

HHS Equity Action Plan

EXECUTIVE SUMMARY

Mission

The mission of HHS is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

Summary of Action Plan

Executive Order 13985 calls on agencies to advance equity through identifying and addressing barriers to equal opportunity that underserved communities may face due to government policies and programs. This Equity Action Plan focuses on a main tenet of EO 13985, that advancing equity must be a central component of the decision-making framework that all agency functions are routed through. Using the definition of equity presented in EO 13985,¹ this plan takes the perspective that it is incumbent on HHS to move urgently to assess and change policies, programs and processes that the Department administers to concretely advance equity and that for these efforts to last, HHS must simultaneously shift the culture, resources, and approaches available to HHS staff to institutionalize and sustain a focus on equity over time. This Equity Action Plan does not describe comprehensively how all HHS components are working to advance equity, but instead highlights a few examples across the Department.

The Equity Action Plan was developed with cross-cutting department conversations and is designed to take concrete action to transform how HHS does business in ways that promote and advance equity through building on work that is already underway

1. Section 2(a) of EO 13985 provides that, “The term ‘equity’ means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.” Further, section 2(b) provides that, “the term ‘underserved communities’ refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of ‘equity.’”



and implementing new actions. The plan describes actions that can be taken now with current resources and ways the Department can work to further advance equity in the future through strategies such as building data capacity, expanding stakeholder engagement, increasing our understanding of root causes of inequities and ongoing evaluation of our efforts. This plan is also written with an acknowledgement that all HHS equity-related efforts are not captured here, and the select inclusion of strategies is designed to be both a starting point and illustrative of the deep and wide actions to advance equity. Additionally, future investments, such as those which may require new technology for example, are subject to the availability of funding.

Based on guidance from the Office of Management and Budget (OMB) and building on the Department's previous work, the strategies included here were selected as illustrative examples of HHS's wide actions to advance equity and focus on the areas of civil rights and language access, acquisitions, grants, capacity building, and maternal mortality.

- Focusing on **civil rights** protections and laws will help address barriers to health care and human services, such as those individuals with limited English proficiency face in obtaining information, services and/or benefits from HHS federally conducted and federally assisted programs.
- Working to address **acquisitions** will focus on increasing opportunity to HHS contracting for small disadvantaged businesses and Historically Underutilized Business Zone Small Businesses.
- Using our **grants** will support incorporating equity considerations into Notice of Funding Opportunities.
- Concentrating on **capacity building** helps incorporate equity into HHS policy and program actions, including by conducting equity assessments and disparity impact strategies.
- Prioritizing **maternal mortality** action addresses the increased pregnancy and postpartum morbidity and mortality among Black and American Indian/Alaska Native (AI/AN) pregnant and childbearing people by focusing on working with states to extend health insurance coverage in Medicaid and the Children's Health Insurance Program for all enrollees who give birth and developing innovative ways to improve postpartum care.

While there are many additional efforts HHS is undertaking to focus on equity, this Equity Action Plan focuses on these five areas as an example of HHS's commitment to advance equity in all aspects of our work.



SUMMARY OF EARLY ACCOMPLISHMENTS

Since the release of EO 13985 on January 20, 2021, HHS has focused on taking steps to continually advance equity, which is a top priority for President Biden and HHS Secretary Becerra. First, as required by EO 13985, four HHS offices have conducted pilot equity assessments examining equity in their respective programs and policies, which covered administered grants, contracting, postpartum care, and Benefit Enrollment Centers connecting Medicare beneficiaries with limited incomes to needed benefits. These efforts were used as an opportunity to test what equity assessment methods and approaches are viable across HHS and identify what is necessary to institutionalize robust equity assessments into our policy, program, and process decision-making.

