

Committee on Energy and Commerce

Opening Statement

of

Subcommittee on Health Ranking Member Gene Green

Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.

September 27, 2018

Mr. Chairman, thank you for calling today's hearing on maternal mortality in the United States. I would also like to thank our distinguished panelists for joining us this morning.

The Centers for Disease Control and Prevention reports that more than 700 women in the United States die each year due to complications related to pregnancy and childbirth and more than 50,000 women experience a life-threatening complication.

Maternal mortality in our country has more than doubled between 1987 and 2014, from 7.2 to 18 maternal deaths per 100,000 live births. In comparison, a recent World Health Organization study found that maternal mortality is on the decline in 157 of 183 countries.

These numbers, as troubling as they are, become even more acute when you look at existing racial, socioeconomic and geographic disparities. For example, African American women are nearly three times as likely to die of complications related to pregnancy and childbirth compared to white women.

In America in the 21st century, no woman should ever die of complications related to pregnancy and childbirth. Congress has a duty to act and reverse this terrible trend.

I would like to thank my colleagues, Rep. Diana DeGette and Rep. Jaime Herrera Beutler, for offering their discussion draft, the Preventing Maternal Deaths Act, that will help protect pregnant and postpartum mothers.

This legislation will provide grants to states and tribes to help establish and support already existing Maternal Mortality Review Committees, or MMRCs, to identify and review pregnancy-related and pregnancy-associated deaths.

MMRCs, which are currently operating in over 30 states, have been helping strengthen public health surveillance by linking vital data to multidisciplinary health care professionals practicing in women's health.

I support this bipartisan legislation and hope our committee will recommend its consideration before the full House before the end of the year.

While the Preventing Maternal Deaths Act is an important first step, our committee can and must do more to protect our nation's mothers.

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Despite the gains made under the Affordable Care Act, nearly one in seven women of childbearing age in the United States remain uninsured.

The biggest barrier to women of childbearing age receiving health care coverage is the continuing refusal of 19 states, including my home state of Texas, to expand Medicaid.

Continuity of comprehensive health insurance is critical for expecting and postpartum mothers to receive the pre- and post-natal care they need for themselves and their babies.

Medical research shows chronic conditions such as hypertension, diabetes, heart disease, and obesity, which are becoming more common for expecting mothers, can increase their risk for complications during pregnancy.

Ensuring continuity of coverage preceding pregnancy would help women of childbearing age best manage these chronic conditions before they become a problem.

Last year, I introduced the Incentivizing Medicaid Expansion Act, H.R. 2688, in order to incentivize states to provide critical Medicaid coverage for uninsured Americans and avoid the kinds of tragedies that have led to the rising rate of maternity mortality in my home state.

My legislation would guarantee that the federal government covers 100 percent of expansion costs for the first three years for states that have not yet expanded and no less than 90 percent afterwards.

I ask that the committee give this legislation the serious consideration that it deserves and help reverse the public health crisis that maternal mortality and severe maternal morbidity have become in too many communities in our country.

Mr. Chairman, thank you again for holding today's hearing, and I yield the remainder of my time.