

**Statement
of the
American Hospital Association
for the
Subcommittee on Health of the Committee on Energy and Commerce
of the
U.S. House of Representatives
“Improving Maternal Health: Legislation to Advance Prevention Efforts and
Access to Care”
September 10, 2019**

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) commends the Committee on Energy and Commerce for its efforts to examine legislation to improve maternal health.

Maternal health is a top priority for the AHA and our member hospitals and health systems, and our initial efforts are aimed at eliminating maternal mortality and severe morbidity. The causes of maternal mortality and morbidity are complex, including a lack of consistent access to comprehensive care and persistent racial disparities in health and health care. As hospitals work to improve health outcomes, we are redoubling our efforts to improve maternal health across the continuum of care and reaching out to community partners to aid in that important effort.

The May 2019 *Vital Signs* report issued by the Centers for Disease Control and Prevention (CDC) noted that about 700 women die each year from complications related to pregnancy, and more than half of those deaths are preventable. An estimated 31% of pregnancy-related deaths occur during pregnancy, 36% during delivery or the week after, and 33% one week to one year after delivery. The CDC last week released its Morbidity and Mortality Weekly Report that showed that between 2007-2016, the pregnancy-related mortality ratio increased from 15 to 17 pregnancy-related deaths per 100,000 births and that black, American Indian and Alaska Native women were two to



three times more likely to die from pregnancy-related causes than white women, and this disparity increases with age. The report also noted that racial and ethnic disparities in pregnancy-related deaths have persisted over time.

AHA ACTIVITY ON MATERNAL HEALTH

The AHA has been active in improving maternal health by working to reduce early-elective deliveries, unnecessary caesarian sections, obstetric hemorrhage and preeclampsia, and substance use disorders. We also partner with national organizations to safeguard mothers and babies, both before and after delivery. For example, we are a member of the Alliance for Innovation on Maternal Health (AIM), a national, data-driven maternal safety and quality initiative with proven implementation approaches to improving maternal safety and outcomes.

Within the AHA, our *Better Health for Mothers and Babies* initiative serves as the organizational framework for addressing maternal morbidity and mortality. We recognize that mothers are at risk from the first days of pregnancy through the postpartum period, and know that hospitals and their community partners want to do more to improve their care.

The AHA provides a number of resources to our members, including:

- Evidence-based tools that can be implemented by hospitals of all sizes, such as AIM patient safety bundles, California Maternal Quality Care Collaborative toolkits, the Centers for Medicare & Medicaid Services' (CMS) Maternal Opioid Misuse Model, and recommendations from maternal mortality review committees (MMRCs);
- Information for patients and families about the mental health conditions associated with pregnancy and screening recommendations, as well as initiatives from the March of Dimes and Merck for Mothers, among others; and
- Links to clinical organizations, including the CMS Strong Start for Mothers and Newborns Initiative and the Council on Patient Safety in Women's Health Care.

Recently, we developed an Action Plan and Checklist to help our members meet the goal of eliminating maternal mortality and reducing severe morbidity. They include recommendations for providers and toolkits reflecting best-practices to help hospitals and health systems evaluate and act on their data.

The Action Plan recommends that hospitals:

1. Evaluate and act on data.
2. Examine disparities.
3. Engage mothers and families.
4. Partner with clinicians and stakeholders in their community.

This Action Plan is being implemented in partnership with the AHA Physician Alliance; American Organization for Nursing Leadership; Institute for Diversity and Health Equity; the state, regional and metropolitan hospital associations; and AIM.

We also developed a Discussion Guide to help hospital-based clinicians – working with community-based providers and other stakeholders – improve access to care and reduce health inequities for expectant and new mothers. The guide is designed to facilitate discussion and information-sharing within a hospital or health system’s practice and among providers across the continuum, covering prenatal care, labor and delivery, discharge protocols and the postpartum period.

Our most recent advisory to the field shares an interactive Data Visualization and Infographic that highlight racial disparities in maternal health. The Data Visualization allows hospital, health system and state, regional and metropolitan hospital association leaders to examine maternal mortality data, which is stratified by race and time of maternal death (up to 42 days and one year), by U.S., region and state.

In addition to the resources outlined above, the *Better Health for Mothers and Babies* [website](#) features podcasts, webinars and case studies focused on the field’s ongoing work to improve maternal health.

