

PREVENTING MATERNAL DEATHS REAUTHORIZATION
ACT OF 2023

OCTOBER 25, 2023.—Committed to the Committee of the Whole House on the State
of the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and
Commerce, submitted the following

R E P O R T

[To accompany H.R. 3838]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3838) to amend title III of the Public Health Service Act to reauthorize Federal support of States in their work to save and sustain the health of mothers during pregnancy, childbirth, and the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Preventing Maternal Deaths Reauthorization Act of 2023”.

SEC. 2. SAFE MOTHERHOOD.

(a) **MATERNAL MORTALITY REVIEW COMMITTEES.**—Section 317K(d) of the Public Health Service Act (42 U.S.C. 247b–12(d)) is amended—

(1) in paragraph (1)(A), by inserting “(including obstetricians and gynecologists)” after “clinical specialties”; and

(2) in paragraph (3)(A)(i)—

(A) in subclause (I), by striking “as applicable” and inserting “if available”; and

(B) in subclause (III), by striking “, as appropriate” and inserting “and coordinating with death certifiers to improve the collection of death record reports and the quality of death records, including by amending cause-of-death information on a death certificate, as appropriate”.

(b) **BEST PRACTICES RELATING TO THE PREVENTION OF MATERNAL MORTALITY.**—Section 317K of the Public Health Service Act (42 U.S.C. 247b–12) is amended—

(1) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively; and

(2) by inserting after subsection (d) the following:

“(e) **BEST PRACTICES RELATING TO THE PREVENTION OF MATERNAL MORTALITY.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, in consultation with the Administrator of the Health Resources and Services Administration, disseminate to hospitals, State professional society groups, and perinatal quality collaboratives, best practices on how to prevent maternal mortality and morbidity that consider and reflect best practices identified through other relevant Federal maternal health programs.

“(2) **FREQUENCY.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall disseminate the best practices referred to in paragraph (1) not less than once per fiscal year.”.

(c) **EXTENSION.**—Subsection (g) of section 317K of the Public Health Service Act (42 U.S.C. 247b–12), as redesignated by subsection (b), is amended by striking “\$58,000,000 for each of fiscal years 2019 through 2023” and inserting “\$108,000,000 for each of fiscal years 2024 through 2028”.

PURPOSE AND SUMMARY

H.R. 3838 reauthorizes federal support for states to address disparities in maternal health outcomes and preserve the health of mothers during pregnancy, childbirth, and the postpartum period for fiscal years 2024–2028. The bill also requires the CDC to work in consultation with the Health Resources Administration (HRSA) to disseminate best practices relating to the prevention of maternal mortality to hospitals and other health care providers.

BACKGROUND AND NEED FOR LEGISLATION

The programs reauthorized under the Preventing Maternal Deaths Reauthorization Act of 2023 assist states in preserving maternal health throughout pregnancy, childbirth, and the postpartum period and working to better understand the burden of maternal complications and mortality through research, education, best practices, and prevention efforts. In 2021, 1,205 women died of maternal causes in the United States, compared with 861 in 2020 and 754 in 2019. This reflects an increase of nearly 89 percent in the maternal mortality rate since 2018.¹ Additionally, dis-

¹Maternal Mortality Rates in the United States, 2021, Centers for Disease Control and Prevention, <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>.

parities in maternal mortality continue to persist. For example, the maternal mortality rate for Black women is 2.6 times that of other women.²

COMMITTEE ACTION

On June 14, 2023, the Subcommittee on Health held a hearing on H.R. 3838. The hearing title was “Examining Proposals that Provide Access to Care for Patients and Support Research for Rare Diseases.” The Subcommittee received testimony from:

- Dr. Elizabeth Cherot, MD, MBA, Senior Vice President and Chief Medical Health Officer, March of Dimes;
- Dr. Alexis A. Thompson, MD, MPH, Chief of Division of Hematology, Elias Schwartz MD Endowed Chair in Hematology, Children’s Hospital of Philadelphia, Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine;
- Dr. Meredith McNamara, MD, MS, FAAP, Assistant Professor, Yale School of Medicine;
- Dr. Miriam Grossman, MD, Child, Adolescent, and Adult Psychiatrist;
- Mr. George Manahan, Parkinson’s Advocate and Patient; and
- Mr. Kevin O’Connor, Assistant to the General President for Government Affairs and Political Action, International Association of Fire Fighters.

