

AMA initiatives to improve maternal health outcomes

The American Medical Association demonstrates its commitment to health equity through addressing the social conditions that impact health, increasing health workforce diversity, advocating for equity in health care access, promoting equity in care, and ensuring equitable practices and processes in research and data collection. The following provides a brief overview of the collaborative initiatives the AMA continues to pursue to improve maternal health outcomes (the list below is by no means exhaustive).

For additional information on AMA maternal health advocacy please visit our website at: www.ama-assn.org/improving-maternal-health.

External community-based initiatives

- As part of our goal to leverage strategic partnerships to empower physicians and communities, the AMA is collaborating with West Side United (WSU) in addressing health inequity in ten neighborhoods on Chicago's west side. WSU's primary goal is to reduce the life expectancy gap between Chicago's downtown and ten west side neighborhoods, especially considering the decrease in life expectancy across the nation since the start of the COVID-19 pandemic. In October 2022, the AMA made an additional \$3 million multi-year investment in Chicago's west side neighborhoods. This investment builds on the AMA's initial \$2 million investment in 2020 to build alliances with organizations, groups and neighborhoods that have experienced historical disinvestment.¹
- The AMA is partnering with other health care organizations, such as the American Heart Association (AHA), the Association of Black Cardiologists (ABC), the Minority Health Institute (MHI), the National Medical Association (NMA), and the American Medical Association Foundation (AMAF) to highlight the Release the Pressure (RTP) campaign. RTP serves as a multifaceted foundational campaign aimed at partnering with Black women to improve heart health and advance healthy equity by: increasing awareness and education around self-measured blood pressure (SMBP) monitoring, increasing awareness of connection between hypertension and maternal health, strengthening relationships between Black patients and their physicians and other health professionals, and empowering Black communities by providing access to resources and support needed to adopt heart-healthy lifestyles.²
- More than 2 million individuals of childbearing age live in maternity care deserts, areas without access to birthing facilities or maternal care physicians and providers. Building on the findings from the March of Dimes' Nowhere to Go: Maternity Care Deserts Across the U.S. 2022 report, the AMA has joined with the March of Dimes and the Sinai Urban Health Institute to research, report and elevate the impact of maternity care deserts at a zip code level within the city of Chicago and provide possible approaches toward impact to physicians, facilities, caregivers, patients, and policymakers.³

1. <https://www.ama-assn.org/delivering-care/health-equity/ama-west-side-united-fight-health-equity-one-community-time>
2. <https://releasethepressure.org/>
3. <https://www.marchofdimes.org/peristats/assets/s3/reports/2022-Maternity-Care-Report.pdf>

Federal advocacy

2024

- The AMA is working with the Congressional Black Maternal Health Caucus and the Bipartisan Maternity Care Caucus to advance legislation and appropriations for the leading causes of maternal mortality and morbidity.
- To bolster federal and state efforts and provide recommendations to improve maternal health outcomes, the AMA has worked collaboratively over the last year with a variety of members of the Federation of Medicine, including relevant specialty societies, state medical associations and physicians from rural areas. On April 11, the AMA released a new set of concrete steps that the administration and Congress can take to improve maternal health outcomes in the United States.⁴
- On Feb. 28, the AMA sent a letter to Administrator Brooks-LaSure recommending several steps the Center for Medicare and Medicaid Innovation (CMMI) can take to ensure the new Transforming Maternal Health (TMaH) program significantly improves birthing outcomes for pregnant and postpartum individuals and their babies.⁵

2023

- In addition to supporting the Connected MOM Act, the AMA joined a sign-on letter, along with 85 organizations, to Congressional leadership in support of the Preventing Maternal Deaths Reauthorization Act of 2023 (H.R.3838/S.2415).⁶ This bill would continue to fund state-based maternal mortality review committees that review pregnancy-related deaths and make recommendations to prevent future maternal deaths. It is vital that this bill is passed because it would help the medical community better understand why deaths are occurring and enact solutions to save the lives of hundreds of birthing people each year.
- In alignment with direct advocacy from the AMA, the Administration took action to provide 12 months of mandatory continuous coverage for children in Medicaid and CHIP.⁷
- In alignment with direct advocacy from the AMA, U.S. Preventative Services Task Force finalized its recommendation on expanded screening for hypertensive disorders of pregnancy.⁸
- On Jan. 31, the AMA sent a letter commenting to the Centers for Medicare & Medicaid Services (CMS) on the Request for Information (RFI) on Essential Health Benefits (EHB) published in the Federal Register. Comments covered a number of topics including maternal health.⁹
- On Feb. 21, the AMA commented on the proposed revisions to the “Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Food Packages.” Overall, the AMA applauded the WIC program’s demonstrated success in improving the health of individual participants by increasing consumption of nutritious foods and decreasing food insecurity. Moreover, the AMA supported the primary goal of revising the program to align with the current Dietary Guidelines for Americans while providing flexibility in the variety and choice of foods and beverages. This flexibility will better reflect cultural and medical needs and personal preferences while adhering to the science associated with nutritional necessities that promote growth and health in pregnant, breastfeeding and non-breastfeeding postpartum individuals and children.¹⁰

4. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Fflclhss.zip%2F2024-4-11-Letter-to-Becerra-re-Maternal-Health-Final.pdf>

5. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Fflcls.zip%2F2024-2-28-Letter-to-Brooks-LaSure-re-CMS-Transforming-Maternal-Health-Model-v2.pdf>

6. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Fflsold.zip%2F2023-7-26-Signed-On-PMDA-reauth-national-org-sign-on-FINAL.pdf>

7. <https://www.hhs.gov/about/news/2023/09/29/hhs-takes-action-provide-12-months-mandatory-continuous-coverage-children-medicaid-chip.html>

8. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertensive-disorders-pregnancy-screening>

9. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Fflf.zip%2F2023-1-31-Letter-to-Brooks-LaSure-re-EHB-RFI-v6.pdf>

10. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2023-2-21-Letter-to-Vilsack-re-Special-Supplemental-Nutrition-Program-for-Women-Infants-and-Children-v3.zip%2F2023-2-21-Letter-to-Vilsack-re-Special-Supplemental-Nutrition-Program-for-Women-Infants-and-Children-v3.pdf>

- On March 13, the AMA sent comments on the CMS Notice of Proposed Rule Making (NPRM) outlining proposals to advance interoperability and improve prior authorization (PA) in Medicare Advantage (MA) plans, state Medicaid agencies and Medicaid managed care plans, Children’s Health Insurance Program (CHIP) agencies and CHIP managed care entities and issuers of Qualified Health Plans (QHPs) on the Federally-Facilitated Exchanges (FFE). A number of topics were covered including a request for information entitled: “Advancing Interoperability and Improving Prior Authorization Processes for Maternal Health.” As such the AMA provided information on how to strengthen data collection and the prior authorization process for pregnant, birthing and postpartum individuals.¹¹

State advocacy

- Over the past several years, the AMA and Manatt Health have partnered on recommendations that inform policymakers of best practices to eliminate barriers to care for OUD through a national policy road map in December 2020; a 2022 comprehensive state toolkit expanding on the roadmap recommendations; and a compilation of profiles featuring leading physicians, policymakers and advocates who have implemented many of the recommendations.^{12,13,14} In light of the sharp increase in pregnancy and postpartum deaths linked to OUD, the AMA and Manatt have developed a set of recommendations for state policymakers to improve access to care for pregnant and postpartum people with OUD with several strategies focused on improving care for justice-involved pregnant and postpartum individuals.¹⁵
- The AMA has long advocated for expanding coverage options for low-income patients, including Medicaid expansion under the ACA and extending Medicaid eligibility for pregnant women until 12 months after birth. Currently, 46 states, including DC, have extended or are in the process of extending postpartum Medicaid coverage. In addition, the AMA advocates for increasing Medicaid payment rates, including for maternity care services, to ensure Medicaid patients can access quality health care services in their communities and greater enforcement of Medicaid rules to protect patients and ensure meaningful access to care. AMA also advocates for state options to tailor Medicaid programs to meet the unique needs of enrollees. In alignment with direct advocacy from the AMA, CMS announced the release of “A Toolkit for State Medicaid and CHIP Agencies.”¹⁶ This toolkit provides practical information to help state Medicaid and CHIP agencies maximize the use of existing authorities to increase postpartum care access, quality, and equity for Medicaid and CHIP beneficiaries.

