

Republican Leader Michael C. Burgess, M.D.
Energy & Commerce Committee
Subcommittee on Health
“Improving Maternal Health: Legislation to Advance Prevention
Efforts and Access to Care”
September 10, 2019

As Prepared for Delivery

Thank you, Chairwoman Eshoo. I appreciate that our Health Subcommittee is revisiting the issue of maternal mortality, one that we addressed last year when we held a hearing on Rep. Jaime Herrera Beutler’s H.R. 1318, the Preventing Maternal Deaths Act, which President Trump signed into law in December. It was critical that we work in a bipartisan fashion to get H.R. 1318 across the finish line because stakeholders continued to tell us that there was a lack of data about why these maternal deaths were occurring, and that it is difficult to address problems that have yet to be clearly identified.

By authorizing grants allowing states to establish maternal mortality review committees, such as the one that Texas established in

2013, states will be able to clearly identify the causes of maternal mortality, eventually using that data to inform solutions.

Given the robust bipartisan discussions that occurred last year, I am frustrated that the Majority did not collaborate with us much in preparation of this hearing. For example, our staffs had spoken months ago about building upon language included in the bipartisan Senate HELP Committee's health care costs package to continue this Subcommittee's commitment to addressing the issue of maternal mortality. Unfortunately, you decided you did not want to move forward on this language together. In fact, you even tried to add a bill at the last minute on Friday afternoon and still refused to include the HELP language as introduced by Dr. Bucshon.

Dr. Bucshon and Rep. Andre Carson introduced a bipartisan bill, H.R. 4215, the Excellence in Maternal Health Act of 2019, along with me and a number of other Energy and Commerce Members. I believe that a version of this language could become law, and that we should discuss

the merits of such a policy at this hearing. I think it is worthwhile to have a productive dialogue about the ideas put forth in the four bills before us today, but I have a lot of questions about how these policies would be implemented and if they would actually make a difference.

As an OB/GYN and a Member of Congress, addressing maternal mortality is one of my top priorities, which is why I advocated alongside Rep. Herrera Beutler last year for passage of H.R. 1318. Over the course of this year, I have been carefully looking for the right next step to build on the successes of H.R. 1318. I have engaged with CBO on several policy options related to Medicaid coverage of pregnancy, and I am committed to finding a way to address this issue, but we must be tactful in our approach. I do wish that this hearing had been planned in advance such that agencies that would be on the front lines of implementing the policies before us today.

As we move through our discussion of these bills, I have some questions that I would like our witnesses and other Members to have in mind.

1. What is the Center for Disease Control and Prevention already doing to aid states process data through maternal mortality review committees as a result of H.R. 1318, and do these other bills duplicate existing efforts?
2. More than 40 percent of births in the United States are covered by Medicaid. What tools do States need to address the unique needs within their own Medicaid populations?
3. States are already submitting 1115 waivers to expand Medicaid coverage to one-year post-partum without federal legislation. How would these existing state efforts be impacted by a federal law and would state innovation be hampered?
4. How can we support hospitals' existing efforts to coordinate care and maintain access to physicians throughout delivery?

5. Are any states employing innovative maternity care models in Medicaid that would be worthy exploring in a demonstration or at a federal level?
6. What are the main barriers to women receiving pre- and post-natal care, and what are best practices that can be deployed to address maternal morbidity and mortality?

I would like to give a special Texas welcome to Dr. David Nelson, the Chief of Obstetrics at Parkland Hospital. As a former Parkland resident, I look forward to hearing more about the practices he and his team employ to ensure safe delivery for both mothers and babies in Dallas.

Thank you, and I yield back.