On July 13, 2023, the Subcommittee on Health met in open markup session and forwarded H.R. 3838, as amended, to the full Committee by a record vote of 28 yeas and 0 nays. On July 19, 2023, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 3838, as amended, favorably reported to the House by a record vote of 50 yeas and 0 nays.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

²*Id.*

**COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 3**

BILL: H.R. 3838, the Preventing Maternal Deaths Reauthorization Act of 2023

AMENDMENT: A motion by Mrs. Rodgers to order H.R. 3838 favorably reported to the House, as amended (Final Passage).

DISPOSITION: **AGREED TO**, by a roll call vote of 50 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess	X			Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette	X		
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis	X			Rep. Castor	X		
Rep. Johnson	X			Rep. Sarbanes	X		
Rep. Bucshon	X			Rep. Tonko	X		
Rep. Hudson	X			Rep. Clarke	X		
Rep. Walberg	X			Rep. Cárdenas	X		
Rep. Carter	X			Rep. Ruiz	X		
Rep. Duncan	X			Rep. Peters	X		
Rep. Palmer	X			Rep. Dingell	X		
Rep. Dunn	X			Rep. Veasey	X		
Rep. Curtis	X			Rep. Kuster	X		
Rep. Lesko	X			Rep. Kelly	X		
Rep. Pence	X			Rep. Barragán	X		
Rep. Crenshaw	X			Rep. Blunt Rochester			
Rep. Joyce	X			Rep. Soto	X		
Rep. Armstrong	X			Rep. Craig	X		
Rep. Weber	X			Rep. Schrier	X		
Rep. Allen	X			Rep. Trahan	X		
Rep. Balderson	X			Rep. Fletcher	X		
Rep. Fulcher	X						
Rep. Pfluger							
Rep. Harshbarger	X						
Rep. Miller-Meeks	X						
Rep. Cammack	X						
Rep. Obernolte	X						

07/19/2023

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 3838 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to improve and address disparities in maternal health outcomes by reauthorizing Federal support for states to work to save and sustain the health of mothers during pregnancy, childbirth, and the postpartum period.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3838 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 3838:

- On June 14, 2023, the Subcommittee on Health held a hearing on H.R. 3838. The title of the hearing was “Examining Proposals that Provide Access to Care for Patients and Support Research for Rare Diseases.” The Subcommittee received testimony from:
 - Dr. Elizabeth Cherot, MD, MBA, Senior Vice President and Chief Medical Health Officer, March of Dimes;
 - Dr. Alexis A. Thompson, MD, MPH, Chief of Division of Hematology, Elias Schwartz MD Endowed Chair in Hematology, Children’s Hospital of Philadelphia, Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine;

- Dr. Meredith McNamara, MD, MS, FAAP, Assistant Professor, Yale School of Medicine;
- Dr. Miriam Grossman, MD, Child, Adolescent, and Adult Psychiatrist;
- Mr. George Manahan, Parkinson’s Advocate and Patient; and
- Mr. Kevin O’Connor, Assistant to the General President for Government Affairs and Political Action, International Association of Fire Fighters

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3838 contains no earmarks, limited tax benefits, or limited tariff benefits.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides a short title of “Preventing Maternal Deaths Reauthorization Act of 2023”.

Section 2. Safe motherhood

Section 2 amends Title III of the Public Health Service Act to reauthorize Federal support for states to preserve maternal health throughout pregnancy, childbirth, and postpartum, and identify solutions to improve health care quality and health outcomes for mothers.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART B—FEDERAL-STATE COOPERATION

* * * * *

SAFE MOTHERHOOD

SEC. 317K. (a) SURVEILLANCE.—

(1) **PURPOSE.**—The purposes of this subsection are to establish or continue a Federal initiative to support State and tribal maternal mortality review committees, to improve data collection and reporting around maternal mortality, and to develop or support surveillance systems at the local, State, and national level to better understand the burden of maternal complications and mortality and to decrease the disparities among populations at risk of death and severe complications from pregnancy.

(2) **ACTIVITIES.**—For the purpose described in paragraph (1) the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may carry out the following activities:

(A) The Secretary may continue and improve activities related to a national maternal mortality data collection and surveillance program to identify and support the review of pregnancy-associated deaths and pregnancy-related deaths that occur during, or within 1 year following, pregnancy, including improving disaggregation of data (in a manner consistent with applicable State and Federal privacy laws).

