

October 14, 2016

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Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
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Dear Dr. Matsuoka:

Our organizations deeply appreciate your leadership in improving our nation's Children's Health Insurance Program (CHIP) and Medicaid programs, both for the health care providers and clinical care teams as well as the beneficiaries, patients and families. Advancing improvements in the health care system for women and children requires us to maximize access to effective reproductive planning services, to encourage optimal birth spacing and to reduce the number unintended pregnancies.

As you well know, about half of the births in the U.S. are paid by public insurance like Medicaid and CHIP. Guttmacher Institute calculated that these programs paid for 68% of the 1.5 million unplanned births in 2010 and accounted for \$14.6 billion in federal spending and \$6.4 billion in state spending. Total gross savings from preventing unintended pregnancies in 2010 would have been \$15.5 billion. Also, in eight states and the District of Columbia, at least 75% of the unplanned births were paid by public insurance.¹

In 2015, the Measure Application Partnership Medicaid Adult Task Force recommended *Use of Contraceptive Methods by Women Aged 21-44 Years* as the top (1 of 9) ranking measure for phased addition to the voluntary Medicaid Adult Core Set. *Effective Postpartum Contraception* was ranked third (tied with two screening measures for patients with schizophrenia or bipolar disorder) in measures recommended. The Measure Application Partnership Medicaid Child Task Force recommended *Effective Postpartum Contraception* and *Use of Contraceptive Methods by Women Aged 15-20 Years* for phased addition to the voluntary Child Core Set and ranked them third and fourth out of six measures. These were the first measures to be recommended within the Medicaid Adult and Child Task Forces prior to achieving endorsement, which speaks to the essential role we believe they will perform within the public health care system and the Adult Medicaid and Child measure portfolios.

These measures were recommended on the condition that they reach endorsement by the National Quality Forum. All of the contraceptive care measures passed the National Quality Forum's Perinatal and Reproductive Health Standing Committee in July and passed through its Consensus Standards Approval Committee in September. We expect them to be officially fully endorsed by the National Quality Forum Board of Directors in November.

Surprisingly, the same measures were re-evaluated by the Measure Application Partnership Medicaid Adult Task Force again in 2016, and although they were firmly on the road to national endorsement, they were no longer on the list of recommended measures. The measures were re-evaluated by the 2016 Medicaid Child Task Force and *Effective Postpartum Contraception* was the only measure to continue to be recommended. We were (and continue to be) shocked by the change in recommendations. These measures are critical to addressing unintended pregnancy and optimizing perinatal outcomes.

We believe there may have been many contributing factors to the revocation of the 2015 recommendation conditional on endorsement including: turnover of National Quality Forum staff between the two task force meetings, 2016 teleconferences and meetings may have had less time for adequate discussion by experts who understand the measure or understand the NQF process and the role of the Measure Application Partnership task forces vs. a standing endorsement committee. It does not make sense to recommend conditional on endorsement in one year, and upon achieving that endorsement as well as additional testing and implementation results, rescind that recommendation in the next.

Please disregard the 2016 recommendations by the Medicaid Adult and Child Task Forces and continue to follow the 2015 recommendations to phase these measures into the Adult Core and Child Core Sets. In addition, please continue to use these measures at the health insurance plan- and population health- level in separate innovation and quality projects with Medicaid and CHIP programs.

We look to you and our esteemed colleague and partner, Lekisha Daniel-Robinson, MSPH, at the Center for Medicaid and CHIP Services, for leadership to achieve remarkable results in the health care of our nation's vulnerable women and children. We appreciate your willingness to consider our recommendations and look forward to working with you to continue these important efforts to improve their health and health care. If you have questions regarding our vision for maternity and reproductive health care quality improvement, please contact Sean Currigan, MPH, at scurrigan@acog.org.

Sincerely,

American College of Nurse-Midwives
American Congress of Obstetricians and Gynecologists
Guttmacher Institute
March of Dimes
National Association of Nurse Practitioners in Women's Health
National Health Law Program
Planned Parenthood Federation of America
Society for Maternal-Fetal Medicine

ⁱ https://www.guttmacher.org/sites/default/files/report_pdf/public-costs-of-up-2010.pdf