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National Council of Insurance Legislators (NCOIL)

Resolution in Support of Public Policy Improving Maternal Health

**Sponsored by Rep. Brenda Carter (MI) and Rep. Greg Scott (PA).*

**Adopted by the NCOIL Health Insurance & Long Term Care Issues Committee on April 17, 2026 and the NCOIL Executive Committee on April 19, 2026.*

WHEREAS, access to and quality of healthcare before pregnancy can affect health outcomes, yet only approximately 16% of mothers receive adequate prenatal care¹, highlighting persistent gaps in access to timely and appropriate services; and

WHEREAS, more than 80% of pregnancy-related deaths are preventable²; and

WHEREAS, hypertensive disorders in pregnancy are strongly associated with severe maternal complications, such as heart attack and stroke, and are a leading cause of pregnancy-related deaths in the United States³; and

WHEREAS, pregnant women living in rural America face significant barriers to maternity care, with 2.3 million women residing in counties deemed maternity care deserts. Pregnancy-related mortality is higher in rural populations with 37.9 deaths per 100,000 live births, compared to 23.1 per 100,000 live births in metropolitan areas⁴; and

WHEREAS, disparities in maternal health outcomes persist, with pregnancy-related mortality for Black women, Native American, and Alaska Native women being two to three times higher than for White, Hispanic, and Asian Pacific Islander women⁵; and

WHEREAS, the number of U.S. counties with a severe risk for maternal mental health disorders has risen. Maternal mental health is a risk factor associated with poor maternal health outcomes; poverty, social instability, and isolation contribute to this risk in many counties, while insufficient providers and other resource shortages exacerbate risks in others⁶; and

¹ [Inadequate prenatal care: United States, 2019-2024 | PeriStats | March of Dimes](#)

² [Preventing Pregnancy-Related Deaths | Maternal Mortality Prevention | CDC](#)

³ Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC; Division of Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, CDC

⁴ [Rural Maternal Health](#)

⁵ [Racial Disparities in Maternal and Infant Health: Current Status and Key Issues | KFF](#)

⁶ [2025 U.S. Maternal Mental Health Risk and Resources by County - Policy Center for Maternal Mental Health](#)

WHEREAS, acting upon reliable and comprehensive maternal health data is necessary to reduce disparities, improve care delivery and improve maternal and infant health outcomes⁷; and

WHEREAS, Maternal Mortality Review Committees (MMRCs) are multidisciplinary state or jurisdiction-level bodies inclusive of clinical and non-clinical experts representing populations disproportionately affected by maternal mortality; and

WHEREAS, MMRCs are uniquely positioned to identify preventable factors which contribute to maternal deaths, as well as recommend evidenced-based structure, policy and process changes which may help prevent future maternal deaths.

WHEREAS, BE IT NOW THEREFORE RESOLVED, that the National Council of Insurance Legislators (NCOIL) urges the 50 state legislatures, health departments, and other state agencies and institutions to make the prevention of maternal morbidity and mortality a high priority by ameliorating factors that lead to adverse outcomes, such as lack of access to appropriate and timely care and inadequate data structures, while improving the health and wellness of all mothers through the following measures:

Strengthening Maternal Mortality Review Committees (MMRCs) Through Legislation That:

- Ensures MMRCs operate as independent bodies comprised of a diverse group of expert participants;
- Supports the dissemination and implementation of MMRC recommendations and ensures MMRC data collection remains centralized;
- Maintains or increases funding for MMRCs via state public health agencies to support sustainability and effectiveness.

Improving Data Collection and Infrastructure

- Develop policies that support the collection of Severe Maternal Morbidity (SMM) data by hospitals and birthing facilities to help identify opportunities for clinical and structural improvements which may improve outcomes and reduce disparities in care. As part of this effort, definitions should aim to align with existing state and federal data collection efforts to minimize duplication;
- Address gaps in state data infrastructure that prevent comprehensive analysis of adverse maternal events by supporting efforts to standardize and centralize data collection;
- Encourage adoption of the Office of Management and Budget's Statistical Policy Directive No. 15 standards for maintaining, collecting, and presenting federal data on race and ethnicity.

Expanding Access to Maternal Support Services

⁷ [Maternal Morbidity and Mortality Data and Analysis Initiative](#)

- Increase investments to expand access to maternity care doula services in Medicaid, including workforce development programs to maintain an adequate number of providers, and ensure hospital policies enable maternity care doulas to serve as part of the care team.

Addressing Maternal Mental Health

- Promote the incorporation of multidisciplinary teams into integrated and collaborative maternal care models to address maternal mental health, including community-based perinatal support workers, obstetric and child health nurses, obstetricians, pediatricians, and family physicians.

Promoting Evidence-Based Clinical Quality Initiatives

- Encourage hospitals to adopt the Alliance for Innovation in Maternal Health (AIM) Hypertension Bundle to improve hypertension management and reduce pregnancy related complications.

WHEREAS, BE IT FINALLY RESOLVED, that a copy of this Resolution shall be sent to the members of the Committees with jurisdiction over healthcare in each state.