The March of Dimes has compiled the following list of provisions that exist independently of the access and coverage expansion provisions of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148) and the associated Health Care Reconciliation Act (HCRA, P.L. 111-152). While not an exhaustive list, the March of Dimes strongly urges Congress to retain the following provisions and their associated programs in the course of any other changes to these laws.

**Maternal, infant, and early childhood home visiting programs. (ACA §2951)**

This section of the law created the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which provides funding to eligible entities (states, tribes, and territories) to develop and implement evidence-based maternal, infant, and early childhood visitation models. The home visiting programs reach pregnant women, expectant fathers, and parents and caregivers of children under the age of 5. MIECHV is administered by the Health Resources and Services Administration (HRSA) in collaboration with the Administration for Children and Families.

The March of Dimes strongly supports the MIECHV program, which operates in each state, tribe, and territory to meet the unique needs of those populations. Home visiting is an effective method of delivering support to new parents and their children via a voluntary program that matches families with appropriate professionals who provide information and support from pregnancy through early childhood. Home visiting is documented to improve birth and childhood outcomes on a range of metrics.

**Improving access to preventive services for eligible adults in Medicaid. (ACA §4106)**

This section expanded the current Medicaid state option to provide other diagnostic, screening, preventive, and rehabilitation services to include: (1) any clinical preventive service recommended with a grade of A or B by the U.S. Preventive Services Task Force (USPSTF) and (2) with respect to adults, immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration. States who participate in this expansion of services are eligible for an increased Federal Medical Assistance Percentage.

The USPSTF recommends a number of services that should be received by every pregnant women, such as folic acid supplementation to prevent birth defects, screening for gestational diabetes and depression, and breastfeeding counseling. The ACIP recommends a schedule of immunizations to protect the health and life of every child, as well as two vaccines that should be received by every pregnant woman. The March of Dimes supports this provision as vital to ensuring that every pregnant woman and child is able to obtain these highly effective, potentially life-saving services.

**Immunizations. (ACA §4204)**

This section allows states to purchase vaccines for adults at the federal contract price and creates a Center for Disease Control and Prevention (CDC) grant program to award grants to improve immunization coverage for children, adolescents, and adults through the use of evidence-based interventions. Having been founded for the express purpose of leading the effort to discover the polio
vaccine, the March of Dimes is a passionate supporter of measures to ensure that all Americans have access to the full range of recommended immunizations.

**Improving women's health. (ACA §3509)**

This section codified the earlier establishment of the Office of Women’s Health within the Department of Health and Human Services and in the director’s office of each of the following agencies: the Agency for Healthcare Quality and Research, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration. Each office is charged with ensuring that its agency is aware of the latest developments in women’s health related to prevention, research, education and training, service delivery, and policy development.

The March of Dimes strongly supports this provision as essential in ensuring that all HHS agencies take into account the unique needs of women (especially those who are or may become pregnant and breastfeeding women) across the full portfolio of their work. Historically, women have been deliberately excluded from many areas of research; the Offices of Women’s Health are critical to ensuring that women are included appropriately in all aspects of HHS’s work.

**Prevention and Public Health Fund. (ACA §4002)**

This section established the Prevention and Public Health Fund (PPHF) in the Office of the Secretary. The PPHF was created to provide for expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance health care quality.

The March of Dimes energetically supports the PPHF, which plays a vital role in bringing effective programs to scale, reversing the erosion of vital public health programs, and investing in the health of all Americans. This program has pursued community-based prevention methods, including tobacco use prevention, breastfeeding promotion and support, obesity reduction, and childhood immunizations. The programs this funding supports are central to ensuring that women experience healthy pregnancies and give birth to healthy babies, as well as in improving the nation’s overall health and reducing national health expenditures.

