



January 20, 2026

Jim O'Neill  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329

**RE: Proposed Data Collection Submitted for Public Comment and Recommendations,  
Docket No. CDC-2025-0750**

Dear Acting Director Jim O'Neill:

As the professional home for health services and system researchers, AcademyHealth is pleased to offer input to guide the Centers for Disease Control and Prevention (CDC) as they optimize the value of key programs, resources, and datasets, in this case the Pregnancy Risk Assessment Monitoring System (PRAMS). Based on the available evidence, we strongly support extending the data collection authority and federal investments in PRAMS.

*Question one: Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility*

PRAMS was developed in 1987 in response to infant mortality rates not declining as quickly as they had been in prior years<sup>1</sup>. This monitoring system is the only national long-term survey in the U.S. on the prenatal and postpartum period<sup>2</sup>. PRAMS is an ongoing, site-specific, and population-based surveillance system designed to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants. It is a joint surveillance project between state, territorial, or local health departments and CDC's Division of Reproductive Health. In short, PRAMS is the cornerstone of maternal and infant health surveillance in the United States with decades of evidence of its success in using population-based data to improve health outcomes for infants and mothers.

With the support of the monitoring system, health services researchers examine risk factors (e.g. perinatal depression, lack of prenatal care, and smoking), evaluate the

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<sup>1</sup> Text of H.R. 4602 (107th): Safe Motherhood Act for Research and Treatment (Introduced version) - GovTrack.us. GovTrack.us. <https://www.govtrack.us/congress/bills/107/hr4602/text>

<sup>2</sup> Shulman HB, D'Angelo DV, Harrison L, Smith RA, Warner L. The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology. American Journal of Public Health. 2018;108(10):1305-1313. doi:<https://doi.org/10.2105/ajph.2018.304563>



effectiveness of programs such as Healthy Start, and consider the impact social and geographic factors like income, healthy food access, and location have on maternal health and infant health outcomes<sup>3</sup>.

Detailed insights provided by PRAMS are not duplicated elsewhere, highlighting the uniqueness of this monitoring system<sup>4</sup>. Data from PRAMS is collected by 46 state-health departments from women after they give birth<sup>5</sup>. This surveillance system is essential to comparing patient-reported experiences from various states and payors to assist in driving effective efforts to improve maternal and infant health. Doing so allows us all to learn what does and does not work as the states are the innovators in this space.

Federal government coordination and support is critical to a data collection effort of this scope and incomparable value. Without sustained federal support, we expect that participation, access, sample size, standardization, and data quality will all decline dramatically, and that this would have significant and negative implications for child and maternal health outcomes across the country. Mississippi is a cautionary example. In response to the federal staffing cuts, as of September 2025, Mississippi has suspended its PRAMS data collection.<sup>7</sup> This came *after* Mississippi declared a public health emergency in August 2025 because their state infant mortality rate had increased to 9.7 deaths per 1,000 live births—the highest in more than a decade<sup>6</sup>. For comparison, in 2023 the U.S. infant mortality rate was 5.61 deaths per 1,000.<sup>7</sup>

Significant federal support for PRAMS is an investment in actionable evidence that improves health outcomes and increases high-quality care access. In 2017, PRAMS data was used to inform recommendations on how to support women living with substance abuse disorder when developing the West Virginia Opioid Response Plan. As a result, the West Virginia 2020-2022 Substance Use Response Plan was able to expand access to Medication for Opioid Use Disorder (MOUD) services, which increased access to prenatal SUD treatment, resulting in a decrease in infant opioid diagnosis at birth. Additionally, the response plan demonstrated a positive impact on healthy pregnancies through the Drug

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<sup>3</sup> Koire A, Wu J. Protecting PRAMS: The Importance of the Pregnancy Risk Assessment Monitoring System for Perinatal Psychiatric Services. Psychiatric Services. Published online 2025: appips20250416-  
appips20250416.doi: <https://doi.org/10.1176/appi.ps.20250416>

Pregnancy Risk Assessment Monitoring System (PRAMS). Health & Human Services. Published August 11, 2025. Accessed January 14, 2026. <https://hhs.iowa.gov/health-prevention/family-health/prams>

<sup>4</sup> Association of Maternal & Child Health Programs. Pregnancy Risk Assessment Monitoring System - Informing Impact, Improving Lives Guide to Key Maternal and Child Health Investments.; 2025.

