

Am I different today still after all this time than I was before the moment the tragedy struck? I will always be different. I will always be different. When you have seen the worst of what humanity can do to itself, followed by the best of what humanity can do for itself, you can't help but be a changed person.

Mr. Speaker, again, to my friends, I thank them for everything that they did. I thank them for working so diligently for all those good folks in Oklahoma City and everybody across the country.

My grandparents could tell you when Wiley and Will had their tragedy. My father could quote you where he was standing in Elk City when they saw on the TV screen that President Kennedy has been assassinated. I will forever have burned in my memory that reporter tapping me on the shoulder, "We have a report. There has been an explosion. The Federal building is gone. Where is your office?" I will never forget that.

Mr. Speaker, one last time, I thank everyone who helped us in Oklahoma City. I express my sympathy for everyone who lost someone in Oklahoma City, but thank goodness, we are Oklahomans. Most importantly, we are Americans.

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

CELEBRATING BLACK MATERNAL HEALTH

(Under the Speaker's announced policy of January 3, 2025, Ms. MCCLELLAN of Virginia was recognized for 60 minutes as the designee of the minority leader).

GENERAL LEAVE

Ms. MCCLELLAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of this Special Order.

The SPEAKER pro tempore (Mr. MESSMER). Is there objection to the request of the gentlewoman from Virginia?

There was no objection.

Ms. MCCLELLAN. Mr. Speaker, I rise today to anchor this Special Order hour on behalf of the Congressional Black Caucus in honor of Black Maternal Health Week.

For the 10th year in a row, the Black Mamas Matter Alliance led Black Maternal Health Week last week to address the high rates of preventable maternal mortality among Black women who are more than three times as likely to die from pregnancy-related causes than White women.

Black Maternal Health Week focuses on advocacy, community building, and policy change. This year's theme, Rooted in Justice & Joy, highlights the need for both systemic change to address racial disparities and the celebration of Black motherhood and strength.

This Special Order hour is an opportunity for the Congressional Black Caucus to discuss the ongoing crisis facing our Nation's Black mothers and to explore solutions to protecting our communities' Black women.

Tonight, I start this Special Order hour with identifying the state of Black maternal health in our Nation. In a nutshell, we are in crisis, and the Black maternal health crisis is not just statistics.

Eleven years ago next week, I nearly became one of those statistics when my daughter and I both nearly died when my placenta ruptured 9 weeks before my due date. I needed an emergency C-section. I had placenta previa, and because I had health insurance and access to pre- and postnatal care, I was one of the lucky ones, but too many Black women in America aren't so lucky. Compared to other high income countries, the U.S. still has the highest rate of maternal deaths.

In 2023, the most recent year for which data is available, the national maternal mortality rate actually declined, but Black women were still more than three times as likely as White women to experience a pregnancy-related death and 87 percent of these deaths were preventable.

In my own State of Virginia, after significant improvements from peak deaths in 2021, Virginia's maternal mortality rate got worse in 2023.

We face a complex road ahead as we seek solutions to protect Black women and families against this loss. The maternal health crisis connects healthcare with insurance policy, reproductive freedom, environmental policy, and so much more. These issues don't exist in a vacuum, and many of them are rooted in decades, I would say, centuries of inequity.

These issues require a holistic approach to bring down the mortality rate and save lives, but recent rollbacks at the Federal level risk deepening this maternal health crisis. Medicaid cuts and the expiration of the enhanced premium tax credits over the Affordable Care Act have driven up the cost of maternal care for millions, making this vital care inaccessible for those unable to pay for it out of pocket.

The Supreme Court's decision overturning *Roe v. Wade* caused one in three women of childbearing years to live in States with abortion bans or extreme restrictions, and in those States, States with bans, women are two times more likely to die of pregnancy-related causes.

Again, it is not just statistics. We have seen tragic stories of women like Amber Thurman and Candi Miller, who died suffering miscarriages awaiting simple procedures that could have saved their life, but the hospitals weren't sure if they fit within the exceptions to the ban.

□ 2030

On top of this, the Trump administration has doubled down on making it

harder to secure justice for Black families and address the maternal health crisis in Black communities with President Trump's executive order banning diversity, equity, and inclusion practices, limiting the Federal Government's ability to enforce hospital accountability for treatment of Black mothers weeks after the Biden administration reached a historic settlement agreement to uphold these guidelines and provide training for hospital staff to address bias.

Under the Trump administration, funding cuts and mass layoffs have left agencies like the Department of Health and Human Services without the resources or staff needed to conduct research and implement policies that save lives. Thousands of datasets that have helped to identify the maternal mortality factors and track how we are doing with policies to address them can no longer be accessed.

