Statement for the Record

Of

The American College of Obstetricians and Gynecologists

Before the

House Committee on Energy & Commerce

Subcommittee on Health

Regarding the Markup

of H.R. 4995, the Maternal Health Quality Improvement Act of 2019 and H.R. 4996, the Helping Medicaid Offer Maternity Services (MOMS) Act of 2019

November 13, 2019

Chairwoman Eshoo, Dr. Burgess, Chairman Pallone, Ranking Member Walden, and distinguished members of the House Energy & Commerce Subcommittee on Health, thank you for your commitment to eliminating preventable maternal deaths and improving maternal health outcomes, as is evident in today's markup of the Maternal Health Quality Improvement Act of 2019 (H.R. 4995), and the Helping Medicaid Offer Maternity Services (MOMS) Act of 2019 (H.R. 4996). The American College of Obstetricians and Gynecologists (ACOG), is pleased to submit this statement for the record in support of your efforts to advance this bipartisan legislation to improve maternal health outcomes. ACOG, with a membership of more than 58,000, is the leading physician organization dedicated to advancing women's health. Key to that mission is our core value that all women should have access to affordable, high-quality, safe health care. ACOG recognizes and appreciates the leadership of Representative Robin Kelly, Dr. Michael Burgess, Representative Eliot Engel, and Representative Steve Stivers and their steadfast commitment to championing policies to eliminate preventable maternal deaths.

Background

As you know, the United States has a maternal mortality crisis. More than 700 women die each year in the United States during pregnancy and postpartum from complications related to pregnancy.[i] We have a higher maternal mortality rate than any other developed country. At a time when 157 of 183 countries in the world report decreases in maternal mortality, ours is rising.[ii] In the United States, black women and Native American/Alaska Native women are two to three times more likely to experience a pregnancy-related mortality than white women.[iii] For every maternal death in the United States, there are 100 women who experience severe maternal morbidity, or a "near miss." This is all unacceptable, and the time for action is now. ACOG is committed to our goal of eliminating

preventable maternal deaths, and we are eager to continue our strong partnership with this Committee and other valuable partners to achieve this important goal.

We know, and the Centers for Disease Control and Prevention (CDC) has confirmed, that over 60 percent of maternal deaths are preventable.[iv] Common causes include hemorrhage, cardiovascular and coronary conditions, cardiomyopathy, and infection. Overdose and suicide, driven primarily by the opioid epidemic, are also emerging as leading causes of maternal mortality in a growing number of states.[v] If we have a clear understanding of why these deaths are occurring, and what we can do to prevent them in the future, we can save women's lives.

We applaud this Committee and your colleagues in the US Congress for taking an important first step last year in passing the Preventing Maternal Deaths Act, P.L. 115-344, to encourage states to create and expand maternal mortality review committees (MMRCs). MMRCs are multidisciplinary groups of local experts in maternal and public health, as well as patient and community advocates, that closely examine individual maternal deaths and identify locally-relevant ways to prevent future deaths, saving mothers' lives. While traditional public health surveillance using vital statistics can tell us about trends and disparities, MMRCs are best positioned to comprehensively assess and characterize maternal deaths, to understand the causes and contributing factors and identify opportunities for prevention.

The CDC recently announced the first round of funding for the newly established Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program, supporting 25 states in their efforts to coordinate and manage MMRCs. This rapid implementation of P.L. 115-344 enables us to look ahead to how we can support states in their efforts to translate the findings of their MMRCs to meaningful action and improved maternal health outcomes.

Accelerating Evidence-Based Patient Safety Changes

Once those opportunities for prevention are identified by MMRCs, states can best target resources toward needed interventions. The Alliance for Innovation on Maternal Health, or the AIM program, is helping translate MMRC findings and recommendations into action at the state and facility levels. The AIM program is a national cross-sector, data-driven maternal safety and quality improvement initiative working in partnership with states, birthing facilities (e.g. hospitals and birthing centers), and communities to increase adoption of evidence-based maternal safety best practices. Launched in 2014, the AIM program is funded through a cooperative agreement from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). Program activities are implemented with oversight and program management from ACOG staff members.

