June 5, 2019

The Honorable Lamar Alexander
Chairman
U.S. Senate Committee on Health, Education, Labor & Pensions
Washington, D.C. 20515

The Honorable Patty Murray
Ranking Member
U.S. Senate Committee on Health, Education, Labor & Pensions
Washington, D.C. 20515

Dear Chairman Alexander and Ranking Member Murray:

Thank you for the opportunity to provide comments on the discussion draft of the Lower Health Care Costs of 2019. As national organizations that work to improve maternal and child health, we are grateful for your work to address the maternal mortality crisis in the United States. We are writing today to express our strong support for Sections 406-410 of the Lower Health Care Costs Act of 2019, which would build on this Committee’s previous work to prevent maternal death and improve maternal health outcomes. To ensure that the programs described in Sections 406-410 are meaningfully implemented, we suggest including specific authorization levels for the programs as outlined below.

Unlike every other industrialized country, maternal deaths in the United States are on the rise. From 2000 to 2014, the United States’ maternal mortality ratio increased by 26.6%, from 18.8 maternal deaths per 100,000 live births in 2000 to 23.8 maternal deaths per 100,000 live births in 2014.1 Each year, an estimated 700 women in the U.S. die as a result of pregnancy or pregnancy-related complications.2 Of these maternal deaths, an estimated 60 percent are preventable.3 Stark racial disparities in maternal health outcomes persist; Black and American Indian/Alaska Native women are roughly three times as likely to die from pregnancy-related causes as white women in the United States.4

Under your leadership last Congress, the Senate Committee on Health, Education, Labor & Pensions shepherded two bills to improve maternal health outcomes that became law – the Preventing Maternal Deaths Act and the Improving Access to Maternity Care Act. These laws will help the United States take steps forward in preventing maternal deaths and improving

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maternal health outcomes. However, fully addressing the maternal mortality crisis, reducing severe maternal morbidities, and eliminating disparities in maternal health outcomes will require additional action and continued Congressional attention. We appreciate your recognition of this need by including five sections within the Lower Health Care Costs Act of 2019 dedicated to improving maternal health.

Sec. 406 – Innovation for maternal health.

The Alliance for Innovation on Maternal Health (AIM) grant program through the Health Resources and Services Administration (HRSA) is working to translate state and local Maternal Mortality Review Committee findings into action. The goal of this program is to eliminate preventable maternal mortality and severe maternal morbidity in every U.S. birthing facility by promoting safe maternal care for every U.S. birth, regardless of zip code. This section of the bill would authorize the AIM grant program, providing support to advance evidence-based practices to improve the quality and safety of maternity care throughout the care continuum – prenatal care, labor care, birthing, and postpartum care in hospitals and at other delivery sites. Through the AIM grant program, providers are developing health care protocols to address identified concerns that substantially contribute to maternal mortality and severe maternal morbidity, including: obstetric hemorrhage, severe hypertension in pregnancy, obstetric care for women with opioid use disorder, and reduction of racial/ethnic disparities. These protocols are being shared as best practices with other states and localities that need support with implementation. Illinois, Florida, and Michigan – some of the first states to participate in the AIM program – observed a severe maternal morbidity reduction of 7% to 21% between 2015-2018. The AIM grant program authorized by this section would help grow and advance these statistics throughout other states and localities.

We recommend including an authorization of appropriations for this section at $10 million for each of fiscal years 2020-2024. This funding level is consistent with the authorization of appropriations for a substantially similar provision included in S. 916, the Mothers and Offspring Mortality and Morbidity Awareness Act (MOMMA’s Act), which our organizations support.

Sec. 407 – Training for health care providers.

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 reduce and prevent discrimination in the provision of health care services as proposed by this section can combat implicit biases among health care professionals that may

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contribute to poor maternal health outcomes, especially among Black and American Indian/Alaska Native women, and improve cultural competency in provider-patient communications and the provision of care.

We recommend including an authorization of appropriations for this grant program at $5 million for each of fiscal years 2020-2024. This funding level is consistent with the authorization of appropriations for a substantially similar provision included in S. 1600, the *Maternal Care Access and Reducing Emergencies (Maternal CARE) Act*, which our organizations support.

**Sec. 408 – Study on training to reduce and prevent discrimination.**

The study proposed by this section would contribute to the success of the grant program proposed in Section 407 of the *Lower Health Care Costs Act of 2019*. Like Section 407, this section is substantially similar to a provision included in S. 1600, the *Maternal Care Access and Reducing Emergencies (Maternal CARE) Act*, which our organizations support.

**Sec. 409 – Perinatal quality collaboratives.**

With the passage of the *Preventing Maternal Deaths Act*, Congress made a significant commitment to discovering the drivers of the nation’s high maternal death rate 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) are poised to translate MMRC recommendations into reforms in policy and health care practice that will save women’s lives. PQCs are networks of health care providers, health care systems, public health professionals and other stakeholders dedicated to improving maternal and infant outcomes through implementation of evidence-based interventions.

For years, state-based PQCs have improved health outcomes for women and infants and saved the health system money. For example, during the period of 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.7 If appropriately resourced, PQCs can provide the network and infrastructure to facilitate system-wide implementation of MMRC recommendations.

The Centers for Disease Control and Prevention (CDC) currently provides funding to thirteen state-based PQCs. We recommend including an authorization of appropriations for Section 409 of the *Lower Health Care Costs Act of 2019* at $15 million for each of fiscal years 2020-2024 to enable CDC to assist additional states-based PQCs improve the quality of care for moms and babies and ensure implementation of the recommendations of MMRCs.

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7 Available at: [https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm#success](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm#success)
Sec. 410 – Integrated services for pregnant and postpartum women.

Our organizations see great potential to improve the delivery and quality of care for women through pregnancy medical homes, as would be supported by this provision. Advancing a medical home model of care for pregnant and postpartum women would decrease fragmentation of care and increase the provision of targeted, continuous, coordinated, confidential, and comprehensive care across all elements of a complex health care system and a woman’s community. 

In order to achieve meaningful implementation of Section 410, we recommend that the Committee include an authorization of $25 million for the program, consistent with the authorization of appropriations for a pregnancy medical home demonstration project in S. 1600, the *Maternal CARE Act*, which our organizations support.

We appreciate your continued commitment to addressing our nation’s maternal mortality crisis. Sections 406-410 of the *Lower Health Care Costs Act of 2019* discussion draft would authorize important federal programs to improve maternal health care and eliminate disparities in maternal health outcomes. We encourage you to move forward with these proposals with the addition of specific authorization levels so as to provide appropriate direction on the resources required to meaningfully carry out these programs.

Sincerely,

Association of Maternal & Child Health Programs
March of Dimes
Preeclampsia Foundation
Society for Maternal-Fetal Medicine

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