HHS is incorporating equity into all facets of its work across the Department. As part of this work, HHS is working to increase engagement with individuals who are directly affected by HHS policy and programs. For example, as directed by EO 13995, HHS established the COVID-19 Health Equity Task Force, which included 12 non-federal members representing a diversity of expertise and lived experience. HHS is also examining ways to address inequities through steps such as guiding implementation of procurement contracts for American Indian/Alaska Native-owned and controlled businesses, and streamlining Medicaid and CHIP enrollment and renewal processes. In addition, through its Office for Civil Rights (OCR), the Department is engaged in efforts to clarify and enforce nondiscrimination provisions across the Department. For example, in May 2021, OCR issued a [Notification of Interpretation and Enforcement](#) of Section 1557 of the Affordable Care Act and Title IX of the Education Amendments of 1972, establishing that it would enforce the prohibition against sex discrimination to include sexual orientation and gender identity consistent with the recent Supreme Court decision in *Bostock v. Clayton County*. During FY 2021, OCR led HHS implementation of [Executive Order 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation](#), by coordinating and engaging with all of HHS's operating divisions and agencies to highlight and note those actions to be revised, suspended, or rescinded to be consistent with the order.

HHS is also engaged in many other initiatives related to incorporating equity into policy action, including:

1. Office of Climate Change and Health Equity: On August 30, 2021, under the direction of President Biden and the Assistant Secretary for Health, the Office of Climate Change and Health Equity (OCCHE) was established within HHS.



OCCHE addresses the impact of climate change on the health of the American people and serves as a department-wide hub for climate change and health policy, programming, and analysis, in pursuit of environmental justice and equitable health outcomes.

2. **Equity Impact Assessments in the Legislative Process:** For the first time this year, equity impact assessments were incorporated into HHS's A-19 process, in which the Department develops legislative proposals for consideration to include in the President's Budget. HHS offices were given tools to help them complete the equity impact sections of the A-19 templates and identify the potential equity impacts of proposals. Lessons from the process in 2021 are being used to enhance and refine these efforts in future years.
3. **National Institutes of Health (NIH) **UNITE**:** NIH established the UNITE initiative to identify and address structural racism within the NIH-supported and the greater scientific community. With representation from across the NIH Institutes and Centers, UNITE aims to establish an equitable and civil culture within the biomedical research enterprise and reduce barriers to racial equity in the biomedical research workforce. To reach this goal, UNITE is facilitating research to identify opportunities, make recommendations, and develop and implement strategies to increase inclusivity and diversity in science. These efforts will bolster the NIH's effort to continue to strive for diversity within the scientific workforce and racial equity on the NIH campus and within the extramural community.
4. **Centers for Medicare & Medicaid Services (CMS) Health Equity Inventory:** CMS Office of Minority Health (OMH) launched a Health Equity Inventory to provide an environmental scan of its overall current health equity portfolio, including identifying ongoing activities in health equity performed across the agency, health equity staff leads, resources, areas of potential collaborations, challenges, and opportunities.
5. **Minority Health Social Vulnerability Index (SVI):** In 2021, the Centers for Disease Control and Prevention and HHS Office of Minority Health partnered to develop the Minority Health SVI, which enhances existing resources to support the identification of racial and ethnic communities at the greatest risk for disproportionate impact and adverse outcomes due to the COVID-19 pandemic.



EQUITY ACTION PLAN

1. Nondiscrimination in HHS: Civil Rights Protections and Language Access

Barrier to Equitable Outcomes: Under Secretary Becerra’s leadership, HHS has prioritized restoring efforts to provide language access services appropriate to their respective programs. For example, for the first time HHS provided the “Medicare & You” handbook in other languages and increased language access efforts on health-care.gov. Still, language access is a moving target that requires continued attention and adjustments to strategy and methods. As part of this work, HHS will work to restore and strengthen its cross-department Language Access Plan. For example, some components produce substantial amounts of translated material while others rely primarily on telephonic interpretation, but all components struggle with providing support in less frequently spoken languages and adding material in additional languages as the need arises. Further, while the need for providing language access services to individuals with LEP is clear, meeting those needs is difficult. For example, while some HHS websites contain content and taglines in multiple languages, LEP visitors to our sites still have difficulty navigating webpages and/or obtaining language access services to communicate with HHS. In many cases visitors are unaware that language access services are available. HHS also has limited ability currently to assess outcomes in real time, therefore agency language access plans include an element specifically focused on assessing the accessibility and quality of its language access efforts to improve agency capacity to serve individuals with LEP.

