

Maternity Care

Action Plan



Addressing the United States' maternity care crisis is a key priority for the Biden-Harris Administration.

In December 2021, Vice President Kamala Harris convened the first-ever federal **Maternal Health Day of Action**, announcing a historic **Call to Action** to improve maternal health outcomes across the United States. In June 2022, the White House released a **Blueprint for Addressing the Maternal Health Crisis**, which describes the Administration's whole-of-government approach to improving maternal health and addressing persistent inequities in maternal health outcomes.

As described in the White House blueprint, the Centers for Medicare & Medicaid Services (CMS) has taken a holistic look at its policies and programs to identify opportunities to enhance maternity care delivered to enrollees in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace[®]¹ – specifically, through a focus on driving improvements in access to and quality of care during pregnancy, childbirth, and the postpartum period. This effort is a central component of our work to advance health equity.

Across income and education levels, people of color are far more likely to die from pregnancy-related complications. In some cases, Black and American Indian and Alaska Native people are **up to three times** more likely to die due to pregnancy-related causes than their white peers.

Most recently, there is evidence of racial and ethnic minority groups experiencing maternity care differently. **Nearly 30 percent** of Black, Hispanic, and multiracial individuals reported mistreatment while receiving maternity care.

CMS' coordinated action plan to improve maternity care access and quality is designed to improve health outcomes and reduce disparities. This initiative will include technical assistance for states to extend postpartum coverage, policies to support a diverse provider workforce, and other equity-focused initiatives.

CMS has identified five key gaps for individuals receiving maternity care from providers participating in CMS programs, reflected in the White House Blueprint, and is taking steps to address each, as described below.

Coverage and Access to Care

CMS is working to improve access to comprehensive health coverage, including Medicaid, CHIP, the Health Insurance Marketplace®, and Medicare coverage; and to ensure that coverage provides meaningful access to a full range of health care before, during, and after pregnancy.

- **Guaranteed access to Medicaid and CHIP coverage for one year after pregnancy.** Thanks to the American Rescue Plan Act of 2021 (ARP), states can provide continuous Medicaid and CHIP **coverage for a full year after pregnancy**, up from 60 days prior to the ARP. When states use this option, Medicaid and CHIP enrollees have 12 months of postpartum coverage regardless of the changes in circumstances the person may experience, such as an increase in income. This extended coverage option offers states an

¹ Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

opportunity to provide care that can reduce pregnancy-related deaths and severe maternal morbidity and improve continuity of care for chronic conditions. CMS has already approved more than three-quarters of all states' proposals, as well as D.C.'s and the U.S. Virgin Islands' proposals, to extend lifesaving Medicaid and CHIP coverage.

This announcement marks critical progress in the implementation of the Biden-Harris Administration's Maternal Health Blueprint, a comprehensive strategy aimed at improving maternal health, particularly in underserved communities.

- **Protecting Patients' Access to Emergency Care.** Following the Dobbs v. Jackson Women's Health Supreme Court Decision overturning Roe v. Wade, CMS issued clarifying guidance on the Emergency Medical Treatment and Active Labor Act (EMTALA). This guidance reaffirmed that patients, no matter in what state they seek care, have the right to stabilizing care if they present with an emergency medical condition at a covered hospital's emergency room. Where abortion care is the necessary stabilizing treatment in those situations, EMTALA protects that care. Providers, no matter in what state they practice, are required to offer such stabilizing health- and life-saving care to patients who present to an emergency room and are experiencing an emergency medical condition.²
- **Ensuring access to the full range of contraception.** CMS is working to ensure that employer- sponsored coverage and health insurance plans provide coverage of the contraceptive care their enrollees need, as required under the law. HHS, along with the Departments of Labor and Treasury, [sent a letter](#) to group health plans and health insurance

issuers, reminding them of their obligations under the Affordable Care Act to provide coverage for the full range of contraceptives at no cost.

- **Reducing gaps in coverage during and after pregnancy.** CMS will identify ways that policy, technology, and operations can work better together to help people understand their coverage options if they lose eligibility for Medicaid coverage after pregnancy, including helping them transition from Medicaid to Health Insurance Marketplace® coverage. CMS is currently operating a data system to identify people losing Medicaid coverage and provide targeted outreach to ensure that they are able to transition successfully into Health Insurance Marketplace® coverage, for which they may be eligible for subsidies. CMS has begun reporting on a periodic basis the rate at which individuals losing Medicaid coverage successfully transition to coverage through the Marketplace®, as measured by this new data system.
- **"Connecting Kids to Coverage" 2022 and AI/AN 2023 funding includes pregnant individuals as a focus population.** CMS awarded nearly \$55 million to 43 organizations that can connect more eligible children, parents, and pregnant individuals, including American Indian and Alaska Native populations, to health care coverage through Medicaid and CHIP. The Cooperative Agreements provide up to \$1.5 million to organizations to reduce the number of uninsured children by advancing Medicaid and CHIP enrollment and retention during a specific period of performance. Because Medicaid and CHIP coverage are key to ensuring that eligible individuals receive the care they need, this funding opportunity includes pregnant individuals as a new focus population. Expanding the focus population to include pregnant

