American Indian and Alaska Native Led Maternal Mortality Review Committees

Addressing the Native Maternal Health Crisis Through Inclusive Review Processes

American Indian and Alaska Native (AI/AN) Maternal Health Crisis[1]

AI/AN people face a maternal mortality crisis that demands action:

54.6 Pregnancy-related deaths per 100,000 live births	**4X** Higher rate of pregnancy-related deaths than non-Hispanic White people

What are AI/AN-Led Maternal Mortality Review Committees (MMRCs)?

MMRCs are multidisciplinary committees that convene at the state or local level to comprehensively review deaths that occur during or within 1 year of the end of pregnancy. AI/AN-led MMRCs, or Tribally-led MMRCs, are designed to specifically review AI/AN pregnancy-associated deaths, ensuring meaningful AI/AN representation, such as Elders, Tribal leaders, urban Indian leaders, culture keepers, doulas, Tribal epidemiology centers, government officials, and health officials, to ensure that culturally informed perspectives are maintained throughout the review process.

By having a specific AIAN-led MMRC, recommendations are developed from a space rooted in the experiences of Native peoples, their cultures, and relevant policies to prevent maternal deaths in Indian Country.

What are Urban Indian Organizations (UIOs)?

Pursuant to Indian Health Care Improvement Act (IHCIA), UIOs are AI/AN controlled organizations that deliver health care and referral services for AI/AN people residing in the urban centers in which the UIO is located.

What role can UIOs play?

UIOs and AI/AN-led MMRCs are both essential to addressing the maternal health crisis among AI/AN communities, but greater involvement of UIOs in the MMRC process is crucial. UIOs' expertise in understanding the unique challenges faced by AI/AN populations positions them as vital partners in maternal health efforts.

> MMRCs—including AI/AN-led MMRCs— can further promote pregnancy and postpartum health by actively involving UIOs on their committees. UIOs offer critical insights into the social, cultural, and systematic factors affecting urban AI/AN pregnancy and post-partum health.

[1] Centers for Disease Control and Prevention. (2025, December 18). *Data from the Pregnancy Mortality Surveillance System*. https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html?cove-tab=1

Current Federal Landscape

- ***Preventing Maternal Deaths Reauthorization Act of 2025* (H.R. 1909) -** Enacted on February 3, 2026. Reauthorizes support for state MMRCs through FY2030, directs HHS to disseminate best practices, and authorizes $100 million annually through FY2029.
- ***Data to Save Moms Act* (H.R. 8080) -** Introduced by Rep. Sharice Davids (D-KS) on March 25, 2026. Expands eligibility for grants that promote representative community engagement in MMRCs to Tribes, Tribal organizations, and UIOs; reserves at least $1.5M of MMRC funds for Tribes, Tribal organizations, and UIOs participation; and strengthens AI/AN maternal health data efforts.

Challenges for AI/AN-Led MMRCs

- *Time-limited funding cycles:* MMRC funding operates on short cycles contingent on congressional reauthorization, creating instability for committees that require sustained, long-term investment to function effectively.
- *Legislative Exclusion:* Tribes and UIOs are frequently omitted as eligible committee members in MMRC-enabling legislation, limiting meaningful AI/AN representation in the review process.
- *Data Gaps:* Chronic misidentification and undercounting of AI/AN individuals in health records undermines the accuracy of maternal mortality data and obscures the true scope of the crisis.

Recommendations

Congress Should:	States Should:	HHS Should:
• Ensure stable and long-term MMRC Funding • Pass the *Data to Save Moms Act* to explicitly include UIOs and Tribes in MMRC processes and funding • Support legislation to include UIO and Tribal representation on state and local MMRCs • Support legislative text that prioritizes AI/AN data integrity and transparency by mandating regulations that require all medical offices, hospitals, and other health facilities document correct data from patients in order accurately identify AI/AN people.	• Encourage state and local MMRCs to include Tribal and UIO representation	• Disseminate materials on best practices for MMRCs partnering with Tribes and UIOs • Advise states to include Tribes and UIOs as entities to be on MMRCs in guidance to states and local jurisdictions