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(Original Signature of Member)

114TH CONGRESS  
1ST SESSION

**H. R.**

To amend title XI of the Social Security Act to improve the quality, health outcomes, and value of maternity care under the Medicaid and CHIP programs by developing maternity care quality measures and supporting maternity care quality collaboratives.

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IN THE HOUSE OF REPRESENTATIVES

Mr. ENGEL (for himself and Mr. STIVERS) introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend title XI of the Social Security Act to improve the quality, health outcomes, and value of maternity care under the Medicaid and CHIP programs by developing maternity care quality measures and supporting maternity care quality collaboratives.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Quality Care for Moms and Babies Act”.

1 (b) TABLE OF CONTENTS.—The table of contents of  
2 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Quality measures for Maternal and Infant Health.

Sec. 3. Quality collaboratives.

Sec. 4. Facilitation of increased coordination and alignment between the public  
and private sector with respect to quality and efficiency meas-  
ures.

3 **SEC. 2. QUALITY MEASURES FOR MATERNAL AND INFANT**  
4 **HEALTH.**

5 (a) IN GENERAL.—Title XI of the Social Security Act  
6 (42 U.S.C. 1301 et seq.) is amended by inserting after  
7 section 1139B the following new section:

8 **“SEC. 1139C. MATERNAL AND INFANT QUALITY MEASURES.**

9 “(a) DEVELOPMENT OF CORE SET OF HEALTH CARE  
10 QUALITY MEASURES FOR MATERNAL AND INFANT  
11 HEALTH.—

12 “(1) IN GENERAL.—The Secretary shall iden-  
13 tify and publish a recommended core set of maternal  
14 and infant health quality measures for infants, preg-  
15 nant women, breastfeeding women, and postpartum  
16 women (as such terms are defined in section 17(b)  
17 of the Child Nutrition Act of 1966) in the same  
18 manner as the Secretary identifies and publishes a  
19 core set of child health quality measures under sec-  
20 tion 1139A, including with respect to identifying and  
21 publishing existing maternal and infant health qual-  
22 ity measures that are in use under public and pri-

1 vately sponsored health care coverage arrangements,  
2 or that are part of reporting systems that measure  
3 both the presence and duration of health insurance  
4 coverage over time, that may be applicable to Med-  
5 icaid and CHIP eligible mothers and infants.

6 “(2) ALIGNMENT WITH EXISTING CORE SETS.—  
7 In identifying and publishing the recommended core  
8 set core set of maternal and infant health quality  
9 measures required under paragraph (1), the Sec-  
10 retary shall ensure that, to the extent possible, such  
11 measures align with and do not duplicate—

12 “(A) the core set of child health quality  
13 measures identified, published, and revised  
14 under section 1139A; or

15 “(B) the core set of adult health quality  
16 measures identified, published, and revised  
17 under section 1139B.

18 “(3) PROCESS FOR MATERNAL AND INFANT  
19 QUALITY MEASURES PROGRAM.—In identifying gaps  
20 in existing maternal and infant measures and estab-  
21 lishing priorities for the development and advance-  
22 ment of such measures, the Secretary shall consult  
23 with—

24 “(A) States;

1           “(B) physicians, including physicians in  
2           the fields of general obstetrics, maternal-fetal  
3           medicine, family medicine, neonatology, and pe-  
4           diatrics;

5           “(C) nurse practitioners and nurses;

6           “(D) certified nurse-midwives and certified  
7           midwives;

8           “(E) health facilities and health systems;

9           “(F) national organizations representing  
10          mothers and infants;

11          “(G) national organizations representing  
12          consumers and purchasers of health care;

13          “(H) national organizations and individ-  
14          uals with expertise in maternal and infant  
15          health quality measurement; and

16          “(I) voluntary consensus standard-setting  
17          organizations and other organizations involved  
18          in the advancement of evidence-based measures  
19          of health care.

20          “(b) DEADLINES.—

21                 “(1) RECOMMENDED MEASURES.—Not later  
22                 than January 1, 2018, the Secretary shall identify  
23                 and publish for comment a recommended core set of  
24                 maternal and infant health quality measures that in-  
25                 cludes the following:

1           “(A) Measures of the process, experience,  
2           efficiency, and outcomes of maternity care, in-  
3           cluding postpartum outcomes.

4           “(B) Measures that apply to childbearing  
5           women and newborns who are at lower risk, in-  
6           cluding measures of appropriately low-interven-  
7           tion birth, and those at higher risk.

