

Congress of the United States

Washington, DC 20510

July 12, 2018

Steve Nelson
Chief Executive Officer
United Healthcare
1333 N Street NW
Washington, DC 20005

Dear Mr. Nelson:

The United States is one of only 13 developed countries in the world where the rate of maternal mortality—the death of a woman related to pregnancy or childbirth either during pregnancy or up to a year after the end of the pregnancy—is worse today than it was 25 years ago. Each year, an estimated 700 to 900 women nationwide now die as a result of pregnancy or childbirth, with black women being three to four times more likely than white women to die from pregnancy-related causes. Further, black infants in America are now more than twice as likely to die as white infants. This is both a public health and moral crisis that deserves our full and immediate attention.

We write today to request information from United Healthcare regarding what pregnancy and postpartum health care services are covered by your insurance plans and to better understand what steps you are taking to reduce racial disparities and improve maternal and infant health outcomes. Further, we would encourage United Healthcare to commit to covering the full range of health care services needed to ensure successful maternal and infant health outcomes for all enrollees.

A recent report from nine maternal mortality review committees, entitled “Building U.S. Capacity to Review and Prevent Maternal Deaths,” found that nearly 50 percent of all pregnancy-related deaths were caused by hemorrhage, cardiovascular and coronary conditions, cardiomyopathy, or infection. Further, the report found that the leading causes of death varied by race—with preeclampsia, eclampsia, and embolism the leading underlying causes of death among black women, and mental health conditions among the leading underlying causes of death among white women. Perhaps most shocking of all, the report estimated that more than 60 percent of pregnancy-related deaths were preventable.

If 60 percent of pregnancy-related deaths in the U.S. are preventable, why are they not being prevented? The most common factors identified as contributing to these deaths were patient/family factors (e.g., lack of knowledge on warning signs and delay in seeking care); provider factors (e.g., misdiagnosis, implicit bias, and ineffective treatments); and systems of care factors (e.g., lack of coordination between providers). It is imperative that we better address these factors in order to improve maternal and infant health outcomes and reduce racial disparities in outcomes. And health insurance companies must play a pivotal role in our efforts.

In order to better understand what United Healthcare is doing to ensure that all women and infants under your care are afforded the best health outcomes possible, we request answers to the following questions no later than August 9, 2018:

- 1) What steps is United Healthcare currently taking to improve maternal and infant health outcomes, as well as to reduce the stark racial disparities?
- 2) Thanks to the ACA, all non-grandfathered private health insurance plans must now cover certain “essential health benefits” vital to new mothers and babies—including maternity and newborn care and mental health and substance use disorder services. Unfortunately, the Trump Administration is currently seeking to undo this requirement. If the President is successful at gutting this ACA requirement, insurance companies will once again be allowed to deny coverage of health care services that are essential for pregnant and postpartum women, as well as their children. Prior to the essential health benefit requirement in federal law, did your insurance plans cover the full range of health care services needed to ensure successful maternal and infant health outcomes in each state?
- 3) Last month, American College of Obstetricians and Gynecologists (ACOG) released a series of recommendations to improve the health of women and infants nationwide. Similarly, the Building U.S. Capacity to Review and Prevent Maternal Deaths Report included recommendations for improving policies and practices based on the findings of the nine Maternal Mortality Review Committees that contributed to the report. The Black Mamas Matter Alliance and the Center for Reproductive Rights also recently published a toolkit to promote safe and respectful maternal health care in response to the high maternal death rate of black women in this country. What clinical guidelines does United Healthcare use to determine which benefits will be covered? What clinical guidelines, evidentiary standards, and policies does United Healthcare use to guide individual coverage determinations, prior authorization policies, first-fail or step therapy protocols, and other medical management strategies?
- 4) Most maternal deaths in the United States occur during the postpartum period, and more than 66 percent of these deaths are preventable. The report, “Building U.S. Capacity to Review and Prevent Maternal Deaths,” found that factors related to patients and families, providers, and systems of care all contribute to preventable deaths. How is United Healthcare working to better coordinate care for pregnant and postpartum women and better educate women and their partners about warning signs associated with pregnancy-related complications?
- 5) There have been promising signs that doulas, community health workers, home visitation programs, peer counselor programs, and group prenatal care programs can improve obstetric outcomes for women and provide cost savings to our health care system. Do United Healthcare plans cover doulas and other peer support services and/or coordinate care between paraprofessionals? If not, do you plan to implement a pilot or model program to develop additional evidence around doulas? Do you have

recommendations for how we can successfully expand access to these services for more women?

- 6) Pregnant and postpartum women of color are too often ignored, not treated fairly, or not taken seriously when they seek medical treatment. This is often due to implicit bias when providers are treating women of color. What steps has United Healthcare taken, or do you plan to take, in order to better educate and train providers in your networks about implicit bias and stigma in medical care and racial disparities in health outcomes?
- 7) It is clear that reducing barriers to effective contraception can reduce unintended pregnancies, improve pregnancy spacing, and reduce adverse maternal and neonatal birth outcomes. Insurance coverage for the full-range of contraceptive methods approved by the Food and Drug Administration (FDA) allows more women to choose the method that works best for them, which can include highly-effective, long term methods such as Long Acting Reversible Contraception (LARC). Additionally, ACOG recommends Immediate Postpartum LARC should be offered to pregnant women as an effective option for postpartum contraception provided during the delivery admission. A key barrier to Immediate Postpartum LARC access remains inconsistent reimbursement across all public and private insurers. What steps has United Healthcare taken, or do you plan to take, to reduce barriers and improve access to effective contraception for all women? Do you commit to continuing to cover contraception for all insured women without cost sharing? Do you commit to coverage of Immediate Postpartum LARC during the delivery admission, unbundled from the delivery bundle of care?
- 8) What steps can Congress take to better assist health insurance companies in improving maternal and infant health outcomes and reducing racial disparities?

