOG
THE AMERICAN CONGRESS
OF OBSTETRICIANS
AND GYNECOLOGISTS

The American Congress of Obstetricians and Gynecologists (ACOG) is the nation's leading group of physicians providing health care for women. With more than 58,000 members, ACOG strongly advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care.

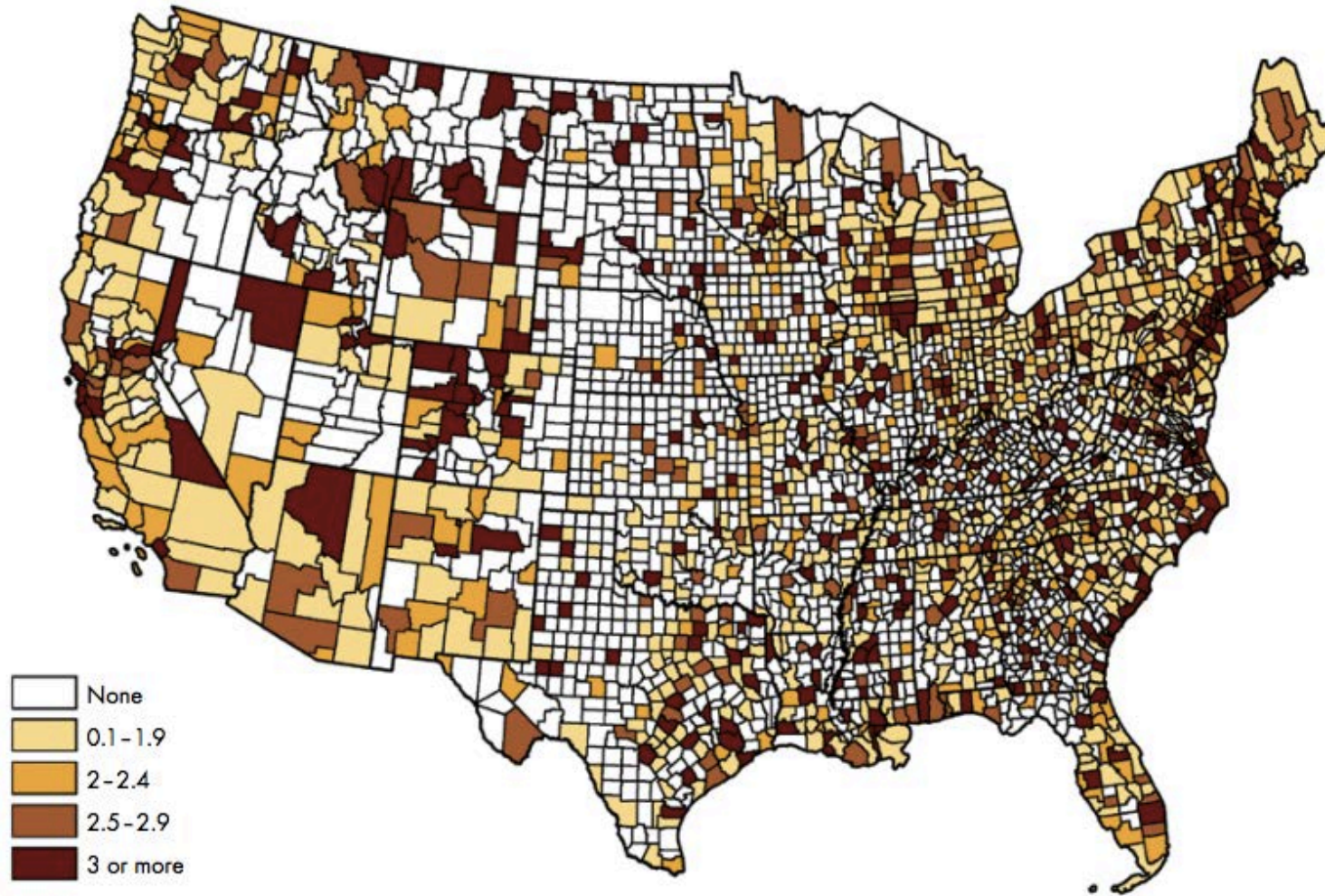
Health Professional Shortages Threaten Women's Ability to Receive Timely Maternity Care



Every year, **1 million babies** are born to mothers who did not receive adequate prenatal care.

- Babies **3 times more likely** to be low birth weight; **5 times more likely** to die.
- The average cost of medical care for a premature or low birth-weight baby: **\$49,000**.
- Costs for newborns without complications: **\$4,551**.

