

United States Senate

WASHINGTON, DC 20510

April 10, 2020

The Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Azar and Administrator Verma:

We thank the Department of Health and Human Services for its stated commitment to invest in maternal health and work to eliminate preventable maternal deaths. To that end, we write to express our concern with reductions to Medicare reimbursement rates for maternity care, scheduled to go into effect in 2021. We request that the Centers for Medicare and Medicaid Services (CMS) make a technical correction to ensure that the recently finalized values for Evaluation and Management (E/M) visits apply to the global maternity packages.

If no change is made, these cuts will jeopardize access to critical maternity care services and undermine our collective efforts to eliminate maternal mortality. Our country is facing a maternal health crisis: not only are maternal mortality rates on the rise, but there are significant disparities in maternal health outcomes by race, insurance status, and rural residency status.

In the 2020 Medicare Physician Fee Schedule, CMS increased relative value units (RVUs) for E/M office visits, which will lead to increased reimbursement rates for E/M services beginning in 2021. However, CMS did not apply these higher values to prenatal and postpartum office visits due to their global coding structure. Maternity care is typically paid for with a global package, which includes nine months of prenatal visits, labor and delivery, and postpartum visits. Due to Medicare budget neutrality requirements, this change will lead to a significant cut in reimbursement rates for maternity care beginning in 2021.

CMS has indicated that the agency increased Medicare rates for physician office visits to support preventive care, which we appreciate and support. However, it seems that there was a technical error that left out maternity care. Given that prenatal and postpartum care visits are fundamentally preventive, we urge CMS to rectify this error to improve, rather than hinder, access to maternity care. According to the American College of Obstetricians and Gynecologists, prenatal care visits include significant counseling, multiple screenings for maternal and fetal risk factors, and care coordination. Evidence indicates that high-quality, timely prenatal care reduces the risk of adverse birth outcomes, such as low birth weight.

This payment decision by CMS has a much broader impact beyond Medicare. The Medicaid program, TRICARE, and commercial insurers base their reimbursement rates on the Medicare

rates established by CMS. If Medicare rates for maternity care are reduced, payment rates will go down across payers and further impede access to care.

The impact to women in rural areas is particularly troubling. Medicaid covered 42 percent of births nationwide in 2018, and in some states it covers an even greater share. Medicaid is often a critical coverage source for women living in rural communities, who could face even more significant barriers to accessing care if maternity care payments are lowered. Women living in rural communities are more likely to experience maternal mortality and severe maternal morbidity. In order to improve access and health outcomes for women living in rural areas, it is critical that CMS support rural obstetric care practitioners by ensuring reimbursement rates for maternity care are protected in 2021.

As CMS' brief, titled *Improving Access to Maternal Health Care in Rural Communities*, aptly noted – “*across the country and at every level of government there has been a growing focus on rural health*”, and further “*CMS has been focused on improving rural maternal health outcomes.*” We appreciate your focus on this critical issue and believe this further emphasizes the need to rectify the scheduled cuts to maternity care reimbursement.

We applaud the Department of Health and Human Services' goal of improving maternal health outcomes, and we hope you will consider acting with expediency in correcting this technical error that could have significant ramifications on access to maternal health care. We look forward to hearing from you and appreciate your attention to this important issue.

Sincerely,

/s/ Jacky Rosen
Jacky Rosen
United States Senator

/s/ Joni K. Ernst
Joni K. Ernst
United States Senator

/s/ Kirsten Gillibrand
Kirsten Gillibrand
United States Senator

/s/ Cindy Hyde-Smith
Cindy Hyde-Smith
United States Senator

/s/ Maria Cantwell
Maria Cantwell
United States Senator

/s/ Lisa Murkowski
Lisa Murkowski
United States Senator

/s/ Tina Smith
Tina Smith
United States Senator

/s/ Kelly Loeffler
Kelly Loeffler
United States Senator

/s/ Robert P. Casey, Jr.
Robert P. Casey, Jr.
United States Senator

/s/ Dan Sullivan
Dan Sullivan
United States Senator

/s/ Thomas R. Carper
Thomas R. Carper
United States Senator

/s/ Michael F. Bennet
Michael F. Bennet
United States Senator

/s/ Kamala D. Harris
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United States Senator

/s/ Christopher A. Coons
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/s/ Amy Klobuchar
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/s/ Richard J. Durbin
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/s/ Richard Blumenthal
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United States Senator

/s/ Brian Schatz
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United States Senator

/s/ Gary C. Peters
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