The goal of AIM is to reduce maternal deaths and severe maternal morbidity by engaging provider organizations, state-based public health systems, consumer groups, and other stakeholders within a national partnership to assist state-based teams in implementing evidence-based maternal safety best practices. AIM's vision is to offer every pregnant woman in the US a safe birthing experience by improving the culture and delivery of maternity care services. AIM's goal is accomplished through 1) promoting safe and respectful maternal care for every US birth, 2) engaging multidisciplinary partners at the national, state and hospital levels, 3) developing and implementing evidence-based maternal safety best practices, 4) utilizing data-driven quality improvement strategies, and 5) aligning existing safety efforts and developing, collecting, and promoting the use of maternal safety resources.

To participate in the AIM program, states must have an MMRC or another state-focused initiative that collects, analyzes, and reports maternal health outcome data. Also key to the successful implementation of the AIM program are state perinatal quality collaboratives (PQCs), largely considered the implementation arm of MMRCs. The CDC provides oversight and resources to PQCs through its National Network on Perinatal Quality Collaboratives (NNPQC), which is focused on accelerating improvement efforts for both maternal and infant health outcomes. This coordinated collaboration at the federal level helps to support and enhance the ability of PQCs to adopt and implement AIM maternal safety bundles. Hospitals and health systems implementing AIM's evidence-based maternal safety best practices, such as obstetric hemorrhage, severe hypertension in pregnancy, and obstetric care for women with opioid use disorder, aren't bound by a single protocol, but instead have a standard framework for each facility to develop protocols specific to its resources and patients. AIM also offers an ethnic and racial disparity bundle for implementation by participating states. Additionally, currently in the pilot phase is a maternal safety best practice tool specific to reduction of racial/ethnic disparities, with the goal of incorporating into each AIM patient-safety best practice.

Implementation of a particular program is not enough to achieve meaningful, sustained change in outcomes. AIM promotes a culture of safety and teamwork, encouraging multidisciplinary drills for ob-gyns, anesthesiologists, nurse-midwives, nurses, and laboratory staff, to ensure readiness of the team for complications that may be rare, but are life-threatening.

At the same time, we must address the rural access gap, exacerbated by the rapid rate of rural hospital closures and the shuttering of obstetric units, and its impact on adverse maternal health outcomes. ACOG is working closely with the American Academy of Family Physicians and the

National Rural Health Association to ensure access to high quality maternity care for every woman, regardless of if you live in a rural, urban, or suburban community. As the Committee considers potential actions to address maternal mortality, we urge you to keep this access concern front of mind, support policies that increase the number of physicians and nurses practicing in rural communities, and ensure that no actions unintentionally exacerbate rural access gaps.

Addressing Racial Disparities

While there is an AIM bundle specific to reducing perinatal racial and ethnic disparities, we know that is just a start, providing the guidance for collection of data, utilization of a disparities dashboard in all birthing facilities and clinics, and examination of bias. We intend to incorporate mechanisms to address disparities in all AIM bundles.

To help achieve that in a meaningful way, ACOG is working with our partners at the National Birth Equity Collaborative and the California Maternal Quality Care Collaborative to eliminate preventable maternal mortality by raising up the voices and experiences of Black women through Mother's Voices Driving Birth Equity, a project funded by the Robert Wood Johnson Foundation. This work seeks to better understand Black women's birth experiences in different geographic regions.

Through this project, we'll be able to incorporate patient voices and lived experiences in our patient safety work. If we hope to change how care is delivered, we must ensure that the methods hospitals and clinicians use to address implicit bias and racism align with Black women's needs, values, and preferences.

We recognize that we – and all care providers – have work to do and are committed to addressing implicit bias and increasing the provision of culturally competent care to our patients.

Extending Medicaid Coverage Postpartum

Medicaid is the largest single payer of maternity care in the US, covering 42.6% of births.[vi1] Yet that coverage ends roughly 60-days postpartum. As MMRCs have increasingly revealed, many deaths related to pregnancy occur after this time. In fact, the CDC estimates that 33% of maternal deaths occur one week to 12 months after delivery, which is likely underestimated as the CDC assessment did not account for deaths from overdose, suicide, homicide, or unintentional injury.[vii] Accordingly, a number of MMRCs have recommended extending Medicaid coverage for women to a full year postpartum.[viii,ix,x,xi,xii] Already, federal statute requires that a baby born to a mother on Medicaid is covered under Medicaid through the first year of life.

As Congress explores additional ways to improve health outcomes, closing this critical gap in coverage for all Medicaid-eligible women in all states can mean the difference between life and death for some women.