Action and Intended Impact on Barrier: For the purposes of this Equity Action Plan, HHS will focus on addressing barriers that individuals with LEP face in obtaining information, services and/or benefits from HHS federally conducted programs (e.g., the 1-800-MEDICARE number where the services are provided directly by CMS) and federally assisted programs (e.g., Medicaid, where CMS funding allows a beneficiary to receive health care services from a private provider). HHS will address the following items:

- Access to in-language content through webpages, listserv announcements, and public outreach material;
- Telephonic interpreter services;
- Program and benefit information in other languages; and
- Federal funding for recipients of HHS funds to provide language access services.

Title VI requires recipients of HHS federal financial assistance to take reasonable



steps to provide meaningful access to their programs by individuals with LEP. In its federally conducted programs, HHS aims to model the same level of language access as that required of those who receive HHS funds. Although Title VI does not apply to programs conducted by federal agencies, under current regulations implementing Section 1557 of the Affordable Care Act (ACA), programs conducted by the Department under Title I of ACA must take reasonable steps to provide meaningful access to their programs by individuals with LEP. The scope of this requirement may change in future Section 1557 rulemaking.

Tracking Progress:

Medium-term indicators (2-4 years):

- Establish how funding for language access services can be distributed in compliance with federal law;
- Establish HHS-wide procedures for providing telephonic interpreter services;
- Establish website accessibility guidance for HHS Staff Divisions (STAFFDIVS) and Operating Divisions (OPDIVS). STAFFDIVS in the Office of the Secretary will provide leadership, direction, and policy and management guidance to the Department. OPDIVS are agencies that provide funding through grant awards, loans, health insurance, and services in support of public health and human service initiatives. In HHS there are 16 STAFFDIVS and 11 OPDIVS;
- Establish an action plan for pushing out in-language program and benefit information; and
- Establish goals for funding language access services internally and externally.

Long-term indicators (5-8 years):

- Every OPDIV and STAFFDIV will have Help Lines supported by telephonic interpreters;
- More LEP callers to HHS Help Lines will receive meaningful access to successfully reach and obtain services from the desired program offices;
- Every OPDIV and STAFFDIV will post in-language webpages;
- Each year OPDIVS and STAFFDIVS will add webpages in frequently encountered languages;
- Every OPDIV and STAFFDIV website will link to in-language program information;
- More LEP visitors to HHS websites will find material in their language and information on how to obtain language access services from the program agency;
- HHS grant programs will aim to provide funding to help recipients of Federal



financial assistance provide language access services, at a minimum where legally required; and

- LEP visitors to programs conducted or funded by HHS will receive language access services at no cost, at a minimum where legally required.

Accountability: Full implementation of the HHS Language Access Plan will result in a Department-wide culture change that prioritizes equity in the delivery of HHS conducted and funded programs, which will ultimately contribute to improved health outcomes and reduced health disparities for underserved communities identified in EO 13985. To ensure HHS makes progress, the OCR Director will oversee these efforts and will annually report to the Secretary. The OCR Director will:

- Designate an office or official responsible for developing and maintaining an accurate record of a program that regularly assesses and takes necessary steps to improve and ensure the quality and accuracy of language access services provided to individuals with LEP.
- Track implementation methods for measuring improvements in language access in individual programs and take steps to ensure that such information is collected in a manner that increases comparability, accuracy, and consistency across programs. Agencies can determine whether it is appropriate for this element to be implemented by the same office or official responsible for implementing another element.
- Take steps to address problems identified in OCR investigations of LEP complaints filed against HHS.
- Identify best practices for continuous quality improvement regarding agency language access services. Share such practices with the Steering Committee, which may offer them as guidance to HHS components, grantees, contractors, and recipients as appropriate.
- Identify and disseminate data to the Steering Committee to help other HHS components facilitate organization-wide learning and coordination, collaboration on high impact outreach, or developing cross-cutting audience-appropriate messaging to mutual customer communities.