8           “(C) Measures that apply to care during  
9           pregnancy, the intrapartum period, and the  
10          postpartum period.

11          “(D) Measures that apply to a variety of  
12          settings and provider types, such as clinics, fa-  
13          cilities, health plans, and accountable care orga-  
14          nizations.

15          “(E) Measures that address disparities,  
16          care coordination, and shared decisionmaking.

17          “(2) DISSEMINATION.—Not later than January  
18          1, 2019, the Secretary shall publish an initial core  
19          set of maternal and infant health quality measures  
20          that are applicable to Medicaid and CHIP eligible  
21          mothers and infants.

22          “(3) STANDARDIZED REPORTING.—Not later  
23          than January 1, 2020, the Secretary, in consultation  
24          with States, shall develop a standardized format for  
25          reporting information based on the initial core set of

1 maternal and infant health quality measures and  
2 create procedures to encourage States to use such  
3 measures to voluntarily report information regarding  
4 the quality of health care for Medicaid and CHIP el-  
5 igible mothers and infants.

6 “(4) REPORTS TO CONGRESS.—Not later than  
7 January 1, 2021, and every 3 years thereafter, the  
8 Secretary shall include in the report to Congress re-  
9 quired under section 1139A(a)(6) information simi-  
10 lar to the information required under that section  
11 with respect to the measures established under this  
12 section.

13 “(5) ESTABLISHMENT OF MATERNAL AND IN-  
14 FANT QUALITY MEASUREMENT PROGRAM.—

15 “(A) IN GENERAL.—Not later than 12  
16 months after the release of the recommended  
17 core set of maternal and infant health quality  
18 measures under paragraph (1), the Secretary  
19 shall establish a Maternal and Infant Quality  
20 Measurement Program in the same manner as  
21 the Secretary established the pediatric quality  
22 measures program under section 1139A(b).

23 “(B) REVISING, STRENGTHENING, AND IM-  
24 PROVING INITIAL CORE MEASURES.—Beginning  
25 not later than 24 months after the establish-

1           ment of the Maternal and Infant Quality Meas-  
2           urement Program, and annually thereafter, the  
3           Secretary shall publish recommended changes  
4           to the initial core set of maternal and infant  
5           health quality measures that shall reflect the  
6           results of the testing, validation, and consensus  
7           process for the development of maternal and in-  
8           fant health quality measures.

9           “(C) EMEASURES.—

10           “(i) IN GENERAL.—An entity awarded  
11           a grant or contract by the Secretary to de-  
12           velop emerging and innovative evidence-  
13           based measures under the Maternal and  
14           Infant Quality Measurement Program shall  
15           work to advance eMeasures that are  
16           aligned with the measures developed under  
17           the Pediatric Quality Measures Program  
18           established under section 1139A(b) and  
19           the Medicaid Quality Measurement Pro-  
20           gram established under section  
21           1139B(b)(5).

22           “(ii) DEFINITION.—For purposes of  
23           this subparagraph, the term ‘eMeasure’  
24           means an electronic measure for which  
25           measurement data (including clinical data)

1 will be collected electronically, including  
2 through the use of electronic health  
3 records and other electronic data sources.

4 “(D) AMOUNT AVAILABLE FOR GRANTS  
5 AND CONTRACTS.—The aggregate amount of  
6 funds that may be awarded as grants and con-  
7 tracts under the Maternal and Infant Quality  
8 Measurement Program for the development,  
9 testing, and validation of emerging and innova-  
10 tive evidence-based measures shall not exceed  
11 the aggregate amount of funds awarded as  
12 grants and contracts under section  
13 1139A(b)(4)(A).

14 “(c) CONSTRUCTION.—Nothing in this section shall  
15 be construed as supporting the restriction of coverage,  
16 under title XIX or XXI or otherwise, to only those services  
17 that are evidence based, or in any way limiting available  
18 services.

19 “(d) MATERNITY CONSUMER ASSESSMENT OF  
20 HEALTH CARE PROVIDERS AND SYSTEMS SURVEYS.—

21 “(1) ADAPTION OF SURVEYS.—Not later than  
22 January 1, 2020, for the purpose of measuring the  
23 care experiences of childbearing women and  
24 newborns, where appropriate, the Agency for  
25 Healthcare Research and Quality shall adapt Con-



1 consumer Assessment of Healthcare Providers and Sys-  
2 tems program surveys of—

3 “(A) providers;

4 “(B) facilities; and

5 “(C) health plans.

