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June 23, 2026

Willie Underwood III, MD
President
American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Underwood:

Congratulations on your new role as President of the American Medical Association (AMA). I hope your tenure brings a renewed focus on the core of the AMA's mission – the health and wellness of the patients physicians are sworn to serve.

Improving health outcomes for all patients, especially mothers and babies, has been my mission since day one in Congress. The nation's maternal mortality crisis, which severely impacts Georgians, is alarming and preventable. I write to express my strong opposition to the AMA's decision to dismantle the longstanding bundled maternity care CPT framework and replace it with a fragmented system of individually billable services beginning January 1, 2027.

This is not a routine coding update. It is a fundamental restructuring of how maternity care is reimbursed throughout the American healthcare system. The AMA has advanced this change despite serious concerns regarding affordability, care coordination, administrative burden, wasteful spending, and its inconsistency with broader healthcare efforts to move toward value-based care.

At its core, unbundling maternity care is inflationary. For decades, policymakers, providers, health plans, employers, and patient advocates have worked to move healthcare away from fragmented fee-for-service reimbursement and toward coordinated, value-based models that reward outcomes rather than volume. The existing global maternity codes reflect those principles by encouraging comprehensive management of pregnancy, delivery, and postpartum care under a single bundled framework.

In March 2023, I led a bipartisan letter to major health insurance CEOs urging greater investment in value-based payment models for maternal health.¹ In that letter, we emphasized the importance of building a healthcare system that delivers consistent, high-quality, and affordable care for women and their families while aligning incentives around improved outcomes rather than the volume of services provided. We specifically called for stakeholders to work collaboratively to advance reimbursement models that reward value, improve care coordination, and support better maternal health outcomes. The decision to move away from the longstanding bundled maternity care framework appears to represent a step backward from these shared objectives.

The Centers for Medicare & Medicaid Services (CMS) has repeatedly recognized the risks associated with fragmented billing. CMS established the National Correct Coding Initiative specifically to prevent improper payments, discourage inappropriate code fragmentation, and promote coding integrity.² The AMA's decision to unbundle maternity care moves in precisely the opposite direction. Rather than advancing value-based care, it creates new opportunities to bill separately for services that have historically been delivered and reimbursed as part of a coordinated episode of care.

The Department of Health and Human Services Office of Inspector General routinely identifies improper billing practices that arise when services are fragmented across multiple billing codes. In one investigation, providers billed Medicare separately under multiple codes for eye injection procedures, resulting in approximately \$17.8 million in improper payments.³ At a time when Congress and the Administration are focused on healthcare affordability and cracking down on waste, fraud, and abuse throughout the healthcare system, the AMA's decision to unbundle maternity care creates new opportunities for duplicative billing, payment integrity concerns, and increased healthcare spending.

Equally troubling, the proposal creates financial incentives that are misaligned with the interests of pregnant women and their families. Under a bundled maternity framework, providers are incentivized to manage care efficiently and appropriately across the entire duration of the

¹ U.S. Women's Health Alliance. (2023, March 2). *Letter co-led by Rep. Earl L. "Buddy" Carter (R-GA) and Rep. Nanette Diaz Barragán (D-CA) urges health insurance CEOs to make changes, share information in support of value-based care arrangements for maternal health*. PR Newswire. <https://www.prnewswire.com/news-releases/letter-co-led-by-rep-earl-l-buddy-carter-r-ga-and-rep-nanette-diaz-barragan-d-ca-urges-health-insurance-ceos-to-make-changes-share-information-in-support-of-value-based-care-arrangements-for-maternal-health-301767930.html>

² Centers for Medicare & Medicaid Services. (n.d.). *Medicare National Correct Coding Initiative (NCCI) edits*. U.S. Department of Health and Human Services. <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits>

³ Office of Inspector General. (2023, August 17). *Medicare made \$17.8 million in potentially improper payments for opioid-use-disorder treatment services furnished by opioid treatment programs* (Report No. A-09-22-03005). U.S. Department of Health and Human Services.

pregnancy and postpartum. Under an unbundled framework, unnecessary visits, tests, scans, and services simply become additional billing opportunities. At a time when women are at their most vulnerable, the healthcare system should be reducing unnecessary burden – not creating incentives for more utilization that does not improve outcomes.

Pregnancy already imposes significant physical, logistical, and financial demands on families. Many expectant mothers are balancing employment responsibilities, childcare obligations, transportation challenges, and rising healthcare costs. Creating incentives for additional office visits and services that are not clinically necessary risks increasing stress, inconvenience, and costs during an already challenging period.

Patient advocates have previously raised concerns about unnecessary testing and imaging during pregnancy. Caitlin Donovan, Senior Director at the Patient Advocate Foundation, described unnecessary scans during her own pregnancy as a "money grab."⁴ Whether perceived or real, policies that create additional financial incentives for more services risk undermining patient trust and confidence in the maternity care system.

These concerns are particularly alarming given current demographic trends. The United States birth rate recently reached its lowest level ever recorded.⁵ Policymakers should be working to make pregnancy, childbirth, and family formation more affordable and accessible—not creating new administrative complexity, uncertainty, and potential costs for expectant mothers.

The implementation timeline only compounds these concerns. Health plans, providers, employers, state Medicaid agencies, and other stakeholders would be forced to redesign contracts, claims systems, benefit structures, care management programs, patient communications, and regulatory filings on an extraordinarily compressed timeline. The disruption created by these changes will be especially acute for pregnancies that begin under the current global maternity coding framework in 2026 but continue into 2027.

For these reasons, I urge the AMA to reverse its decision and preserve the existing bundled maternity CPT framework. Maintaining global maternity codes remains the most effective way to support coordinated care, promote value-based payment, protect patients from unnecessary costs and complexity, and safeguard program integrity.

Maternal health remains a bipartisan priority. Any changes to maternity reimbursement should advance affordability, care coordination, patient-centered care, and value-based healthcare—not

⁴ Andrews, M. (2026, June 3). *Upcoming billing change could make pregnancy pricier*. CBS News. <https://www.cbsnews.com/news/healthcare-billing-change-pregnancy-cost/>

⁵ Walsh, R. (2026, January 6). *Is the U.S. birth rate declining?* Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/2026/is-the-us-birth-rate-declining>

undermine them. I strongly urge the AMA to reconsider this misguided policy before it takes effect.

Sincerely,

A handwritten signature in blue ink that reads "Earl L. 'Buddy' Carter". The signature is written in a cursive, slightly slanted style.

Earl L. "Buddy" Carter
Member of Congress