AMA health equity, SDOH, social justice and implicit bias physician education

- To support reimagining the future of health equity and racial justice in medical education and improving the diversity of the health workforce, the AMA convened a diverse cross-enterprise group of editors then announced a call for authors, receiving over 150 submissions. Over 60 abstracts were published by the AMA’s Accelerating Change in Medical Education Consortium in the compendium “MedEd’s horizon: Just, merciful, diverse and equitable.”¹⁷ The final study, a book with approximately 18 chapters entitled *Reimagining Medical Education*, will be published by Elsevier in 2024, intended for medical school and health system leaders, medical educators in undergraduate and graduate medical education (UME and GME), policy makers, change agents and advocates.
- The AMA continues to publish highly engaging health equity content on the Ed Hub site with 166 activities published YTD 2023.¹⁸ As of October 2023, uptake of equity content in 2023 exceeded 2022, with 151,349

11. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2Fletter.zip%2F2023-3-13-Letter-to-Brooks-LaSure-re-CMS-Interop-and-Prior-Authorization-Proposed-Regulation-v4.pdf>

12. <https://www.ama-assn.org/system/files/2020-12/ama-manatt-health-2020-national-roadmap.pdf>

13. https://end-overdose-epidemic.org/wp-content/uploads/2022/02/AMA-Manatt-Health-Toolkit-Resources-January-2022_f_FOR-WEB-FINAL.pdf

14. https://end-overdose-epidemic.org/wp-content/uploads/2022/12/AMA-State-Profiles_2022-12_d.pdf

15. The recommendations in the study were informed by relevant research findings, interviews with physician experts, and an analysis of federal, state and local policies, and include examples where applicable. While this resource showcases numerous state and community-based best practices, we recognize that not all effective approaches in use throughout the country have been featured. <https://end-overdose-epidemic.org/wp-content/uploads/2024/02/AMA-Manatt-2024-Improving-Access-to-Care-Pregnant-Parenting-People-with-SUD.pdf>

16. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ppc-for-state-and-medicaid-toolkit.pdf>

17. <https://www.ama-assn.org/education/changemeded-initiative/publications-accelerating-change-medical-education-consortium>

18. https://edhub.ama-assn.org/pages/keep-current?utm_campaign=alwayson-google-paid_ad-edhub_brand&clid=EAlaIObChMIs7mLw52mhAMVNTfUARIzSgTsEAAYASAAEgKEQvD_BwE

engagements (compared to 108,636) and 34,782 course completions (compared to 24,412). Two new health equity-oriented content partners were signed and launched. A new distribution channel, AMA Broadcast, was introduced in 2023, with four Ed Hub National Health Equity Grand Rounds sessions, which brought 10,147 registrations (8,233 new registrants) to the Ed Hub site: The History of Racism in U.S. Health Care; Follow the Money; Breaking Down the Ivory Tower; and Creating Accountability Through Data. Each session was intentionally curated to maximize accessibility for viewers.¹⁹

- *AMA Journal of Ethics* published three health equity-centered issues in 2023: Segregation in Health Care, Patient-Centered Transgender Surgical Care, and Health & Loneliness.²⁰
- To help embed equity within public health, the AMA published, in collaboration with the CDC's Project Firstline, 12 episodes of the Stories of Care podcast about health care equity and infection control. Through October 2023, the Stories of Care podcast had a total of 1,074 downloads and 576 continuing medical education (CME) completions.²¹
- The AMA published playbooks and other educational resources for physicians, practices, physician provider organizations, and health systems: as part of AMA STEPS Forward®, Wellness-Centered Leadership with a chapter on Racial and Health Equity; and with America's Health Insurance Plans (AHIP) and National Association of Accountable Care Organizations (NAACOS), The Future of Sustainable Value-Based Payment: Voluntary Best Practices to Advance Data Sharing, incorporating the promotion of health equity as a key cross-cutting issue (particularly related to health-related social needs) and establishing a specific "best practice category" focused on health equity ("Improve Data Collection and Use to Advance Health Equity").^{22,23} Additionally, AMA STEPS Forward published a toolkit, Collective Trauma: Respond Effectively as an Organization, and four podcasts focused on social determinants of health and racial and health equity.

AMA Behavioral Health Integration (BHI) Collaborative

Primary care physicians, including obstetricians and gynecologists, stand at the front line of ensuring the highest possible level of health for their patients throughout their lifetime. Yet, existing systems are failing to stem the tide of the growing behavioral health crisis, and meet the need for timely access to equitable, whole-person care (i.e., physical and behavioral health).

