

Calendar No. 179114TH CONGRESS
1ST SESSION**S. 466****[Report No. 114–100]**

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

FEBRUARY 11, 2015

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

JULY 30, 2015

Reported by Mr. HATCH, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]**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 of
 7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Quality measures for maternity care under Medicaid and CHIP.

Sec. 3. Quality collaboratives.

8 **SEC. 2. QUALITY MEASURES FOR MATERNITY CARE UNDER**
 9 **MEDICAID AND CHIP.**

10 (a) **IN GENERAL.**—Section 1139A of the Social Secu-
 11 rity Act (42 U.S.C. 1320b–9a) is amended by adding at
 12 the end the following new subsection:

13 “(j) **MOTHER AND INFANT CARE (MIC) QUALITY**
 14 **MEASURES.**—

15 “(1) **IN GENERAL.**—As part of the pediatric
 16 quality measures program established under sub-
 17 section (b) and the Medicaid Quality Measurement
 18 Program established under section 1139B(b)(5)(A),
 19 the Secretary shall—

20 “(A) review quality measures endorsed
 21 under section 1890(b)(2) that relate to the care
 22 of childbearing women and newborns, particu-
 23 larly with respect to the application of such
 24 measures to the Medicaid and CHIP programs

1 under titles XIX and XXI, and identify omis-
 2 sions and deficiencies in the application of those
 3 measures to such programs;

4 “(B) develop and publish a set of mater-
 5 nity care quality measures for the Medicaid and
 6 CHIP programs under titles XIX and XXI (in
 7 this subsection referred to as the ‘Mother and
 8 Infant Care (MIC) quality measures’) in ac-
 9 cordance with the requirements of paragraphs
 10 (2) and (3); and

11 “(C) on an ongoing basis, review the MIC
 12 quality measures and develop and publish any
 13 modifications of, or additions or deletions to,
 14 such measures that reflect the development,
 15 testing, validation, and consensus process de-
 16 scribed in paragraph (4).

17 “(2) PROCESS FOR INITIAL REVIEW AND PUBLI-
 18 CATION.—

19 “(A) CONSULTATION AND PUBLIC COM-
 20 MENT.—Not later than January 1, 2018, the
 21 Secretary shall—

22 “(i) solicit public comment on the pro-
 23 posed MIC quality measures; and

1 “(ii) consult with the stakeholders
2 identified in paragraph (6)(A) regarding
3 such measures.

4 “(B) PUBLICATION OF INITIAL SET OF
5 MEASURES.—Not later than January 1, 2019,
6 the Secretary shall identify and publish the ini-
7 tial MIC quality measures.

8 “(3) REQUIREMENTS.—

9 “(A) IN GENERAL.—The MIC quality
10 measures shall—

11 “(i) be evidence-based;

12 “(ii) utilize risk adjustment or risk
13 stratification methodologies, if appropriate;

14 “(iii) utilize attribution methods to
15 specify the clinicians, facilities, and other
16 entities that the measures are applicable
17 to;

18 “(iv) be pilot-tested with regards to
19 scientific validity, feasibility, and attribu-
20 tion method; and

21 “(v) include a balance of each of the
22 types of measures listed in subparagraph
23 (B).

1 “(B) LIST OF TYPES OF MEASURES.—The
2 measures listed in this subparagraph are the
3 following:

4 “(i) Measures of the process, experi-
5 ence, efficiency, and outcomes of maternity
6 care, including postpartum outcomes.

7 “(ii) Measures that apply to—

8 “(I) women and newborns who
9 are healthy and at low risk, including
10 measures of appropriately low-inter-
11 vention, physiologic birth in low-risk
12 women; and

13 “(II) women and newborns at
14 higher risk.

15 “(iii) Measures that apply to—

16 “(I) childbearing women; and

17 “(II) newborns.

18 “(iv) Measures that apply to care dur-
19 ing—

20 “(I) pregnancy;

21 “(II) the intrapartum period; and

22 “(III) the postpartum period.

23 “(v) Measures that apply to—

24 “(I) clinicians and clinician
25 groups;

1 “(II) facilities;
 2 “(III) health plans; and
 3 “(IV) accountable care organiza-
 4 tions.

5 “(vi) Measurement of—
 6 “(I) disparities;
 7 “(II) care coordination; and
 8 “(III) shared decisionmaking.

9 “(C) **PHYSIOLOGIC DEFINED.**—For pur-
 10 poses of this paragraph, the term ‘physiologic’
 11 means characteristic of or conforming to the
 12 normal functioning or state of the body or a tis-
 13 sue or organ, normal, and not pathologic.

14 “(D) **CONSTRUCTION.**—Nothing in this
 15 paragraph shall be construed as supporting the
 16 restriction of coverage, under title XIX or XXI
 17 or otherwise, to only those services that are evi-
 18 dence-based, or in any way limiting available
 19 services.