Now, President Trump wants to go even further, as his proposed budget for 2027 calls for over \$800 million in cuts to maternal and child health programs at HHS.

The proposal would eliminate many essential programs entirely, including the Healthy Start program, which serves mothers and infants in high-risk communities; the maternal mortality review committees; the Perinatal Quality Collaboratives; and other programs that track maternal mortality and share solutions for reducing it. This is not acceptable, and the Congressional Black Caucus will do everything within our power to oppose this proposed budget.

Mr. Speaker, in the face of these setbacks at the Federal level, we will continue to push for change. As a member of not only the Congressional Black Caucus but the Black Maternal Health Caucus, and especially as a mom who faced that crisis personally, I am fighting back as we continue to push forward because we cannot afford to wait. We certainly can't afford to sit back and do nothing.

That is why I am cosponsoring the omnibus, a package of 14 bills that aims to address the root causes of maternal health challenges, provide support to mothers, and study how we can build a better system for every American family in need of care.

The Black Maternal Health Caucus has fought for this legislation for years. We will not stop until it becomes law. It must become law now.

Our fight remains far from over, but legislators and advocates alike continue to work toward tangible change to eradicate this Black maternal health crisis. I am proud to stand and work alongside Members, like the chair of the Congressional Black Caucus, Representative YVETTE CLARKE.

Mr. Speaker, I yield to the gentlewoman from New York (Ms. CLARKE).

Ms. CLARKE of New York. Mr. Speaker, I thank the gentlewoman from Virginia, my esteemed colleague Congresswoman JENNIFER MCCLELLAN,

for sharing her story and for being so pointed in the ways in which Black women have been disadvantaged with respect to Black maternal health and for anchoring this Congressional Black Caucus Special Order hour.

Good evening. I am Congresswoman YVETTE D. CLARKE, chair of the Congressional Black Caucus, and proudly representing New York's Ninth Congressional District in Brooklyn, New York.

I rise tonight with my colleagues of the CBC because the state of Black maternal health in America is not just a public health issue. It is a moral crisis.

In the wealthiest Nation in the world, American women suffer the highest rates of maternal mortality. This crisis falls hardest on Black women. We know the facts. In the United States, Black women are still three times more likely to die from pregnancy-related causes than White women. The vast majority of complications are preventable with timely, high-quality care.

Too many families are left grieving. Too many warnings have gone unheard. Behind every statistic is a name, a story, and a family forever changed. These stories demand more than sympathy. They demand action.

These disparities are the outcome of deep inequities in access to healthcare, structural racism, and a system that too often fails Black women at every stage of pregnancy, childbirth, and postpartum recovery.

These deaths are preventable. Yet, instead of preventing them and improving maternal health, Republicans are stripping coverage that mothers rely on, worsening an already deadly crisis. Efforts to dismantle healthcare, undermine reproductive health services, and strip away critical protections will continue to disproportionately harm Black women around our Nation.

Now is the time when we should be building on progress, not continuing the pattern of neglect and disregard for our health and our lives. We must continue to invest in community-based care; diversify the maternal health workforce; address implicit bias in our healthcare system; and ensure that every woman, no matter her ZIP Code, has access to quality, affordable care.

The Congressional Black Caucus will continue to fight for policies that center equity, protect access, and save lives.

Black maternal health is about more than healthcare. It is about justice. It is about dignity. It is about whether this country is willing to value Black women the way that we deserve to be valued.

We will not stop until Black mothers are safe, supported, and able to thrive before, during, and after giving birth.

Ms. MCCLELLAN. Mr. Speaker, I yield to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE of Wisconsin. Mr. Speaker, I thank the gentlewoman for anchoring this on behalf of the Congress-

sional Black Caucus, and I thank her so much for her passionate words and her lived experience. Unfortunately, her story is not a rare story. It is all too common, especially for women of color.

As a mother, grandmother of three women, and great-grandmother of three great-grandbabies, this is really personal to me. I have a real stake in this fight, which is one of the reasons why I really want to implore my colleagues to pass the omnibus.

Mr. Speaker, this crisis demands immediate action. Black women, as you have heard, are three times more likely to die from pregnancy-related causes than White women. Over 80 percent of these deaths are preventable.

These are not just data. There is stuff behind there. This is not done in a vacuum. This is because of the systemic failure of our healthcare system and its structural failures.

The thing is that the part that irks me so much is the fact that I said 80 percent. The gentlewoman said that 87 percent of these deaths are preventable in the wealthiest country in the world.

Mr. Speaker, this is one of the reasons, when I look at our omnibus and think of all the bills that are in the bill, I think of women being served at every single phase of their pregnancy. You could look at one of the initiatives that I have, expanding the perinatal workforce, really wanting to provide doulas and people to help guide vulnerable women with vulnerable pregnancies through their pregnancies.

