

Calendar No. 224

117TH CONGRESS }
2d Session }

SENATE

{ REPORT
117-65 }

DATA MAPPING TO SAVE MOMS' LIVES ACT

R E P O R T

OF THE

COMMITTEE ON COMMERCE, SCIENCE, AND
TRANSPORTATION

ON

S. 198



FEBRUARY 3, 2022.—Ordered to be printed

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SENATE COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

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DATA MAPPING TO SAVE MOMS' LIVES ACT

FEBRUARY 3, 2022.—Ordered to be printed

Ms. CANTWELL, from the Committee on Commerce, Science, and Transportation, submitted the following

R E P O R T

[To accompany S. 198]

[Including cost estimate of the Congressional Budget Office]

The Committee on Commerce, Science, and Transportation, to which was referred the bill (S. 198) to require the Federal Communications Commission to incorporate data on maternal health outcomes into its broadband health maps, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

PURPOSE OF THE BILL

S. 198 would require the Federal Communications Commission (FCC or Commission) to incorporate data from the Centers for Disease Control and Prevention (CDC) on maternal health outcomes into its most recently available broadband health mapping tools.

BACKGROUND AND NEEDS

According to the CDC, severe complications related to pregnancy, known as severe maternal morbidity (SMM), impacted over 50,000 women in the United States in 2014.¹ In 2019, a CDC study found that SMM causes approximately 700 deaths in the United States

¹Centers for Disease Control and Prevention, “Reproductive Health: Severe Maternal Morbidity in the United States,” last reviewed June 1, 2021 (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html#:text=The%20overall%20rate%20of%20SMM,1993%20to%2012.3%20in%202014>) (accessed June 1, 2021).

each year.² After evaluating 232 of these deaths, the CDC determined that 139 were preventable (60 percent of those evaluated).³

The CDC determined that there are a number of factors contributing to maternal deaths, including the following:

- limited access to transportation;
- health facilities' limited experience with obstetric emergencies and a lack of appropriate personnel or services;
- lack of patient knowledge of warning signs;
- missed or delayed diagnoses;
- a lack of continuity of care; and
- inadequate access to care.⁴

Researchers believe that these factors are more prevalent in rural areas, in part due to rural hospitals closing their obstetric services or shutting down entirely, rural workforce shortages, and other systemic issues.⁵ Poverty also has been cited as a contributing factor for maternal mortality.⁶

In an effort to prevent maternal deaths, the CDC recommends providing telehealth technologies to health facilities lacking on-site obstetric services. Telehealth enables collaboration between health facilities with obstetric services and health facilities that lack on-site obstetric services.⁷ It can also help facilitate the transportation of patients to other hospitals, clinics, or health centers that offer obstetric services or make locally provided care as safe as possible when transport is not an option.⁸ There are real-world examples supporting the CDC's recommendations. For example, telehealth is being successfully utilized to treat SMM in rural areas of America, including in Minnesota and South Dakota.⁹ Indeed, the National Institutes of Health reports that telehealth resources have become crucial to obstetric care during the COVID-19 pandemic.¹⁰

However, telehealth requires access to broadband. Unfortunately, many rural areas lack broadband,¹¹ just as they lack on-site obstetric services, thus preventing the widespread use of telehealth by both patients and healthcare providers. The CDC also has documented various structural barriers to the adoption of telehealth to combat maternal health issues, pointing in particular both to broadband availability issues, as well as the cost of service and

²Emily E. Petersen et al., *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, p. 425, May 7, 2019 (https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w) (accessed June 1, 2021).

³Ibid.

⁴Ibid.

⁵Centers for Medicare and Medicaid Services, *Improving Access to Maternal Health Care in Rural Communities*, p. 1, Sep. 3, 2019 (<https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf>) (accessed June 1, 2021).

⁶J. Phillip Gingrey, "Maternal Mortality: A US Public Health Crisis," *American Journal of Public Health*, volume 110, issue 4 (April 2020) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7067092/>) (accessed June 1, 2021).

⁷Supra note 5 at 20.

⁸For a case study concerning the use of telehealth in addressing maternal health issues, see Susan Mann, M.D., Kimberly McKay, M.D., and Haywood Brown, M.D., "NEJM: The Maternal Health Compact," *New England Journal of Medicine*, April 5, 2017 (<https://obgyn.duke.edu/news/nejm-maternal-health-compact>) (accessed June 1, 2021).

⁹Ibid.

¹⁰Kimberly Fryer et al., "Implementation of Obstetric Telehealth During COVID-19 and Beyond," *Maternal and Child Health Journal*, June 20, 2020 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7305486/>) (accessed June 1, 2021).

