

□ 1703

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. KELLY of Illinois) at 5 o'clock and 3 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER
PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which the yeas and nays are ordered.

The House will resume proceedings on postponed questions at a later time.

DATA MAPPING TO SAVE MOMS'
LIVES ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1218) to require the Federal Communications Commission to incorporate data on maternal health outcomes into its broadband health maps, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1218

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 "Data Mapping to Save Moms' Lives Act".

SEC. 2. MAPPING BROADBAND CONNECTIVITY
AND MATERNAL HEALTH OUTCOMES.

(a) INCORPORATION OF MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY DATA.—Not later than 180 days after the date of the enactment of this Act, the Federal Communications Commission shall incorporate publicly available data on maternal mortality and severe maternal morbidity, including for not less than 1 year postpartum, into the Mapping Broadband Health in America platform of the Commission.

(b) CONSULTATION WITH CDC.—The Federal Communications Commission shall consult with the Director of the Centers for Disease Control and Prevention regarding the maternal mortality and severe maternal morbidity data that should be incorporated under subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Ohio (Mr. LATTA) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1218.

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

There was no objection.

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

Madam Speaker, I rise in strong support of H.R. 1218, the Data Mapping to Save Moms' Lives Act.

Tragically, the United States has the highest rate of maternal mortality across developed nations. While maternal mortality and morbidity are problems that affect women across the country, these concerns are especially pronounced in Black and Native American communities. Maternal mortality rates for Black women are three times higher than those of White women, and the rate of death for American Indian and Alaska Native women is two times higher.

This legislation seeks to provide a visualization for the public on how connectivity and these health data intersect. It will help guide policymakers on how to target telehealth services to vulnerable populations and communities at risk in an effort to reduce maternal mortality and morbidity in this country.

For pregnant women, access to telehealth services like routine checkups, health monitoring, and updated prescriptions can go a long way in ensuring the health and safety of both the mother and child.

Specifically, under this legislation, the FCC is required to integrate publicly available data related to maternal health, including mortality and severe morbidity, into its Mapping Broadband Health in America platform. The FCC will be required to consult with the Centers for Disease Control and Prevention to determine the right data to include for this effort.

I commend Representatives BUTTERFIELD, BILIRAKIS, and BLUNT ROCHESTER for their bipartisan efforts on this legislation. I also thank Subcommittee Chairman DOYLE for working to get this legislation through the Communications and Technology Subcommittee.

I also commend you, Madam Speaker, as the vice chair of the Energy and Commerce Committee, because you have spent quite a bit of time dealing with these maternal mortality issues.

This initiative, combined with other good work we and the executive branch have done, will help us better understand the communications barriers some pregnant women face so that we can then explore connectivity policies that help keep these women safe and healthy.

I know the Senate has passed a companion bill recently, led by Senators ROSEN and FISCHER. Although there are some technical differences between the two bills, my hope is that we can get those worked out as quickly as possible and get this legislation to the President's desk.

Madam Speaker, I urge my colleagues to support the Data Mapping to Save Moms' Lives Act in a bipartisan manner, and I reserve the balance of my time.

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

Madam Speaker, I rise in support of H.R. 1218, the Data Mapping to Save Moms' Lives Act, which was introduced by Representatives BUTTERFIELD and BILIRAKIS.

Maternal mortality continues to affect mothers and children across the United States, particularly in rural areas. The Energy and Commerce Committee has worked to address this preventable issue, but unfortunately, challenges remain.

Congress has previously taken steps to understand which communities are most affected and what we can do to reverse this alarming trend.

Today's legislation will build on existing tools of the Federal Communications Commission by incorporating publicly available data on maternal health outcomes into its Mapping Broadband Health in America tool. The FCC would be required to work with the Centers for Disease Control and Prevention to determine which maternal health outcomes to include.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. LATTA. Madam Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. BILIRAKIS), the cosponsor of this legislation.

Mr. BILIRAKIS. Madam Speaker, we know that maternal mortality has been increasing in the U.S. while declining in other countries, unfortunately. We know these rates are even worse for Black women, Madam Speaker.

We also know that lack of broadband in today's society can lead to isolation, poorer education outcomes, and fewer work opportunities. What we don't know is how broadband access impacts maternal health outcomes. Finding this out is our goal.

At the end of the day, we all want to lower maternal mortality rates and ensure that babies are both healthy and grow up with the love and support of their mothers.

I am proud to co-lead this legislation, a bipartisan piece of legislation, with my good friend, Mr. BUTTERFIELD, who we are going to miss because he is retiring after this term, and Ms. BLUNT ROCHESTER, another fellow member of the Energy and Commerce Committee.

Madam Speaker, I urge passage of this great bill.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. LATTA. Madam Speaker, I yield such time as he may consume to the gentleman from Ohio (Mr. BALDERSON).

Mr. BALDERSON. Madam Speaker, I rise today in support of the Data Mapping to Save Moms' Lives Act.

The United States is one of the few Nations in the world experiencing a rise in pregnancy-related deaths, claiming the lives of hundreds of moms each year. Behind each of these cases are stories of heartbreak and devastation for families and communities.

We must do more to improve health outcomes for moms and babies across this country, and telehealth services will play a critical role in doing so.

This bill would instruct the FCC to work with the CDC to incorporate publicly available data on severe maternal morbidity and mortality into its Mapping Broadband Health in America platform.

Using this data, we can more accurately identify the communities with high maternal morbidity and mortality rates that lack broadband connectivity. This will allow for the government to better target areas with critical telehealth services and, ultimately, pave the way for better health outcomes for new and expecting mothers.