6 “(2) SURVEYS MUST BE EFFECTIVE.—The  
7 Agency for Healthcare Research and Quality shall  
8 ensure that the surveys adapted under paragraph  
9 (1) are effective in measuring aspects of care that  
10 childbearing women and newborns experience, which  
11 may include—

12 “(A) various types of care settings;

13 “(B) various types of caregivers;

14 “(C) considerations relating to pain;

15 “(D) shared decisionmaking;

16 “(E) supportive care around the time of  
17 birth; and

18 “(F) other topics relevant to the quality of  
19 the experience of childbearing women and  
20 newborns.

21 “(3) LANGUAGES.—The surveys adapted under  
22 paragraph (1) shall be available in English and  
23 Spanish.

24 “(4) ENDORSEMENT.—The Agency for  
25 Healthcare Research and Quality shall submit any

1 Consumer Assessment of Healthcare Providers and  
2 Systems surveys adapted under this paragraph to  
3 the consensus-based entity with a contract under  
4 section 1890(a)(1) to be considered for endorsement  
5 under section 1890(b)(2).

6 “(5) CONSULTATION.—The adaptation of (and  
7 process for applying) the surveys under paragraph  
8 (1) shall be conducted in consultation with the  
9 stakeholders identified in paragraph (6)(A).

10 “(6) STAKEHOLDERS.—

11 “(A) IN GENERAL.—The stakeholders  
12 identified in this subparagraph are—

13 “(i) the various clinical disciplines and  
14 specialties involved in providing maternity  
15 care;

16 “(ii) State Medicaid administrators;

17 “(iii) maternity care consumers and  
18 their advocates;

19 “(iv) technical experts in quality  
20 measurement;

21 “(v) hospital, facility and health sys-  
22 tem leaders;

23 “(vi) employers and purchasers; and

1                   “(vii) other individuals who are in-  
2                   volved in the advancement of evidence-  
3                   based maternity care quality measures.

4                   “(B) PROFESSIONAL ORGANIZATIONS.—  
5                   The stakeholders identified under subparagraph  
6                   (A) may include representatives from relevant  
7                   national medical specialty and professional or-  
8                   ganizations and specialty societies.

9                   “(e) ANNUAL STATE REPORTS REGARDING STATE-  
10                  SPECIFIC MATERNAL AND INFANT QUALITY OF CARE  
11                  MEASURES APPLIED UNDER MEDICAID OR CHIP.—

12                  “(1) IN GENERAL.—Each State with a plan or  
13                  waiver approved under title XIX or XXI shall annu-  
14                  ally report (separately or as part of the annual re-  
15                  port required under section 1139A(c)) to the Sec-  
16                  retary on the—

17                  “(A) State-specific maternal and infant  
18                  health quality measures applied by the State  
19                  under such plan or waiver, including measures  
20                  described in subsection (b)(5)(B);

21                  “(B) State-specific information on the  
22                  quality of health care furnished to Medicaid and  
23                  CHIP eligible mothers and infants under such  
24                  plan or waiver, including information collected  
25                  through external quality reviews of managed

1 care organizations under section 1932 and  
2 benchmark plans under section 1937.

3 “(2) PUBLICATION.—Not later than September  
4 30, 2021, and annually thereafter, the Secretary  
5 shall collect, analyze, and make publicly available the  
6 information reported by States under paragraph (1).

7 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
8 are authorized to be appropriated \$16,000,000 to carry  
9 out this section. Funds appropriated under this subsection  
10 shall remain available until expended.”.

11 (b) TECHNICAL AMENDMENT.—Section  
12 1139B(d)(1)(A) of the Social Security Act (42 U.S.C.  
13 1320b–9b(d)(1)(A)) is amended by striking “subsection  
14 (a)(5)” and inserting “subsection (b)(5)”.

15 **SEC. 3. QUALITY COLLABORATIVES.**

16 (a) GRANTS.—The Secretary of Health and Human  
17 Services (in this section referred to as the “Secretary”)  
18 may make grants to eligible entities to support—

19 (1) the development of new State and regional  
20 maternity and infant care quality collaboratives;

21 (2) expanded activities of existing maternity  
22 and infant care quality collaboratives; and

23 (3) maternity and infant care initiatives within  
24 established State and regional quality collaboratives  
25 that are not focused exclusively on maternity care.

1 (b) ELIGIBLE ENTITY.—The following entities shall  
2 be eligible for a grant under subsection (a):

3 (1) Quality collaboratives that focus entirely, or  
4 in part, on maternity and infant care initiatives, to  
5 the extent that such collaboratives use such grant  
6 only for such initiatives.