²Pursuant to the preliminary injunction in Texas v. Becerra, No. 5:22-CV-185-H (N.D. Tex.), HHS may not enforce the following interpretations contained in the July 11, 2022, CMS guidance (and the corresponding letter sent the same day by HHS Secretary Becerra):

(1) HHS may not enforce the Guidance and Letter's interpretation that Texas abortion laws are preempted by EMTALA; and
 (2) HHS may not enforce the Guidance and Letter's interpretation of EMTALA—both as to when an abortion is required and EMTALA's effect on state laws governing abortion—within the State of Texas or against the members of the American Association of Pro Life Obstetricians and Gynecologists (AAPLOG) and the Christian Medical and Dental Association (CMDA).

individuals will directly lead to increasing the enrollment of eligible children in Medicaid and CHIP because, generally, infants born to individuals enrolled in these programs at the time of birth are automatically deemed eligible for Medicaid and CHIP for one year.

- **Protecting patients from surprise medical bills.** The No Surprises Act protects most people with employer-sponsored coverage and group or individual health insurance coverage from a surprise medical bill when they receive emergency care, care from out-of-network providers at in-network facilities, or air ambulance services. Additionally, the No Surprises Act requires that providers give uninsured and self-pay consumers cost estimates before scheduled services (including pregnancy-related care), allowing consumers to make fully informed decisions regarding their health care.

CMS is working to expand our data collection efforts, stratify data by key demographics and key demographic drivers to identify disparities in care or outcomes, and coordinate across programs to identify gaps and best practices.

Data

- Quality measurement. CMS' Hospital Inpatient Quality Reporting Program is a pay-for-reporting quality program that reduces payment to hospitals that fail to meet program requirements, including the submission of quality data.
 - In 2021, CMS finalized a rule adopting the Maternal Morbidity Structural Measure, requiring hospitals to report to CMS whether they have participated in a maternity care quality collaborative; and, if so, whether they have implemented best practices to improve maternity care quality, such as initiatives to reduce maternal hemorrhage or sepsis. Hospitals have already begun to collect and report these data, and made their first submission spanning October to December 2021. These data were published on the Care Compare website in October 2022. As these submissions are required on an annual basis,

CMS will update Care Compare with measure data spanning January to December 2022 in Fall 2023.

- In August 2022, CMS finalized adoption of two additional maternal health quality measures to the Hospital Inpatient Quality Reporting Program, both of which are electronic clinical quality measures.
 - A measure of severe obstetric complications, which describes the number of inpatient hospitalizations for patients with severe complications occurring during the delivery hospitalization, such as hemorrhage.
 - A measure of low-risk Cesarean section rates, which describes the share of patients with low-risk pregnancies who give birth via a Cesarean section.

Hospitals may report supplemental data for these measures, including patient race, ethnicity, and several other demographic variables.

- **Medicaid quality measures.** Currently, CMS encourages state Medicaid agencies to voluntarily collect and report on **quality measures** describing the quality of care that Medicaid and CHIP beneficiaries receive. There are nine quality measures related to maternal and perinatal health, known as the **Maternity Core Set**. Beginning in 2024, states will be required to collect and report on the six maternal and perinatal health measures included in the Child Core Set, which will provide a national picture of maternal health in the Medicaid and CHIP program.
- **Medicaid Postpartum Care Equity Assessment.** CMS conducted an equity assessment on the quality of postpartum care in Medicaid and CHIP. CMS looked at Medicaid and CHIP data to identify disparities and opportunities to address inequities in postpartum care.

Mobilizing the information gathered through the assessment, CMS will work with states, providers, and other key stakeholders to improve the quality

of care that Medicaid, CHIP, Medicare, and the Health Insurance Marketplace® enrollees receive before, during, and after pregnancy to advance equity in maternal health outcomes.

