

The American College of Obstetricians and Gynecologists WOMEN'S HEALTH CARE PHYSICIANS Office of the Rhode Island Section Chair Beth Cronin, MD, FACOG

April 30, 2025

Re: ACOG Rhode Island Support for House Bill 5991

To Chair Abney and Members of the Rhode Island House Committee on Finance:

Today, I write on behalf of the Rhode Island Section of the American College of Obstetricians and Gynecologists (ACOG). As practicing obstetrician-gynecologists across the state committed to providing patient-centered, evidence-based obstetric and gynecologic care, the Rhode Island Section of ACOG supports H 5991, a bill to provide coverage for selfmeasured blood pressure monitoring for pregnant and postpartum patients.

ACOG is the nation's leading group of physicians providing evidence-based obstetric and gynecologic care. With more than 62,000 members, ACOG maintains the highest standards of clinical practice and continuing education of its members; strongly advocates for equitable, exceptional, and respectful care for all women and people in need of obstetric and gynecologic care; promotes patient education; and increases awareness among its members and the public of critical issues facing patients and their families and communities. ACOG works with its members, policymakers, and leadership organizations in women's health care to bring maternal mortality and morbidity to the forefront by raising awareness, issuing clinical guidance that meet the highest standards of care, and engaging health care professionals to join in the effort to confront this crisis.

Maternal heart disease has emerged as a major threat to safe motherhood and women's long-term cardiovascular health.ⁱ In the United States, disease and dysfunction of the heart and vascular system as "cardiovascular disease" is now the leading cause of death in pregnant women and women in the postpartum period.ⁱⁱ The most recent data indicate that cardiovascular diseases constitute 26.5% of U.S. pregnancy-related deaths.ⁱⁱⁱ A number of factors contribute to cardiovascular disease including barriers to prepregnancy cardiovascular disease assessment, missed opportunities to identify cardiovascular disease risk factors during prenatal care, gaps in high-risk intrapartum care, and delays in recognition of cardiovascular disease symptoms during in the first weeks after giving birth.^{iv}

Notably, we know there are disparities in those who are impacted by cardiovascular disease with higher rates of morbidity and mortality among nonwhite and lower-income women. Non-Hispanic black women have a 3.4 times higher risk of dying from cardiovascular disease-related pregnancy complications compared with non-Hispanic white women independent of other variables.^v This disparity can be explained in part by exposure to structural, institutional, and systemic barriers that contribute to a higher rate of comorbidities. These health disparities

often are amplified by missed opportunities to identify cardiovascular disease risk factors before pregnancy.^{vi}

To that end, H5991 would go a long way to assist clinicians in Rhode Island in identifying patients who are at risk by increasing access blood pressure monitoring for pregnant and postpartum patients. Other organizations such as the American Medical Association^{vii} and the American Heart Association^{viii} also support increased access to self-measured blood pressure monitoring as a tool to decrease pregnancy-related cardiovascular disease. Additionally, the American Heart Association has reported, "BP monitoring has been found to be feasible in racially diverse populations and reduces disparities in postpartum BP monitoring."^{ix}

We have an exciting opportunity to improve the lives of pregnant people across Rhode Island by passing H5991. On behalf of the Rhode Island Section of ACOG, I respectfully ask you to vote in favor of this bill.

Sincerely,

Beth Cronin, MD RI Section Chair, ACOG Division Director, Division of Academic Specialists in General Obstetrics and Gynecology Women & Infants Hospital