In our omnibus, we are dealing with things like Mrs. LUCY MCBATH's Extending WIC for New Moms Act, which would provide WIC support for postpartum and breastfeeding mothers.

We even have initiatives to intervene in pregnancies that occur with incarcerated women.

I have an initiative with Senator BALDWIN over in the other Chamber to provide, with no cost-sharing, for women's mental health not only during the 9 months of pregnancy but for 1 year postpartum. We are finding that so many of these deaths are occurring because of poor mental health among Black women without the appropriate interventions and healthcare.

□ 2040

Obviously, Mr. Speaker, we can't cut Medicaid at the tune of \$1.2 trillion and propose \$1.4 billion cuts in WIC for fruits and vegetables because we know that this is science-backed data that tells us you just really can't starve a woman during pregnancy and expect good health outcomes.

So what is missing? What is missing, Mr. Speaker and Madam Convener of us tonight, is that we just don't have the sense of urgency about taking care of our children.

As a founding member of the Black Maternal Health Caucus, we have come up with some commonsense and science- and evidence-based legislation, like the omnibus, that would truly make America healthier.

We have a roadmap. The Congressional Black Caucus and the Black Maternal Health Caucus, we have a roadmap for change. The time for action, Mr. Speaker, is yesterday, and we must pass the omnibus. Black mamas can't wait. We know what the solutions are, and we just have to get to work.

Ms. MCCLELLAN. Mr. Speaker, I now yield to the gentlewoman from Illinois (Ms. UNDERWOOD).

Ms. UNDERWOOD. Mr. Speaker, last week, we marked the 10th Annual Black Maternal Health Week, a week of action, engagement, and advocacy with the goal of ending our Nation's maternal health crisis and the disparities that disproportionately impact Black women.

Moms across America are demanding a comprehensive solution to this crisis. While it affects moms from every community, of every demographic, we know that there are significant inequities across racial and ethnic lines.

Black women die from pregnancy-related complications at three to four times the rate of their White counterparts, a disparity that exists across income brackets and education levels.

Personal losses and staggering statistics like these are why 7 years ago, I cofounded the Black Maternal Health Caucus with my sister and colleague, Congresswoman ALMA ADAMS.

Today, the Black Maternal Health Caucus is one of the largest bipartisan caucuses on Capitol Hill. Our flagship legislation, which I am proud to lead along with Congresswoman ADAMS, is the omnibus, a comprehensive package of 14 evidence-based bills designed to address every clinical and nonclinical factor leading to preventable maternal mortality, morbidity, and disparities in the United States.

This legislation is designed to solve America's maternal health crisis and end the disproportionate risks faced by Black women. This is not a Band-Aid. This is the solution, and Congress must pass it now.

Over the last 7 years, we have made incredible progress on maternal health and moving the priorities in the omnibus forward. We have gotten hundreds of millions of dollars signed into law to fund lifesaving research on maternal health and to support the organizations nationwide who are putting that knowledge to use on the front lines of the crisis.

We have even passed the first omnibus bill into law, the Protecting Moms Who Served Act, which helps our veterans receive the quality maternal care that they deserve. Yes, these are meaningful steps forward, but our work is not done.

Moms are dying every single day, and it is time for us to come together and deliver a comprehensive solution because our moms deserve better:

Moms like Dr. Janell Green Smith, a nurse-midwife, a DNP, a professor, and maternal health advocate who we tragically lost in January to childbirth complications days after delivering her daughter, Eden. She deserved better.

Moms like Mercedes Wells, who survived giving birth by the side of the road minutes after being turned away from a hospital while in active labor in December. She deserved better.

Moms like Kiara Jones, who was ignored while she sat in active labor, crying out and doubled over in pain in a hospital waiting room. She deserved better.

To end this crisis once and for all and to ensure that all moms have access to the respectful and competent care they deserve, we must pass the whole *momnibus*: the comprehensive solution to address maternal mortality in America. This is a fight that we cannot lose.

Black Maternal Health Week is a reminder that every mom of every background has a right to a safe pregnancy and postpartum period. Bringing new life into the world should be a time of celebration, not fear, not grief.

This year's Black Maternal Healthcare Week theme, *Rooted in Justice & Joy*, reflects the incredible resilience of the moms, families, and advocates who are working every day to make that vision a reality for women across the country.

As we have the Congressional Black Caucus recognizing Black Maternal Health Week through this Special Order hour, I am so pleased that we have the opportunity as a Congress to celebrate the progress we have made together. However, we also must rededicate ourselves to doing the work.

Ms. McCLELLAN. Mr. Speaker, I now yield to the gentlewoman from Ohio (Mrs. SYKES).

