



**SENATE STANDING COMMITTEE ON WOMEN'S ISSUES  
SENATE STANDING COMMITTEE ON HEALTH  
SENATE STANDING COMMITTEE ON MENTAL HEALTH  
SENATE STANDING COMMITTEE ON SOCIAL SERVICES**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** State of Maternal Health: An Examination of Maternal Mortality And Morbidity Rates in New York State

**PURPOSE:** The purpose of the hearing is to document concerns, and ideas from various stakeholders and impacted individuals about the barriers to prenatal and postpartum care. Testimony will be taken from governmental administrators, advocacy groups, health practitioners and professionals, and individuals who have been impacted by maternal mortality and morbidity issues in New York.

**Monday  
February 24, 2025  
10am -2pm  
Hearing Room A  
Legislative Office Building  
Albany, New York 12248**

**ORAL TESTIMONY BY INVITATION ONLY**

The rate of maternal mortality in the United States is approximately 23.5 deaths per 100,000 live births, the worst rate of any high-income country. In the United States, New York ranks 22<sup>nd</sup> for highest maternal mortality rate. From 2018-2020, the State Department of Health reported a maternal mortality rate of 19.3 per 100,000 live births. This rate also included a racial disparity larger than the national average. Black women were more than four times as likely to die while giving birth in comparison to white women in New York State, and more than 70 percent of these deaths are preventable.

Persons wishing to present pertinent testimony to the Women's Issues Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes duration. Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Women's Issues Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have a disability, the Women's Issues Committee, in accordance with the Senate's policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be

provided, upon reasonable request, to afford such individuals access and admission to State Legislature facilities and activities.

**Senator Lea Webb**  
**Chair, Committee on Women's Issues**

**Senator Roxanne Persaud**  
**Chair, Committee on Social Services**

**Senator Samra Brouk**  
**Chair, Committee on Mental Health**

**Senator Gustavo Rivera**  
**Chair, Committee on Health**

**PUBLIC HEARING REPLY FORM**

Persons wishing to present testimony at the public hearing on Maternal Mortality are requested to complete this reply form as soon as possible: by Feb. 17 for those seeking to testify in person, and by Feb. 21 for those seeking to submit written testimony. Please return this form by mail, email, or fax to both:

Diana Hernandez  
Legislative Director  
Senate Standing Committee on Women’s Issues  
Office Address Legislative Office Building Room 848, Albany, NY 12247  
Email: dhernand@nysenate.org  
Phone: 518-455-2170

**Oral Testimony by Invitation Only**

- I plan to attend the public hearing on February 24, 2025 to be conducted by the Committee on Women’s Issues in association with the Committees on Health, Mental Health, and Social Services
- I plan to make a public statement at the above hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

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- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information.

**Please specify the type of assistance required:**

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NAME:

TITLE:

ORGANIZATION:

ADDRESS:

E-MAIL:

TELEPHONE / FAX: