The Centers for Disease Control plans to conduct its data collection via telephone surveys and a pilot test to ensure that we will get the best data from a wide range of households. The bill also reauthorizes State grants for protection and advocacy services at the Administration for Community Living.

These services protect individuals with disabilities by providing them with legal support, especially when it comes to their ability to make certain lifestyle choices, such as living independently. This is particularly important given that individuals who suffer from traumatic brain injury, such as concussions, may experience a disability.

According to the CDC, more than 61 percent of children with moderate to severe traumatic brain injury experience a disability. We have yet to see what cost to these individuals and to society these disabilities convey in the long term.

The culmination of the programs that will be reauthorized by this legislation provides hope to individuals and families that are affected by traumatic brain injury. We still have much to learn about the risks and the short- and long-term effects of traumatic brain injury, and this legislation will chip away at our goal of increasing knowledge, awareness, and treatment of traumatic brain injury.

Mr. Speaker, I urge all of my colleagues to support H.R. 6615, and 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. 6615, the Traumatic Brain Injury Program Reauthorization Act of 2018, introduced by Representative PASCRELL and Representative THOMAS ROONEY. This legislation would reauthorize funding for Administration for Community Living's Traumatic Brain Injury Program, TBI, to fiscal year 2024.

The TBI program provides grants to States to support activities, such as improving screening to identify individuals with TBI, building a trained TBI workforce, providing resources to families, and funding protection and advocacy systems for people with TBI.

H.R. 6615 will also reauthorize programs at the Centers for Disease Control and Prevention to increase the incidence of traumatic brain injury and reduce the prevalence of TBI. These programs are important in improving our understanding of traumatic brain injury, and our ability to prevent and treat such injuries.

Recently, the CDC released new diagnostic guidelines focused on treating children with mild TBI and concussions, largely based on research and surveillance efforts funded by CDC's traumatic brain injury program.

Finally, this legislation also will reauthorize a new National Concussion Surveillance System to determine the prevalence and the incidence of concussions in the U.S. This is particularly important for improving our understanding of long-term consequences of concussions, as well as efforts to prevent, diagnose, and treat concussions.

Mr. Speaker, I urge my colleagues to support H.R. 6615, and I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. PASCRELL), the cosponsor of this bill.

Mr. PASCRELL. Mr. Speaker, I rise to support H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act of 2018, and I also would like to thank Chairman WALDEN and Ranking Member PALLONE for their work to move this important legislation forward. I am grateful to House leadership for bringing this for a vote. I want to associate myself with the words of Mr. BURGESS and Mr. GREEN.

Mr. Speaker, I commend Congressman GREEN and Congressman BURGESS for their steadfast work to improve our Nation's health landscape over the past several decades, and especially during Mr. GREEN's tenure on the Energy and Commerce Health Subcommittee. How time flies.

I would also like to give a special thanks to my colleague, TOM ROONEY, who sponsored this legislation with me. Congressman ROONEY has been a great partner as my co-chair of the Congressional Traumatic Brain Injury Task Force. Over 20 years ago, Mr. Speaker, we put together the task force on a bipartisan basis, and it is still going, and it is still very, very active.

Mr. Speaker, I want to thank the gentleman for all he has done for Americans living with brain injuries during his time in Congress.

I am glad to see this body come together in a bipartisan manner to support the work being done in our Federal agencies and across the country to expand research and prevention in the treatment of traumatic brain injury.

Traumatic brain injury knows no bounds. It affects people of all backgrounds and every ZIP Code. We are only at the precipice of understanding how prevalent that is. The passage of this legislation will fulfill a very critical obligation to Americans living with brain injuries, including our servicemembers, our athletes, and our children.

This reauthorization is especially important because it includes for the first time funding for the Centers for Disease Control and Prevention so that they can determine how many Americans have sustained a brain injury. This will give us critical insight into the problem.

Dubbed the signature injury of servicemembers returning from Iraq and Afghanistan, TBI has continued to occur on the battlefield. TBI happens on the sports field as well, and we are working diligently to address this.

