Congress of the United States

Washington, DC 20510

November 13, 2019

The Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, M.D. 21244

Dear Secretary Azar and Administrator Verma:

We write today to request information about the Department of Health and Human Services' use of alternative payment models to test innovative ways of delivering maternal health care. The United States is facing a maternal mortality and morbidity crisis, exacerbated by significant racial disparities in maternal health outcomes and limited access to maternal care in rural areas. It will take concerted effort through multiple public health interventions to successfully stem this crisis, but alternative payment models have the potential to play a critical role in improving maternal health outcomes, reducing disparities, increasing rural health care access, and controlling costs.

The United States spends almost twice as much on health care as most developed nations,[1] yet this spending does not translate into better health outcomes—including for maternal health care. Women in the United States die as a result of pregnancy and childbirth at a higher rate than in any other developed country,[2] and in the past twenty years, our nation's maternal mortality rate has doubled[3]—making it the only industrialized nation with an increasing maternal mortality rate.[4] Overall, the U.S. is 55th ranked country in the world by maternal mortality rates.[5]

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[1] Bradley Sawyer and Cynthia Cox, "How does health spending in the U.S. compare to other countries?", Peterson-Kaiser Health System Tracker, December 7, 2018, available at https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/.

[2] NPR, "U.S. Has the Worst Rate of maternal Deaths in the Developed World," Renee Montagne and Nina Martin, May 12, 2017, https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world.

[3] The Centers for Disease Control and Prevention, "Pregnancy Mortality Surveillance System," https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm.

[4] The Commonwealth Fund, "What is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?" December 19, 2018, https://www.commonwealthfund.org/publications/issue-briefs/2018/dec/womens-health-us-compared-ten-other-countries.

[5] Central Intelligence Agency, "The World Fact Book: Maternal Mortality Rate," https://www.cia.gov/library/publications/the-world-factbook/fields/353rank.html.

The causes of maternal mortality are complex and include racial, ethnic, and socioeconomic inequities; comorbidities; and inadequate access to the healthcare system; among others. According to the Centers for Disease Control and Prevention (CDC), the majority of maternal deaths in the United States are preventable, with more than 55 percent of all pregnancy-related deaths caused by hemorrhage, cardiovascular and coronary conditions, or infection.[6] Maternal morbidity rates have also increased, with overall rates of morbidity being nearly 100 times greater than maternal mortality.[7]

We have an urgent responsibility to pregnant individuals, recent parents, and families across the United States to improve maternal health outcomes, including through the delivery of care. The Center for Medicare and Medicaid Innovation (CMMI) at the Centers for Medicare and Medicaid Services (CMS) can play a critical role in addressing the maternal mortality and morbidity crisis. CMMI was created by the Affordable Care Act in order to test "innovative payment and service delivery models to reduce program expenditures…while preserving or enhancing the quality of care" in Medicare, Medicaid, or the Children's Health Insurance Program.[8] Since its establishment, CMMI has initiated a number of alternative payment models (APMs) across a diverse spectrum of care.

There is widespread support for assessing APMs for obstetric care. Earlier this year, the CDC released a report on maternal mortality and morbidity in the U.S., which identified system-level factors, such as poor case coordination, as urgently in need of reforms.[9] Following this report, the Health Care Transformation Task Force (HCTTF) released a report and sent a letter urging CMS to test APMs for maternity care and outlining 20 current value-based payment initiatives.[10] Among these examples, seven state Medicaid programs have implemented a value-based payment initiative for maternal care, and four major private health insurers—Cigna, Humana, United Health Care, and Blue Cross Blue Shield—have begun adopting maternity care bundles.[11] The American Hospital Association (AHA) also expressed support for assessing APMs in answers to questions for the record at the Senate Committee on Health, Education, Labor and Pensions, *Lower Health Care Costs Act Hearing*.[12] Additionally, Dr. Elizabeth

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[6] Emily E. Petersen and others, "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017" (Washington: Centers for Disease Control and Prevention, 2019), available at https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm

[7] U.S. Centers for Disease Control and Prevention, "Severe Maternal Morbidity in the United States," November 27, 2017, https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html.

[8] Centers for Medicare & Medicaid Services, "About the CMS Innovation Center," Last Updated October 8, 2019, https://innovation.cms.gov/About/.

[9] Center for Disease Control and Prevention, "Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017," Emily E. Peterson et al., May 7, 2019, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6818e1-H.pdf.

[10] Health Care Transformation Task Force, "Expanding Access to Outcomes-Driven Maternity Care through Value-Based Payment," July 2019, https://hcttf.org/wp-content/uploads/2019/07/Expanding-Access-to-Outcomes-Driven-Maternity-Care-through-Value-Based-Payment.pdf; Health Care Transformation Task Force, "HCTTF Urges CMS to Test an Alternative Payment Model for Maternity Care," July 2019, https://hcttf.org/cms-maternity-care-apm-recommendation/.

[11] Modern Health Care, "UnitedHealthcare Launches Maternity-Care Bundle," Maria Castellucci, May 9, 2019, https://www.modernhealthcare.com/payment/unitedhealthcare-launches-maternity-care-bundle.

