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REPORT
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QUALITY CARE FOR MOMS AND BABIES ACT

JULY 30, 2015.—Ordered to be printed

Mr. HATCH, from the Committee on Finance, submitted the following

R E P O R T

[To accompany S. 466]

The Committee on Finance, to which was referred the bill (S. 466) 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, having considered the same, reports favorably thereon with an amendment and recommends that the bill, as amended, do pass.

I. LEGISLATIVE BACKGROUND

The Committee on Finance, to which was referred the bill (S. 466), 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, having considered the same, reports favorably thereon with an amendment and recommends the bill, as amended, do pass.

Background and need for legislative action

Obtaining appropriate pre- and post-natal care for mothers and infants can improve health outcomes and reduce the risks of adverse events and long-term disabilities. The Committee recognizes that adding maternity and infant quality measures to existing quality measures and encouraging maternity and infant quality collaboratives that would develop and carry out plans for evaluating maternity and infant care quality improvement programs will

help facilitate improvements in the quality of care and reduce adverse health outcomes. In addition, innovations in payment methodologies are now rewarding the provision of quality care, and are instrumental in providing incentives that improve quality of care but require reliable measures in order to be implemented.

II. EXPLANATION OF THE BILL

PRESENT LAW

Under the Social Security Act (SSA) section 1139A,[1] the Secretary was required to identify and publish an initial core set of pediatric quality measures by no later than January 1, 2010. The Secretary, not later than January 1, 2011 and every three years thereafter, is also required to submit a report to Congress on, for example, the quality of children's health care under Medicaid and CHIP. A Pediatric Quality Measures Program (PQMP) was required to be established by January 1, 2011; this program is required to identify pediatric measure gaps and development priorities, award grants and contracts to develop measures, and revise and strengthen the core measure set, among other things. States are required to submit reports to the Secretary annually to include, for example, information about state-specific child health quality measures applied by the state. The Secretary is required to collect, analyze, and make publicly available the information reported by states, by not later than September 30, 2010, and annually thereafter. The Secretary was required, between FY 2009 and FY 2013, to award no more than 10 grants to states for demonstration projects to evaluate ideas to improve the quality of children's health care; in addition, the Secretary, not later than January 1, 2010, was required to establish a program to encourage the development and dissemination of a model electronic health record for children. The Institute of Medicine (IOM) was required to develop a report on measurement of child health status and quality by no later than July 1, 2010. Funding for these activities was appropriated in the amount of $45 million for each of FY 2009 through FY 2013.

SSA section 1139B[2] required the Secretary to publish a core set of Medicaid adult health quality measures by January 1, 2012. Also, no later than January 1, 2013, the Secretary was required to develop a standardized format for reporting information based on this initial core measurement set. The Secretary is required to submit a report to Congress by January 1, 2014, and every three years thereafter, that describes the Secretary's efforts to improve, for example, the quality of care of different services for adults under Medicaid. Within one year after the release of the recommended core set of adult health quality measures, the Secretary is required to establish a Medicaid Quality Measurement Program (MQMP). To this end, the Secretary is required to award grants and contracts for developing, testing, and validating emerging and innovative evidence-based measures applicable to Medicaid adults. Not later than two years after the establishment of the MQMP, and annually thereafter, the Secretary is required to publish rec-

[1] 42 U.S.C. § 1320b–9a.
[2] 42 U.S.C. § 1320b–9b.

ommended changes to the initial core set of adult health quality measures based on the results of testing, validation, and the consensus process for development of these measures. States are required to submit reports to the Secretary annually to include, for example, information about state-specific adult health quality measures applied by the state. The Secretary is required to collect, analyze, and make publicly available the information reported by states, before September 30, 2014, and annually thereafter. Funding for these activities was appropriated in the amount of $60 million for each of FY 2010 through FY 2014.