**State eligibility option for family planning services. (ACA §2303; HCRA §1202)**

This provision adds a new optional eligibility group to Medicaid for non-pregnant individuals with income up to the highest level applicable to pregnant women covered under Medicaid or CHIP, and to individuals eligible under the standards and processes of existing section 1115 waivers that provide family planning services and supplies. Benefits would be limited to family planning services and supplies, including related medical diagnostic and treatment services.

The March of Dimes supports this provision because it give more women access to the family planning services that are integral to promoting healthy birth spacing. Birth spacing refers to the time from one child’s birth to the next pregnancy, also known as the interpregnancy interval. Interpregnancy intervals of fewer than 18 months increase the risk of preterm birth and other adverse outcomes. Risks increase as birth interval decreases, with birth spacing of less than 6 months having the highest risk. The March of Dimes promotes birth spacing interventions that are supported by scientific evidence, and urges
ever woman consult with her health care provider to select an approach to family planning and birth spacing that is consistent with her needs and beliefs.

**Coverage of comprehensive tobacco cessation services for pregnant women in Medicaid. (ACA §4107)**

This provision required that Medicaid programs cover counseling and drug therapy for the purpose of smoking cessation for pregnant women. Cost sharing is prohibited. The March of Dimes ardently supports this provision because smoking during pregnancy has been linked to low birthweight, preterm birth, and a host of other adverse birth outcomes. For example, if smoking during pregnancy were eliminated, it is estimated that infant deaths would be reduced by 5% and the incidence of singleton low birthweight would drop by 10.4%. Every effort should be made to support pregnant women in their efforts to halt tobacco use.

**Elimination of exclusion of coverage of certain drugs. (ACA §2502)**

This provision removed tobacco cessation drugs from Medicaid’s excludable drugs list. The March of Dimes strongly supports this provision because smoking during pregnancy has been linked to low birthweight, preterm birth, and other adverse birth outcomes. If smoking during pregnancy were eliminated, it is estimated that infant deaths would be reduced by 5% and the incidence of singleton low birthweight would drop by 10.4%.

**Reasonable break time for nursing mothers. (ACA §4207)**

This section requires that employers with fifty or more employees provide reasonable break time and a private place other than a restroom for an employee to express breast milk for her child for at least one year after the child’s birth. Given the well-documented benefits of breastfeeding on both maternal and infant health, the March of Dimes strongly supports efforts to enable every mother to breastfeed her child for the full duration recommended by the American Academy of Pediatrics and other experts.

**Support, education, and research for postpartum depression. (ACA §2952)**

This section created a grant program to provide support to women who have or are at risk of suffering from postpartum depression and increased research on postpartum depression. The March of Dimes supports this provision because postpartum depression is estimated to affect 1 in 7 new mothers. Postpartum depression can interrupt bonding between mother and infant, leading to adverse outcomes for both. Ninety percent of mothers with postpartum depression can be successfully treated, but successful treatment is often hindered by lack of attention or insufficient education for providers.

**Adult health quality measures. (ACA §2701)**

This section created a core set of adult health care quality measures concerning maternity care delivered to pregnant women enrolled in Medicaid and CHIP and for health care services delivered to adults enrolled in Medicaid. This core set mirrors the child core set that was created by the Children’s Health Insurance Program Reauthorization Act (P.L. 111-3). The March of Dimes supports efforts to improve the quality of maternal and child health care through the use of evidence-based quality improvement measures, tools, and programs.
National strategy to improve health care quality. *(ACA §3011)*

This section directed the Secretary of the Department of Health and Human Services to develop a national strategy to improve the delivery of health care services, patient outcomes, and population health. The resulting National Quality Strategy serves as a catalyst and compass for a nationwide focus on quality improvement efforts and approach to measuring quality. The March of Dimes supports efforts to improve the quality of maternal and child health care through the use of evidence-based quality improvement measures, tools, and programs and has been deeply involved in those efforts.