Mrs. SYKES. Mr. Speaker, I rise today in recognition of Black Maternal Health Week.

A moment to reflect on a reality that should alarm every one of us in this Chamber: According to the Centers for Disease Control and Prevention, Black women are three times more likely to die from a pregnancy-related cause in this country than White women. That is not a small disparity. It is a systemic failure.

In my home State of Ohio, the data tells us an even more painful story. While maternal mortality has risen for all women over time, the rate for Black mothers has more than doubled from 29.3 to 59.7 deaths per 1,000 live births.

These are not just numbers on a page. These are mothers who should be here today. These are families that should not be grieving. These are children growing up without the care, stability, and the love of the person who brought them into this world.

Mr. Speaker, as I have said before, enough is enough. Black mothers deserve to feel safe and supported throughout their pregnancy, childbirth, and postpartum period. Every mother deserves high-quality, affordable healthcare. Addressing maternal mortality is not a partisan issue. It is a human issue.

That is why, long before I came to Congress, I worked on this issue at the

State level. As the minority leader of the Ohio House, I helped cofound the first Ohio Black Maternal Health Caucus. It was the first of its kind in the country, because we could not ignore this crisis unfolding in our communities.

Now, in Congress, I continue that work as a member of the Congressional Black Maternal Health Caucus and as chair of the Reproductive Justice Task Force.

However, leadership is not just about titles and task forces. It is about action. That is why I am an original sponsor of the Black Maternal Health *Momnibus Act*—legislation that will save lives by investing in community care, strengthening the workforce, improving data, and addressing the root causes of maternal mortality.

It is why I have introduced and supported legislation to protect access to emergency and labor care under the Emergency Medical Treatment and Labor Act, better known as EMTALA, ensuring that no woman is turned away during childbirth and labor.

It is why I fought against the spread of dangerous disinformation through the Stop Anti-Abortion Disinformation Act, because misleading women during some of the most vulnerable moments of their lives has no place in a healthcare system built on trust and safety.

We must also confront the role that access, or lack thereof, plays in these healthcare outcomes. In Ohio, Black mothers are more likely to rely on Medicaid to cover their births. That means decisions, including the \$1 trillion cut to the Medicaid program that Republicans in this Chamber made as part of the one big, ugly bill, are not abstract budget choices. These are risks imposed upon real people.

They are decisions about whether these women can see a doctor, whether they can receive prenatal care, whether complications will be caught in time, and whether or not they live or die.

In my home State of Ohio, 13 out of 88 counties are considered maternity care deserts, leaving tens of thousands of women without reasonable access to obstetric services. Imagine being told you are bringing a life into this world and then discovering that the nearest hospital that can safely deliver your baby is hours away. That is a reality that far too many families face today.

Mr. Speaker, we cannot accept this as normal.

Black maternal health is not just what happens inside of the doctor's office, because if it were so, we would have figured this out and solved this crisis decades ago. It is what happens outside of the hospital: the social determinants of health, the things that are going on in our communities, education, clean air, clean water, and access to upward mobility.

□ 2050

All of these things impact the ability for a woman to conceive and deliver a baby successfully.

One thing that most people don't seem to know, or maybe they do know and just don't like to talk about it, is that the leading cause of death for pregnant women is violence.

A Harvard study said that homicide deaths among pregnant women are more prevalent than deaths from hypertension, hemorrhage, and sepsis. And gun violence has been called a health emergency for pregnant women.

So, Mr. Speaker, we can and must do more to protect pregnant women, not just inside the hospital, not just outside the hospital, but also within the intimate relationships that oftentimes women find themselves in creating deadly circumstances in which mothers and babies cannot live.

Mr. Speaker, we stand on this floor often. We fight about a lot, but one thing should be very easy: protecting women, protecting babies, encouraging life and prosperity should not be something that is challenging or hard for us all to do together.

For that reason, we are here to celebrate Black mothers, honor Black Maternal Health Week, and ensure that all of our colleagues across the aisle are supporting the *Momnibus Act*.

I thank my colleague from the Commonwealth of Virginia for holding and hosting this Special Order.

Ms. McCLELLAN. Mr. Speaker, the threat to our hospital OB/GYNs is not theoretical. Centra Southside in Farmville, Virginia, announced the closure of its labor and delivery unit, and it ended OB/GYN services at their Centra Southside Community Hospital on December 19, 2025, citing a combination of significant financial and operational challenges, including the recently enacted reductions in healthcare funding and the Medicaid cuts.

Mr. Speaker, I yield to the gentlewoman from New Jersey (Mrs. MCIVER).

Mrs. MCIVER. Mr. Speaker, I thank the gentlewoman from Virginia for yielding.

I rise today to stand alongside my colleagues in honor of Black Maternal Health Week.

