Service dogs have already been established as a proven therapy for PTSD and other related challenges. Today's legislation not only would allow these veterans to adopt a service dog but also give them the opportunity to take part in the training of that dog.

Simply put, the PAWS for Veterans Therapy Act will save lives.

I have seen firsthand what a service dog can mean to a veteran struggling with PTSD. In northeast Florida, we are blessed to have a group called K9s for Warriors, which pairs trained service dogs with veterans.

During my visits to K9s for Warriors, I have often had the opportunity to speak with these veterans and listen to their personal testimonies of survival. Many have told me: But for that dog, I would be dead today.

Last Congress, we passed the PAWS for Veterans Therapy Act out of the House, but we were not successful in getting it through the Senate. That means, with around 20 veterans taking their lives each day, we have since lost 7,300 veterans' lives since we passed it last year.

We cannot allow that to happen again. I call on the Senate to join the House and pass this bill and get it to the President's desk to become law.

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

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

Before I close, I thank Chairman TAKANO for working with Representative STIVERS and myself to find common ground. I would be remiss if I did not also thank Majority Leader HOYER for his assistance, scheduling, and consideration of this legislation before Representative STIVERS leaves the House of Representatives.

Madam Speaker, I encourage my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Madam Speaker, I also thank my colleague, the ranking member, Congressman BOST from Illinois, for his bipartisanship.

I do believe that H.R. 1448 is now in a form that would be acceptable to the Senate, and I am hopeful that it will pass.

I wish our colleague from the State of Ohio (Mr. STIVERS) the best of luck on this new chapter in his life.

Madam Speaker, I urge all of my colleagues to join me in passing H.R. 1448, as amended, and I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 1448, 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. STIVERS. 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.

## PROTECTING MOMS WHO SERVED ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 958) to codify maternity care coordination programs at the Department of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 958

*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 ''Protecting Moms Who Served Act''.

**SEC. 2. SUPPORT FOR MATERNITY CARE COORDINATION.**

(a) PROGRAM ON MATERNITY CARE COORDINATION.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out the maternity care coordination program described in Veterans Health Administration Handbook 1330.03, or any successor handbook.

(2) TRAINING AND SUPPORT.—In carrying out the program under paragraph (1), the Secretary shall provide to community maternity care providers training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions relating to the service of the veterans in the Armed Forces.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary $15,000,000 for fiscal year 2022 for the maternity care coordination program. Such amounts are authorized in addition to any other amounts authorized for such purpose.

(c) DEFINITIONS.—In this section:

(1) The term ''community maternity care providers'' means maternity care providers located at non-Department facilities who provide maternity care to veterans under section 1703 of title 38, United States Code, or other provisions of law administered by the Secretary of Veterans Affairs.

(2) The term ''non-Department facilities'' has the meaning given that term in section 1701 of title 38, United States Code.

**SEC. 3. REPORT ON MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY AMONG PREGNANT AND POSTPARTUM VETERANS.**

(a) GAO REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives, and make publicly available, a report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans.

(b) MATTERS INCLUDED.—The report under subsection (a) shall include the following:

(1) To the extent practicable—

(A) the number of pregnant and postpartum veterans who have experienced a pregnancy-related death or pregnancy-associated death in the most recent 10 years of available data;

(B) the rate of pregnancy-related deaths per 100,000 live births for pregnant and postpartum veterans;

(C) the number of cases of severe maternal morbidity among pregnant and postpartum veterans in the most recent year of available data;

(D) the racial and ethnic disparities in maternal mortality and severe maternal morbidity rates among pregnant and postpartum veterans;

(E) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans, including posttraumatic stress disorder, military sexual trauma, and infertility or miscarriages that may be caused by such service;

(F) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans from racial and ethnic minority groups and other at-risk populations as deemed appropriate;

(G) identification of any correlations between the former rank of veterans and their maternal health outcomes;

(H) the number of veterans who have been diagnosed with infertility by Veterans Health Administration providers each year in the most recent five years, disaggregated by age, race, ethnicity, sex, marital status, sexual orientation, gender identity, and geographical location;

(I) the number of veterans who receive a clinical diagnosis of unexplained infertility by Veterans Health Administration providers each year in the most recent five years; and

(J) the extent to which the rate of incidence of clinically diagnosed infertility among veterans compare or differ to the rate of incidence of clinically diagnosed infertility among the civilian population.