Interagency Working Group on Health Care Quality. *(ACA §3012)*

This section convened an Interagency Working Group on Health Care Quality, comprised of federal agencies, to develop health care goals and initiatives that are consistent with national priorities, eliminate duplicative quality improvement efforts, and assess the alignment of quality efforts. Once again, the March of Dimes supports efforts to improve the quality of maternal and child health care through the use of evidence-based quality improvement measures, tools, and programs.

Quality measure development. *(ACA §3013 and 10303)*

This provision directed the Agency for Healthcare Quality and Research (AHRQ) to work with the Secretary on developing quality measures in areas where gaps exist, and to renew this effort every three years. Once again, the March of Dimes supports efforts to improve the quality of maternal and child health care through the use of evidence-based quality improvement measures, tools, and programs.

Establishment of pregnancy assistance fund. *(ACA §10212, 10213, 10214)*

This provision provides assistance to pregnant and parenting teens and women via a competitive grant program to states and tribal entities. Grantees provide expectant and parenting teens, women, fathers, and their families with a seamless network of supportive services. Grantees conduct the following types of activities:

- Support expectant and parenting student services at institutions of higher education;
- Support expectant and parenting teens, women, fathers and their families at high schools and community service centers;
- Improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and
- Increase public awareness and education services for expectant and parenting teens, women, fathers, and their families.

Teens who have babies are less likely to finish high school, more likely to rely on public assistance, more likely to struggle with personal finances, and more likely to have children who have poorer educational, behavioral, and health outcomes. The March of Dimes supports the establishment of the pregnancy assistance fund in order to better prepare pregnant teens for parenting, as well as to help support them as they pursue educational opportunities.
Establishment of Center for Medicare and Medicaid Innovation within CMS. *(ACA §3021 and 10306)*

This section created the Center for Medicare and Medication Innovation (CMMI) at the Centers for Medicare and Medicaid Services (CMS) to test payment and service delivery models in order to reduce costs and improve quality of care.

Over the past five years, CMMI has pursued a variety of projects directly impacting maternal and child health, including the Strong Start initiative to examine interventions to prevent preterm birth and other adverse birth outcomes. The March of Dimes strongly supports the continued ability of CMS to leverage the enormous reach of Medicaid – which covers almost half of all births in the U.S.\textsuperscript{5} -- to explore innovative ways to improve the delivery of maternal and child health care.

National Prevention, Health Promotion and Public Health Council. *(ACA §4001)*

This section established the National Prevention, Health Promotion, and Public Health Council at the Department of Health and Human Services to provide coordination and leadership among federal departments and agencies on prevention, wellness and health promotion practices, and public health. The Council comprises 20 federal departments, agencies and offices and is chaired by the Surgeon General. The National Prevention Council developed the National Prevention Strategy with input from the Prevention Advisory Group, stakeholders, and the public. The Council’s priorities include, but are not limited to, focusing on the opioid epidemic, Zika virus, and tobacco free living.

The March of Dimes supports the National Prevention, Health Promotion, and Public Health Council in its work to address the opioid crisis, reduce the threat of the Zika virus to pregnant women and children, and curb tobacco use rates, among other goals.

Clinical and community preventive services. *(ACA §4003)*

This section established the independent Community Preventive Services Task Force within the Centers for Disease Control and Prevention. The Task Force is an independent, unpaid panel of public health and prevention experts that generates evidence-based findings and recommendations about community preventive services, programs, and policies to improve health. Its members represent a broad range of research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention.

The March of Dimes supports the Community Preventive Services Task Force’s work on a range of issues related to public health, but draws special attention to its work on immunization programs, health equity, and tobacco use and secondhand smoke as critical to improving pregnancy and birth outcomes.

Understanding health disparities: data collection and analysis. *(ACA §4302)*

This section requires that any new federal health program, activity, or survey collect and report on data on race, ethnicity, sex, primary language, and disability status (and geographic location when possible) in order to monitor public health trends and disparities. Our nation’s diversity is one of its greatest strengths, but our differences can also lead to variations in health status. The March of Dimes is firmly
committed to improving health equity across the nation, especially in maternal and child health. Having access to comprehensive, accurate data and statistics is essential to this goal.