2. Acquisitions

Barrier to Equitable Outcomes: Assessments conducted by HHS on whether underserved communities and their members face systematic barriers in applying for contract opportunities revealed several areas where small disadvantaged businesses, as defined by the Small Business Act (SBA) and its implementing regulations, face barriers to applying for HHS procurement opportunities. These barriers include:



- Agency acquisition planning leaves short timelines to build proposed solutions and create teaming arrangements to be competitive for contracting opportunities with the smaller teams and budgets that these businesses have
- Lack of transparency on available contracting opportunities and agency requirements creating barriers when these businesses do not have as much experience working with agencies
- Lack of access to agency program officials to market company capabilities
- Businesses lack adequate access to capital to build business development capabilities

Action and Intended Impact on Barrier: Based on the barriers identified in the assessment, HHS has identified two (2) discrete and impactful actions that will begin to reduce equity barriers and increase opportunities for small disadvantaged businesses to apply for contracts within HHS procurement programs.

HHS will focus its efforts on:

1. Assessing barriers for small disadvantaged businesses in applying for HHS contract opportunities and providing training and outreach to address these barriers. This can help small disadvantaged businesses learn more about agency requirements, agency points of contact, and available resources to advance their capabilities.
2. Instituting an HHS centralized procurement forecasting system that will streamline access to forecasted opportunities. HHS Small Business Specialists will ensure these opportunities are posted and available for public review prior to conducting the small business review required for actions over the Simplified Acquisition Threshold (SAT). This will help to ensure that small disadvantaged businesses are informed about contracting opportunities early on to ensure they have the most time possible to develop proposals. It will also minimize the burden of identifying available HHS contracting opportunities.

Tracking Progress:

Medium-term indicators:

- For action 1:
 - Conducting small business reviews for all actions that will be issued against multiple award contracts including Government-Wide Acquisition Contracts (GWACs) and agency specific Indefinite Delivery Indefinite Quantity contracts. By reviewing these actions, HHS Small Business Specialists will be able to identify significant opportunities to address additional barriers faced by



small disadvantaged businesses. To measure the effectiveness of this action, HHS will review the awards made against multiple award contracts or GWACs at least quarterly, sharing this information with the HHS Head of Contracting Activities (HCAs) so they are aware of the progress of their organization.

- Increase outreach to underserved areas across the US and increase use of market research tools to identify pools of small disadvantaged businesses capable of performing targeted HHS SAT opportunities.
 - HHS will develop training initiatives for the acquisition workforce on utilizing small businesses and market research analysis.
 - No later than 04/01/2022, HHS will also conduct targeted Program Management Reviews on small business opportunities and small business contract awards, which is inclusive of small disadvantaged businesses.
 - No later than 04/01/2022, the Office of Small and Disadvantaged Business Utilization (OSDBU) will conduct targeted training for HHS Small Business Specialists and Contracting Officers on the utilization of small businesses.
- For action 2:
 - To help address this barrier for small disadvantage businesses, effective 05/01/2022, HHS will require all forecasted opportunities to integrate with the centralized HHS-wide Small Business Customer Experience (SBCX) forecasting system so the small business industrial base has a single point of entry for upcoming procurements.
 - In accordance with Section 501 of Public Law 100-656, HHS will modify its internal policies no later than 05/01/2022 and require that the forecast opportunities be posted in SBCX as soon as the need is identified and no later than August timeframe for the next fiscal year's opportunities with updates. As appropriate, HHS will require updates on entries to be made no later than March 30th to ensure the most up-to-date information about upcoming procurement opportunities is made available to small business concerns on a regular and recurring basis. Further, this policy will require completed posting of opportunities prior to the required Small Business Specialist review.
 - To monitor compliance and track progress, the OSDBU will compare information available on the SBCX forecast with information provided during the Small Business Specialist reviews of individual procurements to ensure information has been posted to SBCX in a timely manner. In addition, the HHS Office of Acquisitions will include compliance with this requirement as a part of their regularly scheduled Procurement Management Reviews.