7 (2) Entities seeking to establish a maternity  
8 and infant care quality collaborative.

9 (3) State Medicaid agencies.

10 (4) State departments of health.

11 (5) Health insurance issuers (as such term is  
12 defined in section 2791 of the Public Health Service  
13 Act (42 U.S.C. 300gg–91)).

14 (6) Provider organizations, including associa-  
15 tions representing—

16 (A) health professionals; and

17 (B) hospitals.

18 (c) ELIGIBLE PROJECTS AND PROGRAMS.—In order  
19 for a project or program of an eligible entity to be eligible  
20 for funding under subsection (a), the project or program  
21 must have goals that are designed to improve the quality  
22 of maternity care delivered, such as—

23 (1) improving the appropriate use of cesarean  
24 section;

- 1           (2) reducing maternal and newborn morbidity
- 2       rates;
- 3           (3) improving breast-feeding rates;
- 4           (4) reducing hospital readmission rates;
- 5           (5) identifying improvement priorities through
- 6       shared peer review and third-party reviews of quali-
- 7       tative and quantitative data, and developing and car-
- 8       rying out projects or programs to address such pri-
- 9       orities; or
- 10          (6) delivering risk-appropriate levels of care.

11       (d) ACTIVITIES.—Activities that may be supported by  
12 the funding under subsection (a) include the following:

- 13           (1) Facilitating performance data collection and
- 14       feedback reports to providers with respect to their
- 15       performance, relative to peers and benchmarks, if
- 16       any.
- 17           (2) Developing, implementing, and evaluating
- 18       protocols and checklists to foster safe, evidence-
- 19       based practice.
- 20           (3) Developing, implementing, and evaluating
- 21       programs that translate into practice clinical rec-
- 22       ommendations supported by high-quality evidence in
- 23       national guidelines, systematic reviews, or other well-
- 24       conducted clinical studies.

1           (4) Developing underlying infrastructure needed  
2           to support quality collaborative activities under this  
3           subsection.

4           (5) Providing technical assistance to providers  
5           and institutions to build quality improvement capac-  
6           ity and facilitate participation in collaborative activi-  
7           ties.

8           (6) Developing the capability to access the fol-  
9           lowing data sources:

10           (A) A mother's prenatal, intrapartum, and  
11           postpartum records.

12           (B) A mother's medical records.

13           (C) An infant's medical records since birth.

14           (D) Birth and death certificates.

15           (E) Any other relevant State-level gen-  
16           erated data (such as data from the pregnancy  
17           risk assessment management system  
18           (PRAMS)).

19           (7) Developing access to blinded liability claims  
20           data, analyzing the data, and using the results of  
21           such analysis to improve practice.

22           (e) SPECIAL RULE FOR BIRTHS.—

23           (1) IN GENERAL.—Subject to paragraph (2), if  
24           a grant under subsection (a) is for a project or pro-  
25           gram that focuses on births, at least 25 percent of

1 the births addressed by such project or program  
2 must occur in health facilities that perform fewer  
3 than 1,000 births per year.

4 (2) EXCEPTION.—In the case of a grant under  
5 subsection (a) for a project or program located in a  
6 State in which less than 25 percent of the health fa-  
7 cilities in the State perform less than 1,000 births  
8 per year, the percentage of births in such facilities  
9 addressed by such project or program shall be com-  
10 mensurate with the Statewide percentage of births  
11 performed at such facilities.

12 (f) USE OF QUALITY MEASURES.—Projects and pro-  
13 grams for which such a grant is made shall—

14 (1) include data collection with rapid analysis  
15 and feedback to participants with a focus on improv-  
16 ing practice and health outcomes;

17 (2) develop a plan to identify and resolve data  
18 collection problems;

19 (3) identify and document evidence-based strat-  
20 egies that will be used to improve performance on  
21 quality measures and other metrics; and

22 (4) exclude from quality measure collection and  
23 reporting physicians and midwives who attend fewer  
24 than 30 births per year.



1 (g) REPORTING ON QUALITY MEASURES.—Any re-  
2 porting requirements established by a project or program  
3 funded under subsection (a) shall be designed to—

- 4 (1) minimize costs and administrative effort;  
5 and  
6 (2) use existing data resources when feasible.