**Patient-Centered Outcomes Research.** *(ACA §6301)*

This provision established the Patient-Centered Outcomes Research Trust Fund to help build the national capacity and infrastructure needed to conduct patient-centered outcomes research (PCOR), and to enable PCOR findings to be integrated into clinical practice. The ultimate aim of these efforts is to allow patients, providers, and caregivers to make more informed healthcare decisions. The PCORTF chiefly funds the work of the Patient-Centered Outcomes Research Institute to advance the evidence on health outcomes through research.

Too often, new therapies come into the marketplace without any information about whether they are superior or inferior to those already available. PCOR can provide critical insights that allow patients and providers to make better-informed decisions, and to impact the rising rates of health care costs in the process. The March of Dimes supports PCORI’s engagement in a number of projects related to perinatal and reproductive health, including its studies on maternal mental health and contraception shared decision-making with health care providers.

**Special rules relating to Indians.** *(ACA §2901)*

Facilities operated by the Indian Health Service are added to the list of agencies qualifying as “Express Lane” agencies that make eligibility determinations for enrollment in CHIP and Medicaid. The March of Dimes supports expanded express lane enrollment for eligible populations that stand to benefit from streamlined enrollment. This is especially pertinent for underserved populations, such as American Indians. In 2015, 32% of Native American/Alaskan Native (non-Hispanic) women of child bearing age were covered by Medicaid, and numerous studies have documented high risk for poor birth outcomes in this population.

**Reauthorization of the Indian Health Care Improvement Act.** *(ACA §10221)*

This section permanently reauthorized the Indian Health Care Improvement Act (ICHIA), making a range of changes to systems that provide health care services to American Indians and Alaskan Natives. ICHIA sought to modernize the Indian health care system and improve health care for 1.9 million American Indians and Alaska Natives.

The March of Dimes strongly supports improved access to health care services for American Indians and Alaskan Natives. These populations often face unique challenges to maternal and child health care, including both remote locations that challenge any access to care and the inability to obtain culturally-relevant care in urban and other settings. Moreover, American Indians and Alaska Natives sometime face daunting challenges to maternal and child health. ICHIA was a historic step forward in recognizing the unique character of Native American health and in providing appropriate resources to improve it.
Health care workforce loan repayment programs. (ACA §5203)

This section establishes a loan repayment program for pediatric subspecialists and providers of mental and behavioral health services to children and adolescents who are or will be working in a Health Professional Shortage Area, Medically Underserved Area, or with a Medically Underserved Population.

The March of Dimes works to prevent adverse birth outcomes, but many families continue to suffer the adverse effects of preterm birth, birth defects, and other complications of pregnancy. A robust workforce of pediatric specialists to care for children with complex medical conditions is essential to ensuring that these children have adequate access to the services they need.

Medicaid coverage of free-standing birth centers. (ACA §2301)

This provision allows state Medicaid programs to cover prenatal care, labor and delivery, and postpartum care services provided at licensed free-standing birth centers. Most states have implemented elements of this provision. The March of Dimes supports this provision because it provides additional options for care for pregnant women and new mothers.

Improved access for certified nurse-midwife services. (ACA §3114)

This section increased the reimbursement rate for nurse midwife services from 65 to 100 percent of the Medicare payment amount for the same service provided by a physician. While Medicare covers relatively few pregnant women each year, this provision sets a vital precedent for Medicaid programs to consider setting payment levels for these providers and expanding access to certified nurse-midwives in Medicaid programs. Given that the Medicaid and CHIP programs cover nearly half of all birth in the United States, access to quality, affordable services for pregnant women is a key concern.

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6 Census Bureau, American Community Survey, 2015.