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INSIGHT

Federal Support for Maternal Mortality Review Committees: An Overview

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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 authorized $58 million in discretionary annual appropriations across all Section 317K activities from FY2019 to FY2023.

This Insight provides a brief background on MMRCs and summarizes recent program funding and other legislative actions in the 119th Congress.

Overview

MMRCs are multidisciplinary committees tasked with confidentially and comprehensively identifying all deaths occurring during pregnancy or within one year postpartum in a particular jurisdiction, regardless of the cause of death. 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 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.

Funding History

Annual appropriations for ERASE MM are 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 and denotes set-asides for MMRCs in italics.

Table 1. Safe Motherhood and Infant Health Appropriations

FY2019–FY2026 ($ millions)

Fiscal Year	Appropriation
2019	Total: $58 *MMRCs: $12*
2020	Total: $58 *MMRCs: $12*
2021	Total: $63 *MMRCs: $17*
2022	Total: $83 *MMRCs: Not specified*
2023	Total: $108 *MMRCs: Not specified*
2024	Total: $110.5 *MMRCs: Not specified*
2025	$110.5 *MMRCs: Not specified*
2026	Total: $113.5 *MMRCs: Not specified*

Source: Labor-Health and Human Services (HHS)-Education Appropriations Acts and accompanying report and explanatory statement language available in the CRS Appropriations Status Table.

Notes: FY2025 totals reflect final amounts presented in CDC's Operating Plan. MMRCs = Maternal Mortality Review Committee activities under CDC's ERASE MM program.

Recent Actions

The Consolidated Appropriations Act, 2026 (P.L. 119-75), reauthorized Section 317K and introduced new MMRC provisions, including those initially included in H.R. 1909 and S. 891. Specifically, P.L. 119-75 made the following modifications:

- Clarified the inclusion of obstetricians and gynecologists as MMRC members.

- Amended a requirement to link maternal and infant or fetal records from “as applicable” to “if available.”
- Strengthened the requirement to coordinate with death certifiers to improve the collection and quality of death records.
- Directed the HHS Secretary, acting through the CDC Director, in consultation 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.
- Increased the annual funding authorization from $58 million to $100 million for the period of FY2026 to FY2030.

Two other bills, H.R. 8080 (also included within Title IV of H.R. 7973) and S. 4187, propose the following identical provisions relevant to MMRCs:

- Authorizing an additional $10 million in annual appropriations from FY2027 through FY2031 for grants to promote representative community engagement in MMRCs, directing technical assistance from HHS.
- Specifying that not less than $1.5 million of the total amount authorized under Section 317K shall be reserved for Indian tribes or tribal and Urban Indian organizations.
- Tasking MMRCs with investigating cases of severe maternal morbidity, identifying deaths due to certain conditions, and consulting with community-based organizations “to the extent practicable.”
- Directing an HHS-led review of data collection processes and quality measures, for which MMRC members may be consulted and MMRC processes and membership may be reviewed.

Separately, HHS has proposed eliminating the Safe Motherhood/Infant Health portfolio in the FY2026 and FY2027 budgets.

Summary

MMRCs are considered the gold standard for identifying and reviewing pregnancy-associated deaths and mitigating 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 fund the Safe Motherhood portfolio at the same, increased, or decreased funding levels. Congress may also examine the extent to which the HHS reorganization and budget proposals may affect the program and the specific agencies named in statute. Policymakers could consider whether separate funding allocations, or specific agency directives, may be necessary to support MMRCs and the other maternal, infant, and child health activities also authorized under Section 317K.

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