SUPPORTING CHANGES IN LEGISLATION AND ACCREDITATION

At the federal level, a number of legislative initiatives specific to maternal mortality have been introduced. The AHA supported legislation enacted last year, the Preventing Maternal Deaths Act, which provides funding through the CDC for states and other entities to develop MMRCs. While some states and cities already have established MMRCs, participation by all states will allow for the collection of additional data that will aid in better understanding the causes of maternal mortality and ways to improve treatment. CDC is awarding more than \$45 million over five years to support MMRCs through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality program. This investment will provide about \$9 million a year to 24 recipients representing 25 states. We also applaud the establishment of the Black Maternal Health Caucus, whose membership includes several members of this Committee. The Caucus is working to elevate awareness about the alarming rates of maternal morbidity and mortality affecting black women and promote evidence-based policy solutions.

Mothers and Offspring Mortality and Morbidity Awareness (MOMMA’s) Act

We support provisions of Rep. Robin Kelly’s MOMMA’s Act (H.R. 1897), including those that would:

- Improve data collection by establishing federal initiatives to assist states with reporting comprehensive data on maternal mortality and encourage uniformity in reporting and data sharing among states;

- Disseminate best practices to hospitals, professional societies and perinatal collaboratives regarding how to prevent maternal mortality;
- Fund an AIM grant program to promote the widespread adoption of maternal safety bundles at the state level;
- Fund state-based perinatal collaboratives to improve outcomes for pregnant and postpartum women and their infants;
- Extend postpartum coverage for women enrolled in Medicaid and the Children's Health Insurance Program for up to one year, allowing providers to better coordinate services for mothers across the continuum of care;
- Address implicit bias and cultural competency by improving training for health care professionals regarding implicit bias and cultural competence; and
- Extend the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program for two years postpartum, an increase from the current standard of one year.

Quality Care for Moms and Babies Act

We support efforts to improve maternal and child health through better collection of quality data and implementation of quality collaboratives, as outlined in Rep. Eliot Engel's Quality Care for Moms and Babies Act (H.R. 1551). We would make the following recommendations should the Committee decide to advance this legislation:

- We support the goal of implementing maternity/child health quality measures for Medicaid and the Children's Health Insurance Program, given the importance of these programs in providing coverage for pregnant women and children, but believe the effort should go further. To that end, we would recommend that the Secretary of Health and Human Services be instructed to seek endorsement of the measures from a national voluntary standards setting body and engage other organizations, such as private insurers, in seeking to identify those practices and strategies that lead to better maternal outcomes and track progress as those strategies are deployed nationally;
- Rather than establishing a separate Maternity Consumer Assessment of Health Care Providers and Systems (CAHPS) survey, we would recommend the addition of questions to the Hospital CAHPS survey, starting with a screener question that asks: "Were you hospitalized to give birth?" If the person answers "yes," then they would receive a small number of questions to answer that directly address the issues of providing care to mothers and infants; and
- Regarding the establishment of maternal and child health quality collaboratives, because CMS already employs the National Quality Improvement and Innovation Contract (NQIIC) mechanism, and a set of qualified improvement organizations are identified and ready to operate, using the NQIIC could expedite the establishment of the quality collaboratives envisioned by H.R. 1551. We suggest that the bill appropriate funding to an entity such as the CDC and instruct them to consider working with CMS's established contractors.

Healthy MOMMIES Act

We support provisions of Rep. Ayanna Pressley's Healthy MOMMIES Act (H.R. 2602), including those that would:

- Extend postpartum coverage for women enrolled in Medicaid and the Children's Health Insurance Program for up to one year, allowing providers to better coordinate services for mothers across the continuum of care; and
- Establish a maternal home demonstration program.

Maternal Care Access and Reducing Emergencies (CARE) Act

We support provisions of Rep. Alma Adams' Maternal CARE Act (H.R. 2902), including those that would:

- Establish a grant program to support implicit bias for training health care professionals; and
- Establish a maternal home demonstration program.

The AHA will continue to evaluate maternal health legislation as it is introduced.

Joint Commission

The Joint Commission, which accredits more than 21,000 U.S. health care organizations and programs, including hospitals and health systems, recently adopted standards for perinatal safety. The standards are effective as of July 1, 2020 and hospitals' compliance will be evaluated during accreditation surveys. The AHA supports the Joint Commission's focus on evidence-based procedures and responses that will ensure the most medically appropriate and effective course of treatment for women diagnosed with either maternal hemorrhage or severe hypertension/preeclampsia. In addition, we support the requirement for education of staff, and believe conducting complication-specific training and drills will better prepare providers to act effectively and efficiently when these situations arise. Further, we support standards to provide patients and their families with the necessary educational materials to recognize symptoms that require immediate care as another important safeguard in this process.

CONCLUSION

Thank you for the opportunity to share information regarding hospitals and health systems' efforts to address maternal morbidity and mortality. We look forward to working with partners in the health care field, policymakers – including the Committee on Energy and Commerce – and community organizations to improve outcomes and reduce health inequities for expectant and new mothers, and give their children the best possible start in life.