Obstetrician–gynecologists per 10,000 women in the United States, 2010



Access to Maternity Care Providers

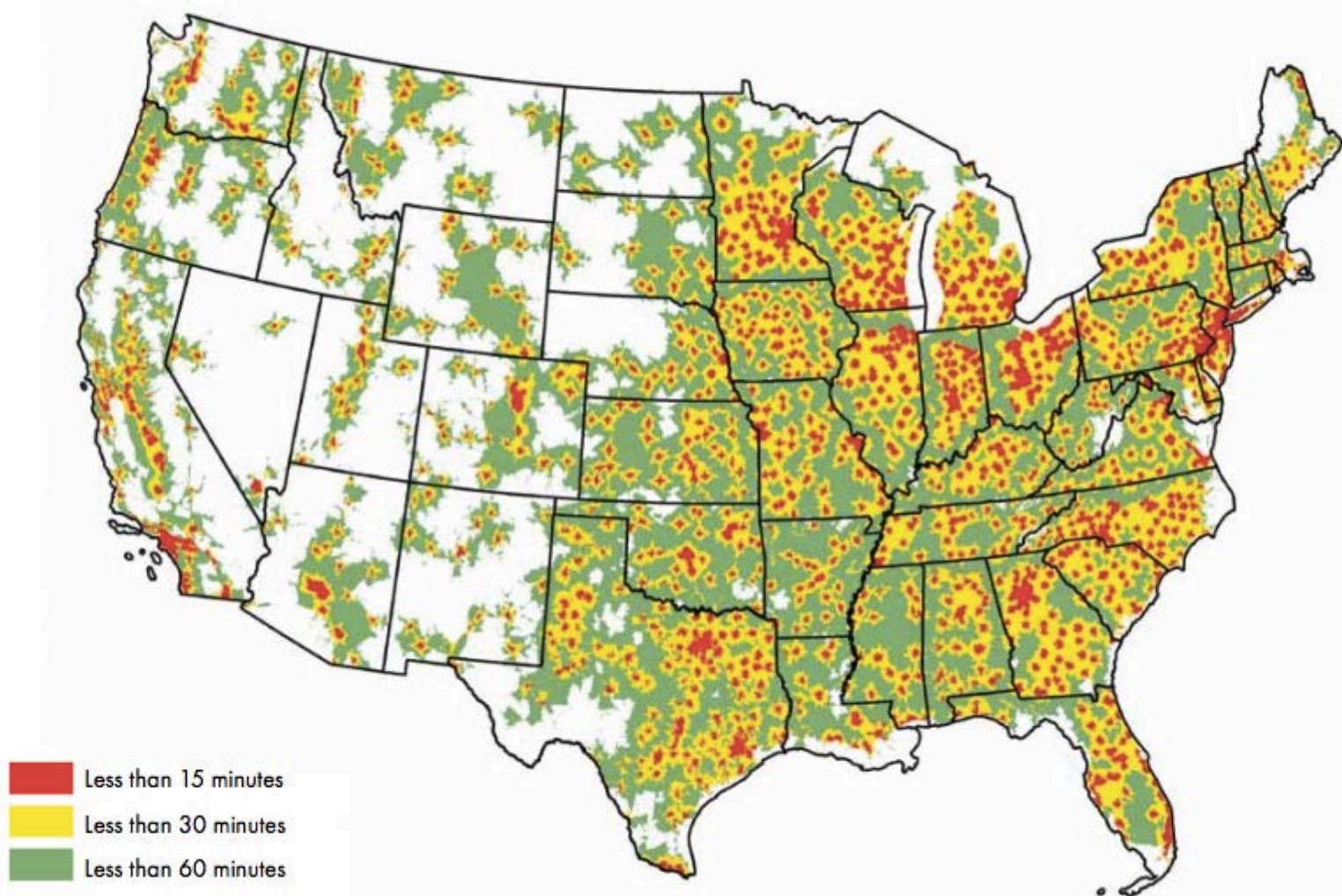
9.5 million
Americans live in
rural counties with
no ob-gyn
(49% of counties)

Disparities in Access between Rural and Urban Areas

- Significant health disparities exist between rural and urban women.
- Ratio of ob-gyns per 10,000 women highest in metropolitan areas; decreases in less populated and rural counties.
- Access to specialty women's health care, like abortion, is a serious concern in rural areas.



Driving times to hospitals with maternity centers in the United States, 2010.



Access to Maternity Care Providers

More than half of women in rural communities live more than 30 minutes away from a hospital offering maternity care.