(B) The Secretary may expand the Pregnancy Risk Assessment Monitoring System to provide surveillance and collect data in each State.

(C) The Secretary may expand the Maternal and Child Health Epidemiology Program to provide technical support, financial assistance, or the time-limited assignment of senior epidemiologists to maternal and child health programs in each State.

(D) The Secretary may, in cooperation with States, Indian tribes, and tribal organizations, develop a program to support States, Indian tribes, and tribal organizations in establishing or operating maternal mortality review committees, in accordance with subsection (d).

(b) **PREVENTION RESEARCH.**—

(1) **PURPOSE.**—The purpose of this subsection is to provide the Secretary with the authority to further expand research concerning risk factors, prevention strategies, and the roles of the family, health care providers and the community in safe motherhood.

(2) RESEARCH.—The Secretary may carry out activities to expand research relating to—

(A) prepregnancy counseling, especially for at risk populations such as women with diabetes and women with substance use disorder;

(B) the identification of critical components of prenatal delivery and postpartum care;

(C) the identification of outreach and support services, such as folic acid education, that are available for pregnant women;

(D) the identification of women who are at high risk for complications;

(E) preventing preterm delivery;

(F) preventing urinary tract infections;

(G) preventing unnecessary caesarean sections;

(H) the identification of the determinants of disparities in maternal care, health risks, and health outcomes, including an examination of the higher rates of maternal mortality among African American women and other groups of women with disproportionately high rates of maternal mortality;

(I) activities to reduce disparities in maternity services and outcomes;

(J) an examination of the relationship between interpersonal violence and maternal complications and mortality;

(K) preventing and reducing adverse health consequences that may result from smoking and substance abuse and misuse before, during and after pregnancy;

(L) preventing infections that cause maternal and infant complications;

(M) an examination of the relationship between maternal health and obstetric services in rural areas and outcomes in delivery and postpartum care; and

(N) other areas determined appropriate by the Secretary.

(c) PREVENTION PROGRAMS.—The Secretary may carry out activities to promote safe motherhood, including—

(1) public education campaigns on healthy pregnancies;

(2) education programs for physicians, nurses and other health care providers;

(3) activities to promote community support services for pregnant women; and

(4) activities to promote physical, mental, and behavioral health during, and up to 1 year following, pregnancy, with an emphasis on prevention of, and treatment for, mental health disorders and substance use disorder.

(d) MATERNAL MORTALITY REVIEW COMMITTEES.—

(1) IN GENERAL.—In order to participate in the program under subsection (a)(2)(D), the applicable maternal mortality review committee of the State, Indian tribe, or tribal organization shall—

(A) include multidisciplinary and diverse membership that represents a variety of clinical specialties (*including obstetricians and gynecologists*), State, tribal, or local public health officials, epidemiologists, statisticians, commu-

nity organizations, geographic regions within the area covered by such committee, and individuals or organizations that represent the populations in the area covered by such committee that are most affected by pregnancy-related deaths or pregnancy-associated deaths and lack of access to maternal health care services; and

(B) demonstrate to the Centers for Disease Control and Prevention that such maternal mortality review committee's methods and processes for data collection and review, as required under paragraph (3), use best practices to reliably determine and include all pregnancy-associated deaths and pregnancy-related deaths, regardless of the outcome of the pregnancy.

(2) PROCESS FOR CONFIDENTIAL REPORTING.—States, Indian tribes, and tribal organizations that participate in the program described in this subsection shall, through the State maternal mortality review committee, develop a process that—

(A) provides for confidential case reporting of pregnancy-associated and pregnancy-related deaths to the appropriate State or tribal health agency, including such reporting by—

- (i) health care professionals;
- (ii) health care facilities;
- (iii) any individual responsible for completing death records, including medical examiners and medical coroners; and
- (iv) other appropriate individuals or entities; and

(B) provides for voluntary and confidential case reporting of pregnancy-associated deaths and pregnancy-related deaths to the appropriate State or tribal health agency by family member of the deceased, and other appropriate individuals, for purposes of review by the applicable maternal mortality review committee; and

(C) shall include—

- (i) making publicly available contact information of the committee for use in such reporting; and
- (ii) conducting outreach to local professional organizations, community organizations, and social services agencies regarding the availability of the review committee.

