2018 Legislative Memorandum

Subject: Relates to establishing maternal mortality review boards and the maternal mortality and morbidity advisory council

A.10346A (Joyner) / S.8907 (Hannon)

Position: SUPPORT

More women in the United States die of causes related to pregnancy and childbirth than in any other developed nation – and the United States is the only nation in the developed world where the maternal mortality rate is rising.¹

At the state level, New York is far from a beacon of hope: The state ranks thirtieth in the nation based on maternal death rates.²

This legislation, A.10346A/S.8907, will establish a maternal mortality review board that is charged with conducting a review of maternal deaths; based on this review, the board will propose evidence-based recommendations that address the actual causes of deaths related to pregnancy and childbirth.

The New York Civil Liberties Union strongly supports this measure.

Maternal mortality is a public health crisis with stark racial disparities. Black women are nearly four times more likely than white women to die of causes related to pregnancy or childbirth.³ This disparity holds true even when socioeconomic status is accounted for; and while black women of higher socioeconomic status have worse maternal mortality outcomes than white women across the board, poor black women are at an even greater risk. Indeed, in New York, 67

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percent of the maternal deaths that occurred from 2012 to 2013 involved women insured through the Medicaid program. 4

Studies indicate half of these deaths could be prevented. 5 However, among the primary factors that contribute to the high rate of maternal death is a poor understanding of the root causes and the most effective interventions. This information gap has prevented public health officials from taking effective measures to prevent maternal death.

The proposed legislation seeks to reduce maternal mortality rates in New York by establishing a maternal mortality review board under the auspices of the Department of Health. The bill proposes a policy model that drives results by adopting best practices from the the nation’s leading public health organizations and the federal Centers for Disease Control and Prevention. 6

   First, the bill requires the appointment of a diverse group of multidisciplinary experts with deep understanding of the challenges faced by women in medically underserved populations and geographic areas. This provision will help to ensure that communities at the center of this public health crisis are represented, and involved, in the process of developing policy and practice recommendations.

   Second, the board is charged with conducting a rigorous review that identifies best practices for the prevention of maternal deaths and complications related to pregnancy. This review process will be subject to confidentiality protections, with the objective of facilitating an open and honest dialogue among members of the review board, leading to more accurate assessments of problems and more effective interventions.

   And third, the board is directed to create an annual report that will be available to affected communities, policy makers, public health administrators and medical providers.

This legislation would provide New York’s policy makers and healthcare providers – as well as the women and families they serve – with the information they need to understand the causes of maternal mortality, and to take measures that will save lives.

We have the capacity to prevent deaths related to pregnancy and childbirth. There is a moral obligation upon lawmakers to act.

The NYCLU calls upon New York lawmakers to pass this bill now – women’s lives are in the balance.

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5 See supra note 1.