The American Medical Association is committed to tackling the issues surrounding maternal mortality and morbidity. The U.S. has the highest maternal mortality rate among developed countries. A 2019 report by the Centers for Disease Control and Prevention (CDC) found that Black women are 3-4 times more likely to die from pregnancy-related causes than white women.

The AMA understands that there are a multitude of considerations necessary to address this epidemic, including:

- Lack of insurance or inadequate coverage prior to, during and after pregnancy.
- Closures of maternity units in many rural and urban communities.
- A lack of inter-professional teams trained in best practices.

There are concrete actions that should be taken to reduce and prevent rising rates of maternal mortality and serious or near-fatal maternal morbidity in the United States.

We urge policy makers to:

- Expand Medicaid and Children's Health Insurance Program (CHIP) coverage to 12 months postpartum.
- Increase support for maternal mortality review committees.
- Implement equitable standardized data collection methods.
- Expand access to medical and mental health care and social services for postpartum women.
- Continue to develop a health care workforce that is diverse in background and experience.
- Address shortcomings in our institutions.
- Adopt standards to ensure respectful, safe and quality care before, during and after delivery.

2021–Ongoing

Robust AMA advocacy on maternal health continues and is ongoing in 2021.

- Signed on to a letter urging for the highest possible funding for specific federal programs to improve maternal health in fiscal year (FY) 2022. This funding, if granted, would aim to prevent maternal deaths, eliminate inequities in maternal health outcomes and improve maternal health overall.
Maternal health was among the top issues physicians and medical students advocated with their members of Congress during the AMA National Advocacy Conference and the AMA Medical Student Advocacy Conference. In particular, these advocacy efforts focused around asking members of Congress to cosponsor the Mothers and Offspring Mortality and Morbidity Awareness (MOMMA’s) Act.

Sent a support letter for S. 411, the MOMMA’s Act which would establish national obstetric emergency protocols through a federal expert committee; ensure dissemination of best shared practices and coordination amongst maternal mortality review committees; standardize data collection and reporting; improve access to culturally competent care throughout the care continuum; provide guidance and options for states to adopt and pay for doula support services; and expand Medicaid coverage to new moms for one year postpartum.

Submitted comments to CMS regarding, “Maternal and Infant Health Care in Rural Communities” and the 2021 Medicare Physician Fee Schedule proposed rule. AMA comments prompted agency action that recognized the importance of preventive prenatal and postpartum care for the health of women and infants.

Joined a sign-on letter urging CMS to act as soon as possible to approve pending Section 1115 demonstration projects aimed at extending the postpartum coverage period for individuals who were enrolled in Medicaid while pregnant to a full year after the end of pregnancy.

This advocacy led to CMS approving Illinois Section 1115 waiver to cover postpartum care for Medicaid beneficiaries for up to one year after pregnancy. AMA Chief Health Equity Officer Aletha Maybank, MD, MPH, participated in the congressional call hosted by Senators Durbin (D-IL), Duckworth (D-IL) and Rep. Robin Kelly (D-IL-2) in celebration of the announcement.

Supported the “Connected Maternal Online Monitoring (MOM) Act,” which would require CMS to report to Congress on state Medicaid barriers to coverage of remote physiologic devices in programs to improve maternal and child health outcomes and update state resources.

Urged Congressional support for at least $750 million for Title V Maternal and Child Health Services Block Grant in the fiscal year 2022 Labor, Health and Human Services, Education, and Related Agencies appropriations bill.

Urged House Congressional leaders to support the highest possible funding level in FY 2022 for programs at Health Resources and Services Administration (HRSA), CDC and National Institutes of Health (NIH) that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes and improve maternal health.

Joined a sign-on letter urging Congress to direct $20M to the "CDC Hospitals Promoting Breastfeeding" line item in the FY 2022 Labor, Health and Human Services, and Related Agencies appropriations bill. See Senate letter and House letter.

