



**Association of
American Medical Colleges**
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April 9, 2020

The Honorable Charles Grassley
Chairman
Senate Finance Committee
135 Hart Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Wyden:

On behalf of the Association of American Medical Colleges (AAMC) I write to respond to your inquiry regarding strategies to address the high rate of maternal mortality in the U.S. The AAMC appreciates this opportunity to aid in the Finance Committee's efforts as we seek to reduce preventable maternal deaths and to raise awareness about the persistence of racial and ethnic disparities in pregnancy-related deaths.

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 155 accredited U.S. medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

As you are aware, the U.S. has a high rate of maternal deaths when compared to other, similar, countries at 17.4 deaths per 100,000 live births.¹ In fact, the World Health Organization rates the U.S. 55th in its maternal mortality ranking, among the worst for wealthy countries. While this high rate of death on its own is deeply troubling, the outcomes are even worse for black, American Indian, and Alaskan Native women. Non-Hispanic black women are three to four times more likely to die from pregnancy-related causes than non-Hispanic white women.² Additionally, it is estimated that, in the U.S., over 60% of pregnancy related deaths are preventable.³

¹ Hoyert DL, Miniño AM. Maternal mortality in the United States: Changes in coding, publication, and data release, 2018. National Vital Statistics Reports; vol 69 no 2. Hyattsville, MD: National Center for Health Statistics. 2020.

https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf

² Callaghan WM. Overview of maternal mortality in the United States. Semin Perinatol. 2012 Feb;36(1):2-6.

³ Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from http://reviewtoaction.org/Report_from_Nine_MMRCs

Academic medical centers have led a number of initiatives to better understand the disparities involved in maternal mortality. The California Maternal Quality Care Collaborative (CMQCC), founded by Stanford University School of Medicine and the State of California, uses research and evidenced-based quality improvement toolkits to improve the health of mothers across the state. Through their efforts, they have seen California's maternal mortality rate decrease by 55 percent, but pregnancy-related disparities have remained among racial and ethnic minority women.⁴

The Finance Committee is in a unique position to address maternal mortality, as its jurisdiction includes federal programs that directly impact patient care delivery, clinical research, and the health care workforce. The AAMC applauds the Committee for its work to reauthorize and fund the Patient Centered Outcomes Research Institute (PCORI) for ten years. As you know, as a result of the reauthorization, maternal mortality will be one of the national focuses for the institute. We encourage you to build on these efforts as you seek to address maternal mortality by expanding research and data collection, improving access to health care for mothers, and improving clinical care quality.

Specifically, the AAMC asks the Committee to consider several pieces of legislation that we believe are crucial to addressing maternal deaths including: the *Social Determinants Accelerator Act of 2019* (S. 2986), the *Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services (MOMMIES) Act* (S. 1343), and the *Resident Physician Shortage Reduction Act of 2019* (S. 348).

SUPPORT PLANNING GRANTS FOR COMMUNITIES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

From a clinical care standpoint, much research has been conducted that aims to reduce the number and frequency of maternal deaths. Many of AAMC's member institutions have played crucial roles, sometimes as a part of consortiums on maternal health, to determine what clinical steps can be taken to ensure better outcomes for mothers. However, even where overall maternal deaths have been reduced and quality clinical care is available, significant disparities remain when adjusting for education or socioeconomic status. The literature shows that black, American Indian, Alaskan Native, and Asian/Pacific Islander women are still dying at higher rates than their white counterparts – indicating that factors other than access to quality care are at play

The AAMC believes that further investment is needed to address social determinants of health (SDOHs), which include access to clinical care, but also encompass myriad other factors such as secure housing, access to nutritious food, transportation, and financial stability. While it is widely recognized that more must be done to connect women to local services and programs, we must also work to identify and use data to better understand the social and economic contexts in which mothers of color live and seek care.

Current bipartisan legislation before the Committee, the *Social Determinants Accelerator Act of 2019* (S. 2986), would provide funding for planning grants that would help states and communities develop

⁴ California Maternal Quality Care Collaborative <https://www.cmqcc.org/>

innovative, evidence-based approaches to coordinate services and to improve the health of high need Medicaid populations, like homeless individuals or mothers diagnosed with postpartum depression. Additionally, the legislation would establish an interagency technical advisory council on SDOHs which would include program experts from across the federal government to help grantees implement their plans. The AAMC supports this legislation and urges the Committee to include it in any legislative efforts to address maternal mortality.

EXPAND ACCESS TO HEALTH CARE FOR PREGNANT WOMEN AND NEW MOTHERS

The AAMC believes that an immediate, actionable step Congress can take to improve maternal health is to expand Medicaid for pregnant women to 1-year post-partum from the current 90 days. Access to care is a critical component to improving outcomes for any and all patients, not just new moms; but it is clear that this loss of coverage for post-partum women in particular imposes a hurdle to accessing the care that they need. More than 70% of new mothers experience complications in the year after child birth, and while not all complications result in a fatality, of the fatalities that do occur, approximately three in five were preventable.⁵ Rates of severe morbidity are significantly higher in racial and ethnic minority women than white women.⁶ Coupled with the fact that nearly 50% of births are to mothers covered by the Medicaid program, and that Medicaid covers a greater share of births in rural areas and among minority women, it is clear that expanded Medicaid coverage for new mothers up to one year post-partum could have marked effects on preventing maternal deaths.⁷

There are several legislative proposals within the purview of the Finance Committee that would expand coverage for women up to a year post-partum including the *Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services (MOMMIES) Act* (S. 1343). The AAMC urges the Committee to consider this proposal, and others, to expand this crucial coverage for mothers.