We have come a long way to improve safety screening and rehab since we first talked about TBI two decades ago, but much more must be done. This legislation makes the right investments in our Federal and State TBI initiatives; provides those living with brain injuries the supports that they need, and when we are supporting the brain injured, we are also supporting their families. It includes critical increases in funding and modernizes how the government oversees TBI.

Our legislation is endorsed by the Brain Injury Association of America, the National Association of State Head Injury Administrators, and the American Academy of Neurology.

Mr. Speaker, I look forward to working with Congressman ROONEY, the membership of the Congressional Brain Injury Task Force, as well as Senator CASEY and Senator HATCH to send this legislation swiftly to the President's desk.

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Mr. GENE GREEN of Texas. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge my colleagues to support H.R. 6615, and 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. 6615, as amended.

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

A motion to reconsider was laid on the table.

## PREVENTING MATERNAL DEATHS ACT OF 2018

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1318) to support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1318

*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 ''Preventing Maternal Deaths Act of 2018''.

**SEC. 2. SAFE MOTHERHOOD.**

Section 317K of the Public Health Service Act (42 U.S.C. 247b–12) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by striking ''purpose of this subsection is to develop'' and inserting ''purposes of this

subsection are to establish or continue a Federal initiative to support State and tribal maternal mortality review committees, to improve data collection and reporting around maternal mortality, and to develop or support'';

(ii) by striking ''population at risk of death and'' and inserting ''populations at risk of death and severe''; and

(B) in paragraph (2)—

(i) by amending subparagraph (A) to read as follows:

''(A) The Secretary may continue and improve activities related to a national maternal mortality data collection and surveillance program to identify and support the review of pregnancy-associated deaths and pregnancy-related deaths that occur during, or within 1 year following, pregnancy.''; and

(ii) by inserting after subparagraph (C) the following:

''(D) The Secretary may, in cooperation with States, Indian tribes, and tribal organizations, develop a program to support States, Indian tribes, and tribal organizations in establishing or operating maternal mortality review committees, in accordance with subsection (d).'';

(2) in subsection (b)(2)—

(A) in subparagraph (A)—

(i) by striking ''encouraging preconception'' and inserting ''prepregnancy''; and

(ii) by striking ''diabetics'' and inserting ''women with diabetes and women with substance use disorder'' before the semicolon;

(B) in subparagraph (H)—

(i) by inserting ''the identification of the determinants of disparities in maternal care, health risks, and health outcomes, including'' before ''an examination''; and

(ii) by inserting ''and other groups of women with disproportionately high rates of maternal mortality'' before the semicolon;

(C) in subparagraph (I), by striking ''domestic'' and inserting ''interpersonal'';

(D) by redesignating subparagraphs (I) through (L) as subparagraphs (J) through (M), respectively;

(E) by inserting after subparagraph (H) the following:

''(I) activities to reduce disparities in maternity services and outcomes;''; and

(F) in subparagraph (K), as so redesignated, by striking '', alcohol and illegal drug use'' and inserting ''and substance abuse and misuse'';

(3) in subsection (c)—

(A) by striking ''(1) IN GENERAL—The Secretary'' and inserting ''The Secretary'';

(B) by redesignating subparagraphs (A) through (C) as paragraphs (1) through (3), respectively, and adjusting the margins accordingly;

(C) in paragraph (1), as so redesignated, by striking ''and the building of partnerships with outside organizations concerned about safe motherhood'';

(D) in paragraph (2), as so redesignated, by striking ''; and'' and inserting a semicolon;

(E) in paragraph (3), as so redesignated, by striking the period and inserting ''; and''; and

(F) by adding at the end the following:

''(4) activities to promote physical, mental, and behavioral health during, and up to 1 year following, pregnancy, with an emphasis on prevention of, and treatment for, mental health disorders and substance use disorder.'';

(4) by redesignating subsection (d) as subsection (f);

(5) by inserting after subsection (c) the following:

''(d) MATERNAL MORTALITY REVIEW COMMITTEES.—

''(1) IN GENERAL.—In order to participate in the program under subsection (a)(2)(D), the applicable maternal mortality review committee of the State, Indian tribe, or tribal organization shall—

''(A) include multidisciplinary and diverse membership that represents a variety of clinical specialties, State, tribal, or local public health officials, epidemiologists, statisticians, community organizations, geographic regions within the area covered by such committee, and individuals or organizations that represent the populations in the area covered by such committee that are most affected by pregnancy-related deaths or pregnancy-associated deaths and lack of access to maternal health care services; and

''(B) demonstrate to the Centers for Disease Control and Prevention that such maternal mortality review committee's methods and processes for data collection and review, as required under paragraph (3), use best practices to reliably determine and include all pregnancy-associated deaths and pregnancy-related deaths, regardless of the outcome of the pregnancy.

