

April 11, 2018

The Honorable Lamar Alexander
Chairman
U.S. Senate Committee on Health,
Education, Labor & Pensions
Washington, D.C. 20515

The Honorable Patty Murray
Ranking Member
U.S. Senate Committee on Health,
Education, Labor & Pensions
Washington, D.C. 20515

Dear Chairman Alexander and Ranking Member Murray:

Thank you for the opportunity to provide comments on the discussion draft of the Opioid Crisis Response Act of 2018. As national organizations that work to improve maternal and child health, we are pleased that the draft bill includes several provisions that recognize and seek to address the impact of the opioid epidemic on maternal and child health populations. **We believe that the Opioid Crisis Response Act of 2018 could be strengthened in this regard with the addition of the Maternal Health Accountability Act (S. 1112), a bipartisan bill led by Senator Heidi Heitkamp and Senator Shelley Moore Capito.**

Unlike every other industrialized country, maternal deaths in the United States are on the rise. From 2000 to 2014, the United States' maternal mortality ratio increased by 26.6%, from 18.8 maternal deaths per 100,000 live births in 2000 to 23.8 maternal deaths per 100,000 live births in 2014.¹ Each year, an estimated 700 women in the U.S. die as a result of pregnancy or pregnancy-related complications.² Of these maternal deaths, an estimated 60 percent are preventable.³ Thirty-three states have established Maternal Morality Review Committees (MMRCs) to examine maternal deaths and identify ways to prevent these tragic events in the future. In completing these reviews, **several states, including Texas, Maryland, Virginia, and Colorado, have found that drug overdoses involving opioids are a leading cause of maternal deaths and identified targeted interventions to prevent maternal deaths linked to opioid overdose.**⁴

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The inclusion of the Maternal Health Accountability Act in the Opioid Crisis Response Act of 2018 would build on state-led solutions to tackle the problem of maternal mortality, including maternal deaths due to drug overdose, by assisting states to either establish or expand MMRCs. MMRCs are the gold standard in maternal mortality surveillance and bring together

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5001799/>

² <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

³ <https://www.cdcfoundation.org/sites/default/files/files/ReportFromNineMMRCs.pdf>

⁴ <https://www.ncbi.nlm.nih.gov/pubmed/27824771>

⁵ https://www.dshs.texas.gov/mch/pdf/Role-of-Opioid-Overdoses-in-Confirmed-Maternal-Deaths_Dec2017_FINAL.pdf

⁶ http://healthymaryland.org/wp-content/uploads/2011/05/MMR_Report_2016_clean-copy_FINAL.pdf

⁷ <http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/Final-Pregnancy-Associated-Deaths-Due-to-Drug-Overdose.pdf>

multidisciplinary health care professionals to review individual maternal deaths and make targeted recommendations based on those findings to prevent similar outcomes in the future. These data-driven reviews are critical tools to understanding maternal deaths, including those linked to opioid overdose, and identifying opportunities for prevention. For these reasons, we strongly urge you to include S. 1112, the Maternal Health Accountability Act, in your markup of the Opioid Crisis Response Act of 2018. Thank you for your consideration of this request and for your commitment to addressing the implications of the opioid epidemic on women and families.

Sincerely,

American College of Obstetricians and Gynecologists
Association of Maternal & Child Health Programs
March of Dimes
Society for Maternal-Fetal Medicine