Long-term indicators:

- For actions 1 and 2:
 - Reduced barriers to contracting and subcontracting opportunities for small disadvantaged businesses and small businesses located in HUBZones.

Accountability: ASFR’s Associate Deputy Assistant Secretary for Acquisitions, the Director of the Office of Small and Disadvantaged Business Utilization oversee these efforts and report progress on indicators to the HHS Secretary.

For all actions, HHS will create executive communication mediums by 10/01/2022 that track progress based on regular SAM.gov data pulls and other related activities such as Small Business Specialist reviews and queries against SBCX.

3. Grants

Barrier to Equitable Outcomes: HHS made \$620 billion in financial assistance awards in FY20. When examining grant processes, there is an apparent lack of diversity in applicants as well as successful awardees, with the same entities frequently receiving awards. Based on analysis of past general concerns raised by external entities, there are several suspected root causes for the lack of diversity. These include overly burdensome provisions in the Notices of Funding Opportunity (NOFOs), difficult to understand NOFOs, and a lack of technical assistance for the overall application process. When conducting their equity assessment, the Office of the Assistant Secretary for Financial Resources (ASFR) found tribal communities often have difficulty meeting the service population requirements, match requirements, and/or are under-resourced to apply and successfully compete for grant awards. It is suspected that many other underserved communities, as defined by EO 13985, also experience similar barriers to accessing grant funds. Some suggestions from tribal consultations to improve the grantmaking process that may be helpful to improve opportunity include:

- Decreasing reporting burdens associated with funding, such as through streamlining reporting systems that may be associated with multiple grants.
- Assisting interested applicants in applying and taking advantage of funding opportunities through technical assistance, outreach, and education to ensure all communities are aware of funding opportunities and prepared to apply for them.
- Increasing grant offices’ and grant reviewers’ understanding of tribal and underserved communities, their needs, and cultures, to help ensure that lack of familiarity with organizations or entities does not itself unfairly disadvantage applicants.



- Providing training on the different ways to meet the non-federal match requirements when they cannot be eliminated. For example, donating space to administer a program.

HHS is investigating strategies for addressing these barriers. As part of its Fiscal Year 2022 annual NOFO guidance for HHS awarding agencies, ASFR issued guidance on how to incorporate equity considerations into NOFOs. This internal HHS guidance is intended to begin to address inequities in HHS grantmaking processes that may serve as barriers to equal opportunity. For example, it includes guidance on the potential use of data driven disparity impact statements to address how grantee projects will reach its intended populations, including underserved communities as defined in E.O. 13985. The guidance urges agencies to consider their strategy for providing technical assistance to potential applicants under each NOFO to ensure that the assistance equitably reaches eligible organizations and communities. ASFR is also in the process of developing a NOFO writing training for HHS agencies to improve NOFO quality overall and address equity considerations.

Action and Intended Impact on Barrier: HHS grant-making divisions will incorporate ASFR's 2022 guidance into their NOFOs, which includes considerations for increasing opportunity for successful applicants from communities defined in EO 13985. The information included in the NOFO guidance and subsequent technical assistance is informed by the equity assessment conducted by ASFR's Office of Grants. ASFR is conducting data collection and analysis via historical reviews of HHS NOFOs, external and internal stakeholder outreach, and a review of data from the various grants systems. This data will establish a baseline for the improvement of major issues impacting equitable opportunity in the grantmaking process, including the NOFO process, in order to develop comprehensive policies. ASFR is determining whether we have historical data available to analyze unsuccessful applications and whether we can determine patterns in the reasons for lack of success. Short record retention schedules for unsuccessful applications may hamper this analysis.