[12] American Hospital Association answer to Question for the Record from Senator Warren, July 26, 2019, "Bundled payments, medical homes and other APMs offer significant advantages over traditional fee-for-service for addressing maternal mortality. Specifically, APMs incentivize care delivery through integrated teams, providing

Howell, Director of the Blavatnik Family Women's Health Research Institute at the Mount Sinai Health System, testified before the House Committee on Energy and Commerce Subcommittee on Health hearing that APMs "should be explored."[13]

We urge CMMI to consider how APMs can be used to innovate in the area of maternal health care delivery. In doing so, CMMI can pursue models that properly align incentives to coordinate high-quality, patient-centered care. In developing these APMs, CMMI must carefully consider the unique social and cultural needs of patient populations and the systemic drivers of inequities, and should take into consideration the needs of different markets. In addition, CMMI should take steps to avoid unintended consequences in model development to ensure that high-risk patient populations are not left behind; that hospitals operating in underserved communities are not unfairly penalized; and that the implementation of new payment and delivery models do not further exacerbate existing health inequities, particularly for communities of color. Furthermore, CMMI has the ability to influence the participation of health providers in APM demonstration projects—and we urge CMMI to consider how its models could improve maternal health outcomes nationwide, as well as to consider the resources necessary for providers required to participate in maternal mortality models.

To help us better understand whether and how CMMI has considered utilizing its authorities to curb rising rates of maternal mortality and morbidity, we request a staff-level briefing by December 6, 2019 to discuss CMMI's work on maternal mortality and morbidity and written answers to the following questions:

1. What work has CMMI done to assess how different alternative payment models could be implemented to combat high rates of maternal mortality and morbidity and improve maternal health outcomes in the U.S? What are the strengths of each of the following alternative payment models compared to traditional fee-for-service models in the provision of maternal health care, and in specifically improving maternal mortality and morbidity outcomes:
    a. Retrospective bundled payments,
    b. Prospective bundled payments,
    c. Global budget payments,
    d. Patient-centered medical homes,
    e. Other types of health homes, and
    f. Accountable care organizations?

2. What benefits can APMs provide over fee-for-service models with regards to the following:

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women with care across the continuum from pre- to post-natal care. APMs also incentivize care management for this high-risk patient population by holding providers accountable for the cost and quality of the services they provide. And, by providing these care teams with more flexibility in how they deliver and finance care, APMs empower providers to factor social determinants of health and health disparities into their work."

[13] U.S. House Committee on Energy and Commerce, "Hearing on 'Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care," September 10, 2019, https://energycommerce.house.gov/committee-activity/hearings/hearing-on-improving-maternal-health-legislation-to-advance-prevention.

a. Coordinating care and increasing access to the totality of a pregnant individual's health care needs, including pre-pregnancy, prenatal, postpartum, and mental health care,
b. Lowering health care costs,
c. Reducing racial disparities,
d. Increasing access to maternal care in rural areas, and
e. Increasing provider accountability?

3. The United States has one of the highest rates of delivery by Cesarean sections (C-section)—well higher than the rate of C-sections recommended to minimize maternal and infant mortality rates.[14] Studies have shown that medically unnecessary C-sections can increase the risk of maternal death and life-threatening complications during childbirth, including infection and hemorrhage, which is one the most common causes of pregnancy-related deaths.[15] How can APMs decrease the rate of medically inappropriate C-sections?

4. In terms of developing bundled payments for maternity care, careful consideration must be taken to properly define episodes of care and care teams in order to properly encompass the medical needs of individuals during pregnancy, at delivery, and postpartum.

    a. In existing bundled payment programs, episodes are often triggered at delivery or assigned to one provider who delivers the baby. This way of defining an episode, however, disincentivizes team-based care. How is CMMI thinking about solving for these concerns in developing APMs for maternity care?

    b. How, if at all, has CMMI considered incorporating maternity care teams—involving providers including pediatric care providers, optometrists, certified nurse midwives, dentists, pharmacists, and behavioral health providers, as well as lab technicians, community health workers, and doulas—into potential APMs in order to incentivize a whole person/family approach to maternal care?

    c. Reports from state maternal mortality review committees have found that, in some states, the number of maternal deaths related to suicide and overdose increase later in the postpartum period.[16] As our health care system works to increase access to the full spectrum of care during this critical period, how will CMMI address the needs of these patients, including behavioral health

[14] STAT News, "Sky-high C-section rates in the US don't translate to better birth outcomes," Megan Thielking, December 1, 2015, https://www.statnews.com/2015/12/01/cesarean-section-childbirth/.
[15] National Public Radio, "Rate of C-Sections is Rising at an 'Alarming' Rate, Report Says," Michaeleen Doucleff, October 12, 2018, https://www.npr.org/sections/goatsandsoda/2018/10/12/656198429/rate-of-c-sections-is-rising-at-an-alarming-rate.
[16] Report from Nine Maternal Mortality Review Committees, "Building U.S. Capacity to Review and Prevent Maternal Deaths," 2018, https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf.

care needs, after an episode of care has ended or at specific inflection points in the postpartum period?

5. How has CMMI consulted with and incorporated the feedback of stakeholders, including pregnant individuals, families, and mothers across all demographic groups to ensure that the agency's work addresses the social and cultural needs of patient populations?

6. What quality measures does CMMI require as part of its demonstrations and consider most important in evaluating the success of APMs for maternal care? What gaps has CMMI identified in quality measures for maternal care and how is CMMI addressing these gaps?

7. As physicians are increasingly encouraged to participate in APMs, how will CMMI incentivize hospitals to engage in meaningful quality improvement?

8. To what extent does CMMI require its current APM participants to report quality data stratified by race, ethnicity, age, sex, and language?

We look forward to learning more and stand ready to work with you to improve health outcomes and reduce disparities in maternal health care.

Sincerely,

Elizabeth Warren
United States Senator

Lisa Blunt Rochester
United States Representative

Kirsten Gillibrand
United States Senator

Robin Kelly
United States Representative

Cory A. Booker
United States Senator

Lauren Underwood
United States Representative

Richard J. Durbin
United States Senator

Alma Adams
United States Representative

Tammy Baldwin
United States Senator

Jan Schakowsky
United States Representative