''(2) PROCESS FOR CONFIDENTIAL REPORTING.—States, Indian tribes, and tribal organizations that participate in the program described in this subsection shall, through the State maternal mortality review committee, develop a process that—

''(A) provides for confidential case reporting of pregnancy-associated and pregnancy-related deaths to the appropriate State or tribal health agency, including such reporting by—

''(i) health care professionals;

''(ii) health care facilities;

''(iii) any individual responsible for completing death records, including medical examiners and medical coroners; and

''(iv) other appropriate individuals or entities; and

''(B) provides for voluntary and confidential case reporting of pregnancy-associated deaths and pregnancy-related deaths to the appropriate State or tribal health agency by family members of the deceased, and other appropriate individuals, for purposes of review by the applicable maternal mortality review committee; and

''(C) shall include—

''(i) making publicly available contact information of the committee for use in such reporting; and

''(ii) conducting outreach to local professional organizations, community organizations, and social services agencies regarding the availability of the review committee.

''(3) DATA COLLECTION AND REVIEW.—States, Indian tribes, and tribal organizations that participate in the program described in this subsection shall—

''(A) annually identify pregnancy-associated deaths and pregnancy-related deaths—

''(i) through the appropriate vital statistics unit by—

''(I) matching each death record related to a pregnancy-associated death or pregnancy-related death in the State or tribal area in the applicable year to a birth certificate of an infant or fetal death record, as applicable;

''(II) to the extent practicable, identifying an underlying or contributing cause of each pregnancy-associated death and each pregnancy-related death in the State or tribal area in the applicable year; and

''(III) collecting data from medical examiner and coroner reports, as appropriate;

''(ii) using other appropriate methods or information to identify pregnancy-associated deaths and pregnancy-related deaths, including deaths from pregnancy outcomes not identified through clause (i)(I);

''(B) through the maternal mortality review committee, review data and information to identify adverse outcomes that may contribute to pregnancy-associated death and pregnancy-related death, and to identify trends, patterns, and disparities in such adverse outcomes to allow the State, Indian tribe, or tribal organization to make recommendations to individuals and entities described in paragraph (2)(A), as appropriate, to improve maternal care and reduce pregnancy-associated death and pregnancy-related death;

''(C) identify training available to the individuals and entities described in paragraph (2)(A) for accurate identification and reporting of pregnancy-associated and pregnancy-related deaths;

''(D) ensure that, to the extent practicable, the data collected and reported under this paragraph is in a format that allows for analysis by the Centers for Disease Control and Prevention; and

''(E) publicly identify the methods used to identify pregnancy-associated deaths and pregnancy-related deaths in accordance with this section.

''(4) CONFIDENTIALITY.—States, Indian tribes, and tribal organizations participating in the program described in this subsection shall establish confidentiality protections to ensure, at a minimum, that—

''(A) there is no disclosure by the maternal mortality review committee, including any individual members of the committee, to any person, including any government official, of any identifying information about any specific maternal mortality case; and

''(B) no information from committee proceedings, including deliberation or records, is made public unless specifically authorized under State and Federal law.

''(5) REPORTS TO CDC.—For fiscal year 2019, and each subsequent fiscal year, each maternal mortality review committee participating in the program described in this subsection shall submit to the Director of the Centers for Disease Control and Prevention a report that includes—

''(A) data, findings, and any recommendations of such committee; and

''(B) as applicable, information on the implementation during such year of any recommendations submitted by the committee in a previous year.

''(6) STATE PARTNERSHIPS.—States may partner with one or more neighboring States to carry out the activities under this subparagraph. With respect to the States in such a partnership, any requirement under this subparagraph relating to the reporting of information related to such activities shall be deemed to be fulfilled by each such State if a single such report is submitted for the partnership.