This is particularly critical for pregnant and postpartum individuals with a behavioral health condition as they are less likely to receive sufficient care compared to those who are not pregnant.^{24,25} Perinatal mental health disorders are also a common and significant complication of pregnancy and the postpartum period. Up to 20 percent of women in the US are estimated to experience perinatal depression or anxiety.^{26,27}

A holistic, evidence-based integrated approach within OB-GYN settings can help generate true patient-centered, whole-person care by breaking down traditional silos of physical and behavioral health to help individuals receive treatment earlier and at the right level of care.^{28,29} This includes enabling timely assessment and diagnosis, effective treatment, and appropriate monitoring and follow-up (depending on the severity of the condition).³⁰ It can also help destigmatize the provision of perinatal and postpartum mental health care.

As a result, the AMA has partnered with several other members of the Federation of Medicine, including the

19. <https://edhub.ama-assn.org/health-equity-grand-rounds>

20. <https://journalofethics.ama-assn.org/issues?year=2023>

21. <https://edhub.ama-assn.org/cdc-project-firstline/pages/podcast>

22. <https://www.ama-assn.org/system/files/ama-steps-forward-leadership-playbook.pdf>

23. <https://www.ama-assn.org/system/files/data-sharing-playbook.pdf>

24. Sanmartin MX, Ali MM, Chen J, Dwyer DS. Mental health treatment and unmet mental health care need among pregnant women with major depressive episode in the United States. *Psychiatr Serv*. 2019 Jun 1;70(6):503-506. <https://doi.org/10.1176/appi.ps.201800433>.

25. Martin CE, Scialli A, Terplan M. Unmet substance use disorder treatment need among reproductive age women. *Drug Alcohol Depend*. 2020 Jan;206:107679. <https://doi.org/10.1016/j.drugalcdep.2019.107679>

26. Bauman BL, Ko JY, Cox S, et al. Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression — United States, 2018. *MMWR Morb Mortal Wkly Rep*. 2020;69:575–581. <https://dx.doi.org/10.15585/mmwr.mm6919a2>

27. Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The prevalence of anxiety disorders during pregnancy and the postpartum period: A multivariate bayesian meta-analysis. *J Clin Psychiatry*. 2019 Jul 23;80(4):18r12527. <https://doi.org/10.4088%2FJCP.18r12527>

28. <https://www.ama-assn.org/delivering-care/public-health/behavioral-health-integration-physician-practices>

29. <https://www.ama-assn.org/about/events/integrating-mental-health-care-ob-practice>

30. <https://www.acog.org/programs/perinatal-mental-health>

American College of Obstetricians and Gynecologists (ACOG), to establish the BHI Collaborative with the mission of equipping physicians and their practices with the necessary knowledge to overcome obstacles and sustain integrated care for their patients and families.^{31,32} To accomplish this mission, the Collaborative has called on payers and policy makers to join forces with obstetrician gynecologists, among other physician specialties, to ensure they and their care teams have the necessary support to provide equitable, whole-person care for their patients and families.³³

This includes the following four critical steps for federal and state policy makers:

1. Provide long-term sustainable funding opportunities for OB-GYN practices (among other physician specialties) to support training and education on implementation of BHI services, such as recent SAMHSA grants and state-based telehealth-consultation services (e.g., UMass Chan Medical School Lifeline for Moms; Massachusetts Child Psychiatric Access Program),^{34,35,36}
2. Ensure adequate payment and coverage for behavioral health services, including psychiatric collaborative care model, care management and coordination, and other relevant in-person and telehealth services;
3. Work with commercial health plans and coverage programs to limit use of management review practices, enforce behavioral health parity laws, and strengthen network adequacy regulations; and
4. Increase federal funding with the aim of growing the behavioral health workforce, particularly those who practice in underserved areas. These should include loan forgiveness programs, new and expanded residency, and training programs.

31. <https://www.ama-assn.org/press-center/press-releases/physician-collaboration-accelerate-behavioral-health-integration>

32. <https://www.ama-assn.org/delivering-care/public-health/behavioral-health-integration-physician-practices>

33. <https://www.healthaffairs.org/content/forefront/combating-crisis-integrating-mental-health-services-and-primary-care>

34. SAMHSA grants, <https://www.samhsa.gov/grants/grant-announcements/sm-23-005>

35. UMass Chan Medical School Lifeline for Moms, <https://www.umassmed.edu/lifeline4moms/Access-Programs/>

36. Massachusetts Child Psychiatric Access Program, <https://www.mcpap.com/About/McPAPforMOM.aspx>