

Opening Statement  
Chairwoman Anna G. Eshoo  
Subcommittee on Health  
Committee on Energy and Commerce  
Hearing on “Improving Maternal Health: Legislation to Advance Prevention Efforts  
and Access to Care”  
September 10, 2019

“The U.S. is the most the dangerous place in the developed world to deliver a baby.” This quote was the conclusion of a major investigation by USA Today last year.

Each year, about 700 American women die and 50,000 women are severely injured due to complications related to childbirth. If you’re a black woman in the U.S., it is even more dangerous to give birth. Black women are three to four times more likely to die from childbirth than white women.

This is unacceptable, and what’s more, it’s preventable. The CDC estimates more than 60% of these deaths could be prevented.

Our witnesses will instruct us today that there is a clear way to save mothers’ lives.

We need to make sure women have high quality care and coverage before, during, and after their pregnancy. The four bills we’re considering today do just that.

Congresswoman Kelly’s MOMMA’s Act (H.R. 1897) uses standardized data to inform health care professionals about the best practices and protocols to manage a mother’s care in an emergency, such as when a mother hemorrhages after birth.

This data-driven approach was spearheaded in my District. Stanford’s California Maternal Quality Care Collaborative has reduced severe health problems from pregnancy-related hemorrhages by 21% and has contributed to reducing the maternal mortality rate in California by 55%.

Representative Engel’s Quality Care for Moms and Babies Act (H.R. 1551) also works to improve maternal care through data by using care surveys, quality measures, and perinatal quality collaboratives.

Both Congresswoman Kelly’s MOMMA’s Act (H.R. 1897) and Congresswoman Pressley’s Healthy MOMMIES Act (H.R. 2602) recognize that to truly make progress, women must be able to get medical care when they need it.

Women are more likely to die of a pregnancy-related condition in the weeks following birth than during pregnancy or delivery, but many American mothers lack health insurance during that critical postpartum period.

Every year, hundreds of thousands of mothers are kicked off Medicaid only two months after giving birth.

The MOMMA's Act and the Healthy MOMMIES Act extend Medicaid for a full year postpartum. These bills make sure the Medicaid safety net is there for women at one of the most vulnerable times in their lives.

This extension makes sense. That's why state legislatures in California, New Jersey, Texas, South Carolina, and Illinois are seriously considering measures to extend Medicaid for one year for eligible new mothers.

Finally, the Maternal CARE Act (H.R. 2902), introduced by Congresswoman Alma Adams, addresses the insidious way racism kills black mothers. The bill funds implicit bias training programs for health professionals.

As Nina Martin describes in her investigative series *Lost Mothers*, African-American mothers repeatedly report being devalued and disrespected by medical providers who did not take their medical concerns seriously.

I'll conclude as I began. The United States is the most dangerous place in the developed world to deliver a baby.

I believe a high maternal death rate is a reflection of how much a society values women. As the first Chairwoman of the Health Subcommittee, I think it's time we reverse this by making a health care system that better cares for women.

I yield the remainder of my time to Representative Engel, the author of H.R. 1551 the Quality Care for Moms and Babies Act.