20 “(4) **ONGOING REVIEW OF THE MIC MEASURES;**
 21 **eMEASURES.**—

22 “(A) **CONTRACTS WITH QUALIFIED ENTI-**
 23 **TIES.**—Not later than June 30, 2019, the Sec-
 24 retary, acting through the Agency for
 25 Healthcare Research and Quality, in consulta-

1 tion with the Centers for Medicare & Medicaid
 2 Services, shall enter into grants, contracts, or
 3 intergovernmental agreements with qualified
 4 measure development entities for the purpose of
 5 identifying quality of care issues that are not
 6 adequately addressed by the MIC quality meas-
 7 ures and developing, testing, and validating
 8 modifications of, or additions or deletions to,
 9 the MIC quality measures, and creating
 10 eMeasures for data collection related to the
 11 MIC quality measures.

12 “(B) QUALIFIED MEASURE DEVELOPMENT
 13 ENTITY DEFINED.—For purposes of this para-
 14 graph, the term ‘qualified measure development
 15 entity’ means an entity that—

16 “(i) has demonstrated expertise and
 17 capacity in the development and testing of
 18 quality measures;

19 “(ii) has adopted procedures for qual-
 20 ity measure development that ensure the
 21 inclusion of—

22 “(I) the views of the individuals
 23 and entities referred to in paragraph
 24 (3)(B)(v) and whose performance will
 25 be assessed by the measures; and

1 “(II) the views of other individ-
2 uals and entities (including patients,
3 consumers, and health care pur-
4 chasers) who will use the data gen-
5 erated as a result of the use of the
6 quality measures;

7 “(iii) for the purpose of ensuring that
8 the MIC quality measures meet the re-
9 quirements to be considered for endorse-
10 ment under section 1890(b)(2), has pro-
11 vided assurances to the Secretary that the
12 measure development entity will collaborate
13 with—

14 “(I) the Secretary;

15 “(II) the consensus-based entity
16 with a contract under section
17 1890(a)(1); and

18 “(III) stakeholders (including
19 those stakeholders identified in para-
20 graph (6)(A)), as practicable;

21 “(iv) has transparent policies regard-
22 ing governance and conflicts of interest;
23 and

1 “(v) submits an application to the
2 Secretary at such time, and in such form
3 and manner, as the Secretary may require.

4 “(C) eMEASURES.—

5 “(i) IN GENERAL.—A qualified meas-
6 ure development entity with a grant, con-
7 tract, or intergovernmental agreement
8 under subparagraph (A) shall consult with
9 the voluntary consensus standards setting
10 organizations and other organizations in-
11 volved in the advancement of evidence-
12 based measures of health care that the
13 Secretary consults with under subsection
14 (b)(3)(H) and section 1139B(b)(5)(A) to
15 create, as part of the MHC quality meas-
16 ures, eMeasures that are aligned with the
17 measures developed under the pediatric
18 quality measures program established
19 under subsection (b) and the Medicaid
20 Quality Measurement Program established
21 under section 1139B(b)(5)(A).

22 “(ii) eMEASURE DEFINED.—For pur-
23 poses of this subparagraph, the term
24 ‘eMeasure’ means a measure for which
25 measurement data (including clinical data)

1 will be collected electronically, including
 2 through the use of electronic health
 3 records and other electronic data sources.

4 “(D) ENDORSEMENT.—Any modifications
 5 of, or additions or deletions to, the MIC quality
 6 measures shall be submitted by the qualified
 7 measure development entity to the consensus-
 8 based entity with a contract under section
 9 1890(a)(1) to be considered for endorsement
 10 under section 1890(b)(2).

11 “(5) MATERNITY CONSUMER ASSESSMENT OF
 12 HEALTH CARE PROVIDERS AND SYSTEMS SUR-
 13 VEYS.—

14 “(A) ADAPTION OF SURVEYS.—Not later
 15 than January 1, 2020, for the purpose of meas-
 16 uring the care experiences of childbearing
 17 women and newborns, the Agency for
 18 Healthcare Research and Quality shall adapt
 19 the Consumer Assessment of Healthcare Pro-
 20 viders and Systems program surveys of—

21 “(i) providers;

22 “(ii) facilities; and

23 “(iii) health plans.

24 “(B) SURVEYS MUST BE EFFECTIVE.—The
 25 Agency for Healthcare Research and Quality

1 shall ensure that the surveys adapted under
2 subparagraph (A) are effective in measuring as-
3 pects of care that childbearing women and
4 newborns experience, which may include—

5 “(i) various types of care settings;

6 “(ii) various types of caregivers;

7 “(iii) considerations relating to pain;

8 “(iv) shared decisionmaking;

9 “(v) supportive care around the time
10 of birth; and

11 “(vi) other topics relevant to the qual-
12 ity of the experience of childbearing women
13 and newborns.

14 “(C) LANGUAGES.—The surveys adapted
15 under subparagraph (A) shall be available in
16 English and Spanish.

17 “(D) ENDORSEMENT.—The Agency for
18 Healthcare Research and Quality shall submit
19 any Consumer Assessment of Healthcare Pro-
20 viders and Systems surveys adapted under this
21 paragraph to the consensus-based entity with a
22 contract under section 1890(a)(1) to be consid-
23 ered for endorsement under section 1890(b)(2).

