

SECTION-BY-SECTION – HEALTHY MOMS & BABIES ACT

Sec.3.Mandatory reporting by State Medicaid programs on adult health care quality measures of maternal and perinatal health.

States will be required to submit maternal and perinatal health data for their Medicaid programs to improve transparency, establish a basic understanding of care quality, and inform policymakers about trends and ways to improve care.

Sec.4.Medicaid quality improvement initiatives to reduce rates of cesarean sections; Medicare Requirement for Hospitals to Report on Data on Cesarean Births.

States will be required to issue a report on rates of low-risk cesarean delivery and a summary of quality improvement activities to safely reduce the rate of low-risk cesarean delivery. The Government Accountability Office (GAO) would issue a report within 18 months about Medicaid cesarean births. Hospitals would be required to report data on cesarean births and such data would be incorporated into hospital quality reporting.

Sec.5.State option to provide coordinated care through a health home for pregnant and postpartum women.

State Medicaid programs would have the option to create a maternity health home that would utilize a team of health care professionals to provide a woman with pregnancy and postpartum coordinated care services. A health home takes a “whole-person” approach to integrate and coordinate all primary, acute, behavioral health, health-related social needs services, and long term services and supports to treat the whole person. A maternity health home would coordinate prompt care and access necessary maternity care services, develop an individualized, comprehensive, patient-centered care plan for each pregnant woman, develop and incorporate into each eligible woman’s care plan in a culturally and linguistically appropriate manner, and coordinate with pediatric care providers. The ongoing Health Resources and Services Administration (HRSA) Pregnancy Medical Home Demonstration will inform best practices and models of care.

REQUEST-FOR-INFORMATION:

Senator Grassley and Senator Hassan recognize there are unique challenges to maintaining obstetrics units in rural areas. The fixed cost of maintaining a rural obstetrics unit with a lower volume of births while also ensuring access can create challenges for maternal health care workforce recruitment and delivering services.

The Senators **welcome feedback on how a health home model for pregnant and postpartum women could incorporate a low-volume adjustment**, similar to the low-volume hospital payment adjustment based on discharges under Medicare, to provide additional support for rural obstetrics units.

The Senators welcome feedback on how a low-volume adjustment for rural obstetrics units could be designed, including what metric(s) for payment, payment amount(s) and variability, what rural obstetrics unit should be included in a low-volume adjustment, and how to incorporate best practices for prenatal, labor and delivery, and postpartum care in rural areas.

Sec.6.Guidance on care coordination to support maternal health.

HHS will issue guidance within two years on improved care coordination, continuity of care, and clinical integration to support the needs of pregnant and postpartum women for services eligible for Medicaid payment. This guidance will include strategies for enhancing primary care and maternity care coordination with specialists, integrating behavioral health providers and nonclinical professionals, screening pregnant and postpartum women for social needs, supporting women who have had a stillbirth, screenings during well-child and pediatric care visits, and streamlining and reducing duplication in care coordination.

Sec.7. National Reskilling of the Maternity Care Workforce.

Establishes a national expert group to evaluate the maternity care workforce's education and training practices. The expert panel will provide recommendations on birthing skills, curriculum, and the incorporation of midwives and doulas into residency curriculum for obstetricians.

Sec.8.MACPAC study on doulas and community health workers.

Requires the Medicaid and CHIP Payment and Access Commission (MACPAC) to issue a report, with stakeholder input, within one year on the coverage of doula services and the role of community health workers. The report would seek information about coverage for doula services and community health worker services, provide an analysis of strategies to facilitate the appropriate use of doula services to provide better care and achieve better maternal and infant health outcomes, provide examples of community health worker access and strategies to encourage a broad care team to manage Medicaid patients, and conduct an assessment of involvement of doulas and community health workers on maternal health outcome.

Sec.9.Demonstration projects to improve the delivery of maternal health care through telehealth.

HHS within 18 months will award grants to States to conduct demonstration projects to expand the use of telehealth in under Medicaid for the delivery of health care to eligible pregnant or postpartum women. States will consult with their health care delivery systems and providers, health plans, consumer organizations and beneficiary advocates, and community-based organizations, and/or other stakeholders to ensure that the proposed demonstration project addresses the health care needs of eligible pregnant or postpartum women.

