American College of Obstetricians & Gynecologists

Written Testimony

Of

The American College of Obstetricians & Gynecologists

Submitted by:

Eilean Attwood, MD, MPH, MBA, FACOG

Before the

House Committee on Energy & Commerce Subcommittee on Health

Regarding the Hearing

Examining Legislative Proposals to Reform Medicare Provider Payment and Bolster Health Care Cybersecurity

September 15, 2026

Summary of Testimony:

The American College of Obstetricians appreciates the opportunity to speak with you today. My testimony offers the following key points:

- Rural hospitals are closing their labor and delivery units at an alarming rate, while maternal mortality rates in the United States remain high.
- While a long-term solution is needed to solve this complex problem, pregnant women in rural communities continue to present to their nearest emergency department in need of obstetric care.
- The *Rural Obstetrics Readiness Act* would help ensure rural facilities without a dedicated labor and delivery unit have the tools needed to safely deliver, or stabilize and transfer, these patients to a higher level of care.
- ACOG also supports efforts to fix the flawed Medicare physician payment system.
- The current system is not sustainable and has contributed to the consolidation of physician practice.
- We urge Congress to pass both the *Provider Reimbursement Stability Act* and the *Patients First Act*. Together, these bills would add much-needed stability to the Medicare program.

Chairman Griffith, Ranking Member DeGette, and distinguished members of the Subcommittee, thank you for inviting me to speak with you today on behalf of the American College of Obstetricians & Gynecologists. My name is Dr. Eilean Attwood. I am a practicing ob-gyn in Providence, Rhode Island, where I serve as the Co-Medical Director of the emergency department at my primary hospital, as well as hold privileges and work clinically at two other small, low-acuity hospitals in the state. I am also the immediate past chair of ACOG's Committee on Health Economics and Coding, the source of expertise for medical coding, payment from insurers, and practice management for ob-gyn services. ACOG, with more than 60,000 members, is the leading physician organization dedicated to advancing women's health. Our mission is to support our members to improve the lives of our patients, their families, and communities. Key to realizing that mission is ensuring sustainability of physician practice and patient access to affordable, high-quality, and safe health care.

To that end, I have dedicated my career to advancing that mission. Ensuring a healthy outcome for moms and babies is my life's passion and work. This is why I am so alarmed by the rapid increase in closures of labor and delivery units across the country.

According to the March of Dimes, 1 in 3 U.S. counties have no obstetric clinicians or birthing facilities.[i] And more than 2.4 million women of reproductive age live in these communities.[ii] Since 2020, nearly 150 rural hospitals have stopped or plan to stop providing obstetric services

by the end of 2026, equating to a 14% reduction in rural labor and delivery units.[iii] This rapid increase in closures has reached crisis levels.

In rural areas, loss of hospital-based obstetric services is associated with higher rates of out-of-hospital and preterm births, as well as lower use of prenatal care.[iv] And while labor and delivery units are shuttering, the maternal mortality rate in the United States remains unacceptably high, with notable disparities by both race[v] and rurality.[vi]

Unfortunately, there is no one quick fix to this problem. It is a multifactorial problem in need of multifactorial solutions, including sustainable payment rates.

But while we spend time exploring long-term solutions, pregnant patients in rural communities continue to present at their nearest emergency department, in labor or experiencing an obstetric emergency, and those facilities may not have the tools needed to safely deliver, or stabilize and transfer, these patients to a higher level of care.

This is why ACOG is proud to support H.R. 1254, the Rural Obstetrics Readiness Act, sponsored by Representatives Robin Kelly (D-IL), Young Kim (R-CA), Kim Schrier, MD (D-WA), and Dan Meuser (R-PA), and cosponsored by many members of this Subcommittee. This bill would create an obstetric emergency training program for rural facilities without a dedicated L&D unit, provide new federal grants for these facilities to purchase necessary equipment, and create a pilot

program to support a “warm line” connecting ob-gyns with clinicians in rural facilities in need of urgent teleconsultation.