Tracking Progress:

- Short-term indicators: Sampled HHS NOFOs include language that reflects ASFR's 2022 guidance.
- Medium-term indicators: HHS will develop an analysis of the historical NOFO review to provide guidance to HHS on where to pinpoint immediate changes to NOFO development across HHS. HHS will also complete analysis of data from grant systems including unsuccessful applications and conduct outreach to both external and internal stakeholders to further inform policy changes. The



data developed from these Medium-term activities will provide a baseline by which HHS can measure improvements in the diversity in both applicants and awardees among many equity indicators.

- Long-term indicators: HHS receives increased grant and cooperative agreement applications proposing to serve underserved communities as defined in EO 13985.

Accountability: ASFR's Deputy Assistant Secretary for Grants will oversee these efforts and the ASFR will report progress on indicators to the HHS Secretary.

4. Capacity Building

Barrier to Equitable Outcomes: HHS currently lacks the data and equity assessment capacity to consistently identify and address inequities in health and human services. Equity assessments are data informed assessments of inequities and disparities in HHS programs, including entitlement programs such as Medicare and Medicaid, and such assessments highlight opportunities for HHS to address them. For example, an equity assessment may focus on assessing equitable access to Medicare benefits for eligible populations and developing strategies for addressing identified barriers. Many components of HHS have not yet conducted an equity assessment to identify inequities in their programs and work towards addressing them. Further, HHS has found that components need practical tools and guides to help them get started and deploy robust approaches to identifying and addressing barriers to opportunities, access, quality, care and outcomes. This work can be time and resource-intensive and offices conducting equity assessments frequently cited the need to bring on additional staff and contractor capacity to be able to conduct equity assessments and begin to address inequities found through the assessment. To address these challenges and ensure that all of HHS has the information necessary to address inequities in their work, HHS will be focusing on resourcing and implementing equity assessments across the Department's major policies and programs.

Action and Intended Impact on Barrier: At least one equity assessment will be conducted by each OPDIV.

Tracking Progress:

Medium-term indicators:

- Development of resources to assist offices in conducting equity assessments and address the findings through the establishment of an Equity Technical Assistance Center.



- Number of HHS OPDIVs implementing an equity assessment.
- Actions taken to remove or address barriers to equity and opportunity identified in equity assessments conducted by OPDIVs.

Long-term indicators:

- Number of HHS OPDIVs tracking progress on outcomes that they are seeking to improve to address findings of an equity assessment.
- Decreases in documented inequities found under initial equity assessments.

Accountability: The Assistant Secretary for Planning and Evaluation (ASPE) will oversee these efforts and report progress on indicators to the HHS Secretary, and included in publicly available reports, as appropriate.

5. Maternal Mortality

Barrier to Equitable Outcomes: Medicaid covers 42 percent of all births overall with two-thirds of births to Black or African American and AI/AN women. Pregnancy related deaths are two to three times more common among Black or African American and AI/AN women than among White women.² Research has shown Black and Hispanic people have lower rates of postpartum follow-up care, as do those with low levels of education and/or coexisting morbidities such as mental health conditions. When examining postpartum depression, approximately 13 percent of postpartum women experience depression, with higher self-reported rates among women of color (Black: 18.2%, White: 11.4%, Hispanic: 12.0%, American Indian or Alaskan Native: 22.0%, Other: 16.3%) and low-income women, and rates that vary from state to state. Black women were found to have among the lowest postpartum diabetes screening rates (Black: 33%, White: 35%, Hispanic: 45%, Asian: 50%) despite having the highest risk for progression to chronic diabetes.³ More than one-half of pregnancy-related mortality occurs in the 12-month postpartum period and about one-third occurs between 7 and 365 days post-delivery. Postpartum care is a critical opportunity to address and provide follow up for conditions associated with morbidity and mortality in the postpartum period.⁴ There are many barriers for Black or African American and AI/AN people in