24 “(E) CONSULTATION.—The adaption of
25 (and process for applying) the surveys under

1 subparagraph (A) shall be conducted in con-
2 sultation with the stakeholders identified in
3 paragraph (6)(A).

4 “(6) ~~STAKEHOLDERS.—~~

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

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

10 “(ii) State Medicaid administrators;

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

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

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

17 “(vi) employers and purchasers; and

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

21 “(B) ~~PROFESSIONAL ORGANIZATIONS.—~~

22 The stakeholders identified under subparagraph
23 (A) may include representatives from relevant
24 national medical specialty and professional or-
25 ganizations and specialty societies.

1 “(7) AUTHORIZATION OF APPROPRIATIONS.—

2 There are authorized to be appropriated
3 \$16,000,000 to carry out this subsection. Funds ap-
4 propriated under this paragraph shall remain avail-
5 able until expended.”.

6 (b) CONFORMING AMENDMENTS.—

7 (1) Section 1139A of the Social Security Act
8 (42 U.S.C. 1320b–9a) is amended—

9 (A) in subsection (a)(6), in the matter pre-
10 ceding subparagraph (A), by inserting “and the
11 Medicaid and CHIP Payment and Access Com-
12 mission” after “Congress”; and

13 (B) in subsection (i), by striking “sub-
14 section (e)” and inserting “subsections (e) and
15 (j)”.

16 (2) Section 1139B(b)(4) of such Act (42 U.S.C.
17 1320b–9b(b)(4)) is amended by inserting “and the
18 Medicaid and CHIP Payment and Access Commis-
19 sion” after “Congress”.

20 **SEC. 3. QUALITY COLLABORATIVES.**

21 (a) GRANTS.—The Secretary of Health and Human
22 Services (in this section referred to as the “Secretary”)
23 may make grants to eligible entities to support—

24 (1) the development of new State and regional
25 maternity care quality collaboratives;

1 ~~(2) expanded activities of existing maternity~~
2 ~~care quality collaboratives; and~~

3 ~~(3) maternity care initiatives within established~~
4 ~~State and regional quality collaboratives that are not~~
5 ~~focused exclusively on maternity care.~~

6 ~~(b) ELIGIBLE ENTITY.—The following entities shall~~
7 ~~be eligible for a grant under subsection (a):~~

8 ~~(1) Quality collaboratives that focus entirely, or~~
9 ~~in part, on maternity care initiatives, to the extent~~
10 ~~that such collaboratives use such grant only for such~~
11 ~~initiatives.~~

12 ~~(2) Entities seeking to establish a maternity~~
13 ~~care quality collaborative.~~

14 ~~(3) State Medicaid agencies.~~

15 ~~(4) State departments of health.~~

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

19 ~~(6) Provider organizations, including associa-~~
20 ~~tions representing—~~

21 ~~(A) health professionals; and~~

22 ~~(B) hospitals.~~

23 ~~(c) ELIGIBLE PROJECTS AND PROGRAMS.—In order~~
24 ~~for a project or program of an eligible entity to be eligible~~
25 ~~for funding under subsection (a), the project or program~~

1 must have goals that are designed to improve the quality
2 of maternity care delivered, such as—

3 (1) improving the appropriate use of cesarean
4 section;

5 (2) reducing maternal and newborn morbidity
6 rates;

7 (3) improving breast-feeding rates;

8 (4) reducing hospital readmission rates;

9 (5) identifying improvement priorities through
10 shared peer review and third-party reviews of quali-
11 tative and quantitative data, and developing and ear-
12 rying out projects or programs to address such pri-
13 orities; or

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

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

17 (1) Facilitating performance data collection and
18 feedback reports to providers with respect to their
19 performance, relative to peers and benchmarks, if
20 any.

21 (2) Developing, implementing, and evaluating
22 protocols and checklists to foster safe, evidence-
23 based practice.

24 (3) Developing, implementing, and evaluating
25 programs that translate into practice clinical rec-

1 ommendations supported by high-quality evidence in
 2 national guidelines, systematic reviews, or other well-
 3 conducted clinical studies.

4 (4) Developing underlying infrastructure needed
 5 to support quality collaborative activities under this
 6 subsection.

7 (5) Providing technical assistance to providers
 8 and institutions to build quality improvement capac-
 9 ity and facilitate participation in collaborative activi-
 10 ties.

11 (6) Developing the capability to access the fol-
 12 lowing data sources:

13 (A) A mother's prenatal, intrapartum, and
 14 postpartum records.

15 (B) A mother's medical records.

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

17 (D) Birth and death certificates.

18 (E) Any other relevant State-level gen-
 19 erated data (such as data from the pregnancy
 20 risk assessment management system
 21 (PRAMS)).

22 (7) Developing access to blinded liability claims
 23 data, analyzing the data, and using the results of
 24 such analysis to improve practice.

25 (e) SPECIAL RULE FOR BIRTHS.—

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

7 (2) EXCEPTION.—In the case of a grant under
8 subsection (a) for a project or program located in a
9 State in which less than 25 percent of the health fa-
10 cilities in the State perform less than 1,000 births
11 per year, the percentage of births in such facilities
12 addressed by such project or program shall be com-
13 mensurate with the Statewide percentage of births
14 performed at such facilities.

