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INSIGHT

# Preventing Maternal Deaths Reauthorization Act of 2025: Background and Current Status

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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 in the United States remain high 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 Secretary of the Department of Health and Human Services (HHS), acting through the Director of the Centers for Disease Control and Prevention (CDC), to carry out a range of surveillance, research, and prevention programs related to maternal, infant, and child health. 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 to codify federal support for the development or continuation of maternal mortality review committees (MMRCs) in collaboration with states, territories, Indian tribes, and tribal organizations. Specifically, the PMDA amended Section 317K(a) to authorize the establishment or continuation of a federal initiative to support MMRCs, improve data collection and reporting, and support surveillance to better understand maternal health complications and mortality. Among other provisions, PMDA also authorized $58 million in discretionary annual appropriations across all Section 317K activities from FY2019 to FY2023.

This Insight provides a brief background on MMRCs, summarizes recent program funding, and describes reauthorization proposals in the 119th Congress: the Preventing Maternal Deaths Reauthorization Act of 2025 (H.R. 1909) and Section 703 of the Bipartisan Health Care Act (S. 891).

## Overview

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 a range of medical, clinical, and public health specialists, 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.

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, CDC (with other partners) provided technical assistance, standardized tools, and a common data platform to support existing MMRCs. Following the enactment of the PMDA, 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. The extent to which the announced HHS restructuring plan might impact ERASE MM (or other programs authorized under Section 317K) is unclear.

### Funding History

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

**Table 1. Safe Motherhood and Infant Health Appropriations**

FY2019–FY2024 ($ millions)

| Fiscal Year | Appropriation |
|---|---|
| 2019 | Total: $58<br>*MMRCs: $12* |
| 2020 | Total: $58<br>*MMRCs: $12* |
| 2021 | Total: $63<br>*MMRCs: $17* |
| 2022 | Total: $83<br>*MMRCs: Not specified* |
| 2023 | Total: $108<br>*MMRCs: Not specified* |
| 2024 | Total: $110.5<br>*MMRCs: Not specified* |

**Source:** CRS analysis of appropriations laws.

**Notes:** FY2024 estimates are based on a Continuing Resolution and may not reflect final amounts. At present, CRS is not aware of any authoritative, comprehensive table that provides program amounts for Labor, Health, and Human Services programs under the FY2025 Continuing Resolution. As such, FY2025 appropriations are not included. MMRCs = Maternal Mortality Review Committee activities under CDC's ERASE MM program.

## Bills in the 119th Congress

On March 6, 2025, the Prevention Maternal Deaths Reauthorization Act of 2025 (H.R. 1909) was introduced in the House and the Bipartisan Health Care Act (S. 891), in which Section 703 covers the PMDA, was introduced in the Senate. Both bills propose the following identical amendments:

- Clarifies the inclusion of obstetricians and gynecologists as MMRC members with clinical specialties.
- Amends a requirement that participating entities link maternal and infant or fetal records to "if available," rather than "as applicable."
- Strengthens the requirement to coordinate with death certifiers to improve the collection and quality of death records.
- Introduces a new provision requiring CDC, in collaboration with the Administrator of the Health Resources and Services Administration, to disseminate best practices for preventing maternal mortality and morbidity to hospitals, professional societies, and perinatal quality collaboratives. The best practices shall also consider and reflect best practices identified through other federal maternal health programs and be disseminated at least once per fiscal year.
- Increases the annual funding authorization for Section 317K from $58 million to $100 million.
- Reauthorizes Section 317K from FY2025 through FY2029.

# Concluding Observations

Maternal mortality has garnered substantial congressional interest. MMRCs are considered the gold standard for identifying and reviewing pregnancy-associated deaths and mitigate challenges with examining vital statistics data alone. The ERASE MM program provides a standardized framework and resources for locally informed prevention strategies. Policymakers could consider current or future proposals to reauthorize PMDA at the same, increased, or decreased funding levels. The extent to which the HHS reorganization may affect the program and the agencies named in statute may also be something Congress may consider in current or future proposals. Policymakers may also consider whether separate funding allocations, or specific agency directives, may be necessary to support other maternal, infant, and child health activities authorized under Section 317K.

## Author Information

Alexandria K. Mickler
Analyst in Health Policy

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