Section 210 of the Protecting Access to Medicare Act (PAMA)[3], extended funding only for the PQMP for FY 2014 by requiring that $15 million of the $60 million appropriated under SSA section 1139B(e) for FY 2014 be used to carry out section 1139A(b). The appropriation in section 1139A(i) for funding to carry out section 1139A (except for 1139A(e), the childhood obesity demonstration project) expired in FY 2013; the funding designated to carry out section 1139A(b) expired in FY 2014. Similarly, funding for carrying out section 1139B expired in FY 2014.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)[4], appropriated $20 million for the period of FY 2016 and FY 2017 for the purposes of carrying out section 1139A. This funding is specifically excluded from being used to carry out the activities under section 1139A(e) (the childhood obesity demonstration project); section 1139A(f) (the development of a model electronic health record for children); and section 1139A(g) (the IOM study of pediatric health quality).

EXPLANATION OF PROVISION

S. 466, as modified, would add a new SSA section 1139C, "Maternal and Infant Quality Measures." Under new section 1139C(a), the Secretary would be required to identify and publish a core set of maternal and infant health quality measures for women and children, as specified, and would be required to do so in the same manner as the Secretary identified a pediatric core set of measures under section 1139A(a) and in consultation with specified stakeholders (e.g., states, physicians, and health facilities). In so doing, the Secretary would be required to ensure that, to the extent possible, the measures align with and do not duplicate the pediatric or Medicaid adult core quality measure sets under sections 1139A and 1139B.

Under new section 1139C(b), which specifies deadlines for activities under the section, the Secretary would be required to publish for comment a recommended core measure set by no later than January 1, 2018, and an initial core measure set by no later than January 1, 2019. The measures would be required to include the following, among others: (1) measures that address disparities; (2) measures that apply to a variety of care settings and provider types; and (3) measures of process, outcome, experience and efficiency of care. The Secretary would also be required, not later than January 1, 2020, to develop a standardized reporting format for the maternal and infant health quality measures, and would be re-

[3] Pub. L. No. 113–93.
[4] Pub. L. No. 114–10.

quired to, not later than January 1, 2021 and every 3 years thereafter, include in the report to Congress under section 1139A(a)(6) information about the maternal and infant quality measures. The report under section 1139A(a)(6) is required to include information about efforts to improve the quality of care for Medicaid and CHIP eligible women and children; reporting of the core measures; and recommended legislative changes to improve reporting and quality of care under these programs.

Finally, new section 1139C(b) would require the Secretary, not later than 12 months after enactment, to establish a Maternal and Infant Quality Measurement Program, in the same manner as the Secretary was required to establish a Pediatric Quality Measures Program under section 1139A(b). The Secretary would be required to publish recommended changes to strengthen and improve the initial core measure set, not later than 24 months after establishment of the Maternal and Infant Quality Measurement Program and annually thereafter, and any entity awarded a grant under the Maternal and Infant Quality Measurement Program would be required to advance eMeasures that are aligned with the core measures under sections 1139A and 1139B. Amounts awarded as grants under the Maternal and Infant Quality Measurement Program would not be allowed to exceed the amount awarded as grants under the Pediatric Quality Measures Program under section 1139A(b). New section 1139C(c) would clarify that nothing in this section would be allowed to be construed as supporting the restriction of coverage, under Medicaid or CHIP or otherwise, to only evidence based services, or in any way limiting available services.

In addition, under new section 1139C(d), the Agency for Healthcare Research and Quality (AHRQ) would be required to adapt the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, as specified, for the purpose of measuring the care experiences of childbearing women and newborns. The survey would be required to be effective across various settings and caregivers, among other things, and would be required to be submitted to the National Quality Forum (NQF) for consideration for endorsement; adaptation of the survey would be required to be carried out in consultation with stakeholders, as specified, including professional organizations. New section 1139C(e) would require States to annually report on state-specific maternal and infant quality measures and state-specific information on the quality of health care provided to Medicaid and CHIP eligible mothers and infants, as specified. The Secretary would be required, not later than September 30, 2021, and annually thereafter, to make the state-reported information publicly available.

New section 1139C(f) would authorize to be appropriated $16 million to carry out the activities under this section. Funds would be required to remain available until expended.

