

I urge passage of H.R. 309.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 309.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

IMPROVING ACCESS TO MATERNITY CARE ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 315) to amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 315

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Improving Access to Maternity Care Act”.

SEC. 2. MATERNITY CARE HEALTH PROFESSIONAL TARGET AREAS.

Section 332 of the Public Health Service Act (42 U.S.C. 254e) is amended by adding at the end the following new subsection:

“(k)(1) The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall identify, based on the data collected under paragraph (3), maternity care health professional target areas that satisfy the criteria described in paragraph (2) for purposes of, in connection with receipt of assistance under this title, assigning to such identified areas maternity care health professionals who, without application of this subsection, would otherwise be eligible for such assistance. The Secretary shall distribute maternity care health professionals within health professional shortage areas using the maternity care health professional target areas so identified.

“(2) For purposes of paragraph (1), the Secretary shall establish criteria for maternity care health professional target areas that identify geographic areas within health professional shortage areas that have a shortage of maternity care health professionals.

“(3) For purposes of this subsection, the Secretary shall collect and publish in the Federal Register data comparing the availability and need of maternity care health services in health professional shortage areas and in areas within such health professional shortage areas.

“(4) In carrying out paragraph (1), the Secretary shall seek input from relevant provider organizations, including medical societies, organizations representing medical facilities, and other organizations with expertise in maternity care.

“(5) For purposes of this subsection, the term ‘full scope maternity care health services’ includes during labor care, birthing, prenatal care, and postpartum care.

“(6) Nothing in this subsection shall be construed as—

“(A) requiring the identification of a maternity care health professional target area in an area not otherwise already designated as a health professional shortage area; or

“(B) affecting the types of health professionals, without application of this subsection, otherwise eligible for assistance, including a loan repayment or scholarship, pursuant to the application of this section.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 315, the Improving Access to Maternity Care Act, which I introduced with Representative ESHOO.

H.R. 315 increases data collection by the Department of Health and Human Services to help better place maternity care providers through the National Health Service Corps repayment program. Currently, maternity care providers participate in the National Health Service Corps through the primary care designation, but they are not always placed where they are needed the most. H.R. 315 will require increased data collection on maternity care providers who will then be placed in geographic areas within existing health professional shortage areas, again, where they are most needed.

This legislation enjoyed broad support on the Energy and Commerce Committee, passing through the full committee markup by a voice vote in the 114th Congress.

H.R. 315 provides no new spending, Mr. Speaker.

I urge all my colleagues to support this legislation.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 315, the Improving Access to Maternity Care Act.

This important legislation would require the Health Resources and Services Administration to better identify areas with increased need for maternity care services. This would help ensure the placement of maternity care providers within the National Health Service Corps in areas with the most need for their services.

Improving access to maternity care providers in our most underserved communities will help reduce the poor health outcomes that can result when women don't have access to quality, prenatal maternity services that they need. Those outcomes can include increased infant mortality, preterm

births, low birth weight infants, and maternal mortality.

To provide just one example of how limited access to quality maternity care service is affecting American communities is that while global maternal mortality rates have fallen by more than a third from 2000 to 2015, the maternal mortality rate in the United States has increased. In 2015, 25 women lost their lives during pregnancy or childbirth per 100,000 births in the U.S., compared to 23 women who did so in only 2000.

It is clear that we must do more to reverse the troubling trend and other poor outcomes that result in limited access to maternity care providers. Congress must make it a priority to ensure our women have access to prenatal and maternity care services.

I support H.R. 315. I urge my colleagues to vote “yes.”

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Tennessee (Mr. ROE), the chairman of the Veterans' Affairs Committee and a fellow OB/GYN.

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Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of H.R. 315, the Improving Access to Maternity Care Act, sponsored by the gentleman from Texas (Mr. BURGESS), a fellow OB/GYN and chairman of the Health Caucus.

One of the easiest ways to ensure a safer and healthier pregnancy experience for both mother and child is through adequate maternity care. Unfortunately, there are pockets across the United States where women do not have access to needed OB/GYN care, which puts both mothers and babies at risk should a complication arise.

As an OB/GYN who spent 31 years in practice, I find it unacceptable that 1 million babies are born to mothers who did not receive adequate prenatal care. Without that proper care, babies born to these mothers are three times more likely to be born at a low birth weight and five times more likely to die than babies whose mothers did receive adequate maternity care.

With a large number of OB/GYNs nearing retirement age and a female population expected to increase by 36 percent by 2050, there is no more important time than now to ensure adequate access to maternity care for all mothers, no matter where they live. A woman living in rural east Tennessee or rural Texas should have the same access to adequate maternity care as someone living in the city of Nashville, Memphis, Dallas, or wherever.

I am a proud cosponsor of this legislation that would require the Health Resources and Services Administration to designate maternity healthcare professional shortage areas and target maternity care resources where they are most needed, helping to ensure healthier pregnancies and healthier babies.

