

House Energy & Commerce Committee Health Subcommittee Hearing on
Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.

September 27, 2018

Testimony for the Record

Submitted by Susan Chacon, MSW, LISW

President, Association of Maternal & Child Health Programs (AMCHP)

Chairman Burgess, Ranking Member Green and distinguished members of the subcommittee, thank you for this opportunity to submit testimony in support of H.R. 1318, the Preventing Maternal Deaths Act. I would also like to especially thank Representatives Jaime Herrera Beutler (R-WA) and Diana DeGette (D-CO) as well as their staff for their diligent work to introduce and refine this bill.

My name is Susan Chacon and I currently serve as the President of the Board of the Association of Maternal & Child Health Programs (AMCHP). For 16 years, AMCHP has collaborated with national partners to build the capacity of state- and jurisdiction-based teams to conduct maternal mortality and morbidity surveillance, including establishing and sustaining maternal mortality review committees. As an organization representing state maternal and child public health leaders, many of our members directly oversee the maternal mortality review committee process in their own states.

I am proud that my state of New Mexico, where I currently serve as the Children and Youth with Special Health Care Needs Director, has been conducting maternal mortality review in some form since 1980 and by a multidisciplinary committee since 1993. The mission of our maternal mortality review committee is to identify and review maternal deaths caused by pregnancy complications and other factors, to identify remediable problems contributing to maternal deaths, and to develop interventions to reduce these deaths.

This process is time consuming and resource intensive. Currently there is no dedicated federal source of funding for maternal mortality review committees and therefore most states cobble together funding from a combination of their Title V Maternal and Child Health Services Block Grant, fluctuating state funding allotments, private grants and volunteered time. Today, only 35 states (as well as 3 large cities) have maternal mortality review committees, which means they have the capacity to understand why mothers are dying and what can be done to prevent these tragedies. This capacity is fragile and easily influenced by shifting state public health priorities and funding constraints and must be nurtured to ensure adherence to best practices. The remaining one-third of states are in varying stages of forming a maternal mortality review committee and may be struggling in building political and social will or finding adequate funding and staff support to put a review committee into practice. Because these committees operate independently of one another and are governed by individual state laws and/or regulations, they are also vulnerable to inconsistent methods of collecting, analyzing, and reporting data, thereby hindering our ability to tell a complete national story about maternal mortality in the U.S.

H.R. 1318 would take a critical step forward by providing federal support to build and sustain the work of state maternal mortality review committees and advance efforts to standardize the review process and the collection and analysis of data. With this support, we can continue to work together to turn that data into action in order to save women's lives.

***About AMCHP:** The Association of Maternal & Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.*