

**Opening Statement of Chairman Frank Pallone, Jr.
Committee on Energy and Commerce
Subcommittee on Health
Hearing on “Improving Maternal Health: Legislation to Advance
Prevention Efforts and Access to Care”**

September 10, 2019

Today we are examining the often-tragic reality of the maternal health system in our nation, and a number of policies that could dramatically improve health outcomes for new mothers and their children.

Every year, about 700 women die here in the United States from a pregnancy-related condition, and thousands more face severe maternal morbidity. That’s simply disgraceful. And when you compare these outcomes to other countries around the world, the

United States is near the bottom. We are also the only industrialized country in the world with a rising maternal death rate.

In a nation as wealthy as ours, these statistics are simply shocking and inexcusable, but I am hopeful that we can begin to turn the tide to improve maternal health. The Centers for Disease Control and Prevention (CDC) estimates that 60 percent of maternal deaths in the United States are preventable, and the legislation that we are discussing today is a strong step forward.

A number of the bills will strengthen prevention efforts that already exist, including policies that follow up on the Preventing Maternal Deaths Act, which was enacted last year. This new law improved data collection and helped to expand Maternal Mortality Review Committees to all fifty states. The legislation also authorizes and strengthens the Alliance for Innovation in Maternal Health and

Safety, or the AIM program. This program helps physicians and health systems implement evidence-based practices that have been shown to improve patient outcomes when performed in a health care setting but have not yet been implemented nationwide.

Maternal mortality and morbidity are problems that affect women throughout our country, but especially in African American and Native American communities, where women are three times as likely to die due to pregnancy-related conditions as white women. The bills also offer a number of proposals to reduce health disparities along racial, ethnic, and cultural lines.

We are also going to be looking at ways to improve health coverage for new mothers. According to the CDC, one-third of all pregnancy-related deaths occur between one week and one year postpartum. While Medicaid and the Children's Health Insurance

Program cover more than half of all births in the United States, coverage for some new mothers ends just 60 days after delivery.

That is why I am glad we will be reviewing additional proposals to extend that coverage to one year after delivery. Extending access to regular physician check-ups and other health services could help women and their health care providers detect and treat health issues such as high blood pressure and heart disease, two of the most common causes of pregnancy-related death. It is my sincere hope to work with our Republican colleagues to enact a bipartisan proposal to extend this vital health care coverage for new mothers.

Our witnesses today offer views from diverse backgrounds and I am confident that their experiences and expertise will help all of us learn more about the problems we are facing and the solutions that will make a real difference. I thank them all for being here.

I also want to recognize the leadership of so many bipartisan members of the House who testified on this important topic at our recent Member Day hearing, including several members of the Congressional Caucus on Maternity Care and the Black Maternal Health Caucus.

I'd now like to yield the remainder of my time to Representative Kelly, the author of H.R. 1897, the MOMMA's Act.