

115TH CONGRESS
2D SESSION

H. R. 5761

To direct the Secretary of Health and Human Services to submit to the Congress on a biennial basis a national plan to reduce the rate of maternal mortality.

IN THE HOUSE OF REPRESENTATIVES

MAY 10, 2018

Mr. KRISHNAMOORTHY (for himself, Ms. HERRERA BEUTLER, Mr. RYAN of Ohio, Ms. BLUNT ROCHESTER, Ms. NORTON, Mr. JOHNSON of Georgia, Ms. WILSON of Florida, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. COHEN, Mr. HASTINGS, and Ms. HANABUSA) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to submit to the Congress on a biennial basis a national plan to reduce the rate of maternal mortality.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ending Maternal Mor-

5 tality Act of 2018”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) Four million American women give birth
2 each year, and an estimated 700 will die annually
3 during pregnancy, childbirth, or the postpartum pe-
4 riod.

5 (2) The United States ranks 47th for maternal
6 mortality rate globally, and is one of only eight
7 countries in which the maternal mortality rate is ris-
8 ing. It is estimated that, between 2000 and 2014,
9 the United States maternal mortality rate grew by
10 26.6 percent.

11 (3) Common causes of maternal mortality in-
12 clude obstetric hemorrhage, hypertension and
13 preeclampsia, sepsis, and substance use disorder and
14 overdose.

15 (4) More than half of maternal deaths are likely
16 preventable.

17 (5) Additionally, 65,000 American women expe-
18 rience severe maternal morbidity (SMM) annually,
19 meaning the physical and psychological conditions
20 that result from, or are aggravated by, pregnancy
21 have an adverse effect on the health of a woman.

22 (6) Racial and ethnic disparities persist across
23 the Nation, and Black women are three to four
24 times more likely to die from complications of preg-
25 nancy or childbirth than White women.

1 **SEC. 3. PLAN FOR REDUCING MATERNAL MORTALITY.**

2 The Public Health Service Act is amended by insert-
3 ing after section 229 of such Act (42 U.S.C. 237a) the
4 following new section:

5 **“SEC. 229A. PLAN FOR REDUCING MATERNAL MORTALITY.**

6 “(a) IN GENERAL.—Not later than 1 year after the
7 date of enactment of the Ending Maternal Mortality Act
8 of 2018, and biennially thereafter, the Secretary shall de-
9 velop and submit to the Congress a national plan to reduce
10 the rate of preventable maternal mortality, with the goals
11 of—

12 “(1) cutting the rate in half over the 10 years
13 following such date of enactment; and

14 “(2) eliminating preventable maternal deaths by
15 the date that is 20 years after such date of enact-
16 ment.

17 “(b) OBJECTIVES; STRATEGY.—In each biennial plan
18 under subsection (a), the Secretary shall include—

19 “(1) a list of objectives for meeting the goals
20 described in subsection (a); and

21 “(2) a strategy for implementing the plan
22 across the agencies and offices of the Department of
23 Health and Human Services.

24 “(c) SPECIFIC ISSUES.—In each biennial plan under
25 subsection (a), the Secretary shall address the following:

1 “(1) Increasing public understanding of mater-
2 nal mortality and severe maternal morbidity, includ-
3 ing risk factors, warning signs, and prevention of
4 common causes like hemorrhage, preeclampsia, and
5 substance use disorders and other mental health
6 conditions.

7 “(2) Improving understanding of the root
8 causes of maternal mortality and severe maternal
9 morbidity, including both medical and socioeconomic
10 factors.

11 “(3) Improving data collection, including State-
12 level reporting.

13 “(4) Identifying at-risk populations and elimi-
14 nating disparities that persist based on a mother’s
15 race, ethnicity, socioeconomic status, and geographic
16 location.

17 “(5) Supporting and expanding maternal mor-
18 tality review committees that bring together public
19 and private relevant stakeholders to review cases of
20 pregnancy-related and pregnancy-associated com-
21 plications and deaths to make recommendations to
22 improve the quality of care and outcomes.

23 “(6) Assessing hospital culture of safety in ma-
24 ternity care and how best to provide resources to im-
25 prove outcomes.

1 “(7) Improving health and treatment services
2 for expectant mothers struggling with substance use
3 and mental health disorders.

4 “(8) Studying and supporting local and tar-
5 geted responses to maternal death.

6 “(9) Identifying Federal programs and activi-
7 ties to reduce maternal mortality and making rec-
8 ommendations for improving the effectiveness and
9 coordination of such programs and activities.

10 “(d) PUBLIC POSTING.—The Secretary shall make
11 each plan submitted to the Congress under this section
12 publicly accessible on the website of the Department of
13 Health and Human Services.

14 “(e) CONSULTATION.—In developing each biennial
15 plan under this section, the Secretary shall solicit input
16 from organizations representing patients, health care pro-
17 viders, hospitals, other treatment facilities, public health
18 departments and practitioners, and other entities, as ap-
19 propriate.

20 “(f) DEFINITIONS.—In this section:

21 “(1) The term ‘maternal mortality’ refers to
22 maternal deaths that occur during, or within the 12
23 months following, pregnancy.

1 “(2) The term ‘maternal morbidity’ refers to
2 pregnancy-related and pregnancy-associated com-
3 plications that do not result in maternal death.

4 “(3) The term ‘severe maternal morbidity’ in-
5 cludes unexpected outcomes of labor and delivery
6 that result in significant short- or long-term con-
7 sequences to a woman’s health.”.

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