The bill would also authorize the Secretary to award grants to eligible entities to support the development of maternity and infant care quality collaboratives or to expand activities of existing collaboratives. An eligible entity would include quality collaboratives, entities seeking to establish a maternity and infant care collaborative, state Medicaid agencies and departments of health, health insurance issuers, and provider organizations. Quality collaboratives receiving funding under this section would be re-

quired to develop and carry out plans for evaluating its maternity and infant care quality improvement programs and projects and to publish these results, as specified, and would be required to engage in regular ongoing consultation, as specified. Quality collaboratives would be required to submit a report to the Secretary annually, as specified, and would be required to be governed by a multi-stakeholder executive committee, as specified, including, for example, physicians, nurses, nurse-midwives, consumers, Medicaid programs, and employers.

Projects and programs that may be supported by funding under this section would include those that have as their goal the improvement of the quality of maternity and infant care (e.g., improving the appropriate use of cesarean sections); in addition, they would be required to meet criteria for use of measures, as specified (e.g., include a plan to identify and resolve data collection problems). Any reporting requirements established by such programs or projects would be required to minimize cost and use existing data resources where feasible. Activities that may be supported by funding under this section would include, for example, facilitating performance data collection and feedback reports to providers and developing the capability to access data sources, as specified (e.g., a mother's medical records, an infant's medical records, and birth and death certificates). This section would also require the Secretary to establish an online clearinghouse to make available resources that may improve the quality of maternity and infant care available across the collaboratives and individuals working in this area.

The bill would also amend section 1890(b) of the Social Security Act by directing the entity referred to in such section to facilitate increased coordination and alignment between the public and private sector with respect to quality and efficiency measures. The bill would also require such entity to make publicly available annual reports on its findings, which would be included in the annual report. These provisions would be effective upon enactment.

This section would authorize the appropriation of $15 million to carry out the activities under this section; funds would be required to remain available until expended.

EFFECTIVE DATE

The provision is effective upon enactment.

III. BUDGET EFFECTS OF THE BILL

A. COMMITTEE ESTIMATES

In compliance with paragraph 11(a) of rule XXVI of the Standing Rules of the Senate, the following statement is made concerning the estimated budget effects of the revenue provisions of the of the "Quality Care for Moms and Babies Act" as reported.

The bill is estimated to have the following effects on Federal budget receipts for fiscal years 2016–2025:

	By fiscal year, in millions of dollars—					
	2016	2017	2018	2019	2020	2016–2020
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Maternal and Infant Health Quality Measures:						
Authorization Level	16	0	0	0	0	16
Estimated Outlays	3	4	4	3	2	16
Grants for Quality Collaboratives:						
Authorization Level	15	0	0	0	0	15
Estimated Outlays	3	8	4	0	0	15
Total Changes:						
Authorization Level	31	0	0	0	0	31
Estimated Outlays	6	12	8	3	2	31

Source: Estimate provided by the staff of the Congressional Budget Office.

Summary

S. 466 would authorize the appropriation of $31 million for the Department of Health and Human Services (HHS) to identify and publish quality measures for maternal and infant health and to award grants to develop or expand collaborative activities related to maternity and infant care quality. Implementing S. 466 would cost $31 million over the 2016–2020 period, assuming appropriation of the specified amounts. For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2016 and that the amounts specified will be appropriate in that year. Enacting S. 466 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. The bill would not impose intergovernmental or private sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments. The annual estimated budgetary impact of S. 466 is shown in the following table.

B. Budget Authority

Budget authority

In compliance with section 308(a)(1) of the Congressional Budget and Impoundment Control Act of 1974 ("Budget Act"),[5] the Committee states that the bill as reported involves increased budget authority (see table in Part A, above).

Tax expenditures

In compliance with section 308(a)(1) of the Budget Act, the Committee states that the bill does not involve increased tax expenditures.

C. Consultation With Congressional Budget Office

In accordance with section 403 of the Budget Act, the Committee advises that the Congressional Budget Office has submitted a statement on the bill.