¹¹Federal Communications Commission, *Inquiry Concerning Deployment of Advanced Telecommunications Capability to All Americans in a Reasonable and Timely Fashion*, 2020 Broadband Deployment Report, GN Docket No. 19–285, Fig. 1, released April 24, 2020 (<https://docs.fcc.gov/public/attachments/FCC-20-50A1.pdf>) (accessed June 1, 2021).

equipment.¹² In addition, while some low-income Americans may have access to broadband, the cost of broadband service may pose a barrier.¹³

Broadband mapping could lead to better maternal health outcomes. The FCC, through its Connect2Health Task Force, already maps information related to broadband availability and diabetes, obesity, physician access, poor health, preventable hospitalization, and sick days.¹⁴ These maps help show the intersection between connectivity (or lack thereof) and health outcomes in these areas at granular levels,¹⁵ which helps policymakers, medical professionals, and State and local communities make more efficient, data-driven decisions.¹⁶

The FCC, however, does not map the intersection of maternal health outcomes and broadband availability. S. 198 would require the FCC to incorporate data on maternal health outcomes into its most recently available broadband health mapping tools for no less than 1 year postpartum. Such a map could help increase the quality of maternal care and reduce the prevalence of poor maternal health outcomes. For example, creating such a map could establish a picture of where maternal mortality rates are especially high and identify areas where critical telehealth resources need to be deployed.

LEGISLATIVE HISTORY

S. 198 was introduced on February 3, 2021, by Senator Rosen (for herself and Senators Fischer, Young, and Schatz), and was referred to the Committee on Commerce, Science, and Transportation of the Senate. Senators Markey, Blumenthal, King, Van Hollen, Klobuchar, Braun, Peters, Sinema, Capito, and Hirono are additional cosponsors. On April 28, 2021, the Committee met in open Executive Session and, by voice vote, ordered S. 198 reported favorably without amendment.

S. 198 is substantially similar to H.R. 1218, a bill introduced on February 23, 2021, by Representative G.K. Butterfield (for himself and Representatives Gus Bilirakis and Lisa Blunt Rochester) and referred to the Committee on Energy and Commerce in the House of Representatives. Representative Gwen Moore is an additional cosponsor.

116th Congress

S. 198 is substantially similar to another bill, S. 3152, previously reported favorably by the Committee. S. 3152 was introduced on January 7, 2020, by Senator Rosen (for herself and Senators Fischer, Young, and Schatz) and was referred to the Committee on Commerce, Science, and Transportation of the Senate. Senators Jones,

¹² Supra note 5 at 20.

¹³ Pew Research Center, Internet/Broadband Fact Sheet (<https://www.pewresearch.org/internet/fact-sheet/internet-broadband/?menuItem=480dace1-fd73-4f03-ad88-eae66e1f4217>) (accessed June 1, 2021).

¹⁴ Federal Communications Commission, Connect2Health Task Force, “Mapping Broadband Health in America 2017” ([https://www.fcc.gov/reports-research/maps/connect2health/#ll=18.562942,-112.529295&z=3&t=health&hmm=hh_diabetes_rate&advbb=in_bb_access\\$60_80&dmf=none](https://www.fcc.gov/reports-research/maps/connect2health/#ll=18.562942,-112.529295&z=3&t=health&hmm=hh_diabetes_rate&advbb=in_bb_access$60_80&dmf=none)) (accessed June 1, 2021).

¹⁵ Federal Communications Commission, “Mapping Broadband Health in America” (<https://www.fcc.gov/health/maps>) (accessed June 1, 2021).

¹⁶ Federal Communications Commission, Office of Media Relations, “FCC’s Connect2Health Task Force Announces Data Update for Broadband Health Mapping Platform,” June 8, 2017 (<https://docs.fcc.gov/public/attachments/DOC-344778A1.pdf>) (accessed June 1, 2021).

Markey, Collins, Smith, King, Braun, Van Hollen, Blumenthal, Klobuchar, and Peters were additional cosponsors to S. 3152. On July 22, 2020, the Committee met in open Executive Session and, by voice vote, ordered S. 3152 reported favorably with an amendment (in the nature of a substitute) and an amendment from Senator Rick Scott. On December 15, 2020, S. 3152, as amended, passed the Senate by unanimous consent.

S. 3152 was substantially similar to H.R. 5640, a bill introduced on January 16, 2020, by Representative G.K. Butterfield (for himself and Representatives Greg Gianforte, Susan W. Brooks, Robin L. Kelly, and Lisa Blunt Rochester) and referred to the Committee on Energy and Commerce in the House of Representatives.

ESTIMATED COSTS

In accordance with paragraph 11(a) of rule XXVI of the Standing Rules of the Senate and section 403 of the Congressional Budget Act of 1974, the Committee provides the following cost estimate, prepared by the Congressional Budget Office:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 14, 2021.

