

Preventing Maternal Deaths Reauthorization Act of 2023: Background and Current Status

September 16, 2024

Maternal mortality is considered a [sentinel health event](#)—one that can signal the overall health status and the broader quality or effectiveness of a nation’s health system. [Despite global progress over the past two decades](#), maternal deaths have risen in the United States and [disparities persist](#) across settings and demographic characteristics. Measuring the impact of interventions to reduce maternal mortality relies on complete, accurate, and timely data; however, measuring maternal mortality is an ongoing challenge.

Section 317K of the Public Health Service Act ([42 U.S.C. 247b-12](#)) authorizes the Centers for Disease Control and Prevention (CDC) to carry out surveillance and prevention activities related to the identification and investigation of maternal health complications, including death. Historically, such activities have included the [Pregnancy Risk Assessment Monitoring System](#) and the [Maternal and Child Health Epidemiology Program](#), among others.

The Preventing Maternal Deaths Act of 2018 (P.L. 115-344; PMDA) amended Section 317K by codifying federal support specifically for the development or continuation of maternal mortality review committees (MMRCs) in collaboration with states, territories, Indian tribes, and tribal organizations. The law also authorized \$58 million in discretionary annual appropriations across all Section 317K activities from FY2019 to FY2024. This Insight provides a brief background on MMRCs, summarizes recent funding, and describes reauthorization proposals in the 118th Congress, entitled as the Preventing Maternal Deaths Reauthorization Act of 2023 in both the House (H.R. 3838) and the Senate (S. 2415).

Current Program

MMRCs are [multidisciplinary committees](#) tasked with confidentially and comprehensively identifying all deaths occurring during or within one year postpartum in a particular jurisdiction, regardless of the cause of death (i.e., pregnancy-associated deaths). Typically convened at the state or local level, MMRCs include individuals from a range of medical, clinical, and public health specialties, as well as community organizations, patient advocacy groups, and other stakeholders. MMRCs build upon other maternal mortality surveillance efforts by accessing both clinical and nonclinical information (e.g., vital records, police reports) and triangulating these data for a deeper understanding of the circumstances and causes linked to pregnancy-related deaths. While [vital statistics data](#) alone can identify trends and disparities, MMRCs also recommend prevention strategies informed by and tailored to specific contexts.

Congressional Research Service

<https://crsreports.congress.gov>

IN12421

MMRCs have existed in varying degrees since the 1930s. These resource-intensive committees have historically been supported by local, state, and federal sources (e.g., the [Maternal and Child Health Services Block Grant](#)). Beginning in 2016, the CDC ([with multisectoral partners](#)) provided technical assistance, standardized tools, and a common data platform to support existing MMRCs. Following the enactment of the PMDA, the CDC established the [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality](#) (ERASE MM) program, which provides grants directly to entities that coordinate or manage MMRCs. ERASE MM currently supports MMRCs in 46 states, four U.S. territories, and two freely associated states. The development of MMRC processes tailored to the values of tribes and tribal organizations [is underway](#). By the end of FY2024, the CDC anticipates funding a total of [59 awards](#).

Funding History

Since the PMDA's enactment, annual appropriations for ERASE MM have been provided under the CDC's Safe Motherhood and Infant Health budget activity within the Chronic Disease and Health Promotion account. **Table 1** presents a history of relevant CDC budget requests, final appropriations (set-asides for MMRC activities denoted in italics), and ERASE MM awards.

Table 1. ERASE MM Funding History, in Context

FY2019 –FY2025 (\$ millions)

Fiscal Year	Safe Motherhood and Infant Health Budget Request	Appropriation	Number of ERASE MM Awards	ERASE MM Award Totals (Range)
2019	\$46	Total: \$58 <i>MMRCs: \$12</i>	New: 24 Continuing: N/A Total: 24	\$9.076 (\$0.15-\$0.553)
2020	\$58	Total: \$58 <i>MMRCs: \$12</i>	New: 0 Continuing: 24 Total: 24	\$9.076 (\$0.15-\$0.553)
2021	\$70	Total: \$63 <i>MMRCs: \$17</i>	New: 6 Continuing: 24 Total: 30	\$11.171 (\$0.15-\$0.553)
2022	\$89	Total: \$83 <i>MMRCs: Not specified</i>	New: 10 Continuing: 30 Total: 40	\$14.2 (\$0.15-\$0.553)
2023	\$164	Total: \$108 <i>MMRCs: Not specified</i>	New: 7 Continuing: 39 Total: 46	\$20.6 (\$0.295-\$0.860)
2024	\$164	Total: \$110.5 <i>MMRCs: Not specified</i>	New: 0 Continuing: 46 Total: 46	\$20.6 (\$0.295-\$0.860)
2025	\$118	—	—	—

Source: CRS analysis of Congressional Budget Justifications and appropriations laws.

Notes: FY2024 estimates are based on a Continuing Resolution and may not reflect final amounts. MMRCs = Maternal Mortality Review Committee activities under CDC, including technical assistance and award administration.

Bills in the 118th Congress

The House passed its version of the Preventing Maternal Deaths Reauthorization Act of 2023 (H.R. 3838) on March 5, 2024; a Senate Health, Education, Labor, and Pensions Committee-reported version (S. 2415) was reported on October 4, 2023. Both bills propose the following identical amendments:

- Clarify the inclusion of obstetricians and gynecologists as MMRC members with clinical specialties.
- Amend a requirement that participating entities link maternal and infant or fetal records to “as available,” rather than “as applicable.”
- Strengthen the requirement to coordinate with and collect data from death certifiers.
- Introduce a new provision requiring the CDC, in collaboration with the Health Resources and Services Administration, to disseminate best practices for preventing maternal mortality and morbidity to hospitals, professional societies, and perinatal quality collaboratives at least once per year.
- Reauthorize Section 317K from FY2024 through FY2028.

H.R. 3838 also proposes an increased annual funding authorization from \$58 million to \$108 million; S. 2415 does not include this provision.

Concluding Observations

Ending preventable maternal mortality has garnered substantial interest across Congress and the [executive branch](#). MMRCs are commonly considered the [gold standard](#) for identifying and reviewing deaths during or within one year postpartum and build upon well-documented [challenges](#) with examining vital statistics data alone. The ERASE MM program provides a framework and resources to develop comprehensive and standardized data for locally informed prevention strategies among participating entities. Policymakers may consider whether current PMDA reauthorization proposals should expand ERASE MM, as well as what level of federal funding should be authorized to support activities authorized under Section 317K.

Author Information

Alexandria K. Mickler
Analyst in Health Policy

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS’s institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.