



THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGTON, D.C. 20201

January 10, 2022

Edward P. Ehlinger, MD, MSPH
Acting Chair
Advisory Committee on Infant and Maternal Mortality
5600 Fishers Lane, Room 18N84
Rockville, MD 20857

Dear Dr. Ehlinger:

Thank you for your letter highlighting this year's World Patient Safety Day. Sadly, America's maternal mortality rate continues to be among the highest in the developed world, and non-Hispanic Black individuals and non-Hispanic American Indian/Alaska Native individuals are disproportionately impacted. To address this disparity, I have made patient safety, particularly for mothers and infants, one of the top priorities at the Department of Health and Human Services (HHS).

We are engaging in many activities to improve patient safety as well as health equity. In September, I announced awards totaling \$350 million to every state across the nation to support safe pregnancies and healthy babies. This funding expands home visiting services to families most in need, increases access to doulas, addresses health disparities in infant deaths, and improves data reporting on maternal mortality. And earlier this year, the Biden-Harris Administration submitted to Congress the President's priorities for Fiscal Year 2022 discretionary spending, which included funding to advance key HHS priorities. These priorities include enhancing Maternal Mortality Review Committees nationwide, expanding and improving maternal care in rural communities, encouraging implicit bias training for health care providers, and creating state pregnancy medical home programs. I assure you of the Department's support of and commitment to improving maternal and newborn care domestically and globally, and we will continue to engage with the World Health Organization and stakeholders to advance these efforts.

As you mentioned in your letter, the Centers for Disease Control and Prevention (CDC) was pleased to engage with a number of key partners as part of World Patient Safety Day. CDC highlighted through social media channels the importance of respectful care and ensuring all women receive quality care during pregnancy, at delivery, and in the year postpartum. Their messages included information on the Hear Her campaign to ensure that women are aware of the maternal urgent warning signs, get support raising concerns they have, and that providers listen to patients and provide respectful and compassionate care. Their messages also included information on their investments in Perinatal Quality Collaboratives to support states in implementing rapid quality improvement initiatives to improve outcomes for moms and babies at the population level. Information was also shared on CDC's global efforts through the Saving Mothers Giving Life collaboration, which reduced maternal deaths with marked successes in Uganda and Zambia.

The Health Resources and Services Administration (HRSA) provides funding for a myriad of patient safety focused initiatives through its maternal health portfolio, which is a set of programs focused on addressing the most urgent issues influencing the nation's high rates of maternal mortality and severe

maternal morbidity. HRSA's maternal health portfolio is a multi-pronged strategy that includes the Alliance for Innovation on Maternal Health (AIM) program, AIM Community Care Initiative, the Women's Preventive Services Initiative (WPSI), the State Maternal Health Innovation Program, and the Advisory Committee on Infant and Maternal Mortality.

Currently 44 states plus the District of Columbia are enrolled in the AIM Program and 1,926 birthing facilities are participating in implementing one or more patient safety bundles. Patient safety bundles are a set of small, straightforward evidence-based practices, which when implemented collectively and reliably have improved patient outcomes and reduced maternal mortality and severe maternal morbidity. The ultimate goal for this program is to engage every birthing hospital and facility in the country in delivering these quality improvement efforts. In addition, the AIM Community Care Initiative is testing the implementation of non-hospital focused maternal safety bundles in seven pilot sites across the country which are intended for use within community-based organizations and outpatient clinical settings that provide care and services for women throughout pregnancy and the postpartum period.

HRSA also funds WPSI through a 5-year cooperative agreement that aims to improve women's health across the lifespan and access to high-quality health care. WPSI engages a coalition of clinician, academic and consumer-focused health professional organizations to identify – through scientifically rigorous review – recommended preventive services and screenings. The State Maternal Health Innovation Program seeks to identify and implement innovative strategies to address critical gaps in maternity care services including access to comprehensive, high-quality and safe maternal care. Lastly, HRSA is currently reviewing the recommendations put forth by the Advisory Committee on Infant and Maternal Mortality, to improve the quality and safety of maternal and infant health care.

