AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)
(A-25)

Introduced by: Laurie Lapp, Kaitlyn Hanson, Sara Kazyak, Sweta Parija, Kathleen Li, Lilly Delijoo, Abby Davidson, Meenal Cascella, Sarah Finkelstein, Rachel Rezabek, Phanisri Tummala, Ajitha Chivukula

Subject: Improving Access to Peripartum Pelvic Floor Physical Therapy

Referred to: Reference Committee (Assigned by HOD)

Whereas, pelvic floor disorders during and after childbirth have significant lifelong consequences for women, including pelvic organ prolapse, urinary incontinence, bowel dysfunction, and pelvic-perineal pain syndrome, and is common among adult women[1–5]; and

Whereas, pelvic floor injuries occur in roughly 1 in 5 primiparous women, and prevalence is projected to increase 46% by 2050 due to an aging pregnant population and increasing rates of comorbidities during delivery[3,4,6,7]; and

Whereas, pelvic floor physical therapy is recommended in the peripartum period as a first-line treatment for pelvic floor dysfunction, yet more than 300,000 women – 10% of all women who give birth vaginally each year – have surgery to correct pelvic floor disorders annually[3,8]; and

Whereas, many pelvic floor injuries after childbirth go underdiagnosed and under-repaired, with lack of insurance coverage, and time constraints reported as the most significant barriers to care[3,5,9]; and

Whereas, while Federally Qualified Health Centers (FQHCs) provide care to one-third of all low-income women of reproductive age (who are at higher risk for pelvic floor disorders), only 5% of FQHCs have access to pelvic floor physical therapy and have identified cost to patient, insurance status, and wait times as barriers to care[10,11]; and

Whereas, pelvic floor physical therapist providers are increasingly operating out-of-network or through cash- based services due to low reimbursement rates, non-coverage by insurance, and discrepancies in what insurance companies deem “medically necessary”[12]; and

Whereas, multiple bills have previously been introduced to the United States Congress supporting Medicaid and the Children’s Health Insurance Program (CHIP) coverage for postpartum pelvic health services, including pelvic floor physical therapy[13,14]; therefore be it

RESOLVED, that our American Medical Association advocates for all relevant payers to cover timely access to comprehensive pelvic floor physical therapy during the antepartum and postpartum period in all health care facilities; and be it further

RESOLVED, that our AMA supports efforts to improve education for clinicians and patients on the risk factors of pelvic floor dysfunction during childbirth and the benefits and indications of pelvic floor physical therapy.

Fiscal Note: Moderate

Date Received: XX/XX/2025

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RELEVANT AMA POLICY

Extending Medicaid Coverage for One Year Postpartum D-290.974

Our AMA will work with relevant stakeholders to: (1) support and advocate, at the state and federal levels, for extension of Medicaid and Children's Health Insurance Program (CHIP) coverage to at least 12 months after the end of pregnancy; and (2) expand Medicaid and CHIP eligibility for pregnant and postpartum non-citizen immigrants.
[Res. 221, A-19; Modified: Joint CMS/CSAPH Rep. 1, I-21; Modified: Res. 701, I-21]

Reducing Inequities and Improving Access to Insurance for Maternal Health Care H-185.917

1. Our American Medical Association acknowledges that structural racism and bias negatively impact the ability to provide optimal health care, including maternity care, for people of color.

2. Our AMA encourages physicians to raise awareness among colleagues, residents and fellows, staff, and hospital administrators about the prevalence of racial and ethnic inequities and the effect on health outcomes, work to eliminate these inequities, and promote an environment of trust.
3. Our AMA encourages physicians to pursue educational opportunities focused on embedding equitable, patient-centered care for patients who are pregnant and/or within 12 months postpartum into their clinical practices and encourages physician leaders of health care teams to support similar appropriate professional education for all members of their teams.
4. Our AMA will continue to monitor and promote ongoing research regarding the impacts of societal (e.g., racism or unaffordable health insurance), geographical, facility-level (e.g., hospital quality), clinician-level (e.g., implicit bias), and patient-level (e.g., comorbidities, chronic stress or lack of transportation) barriers to optimal care that contribute to adverse and disparate maternal health outcomes, as well as research testing the effectiveness of interventions to address each of these barriers.
5. Our AMA will promote the adoption of federal standards for clinician collection of patient-identified race and ethnicity information in clinical and administrative data to better identify inequities. The federal data collection standards should be:

    Informed by research (including real-world testing of technical standards and standardized definitions of race and ethnicity terms to ensure that the data collected accurately reflect diverse populations and highlight, rather than obscure, critical distinctions that may exist within broad racial or ethnic categories),
    Carefully crafted in conjunction with clinician and patient input to protect patient privacy and provide non-discrimination protections.
    Lead to the dissemination of best practices to guide respectful and non-coercive collection of accurate, standardized data relevant to maternal health outcomes.

6. Our AMA supports the development of a standardized definition of maternal mortality and the allocation of resources to states and Tribes to collect and analyze maternal mortality data (i.e., Maternal Mortality Review Committees and vital statistics) to enable stakeholders to better understand the underlying causes of maternal deaths and to inform evidence-based policies to improve maternal health outcomes and promote health equity.
7. Our AMA encourages hospitals, health systems, and state medical associations and national medical specialty societies to collaborate with non-clinical community organizations with close ties to minoritized and other at-risk populations to identify opportunities to best support pregnant persons and new families.
8. Our AMA encourages the development and funding of resources and outreach initiatives to help pregnant individuals, their families, their communities, and their workplaces to recognize the value of comprehensive prepregnancy, prenatal, peripartum, and postpartum care. These resources and initiatives should encourage patients to pursue both physical and behavioral health care, strive to reduce barriers to pursuing care, and highlight care that is available at little or no cost to the patient.
9. Our AMA supports adequate payment from all payers for the full spectrum of evidence-based prepregnancy, prenatal, peripartum, and postpartum physical and behavioral health care.
10. Our AMA encourages hospitals, health systems, and states to participate in maternal safety and quality improvement initiatives such as the Alliance for Innovation on Maternal Health program and state perinatal quality collaboratives.
11. Our AMA will advocate for increased access to risk-appropriate care by encouraging hospitals, health systems, and states to adopt verified, evidence-based levels of maternal care.
[Joint CMS/CSAPH Rep. 1, I-21]