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

17 (1) include data collection with rapid analysis
18 and feedback to participants with a focus on improv-
19 ing practice and health outcomes;

20 (2) develop a plan to identify and resolve data
21 collection problems;

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

1 (4) exclude from quality measure collection and
2 reporting physicians and midwives who attend fewer
3 than 30 births per year.

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

7 (1) minimize costs and administrative effort;
8 and

9 (2) use existing data resources when feasible.

10 (h) CLEARINGHOUSE.—The Secretary shall establish
11 an online, open-access clearinghouse to make protocols,
12 procedures, reports, tools, and other resources of indi-
13 vidual collaboratives available to collaboratives and other
14 entities that are working to improve maternity care qual-
15 ity.

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

18 (1) develop and carry out plans for evaluating
19 its maternity care quality improvement programs
20 and projects; and

21 (2) publish its experiences and results in arti-
22 cles, technical reports, or other formats for the ben-
23 efit of others working on maternity care quality im-
24 provement activities.

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

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

7 (2) A description of any barriers that limited
 8 the ability of the collaborative or entity to achieve its
 9 goals.

10 (3) The achievements of the collaborative or en-
 11 tity under the grant with respect to the quality,
 12 health outcomes, and value of maternity care.

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

14 Such reports shall be made available to the public.

15 (k) GOVERNANCE.—

16 (1) IN GENERAL.—A maternity care quality col-
 17 laborative or a maternity care program within a
 18 broader quality collaborative that is supported under
 19 subsection (a) shall be governed by a multi-stake-
 20 holder executive committee.

21 (2) COMPOSITION.—Such executive committee
 22 shall include individuals who represent—

23 (A) physicians, including physicians in the
 24 fields of general obstetrics, maternal-fetal medi-

1 eine, family medicine, neonatology, and pediat-
2 rics;

3 ~~(B) nurse-practitioners and nurses;~~

4 ~~(C) certified nurse-midwives and certified~~
5 ~~midwives;~~

6 ~~(D) health facilities and health systems;~~

7 ~~(E) consumers;~~

8 ~~(F) employers and other private pur-~~
9 ~~chasers;~~

10 ~~(G) Medicaid programs; and~~

11 ~~(H) other public health agencies and orga-~~
12 ~~nizations, as appropriate.~~

13 Such committee also may include other individuals,
14 such as individuals with expertise in health quality
15 measurement and other types of expertise as rec-
16 ommended by the Secretary. Such committee also
17 may be composed of a combination of general col-
18 laborative executive committee members and mater-
19 nity specific project executive committee members.

20 ~~(I) CONSULTATION.—A quality collaborative or other~~
21 ~~eligible entity that receives a grant under subsection (a)~~
22 ~~shall engage in regular ongoing consultation with—~~

23 ~~(1) regional and State public health agencies~~
24 ~~and organizations;~~

25 ~~(2) public and private health insurers; and~~

1 ~~(3)~~ regional and State organizations rep-
 2 resenting physicians, midwives, and nurses who pro-
 3 vide maternity services.

4 ~~(m) AUTHORIZATION OF APPROPRIATIONS.—There~~
 5 are authorized to be appropriated \$15,000,000 to carry
 6 out this section. Funds appropriated under this subsection
 7 shall remain available until expended.

8 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

9 (a) *SHORT TITLE.*—*This Act may be cited as the*
 10 *“Quality Care for Moms and Babies Act”.*

11 (b) *TABLE OF CONTENTS.*—*The table of contents of this*
 12 *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 meas-
 ures.*

13 **SEC. 2. QUALITY MEASURES FOR MATERNAL AND INFANT**
 14 **HEALTH.**

15 (a) *IN GENERAL.*—*Title XI of the Social Security Act*
 16 *(42 U.S.C. 1301 et seq.) is amended by inserting after sec-*
 17 *tion 1139B the following new section:*

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

19 “(a) *DEVELOPMENT OF CORE SET OF HEALTH CARE*
 20 *QUALITY MEASURES FOR MATERNAL AND INFANT*
 21 *HEALTH.*—

1 “(1) *IN GENERAL.*—*The Secretary shall identify*
2 *and publish a recommended core set of maternal and*
3 *infant health quality measures for women and chil-*
4 *dren described in subparagraphs (A) and (B) of sec-*
5 *tion 1902(l)(1) in the same manner as the Secretary*
6 *identifies and publishes a core set of child health*
7 *quality measures under section 1139A, including with*
8 *respect to identifying and publishing existing mater-*
9 *nal and infant health quality measures that are in*
10 *use under public and privately sponsored health care*
11 *coverage arrangements, or that are part of reporting*
12 *systems that measure both the presence and duration*
13 *of health insurance coverage over time, that may be*
14 *applicable to Medicaid and CHIP eligible mothers*
15 *and infants.*

16 “(2) *ALIGNMENT WITH EXISTING CORE SETS.*—
17 *In identifying and publishing the recommended core*
18 *set core set of maternal and infant health quality*
19 *measures required under paragraph (1), the Secretary*
20 *shall ensure that, to the extent possible, such measures*
21 *align with and do not duplicate—*

22 “(A) *the core set of child health quality*
23 *measures identified, published, and revised under*
24 *section 1139A; or*

1 “(B) the core set of adult health quality
2 measures identified, published, and revised under
3 section 1139B.

