

115TH CONGRESS
2D SESSION

S. 2637

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.

IN THE SENATE OF THE UNITED STATES

APRIL 10, 2018

Ms. STABENOW (for herself, Mr. BROWN, Mr. REED, Mr. BLUMENTHAL, Mr. HEINRICH, and Mr. MENENDEZ) introduced the following bill; which was read twice and referred to the Committee on Finance

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”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 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.

1 **SEC. 2. QUALITY MEASURES FOR MATERNAL AND INFANT**
 2 **HEALTH.**

3 (a) IN GENERAL.—Title XI of the Social Security Act
 4 (42 U.S.C. 1301 et seq.) is amended by inserting after
 5 section 1139B the following new section:

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

7 **“(a) DEVELOPMENT OF CORE SET OF HEALTH CARE**
 8 **QUALITY MEASURES FOR MATERNAL AND INFANT**
 9 **HEALTH.—**

10 **“(1) IN GENERAL.—**The Secretary shall iden-
 11 tify and publish a recommended core set of maternal
 12 and infant health quality measures for women and
 13 children described in subparagraphs (A) and (B) of
 14 section 1902(l)(1) in the same manner as the Sec-
 15 retary identifies and publishes a core set of child
 16 health quality measures under section 1139A, in-
 17 cluding with respect to identifying and publishing
 18 existing maternal and infant health quality measures
 19 that are in use under public and privately sponsored
 20 health care coverage arrangements, or that are part
 21 of reporting systems that measure both the presence
 22 and duration of health insurance coverage over time,
 23 that may be applicable to Medicaid and CHIP eligi-
 24 ble mothers and infants.

1 “(2) ALIGNMENT WITH EXISTING CORE SETS.—

2 In identifying and publishing the recommended core
3 set core set of maternal and infant health quality
4 measures required under paragraph (1), the Sec-
5 retary shall ensure that, to the extent possible, such
6 measures align with and do not duplicate—

7 “(A) the core set of child health quality
8 measures identified, published, and revised
9 under section 1139A; or

10 “(B) the core set of adult health quality
11 measures identified, published, and revised
12 under section 1139B.

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

19 “(A) States;

20 “(B) physicians, including physicians in
21 the fields of general obstetrics, maternal-fetal
22 medicine, family medicine, neonatology, and pe-
23 diatrics;

24 “(C) nurse practitioners and nurses;

1 “(D) certified nurse-midwives and certified
2 midwives;

3 “(E) health facilities and health systems;

4 “(F) national organizations representing
5 mothers and infants;

6 “(G) national organizations representing
7 consumers and purchasers of health care;

8 “(H) national organizations and individ-
9 uals with expertise in maternal and infant
10 health quality measurement; and

11 “(I) voluntary consensus standard-setting
12 organizations and other organizations involved
13 in the advancement of evidence-based measures
14 of health care.

15 “(b) DEADLINES.—

16 “(1) RECOMMENDED MEASURES.—Not later
17 than January 1, 2021, the Secretary shall identify
18 and publish for comment a recommended core set of
19 maternal and infant health quality measures that in-
20 cludes the following:

21 “(A) Measures of the process, experience,
22 efficiency, and outcomes of maternity care, in-
23 cluding postpartum outcomes.

24 “(B) Measures that apply to childbearing
25 women and newborns at healthy, low, and high

1 risk, including measures of low-intervention
2 birth.

3 “(C) Measures that apply to care during
4 pregnancy, the intrapartum period, and the
5 postpartum period.

6 “(D) Measures that apply to a variety of
7 settings and provider types, such as clinics, fa-
8 cilities, health plans, and accountable care orga-
9 nizations.

10 “(E) Measures that address disparities,
11 care coordination, and shared decisionmaking.

12 “(2) DISSEMINATION.—Not later than January
13 1, 2022, the Secretary shall publish an initial core
14 set of maternal and infant health quality measures
15 that are applicable to Medicaid and CHIP eligible
16 mothers and infants.

17 “(3) STANDARDIZED REPORTING.—Not later
18 than January 1, 2023, the Secretary, in consultation
19 with States, shall develop a standardized format for
20 reporting information based on the initial core set of
21 maternal and infant health quality measures and
22 create procedures to encourage States to use such
23 measures to voluntarily report information regarding
24 the quality of health care for Medicaid and CHIP el-
25 igible mothers and infants.

1 “(4) REPORTS TO CONGRESS.—Not later than
2 January 1, 2024, and every 3 years thereafter, the
3 Secretary shall include in the report to Congress re-
4 quired under section 1139A(a)(6) information simi-
5 lar to the information required under that section
6 with respect to the measures established under this
7 section.

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

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

18 “(B) REVISING, STRENGTHENING, AND IM-
19 PROVING INITIAL CORE MEASURES.—Beginning
20 not later than 24 months after the establish-
21 ment of the Maternal and Infant Quality Meas-
22 urement Program, and annually thereafter, the
23 Secretary shall publish recommended changes
24 to the initial core set of maternal and infant
25 health quality measures that shall reflect the

1 results of the testing, validation, and consensus
2 process for the development of maternal and in-
3 fant health quality measures.