''(7) APPROPRIATE MECHANISMS FOR INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—The Secretary, in consultation with Indian tribes, shall identify and establish appropriate mechanisms for Indian tribes and tribal organizations to demonstrate, report data, and conduct the activities as required for participation in the program described in this subsection. Such mechanisms may include technical assistance with respect to grant application and submission procedures, and award management activities.

''(8) RESEARCH AVAILABILITY.—The Secretary shall develop a process to ensure that data collected under paragraph (5) is made available, as appropriate and practicable, for research purposes, in a manner that protects individually identifiable or potentially identifiable information and that is consistent with State and Federal privacy law.

''(e) DEFINITIONS.—In this section—

''(1) the terms 'Indian tribe' and 'tribal organization' have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act;

''(2) the term 'pregnancy-associated death' means a death of a woman, by any cause,

that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy; and

''(3) the term 'pregnancy-related death' means a death of a woman that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy—

''(A) from any cause related to, or aggravated by, the pregnancy or its management; and

''(B) not from accidental or incidental causes.''; and

(6) in subsection (f), as so redesignated, by striking ''such sums as may be necessary for each of the fiscal years 2001 through 2005'' and inserting ''$58,000,000 for each of fiscal years 2019 through 2023''.

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 materials in the RECORD on the bill.

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

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. 1318, the Preventing Maternal Deaths Act. I am glad that we are finally calling up this bill for a vote, as it is a truly important bill that will impact the lives of pregnant women and new mothers across this country. The media's attention to the issue of maternal morbidity and mortality has shed light on serious problems within our healthcare system in terms of pre- and postpartum care and complications in the delivery room.

I thank Representative JAIME HERRERA BEUTLER and Representative DIANA DEGETTE for their leadership on this critical legislation. Ms. HERRERA BEUTLER testified before the Energy and Commerce Committee's Subcommittee on Health this September in support of her bill, which she and her staff have been working on daily to get across the finish line. She and I have shared a goal to improve maternal outcomes, and I am grateful that we had an opportunity to continue to push this priority forward together.

I also thank the committee staff, which has been working through the language with the various stakeholders over the course of the past year. Their work has been imperative in getting this bill to the floor.

Having spent nearly three decades as an OB/GYN, I believe it should be a national goal to eliminate all preventable maternal deaths. A single one is too many.

The alarming trend in our country's rate of maternal mortality first came to my attention in September 2016 when I was reading in my professional journal called The Green Journal, the journal of Obstetrics & Gynecology. The original research found that the maternal mortality rate had increased in 48 States and Washington, D.C., from 2000 to 2014 while the international trend was moving in the opposite direction. Since reading that article, I have spoken with providers, hospital administrators, State task forces, and public health experts. The more I dove into this troubling issue, the more I realized how little we understand about how our data is lacking.

The Health Subcommittee has held both a member briefing and a hearing on the issue of maternal mortality. Our hearing this past September had a varied panel of witnesses, including Charles Johnson, who lost his wife, Kira, following the birth of their second child in 2016. Mr. Johnson's wife was a healthy and energetic woman, yet he now has to explain to his two sons why their mother is never coming home.

The Johnson family is not alone in living through such tragedy. However, if we pass this bill today and send it to the President's desk, we will be taking a step in the right direction toward preventing future maternal deaths.

This is a problem that we cannot address without accurate data. According to the Centers for Disease Control and Prevention, the United States' maternal mortality rate was 7.2 deaths per 100,000 live births in 1999 and increased to 18 deaths per 100,000 live births in 2014. These are statistics that deserve our full attention.

Representative JAIME HERRERA BEUTLER's bill will address the complex issue of maternal mortality by enabling States to form maternal mortality review committees to evaluate, improve, and standardize their maternity death data. Once we fully understand the problem, there will be an opportunity to use the data to implement best practices.

Texas is an excellent example of a State that has created and sustained a maternal mortality and morbidity task force. Texas has put time, effort, and funding into reviewing maternal deaths in order to identify trends and causes.

