



The IMPACT to Save Moms Act

Senator Lisa Blunt Rochester (D-DE)

Background

The United States has the highest maternal mortality rate among peer nations, with racial and ethnic disparities making the crisis particularly acute for women of color.¹ But, it does not have to be this way: more than 80 percent of pregnancy-related deaths in the U.S. are preventable.² Maternity care payment models can significantly impact health outcomes for mothers and their children. CMS has long recognized this connection, piloting programs like the Strong Start for Mothers and Newborns Initiative (2012) and the Maternal Opioid Misuse (MOM) Model (2018).

Momnibus Act

The IMPACT to Save Moms Act is one of 14 individual bills in the Momnibus Act, which seeks to improve the maternal health crisis through historic investments to comprehensively address every driver of maternal mortality, morbidity, and disparities in the United States.

Bill Summary

The *Innovative Maternal Payment and Coverage (IMPACT) to Save Moms Act* would direct the Secretary of Health and Human Services to establish a 5-year Perinatal Care Alternative Payment Model Demonstration Project, giving states the ability to test new payment approaches for maternity care under their Medicaid and CHIP programs.

Key features of the demonstration project include:

- **Risk-stratified payments**: Adjusts payment levels based on pregnancy risk level, helping ensure high-risk patients are directed to the appropriate level of care.
- **Evidence-based quality metrics**: Ties payments to measurable health outcomes rather than volume of services.
- **Social determinants of health**: Explicitly incorporates non-clinical factors such as housing, nutrition, and access to transportation into the payment model.
- **Diverse care teams**: Supports interdisciplinary teams that include maternity care providers, mental and behavioral health professionals, registered dietitians, and perinatal health workers — with an emphasis on providers from racially and ethnically diverse backgrounds and those trained on implicit bias and racism.
- **Maternal mental health and substance use**: Requires models to consider maternal mental health conditions and substance use disorders.
- **Evaluation and reporting**: Requires HHS to evaluate the project's impact on maternal health outcomes, state spending, and patient experience.

For questions or to cosponsor, please contact Amber Ray in Sen. Blunt Rochester's office, amber_ray@bluntrochester.senate.gov.

¹ <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>

² <https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html>