(3) DATA COLLECTION AND REVIEW.—States, Indian tribes, and tribal organizations that participate in the program described in this subsection shall—

(A) annually identify pregnancy-associated deaths and pregnancy-related deaths—

(i) through the appropriate vital statistics unit by—

(I) matching each death record related to a pregnancy-associated death or pregnancy-related death in the State or tribal area in the applicable year to a birth certificate of an infant or fetal death record, **[as applicable]** *if available*;

(II) to the extent practicable, identifying an underlying or contributing cause of each pregnancy-associated death and each pregnancy-related

death in the State or tribal area in the applicable year; and

(III) collecting data from medical examiner and coroner reports[, as appropriate] *and coordinating with death certifiers to improve the collection of death record reports and the quality of death records, including by amending cause-of-death information on a death certificate, as appropriate;*

(ii) using other appropriate methods or information to identify pregnancy-associated deaths and pregnancy-related deaths, including deaths from pregnancy outcomes not identified through clause (i)(I);

(B) through the maternal mortality review committee, review data and information to identify adverse outcomes that may contribute to pregnancy-associated death and pregnancy-related death, and to identify trends, patterns, and disparities in such adverse outcomes to allow the State, Indian tribe, or tribal organization to make recommendations to individuals and entities described in paragraph (2)(A), as appropriate, to improve maternal care and reduce pregnancy-associated death and pregnancy-related death;

(C) identify training available to the individuals and entities described in paragraph (2)(A) for accurate identification and reporting of pregnancy-associated and pregnancy-related deaths;

(D) ensure that, to the extent practicable, the data collected and reported under this paragraph is in a format that allows for analysis by the Centers for Disease Control and Prevention; and

(E) publicly identify the methods used to identify pregnancy-associated deaths and pregnancy-related deaths in accordance with this section.

(4) CONFIDENTIALITY.—States, Indian tribes, and tribal organizations participating in the program described in this subsection shall establish confidentiality protections to ensure, at a minimum, that—

(A) there is no disclosure by the maternal mortality review committee, including any individual members of the committee, to any person, including any government official, of any identifying information about any specific maternal mortality case; and

(B) no information from committee proceedings, including deliberation or records, is made public unless specifically authorized under State and Federal law.

(5) REPORTS TO CDC.—For fiscal year 2019, and each subsequent fiscal year, each maternal mortality review committee participating in the program described in this subsection shall submit to the Director of the Centers for Disease Control and Prevention a report that includes—

(A) data, findings, and any recommendations of such committee; and

(B) as applicable, information on the implementation during such year of any recommendations submitted by the committee in a previous year.

(6) STATE PARTNERSHIPS.—States may partner with one or more neighboring States to carry out the activities under this subparagraph. With respect to the States in such a partnership, any requirement under this subparagraph relating to the reporting of information related to such activities shall be deemed to be fulfilled by each such State if a single such report is submitted for the partnership.

(7) APPROPRIATE MECHANISMS FOR INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—The Secretary, in consultation with Indian tribes, shall identify and establish appropriate mechanisms for Indian tribes and tribal organizations to demonstrate, report data, and conduct the activities as required for participation in the program described in this subsection. Such mechanisms may include technical assistance with respect to grant application and submission procedures, and award management activities.

(8) RESEARCH AVAILABILITY.—The Secretary shall develop a process to ensure that data collected under paragraph (5) is made available, as appropriate and practicable, for research purposes, in a manner that protects individually identifiable or potentially identifiable information and that is consistent with State and Federal privacy law.

(e) BEST PRACTICES RELATING TO THE PREVENTION OF MATERNAL MORTALITY.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, in consultation with the Administrator of the Health Resources and Services Administration, disseminate to hospitals, State professional society groups, and perinatal quality collaboratives, best practices on how to prevent maternal mortality and morbidity that consider and reflect best practices identified through other relevant Federal maternal health programs.

(2) FREQUENCY.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall disseminate the best practices referred to in paragraph (1) not less than once per fiscal year.

[(e)] (f) DEFINITIONS.—In this section—

(1) the terms “Indian tribe” and “tribal organization” have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act;

(2) the term “pregnancy-associated death” means a death of a woman, by any cause, that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy; and

(3) the term “pregnancy-related death” means a death of a woman that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy—

(A) from any cause related to, or aggravated by, the pregnancy or its management; and

(B) not from accidental or incidental causes.

[(f)] (g) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated **[\$58,000,000 for each of fiscal years 2019 through 2023]** *\$108,000,000 for each of fiscal years 2024 through 2028.*

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