7 (h) CLEARINGHOUSE.—The Secretary shall establish  
8 an online, open-access clearinghouse to make protocols,  
9 procedures, reports, tools, and other resources of indi-  
10 vidual collaboratives available to collaboratives and other  
11 entities that are working to improve maternity and infant  
12 care quality.

13 (i) EVALUATION.—A quality collaborative (or other  
14 entity receiving a grant under subsection (a)) shall—

- 15 (1) develop and carry out plans for evaluating  
16 its maternity and infant care quality improvement  
17 programs and projects; and

18 (2) publish its experiences and results in arti-  
19 cles, technical reports, or other formats for the ben-  
20 efit of others working on maternity and infant care  
21 quality improvement activities.

22 (j) ANNUAL REPORTS TO SECRETARY.—A quality  
23 collaborative or other eligible entity that receives a grant  
24 under subsection (a) shall submit an annual report to the  
25 Secretary containing the following:

1           (1) A description of the activities carried out  
2           using the funding from such grant.

3           (2) A description of any barriers that limited  
4           the ability of the collaborative or entity to achieve its  
5           goals.

6           (3) The achievements of the collaborative or en-  
7           tity under the grant with respect to the quality,  
8           health outcomes, and value of maternity and infant  
9           care.

10          (4) A list of lessons learned from the grant.

11 Such reports shall be made available to the public.

12          (k) GOVERNANCE.—

13           (1) IN GENERAL.—A maternity and infant care  
14           quality collaborative or a maternity and infant care  
15           program within a broader quality collaborative that  
16           is supported under subsection (a) shall be governed  
17           by a multi-stakeholder executive committee.

18           (2) COMPOSITION.—Such executive committee  
19           shall include individuals who represent—

20                   (A) physicians, including physicians in the  
21                   fields of general obstetrics, maternal-fetal medi-  
22                   cine, family medicine, neonatology, and pediat-  
23                   rics;

24                   (B) nurse-practitioners and nurses;

- 1 (C) certified nurse-midwives and certified  
2 midwives;
- 3 (D) health facilities and health systems;
- 4 (E) consumers;
- 5 (F) employers and other private pur-  
6 chasers;
- 7 (G) Medicaid programs; and
- 8 (H) other public health agencies and orga-  
9 nizations, as appropriate.

10 Such committee also may include other individuals,  
11 such as individuals with expertise in health quality  
12 measurement and other types of expertise as rec-  
13 ommended by the Secretary. Such committee also  
14 may be composed of a combination of general col-  
15 laborative executive committee members and mater-  
16 nity and infant specific project executive committee  
17 members.

18 (I) CONSULTATION.—A quality collaborative or other  
19 eligible entity that receives a grant under subsection (a)  
20 shall engage in regular ongoing consultation with—

- 21 (1) regional and State public health agencies  
22 and organizations;
- 23 (2) public and private health insurers; and

1           (3) regional and State organizations rep-  
2           resenting physicians, midwives, and nurses who pro-  
3           vide maternity and infant services.

4           (m) AUTHORIZATION OF APPROPRIATIONS.—There  
5           are authorized to be appropriated \$15,000,000 to carry  
6           out this section. Funds appropriated under this subsection  
7           shall remain available until expended.

8           **SEC. 4. FACILITATION OF INCREASED COORDINATION AND**  
9                                   **ALIGNMENT BETWEEN THE PUBLIC AND PRI-**  
10                                  **VATE SECTOR WITH RESPECT TO QUALITY**  
11                                  **AND EFFICIENCY MEASURES.**

12          (a) IN GENERAL.—Section 1890(b) of the Social Se-  
13          curity Act (42 U.S.C. 1395aaa(b)) is amended by insert-  
14          ing after paragraph (3) the following new paragraph:

15                   “(4) FACILITATION OF INCREASED COORDINA-  
16                   TION AND ALIGNMENT BETWEEN THE PUBLIC AND  
17                   PRIVATE SECTOR WITH RESPECT TO QUALITY AND  
18                   EFFICIENCY MEASURES.—

19                           “(A) IN GENERAL.—The entity shall facili-  
20                           tate increased coordination and alignment be-  
21                           tween the public and private sector with respect  
22                           to quality and efficiency measures.

23                           “(B) ANNUAL REPORTS.—The entity shall  
24                           prepare and make available to the public its  
25                           findings under this paragraph in its annual re-

1 port. Such public availability shall include post-  
2 ing each report on the Internet website of the  
3 entity.”.

4 (b) EFFECTIVE DATE.—The amendment made by  
5 subsection (a) shall take effect on the date of the enact-  
6 ment of this Act.