H.R. 4995 and H.R. 4996: Critical Next Steps

[1] The percent of births financed by Medicaid is higher in certain states. For instance, based on the latest available data, Medicaid financed 58% of births in Alabama (2010) and 54% of births in Georgia (2014). Source: Vernon K. Smith, Kathleen Gifford, Eileen Ellis, and Barbara Edwards, Health Management Associates; and Robin Rudowitz, Elizabeth Hinton, Larisa Antonisse and Allison Valentine, Kaiser Commission on Medicaid and the Uninsured. Implementing Coverage and Payment Initiatives: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2016 and 2017, The Henry J. Kaiser Family Foundation, October 2016.

H.R. 4995, the Maternal Health Quality Improvement Act of 2019 and H.R. 4996, the Helping Medicaid Offer Maternity Services (MOMS) Act of 2019 are critical next steps to addressing the Nation's rising maternal mortality rate and eliminating preventable pregnancy-related deaths by:

Authorizing the Alliance for Innovation on Maternal Health (AIM) program, to help ensure implementation of best practices and eliminate preventable maternal mortality and severe maternal morbidity for every U.S. birth. H.R. 4995 would authorize the AIM program, an initiative of the Health Resources Services Administration (HRSA), and provide support to advance evidence-based practices to improve the quality and safety of maternity care throughout the care continuum.

Addressing racial and ethnic health disparities through implicit bias training and increasing the provision of culturally competent care. Research suggests that stereotyping and implicit bias on the part of health care providers can contribute to racial and ethnic disparities in health outcomes. Providing support for training programs to eliminate and prevent discrimination in the provision of health care services can combat implicit biases and improve cultural competency in provider-patient communications and the provision of care.

Supporting state-based perinatal quality collaboratives working with providers, hospitals, and public health officials to implement best practices. With the Preventing Maternal Deaths Act, Congress made a significant commitment to discovering the drivers of maternal mortality and identifying opportunities to prevent future tragedies. However, the investment in state Maternal Mortality Review Committees (MMRCs) is only beneficial if the data gathered leads to meaningful and timely action. Perinatal quality collaboratives (PQCs) – networks of health care providers, systems, public health professionals and other stakeholders – translate MMRC recommendations into

policy and health care practice changes that will save women's lives. For years, state-based PQCs have improved health outcomes for women and infants and lowered health care costs. For example, from September 2008 to March 2015, Ohio's PQC achieved an estimated cost savings of over $27,789,000 associated with a shift of 48,400 births to 39 weeks gestation or greater and a 68% decline in the rate of deliveries at less than 39 weeks gestation without a medical indication. Appropriately resourced, PQCs can provide the network and infrastructure to facilitate system-wide implementation of MMRC recommendations.

Improving access to obstetric care in rural areas through the creation of rural obstetric network grants, enhanced data collection, and telehealth programs. Women living in rural areas have less health care access and experience poorer health outcomes than women living in urban areas, a trend exacerbated by the rapid rate of rural hospital closures and shuttering of obstetric units. Establishing rural obstetric networks, training providers in rural communities, and expanding access to telehealth services will help close the access gap for the approximately 500,000 women who give birth each year in rural hospitals.

Allowing states the option to extend continuous Medicaid or CHIP eligibility for women for one year postpartum. Deaths from preventable causes, including overdose and suicide, occur more frequently during the 12-month postpartum period.[xiii] Closing this gap in coverage during this vulnerable time is critical to increasing access to care for women and saving women's lives. The Helping Medicaid Offer Maternity Services Act represents a positive step forward, and we encourage Congress to continue to look for ways to close the coverage gap after delivery for all women in every state Medicaid program.

Thank you for enacting the Preventing Maternal Deaths Act, a critical step in our efforts to eliminate preventable maternal mortality. We're extremely pleased that so many congressional leaders have recognized and are committed to this important issue. The provisions within H.R. 4995 and H.R. 4996 would have a meaningful impact on women and families and improve maternal health outcomes. We urge this Committee and the Congress to build on its commitment to healthy moms and babies, and take important next steps, including passage of H.R. 4995 and H.R. 4996.

Thank you for the opportunity to share our work with you today. We are making significant and meaningful progress on the path to better maternal outcomes for all moms, and look forward to working together with you to achieve our goal of eliminating preventable maternal mortality.

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[xiii] *For Addicted Women, the Year After Childbirth Is the Deadliest.* Vestal, Christine. (2018, August 14) Pew Stateline. Retrieved from https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/08/14/for-addicted-women-the-year-after-childbirth-isthe-deadliest.