Submitted an extensive statement for the record to the U.S. House of Representatives Committee on Oversight and Reform as part of the hearing entitled, “Birthing While Black:
Examining America’s Black Maternal Health Crisis.”
Supported H.R.1218 and S. 198, “Data Mapping to Save Moms’ Lives Act,” which would instruct the Federal Communications Commission (FCC) to consult with the CDC to determine ways to incorporate data on maternal health outcomes for at least one year postpartum into broadband health mapping tools in an effort to reduce maternal mortality and morbidity in the U.S.
Supported S. 796 and H.R. 958, the “Protecting Moms Who Served Act,” which would require the Department of Veterans Affairs to implement the maternity care coordination program with community maternity care providers trained to address the unique needs of pregnant and postpartum veterans; and require the U.S. Government Accountability Office to report on pregnant and postpartum veteran maternal mortality and severe maternal morbidity with a focus on veteran racial and ethnic disparities in maternal health outcomes.
Supported S. 1675, “Maternal Health Quality Improvement Act,” which would provide grants to identify, develop and disseminate best practices to improve maternal health care quality and outcomes; promote collaboration with state maternal mortality review committees to identify ways to reduce preventable maternal mortality and severe maternal morbidity; promote perinatal collaboration on quality; and implement integrated health care services for pregnant and postpartum women.
Joined a second sign-on letter urging Congress to direct $20M to the CDC Hospitals Promoting the Breastfeeding line item in the fiscal year 2022 Labor, Health and Human Services, and Related Agencies appropriations bill, an increase of $10.5M above the president’s budget level.
Joined other health care organizations in urging Congress to approve through appropriations for FY 2022 which would prioritize the highest possible funding level for certain programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes and improve maternal health.
Supported a provision in the American Rescue Plan Act of 2021 that established a temporary, optional provision to assist states in expanding Medicaid and CHIP coverage opportunities to one year postpartum.

2020
In 2020, the AMA communicated frequently with federal legislators and regulators to advocate for maternal health. Highlights include:

Patrice Harris, MD, MA, participated in the 2nd Annual Black Maternal Health Caucus Stakeholder Summit.
Provided comments outlining actions that the Centers for Medicare & Medicaid Services (CMS) could take to improve health outcomes for pregnant women.
The AMA participated in a U.S. Senate Committee on Finance staff briefing on maternal health and highlighted significant policies and conveyed the importance of expanding access to health care and social services for women for one-year postpartum under Medicaid and CHIP.

Provided comments to the U.S. Senate Committee on Finance regarding, “Solutions to Improve Maternal Health” and urged Congress to take several bipartisan actions, such as ensuring Medicaid and CHIP coverage for women one year postpartum.

Sent a support letter for H.R. 1897/S. 916, the MOMMA’s Act. The bill would require the CDC to provide technical assistance and best practices for collecting data, standardizing reporting and preventing maternal mortality. The bill would also establish regional centers to address implicit bias and cultural competency in the delivery of health care services. Additionally, the bill would extend coverage for pregnant and postpartum women under Medicaid and CHIP for one year postpartum and include coverage of oral health services.

Supported H.R. 4996, the Helping Medicaid Offer Maternity Services (MOMS) Act of 2019 which would allow states to provide one year of postpartum coverage under Medicaid and CHIP and require a report on coverage of doula services under Medicaid.

Supported H.R. 4995, the Maternal Health Quality Improvement Act of 2019 which would improve data collection in rural communities and promote perinatal quality collaborative activities and measures to address implicit bias.

Supported S. 1365/H.R. 2569, the Comprehensive Addiction Resources Emergency (“CARE”) Act, which would provide emergency assistance to areas affected by the opioid epidemic to improve systems for the delivery of essential services to individuals with substance use disorder and their families. Three sections provide for the treatment of pregnant women.

Supported H.R. 1329, the Medicaid Reentry Act, would provide states with the flexibility to allow Medicaid assistance for eligible incarcerated individuals up to 30 days prior to their release, to help provide for critically needed health care services, care coordination activities and linkages to care for individuals with substance use disorders.

Submitted extensive comments and suggested edits to address concerns with the Black Maternal Health Momnibus Act of 2021 (a collection of 12 standalone bills).

As part of a coalition, the AMA, national physician organizations and heart health experts launched a campaign, Release the Pressure, with Essence—the nation’s leading lifestyle magazine brand for Black women—to partner with Black women for healthy blood pressure. The prevalence of high blood pressure in Black women is nearly 40% higher than white women in the U.S. Two of the leading causes of pregnancy-related deaths are heart conditions and stroke, which cause more than 1-in-3 deaths.
2018–2019

In 2018, the AMA supported H.R. 1318, the Preventing Maternal Deaths Act of 2018, which was signed into law by the President, supported S. 1112, the Maternal Health Accountability Act of 2017 and joined stakeholders in a sign-on letter supporting these bills.

In 2019, the AMA provided written and oral testimony as part of the hearing on Improving Maternal Health, provided written and oral testimony as part of the hearing on the Maternal Mortality Crisis and participated in the Black Maternal Health Caucus, the first Black Maternal Health Stakeholder Summit which was held in person on Capitol Hill.

Download the PDF for updates on AMA’s advocacy to improve maternal health.