Furthermore, the Centers for Medicare & Medicaid Services (CMS) is addressing maternal and infant health in Medicaid and Children's Health Insurance Program (CHIP) populations in several ways. The American Rescue Plan Act of 2021 (Pub. L. 117-2) provides Medicaid and CHIP agencies a new state plan option to provide 12 months of continuous postpartum coverage in Medicaid and CHIP beginning April 1, 2022. In addition, to support states in their maternal, perinatal, and infant health-focused quality improvement efforts, CMS identified a core set of 11 measures for voluntary reporting by state Medicaid and CHIP agencies. This Maternity Core Set, which consists of seven measures from CMS's Child Core Set and four measures from the Adult Core Set, is used by CMS to measure and evaluate progress toward improvement of maternal and infant health in Medicaid and CHIP. The areas of maternal health addressed in this set include timeliness of prenatal care, postpartum care visits, contraceptive care, elective delivery, and low-risk cesarean section births. Additionally, the Adult Core Set includes measures related to follow-up care for conditions that are associated with maternal morbidity and mortality (e.g., controlling high blood pressure and screening for depression and follow-up plan) and to assess ongoing well-woman care (e.g. cervical and breast cancer screening). Some of these measures are also included in the Medicaid and CHIP Scorecard. CMS has approved a number of states' section 1115(a) demonstrations to implement initiatives in Medicaid aimed at improving maternal health outcomes. The agency has approved section 1115 demonstration programs in Georgia, Missouri, New Jersey, Illinois, and Virginia that extend the duration of Medicaid eligibility for targeted pregnant individuals beyond the 60-day postpartum

coverage period under the state plan.¹ CMS has approved section 1115 authority to provide coverage of family planning and related preventive women's health services to additional populations, authorizing evidence-based home visiting services, and incentivizing providers to demonstrate specific quality improvements and beneficiary health outcomes for maternal health. CMS supports states in submitting section 1115 proposals to test approaches that address challenges associated with maternal mortality.

To improve access to and quality of care for pregnant and postpartum beneficiaries and their infants, CMS launched the Maternal and Infant Health Initiative in July 2014. Today, the Maternal and Infant Health Initiative is focused on driving improvement in three areas, each of which is associated with one or more Maternity Core Set measures: increase the use and quality of postpartum care visits; increase the use and quality of well-child visits; and decrease the rates of cesarean section births in low-risk pregnancies, defined as nulliparous (first-time pregnancies), term (37 or more weeks gestation), singleton (one fetus), vertex (head facing down in the birth canal) or “NTSV births.”

To support state Medicaid agencies and their partners in driving improvement in these areas, CMS also designs and runs learning collaboratives. Each learning collaborative offers webinars that feature promising practices and effective models of care and an affinity group that provides intensive quality improvement technical assistance to state teams committed to action. Two learning collaboratives began in 2021: [Postpartum Care](#) and [Infant Well-Child Visits](#). The third learning collaborative, focused on low-risk cesarean section births, is scheduled to begin in 2022.

In addition, the National Institutes of Health supports research to improve maternal and infant health. For example, the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) conducts and supports research on infant care and infant health and on many disorders associated with infant care and infant health. Since NICHD's founding in 1962, infant death rates in the United States have dropped significantly and many infant health outcomes have improved greatly. Much of this progress can be attributed to the application of research on infant health and care from NICHD. NICHD also supports research aimed at reducing maternal morbidity and mortality and addressing health disparities.

I am grateful for the work of the Advisory Committee on Infant and Maternal Mortality and its commitment to addressing infant mortality, maternal mortality, and severe maternal morbidity. I look forward to our work together on these important issues.

Sincerely,

/s/ Xavier Becerra

¹ These state approvals can be accessed here: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>