



March 20, 2020

VIA ELECTRONIC MAIL

The Honorable Chuck Grassley
Chairman
Senate Finance Committee
135 Hart Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

Re: Request for Information on Solutions to Improve Maternal Health

Dear Chairman Grassley and Ranking Member Wyden:

The Health Care Transformation Task Force (HCTTF or Task Force) thanks the Senate Finance Committee for seeking information from health care stakeholders on specific, evidence-based solutions to address poor maternal health outcomes and improve maternal health in the United States. The Task Force is a consortium of private sector stakeholders – including providers, health plans, employers, and consumers – that support accelerating the pace of transforming the delivery system away from fee-for-service (FFS) into one that pays for value, increases the quality of care, and produces improved health outcomes.

Last year, the Task Force issued a report: *Expanding Access to Outcomes-Driven Maternity Care through Value Based Payment*, which describes the most common value-based payment strategies for maternity care and evidence of their effectiveness to reduce costs and improve quality, as well as the barriers to more widespread adoption.¹ The Task Force is committed to accelerating the dissemination of effective value-based payment strategies and delivery models for maternity care that improve maternal health outcomes, reduce health disparities, and advance health equity. HCTTF is well-positioned to serve as a resource to Congress and regulators in this work, and to help identify the highest priority strategies and policies for improving maternal health.

¹ <https://hcttf.org/outcomes-driven-maternity-care-vbp/>

The Task Force recently endorsed the Black Maternal Health Momnibus Act of 2020 (H.R. 6142/S. 3424), and specifically the IMPACT to Save Moms Act (H.R. 6137). Introduced by the members of the Black Maternal Health Caucus in the House of Representatives and Senate, this comprehensive legislation addresses the United States' urgent maternal health crisis and provides evidence-based strategies and policies to improve outcomes for women, particularly Black women and high-risk populations (*e.g.*, Native Americans, women veterans, and incarcerated women). We urge the Senate to take action on the bill.

Below, the Task Force responds to the Committee's request for input on high-priority strategies for coverage and standards of care to improve maternal health with recommended payment reform strategies.

I . Payment reform to improve maternal health

The Task Force members strongly believe that the current FFS reimbursement structures do not facilitate the most effective delivery of evidence-based maternity care. Last July, HCTTF wrote to the Centers for Medicare and Medicaid Services (CMS) urging the Center for Medicare and Medicaid Innovation (CMMI) to test an alternative payment model (APM) for maternity care.² The maternal mortality and morbidity crisis is a strong indication that our current system is not working. An analysis of maternal care in the United States reveals significant underuse of evidence-based care, overuse of unneeded care, and unwarranted practice variation. Implementing a value-based paradigm to maternity care is one critical lever to positively impact maternal health outcomes by reducing variations in care delivery.

CMS can serve an important role by helping states transform how maternal health care is delivered. We believe CMS should test a multi-payer maternity care model in order to advance industry understanding and adoption of the most effective models for maternity care payment. The Medicaid program provides the greatest opportunity to test and encourage adoption of alternatives to fee-for-service for maternity payment, which pays for about half of all births in the country, and we believe a partnership with commercial payers will amplify the model's impact. CMS leadership in developing a framework would undoubtedly increase the likelihood of uptake by State Medicaid programs.

CMS should also expedite the approval process for Medicaid state plan amendments and waivers to implement maternity care APMs that hold states and providers accountable for improved outcomes and provide guidance about how to do so through State Medicaid Director letters. A maternal health APM should ensure clinical delivery that is aligned with evidence-based best practices. Key clinical objectives of the APM could include increased prenatal care utilization, reduction of the rate of unnecessary Cesarean section deliveries, and improvement in rate of babies born at a healthy birth weight.

² <https://hcttf.org/cms-maternity-care-apm-recommendation/>

Another critical element the APM should address is improving screening and treatment for perinatal mood and anxiety disorders (PMADS). According to a 2019 Mathematica study, one in seven women are affected by PMADS, including prenatal and postpartum anxiety and depression, and the total estimated cost of untreated PMADs is \$32,000 per each mother-child pair.³ There is growing bipartisan support for a year of postpartum coverage given the long tail of adverse maternal health outcomes; CDC data indicates that one in three pregnancy-related deaths occur one week to one year after delivery.⁴ Therefore, participating state Medicaid programs should be encouraged to extend postpartum coverage for women up to a year.

Finally, it is essential that a maternity care APM reduces racial disparities in morbidity and mortality. Ensuring that the model evaluation stratifies outcomes by race, ethnicity, and socioeconomic indicators, as specified in the IMPACT to Save Moms Act, will be essential to measuring progress on this goal.

The Task Force appreciates the opportunity to respond to the Senate Finance Committee's questions regarding strategies to improve maternal health. We thank you for your leadership, and for your consideration of our comments. Please contact HCTTF Senior Director Clare Pierce-Wrobel (clare.wrobel@hcttf.org or 202.774.1565) with questions related to this statement.

Respectfully,

The Health Care Transformation Task Force

³ <https://www.mathematica.org/news/new-study-uncovers-the-heavy-financial-toll-of-untreated-maternal-mental-health-conditions>

⁴ <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>