Most of the pregnancy-related and pregnancy-associated deaths—or many, I should say—are preventable, but they are all tragic. We should not be losing women to such a fixable problem, leaving their newborn babies and their families to have to wake up each day to face the unsolved mystery of why the mother did not make it home from the hospital or died shortly thereafter.

Mr. Speaker, 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 today in strong support of H.R. 1318, the Preventing Maternal Deaths Act, sponsored by Representatives JAIME HERRERA BEUTLER and DIANA DEGETTE.

This is an important first step to addressing the maternal mortality crisis that is claiming the lives of too many new mothers in our country. Hundreds of women die each year from pregnancy-related and pregnancy-associated complications in the U.S. More than 60 percent of these deaths are preventable.

The Preventing Maternal Deaths Act encourages States to implement maternal mortality review committees that track maternal deaths and identify their underlying causes. Together, the data generated by these review committees will help experts identify trends, patterns, and disparities that contribute to preventable maternal deaths in order to save lives in the future.

It is shocking that the maternal mortality rate in the United States has increased while in most of the rest of the developed world it has fallen. It is also shocking that women of color, low-income women, and women in rural areas are disproportionately more likely to face pregnancy-related complications. This must change.

But in order to reverse this unconscionable trend, we must have the necessary data so providers can monitor their practices and improve their care delivery.

The mortality rate is a critical indicator of the quality of our healthcare system, as well as how we prioritize women's health in this country. While much more work still must be done, including improving access to care, I am proud to support this bill and believe it will set us on a path to understanding why women are dying and how we can stop it.

Mr. Speaker, I urge my colleagues to support this important piece of legislation, and I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Washington (Ms. HERRERA BEUTLER), who is the principal author of the bill.

Ms. HERRERA BEUTLER. Mr. Speaker, I thank Chairman BURGESS for his tireless commitment on this issue. It is not just the gentleman's career, but it has been something that the gentleman has fought for here in Congress as well, and I am very grateful to be standing here today. I also want to thank my co-conspirator, DIANA DEGETTE, for her work on this bipartisan legislation that has more than 180 cosponsors.

So why is this bill important to you, Mr. Speaker, or to those who are listening? Well, you either are a mom or you have got a mom. This bill impacts you.

I stand in strong support of the Preventing Maternal Deaths Act, a bill to save mothers' lives and prevent more parents, husbands, grandparents, and children from the profound loss of their mother.

Today in the 21st century United States of America, the U.S. is ranked fourth globally for maternal mortality. Many are shocked to learn that the

U.S. not only has the worst maternal mortality rate in the entire developed world, but that these rates are on the rise. Seriously, Mr. Speaker, we are worse than Iran.

Every year, between 700 and 900 maternal deaths occur in the United States, and I have seen tears brought to the eyes of many a colleague when they learn that more than 60 percent of these deaths could have been prevented, according to the CDC. It is difficult to imagine the grief felt by these families when a life is cut short and they learn that it could have been prevented.

As a mom, as an American, and as a lawmaker, we must do better. Combating maternal mortality must become a national priority, which is why I urge my colleagues to support this bill. The Preventing Maternal Deaths Act represents the biggest step taken by Congress to date on this issue. It would enable States to establish and strengthen maternal mortality review committees, which bring together experts in public health, in maternal health, and in infant health to investigate each and every pregnancy-related death to understand what went wrong and how to save future mothers' lives.

Currently, the available data is woefully inadequate, which hinders our ability to understand why moms are dying and why certain women are more at risk. Right now, African American women are three to four times more likely to die from pregnancy-related causes, and women living in rural areas are also facing higher risk. This bill will not only improve data collection, but it will empower States to participate in national information sharing, increase collaboration, and develop best practices.

In closing, Mr. Speaker, I would like to dedicate this bill to the mothers whom we have lost, moms like Kira Johnson who lost her life just hours after giving birth to a healthy baby boy.

I will never forget hearing from Kira's husband, Charles, who has been a tireless advocate on this issue. He is a single father of two boys and now lives by the motto: ''Wake up, make mommy proud, repeat.''

Stories like Kira's have struck at the hearts of many of us and have compelled us to action today. Today, we honor the lives of these moms and the loved ones who remember them.