S. 466—Quality Care for Moms and Babies Act

Summary: S. 466 would authorize the appropriation of $31 million for the Department of Health and Human Services (HHS) to identify and publish quality measures for maternal and infant

[5] Pub. L. No. 93–344.

health and to award grants to develop or expand collaborative activities related to maternity and infant care quality. CBO estimates that implementing S. 466 would cost $31 million over the 2016–2020 period, assuming appropriation of the specified amounts. Enacting S. 466 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

S. 466 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary impact of S. 466 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2016	2017	2018	2019	2020	2016–2020
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Maternal and Infant Health Quality Measures:						
Authorization Level	16	0	0	0	0	16
Estimated Outlays	3	4	4	3	2	16
Grants for Quality Collaboratives:						
Authorization Level	15	0	0	0	0	15
Estimated Outlays	3	8	4	0	0	15
Total Changes:						
Authorization Level	31	0	0	0	0	31
Estimated Outlays	6	12	8	3	2	31

Basis of estimate: For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2016 and that the amounts specified will be appropriated in that year.

S. 466 would authorize the appropriation of $16 million for the Secretary of HHS to identify and publish quality measures for maternal and infant health. The legislation would require HHS to:

- Make initial measures available for public comment no later than January 2018;
- Publish final measures applicable to mothers and infants eligible for Medicaid or the Children's Health Insurance Program by January 2019; and
- Establish a Maternal and Infant Quality Measurement Program to improve and expand those measures, including providing grants to develop and test evidence-based measures.

Based on historical spending for similar programs—the Child Health Quality Measures established by the Children's Health Insurance Program Reauthorization Act of 2009 and the Adult Health Quality Measures established by the Patient Protection and Affordable Care Act—CBO estimates that implementing similar measures for mothers and infants would cost $16 million over the 2016–2020 period.

The bill also would authorize the appropriation of $15 million for HHS to award grants to develop and expand quality collaboratives for maternity and infant care. A quality collaborative is a group of people or organizations—for example, universities, state and local agencies, health systems, and professional associations—working together to improve health care. Funding also would be used to make reports, tools, and other resources of individual collaboratives available to others. Based on historical spending by similar programs, CBO estimates that implementing these grants would cost $15 million over the 2016–2018 period.

Pay-As-You-Go considerations: None.

Intergovernmental and private-sector impact: S. 466 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

Estimate prepared by: Federal Costs: Daniel Hoople; Impact on State, Local, and Tribal Governments: J'nell Blanco Suchy; Impact on the Private Sector: Amy Petz.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

IV. VOTES OF THE COMMITTEE

In compliance with paragraph 7(b) of rule XXVI of the standing rules of the Senate, the Committee states that, with a majority present, the "Quality Care for Moms and Babies Act," as modified was ordered favorably reported on June 24, 2015 as follows:

Final Passage of the Quality Care for Moms and Babies Act—approved, as modified, by voice vote.

V. REGULATORY IMPACT AND OTHER MATTERS

A. Regulatory Impact

Pursuant to paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the Committee makes the following statement concerning the regulatory impact that might be incurred in carrying out the provisions of the bill.

Impact on individuals and businesses, personal privacy and paperwork

The bill is not expected to impose additional administrative requirements or regulatory burdens on individuals. The bill is expected to reduce administrative requirements and regulatory burdens on some businesses.

The provisions of the bill do not impact personal privacy.

B. Unfunded Mandates Statement

This information is provided in accordance with section 423 of the Unfunded Mandates Reform Act of 1995 (Pub. L. No. 104–4).

The Committee has determined that the bill does not contain any private sector mandates. The Committee has determined that the bill contains no intergovernmental mandate.

VI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In the opinion of the Committee, it is necessary in order to expedite the business of the Senate, to dispense with the requirements of paragraph 12 of rule XXVI of the Standing Rules of the Senate (relating to the showing of changes in existing law made by the bill as reported by the Committee).

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