

116TH CONGRESS
1ST SESSION

S. 1960

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

JUNE 25, 2019

Ms. STABENOW (for herself and Ms. COLLINS) 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.
 Sec. 4. Facilitation of increased coordination and alignment between the public and private sector with respect to quality and efficiency measures.

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,

1 that may be applicable to Medicaid and CHIP eligi-
2 ble mothers and infants.

3 “(2) ALIGNMENT WITH EXISTING CORE SETS.—
4 In identifying and publishing the recommended core
5 set of maternal and infant health quality measures
6 required under paragraph (1), the Secretary shall
7 ensure that, to the extent possible, such measures
8 align with and do not duplicate—

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

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

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

21 “(A) States;

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

1 “(C) nurse practitioners and nurses;

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

4 “(E) health facilities and health systems;

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

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

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

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

16 “(b) DEADLINES.—

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

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

1 “(B) Measures that apply to childbearing
2 women and newborns at healthy, low, and high
3 risk, including measures of low-intervention
4 birth.

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

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

12 “(E) Measures that address disparities,
13 care coordination, and shared decisionmaking.

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

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

1 the quality of health care for Medicaid and CHIP el-
2 igible mothers and infants.

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

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

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

20 “(B) REVISING, STRENGTHENING, AND IM-
21 PROVING INITIAL CORE MEASURES.—Beginning
22 not later than 24 months after the establish-
23 ment of the Maternal and Infant Quality Meas-
24 urement Program, and annually thereafter, the
25 Secretary shall publish recommended changes

1 to the initial core set of maternal and infant
 2 health quality measures that shall reflect the
 3 results of the testing, validation, and consensus
 4 process for the development of maternal and in-
 5 fant health quality measures.

6 “(C) EMEASURES.—

7 “(i) IN GENERAL.—An entity awarded
 8 a grant or contract by the Secretary to de-
 9 velop emerging and innovative evidence-
 10 based measures under the Maternal and
 11 Infant Quality Measurement Program shall
 12 work to advance eMeasures that are
 13 aligned with the measures developed under
 14 the Pediatric Quality Measures Program
 15 established under section 1139A(b) and
 16 the Medicaid Quality Measurement Pro-
 17 gram established under section
 18 1139B(b)(5).

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

1 “(D) AMOUNT AVAILABLE FOR GRANTS
 2 AND CONTRACTS.—The aggregate amount of
 3 funds that may be awarded as grants and con-
 4 tracts under the Maternal and Infant Quality
 5 Measurement Program for the development,
 6 testing, and validation of emerging and innova-
 7 tive evidence-based measures shall not exceed
 8 the aggregate amount of funds awarded as
 9 grants and contracts under section
 10 1139A(b)(4)(A).

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

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

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

25 “(A) providers;

1 “(B) facilities; and

2 “(C) health plans.

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

9 “(A) various types of care settings;

10 “(B) various types of caregivers;

11 “(C) considerations relating to pain;

12 “(D) shared decisionmaking;

13 “(E) supportive care around the time of
14 birth; and

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

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

21 “(4) ENDORSEMENT.—The Agency for Health-
22 care Research and Quality shall submit any Con-
23 sumer Assessment of Healthcare Providers and Sys-
24 tems surveys adapted under this paragraph to the
25 consensus-based entity with a contract under section

1 1890(a)(1) to be considered for endorsement under
 2 section 1890(b)(2).

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

7 “(6) STAKEHOLDERS.—

8 “(A) IN GENERAL.—The stakeholders
 9 identified in this subparagraph are—

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

13 “(ii) State Medicaid administrators;

14 “(iii) maternity care consumers and
 15 their advocates;

16 “(iv) technical experts in quality
 17 measurement;

18 “(v) hospital, facility, and health sys-
 19 tem leaders;

20 “(vi) employers and purchasers; and

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

24 “(B) PROFESSIONAL ORGANIZATIONS.—

25 The stakeholders identified under subparagraph

1 (A) may include representatives from relevant
 2 national medical specialty and professional or-
 3 ganizations and specialty societies.

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

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

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

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

23 “(2) PUBLICATION.—Not later than September
 24 30, 2024, and annually thereafter, the Secretary

1 shall collect, analyze, and make publicly available the
2 information reported by States under paragraph (1).

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

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

11 **SEC. 3. QUALITY COLLABORATIVES.**

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

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

17 (2) expanded activities of existing maternity
18 and infant care quality collaboratives; and

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

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

24 (1) Quality collaboratives that focus entirely, or
25 in part, on maternity and infant care initiatives, to

1 the extent that such collaboratives use such grant
2 only for such initiatives.