This time is about confronting inequities and downright racism in maternal care and ending our Nation's maternal health crisis.

Pregnancy should never cause a mother to fear for her life, but this is a reality for Black women.

We know the statistics far too well. In the United States, Black women are three times more likely to die from pregnancy-related causes than White women, and in New Jersey, Black women are seven times more likely to die from pregnancy-related causes than White women.

The greatest tragedy lies in the fact that 80 percent of these deaths are preventable. These deaths are rooted in racism.

Many of the Black women in our lives can speak to hospital experiences where their pain was not taken seriously or their care was delayed.

For too long, the experiences and concerns about Black women have been cast to the side in our healthcare system. Today, they are being flat-out ignored.

This administration has directed programs to erase words like “Black” from funding applications. The question that my colleague Representative SUMMER LEE asked the Health and Human Services Secretary last week demands an answer: How can we solve the Black maternal mortality crisis, if we can’t say the word “Black”?

The silence is loud and intentional.

With every statistic, there are real human costs behind them, and when the concerns of Black women are written off, our voices are erased.

Behind every number is a family impacted forever. We don’t want to be valued with words without that rhetoric being followed up with action.

Black women have been witnessing a coordinated and vicious assault on the foundations of our freedom and history. And there are moments when the weight of these disparities feels overwhelming, when the statistics feel relentless, and the stories feel too familiar.

But I think about the women who came before us, who fought for dignity in healthcare they were never meant to receive and who insisted that their lives were worth protecting even when the system said otherwise.

So along with my CBC colleagues, I will continue to bring attention to this crisis until our Nation starts to treat it like one. We will continue to demand action to close the health gap for Black mothers, expand access to prenatal and postpartum care, and confront the bias that exists in our hospitals today.

The time for intervention is now. We refuse to wait until another tragedy is added to the list.

Ms. MCCLELLAN. Mr. Speaker, I yield to the gentleman from Texas (Mr. MENEFFEE).

Mr. MENEFFEE. Mr. Speaker, I thank my colleague from the Commonwealth of Virginia for yielding.

Mr. Speaker, I speak today because Congress must do all it can to end the disparities in Black maternal health outcomes in this country.

Moriah Ballard was 22 years old, a Houston woman, who was 7 months pregnant. She was ready. She and her husband had just bought a four-bedroom house. The nursery was set. The baby shower was planned. They had clothes, the onesies, and the books, until she went to the hospital with a headache one day and had some dizziness.

Doctors found her blood pressure was dangerously high. She had preeclampsia. They transferred her to a larger hospital, one of the most celebrated medical institutions in the entire country.

Over the next 3 days, her pain became unbearable. Her vision started to fail. Her blood pressure climbed to an untenable level. She kept pressing the

call light in her room and kept pressing it, but nobody came. She lost her son in that experience—delivered still-born. She woke up from surgery blind in one eye. Doctors later told her they wished that they had acted sooner.

That Houston woman’s story is not a tragedy. It is a pattern.

Across this country, Black women die from pregnancy-related causes at three times the rate of White women. The CDC tells us that more than 80 percent of those deaths are preventable—not inevitable, but preventable.

In Texas it is even worse. In my district, it is the worst in the Nation. Harris County leads this Nation right now in Black maternal deaths.

From 2016 to 2020, the maternal mortality rate for Black women in Harris County was 83.4 per 100,000 live births, the highest in the Nation.

And it is only getting worse.

Harris County’s maternal morbidity rate climbed nearly 35 percent between 2019 and 2024, outpacing the Texas statewide increase every single year.

This is happening in the shadow of the largest medical complex in the entire world.

So what do we do about this?

We as a body must act. We pass legislation like the Momnibus Act, which invests in the full spectrum of solutions that this crisis demands.

We address the social determinants of health: stable housing, nutritious food, mental health care. You cannot have a healthy pregnancy in an unstable life.

We grow the perinatal workforce, so every woman giving birth has access to a midwife, a doula, a community health worker who looks like them, who understands their culture, and we extend postpartum coverage through Medicaid and WIC because a mother’s health does not stop mattering the moment she leaves the delivery room.

Too many Black women walk into a hospital wondering if they will walk out with an ailment or if they will walk out at all. My wife wondered that when she was giving birth to our youngest son and her blood pressure dropped to a dangerous level. I looked her in the eye and saw not just tears flowing but fear and the question of whether she would leave that hospital alive at all.

Moriah Ballard wondered that when she pressed the call light, and she prayed and she prepared herself to die.

No woman should ever have to do that—not in Houston, not in America, not ever.

This body has the power to change that.

There have been Black women who have been leading this Special Order hour today, and I wanted to be here to make sure that they knew that the Black men in this body have their back.

