

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927

Minority (202) 225-3641

April 24, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Verma:

We write to request a briefing from the Centers for Medicare and Medicaid Services (CMS) to discuss what efforts are being taken, or could be taken related to reporting requirements and improving coverage of health services across the states to address the alarming rate of maternal morbidity and mortality in the United States. Since nearly two out of three women enrolled in Medicaid are in their reproductive years and Medicaid currently finances about 45 percent of all births in the United States, CMS and states have an opportunity to play a major role in improving maternal health outcomes. As stated in a CMS document, "Improving the health of mothers and newborns, and reducing complications of childbirth is a high priority of the Department of Health and Human Services (HHS) and CMS."¹

Over the last two decades, the number of women who die each year during pregnancy or within a year of delivery in the United States has increased dramatically. Since the Centers for Disease Control and Prevention (CDC) implemented the Pregnancy Mortality Surveillance System, the number of reported pregnancy-related deaths in the nation has steadily increased from 7.2 deaths per 100,000 live births in 1987 to a high of 18.0 deaths per 100,000 live births in 2014.²

¹ Centers for Medicare and Medicaid Services, *Reducing Early Elective Deliveries in Medicaid and CHIP*, (www.medicaid.gov/medicaid/quality-of-care/downloads/eed-brief.pdf) (accessed Apr. 15, 2019).

² Centers for Disease Control and Prevention, *Pregnancy Mortality Surveillance System* (www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm) (accessed Apr. 15, 2019).

These continued increases are distressing. A 2015 World Health Organization (WHO) report found that the United States was one of roughly a dozen countries worldwide where the maternal mortality rate had increased since 1990.³ While countries around the world have reduced maternal deaths and related injuries in recent decades, U.S. rates have climbed to 26.4 maternal deaths per 100,000 births in 2015.⁴

Racial disparity in the pregnancy-related mortality ratio of deaths to live births is cause for additional alarm and action. According to CDC, during 2011 through 2014, there were 12.4 deaths per 100,000 live births for white women, 40.0 deaths per 100,000 live births for black women, and 17.8 deaths per 100,000 live births for women of other races.⁵ While maternal mortality rates have been increasing in the United States in recent years, since 1950, black mothers have continued to die at three to four times the rate of white mothers, representing one of the widest racial disparities in women's health.⁶

Recent media reports have generated additional public awareness of the apparent increase in maternal mortality. A *USA Today* investigation found that thousands of women suffer life-altering injuries or die during childbirth in the United States because hospitals and medical workers do not follow proven safety practices.⁷ Further, according to a report released recently by the Agency for Healthcare Research and Quality, the proportion of women who experienced serious complications while giving birth in U.S. hospitals rose 45 percent between 2006 and 2015.⁸ As discussed during a hearing before the Subcommittee on Health, an estimated 700–900

³ World Health Organization, *Trends in Maternal Mortality: 1990 to 2015, Executive Summary* (2015) (apps.who.int/iris/bitstream/handle/10665/193994/WHO_RHR_15.23_eng.pdf;jsessionid=F916E3A0D2136E4CBDF800D8E585605D?sequence=1).

⁴ *Global, regional, and national levels of maternal mortality, 1990–2015: a systemic analysis for the Global Burden of Disease Study 2015*, *Lancet* (Oct. 8, 2016) ([www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31470-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31470-2.pdf)) 388:1775-812).

⁵ See note 1.

⁶ *Reducing US Maternal Mortality as a Human Right*, American Public Health Association (Nov. 1, 2011) Policy Number 201114 (www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/11/15/59/reducing-us-maternal-mortality-as-a-human-right/).

⁷ *Hospitals know how to protect mothers. They just aren't doing it.*, *USA TODAY* (July 27, 2018) (www.usatoday.com/in-depth/news/investigations/deadly-deliveries/2018/07/26/maternal-mortality-rates-preeclampsia-postpartum-hemorrhage-safety/546889002/).

⁸ Healthcare Cost and Utilization Project, *Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity 2006-2015* (Sept. 4, 2018) (www.hcup-us.ahrq.gov/reports/statbriefs/sb243-Severe-Maternal-Morbidity-Delivery-Trends-Disparities.jsp). Federal hospitals including IHS hospitals were excluded from the sample in this study.

maternal deaths occur in the United States every year, more than any other high-income country in the world, with a CDC estimate that 60 percent of these maternal deaths could have been prevented.⁹

In response to this public health priority, Congress enacted the Preventing Maternal Deaths Act of 2018, led by Representatives Jaime Herrera Beutler and Diana DeGette, to enhance Federal support of states to improve data collection and reporting of maternal mortality, and to develop surveillance systems at the local, state, and national level to understand better the burden of maternal complications.

This was an important first step, and we are interested in exploring additional efforts that may be underway to further improve reporting, data collection, and activities related to reducing maternal morbidity and mortality. We would be interested in discussing CMS' important role in improving maternal health by reducing early elective deliveries through reporting requirements. Currently, CMS includes the early elective delivery measure in the Hospital Inpatient Quality Reporting (IQR) Program. Since 2013, hospitals can report data on this measure to the IQR that is publicly available on the Hospital Compare website. CMS has also reformed payments for early elective deliveries through Medicare because Medicare pays for some births to disabled women.¹⁰ Given that Medicaid pays for nearly 50 percent of all births in the United States, we would also like to discuss existing prenatal and postpartum services coverage in the states, and the quality of care provided under the program.

⁹ House Committee on Energy and Commerce, *Hearing on Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.*, 115th Cong. (Sept. 27, 2018) (Testimony of Congresswoman Jaime Herrera Beutler).

¹⁰ *Reducing Early Elective Deliveries*, New York Times, (Mar. 12, 2014) (opinionator.blogs.nytimes.com/2014/03/12/reducing-early-elective-deliveries/).

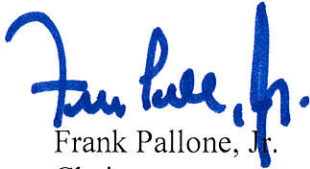
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We appreciate your attention to this matter. If you have any questions, and to schedule the requested briefing for Committee staff, please contact Jesseca Boyer of the Democratic Committee staff at (202) 226-3682 and Alan Slobodin of the Republican Committee staff at (202) 225-3641.

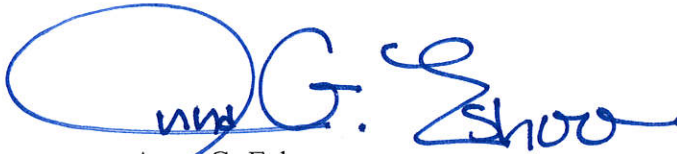
Sincerely,



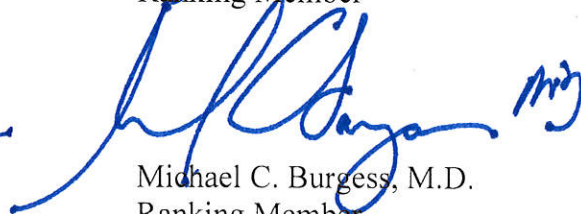
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