

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.

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## 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

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## 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.

○