Congress of the United States
U.S. House of Representatives
COMMITTEE ON WAYS AND MEANS
1102 LONGWORTH HOUSE OFFICE BUILDING
(202) 225-3625
Washington, DC 20515-0348
http://waysandmeans.house.gov

May 21, 2019

The Honorable Gene L. Dodaro
Comptroller General
Government Accountability Office
441 G St., NW
Washington, DC 20548

Dear Mr. Dodaro,

On May 16, 2019, the Committee on Ways and Means held a historic hearing on the maternal mortality crisis in the United States. The U.S. currently has the highest rate of maternal mortality in the developed world, with significant racial disparities for African American and Hispanic women. A recent study from the CDC found that more than 60% of the maternal deaths in the U.S. could be prevented, but we do not have a national strategy in place to take action.

There has been progress made at the state level:

- California launched the California Maternal Quality Care Collaborative in 2006 to use data, research and statewide outreach to address maternal mortality. Since that time, the maternal mortality rate in California has dropped by more than 55%, though the racial disparities in overall mortality rates have remained.

- Nevada, which has the third best maternal mortality rate in the country, enacted legislation to create a Maternal Mortality Review Committee and committed to ensuring the scope of the Committee's work also considers maternal morbidity.

- Twelve additional states are looking to use provider education and training approaches, community engagement, and additional data to implement new evidence-based approaches to supporting pregnant women and new mothers.

Though states are making welcome progress, maternal mortality rates continue to rise. Without a coordinated approach to address these issues as a nation, we cannot truly ensure the safety of pregnant women and mothers.

Unfortunately, progress is stymied by a number of factors, including the lack of consistency in the definitions of maternal morbidity and mortality. Without consistent data, there is no way to evaluate the true severity of this issue or determine which approaches are making inroads in solving the problem.

In an effort to improve data collection and consistency, in 2016 the CDC partnered with the Association of Maternal and Child Health Programs to create the Maternal Mortality Review Information Application. To date, only nine states have adopted the improved and standardized reporting to the CDC through this document. While this is a small number of states, even that additional data has been valuable.

If Congress had access to consistent data from all states and territories, we could better assess the reasons for our nation's poor maternal health outcomes. However, the lack of consistent data on the post-partum period, race and ethnicity reporting, social determinants of health, and programs like home visitation is hampering the ability to create an evidence-based approach to solving the problem. If we cannot define the scope of the issue, is cannot truly be eradicated.

We ask GAO to complete a report detailing: 1) the extent of the gaps in currently reported data around maternal mortality; 2) the key inconsistencies in the data reporting coming from states including length of time post-partum used to define maternal deaths; 3) the degree to which these inconsistencies apply to measures of severe maternal morbidity; and 4) the level of federal support required to resolve those concerns.

We also ask for prompt attention to the following questions:

1. What federal infrastructure might be required to collect standardized data through the Maternal Mortality Review Information Application, if any?

2. Please evaluate the differences in outcomes and health care costs for women 42 days, 60 days, and 365 days post-partum. Is there a causal relationship between decreased maternal mortality rates and improved outcomes and access to health insurance coverage? Is there a difference between outcomes for women on public insurance vs private insurance? Is there a difference in access to providers for women on public insurance vs private insurance?

3. GAO report HEHS-96-207 identified a trend to reduce post-partum inpatient stays to 48-72 hours and potential negative outcomes in maternity care including those associated with shortened stays. Can you please update the findings of that report that relate to maternal health outcomes?

4. The recently-completed MIHOPE study, the largest-ever study of home visiting, found that home visiting improved maternal health in several ways, and a number of studies of individual home visiting programs reviewed for HOMVEE, the clearinghouse of evidence-based home visiting models eligible for funding under the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) have evaluated interventions which improve both maternal health and birth outcomes for at-risk mothers. Using this data and other recent research on the

impact of home visiting, please review maternal mortality results across models and within subgroups for how effects varied based on parent characteristics, program features and service received.

5. Please identify current federal programs which provide or support health profession training, total funding levels for those programs, and which programs, if any, train significant numbers of professionals that play a key role in maternal health, such as obstetricians, midwives, doulas, and registered nurses. Please identify any programs which have been successful in increasing diversity within those professions, and any best practices those programs have developed to educate students about social determinants, as well as any gaps in research about the most effective training methods to improve maternal health. Please include demonstration and training programs administered by the Department of Labor and the Department of Health and Human Services, including the Centers for Medicare and Medicaid Services, and Administration for Children and Families.

6. Please examine maternal morbidity and mortality trends in rural areas, including racial disparities. Where you are unable to assess morbidity trends, please provide an assessment of the shortcomings in data or other information.

7. Is there a relationship between decreased access to obstetric and pre-natal care (such as in rural areas with closing OB departments) and maternal morbidity, mortality, or other post-natal outcomes?

8. GAO report GAO-18-240 found federal agencies and state Medicaid agencies spent over $16.3 billion in 2015 to fund graduate medical education (GME) training for physicians—commonly known as residency training. The federal government spent $14.5 billion through five major programs, and 45 state Medicaid agencies spent $1.8 billion. The largest source of federal dollars is the Medicare program. What steps may be considered to improve the training of clinicians (both OB/GYNs and non-obstetric providers) to ensure they are fully equipped to handle labor and delivery, especially when complications arise?

We ask for prompt action to resolve some of the outstanding questions posed during the May 16th hearing so we can move toward a comprehensive federal approach to improve the safety of America's mothers.

Thank you for your prompt attention to this important matter. If you have any questions, please contact Morna Miller or Sarah Levin in the majority staff at (202) 225-3625 and Rachel Kaldahl, Ann DeCesaro, or Stephanie Parks in the minority staff at (202) 225-4021.

Sincerely,

RICHARD E. NEAL
Chairman
Committee on Ways and Means

KEVIN BRADY
Ranking Member
Committee on Ways and Means