[https://amchp.org/wp-content/uploads/2025/04/AMCHPFundingSeries\\_PRAMS.pdf](https://amchp.org/wp-content/uploads/2025/04/AMCHPFundingSeries_PRAMS.pdf)

<sup>5</sup> Roeder A. With Federal Maternal Health Database in limbo, a Risk to Mother and Infant Health. Harvard T.H. Chan School of Public Health. Published 2025. <https://hsph.harvard.edu/news/with-federal-maternal-health-database-in-limbo-a-risk-to-mother-and-infant-health/>

<sup>6</sup> Mississippi State Department of Health. MSDH Declares Public Health Emergency on Infant Mortality. Mississippi State Department of Health. Published 2025. <https://msdh.ms.gov/page/23,30305,341.html>

<sup>7</sup> Ely D, Driscoll A. Infant Mortality in the United States, 2023: Data from the Period Linked Birth/Infant Death File. Vol 74 (7). National Center for Health Statistics (US); 2025. doi:<https://doi.org/10.15620/cdc/174592>

Free Moms and Babies (DFMB) Program, with infants having higher birth rates compared to those not enrolled in the program<sup>8</sup>. quality family planning services, increase staffing capacity at harm reduction.

Without PRAMS, identifying and addressing the causes of perinatal mood disorders (PMADs), preterm births (e.g. NICU stays), maternal morbidity, and others results in costly emergency services and long-term care.<sup>9</sup> PMADs is a common complication of pregnancy affecting an estimated 1 in 4 mothers, contributing to over \$15 billion in healthcare costs annually in the U.S.<sup>10</sup> A five-year estimate suggests that maternal morbidity can lead to an economic loss of \$6.6 billion to the U.S. in productivity<sup>11</sup>. With sustained federal support, we can ensure the continued flow of vital information that PRAMS provides, ensuring that the effective design of programs to ensure the needs of mothers, infants, and babies are met.

It is critical that this data remains uninterrupted and supported by minimum necessary staffing at CDC to ensure continued data standardization and comparability, protocol adherence and collection of high-quality and actionable data, support in cleaning data, and ensuring that data are released in a timely and accessible manner to all partners and users.

Thank you for the opportunity to discuss the perspectives and concerns of the health services research community. For further comment, clarification, or inquiry, please email Josh Caplan at [Josh.Caplan@AcademyHealth.org](mailto:Josh.Caplan@AcademyHealth.org).

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<sup>8</sup> Centers for Disease Control and Prevention. Success Story: West Virginia. Pregnancy Risk Assessment Monitoring System (PRAMS). Published 2024. Accessed January 14, 2026.

<https://www.cdc.gov/prams/php/success-stories-data-to-action/west-virginia.html>

West Virginia Department of Health. 2020-2022 Substance Use Response Plan Released. Wv.gov. Published 2020. Accessed January 15, 2026. <https://dhhr.wv.gov/News/2020/Pages/2020-2022-Substance-Use-Response-Plan-Released.aspx>

Developing a Multi-State Network of Linked Pregnancy Risk Assessment Monitoring System (PRAMS) and Clinical Outcomes Data for Patient-Centered Outcomes Research. ASPE. Published 2020. Accessed January 14, 2026. <https://aspe.hhs.gov/developing-multi-state-network-linked-pregnancy-risk-assessment-monitoring-system-prams-clinical>

Dueñas-García O, Robinson L, Marshall E, et al. Perinatal outcomes in women referred to the West Virginia University Assist Connect and Encourage (ACE) – A program of the Drug Free Moms and Babies Project (DFMB) for women with substance use during pregnancy. *Preventive Medicine Reports*. 2023;35:102312. doi:<https://doi.org/10.1016/j.pmedr.2023.102312>

<sup>9</sup> Luca DL, Margiotta C, Staatz C, Garlow E, Christensen A, Zivin K. Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States. *American Journal of Public Health*. 2020;110(6):888-896. doi:<https://doi.org/10.2105/ajph.2020.305619>

<sup>10</sup> Zivin K, Zhang X, Anca Tilea, et al. Perinatal Psychotherapy Use and Costs Before and After Federally Mandated Health Insurance Coverage. *JAMA Network Open*. 2024;7(8):e2426802-e2426802. doi:<https://doi.org/10.1001/jamanetworkopen.2024.26802>

<sup>11</sup> Beyer D. Improving Maternal Health Care Would Save Lives and Prevent Economic Losses, Especially for Women of Color.; 2022. Accessed January 14, 2026. [https://www.jec.senate.gov/public/\\_cache/files/e8830e55-b345-455b-a5fa-5c16ddb7353c/maternal-mortality-final-1-.pdf](https://www.jec.senate.gov/public/_cache/files/e8830e55-b345-455b-a5fa-5c16ddb7353c/maternal-mortality-final-1-.pdf)