4 “(3) *PROCESS FOR MATERNAL AND INFANT*
5 *QUALITY MEASURES PROGRAM.*—*In identifying gaps*
6 *in existing maternal and infant measures and estab-*
7 *lishing priorities for the development and advance-*
8 *ment of such measures, the Secretary shall consult*
9 *with—*

10 “(A) States;

11 “(B) physicians, including physicians in
12 the fields of general obstetrics, maternal-fetal
13 medicine, family medicine, neonatology, and pe-
14 diatrics;

15 “(C) nurse practitioners and nurses;

16 “(D) certified nurse-midwives and certified
17 midwives;

18 “(E) health facilities and health systems;

19 “(F) national organizations representing
20 mothers and infants;

21 “(G) national organizations representing
22 consumers and purchasers of health care;

23 “(H) national organizations and individ-
24 uals with expertise in maternal and infant
25 health quality measurement; and

1 “(I) *voluntary consensus standard-setting*
2 *organizations and other organizations involved*
3 *in the advancement of evidence-based measures of*
4 *health care.*

5 “(b) *DEADLINES.*—

6 “(1) *RECOMMENDED MEASURES.*—*Not later than*
7 *January 1, 2018, the Secretary shall identify and*
8 *publish for comment a recommended core set of ma-*
9 *ternal and infant health quality measures that in-*
10 *cludes the following:*

11 “(A) *Measures of the process, experience, ef-*
12 *iciency, and outcomes of maternity care, includ-*
13 *ing postpartum outcomes.*

14 “(B) *Measures that apply to childbearing*
15 *women and newborns at healthy, low, and high*
16 *risk, including measures of low-intervention*
17 *birth.*

18 “(C) *Measures that apply to care during*
19 *pregnancy, the intrapartum period, and the*
20 *postpartum period.*

21 “(D) *Measures that apply to a variety of*
22 *settings and provider types, such as clinics, fa-*
23 *ilities, health plans, and accountable care orga-*
24 *nizations.*

1 “(E) Measures that address disparities, care
2 coordination, and shared decisionmaking.

3 “(2) DISSEMINATION.—Not later than January
4 1, 2019, the Secretary shall publish an initial core set
5 of maternal and infant health quality measures that
6 are applicable to Medicaid and CHIP eligible mothers
7 and infants.

8 “(3) STANDARDIZED REPORTING.—Not later
9 than January 1, 2020, the Secretary, in consultation
10 with States, shall develop a standardized format for
11 reporting information based on the initial core set of
12 maternal and infant health quality measures and cre-
13 ate procedures to encourage States to use such meas-
14 ures to voluntarily report information regarding the
15 quality of health care for Medicaid and CHIP eligible
16 mothers and infants.

17 “(4) REPORTS TO CONGRESS.—Not later than
18 January 1, 2021, and every 3 years thereafter, the
19 Secretary shall include in the report to Congress re-
20 quired under section 1139A(a)(6) information similar
21 to the information required under that section with
22 respect to the measures established under this section.

23 “(5) ESTABLISHMENT OF MATERNAL AND INFANT
24 QUALITY MEASUREMENT PROGRAM.—

1 “(A) *IN GENERAL.*—Not later than 12
2 months after the release of the recommended core
3 set of maternal and infant health quality meas-
4 ures under paragraph (1), the Secretary shall es-
5 tablish a *Maternal and Infant Quality Measure-*
6 *ment Program* in the same manner as the Sec-
7 retary established the pediatric quality measures
8 program under section 1139A(b).

9 “(B) *REVISING, STRENGTHENING, AND IM-*
10 *PROVING INITIAL CORE MEASURES.*—Beginning
11 not later than 24 months after the establishment
12 of the *Maternal and Infant Quality Measurement*
13 *Program*, and annually thereafter, the Secretary
14 shall publish recommended changes to the initial
15 core set of maternal and infant health quality
16 measures that shall reflect the results of the test-
17 ing, validation, and consensus process for the de-
18 velopment of maternal and infant health quality
19 measures.

20 “(C) *EMEASURES.*—

21 “(i) *IN GENERAL.*—An entity awarded
22 a grant or contract by the Secretary to de-
23 velop emerging and innovative evidence-
24 based measures under the *Maternal and In-*
25 *fant Quality Measurement Program* shall

1 *work to advance eMeasures that are aligned*
2 *with the measures developed under the Pedi-*
3 *atric Quality Measures Program established*
4 *under section 1139A(b) and the Medicaid*
5 *Quality Measurement Program established*
6 *under section 1139B(b)(5).*

7 “(ii) *DEFINITION.—For purposes of*
8 *this subparagraph, the term ‘eMeasure’*
9 *means an electronic measure for which*
10 *measurement data (including clinical data)*
11 *will be collected electronically, including*
12 *through the use of electronic health records*
13 *and other electronic data sources.*

14 “(D) *AMOUNT AVAILABLE FOR GRANTS AND*
15 *CONTRACTS.—The aggregate amount of funds*
16 *that may be awarded as grants and contracts*
17 *under the Maternal and Infant Quality Measure-*
18 *ment Program for the development, testing, and*
19 *validation of emerging and innovative evidence-*
20 *based measures shall not exceed the aggregate*
21 *amount of funds awarded as grants and con-*
22 *tracts under section 1139A(b)(4)(A).*

23 “(c) *CONSTRUCTION.—Nothing in this section shall be*
24 *construed as supporting the restriction of coverage, under*
25 *title XIX or XXI or otherwise, to only those services that*

1 *are evidence based, or in any way limiting available serv-*
 2 *ices.*

3 “(d) *MATERNITY CONSUMER ASSESSMENT OF HEALTH*
 4 *CARE PROVIDERS AND SYSTEMS SURVEYS.—*

5 “(1) *ADAPTION OF SURVEYS.—Not later than*
 6 *January 1, 2020, for the purpose of measuring the*
 7 *care experiences of childbearing women and newborns,*
 8 *where appropriate, the Agency for Healthcare Re-*
 9 *search and Quality shall adapt Consumer Assessment*
 10 *of Healthcare Providers and Systems program sur-*
 11 *veys of—*

12 “(A) *providers;*

13 “(B) *facilities; and*

14 “(C) *health plans.*

15 “(2) *SURVEYS MUST BE EFFECTIVE.—The Agen-*
 16 *cy for Healthcare Research and Quality shall ensure*
 17 *that the surveys adapted under paragraph (1) are ef-*
 18 *fective in measuring aspects of care that childbearing*
 19 *women and newborns experience, which may in-*
 20 *clude—*

21 “(A) *various types of care settings;*

22 “(B) *various types of caregivers;*

23 “(C) *considerations relating to pain;*

24 “(D) *shared decisionmaking;*

1 “(E) supportive care around the time of
2 birth; and

3 “(F) other topics relevant to the quality of
4 the experience of childbearing women and
5 newborns.

6 “(3) *LANGUAGES.*—The surveys adapted under
7 paragraph (1) shall be available in English and
8 Spanish.

9 “(4) *ENDORSEMENT.*—The Agency for
10 Healthcare Research and Quality shall submit any
11 Consumer Assessment of Healthcare Providers and
12 Systems surveys adapted under this paragraph to the
13 consensus-based entity with a contract under section
14 1890(a)(1) to be considered for endorsement under
15 section 1890(b)(2).

16 “(5) *CONSULTATION.*—The adaption of (and
17 process for applying) the surveys under paragraph
18 (1) shall be conducted in consultation with the stake-
19 holders identified in paragraph (6)(A).

20 “(6) *STAKEHOLDERS.*—

21 “(A) *IN GENERAL.*—The stakeholders identi-
22 fied in this subparagraph are—

23 “(i) the various clinical disciplines
24 and specialties involved in providing mater-
25 nity care;

- 1 “(ii) *State Medicaid administrators;*
 2 “(iii) *maternity care consumers and*
 3 *their advocates;*
 4 “(iv) *technical experts in quality meas-*
 5 *urement;*
 6 “(v) *hospital, facility and health sys-*
 7 *tem leaders;*
 8 “(vi) *employers and purchasers; and*
 9 “(vii) *other individuals who are in-*
 10 *involved in the advancement of evidence-based*
 11 *maternity care quality measures.*

12 “(B) *PROFESSIONAL ORGANIZATIONS.—The*
 13 *stakeholders identified under subparagraph (A)*
 14 *may include representatives from relevant na-*
 15 *tional medical specialty and professional organi-*
 16 *zations and specialty societies.*

17 “(e) *ANNUAL STATE REPORTS REGARDING STATE-*
 18 *SPECIFIC MATERNAL AND INFANT QUALITY OF CARE MEAS-*
 19 *URES APPLIED UNDER MEDICAID OR CHIP.—*

20 “(1) *IN GENERAL.—Each State with a plan or*
 21 *waiver approved under title XIX or XXI shall annu-*
 22 *ally report (separately or as part of the annual report*
 23 *required under section 1139A(c)) to the Secretary on*
 24 *the—*

1 “(A) *State-specific maternal and infant*
2 *health quality measures applied by the State*
3 *under such plan or waiver, including measures*
4 *described in subsection (b)(5)(B);*

5 “(B) *State-specific information on the qual-*
6 *ity of health care furnished to Medicaid and*
7 *CHIP eligible mothers and infants under such*
8 *plan or waiver, including information collected*
9 *through external quality reviews of managed care*
10 *organizations under section 1932 and benchmark*
11 *plans under section 1937.*

12 “(2) *PUBLICATION.—Not later than September*
13 *30, 2021, and annually thereafter, the Secretary shall*
14 *collect, analyze, and make publicly available the in-*
15 *formation reported by States under paragraph (1).*

16 “(f) *AUTHORIZATION OF APPROPRIATIONS.—There are*
17 *authorized to be appropriated \$16,000,000 to carry out this*
18 *section. Funds appropriated under this subsection shall re-*
19 *main available until expended.”.*