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

5 (3) State Medicaid agencies.

6 (4) State departments of health.

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

10 (6) Provider organizations, including associa-
11 tions representing—

12 (A) health professionals; and

13 (B) hospitals.

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

19 (1) improving the appropriate use of caesarean
20 section;

21 (2) reducing maternal and newborn morbidity
22 rates;

23 (3) improving breast-feeding rates;

24 (4) reducing hospital readmission rates;

1 (5) identifying improvement priorities through
2 shared peer review and third-party reviews of quali-
3 tative and quantitative data, and developing and car-
4 rying out projects or programs to address such pri-
5 orities; or

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

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

9 (1) Facilitating performance data collection and
10 feedback reports to providers with respect to their
11 performance, relative to peers and benchmarks, if
12 any.

13 (2) Developing, implementing, and evaluating
14 protocols and checklists to foster safe, evidence-
15 based practice.

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

21 (4) Developing underlying infrastructure needed
22 to support quality collaborative activities under this
23 subsection.

24 (5) Providing technical assistance to providers
25 and institutions to build quality improvement capac-

1 ity and facilitate participation in collaborative activi-
2 ties.

3 (6) Developing the capability to access the fol-
4 lowing data sources:

5 (A) A mother's prenatal, intrapartum, and
6 postpartum records.

7 (B) A mother's medical records.

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

9 (D) Birth and death certificates.

10 (E) Any other relevant State-level gen-
11 erated data (such as data from the Pregnancy
12 Risk Assessment Monitoring System (PRAMS)).

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

16 (e) SPECIAL RULE FOR BIRTHS.—

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

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

1 facilities in the State perform less than 1,000 births
2 per year, the percentage of births in such facilities
3 addressed by such project or program shall be com-
4 mensurate with the Statewide percentage of births
5 performed at such facilities.

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

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

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

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

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

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

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

24 (2) use existing data resources when feasible.

1 (h) CLEARINGHOUSE.—The Secretary shall establish
 2 an online, open-access clearinghouse to make protocols,
 3 procedures, reports, tools, and other resources of indi-
 4 vidual collaboratives available to collaboratives and other
 5 entities that are working to improve maternity and infant
 6 care quality.

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

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

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

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

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

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

1 (3) The achievements of the collaborative or en-
 2 tity under the grant with respect to the quality,
 3 health outcomes, and value of maternity and infant
 4 care.

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

6 Such reports shall be made available to the public.

7 (k) GOVERNANCE.—

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

13 (2) COMPOSITION.—Such executive committee
 14 shall include individuals who represent—

15 (A) physicians, including physicians in the
 16 fields of general obstetrics, maternal-fetal medi-
 17 cine, family medicine, neonatology, and pediat-
 18 rics;

19 (B) nurse-practitioners and nurses;

20 (C) certified nurse-midwives and certified
 21 midwives;

22 (D) health facilities and health systems;

23 (E) consumers;

24 (F) employers and other private pur-
 25 chasers;

1 (G) Medicaid programs; and

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

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

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

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

17 (2) public and private health insurers; and

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

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

1 **SEC. 4. FACILITATION OF INCREASED COORDINATION AND**
 2 **ALIGNMENT BETWEEN THE PUBLIC AND PRI-**
 3 **VATE SECTOR WITH RESPECT TO QUALITY**
 4 **AND EFFICIENCY MEASURES.**

5 (a) IN GENERAL.—Section 1890(b) of the Social Se-
 6 curity Act (42 U.S.C. 1395aaa(b)) is amended by insert-
 7 ing after paragraph (3) the following new paragraph:

8 “(4) FACILITATION OF INCREASED COORDINA-
 9 TION AND ALIGNMENT BETWEEN THE PUBLIC AND
 10 PRIVATE SECTOR WITH RESPECT TO QUALITY AND
 11 EFFICIENCY MEASURES.—

12 “(A) IN GENERAL.—The entity shall facili-
 13 tate increased coordination and alignment be-
 14 tween the public and private sector with respect
 15 to quality and efficiency measures.

16 “(B) ANNUAL REPORTS.—The entity shall
 17 prepare and make available to the public its
 18 findings under this paragraph in its annual re-
 19 port. Such public availability shall include post-
 20 ing each report on the Internet website of the
 21 entity.”.

22 (b) EFFECTIVE DATE.—The amendment made by
 23 subsection (a) shall take effect on the date of enactment
 24 of this Act.

○