Quality of Care

- Birthing-Friendly designation. CMS established a “Birthing-Friendly” designation on the Care Compare website to identify hospitals and health systems that participate in a statewide or national perinatal quality improvement collaborative program and have implemented the recommended quality intervention. In October 2022, CMS posted the first data on the Care Compare website.
- Future reporting will occur on an annual basis and include data spanning the preceding calendar year. Thus, the next release of data on Care Compare in Fall 2023 will reflect measure data spanning January to December 2022.
 - With its foundation in the Maternal Morbidity Structural Measure, the “Birthing-Friendly” designation will create a consumer-friendly display indicating hospital and health system commitment to improving maternal health outcomes through participation in maternity care quality activities.
- **Hospital quality standards.** In April 2022, CMS requested public comments on maternity care quality improvement policies. This request included specific questions on how CMS policies can encourage hospitals to improve quality, such as through quality measurement efforts or consideration of a new “condition of participation” for hospitals that receive Medicaid and Medicare payments. The comments collected during this 60-day comment period will inform future CMS policymaking.
- **Maternal and Infant Health Initiative.** CMS launched the current phase of its **Maternal and Infant Health Initiative (MIHI)** in December 2020. This program works directly with states to improve maternal and infant health policies and implement evidence-based best practices. This phase of the MIHI is focused on improving the following: utilization and quality of postpartum

care visits, utilization and quality of infant well-child visits, and maternal health outcomes through reducing the rate of low-risk cesarean births. The MIHI published a suite of quality improvement tools and resources born out of the **Improving Postpartum Learning Collaborative**, as well as a **Toolkit** to assist states in maximizing the use of existing authorities to increase postpartum care access, quality, and equity for Medicaid and CHIP beneficiaries.

- **Encouraging evidence-based hospital quality improvement.** In December 2021, CMS **released information** to the State survey agencies responsible for overseeing hospital quality, encouraging hospitals to consider the implementation of evidence-based patient safety interventions to ensure that facilities are prepared for medical, including obstetric, emergencies. This information will also be used to inform the ongoing work of the Maternal and Infant Health Initiative.
- **Intensive care for people with chronic health conditions.** CMS is working to expand access to chronic disease management to help people improve their health, including before, during, and after pregnancy. For example, the Affordable Care Act established **Medicaid Health Homes**, which provide intensive care management and other services to support care for people who are at risk for or experiencing chronic health conditions.

Workforce

- **Community-based pregnancy and childbirth care.** State Medicaid programs can cover community-based maternity services, such as those furnished by doulas and community health workers. In addition, Medicaid requires states to cover services provided through freestanding birth centers and those provided by midwives within the scope of their state licensure. However, few states have robust networks of birth centers, midwives, doulas, or community health workers. CMS released **guidance** in December 2021 encouraging states to expand access to doula care, and will continue to work with states to expand access to these important services.

CMS will work with states and sister agencies to identify opportunities to expand and improve access to a diverse maternity care workforce, including midwives and community-based practitioners, such as doulas and community health workers.

Social Supports

- Medicaid linkages to social supports.** CMS is identifying promising approaches for state Medicaid agencies to provide directly, or to link Medicaid beneficiaries to, appropriate social supports, such as tenancy-related services, housing vouchers, nutrition services, and others. For example, CMS is working with the U.S. Department of Agriculture (USDA) to identify gaps in coverage between people who are enrolled in nutrition assistance programs and Medicaid to improve outreach and enrollment of eligible individuals who are eligible to enroll in both programs. These social supports will benefit people during and after pregnancy, when people are particularly vulnerable to adverse health and pregnancy outcomes without needed supports.

CMS will work to build connections between the care and supports that CMS programs cover and the social supports provided by other federal, state, and local partners, with the goal of providing whole-person care to our enrollees.

- Social Needs Screening.** CMS created a **screening tool for health-related** social needs as part of the Center for Medicare & Medicaid Innovation's (the "CMS Innovation Center's") Accountable Health Communities (AHC) model. Health-related social needs screening is required in the CMS Innovation Center's current maternal health models (the **Maternal Opioid Misuse** (MOM) Model and the **Integrated Care for Kids** (InCK) Model).

In addition, in August 2022, CMS finalized a rule that added two measures to the Medicare Hospital Inpatient Quality Reporting Program requiring hospitals to report data on the screening of patients for certain health-related

social needs. The Screening for Social Drivers of Health measure assesses the proportion of patients screened for the following five social drivers of health: food insecurity; housing instability; transportation needs; difficulty with utilities; and interpersonal safety. Hospitals will report the total number of patients screened for this information. The related Screen Positive Rate for Social Drivers of Health measure will require hospitals to report the total number of screened patients who indicate that they have one or more of these health-related social needs. The reporting of 2023 data will be voluntary, and then annual reporting will become mandatory starting with 2024 data.

In the **CY2024 Medicare Physician Fee Schedule**, CMS also finalized coding and payment for social determinants of health (SDOH) risk assessments as an optional element of the annual wellness visit, as well as when furnished with an evaluation and management or behavioral health visit.