Congress of the United States
U.S. House of Representatives
COMMITTEE ON WAYS AND MEANS
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May 21, 2019

The Honorable Alex Azar
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar,

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 Centers for Disease Control and Prevention (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.

The Department of Health and Human Services (HHS) administers several different programs with goals and implications for maternal health. These include Medicaid and Medicare, with the former being the single largest payer for pregnancy-related services.[1] HHS also administers a number of programs for low-income and at-risk parents, which could influence maternal health directly or affect social determinants of health, as well as programs related to health professional training and grant programs intended to address or influence certain aspects of maternal health. Despite this hefty and diverse investment of federal funds, we lack a comprehensive picture of lessons learned from the many demonstrations, models, and projects proven successful in addressing the social determinants of health and racial disparities reflected in maternal health outcomes.

[1] Kaiser Family Foundation, "Medicaid's Role for Women". https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/

A few of the witnesses at the hearing referenced the Alliance for Innovation in Maternal Health (AIM) Program as a beacon for quality to achieve better maternal outcomes through a collaborative approach and patient safety bundles. This program is funded through the Maternal and Child Health Bureau, but the successes of the intervention clearly can have implications for other programs.

As another example, in seeking to improve data collection and consistency, the CDC partnered with the Association of Maternal and Child Health Programs to create the Maternal Mortality Review Information Application. While only nine states have adopted the improved and standardized reporting to the CDC through the application, the additional data has been valuable.[2] With HHS also seeking to advance interoperability of health information technology, there are windows of opportunity to ensure those efforts consider and support enhancements to improve reporting of maternal outcomes.

From 2012 to 2017, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which funds evidence-based home visiting models, many of which have a demonstrated ability to improve child and maternal health outcomes, was scaled up to serve four and a half times the number of initial participants, although it still serves only a small fraction of eligible families.[3] Tribal Home Visiting has made significant progress, with tribal home visiting models reaching the level of evidence needed to be included in HOMVEE, the clearinghouse of evidence-based interventions, and specific efforts underway to reduce disproportionate rates of sudden infant death syndrome among American Indian/Alaska native families.[4] However, more work needs to be done to learn from the most effective home visiting models and provide technical assistance to states and programs to help them apply those lessons to other programs which could reduce risk for expectant mothers. There are many opportunities to do that, and one of the most immediate is as home visiting is incorporated into the prevention services states can fund using foster care dollars starting on October 1.

Since the creation of the CMS Innovation Center, several states have received funding for health care delivery system transformation and other payment models, including California, Connecticut, Hawaii and Texas.[5,6] The Innovation Center previously tested the Strong Start model and will work to address opioid use disorder among pregnant women through the Maternal Opioid Misuse (MOM) model focused on maternal health. Amid these efforts to unleash innovation for mothers and the health care system at large, we must have mechanisms in place to better understand the interactions among the HHS programs that relate to maternal health outcomes.

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[2]http://www.amchp.org/AboutAMCHP/NewsRoom/Documents/Website%20Seeks%20to%20Strengthen%20Maternal%20Mortality%20Reviews%20to%20Reduce%20Pregnancy-Related%20Deaths.docx

[3] "The Maternal, Infant, and Early Childhood Home Visiting Program," Administration for Children & Families, HHS. https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf

[4] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=38

[5] "State Innovation Models," CMS Innovation Center. https://innovation.cms.gov/initiatives/#views=State%20Innovation%20Models%20Initiative:%20Model%20Design%20Awards%20Round%20One&key=State%20innovation%20models

[6] https://innovation.cms.gov/initiatives/participant/State-Innovations-Model-Design/California.html

We request HHS compile a comprehensive review of programs and models administered by the Department that relate to combatting maternal mortality, including the work done in the Office of Women's Health. Please include information on program evaluations, any limitations related to analyzing collected data, and the manner in which HHS disseminates lessons within the Department. In addition, please include evaluation results related to the MIECHV and Health Profession Opportunity Grants (HPOG), and programs that incorporate bundled or value-based payments for pregnancy-related services, maternal health quality improvement initiatives, and maternal workforce competency/diversity training. When the review is complete, we also ask for an in-person staff briefing.

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