Obstetrician-Gynecologist Workforce Challenges

Ob-gyn shortage of **18% by 2030**

Trends affecting the ob-gyn workforce:

- Decreased number of **residency graduates** relative to the population of women
 - Number of ob-gyns per 10,000 women of reproductive age (15-44 years) was **5.5 in 2016**, down from **6.2 in 2008**;
 - The female population will increase **36% by 2050**.
- Increased **federal funding** is needed to ensure an increase in residency positions for ob-gyn to meet the growing demand



Obstetrician-Gynecologist Workforce Challenges

- **Practice-patterns** are changing
 - Physicians under 35 report a desire to work fewer hours.
 - More physicians are employed than in the past; **only 53%** own their own practices compared to over 60% in 2008.
- **Work-life balance** important to new physicians
 - **2016 residency class was 83.3% female;**
 - Female ob-gyns are more likely to keep part-time schedules in order to balance career and family.
- Increased **malpractice costs** have led to decreased professional satisfaction among physicians
 - Nearly **two-thirds of ob-gyns over 50** report retiring early at least in part due to rising medical liability premiums.



Obstetrician-Gynecologist Workforce Challenges

- Women's health is moving toward **team-based care**
 - Qualified non-physician health care professionals working in concert with physicians will help meet the unmet need, while reducing the cost of care;
 - **More than half of all ob-gyn offices** currently employ non-physician health care professionals including nurse practitioners (NPs), certified nurse-midwives (CNMs), certified midwives, and physician assistants (PAs).



ACA and Workforce Challenges

Before the Affordable Care Act (ACA):

- **13% of all pregnant women** were uninsured
- Health care coverage for about **39.5 million insured women** was subject to lifetime coverage limits, causing many to lose coverage mid-treatment;
- **Nearly 1/3 of pregnant women** reported lacking health insurance or transitioning between types of coverage around the time of pregnancy;
- Only **12% of policies** on the individual market covered maternity care;
- **One in five women of childbearing age** were uninsured;
- Insurance companies could **impose waiting periods** for up to a year before women could use maternity care coverage;
- Due to **gender rating**, a 25-year old woman could pay 81% more than a man for identical coverage.

ACA and Workforce Challenges

ACA provided women with landmark health gains:

- An estimated **8.7 million women** gained maternity services under the ACA
- More than 55 million women gained access to preventive services;
- Ensured **full coverage and no cost-sharing** for women's preventive services under all plans;
- Prohibition on pre-existing condition exclusions ensured that roughly **65 million women with pre-existing conditions**, including C-section or a history of domestic violence, could not be denied coverage;
- Prohibition on gender rating saved women **approximately \$1 billion in annual costs**;
- Ensured direct access to ob-gyn care.

State Policy Solutions

State and local efforts should include:

- **Medicaid expansion** to ensure continuous coverage for low-income women;
- The addition of a **rural training track** in medical residency programs;
- Implementation of **team-based care** models;
- Uniform **licensure standards** across all states;
- The development of an **integrated maternity care system**.

Federal Policy Solutions



Federal policies should include:

- Increased **residency slots** for obstetrics and gynecology;
(HR 3394 Teaching Health Centers Graduate Medical Education Extension Act of 2017)
- **Medical liability reform;**
(HR 1215 Protecting Access to Care Act; HR 1704 The ACCESS Act; HR 1876 Good Samaritan Health Professionals Act)
- **Data collection** on areas of greatest need;
- Placing residents in **health professional shortage areas.**

National Health Service Corps (NHSC)



- Created in 1972 to help fill health provider shortages in underserved areas by providing scholarships and loan repayments in exchange for service;
- More than **50,000 providers, including ob-gyns**, have participated in the program;
- Over **10,400 NHSC providers** serving more than 11 million Americans at more than 5,000 sites;
- The Health Resources and Services Administration (HRSA) identifies **health professional shortage areas (HPSA)**;
- There are shortage area designations for primary care, dental care, and mental health, **but not for maternity care.**

Improving Access to Maternity Care Act

HR 315, S 783

Currently, ob-gyns in the NHSC are sent to sites that may not have high maternity care needs.

115TH CONGRESS
1ST SESSION

H. R. 315

IN THE SENATE OF THE UNITED STATES

JANUARY 10, 2017

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

This legislation would:

- Require HRSA to designate **maternity health professional shortage areas (HPSA) based on population needs;**
- Target **maternity care resources** where they're most needed, helping ensure healthier pregnancies and healthier babies.

Improving Access to Maternity Care Act ***HR 315, S 783***

House Bill: Reps. Michael Burgess, MD, FACOG (R-TX), Anna Eshoo (D-CA), and Lucille Roybal-Allard (D-CA) HR 315 passed the House in January 2017.

Senate Bill: Tammy Baldwin (D-WI) and Lisa Murkowski (R-AK), S. 783 introduced in March, 2017.



ACOG and ACNM Applaud the U.S. House of Representatives' Passage of the Improving Access to Maternity Care Act

January 10, 2017

***For the health of the women that we care for,
we urge Congress to swiftly pass this legislation.
We need to act now and we need to act
together.***

Please contact:
Mallory Schwarz
Manager, Federal Affairs
mschwarz@acog.org
202-863-2505