

Maternal Health Pandemic Response Act of 2020

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The United States has been facing a maternal mortality and morbidity crisis since prior to the coronavirus disease 2019 (COVID-19) public health emergency, in which people in the United States die as a result of pregnancy and childbirth at a higher rate than in any other developed nation. Black and American Indian and Alaska Native women are three to four times more likely to die from pregnancy-related causes than white women. This maternal mortality and morbidity crisis is fueled by racial, ethnic, and socioeconomic inequities; comorbidities; inadequate access to the health care system; and structural racism and discrimination—the same factors that have contributed to the substantial racial and ethnic disparities in COVID-19 outcomes.

The COVID-19 pandemic has strained the health care system and added another layer of fear and vulnerability for pregnant people, with disproportionate effects on people of color. Currently, the Center for Disease Control's (CDC) understanding of the specific impact of COVID-19 on pregnant people is limited, in part due to a lack of robust data collection. The data the Centers for Disease Control and Prevention (CDC) has managed to collect suggests that pregnant women are more likely to be hospitalized and are at a higher risk for intensive care unit admissions than nonpregnant women. The CDC has also found that Hispanic and Black pregnant women were disproportionately affected by COVID-19. As of August 4, 2020, over 15,000 pregnant women have tested positive for COVID-19 and 37 pregnant women have died.

In responding to the COVID-19 pandemic, the federal government cannot lose sight of its obligation to safeguard the health of our most vulnerable populations. The *Maternal Health Pandemic Response Act* would dedicate resources to combat the maternal mortality and morbidity crisis during the COVID-19 pandemic by:

- **Improving Data Collection, Research, and Surveillance Initiatives.** The bill requires the CDC to coordinate, collect, and publicly post data related to COVID-19 and pregnancy disaggregated by race, ethnicity, and state. The bill also authorizes funding for CDC's pregnancy surveillance programs and the National Institutes of Health's research programs. It also mandates CDC tribal consultation and confer with urban Indian organizations, in collaboration with the Indian Health Service.
- **Ensuring the Inclusion of Pregnant People in Vaccine and Therapeutic Development for COVID-19.** This bill directs the NIH to ensure that at least one COVID-19 vaccine is developed and made available for use in pregnancy and lactation. It adds reporting and data collection requirements for COVID-19 therapeutic and vaccine developers regarding their product's use in pregnancy and lactation. And it emphasizes the inclusion of pregnant people, including those from underrepresented populations, in clinical trials when safe and appropriate.
- **Improving Public Health Information and Communication for Pregnant People.** The bill directs the CDC to undertake a robust public health education effort aimed at informing pregnant people, their employers, and their providers about the latest evidence-based health information. It also requires the Secretary of Labor to issue an emergency temporary standard for pregnant workers and all workers.
- **Ensuring Lasting Maternal Health Care and Birthing Experience Improvements.** The bill defines anti-racist, culturally congruent, and respectful maternity care and seeks to improve the provision of this type of care. It creates a Task Force on Birthing Experience and Safe, Respectful Maternity Care to develop federal recommendations to ensure the provision of quality, nondiscriminatory maternity care and the improvement of maternal health outcomes during the COVID-19 public health emergency. It also mandates a Government Accountability Office (GAO) report after the end of the COVID-19 public health emergency to assess the delivery of maternal care during the pandemic and make recommendations for future pandemic preparedness and response related to maternal care.

ENDORISING ORGANIZATIONS: American College of Obstetricians and Gynecologists, Association of Maternal and Child Health Programs, Black Mamas Matter Alliance, Center for American Progress, Center for Reproductive Rights, In Our Own Voice: National Black Women's Reproductive Justice Agenda, Every Mother Counts, March of Dimes, March for Moms, National Asian Pacific American Women's Forum, National Birth Equity Collaborative, National Partnership for Women and Families, Planned Parenthood, and Society for Maternal-Fetal Medicine.