Madam Speaker, I strongly urge all of my colleagues to support this bill.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. LATTA. Madam Speaker, again, I rise in support of H.R. 1218, the Data Mapping to Save Moms' Lives Act, and I urge all Members to support this legislation.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge bipartisan support for this bill as part of our continued effort to address maternal mortality, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise in strong support of H.R. 1218, the "Data Mapping to Save Moms' Lives Act" which directs the Federal Communications Commission to identify areas of the country where poor maternal health rates overlap with deficiencies in broadband access that are needed to effectively deploy telehealth services.

In the United States, black women are 2 to 6 times more likely to die from complications of pregnancy than white women, depending on where they live.

Dating back to maternity mortality analysis from 1979 to 1992, the overall pregnancy-related mortality ratio was 25.1 deaths per 100,000 for black women, 10.3 for Hispanic women, and 6.0 for non-Hispanic white women.

During 2011–2015, the pregnancy-related mortality ratios were—

42.8 deaths per 100,000 live births for black non-Hispanic women;

32.5 deaths per 100,000 live births for American Indian/Alaskan Native non-Hispanic women;

14.2 deaths per 100,000 live births for Asian/Pacific Islander non-Hispanic women;

13.0 deaths per 100,000 live births for white non-Hispanic women; and

11.4 deaths per 100,000 live births for Hispanic women.

Madam Speaker, Black women in the United States experience unacceptably poor maternal health outcomes, including disproportionately high rates of death related to pregnancy or childbirth.

Both societal and health system factors contribute to high rates of poor health outcomes and maternal mortality for Black women, who are more likely to experience barriers to obtaining quality care and often face racial discrimination throughout their lives.

Health inequity stems from economic inequality and its contributing factors including sexism and racism. To that point, Black women are typically paid just 63 cents for every dollar paid to white, non-Hispanic men.

Median wages for Black women in the United States are \$36,227 per year, which is \$21,698 less than the median wages for white, non-Hispanic men.

These lost wages mean Black women and their families have less money to support themselves and their families and may have to choose between essential resources like housing, childcare, food, and health care.

These trade-offs are evident in Black women's health outcomes and use of medical care.

Compared to white women, Black women are more likely to be uninsured, face greater financial barriers to care when they need it and are less likely to access prenatal care.

Black women experience higher rates of many preventable disease and chronic health conditions including diabetes, hypertension, and cardiovascular disease.

When Black women choose to become pregnant, these health conditions influence both maternal and infant health outcomes.

To improve Black women's maternal health, we need a multi-faceted approach that addresses Black women's health across the lifespan, improves access to quality care, addresses social determinants of health and provides greater economic security. Comprehensive data on maternal health is certainly a part of that approach.

Black women are three to four times more likely to experience a pregnancy-related death than white women.

Black women are more likely to experience preventable maternal death compared with white women.

Black women's heightened risk of pregnancy-related death spans income and education levels.

Black women experience more maternal health complications than white women. Black women are more likely to experience complications throughout the course of their pregnancies than white women.

Black women are three times more likely to have fibroids (benign tumors that grow in the uterus and can cause postpartum hemorrhaging) than white women, and the fibroids occur at younger ages and grow more quickly for Black women.

Black women display signs of preeclampsia earlier in pregnancy than white women. This condition, which involves high blood pressure during pregnancy, can lead to severe complications including death if improperly treated.

Black women experience physical "weathering," meaning their bodies age faster than white women's due to exposure to chronic stress linked to socioeconomic disadvantage and discrimination over the life course, thus making pregnancy riskier at an earlier age.

Primarily Black-serving hospitals provide lower quality maternity care, where seventy-five percent of Black women give birth.

Those same hospitals also have higher rates of maternal complications than other hospitals. They also perform worse on 12 of 15 birth outcomes, including elective deliveries, non-elective cesarean births and maternal mortality.

Many Black women have a difficult time accessing the reproductive health care that meets their needs. Access to reproductive health care, which helps women plan their families, improves health outcomes for women and children.

Black women experience higher rates of unintended pregnancies than all other racial

groups, in part because of disparities in access to quality contraceptive care and counseling.

Many Black women lack access to quality contraceptive care and counseling.

For example, in a recent analysis of California women enrolled in Medicaid, Black women were less likely than white or Latina women to receive postpartum contraception, and when they did receive it, they were less likely to receive a highly effective method.

Black women's access to abortion is limited, and they may be more likely to experience the ill effects of abortion restrictions—such as delayed care, increased costs or lack of access to care.

Black and Hispanic adults in the United States remain less likely than White adults to say they own a traditional computer or have high-speed internet at home, according to a Pew Research Center survey conducted Jan. 25 to Feb. 8, 2021.

In addition, only 40 percent of Black adults report having broadband access in their homes. This figure is another testament to the inhibitions black women face in getting the care they need, which this act aims to resolve.

It is for that reason Madam Speaker I support the "Data Mapping to Save Moms' Lives Act."

Comprehensive data on maternal health will play a role in saving the lives of pregnant black women, so I am proud to support this Act.

Though there is still much work to be done, this bill is a good first step in the right direction. I urge my colleagues to support this potentially life-saving piece of legislation.

For far too long black women have disproportionately suffered lower maternal health rates and outcomes. The passage of this Act finally provides us a route to remediation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1218, as amended.

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. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SPECTRUM COORDINATION ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2501) to require the National Telecommunications and Information Administration and the Federal Communications Commission to update the memorandum of understanding on spectrum coordination, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2501

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 "Spectrum Coordination Act".