

October 28, 2024

The Honorable Shelley Moore Capito  
U.S. Senate  
170 Russell Senate Office Building  
Washington, DC 20510

The Honorable Raphael Warnock  
U.S. Senate  
416 Russell Senate Office Building  
Washington, DC 20510

The Honorable Roger Marshall  
U.S. Senate  
479A Russell Senate Office Building  
Washington, DC 20510

The Honorable Cory Booker  
U.S. Senate  
717 Hart Senate Office Building  
Washington, DC 20510

The Honorable Thom Tillis  
U.S. Senate  
113 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Tina Smith  
U.S. Senate  
720 Hart Senate Office Building  
Washington, DC 20510

Dear Senators Capito, Marshall, Tillis, Warnock, Booker, and Smith:

On behalf of the physician and medical student members of the American Medical Association (AMA), I want to express our support for S. 2415 the “Preventing Maternal Deaths Reauthorization Act,” which would increase federal funding for state-based efforts to improve and continue maternal mortality review committees (MMRCs) and reduce disparities in maternal health outcomes. This bipartisan legislation would also require MMRCs to coordinate with death certifiers to improve the collection of death record reports and ensure that the Centers for Disease Control and Prevention (CDC) annually disseminate best practices for preventing maternal mortality and morbidity to hospitals, professional societies, and perinatal quality collaboratives.

MMRCs are multidisciplinary groups that convene at the state or local level to comprehensively review deaths that occur during or within one year of the end of pregnancy and provide recommendations for preventing future deaths.<sup>1</sup> “While surveillance using vital statistics can tell us about trends and disparities, state and local MMRCs are best positioned to comprehensively assess maternal deaths and identify opportunities for prevention.”<sup>2</sup> In 2020, MMRCs provided the CDC with data on 525 pregnancy-related deaths from 38 states.<sup>3</sup> Of these deaths the MMRCs determined that over 80 percent were preventable.<sup>4</sup> Moreover, MMRCs have been “instrumental in identifying the significant portion of deaths that occur after delivery and encouraging efforts to strengthen care in the postpartum period.”<sup>5</sup>

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<sup>1</sup> <https://www.cdc.gov/maternal-mortality/php/mmrc/index.html>.

<sup>2</sup> <https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>.

<sup>3</sup> <https://www.cdc.gov/maternal-mortality/php/mmrc/reports-articles.html>.

<sup>4</sup> <https://www.cdc.gov/maternal-mortality/php/data-research/index.html>.


<sup>5</sup> <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>.

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MMRCs hold a unique position within their communities because they provide recommendations at the state, local, and even hospital level. Moreover, since they provide a detailed review of each death, they are able to account for the impact of numerous factors including social determinants of health, environmental factors, race, income, locality, cooccurring morbidities, and more. The MMRCs can then design strategies to address and potentially eliminate hurdles that are being experienced by specific communities or states. As such, MMRCs are invaluable and should be provided with the additional support noted in S. 2415.

With the U.S. having one of the highest maternal mortality rates among developed countries, the AMA is deeply concerned about the health of our nation's mothers and babies. Therefore, in alignment with the key provisions of the Preventing Maternal Deaths Reauthorization Act, the AMA has and will continue to support the important work of MMRCs. The AMA is committed to addressing the issues surrounding maternal mortality and morbidity and working with Congress to develop solutions aimed at improving maternal health outcomes nationwide. We appreciate your leadership on this critical issue and look forward to working with you to advance this important legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Madara". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

James L. Madara, MD