It was my job as an OB/GYN to make sure that mothers and their children

were healthy during and after pregnancy, and I feel very strongly about that duty now that I am here in Congress. While this bill will not solve the entire shortage crisis, I think this bill is a meaningful start. I urge my colleagues to support this legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, it is my pleasure to yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 315, the Improving Access to Maternity Care Act.

Our Nation is facing a critical shortage of maternity healthcare services and professionals. Many Americans in rural or medically underserved areas have little to no access to maternity care services, either due to geographical constraints or a shortage of healthcare providers. This bill would encourage physicians and other healthcare professionals to serve in rural and underserved communities by creating a maternity care designation in the National Health Service Corps.

The National Health Service Corps provides up to \$50,000 in student loan repayments for healthcare professionals who commit to providing care in health profession shortage areas for a minimum of 2 years. The program has already made great progress in increasing access and reducing provider shortages in dental care, mental health, and primary care.

Maternity health professionals can and do already serve in the National Health Service Corps, but they are placed in the same manner as primary care providers. This bill would create a separate designation for maternity care providers, ensuring that maternity health needs are more efficiently addressed in underserved communities that need them the most.

I urge my colleagues to support this bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, H.R. 315, once again, is a bill that passed with overwhelming support in the last Congress. I hope that by taking it up early in this Congress, we will allow time for the other body to attend to this needed legislation. I urge my colleagues to support H.R. 315.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 315.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further pro-

ceedings on this motion will be postponed.

SPORTS MEDICINE LICENSURE CLARITY ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 302) to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 302

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Sports Medicine Licensure Clarity Act of 2017”.

SEC. 2. PROTECTIONS FOR COVERED SPORTS MEDICINE PROFESSIONALS.

(a) IN GENERAL.—In the case of a covered sports medicine professional who has in effect medical professional liability insurance coverage and provides in a secondary State covered medical services that are within the scope of practice of such professional in the primary State to an athlete or an athletic team (or a staff member of such an athlete or athletic team) pursuant to an agreement described in subsection (b)(4) with respect to such athlete or athletic team—

(1) such medical professional liability insurance coverage shall cover (subject to any related premium adjustments) such professional with respect to such covered medical services provided by the professional in the secondary State to such an individual or team as if such services were provided by such professional in the primary State to such an individual or team; and

(2) to the extent such professional is licensed under the requirements of the primary State to provide such services to such an individual or team, the professional shall be treated as satisfying any licensure requirements of the secondary State to provide such services to such an individual or team.

(b) DEFINITIONS.—In this Act, the following definitions apply:

(1) ATHLETE.—The term “athlete” means—
(A) an individual participating in a sporting event or activity for which the individual may be paid;

(B) an individual participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) an individual for whom a high school or institution of higher education provides a covered sports medicine professional.

(2) ATHLETIC TEAM.—The term “athletic team” means a sports team—

(A) composed of individuals who are paid to participate on the team;

(B) composed of individuals who are participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) for which a high school or an institution of higher education provides a covered sports medicine professional.

(3) COVERED MEDICAL SERVICES.—The term “covered medical services” means general medical care, emergency medical care, athletic training, or physical therapy services. Such term does not include care provided by a covered sports medicine professional—

(A) at a health care facility; or

(B) while a health care provider licensed to practice in the secondary State is transporting the injured individual to a health care facility.

(4) COVERED SPORTS MEDICINE PROFESSIONAL.—The term “covered sports medicine

professional” means a physician, athletic trainer, or other health care professional who—

(A) is licensed to practice in the primary State;

(B) provides covered medical services, pursuant to a written agreement with an athlete, an athletic team, a national governing body, a high school, or an institution of higher education; and

(C) prior to providing the covered medical services described in subparagraph (B), has disclosed the nature and extent of such services to the entity that provides the professional with liability insurance in the primary State.

(5) HEALTH CARE FACILITY.—The term “health care facility” means a facility in which medical care, diagnosis, or treatment is provided on an inpatient or outpatient basis. Such term does not include facilities at an arena, stadium, or practice facility, or temporary facilities existing for events where athletes or athletic teams may compete.

(6) INSTITUTION OF HIGHER EDUCATION.—The term “institution of higher education” has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(7) NATIONAL GOVERNING BODY.—The term “national governing body” has the meaning given such term in section 220501 of title 36, United States Code.

(8) PRIMARY STATE.—The term “primary State” means, with respect to a covered sports medicine professional, the State in which—

(A) the covered sports medicine professional is licensed to practice; and

(B) the majority of the covered sports medicine professional’s practice is underwritten for medical professional liability insurance coverage.

(9) SECONDARY STATE.—The term “secondary State” means, with respect to a covered sports medicine professional, any State that is not the primary State.

(10) STATE.—The term “State” means each of the several States, the District of Columbia, and each commonwealth, territory, or possession of the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 302, the Sports Medicine Licensure Clarity Act of 2017, introduced by my colleague on the Health Subcommittee, BRETT GUTHRIE. The bill is identical to H.R. 921 from the last Congress, which passed by a voice vote in the House in September.

Team physicians and other licensed sports medicine professionals often travel with their athletes to away