Women residing in rural areas also experience unique challenges in accessing quality care. Coupled with existing deficiencies in access to specialty care, rural hospital closures are further exacerbating these issues. The AAMC recommends that the committee support an expansion of telehealth models, and improved broadband access to help rural women access care. In some communities without specialized care, providers are already using programs like Project ECHO (Extension for Community Healthcare Outcomes) to connect with specialists.⁸ Project ECHO facilitates a dialogue between OB/GYNs and primary care providers located in rural communities to help them understand what to do when a pregnant patient presents in their practice.

⁵ Petersen EE, Davis NL, Goodman D, et al. *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. MMWR Morb Mortal Wkly Rep 2019;68:423–429.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1external icon>

⁶ Howell E. A. (2018). Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clinical obstetrics and gynecology*, 61(2), 387–399. <https://doi.org/10.1097/GRF.0000000000000349>

⁷ MACPAC Fact Sheet, “Medicaid’s Role in Financing Maternity Care.” January 2020. <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>

⁸ University of Utah Pregnancy Care ECHO: <https://physicians.utah.edu/echo/clinical-support-areas/ob-clinic.php>

Finally, the U.S. is projected to experience a physician shortage of between 46,900 and 121,900 physicians by 2032.⁹ The shortage impacts both primary care and specialty physicians, and patients in both rural and urban areas. To prevent maternal deaths, it is crucial that women can access qualified providers able to address their needs – and the physician shortage makes that even more difficult. The AAMC urges the Committee to increase the number of Medicare-supported graduate medical education (GME) positions in order to enable teaching hospitals to train more physicians and expand access to care for pregnant women and new mothers. The bipartisan *Resident Physician Shortage Reduction Act of 2019* (S. 348) would responsibly and gradually ease the cap on Medicare’s support for physician training by adding 3,000 new residency positions a year for five years. It is estimated that this legislation would produce 3,750 new physicians annually when fully implemented.

IMPROVE QUALITY OF CLINICAL CARE FOR PREGNANT WOMEN AND NEW MOTHERS

There is more to be done clinically to prevent maternal deaths. Guidelines and tools have been developed across the country that assist providers to this end. One promising initiative involves patient safety “bundles” – or collections of best practices for clinical care. These best practices, created by the Council on Patient Safety in Women’s Health Care, help practitioners recognize and respond to maternal mortality risk factors. Additionally, the bundles help clinicians and health care team members address and reduce perinatal racial and ethnic disparities. Maternal safety bundles include guidance on obstetric hemorrhage, maternal mental health, severe hypertension in pregnancy, and others.

The Centers for Medicare and Medicaid Services’ (CMS) Center for Medicare and Medicaid Innovation (CMMI) also recently launched a Maternal Opioid Misuse (MOM) Model, which seeks to “address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder.”¹⁰ The model supports states’ efforts to coordinate clinical care and integrate other critical services. While this model is specifically targeted to opioid use disorder, the AAMC encourages the committee to urge CMMI to develop additional alternative payment models to improve maternal health and prevent maternal deaths. It is also critical that, in the development of these models, CMMI find ways to ensure that patients in high-risk communities are included, and that hospitals in rural and underserved communities are not discouraged from participating because of prohibitive financial penalties.

OTHER IMPORTANT EFFORTS

While the AAMC is primarily focusing the contents of this letter on legislative proposals within the jurisdiction of the Finance Committee, we are pleased to see that other committees, in particular the Senate Health, Education, Labor and Pensions (HELP) Committee, are also engaged in addressing maternal mortality. Reducing maternal deaths will take a multi-pronged approach, cross-jurisdictional effort, and the AAMC looks forward to working across Congress on potential legislative solutions.

⁹ 2019 Update: The Complexities of Physician Supply and Demand: Projections from 2017 to 2032.

https://www.aamc.org/system/files/c/2/31-2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf

¹⁰ CMMI Maternal Opioid Misuse (MOM) Model. <https://innovation.cms.gov/innovation-models/maternal-opioid-misuse-model>

For example, the AAMC supports grant funding to allow institutions to develop resources and opportunities to reduce and prevent discrimination and implicit biases among health professionals, which many observers have noted contribute to additional stressors among minority women and worse health outcomes. While the ability of any single educational intervention on its own to overcome pervasive societal and systemic challenges is limited, we believe that grant funding for targeted implicit bias training would represent an important step in raising awareness among health professionals of conscious and unconscious discrimination in health care delivery. We were pleased that the HELP Committee advanced a proposal to create such a program as part of a larger package (the Lower Health Care Costs Act, S. 1895), and we hope that provision is included in any final legislative package intended to address maternal mortality.

Promoting a diverse health care workforce able to provide culturally appropriate care is also critical to reduce maternal deaths. The AAMC has long advocated for increased funding for Health Resources and Services Administration (HRSA)'s Title VII health professions programs, which play an essential role in improving the diversity of the health workforce and connecting students from underrepresented backgrounds to health careers by supporting recruitment, education, training, and mentorship opportunities. Inclusive and diverse education and training experiences expose providers to backgrounds and perspectives other than their own and heighten cultural awareness in health care, resulting in benefits for all patients. As we face nationwide shortages in the health professions, investment through Title VII programs will create a robust network of providers who are prepared to serve some of the most vulnerable patients. These programs have also been shown to aid in building a more diverse workforce and enhance learning environments that increase creativity and innovation for students, leading to better health outcomes for patients.

The AAMC appreciates your efforts to address maternal mortality, and we will continue partnering with you as you address this critical issue. Should you have any additional questions, please contact Ally Perleoni at aperleoni@aamc.org.

Sincerely,



Karen Fisher, JD
Chief Public Policy Officer
Association of American Medical Colleges