This work is not just theoretical. We have done this informally in Rhode Island already with significant positive effect. Whether working in the Emergency Department or serving as the hospital’s Perinatal Safety Officer for the shift, I am often on the receiving end of transfers of obstetric emergencies, including those from facilities without a dedicated L&D unit. For example, I recently took a call from an outlying hospital that had a patient present at the end of her second trimester with dangerously high blood pressure. Through our phone consultation, I was able to recommend the appropriate medications to minimize the risk of stroke or seizure, as well as talk through the fetal assessment and help determine if we could safely transport the patient to our facility, nearly an hour away, where we have the maternal and neonatal resources to care for this patient and her baby. Additionally, we have worked in our hospital to foster Emergency Department (ED) training programs for other specialties, including Emergency Medicine and Family Medicine, with specific emphasis on obstetrics and gynecology care in the ED setting. We work with both residents and faculty to become more comfortable with obstetric emergencies that may present to their local and rural hospitals; to become more agile in safely managing these patients locally or to transfer to a higher level of obstetric care when necessary.

The Rural Obstetrics Readiness Act is an important piece of a much larger puzzle to improve maternal health outcomes and restore access to ob-gyn care in rural and underserved communities across the country; thus, we urge Congress to pass the bill this year.

I also want to take a moment to express our support for efforts to fix the flawed Medicare physician payment system. More than 80% of ob-gyns accept Medicare, affirming the role we play in caring for patients across the lifespan. Medicare payment policies also reach well beyond the Medicare program, with Medicaid, TRICARE, and private insurers often following Medicare's lead on physician payment rates.

The current system is not sustainable and has contributed to the consolidation of physician practice. In fact, according to the American Medical Association, when adjusted for inflation, Medicare physician payment declined 33% between 2001 and 2026.[vii]

The lack of inflationary update, the outdated budget neutrality threshold, and more recently the misguided efficiency adjustment policy have created a crushing weight that threatens not only the future of private practice, but – as evidenced by the rapidly increasing closure of L&D units across the country – access to care writ large.

We need a payment system that recognizes and reflects the value and complexity of surgical care as well as primary care. We need a payment system that adjusts for inflation to ensure that

reimbursement reflects the cost of providing care. We need a payment system that updates the budget neutrality cap, which has been untouched since 1992, and we need a payment system that allows for adjustments based on actual utilization.

We are urging Congress to pass both the Provider Reimbursement Stability Act and the Patients First Act. While the legislation can continue to be strengthened, together these bills would add much-needed stability to the Medicare program, and preserve the low-volume threshold necessary to enable ob-gyns to remain in the program, all while maintaining the shared priority of advancing access to high-quality care.

We are nearing the end of this Congress, but there is still time to pass these important bills: to improve access to high-quality care for patients, to support the long-term sustainability of physician practice, and to elevate the obstetric readiness of our rural hospitals across the nation. Thank you for the opportunity to join you today. I welcome your questions.

---

[i] Stoneburner A, Chestnut JF, Lucas R, Jones EE, DeMaria AL. "Nowhere to Go: Maternity Care Deserts Across the U.S." Report No. 5. March of Dimes, 2026. https://www.marchofdimes.org/maternity-care deserts-report.

[ii] Ibid.

[iii] Stopping the Loss of Rural Maternity Care. Center for Healthcare Quality & Payment Reform. July 2026. Rural_Maternity_Care_Crisis.pdf.

[iv] Kozhimannil KB, Hung P, Henning-Smith C, Casey MM, Prasad S. "Association between Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States." JAMA. 2018;319(12):1239–1247. DOI: https://dx.doi.org/10.1001/jama 2018 1830.

[v] Hoyert DL. Maternal mortality rates in the United States, 2024. NCHS Health E-Stats. 2026 Mar;(113):1–7. DOI: https://dx.doi.org/10.15620/cdc/174651.

[vi] Harrington KA, Cameron NA, Culler K, Grobman WA, Khan SS. Rural-Urban Disparities in Adverse Maternal Outcomes in the United States, 2016-2019. Am J Public Health. 2023 Feb;113(2):224-227. doi: 10 2105/AJPH.2022.307134. PMID: 36652639; PMCID: PMC9850610.

[vii] American Medical Association. Medicare physician payment continues to fall further behind practice cost inflation. January 2026. https://fixmedicarenow.org/sites/default/files/2026-01/2026-medicare-updates-inflation-chart.pdf.