



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

January 22, 2021

Melisa Byrd  
Medicaid Director  
District of Columbia  
One Judiciary Square 441 4th Street, N.W.  
Washington, DC 20001

**RE: ACOG Updated Guidance for Non-Invasive Prenatal Screening and Testing**

Dear Ms. Byrd,

The American College of Obstetricians and Gynecologists (ACOG), representing more than 60,000 obstetrician-gynecologists and partners in women's health, provides indispensable decision support guidance and resources for the clinical delivery of women's health care that are grounded in scientific evidence and developed through a rigorous and inclusive process. ACOG's Committee on Practice Bulletins – Obstetrics, Committee on Genetics, and representatives from the Society for Maternal-Fetal Medicine (SMFM) recently updated the clinical recommendations for Screening for Fetal Chromosomal Abnormalities, which is provided for your convenience. **ACOG requests that the District of Columbia Medicaid update current coverage and prior authorization policies for non-invasive prenatal testing (NIPT) to be consistent with this new guidance.**

As an agency that provides needed health care coverage to low-income and underserved women, the District of Columbia has the unique opportunity to be a leader in combating racial disparities and inequities in women's health care by ensuring that access to recommended perinatal services is available to all patients. Prior to the standard use of NIPT, a study in Boston showed that Black women and Hispanic women had lower rates of cfDNA use compared to White women [19 percent and 11 percent vs 34 percent, respectively ( $p < 0.001$ )].<sup>1</sup> Similarly, obstetrician-gynecologists in California are reporting that White women who opted out of California's state-funded prenatal screening program were more than twice as likely to gain access to NIPT as Black and Hispanic women.<sup>2</sup> Improved access to comprehensive perinatal services, including NIPT, empowers all pregnant individuals to engage in their care decisions and prepare for various outcomes identified by NIPT.

Highlights of the updated clinical recommendations include:

- The advent of chromosomal microarray analysis (CMS) has enabled prenatal detection of submicroscopic chromosomal gains and losses that can have important clinical implications, resulting in nonviable pregnancy or a newborn with a life-limiting condition.
- Chromosomal abnormalities occur in approximately 1 in 150 live births and the incidence of fetal chromosomal abnormalities increases as a woman ages but can affect patients at any age and is not related to race or ethnicity.

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- Prenatal genetic screening [serum screening with or without nuchal translucency (NT) ultrasound or cell-free DNA screening] AND diagnostic testing (chorionic villus sampling or amniocentesis) options should be discussed and offered to all pregnant patients regardless of age or risk of chromosomal abnormality.
- Patients who prefer comprehensive prenatal detection of as many chromosomal aberrations as possible should be offered diagnostic testing and CMA.
- Cell-free DNA testing is the most sensitive and specific screening test for common fetal aneuploidies; it is not equivalent to diagnostic testing. Even if patients have a negative screening test result, the patient may choose diagnostic testing later.
- All patients should be offered a second-trimester ultrasound for fetal structural defects.

**Patient access and choice to undergo NIPT is the priority.** All patients must be offered both screening and diagnostic testing, regardless of risk factors. As indicated in ACOG's guidance, access to these evidence-based, clinically necessary tests should not be limited and should be available without prior authorization barriers for all pregnant patients.

**ACOG recommends that the District of Columbia provide coverage for NIPT to all patients and without prior authorization, to ensure access without barriers.** Please feel free to share this guidance and our contact information with your medical policy team. To discuss the guidance or other policies regarding women's health, please contact Rachel Thornton at [rthornton@acog.org](mailto:rthornton@acog.org).

Sincerely,



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Senior Director, Health Economics & Practice Management



Sara Imershein, MD  
ACOG Legislative Chair, District of Columbia



EW Emanuel, MD  
President, Medical Society of  
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<sup>1</sup> Mulla B, Chang OH, Modest AM, Hacker MR, Marchand KF, O'Brien KE. A randomized controlled trial of a video to improve patient knowledge of genetic testing options in pregnancy. *AJOG* Supplement. 2018. Available at: [https://www.ajog.org/article/S0002-9378\(17\)31386-8/pdf](https://www.ajog.org/article/S0002-9378(17)31386-8/pdf)

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<sup>2</sup> Gaither, K. "Rooting out systemic racism: Equal access to maternal, prenatal care." Ob.Gyn. News. August 28, 2020. Available at: <https://www.mdedge.com/obgyn/article/227664/obstetrics/rooting-out-systemic-racism-equal-access-maternal-prenatal-care>