Hon. MARIA CANTWELL,
Chairwoman, Committee on Commerce, Science, and Transportation, U.S. Senate, Washington, DC.

DEAR MADAM CHAIRWOMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 198, the Data Mapping to Save Moms' Lives Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is David Hughes.

Sincerely,

PHILLIP L. SWAGEL,
Director.

Enclosure.

S. 198, Data Mapping to Save Moms' Lives Act			
As ordered reported by the Senate Committee on Commerce, Science, and Transportation on April 28, 2021			
By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	*	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	Yes, Under Threshold
* = between zero and \$500,000.			

S. 198 would require the Federal Communications Commission (FCC) to incorporate data on maternal health outcomes into its

most recently available broadband health mapping tools. In addition, the bill would require the Government Accountability Office (GAO) to report to the Congress on the effectiveness of Internet connectivity in reducing maternal morbidity rates.

Using information about the cost of broadband mapping, CBO estimates that it would cost the FCC less than \$500,000 to update its broadband health maps to incorporate maternal health outcomes. However, because the FCC is authorized to collect fees each year sufficient to offset the appropriated costs of its regulatory activities, CBO estimates that the net cost to the FCC would be negligible, assuming appropriation actions consistent with that authority. CBO estimates that it would cost GAO less than \$500,000 to complete the required report; such spending would be subject to the availability of appropriated funds.

If the FCC increases annual fee collections to offset the costs of implementing provisions in the bill, S. 198 would increase the cost of an existing private-sector mandate on entities required to pay those fees. CBO estimates that the incremental cost of the mandate would be small and would fall well below the annual threshold established in the Unfunded Mandates Reform Act for private-sector mandates (\$170 million in 2021, adjusted annually for inflation).

The bill contains no intergovernmental mandates.

The CBO staff contacts for this estimate are David Hughes (for federal costs) and Rachel Austin (for mandates). The estimate was reviewed by H. Samuel Papenfuss, Deputy Director of Budget Analysis.

REGULATORY IMPACT STATEMENT

In accordance with paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the Committee provides the following evaluation of the regulatory impact of the legislation, as reported:

Number of Persons Covered

S. 198 would have no further effect on the number or types of individuals and businesses regulated.

Economic Impact

S. 198 would not have a negative impact on the Nation's economy.

Privacy

S. 198 would not impact the personal privacy of affected individuals.

Paperwork

S. 198 would direct the Government Accountability Office (GAO) to submit a report to Congress on the relationship between internet connectivity and maternal morbidity.

CONGRESSIONALLY DIRECTED SPENDING

In compliance with paragraph 4(b) of rule XLIV of the Standing Rules of the Senate, the Committee provides that no provisions contained in the bill, as reported, meet the definition of congressionally directed spending items under the rule.

SECTION-BY-SECTION ANALYSIS

Section 1. Short title.

This section would provide that the bill may be cited as the “Data Mapping to Save Moms’ Lives Act”.

Section 2. Mapping broadband connectivity and maternal health outcomes.

Subsection (a) of this section would require the FCC to incorporate data on maternal health outcomes, for no less than 1 year postpartum, into its most recently available broadband health mapping tools. Subsection (b) of this section would direct the Commission to consult with the CDC regarding the maternal health outcomes it should incorporate into its most recently available broadband health mapping tools.

The Committee is aware that the FCC’s Connect2Health Task Force has developed other maps displaying certain health outcomes overlaid against data on the availability of broadband. In some cases, those maps have been developed in coordination with the CDC and use CDC data. The Committee intends for the map required by this section to be developed using the same coordination processes. It also intends that the directive to the FCC to coordinate its actions with the CDC be interpreted to direct the FCC to use the CDC-developed categories and data related to maternal health outcomes and not to develop its own categories or data. Additionally, the Committee intends that the FCC utilize its Connect2Health Task Force to the greatest extent possible in its execution of its responsibilities under this section. Finally, the Committee intends for the FCC to maintain the map required by this section (and any other maps it has developed relating broadband availability and health outcomes) as a publicly available map posted to the FCC website, and for those maps to be updated and upgraded as data on broadband or health outcomes warrant.

Section 3. GAO study.

Section 3 would require the GAO to study and submit a report to Congress not later than 1 year after enactment of this bill on the following two issues: (1) the effectiveness of internet connectivity in reducing maternal morbidity rates; and (2) who is best suited to take responsibility for ensuring better internet connectivity to reduce maternal morbidity rates.

CHANGES IN EXISTING LAW

In compliance with paragraph 12 of rule XXVI of the Standing Rules of the Senate, the Committee states that the bill as reported would make no change to existing law.