20 (b) *TECHNICAL AMENDMENT.—Section*
21 *1139B(d)(1)(A) of the Social Security Act (42 U.S.C.*
22 *1320b–9b(d)(1)(A)) is amended by striking “subsection*
23 *(a)(5)” and inserting “subsection (b)(5)”.*

1 **SEC. 3. QUALITY COLLABORATIVES.**

2 (a) *GRANTS.*—*The Secretary of Health and Human*
3 *Services (in this section referred to as the “Secretary”)* may
4 *make grants to eligible entities to support—*

5 (1) *the development of new State and regional*
6 *maternity and infant care quality collaboratives;*

7 (2) *expanded activities of existing maternity and*
8 *infant care quality collaboratives; and*

9 (3) *maternity and infant care initiatives within*
10 *established State and regional quality collaboratives*
11 *that are not focused exclusively on maternity care.*

12 (b) *ELIGIBLE ENTITY.*—*The following entities shall be*
13 *eligible for a grant under subsection (a):*

14 (1) *Quality collaboratives that focus entirely, or*
15 *in part, on maternity and infant care initiatives, to*
16 *the extent that such collaboratives use such grant only*
17 *for such initiatives.*

18 (2) *Entities seeking to establish a maternity and*
19 *infant care quality collaborative.*

20 (3) *State Medicaid agencies.*

21 (4) *State departments of health.*

22 (5) *Health insurance issuers (as such term is de-*
23 *finied in section 2791 of the Public Health Service Act*
24 *(42 U.S.C. 300gg–91)).*

25 (6) *Provider organizations, including associa-*
26 *tions representing—*

1 (A) *health professionals; and*

2 (B) *hospitals.*

3 (c) *ELIGIBLE PROJECTS AND PROGRAMS.—In order*
4 *for a project or program of an eligible entity to be eligible*
5 *for funding under subsection (a), the project or program*
6 *must have goals that are designed to improve the quality*
7 *of maternity care delivered, such as—*

8 (1) *improving the appropriate use of cesarean*
9 *section;*

10 (2) *reducing maternal and newborn morbidity*
11 *rates;*

12 (3) *improving breast-feeding rates;*

13 (4) *reducing hospital readmission rates;*

14 (5) *identifying improvement priorities through*
15 *shared peer review and third-party reviews of quali-*
16 *tative and quantitative data, and developing and car-*
17 *rying out projects or programs to address such prior-*
18 *ities; or*

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

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

22 (1) *Facilitating performance data collection and*
23 *feedback reports to providers with respect to their per-*
24 *formance, relative to peers and benchmarks, if any.*

1 (2) *Developing, implementing, and evaluating*
2 *protocols and checklists to foster safe, evidence-based*
3 *practice.*

4 (3) *Developing, implementing, and evaluating*
5 *programs that translate into practice clinical rec-*
6 *ommendations supported by high-quality evidence in*
7 *national guidelines, systematic reviews, or other well-*
8 *conducted clinical studies.*

9 (4) *Developing underlying infrastructure needed*
10 *to support quality collaborative activities under this*
11 *subsection.*

12 (5) *Providing technical assistance to providers*
13 *and institutions to build quality improvement capac-*
14 *ity and facilitate participation in collaborative ac-*
15 *tivities.*

16 (6) *Developing the capability to access the fol-*
17 *lowing data sources:*

18 (A) *A mother's prenatal, intrapartum, and*
19 *postpartum records.*

20 (B) *A mother's medical records.*

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

22 (D) *Birth and death certificates.*

23 (E) *Any other relevant State-level generated*
24 *data (such as data from the pregnancy risk as-*
25 *essment management system (PRAMS)).*

1 (7) *Developing access to blinded liability claims*
2 *data, analyzing the data, and using the results of*
3 *such analysis to improve practice.*

4 (e) *SPECIAL RULE FOR BIRTHS.—*

5 (1) *IN GENERAL.—Subject to paragraph (2), if a*
6 *grant under subsection (a) is for a project or program*
7 *that focuses on births, at least 25 percent of the births*
8 *addressed by such project or program must occur in*
9 *health facilities that perform fewer than 1,000 births*
10 *per year.*

11 (2) *EXCEPTION.—In the case of a grant under*
12 *subsection (a) for a project or program located in a*
13 *State in which less than 25 percent of the health fa-*
14 *cilities in the State perform less than 1,000 births per*
15 *year, the percentage of births in such facilities ad-*
16 *dressed by such project or program shall be commen-*
17 *surate with the Statewide percentage of births per-*
18 *formed at such facilities.*

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

21 (1) *include data collection with rapid analysis*
22 *and feedback to participants with a focus on improv-*
23 *ing practice and health outcomes;*

24 (2) *develop a plan to identify and resolve data*
25 *collection problems;*

1 (3) *identify and document evidence-based strate-*
2 *gies that will be used to improve performance on*
3 *quality measures and other metrics; and*

4 (4) *exclude from quality measure collection and*
5 *reporting physicians and midwives who attend fewer*
6 *than 30 births per year.*