Mr. Speaker, I urge my colleagues to vote ''yes'' on the Preventing Maternal Deaths Act.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no other speakers. I thank both Congresswoman DEGETTE and Congresswoman HERRERA BEUTLER for bringing this issue to our committee and also to the House.

Mr. Speaker, I urge a positive vote today, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), who is a valuable member of the Health Subcommittee.

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

Mr. Speaker, I rise today in support of H.R. 1318, the Preventing Maternal Deaths Act.

Unfortunately, we know all too well in Georgia the need to address maternal mortality rates in the Nation. My home State of Georgia has one of the highest maternal mortality rates in the country, and we learned about the challenges leading to this statistic on September 27 in the Energy and Commerce Committee when we were able to hear from my colleague and the sponsor of the bill, Congresswoman HERRERA BEUTLER.

As my colleague noted in the hearing, we are seeing an estimated number of between 700 and 900 maternal deaths per year, a number that is unacceptable in today's world. A 2015 World Health Organization report noted that nearly half of these deaths were preventable.

From 1987 to 2009, the number of pregnancy-related deaths per 100,000 births nearly doubled. That is why this legislation is so important.

Whether it is updates to maternal mortality data collection or mental treatment options, or the reforms and changes for the maternal mortality review committees, this legislation is necessary to helping us curb this trend and reduce the number of maternal mortality deaths.

We can and we should do more, and I hope that this will be one of our many steps to help us save the lives of mothers across the country.

Mr. Speaker, I urge my colleagues to support this bill.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, I know that the ranking member already yielded back, so I thank Mr. BURGESS for yielding.

Mr. Speaker, I wanted to hurry down here to speak in favor of this bill because I have been working on it for many years with my colleague and friend, JAIME HERRERA BEUTLER.

According to the CDC, maternal mortality rates rose by 26 percent in the U.S. between 2000 and 2014. These deaths are preventable, and they should not be happening in 2018. So to combat this alarming trend, 33 States have established maternal mortality review committees made up of healthcare professionals who review individual maternal deaths and then recommend policy decisions.

Our bill provides Federal support for these committees and supports efforts to standardize them. It has 190 cosponsors. It has received support from 90 national public health organizations.

It is really a great example of how the Energy and Commerce Committee works in a bipartisan way. So I thank everybody for being here and thank the chairman for his comity.

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Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

Just in addition to all the other people who have been thanked, I want to acknowledge the work of my personal staff, Mr. Ed Kim and Elizabeth Allen, who have worked so hard on this bill, as well as Dr. Kristen Shatynski on the Energy and Commerce Subcommittee on Health staff, who really helped push this along and made sure that we got here today in a successful manner.

Mr. Speaker, I urge my colleagues to support the legislation, and 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. 1318, as amended.

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

A motion to reconsider was laid on the table.

## CALLING ON THE GOVERNMENT OF BURMA TO RELEASE BURMESE JOURNALISTS WA LONE AND KYAW SOE OO

Mr. ROYCE of California. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1091) calling on the Government of Burma to release Burmese journalists Wa Lone and Kyaw Soe Oo sentenced to seven years imprisonment after investigating attacks against civilians by Burma's military and security forces, and for other purposes, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1091

Whereas in recent decades the Rohingya people have lost, through systematic discrimination by Burmese national, state, and local authorities, a range of civil and political rights, including citizenship, and face barriers today such that they have been rendered stateless;

Whereas the Burmese military and security forces have committed numerous crimes against civilians over many years in Burma's Rakhine, Shan, Kachin, and Karen States;

Whereas beginning August 25, 2017, the Burmese military and security forces, as well as civilian mobs, carried out widespread attacks, rapes, killings, and the burning of villages throughout Rakhine State resulting in approximately 730,000 Rohingya fleeing to Bangladesh and bringing the total Rohingya refugee population in Cox's Bazar to over 900,000;

Whereas on November 14, 2018, Vice President Mike Pence said, ''This is a tragedy that has touched the hearts of millions of Americans. The violence and persecution by military and vigilantes that resulted in driving 700,000 Rohingya to Bangladesh is without excuse.'';

Whereas to date, though the refugee crisis is not of their making, the Government of Bangladesh has generously accommodated the rapid and massive influx of Rohingya refugees into Cox's Bazar;