Sec.10.CMS report on coverage of remote physiologic monitoring devices and impact on maternal and child health outcomes under Medicaid.

HHS will submit a report to Congress within 18 months on what authorities and state practices for covering remote physiological monitoring devices (collects patient data to devise a treatment plan for chronic and acute conditions), including limitations and barriers to such coverage and the impact on maternal health outcomes. The report may also include recommendations on how to address coverage of remote physiologic device limitations or barriers.

Sec.11.Guidance on community-based maternal health programs.

HHS will issue a report within three years to states to support the use of evidence-based community-based maternal health programs, including programs that offer group prenatal care, home visiting services, childbirth and parenting education, stillbirth prevention activities, peer supports, and substance use disorder and recovery supports.

Sec.12.Developing guidance on maternal mortality and severe morbidity reduction for maternal care providers receiving payment under the Medicaid program.

The Centers for Medicare & Medicaid Services (CMS) will issue a public report giving states resources and strategies for hospitals, freestanding birth centers, and other maternal care providers for reducing maternal mortality and severe morbidity among Medicaid/CHIP individuals. That guidance will be updated every three years and focused on:

- Best practices regarding evidence-based screening and clinician education initiatives relating to screening and treatment protocols for individuals who are at risk of experiencing complications related to pregnancy, with an emphasis on individuals with preconditions directly linked to pregnancy complications and maternal mortality and severe morbidity.
- Guidance on monitoring programs for individuals who have been identified as at risk of complications related to pregnancy.
- Best practices for such hospitals, freestanding birth centers, and providers to make pregnant women aware of the complications related to pregnancy.
- A fact sheet for providing pregnant women who are receiving care on an outpatient basis with a notice during the prenatal stage of pregnancy. This will include multimodal and evidence-based prevention and treatment techniques along with evidence-based programs and activities to reduce the incidence of stillbirth.
- A template for a voluntary clinician checklist that outlines the minimum responsibilities that clinicians, such as physicians, certified nurse-midwives, emergency room and urgent care providers, nurses and others, are expected to meet in order to promote quality and safety in the provision of obstetric services.
- A template for a voluntary checklist that outlines the minimum responsibilities that hospital leadership responsible for direct patient care, such as the institution's president, chief medical officer, chief nursing officer, or other hospital leadership that directly report to the president or chief executive officer of the institution, should meet to promote hospital-wide initiatives that improve quality and safety in the provision of obstetric services.
- Information on multi-stakeholder quality improvement initiatives.

HHS will also issue best practices for hospitals, freestanding birth centers, and providers to track maternal mortality and severe morbidity trends by clinicians. This will include establishing a quality metrics scoring system, and ways to educate clinicians in areas with higher rates of maternal mortality. The legislation will also establish the National Advisory Committee on Reducing Maternal Deaths.

Sec.13 Program Related to Reducing Cesarean Births and Increasing Rates of Vaginal Birth After Cesarean.

HHS will focus on perinatal quality through a collaboration to reduce cesarean section rates and increase vaginal birth rates. The effort will focus on coordination, providing support and training for quality improvement, cross-discipline collaboration, utilizing data for timely feedback, and promoting evidence-based practices.

Sec.14.Collection of information related to social determinants of the health of Medicaid and CHIP beneficiaries.

HHS will issue a report within two years about how data systems can capture social determinants of health for those on Medicaid or CHIP. HHS will also issue guidance if states can submit the data under existing systems or what information system considerations are needed to implement data collection. HHS will work with stakeholders in developing the report. As a result of these efforts, HHS will then develop a method to collect data and implement a social determinants of health data collection system.

Sec.15.Report on payment methodologies for transferring pregnant women between facilities before, during, and after childbirth.

HHS will issue a report within 36 months on Medicaid payment policies and regulatory barriers for transferring pregnant women between facilities before, during, and after childbirth.

Sec.16.Medicaid guidance on State options to address social determinants of health for pregnant and postpartum women.

HHS will issue guidance within two years listing authorities states have to address social determinants of health for pregnant and postpartum women. The guidance will also describe best practices for states. In addition, CMS will be required to conduct learning collaboratives to promote cross-state learning for states and other stakeholders to share innovative practices and approaches.