

## **Statement for the Record**

**Submitted by**

**The Premier Inc. healthcare alliance**

***“Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care”***

**House Energy and Commerce Subcommittee on Health**

***September 10, 2019***

The Premier healthcare alliance appreciates the opportunity to submit a statement for the record on the House Energy and Commerce Subcommittee on Health hearing titled *“Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care”* held on September 10, 2019. We applaud the leadership of Chairman Pallone and Chairwoman Eshoo, Ranking Members Walden and Burgess and members of the Subcommittee for holding this hearing to examine legislative solutions to address the factors contributing to maternal mortality.

Premier is a leading healthcare improvement company, uniting an alliance of more than 4,000 U.S. hospitals and health systems and approximately 175,000 other providers and organizations to transform healthcare. With integrated data and analytics, data-driven collaboratives, supply chain solutions, consulting and other services, Premier enables better care and outcomes at a lower cost.

Every new mother and child deserves the best beginning possible, whether they live in the suburbs, cities or in a rural setting. ***Getting at the root cause and raising the performance bar on maternal health for the nation is why Premier has launched the [Bundle of Joy™ campaign](#).*** The goal for the *Bundle of Joy* campaign is to ensure mothers and babies are always at the center of care and supported by the latest evidence, the best doctors and the most successful practices. By mobilizing an alliance of 4,000+ hospitals and health systems, 100 billion data points, the expertise of our industry partners and history of proven best practices, Premier aims to build and deploy new care delivery models, ultimately scaling proven advancements across the industry.

As part of the Bundle of Joy campaign, Premier [released](#) a [report on inpatient maternal mortality and morbidity based on a nationally representative sample with 25 percent of U.S. births from 2008 - 2018](#). The report found a 24 percent decline in deaths during in-hospital deliveries in this timeframe across 900+ hospitals. Additionally, we found that the mortality disparity gap between whites and all other races substantially narrowed, and specifically found that delivery-related deaths for black mothers decreased by 80 percent over the 10-year period.

The analysis also identified a 36 percent increase in severe maternal morbidity (SMM) rates, including a 79 percent higher SMM rate for black women than white women. SMM, [as measured by the CDC](#), includes unexpected outcomes of labor and delivery that result in significant short- or long-term health effects, including eclampsia, cardiac arrest and sepsis. The increase in SMM rates are affected by several factors, such as changes in coding, age, race, payer, type of delivery, substance misuse, region and hospital type. Further research is needed to understand the drivers and implications of these factors on SMM rates.

Taking the Premier analysis in conjunction with the report released last week by the Centers for Disease Control and Prevention (CDC), [“Racial/Ethnic Disparities in Pregnancy-Related Deaths.”](#) suggests that steps need to be taken to better integrate care delivery between the hospital and pre-

and post-care services for mothers and their newborns, as well as to better manage high-risk patients. The CDC has found that black, American Indian and Alaska Native women are more than 2.5 times as likely to die from pregnancy-related causes than white women, that maternal mortality is on an overall upward trend and that many of these deaths are preventable.

Premier's analysis complements the CDC's findings because it examines one site of care within the larger birth-related mortality findings. While the CDC data pertains to all pregnancy-related deaths, Premier's analysis highlights inpatient-related maternal mortality, at the time of delivery. The Premier analysis included standardized inpatient data from 8.9 million births (approximately 25 percent of births nationally) that occurred in 903 hospitals across 45 states between 2008-2018.

To be clear, if the disparity gap is narrowing for in-hospital delivery-related mortality, but widening overall, that means we need to focus beyond the hospital to the care mothers are receiving pre- and post-delivery. This is why it is imperative that mothers get to the hospital for urgent care of pregnancy-related complications and to safely deliver their babies. We believe this also underscores ***the need for new payment models and a focus on incentivizing integrated care across ambulatory and inpatient settings.***

Premier's full report, "[\*\*\*Bundle of Joy™ Maternal & Infant Health Trends\*\*\*](#)" is attached.

Premier will be conducting additional analysis on our ***extensive data on maternal death rates and maternal health trends.*** We look forward to continuing to share these data and findings with the Subcommittee to help develop evidence-based policy solutions to improve the quality, safety and cost of care for mothers and infants.

In closing, the Premier healthcare alliance appreciates the opportunity to submit a statement for the record on the House Energy and Commerce Subcommittee on Health hearing on maternal health. Premier is available as a resource and looks forward to working with Congress as it considers policy options to address this very important issue.

If you have any questions regarding our comments or need more information, please contact Blair Childs at [blair\\_childs@premierinc.com](mailto:blair_childs@premierinc.com) or 202-879-8000.