□ 2100

We are going to do every single thing we can to pass the momnibus act to

end these disparities in maternal health outcomes, and I intend to make sure that we do so.

Ms. MCCLELLAN. Mr. Speaker, when I began, I said that the Black maternal health crisis was not just about statistics. That is because behind every statistic is a mom who didn’t make it to raise her child.

I want to tell one such story now of Kira Johnson. Kira was already a mom, a mom to Langston and Charles Jr., and wife to Charles. She was a Ph.D. student at Pepperdine. On April 12, 2016, she was admitted to Cedars-Sinai Hospital at about 12:30 p.m. for a routine C-section delivery. At 2:33 she gave birth to her son Langston. At 3 p.m. Kira was out of the operating room and was taken to a post-anesthesia care unit. Shortly before 5 p.m., blood-tinged urine was seen in Kira’s Foley catheter. By 5:24 p.m. Kira’s Foley catheter was draining bright, red blood.

Her doctor was made aware of Kira’s situation, but it wasn’t until 6:44 p.m. that a surgical emergency CT scan was ordered, but it was ultimately not performed.

At 11:42 p.m., two physicians were at Kira’s bedside and one performed an ultrasound that found an expanding hematoma and now free fluid. They recommended taking Kira to surgery to identify the source of the bleeding, but her physician, Dr. Naim, who was also at the bedside at this time, wished to continue expectant management at this time.

By 12:30 a.m., as Kira’s condition began to rapidly decline, her husband, Charles, pleaded for help. Kira was finally taken to surgery about 12:30 a.m. on April 13, 2016, 10 hours from the time when the family initially realized that something was wrong.

At 2:22 a.m., during surgery, Kira was found to have three liters of blood in her abdomen and did not survive the blood loss. She was pronounced dead at 2:22 a.m. on April 13, 2016. The autopsy stated that the cause of death was due to hemorrhagic shock due to acute hemoperitoneum, or massive internal bleeding, post C-section.

Now, Cedars-Sinai Hospital signed an agreement and reached a historic settlement agreement with the Biden administration’s HHS Office for Civil Rights. It entered into a resolution agreement on January 6, 2025, to take significant steps toward ensuring that no other family has to go through what Kira’s did.

The agreement required Cedars-Sinai to provide training on the hospital’s obstetric hemorrhage management policy, create a pain management protocol for assessing and managing acute pain for birthing patients, update guidelines for trial of labor after C-section delivery and continue to track the vaginal birth after C-section success rate, administer an online bias reporting tool to document incidents of bias or suspected bias experienced by patients and the public, require staff to

complete respectful care training, and develop and implement a program to provide doula resources in patients.

A week later, President Trump signed his executive order banning diversity, equity, and inclusion practices. Because the settlement agreement promotes diversity and equity efforts and is grounded in healthcare nondiscrimination protections, it is under risk.

That is just one example of how the actions of the Trump administration last year is making the maternal health crisis, particularly for Black women, worse.

I spent a lot of time as a member of the senate in Virginia working on addressing Black maternal health as a member of the Joint Commission on Healthcare. Through our maternal mortality review teams, we were able to track and identify the differences between rates of death of White women, Black women, and indigenous women, and we found the reasons were different.

Using national datasets through the Pregnancy Risk Assessment Monitoring System, or PRAMS, which is an entire CDC team that monitors risks associated with pregnancy, we were able to determine that, at least in Virginia, Black women were more likely to die due to cardiovascular issues, an underlying health issue, before they got pregnant; whereas, White women were more likely to die from suicide or drug overdose related to mental health issues.

With those different datasets and understanding these differences, we were able to focus on policies that addressed the underlying root causes to eliminate Black maternal deaths for both Black and White women.

We began to see some progress, but, again, the very team managing PRAMS and the datasets we were using to identify the root causes and the differences is now gone. The staff that oversaw the HHS Health Resources & Services Administration, which is a national maternal mental health hotline that can help field calls from new moms seeking mental health support was cut. DOGE canceled funding for several Black maternal health projects. The Trump administration defunded research at Morehouse School of Medicine on how to improve the health of Black pregnant and postpartum women, it cut research on how stress influences racial and ethnic differences in maternal health outcomes for women with hypertensive disorders, and it cut studies on uterine fibroids which disproportionately impact Black women.

It wasn't just HHS and CDC that removed datasets. There was data from the Census Bureau and the EPA as well as the CDC that were detailing racial and ethnic data broken out by other factors that helped show some of the risk factors that led to differences in these underlying health outcomes and maternal health outcomes.

Without these datasets, how are we going to track the causes which change over time, put policies in place to address the causes, and then track to see if those policies are working?