4 “(C) EMEASURES.—

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

17 “(ii) DEFINITION.—For purposes of
18 this subparagraph, the term eMeasure
19 means an electronic measure for which
20 measurement data (including clinical data)
21 will be collected electronically, including
22 through the use of electronic health
23 records and other electronic data sources.

24 “(D) AMOUNT AVAILABLE FOR GRANTS
25 AND CONTRACTS.—The aggregate amount of

1 funds that may be awarded as grants and con-
 2 tracts under the Maternal and Infant Quality
 3 Measurement Program for the development,
 4 testing, and validation of emerging and innova-
 5 tive evidence-based measures shall not exceed
 6 the aggregate amount of funds awarded as
 7 grants and contracts under section
 8 1139A(b)(4)(A).

9 “(c) CONSTRUCTION.—Nothing in this section shall
 10 be construed as supporting the restriction of coverage,
 11 under title XIX or XXI or otherwise, to only those services
 12 that are evidence based, or in any way limiting available
 13 services.

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

16 “(1) ADAPTION OF SURVEYS.—Not later than
 17 January 1, 2022, for the purpose of measuring the
 18 care experiences of childbearing women and
 19 newborns, where appropriate, the Agency for
 20 Healthcare Research and Quality shall adapt Con-
 21 sumer Assessment of Healthcare Providers and Sys-
 22 tems program surveys of—

23 “(A) providers;

24 “(B) facilities; and

25 “(C) health plans.

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

7 “(A) various types of care settings;

8 “(B) various types of caregivers;

9 “(C) considerations relating to pain;

10 “(D) shared decisionmaking;

11 “(E) supportive care around the time of
 12 birth; and

13 “(F) other topics relevant to the quality of
 14 the experience of childbearing women and
 15 newborns.

16 “(3) LANGUAGES.—The surveys adapted under
 17 paragraph (1) shall be available in English and
 18 Spanish.

19 “(4) ENDORSEMENT.—The Agency for
 20 Healthcare Research and Quality shall submit any
 21 Consumer Assessment of Healthcare Providers and
 22 Systems surveys adapted under this paragraph to
 23 the consensus-based entity with a contract under
 24 section 1890(a)(1) to be considered for endorsement
 25 under section 1890(b)(2).

1 “(5) CONSULTATION.—The adaption of (and
 2 process for applying) the surveys under paragraph
 3 (1) shall be conducted in consultation with the
 4 stakeholders identified in paragraph (6)(A).

5 “(6) STAKEHOLDERS.—

6 “(A) IN GENERAL.—The stakeholders
 7 identified in this subparagraph are—

8 “(i) the various clinical disciplines and
 9 specialties involved in providing maternity
 10 care;

11 “(ii) State Medicaid administrators;

12 “(iii) maternity care consumers and
 13 their advocates;

14 “(iv) technical experts in quality
 15 measurement;

16 “(v) hospital, facility and health sys-
 17 tem leaders;

18 “(vi) employers and purchasers; and

19 “(vii) other individuals who are in-
 20 volved in the advancement of evidence-
 21 based maternity care quality measures.

22 “(B) PROFESSIONAL ORGANIZATIONS.—

23 The stakeholders identified under subparagraph
 24 (A) may include representatives from relevant

1 national medical specialty and professional or-
 2 ganizations and specialty societies.

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

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

11 “(A) the State-specific maternal and infant
 12 health quality measures applied by the State
 13 under such plan or waiver, including measures
 14 described in subsection (b)(5)(B); and

15 “(B) the State-specific information on the
 16 quality of health care furnished to Medicaid and
 17 CHIP eligible mothers and infants under such
 18 plan or waiver, including information collected
 19 through external quality reviews of managed
 20 care organizations under section 1932 and
 21 benchmark plans under section 1937.

22 “(2) PUBLICATION.—Not later than September
 23 30, 2024, and annually thereafter, the Secretary
 24 shall collect, analyze, and make publicly available the
 25 information reported by States under paragraph (1).

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

5 (b) TECHNICAL AMENDMENT.—Section
 6 1139B(d)(1)(A) of the Social Security Act (42 U.S.C.
 7 1320b–9b(d)(1)(A)) is amended by striking “subsection
 8 (a)(5)” and inserting “subsection (b)(5)”.

9 **SEC. 3. QUALITY COLLABORATIVES.**

10 (a) GRANTS.—The Secretary of Health and Human
 11 Services (in this section referred to as the Secretary) may
 12 make grants to eligible entities to support—

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

15 (2) expanded activities of existing maternity
 16 and infant care quality collaboratives; and

17 (3) maternity and infant care initiatives within
 18 established State and regional quality collaboratives
 19 that are not focused exclusively on maternity care.

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

22 (1) Quality collaboratives that focus entirely, or
 23 in part, on maternity and infant care initiatives, to
 24 the extent that such collaboratives use such grant
 25 only for such initiatives.

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

3 (3) State Medicaid agencies.

4 (4) State departments of health.

