ACOG’s Safe Motherhood Initiative: Making Obstetrics and Maternity Safer (MOMS)

Thanks in large part to the outstanding care each of you provide to your patients, pregnancy and childbirth is a joyous and safe experience for the vast majority of mothers. But this year, maternity related deaths have been reported at 13 out of every 100,000 live births, compared to the target rate of 3.3 out of every 100,000 live births established by Healthy People 2010. Clearly, there’s room for improvement. These indicators generate national attention and Congressional interest and intervention.

ACOG is committed to leading this improvement as part of our imperative to make motherhood as safe as possible.

At our February 2010 Congressional Leadership Conference, over 250 Fellows and Junior Fellows educated nearly 400 Members of Congress on the importance of investing dollars in women’s health research to help us understand the links and effective strategies to increasing safe motherhood. Congress has an important role to play as it determines federal funding to major research initiatives. To build off our CLC momentum, I am announcing ACOG’s Making Obstetrics and Maternity Safer (MOMS) Initiative to improve maternal outcomes through more research and better data.

Research is critically needed to understand why our maternal and infant mortality rate remains comparatively high, relative to other developed nations. Improved data collection methods and comprehensive maternal mortality reviews have uncovered higher maternal mortality rates in some states than previously thought. States without these resources may be underreporting maternal and infant deaths and complications from childbirth. Without accurate data, the full range of causes of these deaths remains unknown.
ACOG’s MOMS Initiative is a multi-pronged approach to improve the development and implementation of evidence-based interventions, and thereby, maternal health outcomes through:

**Maternal/Child Health Research at the NIH to**
- Reduce the prevalence of premature births.
- Focus on obesity research, treatment, and prevention.

**Maternal/Child Health Research at the CDC to**
- Assist states in setting up maternal mortality reviews
- Modernize state birth and death records systems to the 2003-recommended guidelines.
- Improve the Safe Motherhood Program to better study pregnancy-related deaths.

**Maternal/Child Health Programs at HRSA to**
- Continue the Fetal and Infant Mortality Review (FIMR) which brings ob-gyn and local health departments together to solve problems related to infant mortality.
- Improve the Maternal Child Health Block grant, the only federal program that exclusively focuses on improving the health of mothers and children.

**Comparative Effectiveness Research on Maternal Disparities at AHRQ to**
- Perform disparities research into maternal outcomes.
- Focus on preterm birth and pregnancy-related depression.

In this issue of *ACOG’s Legislative News*, you’ll read more about this important initiative and ways that YOU can help us achieve our shared goal of making every pregnancy and birth as safe as possible. Thank you and I applaud your participation.

**At ACOG’s 58th Annual Clinical Meeting: What Health Reform Means for Your Practice and Your Patients**

All ACM attendees are invited to join ACOG President Gerald F. Joseph, Jr., MD, at a lecture on this important and timely topic on Monday May 17, 2010, 12:15-1:30 p.m. in Room 134 of the Moscone Center. There’s no charge or advanced registration required for this event.
Over the spring recess, Sen. Tom Coburn (R-OK) vowed to block all future spending bills in the Senate that aren’t fully paid for with cuts to other spending programs, including any effort to postpone or repeal the 21.3% Medicare physician payment cut that went into effect on April 1.

On Monday, April 12, Senate Majority Leader Harry Reid (D-NV) held a procedural (cloture) vote, which passed 60-34, allowing an SGR delay bill to be voted on later this week. Four Republican Senators -- Scott Brown of Massachusetts, Susan Collins and Olympia Snowe of Maine and George Voinovich of Ohio -- joined with Democrats and Independents to vote for cloture. The two parties were negotiating for a vote by April 14, as Reid works to secure enough votes to block the cut until June 1.

What You Can Do: Demand Permanent SGR Repeal

The political gamesmanship with Medicare physician payment has to stop. The uncertainty wrecks havoc on your practices and patient care. The flawed Sustained Growth Rate (SGR) formula for physician payment does not work. ACOG will not stop until SGR repeal is signed into law. Here’s how you can help.

1. Click on our Legislative Action Center, to send an email message to your legislator; or

2. Call the Toll Free hotline set up by the American College of Surgeons and available to ACOG at 1-877-996-4464; and

3. Use our talking points here.

No time to write but want to help? Your contribution will support Ob-GynPAC’s SGR Repeal Campaign.