It is very frustrating, again, as someone who nearly bled to death giving birth to my daughter, that we are not able to address this and there doesn't seem to be an urgency, as Congresswoman MOORE said, to address these underlying causes.

The Medicaid cuts are going to make it worse. Medicaid finances about 65 percent of births from Black mothers, and these cuts are only going to increase the disparity in maternal mortality rates and lead to more deaths as millions of Americans lose their health insurance.

This health insurance is relied upon by pregnant women across the country for prenatal visits, ultrasounds, screenings for conditions such as preeclampsia, gestational diabetes, and postpartum depression. It also helps them get annual physicals that will identify cardiovascular issues.

The President's DEI executive order also makes it more difficult to address bias in medicine. We have seen medical schools that taught students for decades that Black people can tolerate more pain, which led to tragic outcomes. We have heard story after story after story of women in the hospital who said, after giving birth, that something is wrong. They were ignored, and something was wrong.

This disparity also occurs in other health areas, but, again, I want to connect the correlation between heart health and maternal health.

I remember being in a conference discussing the disparity in heart health where a woman said that she had her first heart attack after she became a mother. After giving birth, she went home, and she felt odd. The more she thought about it, she said: I think I am having a heart attack.

She went to the emergency room, and the doctor said: No, you are not having a heart attack. You don't meet the risk factors. You are only 36 years old. You have never had a history of heart disease. Come back later. You are not having a heart attack.

She went home. She was having a heart attack. Fortunately, she was able to get back to the hospital before she died.

□ 2110

That is just one example. We have heard many, whether you are Serena Williams or Kira Johnson, where you know something's wrong, yet the hospital and the doctors don't listen. That happens more and more to Black women. We have to do something about it.

You heard today that the Black Maternal Health Caucus has put forward, under Representative UNDERWOOD and Representative ADAMS' leadership, the momnibus act.

What is that? It is a comprehensive package of 14 individual bills that will

make critical investments in the social determinants of health that influence maternal health outcomes, like housing, transportation, nutrition, and pollution. It will extend WIC eligibility in the postpartum and breastfeeding periods. It will provide funding to community-based organizations working to improve maternal health outcomes and promote equity. It will increase funding for programs to improve maternal healthcare for veterans; to grow and diversify the prenatal workforce to ensure that every mom in America receives maternal healthcare and support from people they trust; to improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and to form solutions to address it; to support moms with maternal mental health conditions and substance abuse disorders; to improve maternal healthcare and support for incarcerated moms; to invest in digital tools to improve maternal health outcomes in underserved areas, particularly rural areas; to promote innovative payment models to incentivize high-quality maternal health and nonclinical support during and after pregnancy; to invest in Federal programs to address maternal and infant health risk during public health emergencies; to invest in community-based initiatives to reduce levels and exposure to climate change-related risks for moms and babies; to promote maternal vaccinations to protect the health of moms and babies; and to make critical investments in research to reduce preventable causes of maternal deaths and improve healthcare for women, before, during, and after pregnancy.

This bill has 205 House cosponsors and has been endorsed by 313 national organizations across a variety of issues.

We hope that this will be the year, that this 10th anniversary of Black Maternal Health Month will be the year we make progress. We have already regressed and can't afford to wait a moment longer.

I would be remiss if I didn't reiterate yet again the importance of reproductive freedom. When a woman is told, as I was, that if you get pregnant again, you could die, the decision from that point on—well, really, the decision at any point of when, whether, and how to get pregnant should be with her and her partner and whom she wants to have part of the decision, and not her government.

The decision of what type of contraception to get access to should be hers and her doctor's. When you reach a certain age, some contraception is more risky, yet the forms that are best for you, some politicians—not doctors, politicians—don't think you should have access to them.

These abortion bans that have exceptions for the life of the mother, we have seen, particularly in Texas and Georgia, that has led to tragedies,

where women show up in the midst of a miscarriage, in the midst of bleeding out, and the hospital has to wonder whether they are close enough so that they can provide the care that they need, or do they have to wait until they are septic. Well, once they are septic, it is probably too late.

These are things that we had been warning about before the Supreme Court overturned *Roe v. Wade*. Unfortunately, our warnings have come true.

We have to think through the impact of when politicians make decisions about healthcare, and not physicians and patients. It can have tragic results.

Mr. Speaker, the Congressional Black Caucus and the Black Maternal Health Caucus will continue to fight for Black moms everywhere. We will continue to fight so that we don't need Black Maternal Health Week anymore. We will continue to fight, Rooted in Justice & Joy, so that no other mother has to worry, when they get the best news, that it is going to end tragically. We are here to make sure that it doesn't.