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

8 (6) Provider organizations, including associa-
9 tions representing—

10 (A) health professionals; and

11 (B) hospitals.

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

17 (1) improving the appropriate use of cesarean
18 section;

19 (2) reducing maternal and newborn morbidity
20 rates;

21 (3) improving breast-feeding rates;

22 (4) reducing hospital readmission rates;

23 (5) identifying improvement priorities through
24 shared peer review and third-party reviews of quali-
25 tative and quantitative data, and developing and car-

1 rying out projects or programs to address such pri-
2 orities; or

3 (6) delivering risk-appropriate levels of care.

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

6 (1) Facilitating performance data collection and
7 feedback reports to providers with respect to their
8 performance, relative to peers and benchmarks, if
9 any.

10 (2) Developing, implementing, and evaluating
11 protocols and checklists to foster safe, evidence-
12 based practice.

13 (3) Developing, implementing, and evaluating
14 programs that translate into practice clinical rec-
15 ommendations supported by high-quality evidence in
16 national guidelines, systematic reviews, or other well-
17 conducted clinical studies.

18 (4) Developing underlying infrastructure needed
19 to support quality collaborative activities under this
20 subsection.

21 (5) Providing technical assistance to providers
22 and institutions to build quality improvement capac-
23 ity and facilitate participation in collaborative activi-
24 ties.

1 (6) Developing the capability to access the fol-
2 lowing data sources:

3 (A) A mother's prenatal, intrapartum, and
4 postpartum records.

5 (B) A mother's medical records.

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

7 (D) Birth and death certificates.

8 (E) Any other relevant State-level gen-
9 erated data (such as data from the pregnancy
10 risk assessment management system
11 (PRAMS)).

12 (7) Developing access to blinded liability claims
13 data, analyzing the data, and using the results of
14 such analysis to improve practice.

15 (e) SPECIAL RULE FOR BIRTHS.—

16 (1) IN GENERAL.—Subject to paragraph (2), if
17 a grant under subsection (a) is for a project or pro-
18 gram that focuses on births, at least 25 percent of
19 the births addressed by such project or program
20 must occur in health facilities that perform fewer
21 than 1,000 births per year.

22 (2) EXCEPTION.—In the case of a grant under
23 subsection (a) for a project or program located in a
24 State in which less than 25 percent of the health fa-
25 cilities in the State perform less than 1,000 births

1 per year, the percentage of births in such facilities
2 addressed by such project or program shall be com-
3 mensurate with the Statewide percentage of births
4 performed at such facilities.

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

7 (1) include data collection with rapid analysis
8 and feedback to participants with a focus on improv-
9 ing practice and health outcomes;

10 (2) develop a plan to identify and resolve data
11 collection problems;

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

15 (4) exclude from quality measure collection and
16 reporting physicians and midwives who attend fewer
17 than 30 births per year.

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

21 (1) minimize costs and administrative effort;
22 and

23 (2) use existing data resources when feasible.

24 (h) CLEARINGHOUSE.—The Secretary shall establish
25 an online, open-access clearinghouse to make protocols,

1 procedures, reports, tools, and other resources of indi-
2 vidual collaboratives available to collaboratives and other
3 entities that are working to improve maternity and infant
4 care quality.

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

7 (1) develop and carry out plans for evaluating
8 its maternity and infant care quality improvement
9 programs and projects; and

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

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

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

20 (2) A description of any barriers that limited
21 the ability of the collaborative or entity to achieve its
22 goals.

23 (3) The achievements of the collaborative or en-
24 tity under the grant with respect to the quality,

1 health outcomes, and value of maternity and infant
2 care.

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

4 Such reports shall be made available to the public.

5 (k) GOVERNANCE.—

6 (1) IN GENERAL.—A maternity and infant care
7 quality collaborative or a maternity and infant care
8 program within a broader quality collaborative that
9 is supported under subsection (a) shall be governed
10 by a multi-stakeholder executive committee.

11 (2) COMPOSITION.—Such executive committee
12 shall include individuals who represent—

13 (A) physicians, including physicians in the
14 fields of general obstetrics, maternal-fetal medi-
15 cine, family medicine, neonatology, and pedi-
16 atrics;

17 (B) nurse-practitioners and nurses;

18 (C) certified nurse-midwives and certified
19 midwives;

20 (D) health facilities and health systems;

21 (E) consumers;

22 (F) employers and other private pur-
23 chasers;

24 (G) Medicaid programs; and

1 (H) other public health agencies and orga-
 2 nizations, as appropriate.

3 Such committee also may include other individuals,
 4 such as individuals with expertise in health quality
 5 measurement and other types of expertise as rec-
 6 ommended by the Secretary. Such committee also
 7 may be composed of a combination of general col-
 8 laborative executive committee members and mater-
 9 nity and infant specific project executive committee
 10 members.

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

14 (1) regional and State public health agencies
 15 and organizations;

16 (2) public and private health insurers; and

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

20 (m) AUTHORIZATION OF APPROPRIATIONS.—There
 21 are authorized to be appropriated \$15,000,000 to carry
 22 out this section. Funds appropriated under this subsection
 23 shall remain available until expended.

