November 18, 2021

The Honorable Diana Espinosa
Acting Administrator
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, Maryland 20857

Dear Acting Administrator Espinosa:

On behalf of the American Academy of Family Physicians (AAFP), which represents 133,500 family physicians and medical students across the country, I write in response to the notice, *Criteria for Determining Maternity Care Health Professional Target Areas*, as requested by the September 27, 2021, Federal Register.

The health professional shortage area (HPSA) designation is beneficial to understanding where additional investments are needed to bolster the health workforce and improve equitable access to care. HPSA designations are used to determine funding eligibility for a variety of federal programs, including loan repayment programs like the National Health Service Corps (NHSC). Given the maternal health crisis in the U.S., understanding the shortage of maternal health professionals is critically important to addressing health disparities and improving maternal health outcomes. The AAFP applauds HRSA for beginning the rulemaking process to establish criteria to be used to determine maternity care health professional target areas (MCTAs) within existing primary care HPSAs. HRSA will use this scoring criteria to distribute NHSC-eligible clinicians who provide maternity care services.

The AAFP appreciates the consideration and attention paid to family physicians as a provider of maternity care. Every family physician in an accredited family medicine residency receives training in maternity care.[i] Specifically, "residents must demonstrate competence in their ability to provide maternity care, including: distinguishing abnormal and normal pregnancies; caring for common medical problems arising from pregnancy or coexisting with pregnancy; performing a spontaneous vaginal delivery; and, demonstrating basic skills in managing obstetrical emergencies." Some residencies and/or maternity care fellowships offer additional training in high-risk maternity care and may include surgical maternity care.

Beyond training, maternity care provided by family physicians is not a one-size-fits-all approach and varies widely by state.[ii] Levels of care depend on the individual needs of the patient and the availability of services in the community. Family physicians have historically provided maternity care, especially with rural and underserved populations. Family physicians provide delivery services and, in some rural areas, may provide 100 percent of the maternity care.[iii] In fact, approximately 12 percent of family physicians who worked in rural communities in 2019 delivered babies as part of their scope of practice; more than twice as common as their urban counterparts. This indicates between 6,000 and 10,000 family physicians providing maternity care services. Additionally, of the family physicians who performed cesarean sections, over 57% did so in a rural county and over 38% did so in a county

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without any obstetrician-gynecologist.[iv] **Since MCTAs are by definition located in HPSAs, the available data suggests that family physicians are a vital source of maternity care services in medically underserved areas and therefore should be considered in the MCTA scoring methodology. Similarly, distribution of NHSC-eligible clinicians to MCTAs should include family physicians who provide maternal health services.**

## Score for Population-to-Full-Time-Equivalent Maternity Care Health Professional Ratio

HRSA is seeking comment on the proposal to measure the ratio of females ages 15 to 44 to full time equivalent maternity care health professionals. The health professionals included in this ratio are obstetrician/gynecologists and Certified Nurse Midwives. HRSA specifically requests comments on the time family physicians spend providing maternity care and additional information regarding how family physicians should be factored into the ratio. HRSA also seeks comments on including physician assistants and nurse practitioners providing maternity care services in this ratio.

The AAFP recommends HRSA include in the population to heath professionals ratio the family physicians that report providing maternity care. As stated in the notice, it is difficult to capture the time family physicians spend providing maternal care due to regional differences in access to maternity care and differences in scope of practice for family physicians. At this time, including all accredited family physicians in the MCTA scoring criteria would overestimate the availability of obstetric services and reduce the MCTA score in many geographic areas in a way that is ultimately a disservice to patients in maternal health deserts. However, the AAFP is concerned that the exclusion of family physicians from the MCTA scoring criteria could inflate MCTA scores in many HPSAs where family physicians regularly provide comprehensive maternity care. This both discounts the essential role of family physicians in medically underserved communities and could worsen the maldistribution of clinicians providing maternity care instead of directing NHSC clinicians to the areas with most need. **The AAFP strongly recommends HRSA include family physicians who provide maternity care services in their community in the population to health professionals ratio.**

The AAFP looks forward to continued engagement with HRSA to establish an appropriate classification system for future iterations of the MCTA scoring criteria that will include family physicians. **At this time, the AAFP recommends the development of a self-reporting option for family physicians to designate themselves as a maternity care provider and be included in the MCTA scoring.** This would allow family physicians themselves to report whether or not they provide maternity care services and should be included in the number of maternity health professionals in a given geographic area. Due to variations in population density and availability of other clinicians providing maternity care, the self-reporting option for family physician should be a simple attestation of whether they offer maternity care instead of requesting physicians quantify the time spent providing this care. The AAFP recommends HRSA make efforts to minimize the administrative burden of this process on family physicians while balancing the need for current and accurate information. For example, HRSA could include this attestation in state licensing or other existing processes.

The AAFP is concerned that including physician assistants and nurse practitioners, whose services generally are supervised by physicians, in this ratio could inappropriately suppress the MCTA score. For this reason we recommend against including these professionals in the ratio at this time.

**Score for Maternal Health Indicators**

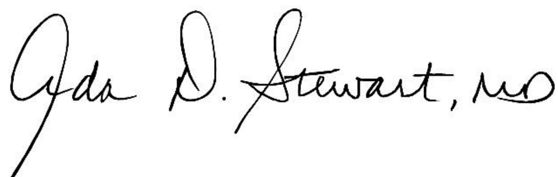
HRSA proposes to use maternal health indicators as scoring criteria for MCTAs to identify the prevalence of pre-pregnancy conditions that may require additional workforce capacity to address complications and community needs. HRSA has proposed including pre-pregnancy obesity, diabetes, and hypertension, as well as the initiation of prenatal care.

The AAFP supports this proposal. Including pre-pregnancy health indicators like obesity, diabetes, hypertension, and initiation of prenatal care will identify meaningful differences between communities and help direct new clinicians providing maternity care to those areas. However, the AAFP is concerned that these measures lack a behavioral health component like heavy alcohol consumption, depression, smoking, and level of physical activity.[v] Smoking is especially relevant as the leading cause of death and preventable disease in the U.S. for all individuals. Many individuals stop smoking when they become pregnant, but an estimated 11% continue smoking during pregnancy, while others may have additional health complications from recent smoking habits.[vi] Smokers are more likely to experience adverse pregnancy outcomes like preterm premature rupture of the membranes, preterm labor, placental abruption, and cardiovascular and pulmonary complications.[vii] **To this end, the AAFP encourages HRSA to consider adding a behavioral health component such as current smoking status to the Maternal Health Indicators scoring criteria.**

The AAFP applauds HRSA for beginning the rulemaking process to create an MCTA scoring methodology and appreciates the consideration of family physicians as providers of maternity care services. Family physicians are a vital source of maternity care services in medically underserved areas and are trained to provide the necessary services.

Thank you again for the opportunity to respond to this proposed rule. The AAFP looks forward to working with you on this important topic moving forward. For additional questions, please contact Meredith Yinger, Senior Regulatory Strategist, at myinger@aafp.org.

Sincerely,



Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians

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