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

ENROLLED BILL AND JOINT RESOLUTION SIGNED

Kevin F. McCumber, Clerk of the House, reported and found truly enrolled a bill and joint resolution of the House of the following titles, which were thereupon signed by the Speaker on Friday, April 17, 2026:

H.R. 8322. An act to amend the FISA Amendments Act of 2008 to extend the authorities of title VII of the Foreign Intelligence Surveillance Act of 1978 through April 30, 2026, and for other purposes.

H.J. Res. 140. Joint Resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Bureau of Land Management relating to Public Land Order No. 7917 for Withdrawal of Federal Lands; Cook, Lake, and Saint Louis Counties, MN.

ADJOURNMENT

Ms. McCLELLAN. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 15 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, April 21, 2026, at 10 a.m. for morning-hour debate.

OATH OF OFFICE MEMBERS, RESIDENT COMMISSIONER, AND DELEGATES

The oath of office required by the sixth article of the Constitution of the United States, and as provided by section 2 of the act of May 13, 1884 (23 Stat. 22), to be administered to Members, Resident Commissioner, and Delegates of the House of Representatives, the text of which is carried in 5 U.S.C. 3331:

"I, AB, do solemnly swear (or affirm) that I will support and defend

the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God."

has been subscribed to in person and filed in duplicate with the Clerk of the House of Representatives by the following Member of the 119th Congress, pursuant to the provisions of 2 U.S.C. 25:

Analilia Mejia, Eleventh District of New Jersey.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

EC-3327. A letter from the Senior Bureau Official, Bureau of Legislative Affairs, Department of State, transmitting the Department's final rule — Implementing First Responders Passport Act To Exempt Certain First Responders From Passport Fees [Public Notice: 12947] (RIN: 1400-AG19) received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Foreign Affairs.

EC-3328. A letter from the Fishery Management Specialist, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's inseason modification of 2025-2026 management measures — Fisheries Off West Coast States; Modification of the West Coast Salmon Fisheries; Inseason Actions #1-#5 [Docket No.: 250512-0084; RTID 0648-XE941] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

EC-3329. A letter from the Branch Chief, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the South Atlantic; 2025 Commercial Closure of Red Snapper in the South Atlantic [Docket No.: 250606-0095; RTID 0648-XF107] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

EC-3330. A letter from the Branch Chief, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pollock Fishing in the Winter Herring Savings Area of the Bering Sea and Aleutian Islands Management Area [Docket No.: 250312-0036; RTID 0648-XF193] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

EC-3331. A letter from the Branch Chief, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's inseason modification of 2025-2026 management measures — Fisheries Off West Coast States; Modification of the West Coast Salmon Fisheries; Inseason Actions #6-#8 [Docket No.: 250512-0084; RTID 0648-XF028] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

EC-3332. A letter from the Branch Chief, NMFS, National Oceanic and Atmospheric Administration, transmitting the Adminis-

tration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Ocean Perch in the Western Regulatory Area of the Gulf of Alaska [Docket No.: 250312-0037; RTID 0648-XF239] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

EC-3333. A letter from the Branch Chief, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the South Atlantic; Re-Opening of Commercial Harvest for Blueline Tilefish in the South Atlantic [Docket No.: 140501394-5279-02; RTID 0648-XF190] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

EC-3334. A letter from the Regulatory Services Branch Chief, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Northeastern United States; Summer Flounder Fishery; Quota Transfer From North Carolina to Massachusetts [Docket No.: 241203-0308; RTID 0648-XF335] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

EC-3335. A letter from the Fishery Management Specialist, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Northeastern United States; Summer Flounder Fishery; Quota Transfer From Massachusetts to Rhode Island [Docket No.: 241203-0308; RTID 0648-XF260] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

EC-3336. A letter from the Fishery Management Specialist, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Dusky Rockfish in the West Yakutat District of the Gulf of Alaska [Docket No.: 250312-0037; RTID 0648-XF011] received April 9, 2026, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. HILL of Arkansas: Committee on Financial Services. H.R. 6955. A bill to make improvements to the Federal banking laws, and for other purposes; with an amendment (Rept. 119-617). Referred to the Committee of the Whole House on the state of the Union.

Mr. ROY: Committee on Rules. H. Res. 1189. A resolution providing for consideration of the bill (H.R. 4690) to amend the Energy Conservation and Production Act to repeal certain Federal building energy efficiency performance standards, and for other purposes; providing for consideration of the resolution (H. Res. 1182) expressing support for rural communities across the United States as stewards of the environment, major suppliers of United States energy resources, critical providers of food production and manufacturing capacity, and drivers of national economic stability, and recognizing the work of the House of Representatives in the 119th Congress in support of those vital communities; providing for consideration of the bill (H.R. 1897) to amend the Endangered Species Act of 1973 to optimize conservation