End Preventable Maternal Deaths – Pass a MOMNIBUS!

The Problem – Our Nation’s Rising Maternal Mortality Rate:
- The U.S. is the only industrialized nation with a rising maternal mortality rate.\(^1\)
- It is estimated that over 60% of pregnancy-related deaths are preventable.\(^\text{ii}\)
- African-American women are 3-4 times more likely to die of pregnancy-related complications.
- Mental health conditions, including suicide and overdose, are the leading cause of maternal mortality in a growing number of states.\(^\text{iii}\) Other causes include preeclampsia, obstetric hemorrhage, cardiovascular disease, and cardiomyopathy.

Critical First Step:
The 115\(^{th}\) Congress passed H.R. 1318, P.L. 115-344, the Preventing Maternal Deaths Act, to support state maternal mortality review committees (MMRCs). MMRCs bring together local experts – ob-gyns, nurses, social workers, patient advocates, and other health care professionals – to review individual maternal deaths and recommend specific ways to prevent them in the future. Congress appropriated $50 million in FY 2019 to support prevention efforts. MMRCs are a critical first step in our efforts to make pregnancy safer for women.

Important Next Steps – Accelerate Evidence-Based Patient Safety Changes:
- Support and expand the Alliance for Innovation on Maternal Health (AIM) program.
  - AIM is a national data-driven maternal safety and quality improvement initiative, implementing safety protocols reflecting MMRC recommendations in hospitals across the Nation.
  - Initial AIM states (IL, OK, FL, MI) observed a severe morbidity reduction of 7%-21% between 2015-2018.
- Support state-based perinatal quality collaboratives.
  - Quality collaboratives bring together local experts to accelerate adoption of best practices, including recommendations of MMRCs and AIM safety protocols.
- Support efforts to reduce racial and ethnic disparities in maternal outcomes.
  - Address implicit bias and improve provision of culturally competent care.\(^\text{iv}\)
- Extend Medicaid coverage to 12-months postpartum.
  - Medicaid is the largest single payer of maternity care in U.S., covering 42.6% of births.\(^\text{v}\)
  - Our Nation’s rate of maternal mortality is rising, particularly from preventable causes such as overdose and suicide, after Medicaid pregnancy coverage ends 60-days postpartum.\(^\text{vi}\)
  - As recommended by the Texas and Illinois MMRCs, extending coverage would ensure that “medical and behavioral health conditions can be managed and treated before becoming progressively severe.”\(^\text{vii}\)

The Solution: A MOMNIBUS
We urge Congress to build on its commitment to healthy moms and babies and pass:
- H.R. 1551/S. ____ , Quality Care for Moms and Babies Act
  - Introduced by Reps. Eliot Engel (D-NY) and Steve Stivers (R-OH) and Sen. Debbie Stabenow (D-MI)
  - To support state-based perinatal quality collaboratives
- H.R. ____/S. ____ , MOMMA’s Act
  - Introduced by Rep. Robin Kelly (D-IL) and Sen. Dick Durbin (D-IL)
  - To authorize the AIM program, extend Medicaid coverage to 12-months postpartum, and address implicit bias and cultural competency
- S. 116, MOMS Act
  - Introduced by Sen. Kirsten Gillibrand (D-NY)
  - To authorize the AIM program and support hospital implementation of best practices
Don’t Turn Back the Clock on Women’s Health
To a Time When Women Were Insured, but Not Covered

Background:
- The Patient Protection and Affordable Care Act (ACA) put in place landmark patient protections that prohibit most insurance plans from charging women higher premiums for the same insurance as men, excluding basic benefits, and refusing to cover or charging higher premiums for individuals with preexisting conditions. Importantly, the ACA required insurers to cover maternity care.
- Roughly 65 million women with preexisting conditions were at risk for coverage denial prior to the ACA, meaning insurance companies could, and often did, restrict benefits or reject claims for women who paid their insurance premiums every month.¹
- Before the ACA protections, insurers would routinely deny coverage for women who were pregnant or obese, who had depression, substance use disorder, breast or gynecologic cancer, diabetes, or a history of domestic violence.²

Three Ways Women are at Risk of Being Insured, but Not Covered Today:
- In 2018, the Administration gave permission for short-term, limited-duration insurance plans to be marketed more broadly. These plans, which do not have to comply with ACA consumer protections, were originally designed to provide bridge coverage for up to 3 months for individuals in between plans. Under the new regulation, these policies can be sold for a full year, renewable for up to 3 years. These plans can deny coverage for individuals with preexisting conditions and not one of these plans covers maternity care.³
- The Administration also permitted the sale of association health plans (AHPs), marketed to small employers and self-employed individuals, that do not have to comply with ACA consumer protections. They don’t have to cover maternity care or other essential benefits and can charge women higher premiums for the same insurance.
- Section 1332 waivers, designed to encourage state innovation to increase access to health coverage, are now being used to allow the sale of plans that do not include the ACA’s patient protections. The Administration will now approve waivers for plans that deny coverage for preexisting conditions.⁴

Congress Must: Protect the ACA landmark women’s health protections, including coverage of women with preexisting conditions.

Cosponsor and Pass:
- H.R. 986/S. 466: Protecting Americans with Preexisting Conditions Act
  - Introduced by Rep. Ann Kuster (D-NH) and Sen. Mark Warner (D-VA)
  - To return Section 1332 waivers to their original purpose and ensure health plans comply with the ACA patient protections
- H.R. 1010: Legislation introduced by Rep. Kathy Castor (D-FL) to return short-term limited duration plans to their original 3-month coverage bridge purpose
- H.R. 1143, Educating Consumers on the Risks of Short-Term Plans Act
  - Introduced by Rep. Anna Eshoo (D-CA)
  - To require insurers selling short-term limited duration plans to disclose coverage exclusions

