


Government of the District of Columbia
Office of the Chief Financial Officer



Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeffrey S. DeWitt
Chief Financial Officer 

DATE: August 29, 2019

SUBJECT: Fiscal Impact Statement – Investigating Maternal Mortalities
Amendment Act of 2019

REFERENCE: Draft Bill as shared with the Office of Revenue Analysis on August 9,
2019

Conclusion

Funds are sufficient in the fiscal year 2019 budget and the fiscal year 2020 through fiscal year 2023 budget and financial plan to implement the bill.

Background

The Office of the Chief Medical Examiner (OCME) is required to investigate certain deaths that occur in the District, including violent deaths, unexplained deaths, those that occur under suspicious circumstances, deaths related to diseases that are potential threats to public health, and others specified in District law.¹ When deaths occur, they are referred to OCME's forensic investigations unit and then, if necessary, referred to an OCME physician for further examination.

¹ Establishment of the Chief Medical Examiner Act of 2000, effective October 19, 2000 (D.C. Law 13-172; D.C. Official Code § 5-1405).

The Honorable Phil Mendelson

FIS: "Investigating Maternal Mortalities Amendment Act of 2019," Draft Bill as shared with the Office of Revenue Analysis on August 9, 2019

The bill expands OCME's required death investigations to include all maternal mortalities. The bill defines maternal mortalities as both deaths that are pregnancy-associated or -related and those resulting from severe maternal morbidity.²

Financial Plan Impact

Funds are sufficient in the fiscal year 2019 budget and the fiscal year 2020 through fiscal year 2023 budget and financial plan to implement the bill. In 2018, the District had a maternal mortality rate of approximately 36 deaths per 100,000 births³ with approximately 9,800 births to District residents.⁴ OCME additionally believes there are no more than a dozen maternal deaths that are not reported to the agency annually. OCME's current team of approximately fourteen forensic investigators and seven forensic pathologists can manage any additional investigations and examinations that may be required.⁵

² Severe maternal morbidity is an outcome of labor and delivery that has short- or long-term consequences to a woman's health. This can include, but is not limited to, acute renal failure, amniotic fluid embolism, aneurysm, cardiac arrest, eclampsia, heart failure, sepsis, or temporary tracheostomy.

³ America's Health Rankings, United Health Foundation, Maternal Mortality, District of Columbia, 2018 (https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/DC).

⁴ United States Census, Annual Estimates of the Components of Population Change: July 1, 2017 to July 1, 2018.

⁵ Pathologists can manage up to 250 autopsies annually to be in line with National Association of Medical Examiner standards and the seven on staff at OCME manage 200-220 annually.