ACOG Pushes MOMS Initiative during Critical Appropriations Season

Time for the U.S. to Support Safe Motherhood

With the Congressional appropriations process underway, determining funding for Fiscal Year 2011, ACOG President Gerald F. Joseph, Jr., MD, is promoting ACOG’s Making Obstetrics and Maternity Safer (MOMS) Initiative, calling on Congress to provide funding for more research and better data in maternal and child health.

The initiative follows ACOG’s 28th Annual Congressional Leadership Conference, the President’s Conference (CLC), when over 250 ACOG Members visited Congressional offices, urging more funding for women’s health research priorities. ACOG is highlighting those priorities in requests for the Labor-HHS Appropriations bill.
“Today, the U.S. lags behind other nations in healthy births, yet remains high in birth costs,” ACOG testified to the U.S. Senate Appropriations Committee’s Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. “Research is critically needed to understand why our maternal and infant mortality rate remains comparatively high.”

More research is essential to understand what causes prematurity, reduce U.S. rates of maternal and infant mortality, and eliminate health disparities. More funding will allow states to adopt electronic birth records and provide maternal mortality reviews.

ACOG’s MOMS Initiative is threatened by the sizeable cut in research funding scheduled for October 1, 2010, once the stimulus funding ends. Building funding levels from the stimulus into the base for FY 2011 appropriations will ensure the continuation of current research important to the MOMS Initiative, and ensure that future research to improve maternal outcomes can continue.

ACOG Asks for Increases to Improve Outcomes

The NIH and many other HHS agencies are vital to carrying out the goals of the MOMS Initiative. ACOG calls for funding for maternal-child health programs in these agencies:

* **National Institutes of Health (NIH):** a 13.5% increase, to $35.2 billion, for research at the National Institute of Child Health and Human Development (NICHD), to help reduce the prevalence of premature births, study obesity in pregnant women, and more;

* **Health Resources and Services Administration (HRSA):** a 22.3% increase, to $9.15 billion, for programs including the Fetal Infant Mortality Reviews, Healthy Start Program, and Maternal Child Health Block Grants (MCH);

* **Centers for Disease Control and Prevention (CDC):** a 35.9% increase, to $8.8 billion, for programs including Maternal Mortality Reviews, in the Division of Reproductive Health; the Safe Motherhood Program; and Electronic Birth Records and Death Records, at the National Center for Health Statistics (NCHS); and

* **Agency for Healthcare Research and Quality (AHRQ):** a 53.9% increase, to $611 million, for comparative effectiveness research to reduce disparities in maternal outcomes.

Read more about the work of these critical programs and ACOG’s funding request in our testimony.

For more background on the importance of women’s health research, check Dr. Joseph’s letter to the Chairs and Ranking Members of the Senate and House Committees.
New Report to MedPAC: Liability Reforms Have Potential to Improve Health Care Delivery

Numerous medical liability reform alternatives may positively affect both the medical liability and the health care delivery systems, and are worth testing, according to a recent report submitted to the Medicare Payment Advisory Commission (MedPAC).

The analysis by Michelle Mello, JD, PhD, of the Harvard School of Public Health, and Allen Kachalia, MD, JD, of Harvard Medical School, addresses a wide variety of reform proposals, from those that have been well-tested to others with limited evidence to date.

Evidence is building on eight reforms implemented by a number of states: caps on non-economic damages, pretrial screening panels, certificate of merit requirements, attorney fee limits, joint-and several liability rule reform, collateral source rule reform, periodic payment, and statutes of limitation/repose.

Six other reforms are innovative but less tested in this country: schedules of non-economic damages, health courts, disclosure-and-offer programs, safe harbors for adherence to evidence-based clinical practice guidelines, subsidized reinsurance that is made conditional upon meeting particular patient safety goals, and enterprise medical liability.

The authors measured reforms for their effects on outcome variables including malpractice claims frequency and costs, medical liability system overhead costs, health care providers’ liability costs, defensive medicine (including health care utilization and spending), supply of health care services (including physician supply and patient health insurance coverage), and quality of care.

Using theoretical predictions and the limited evidence available, the authors identify most of these reforms as promising enough to merit controlled experimentation, including demonstration projects. The report also highlights two key outcomes from caps on non-economic damages:

- Study results on cesarean delivery are mixed, but two strong, recent studies find caps are predictive of lower rates of cesarean delivery.

- One study of birth outcomes finds that non-economic damages caps are associated with a statistically significant reduction in preventable complications of labor, but not with infants’ Apgar scores.

Read more details in the full report.
Funding Available for Teen Pregnancy Prevention Programs

OAH Calls for Grant Applications, Reviewers

The Office of Adolescent Health (OAH) within the Department of Health and Human Services (HHS) is announcing how to apply for funding of teen pregnancy prevention programs, available through a new initiative and the health care reform law. The office is also looking for reviewers of grant applications.

Under the Administration’s new teen pregnancy prevention initiative, a total of $75 million is available on a competitive basis for the purpose of “replicating evidence-based programs that have been proven through rigorous evaluation to reduce teenage pregnancy, behavioral risks underlying teenage pregnancy, or other associated risk factors.”

At a later date, OAH will release a separate announcement about another $25 million available for promising programs and innovative strategies.

For OAH guidance on programs eligible for funding and the application process, click here. The new health care reform law, the Patient Protection and Affordable Care Act, also includes a mandatory appropriation of $75 million in FY 2010 for state grants for a the new Title V Section 513 Personal Responsibility Education Grant program run through the Administration for Children and Families. It also continues the $50 million in Title V Section 510 Abstinence Education funding. A link to the legislative requirements for these programs is here (beginning on page 229).

Call for Grant Application Reviewers

OAH is seeking reviewers for the large number grant of applications anticipated for the new teen pregnancy prevention initiative. OAH is looking for “individuals from both inside and outside government with expertise in the fields of teen pregnancy prevention, evidence-based practice, replication, and evaluation to review the grant applications. Ensuring objective application review is critical to meeting the goals of this ambitious project.”

Review meetings to discuss applications will occur in mid-summer 2010 in the Washington, DC area.

By April 20, interested persons should submit a completed application form, and a recent CV to Allison Roper at Oah.gov@hhs.gov or fax (240) 453-2801. For application forms and additional information, contact Ms. Roper at (240) 453-2806.
President Obama to Nominate Pediatrician and Health Policy Scholar Donald Berwick to Head CMS

Long-Time Advocate for Quality Care and Lower Costs; Newcomer to Managing Large Bureaucracy

The White House has announced that President Obama will soon nominate Donald M. Berwick, MD, a pediatrician and president of the Institute for Healthcare Improvement in Cambridge, MA, as the next Administrator of the Centers for Medicare and Medicaid Services (CMS) within HHS.

The CMS has been without a permanent chief since Dr. Mark B. McClellan stepped down in 2006. Dr. Berwick must be confirmed by the Senate, and Senators are expected to debate the merits and implementation of the new health care reform law during his confirmation hearing.

Dr. Berwick, a professor at the Harvard School of Public Health, has long championed providing better care at lower costs. Considered a health policy visionary, he is credited with promoting many of the quality and safety initiatives in the health reform bill, including provisions intended to reduce readmissions to hospitals and prevent hospital-acquired infections. From 1996 to 1999, he was the first independent member of the board of trustees of the American Hospital Association, and he was a member of the 1999 Institute of Medicine panel that issued a report on medical errors and patient safety.

Dr. Berwick is not experienced in managing large bureaucracies, and if confirmed will face enormous responsibilities under the new health care law. Medicaid will be expanded to cover 16 million more people, Medicare costs must be curbed by billions over the next decade, and the new chief will oversee millions of dollars in funding for demonstration projects.

Read more about Dr. Berwick’s background here.

State Legislative News

Two More States Prohibit Gender Rating

New Mexico and Colorado recently scored major victories in health insurance reform, enacting legislation to prohibit the unfair practice of charging women more than men for health insurance. They join the ranks of 11 other states that already prohibit or restrict the practice.

New Mexico Senate Bill 148, signed into law by Gov. Bill Richardson (D) on March 9, requires insurance companies to phase out by 2014 the use of gender rating as a factor in setting rates for medical coverage in policies sold directly to individuals and small groups of up to 50.

On March 29, Colorado Gov. Bill Ritter (D) signed House Bill 1008, saying the new law will work in conjunction with the federal health care legislation to make insurance more affordable and accessible for women. The bill brings the same prohibition to gender rating in the individual market that exists in the small-group market, and will take effect with insurance policies issued or renewed in 2011.

Congratulations to Colorado and New Mexico ACOG for their health reform victories!