7 (g) *REPORTING ON QUALITY MEASURES.—Any report-*
8 *ing requirements established by a project or program funded*
9 *under subsection (a) shall be designed to—*

10 (1) *minimize costs and administrative effort;*
11 *and*

12 (2) *use existing data resources when feasible.*

13 (h) *CLEARINGHOUSE.—The Secretary shall establish*
14 *an online, open-access clearinghouse to make protocols, pro-*
15 *cedures, reports, tools, and other resources of individual*
16 *collaboratives available to collaboratives and other entities*
17 *that are working to improve maternity and infant care*
18 *quality.*

19 (i) *EVALUATION.—A quality collaborative (or other en-*
20 *tity receiving a grant under subsection (a)) shall—*

21 (1) *develop and carry out plans for evaluating*
22 *its maternity and infant care quality improvement*
23 *programs and projects; and*

24 (2) *publish its experiences and results in articles,*
25 *technical reports, or other formats for the benefit of*

1 *others working on maternity and infant care quality*
2 *improvement activities.*

3 *(j) ANNUAL REPORTS TO SECRETARY.—A quality col-*
4 *laborative or other eligible entity that receives a grant*
5 *under subsection (a) shall submit an annual report to the*
6 *Secretary containing the following:*

7 *(1) A description of the activities carried out*
8 *using the funding from such grant.*

9 *(2) A description of any barriers that limited the*
10 *ability of the collaborative or entity to achieve its*
11 *goals.*

12 *(3) The achievements of the collaborative or enti-*
13 *ty under the grant with respect to the quality, health*
14 *outcomes, and value of maternity and infant care.*

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

16 *Such reports shall be made available to the public.*

17 *(k) GOVERNANCE.—*

18 *(1) IN GENERAL.—A maternity and infant care*
19 *quality collaborative or a maternity and infant care*
20 *program within a broader quality collaborative that*
21 *is supported under subsection (a) shall be governed by*
22 *a multi-stakeholder executive committee.*

23 *(2) COMPOSITION.—Such executive committee*
24 *shall include individuals who represent—*

1 (A) *physicians, including physicians in the*
2 *fields of general obstetrics, maternal-fetal medi-*
3 *cine, family medicine, neonatology, and pedi-*
4 *atics;*

5 (B) *nurse-practitioners and nurses;*

6 (C) *certified nurse-midwives and certified*
7 *midwives;*

8 (D) *health facilities and health systems;*

9 (E) *consumers;*

10 (F) *employers and other private purchasers;*

11 (G) *Medicaid programs; and*

12 (H) *other public health agencies and orga-*
13 *nizations, as appropriate.*

14 *Such committee also may include other individuals,*
15 *such as individuals with expertise in health quality*
16 *measurement and other types of expertise as rec-*
17 *ommended by the Secretary. Such committee also*
18 *may be composed of a combination of general collabo-*
19 *rative executive committee members and maternity*
20 *and infant specific project executive committee mem-*
21 *bers.*

22 (i) *CONSULTATION.—A quality collaborative or other*
23 *eligible entity that receives a grant under subsection (a)*
24 *shall engage in regular ongoing consultation with—*

1 (1) *regional and State public health agencies*
2 *and organizations;*

3 (2) *public and private health insurers; and*

4 (3) *regional and State organizations rep-*
5 *resenting physicians, midwives, and nurses who pro-*
6 *vide maternity and infant services.*

7 (m) *AUTHORIZATION OF APPROPRIATIONS.—There are*
8 *authorized to be appropriated \$15,000,000 to carry out this*
9 *section. Funds appropriated under this subsection shall re-*
10 *main available until expended.*

11 **SEC. 4. FACILITATION OF INCREASED COORDINATION AND**
12 **ALIGNMENT BETWEEN THE PUBLIC AND PRI-**
13 **VATE SECTOR WITH RESPECT TO QUALITY**
14 **AND EFFICIENCY MEASURES.**

15 (a) *IN GENERAL.—Section 1890(b) of the Social Secu-*
16 *rity Act (42 U.S.C. 1395aaa(b)) is amended by inserting*
17 *after paragraph (3) the following new paragraph:*

18 “(4) *FACILITATION OF INCREASED COORDINA-*
19 *TION AND ALIGNMENT BETWEEN THE PUBLIC AND*
20 *PRIVATE SECTOR WITH RESPECT TO QUALITY AND EF-*
21 *FICIENCY MEASURES.—*

22 “(A) *IN GENERAL.—The entity shall facili-*
23 *tate increased coordination and alignment be-*
24 *tween the public and private sector with respect*
25 *to quality and efficiency measures.*

1 “(B) *ANNUAL REPORTS.*—*The entity shall*
2 *prepare and make available to the public its*
3 *findings under this paragraph in its annual re-*
4 *port. Such public availability shall include post-*
5 *ing each report on the Internet website of the en-*
6 *tity.*”.

7 (b) *EFFECTIVE DATE.*—*The amendment made by sub-*
8 *section (a) shall take effect on the date of the enactment*
9 *of this Act.*

Calendar No. 179

114TH CONGRESS
1ST Session

S. 466

[Report No. 114-100]

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.

JULY 30, 2015

Reported with an amendment