2. <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>; <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#race-ethnicity>

3. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf>

4. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf>



accessing and receiving high quality postpartum care. With respect to insurance coverage, Medicaid provides pregnancy-related coverage for eligible beneficiaries for 60 days postpartum. At the end of the 60 days, many beneficiaries are left without insurance, especially in states that have not expanded Medicaid eligibility to low-income adults. The loss of insurance comes at a critical time with almost 12% of postpartum deaths occurring between 43-365 days postpartum.⁵ Other barriers include transportation, child care, and lack of paid leave.⁶ Extending coverage would allow all eligible beneficiaries, including but not limited to underserved communities identified in EO 13985, coverage to get the follow up care they need.

Action and Intended Impact on Barrier: HHS is responding to this challenge by focusing on working with states to extend postpartum coverage in Medicaid and the Children’s Health Insurance Program (CHIP), and on identifying innovative ways to improve postpartum care for Black or African American and American Indian/ Alaska Native (AI/AN) people enrolled in Medicaid or CHIP. This coverage would be comprehensive, and would include, follow-up care for diabetes, postpartum depression and/or postpartum anxiety, hypertension and substance use disorders (SUD).

CMS is working with states adopting the state plan option provided by the American Rescue Plan Act, which provides continuous extended postpartum coverage in Medicaid and CHIP. This option will allow states to improve access to coverage by providing individuals who are enrolled in Medicaid and CHIP while pregnant with 12 months of postpartum coverage, instead of the required 60-day postpartum period. Written guidance on extending Medicaid/CHIP coverage was issued in December 2021 ([State Health Official Letter #21-007](#)). CMS regularly engages states regarding implementation, including through a Medicaid and CHIP Coverage Learning Collaborative meeting in December, 2021 and by providing technical assistance to individual states.

Through the [HHS Racial Equity in Postpartum Care Challenge](#) (Challenge), the Office of Women’s Health (OWH), in partnership with the Centers for Medicare & Medicaid Services (CMS), is soliciting challenge entries to serve as examples of effective programs and practices to reduce disparities and improve outcomes for postpartum Black or African American and AI/AN people enrolled in Medicaid or CHIP through emphasizing follow-up care for conditions associated with morbidity and mortality in the later postpartum period, including diabetes, postpartum depression and/or postpartum anxiety, hypertension, and substance use disorders (SUD).

5. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf>

6. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/strategies-to-improve-postpartum-care.pdf>



Tracking Progress:

Medium-term indicators:

- The Challenge consists of two phases and will finish in Spring 2023. During that time:
 - CMS and OWH will identify successful programs that can serve as models for quality improvement
 - CMS and OWH will share information about those programs with state Medicaid and CHIP agencies and their partners, through avenues like CMS' [Maternal and Infant Health Initiative Postpartum Care Learning Collaborative](#).
- CMS will track the number of technical assistance engagements provided by CMS to states to assist with implementation of the option to extend Medicaid/CHIP coverage to 12 months postpartum.

Long-term indicators:

- Higher rates of postpartum follow-up care among Black or African American and AI/AN people. (Data source: Medicaid and CHIP administrative data)
- Lower rates of postpartum morbidity and pregnancy related deaths. (Data sources: Public health surveillance data, vital records, maternal mortality review boards)
- Adoption of postpartum coverage extension by all states that want to extend this coverage while the statutory authority is available. (Data source: CMS state plan amendment approvals)

Accountability: The Challenge competition will conclude in Spring 2023. CMS will review the entries and showcase successful strategies to health administrators and providers to support the adoption of effective approaches to engaging Black or African American and AI/AN individuals in postpartum care. Information about states with approved state plan amendments to extend postpartum coverage will be available on [Medicaid.gov](https://www.Medicaid.gov).