The United States is one of the very few developed countries where deaths related to pregnancy or childbirth are increasing—and there is a greater racial gap in infant mortality rates today than there was during slavery in America. This is simultaneously unacceptable and heart-breaking. More must be done to help women and infants—especially black mothers and babies—and we look forward to hearing what United Healthcare plans to do to assist in these efforts.

Sincerely,



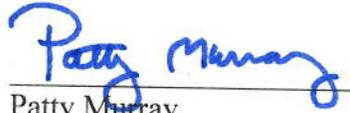
Richard J. Durbin
United States Senator



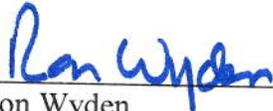
Tammy Duckworth
United States Senator



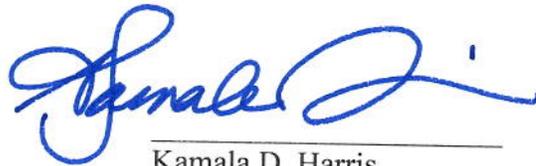
Sherrod Brown
United States Senator



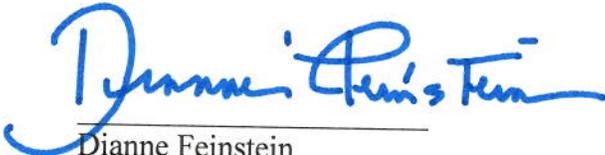
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United States Senator



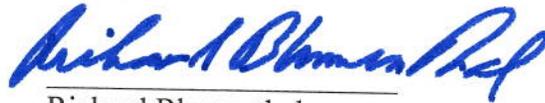
Ron Wyden
United States Senator



Kamala D. Harris
United States Senator



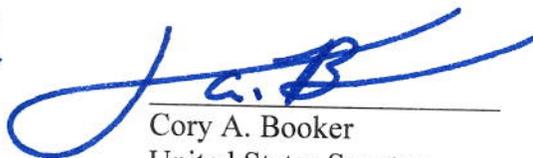
Dianne Feinstein
United States Senator



Richard Blumenthal
United States Senator



Kirsten Gillibrand
United States Senator



Cory A. Booker
United States Senator



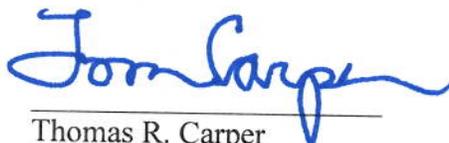
Amy Klobuchar
United States Senator



Bill Nelson
United States Senator



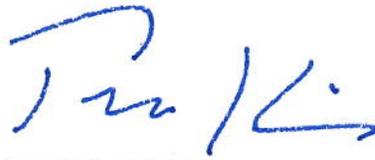
Margaret Wood Hassan
United States Senator



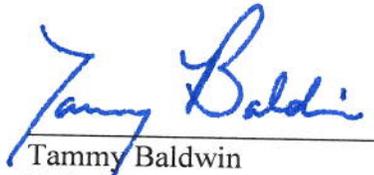
Thomas R. Carper
United States Senator



Mazie K. Hirono
United States Senator



Tim Kaine
United States Senator



Tammy Baldwin
United States Senator



Benjamin L. Cardin
United States Senator



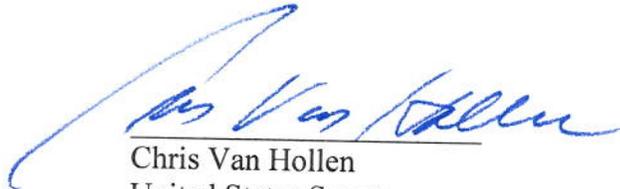
Doug Jones
United States Senator



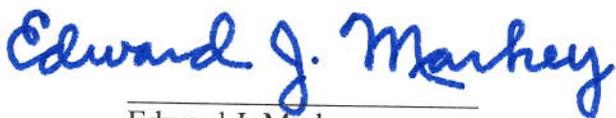
Tina Smith
United States Senator



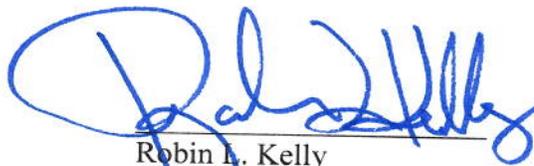
Bernard Sanders
United States Senator



Chris Van Hollen
United States Senator



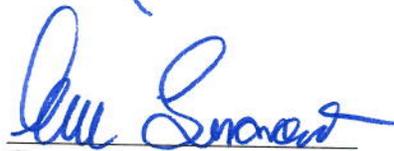
Edward J. Markey
United States Senator



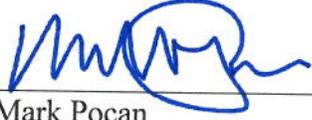
Robin L. Kelly
United States Representative



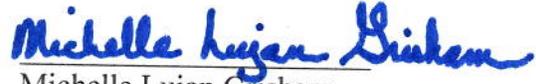
Donald M. Payne, Jr.
United States Representative



Gwen Moore
United States Representative



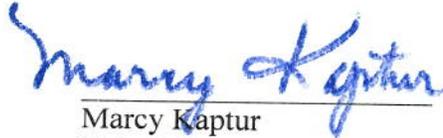
Mark Pocan
United States Representative



Michelle Lujan Grisham
United States Representative



Earl Blumenauer
United States Representative



Marcy Kaptur
United States Representative



Tim Ryan
United States Representative



Terri A. Sewell
United States Representative



Mike Quigley
United States Representative



Steve Cohen
United States Representative