(2) An assessment of the barriers to determining the information required under paragraph (1) and recommendations for improvements in tracking maternal health outcomes among pregnant and postpartum veterans—

(A) who have health care coverage through the Department;

(B) enrolled in the TRICARE program;

(C) who are eligible to use the Indian Health Service, Tribal health programs, or urban Indian health organizations;

(D) with employer-based or private insurance;

(E) enrolled in the Medicaid program; and

(F) who are uninsured.

(3) Recommendations for legislative and administrative actions to increase access to mental and behavioral health care for pregnant and postpartum veterans who screen positively for maternal mental or behavioral health conditions.

(4) Recommendations to address homelessness, food insecurity, poverty, and related issues among pregnant and postpartum veterans.

(5) Recommendations on how to effectively educate maternity care providers on best practices for providing maternity care services to veterans that addresses the unique maternal health care needs of the veteran population.

(6) Recommendations to reduce maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for each of the groups described in subparagraphs (A) through (E) of paragraph (2).

(7) Recommendations to improve coordination of care between the Department and non-Department facilities for pregnant and postpartum veterans, including recommendations to improve—

(A) health record interoperability; and

(B) training for the directors of the Veterans Integrated Service Networks, directors of medical facilities of the Department, chiefs of staff of such facilities, maternity care coordinators, and staff of relevant non-Department facilities.

(8) An assessment of the authority of the Secretary of Veterans Affairs to access maternal health data collected by the Department of Health and Human Services and, if applicable, recommendations to increase such authority.

(9) To the extent applicable, an assessment of potential causes of or explanations for lower maternal mortality rates among veterans who have health coverage through the Department of Veterans Affairs compared to maternal mortality rates in the general United States population.

(10) Any other information the Comptroller General determines appropriate with respect to the reduction of maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for veterans.

**SEC. 4. DEFINITIONS.**

In this Act:

(1) MATERNAL MORTALITY.—The term ''maternal mortality'' means a death occurring during or within a one-year period after pregnancy, caused by pregnancy-related or childbirth complications, including a suicide, overdose, or other death resulting from a mental health or substance use disorder attributed to or aggravated by pregnancy-related or childbirth complications.

(2) POSTPARTUM AND POSTPARTUM PERIOD.—The terms ''postpartum'' and ''postpartum period'' refer to the 1-year period beginning on the last day of the pregnancy of an individual.

(3) PREGNANCY-ASSOCIATED DEATH.—The term ''pregnancy-associated death'' means a death of a pregnant or postpartum individual, by any cause, that occurs during, or within 1 year following, the individual's pregnancy, regardless of the outcome, duration, or site of the pregnancy.

(4) PREGNANCY-RELATED DEATH.—The term ''pregnancy-related death'' means a death of a pregnant or postpartum individual that occurs during, or within 1 year following, the individual's pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

(5) RACIAL AND ETHNIC MINORITY GROUP.—The term ''racial and ethnic minority group'' has the meaning given such term in section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6(g)(1)).

(6) SEVERE MATERNAL MORBIDITY.—The term ''severe maternal morbidity'' means a health condition, including mental health conditions and substance use disorders, attributed to or aggravated by pregnancy or childbirth that results in significant short-term or long-term consequences to the health of the individual who was pregnant.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 958.

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

There was no objection.

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

Madam Speaker, the United States is the only industrialized nation where the maternal mortality rate is on the rise, and we have one of the highest rates of maternal mortality in the developed world.

Black, American Indian, and Alaska Native moms die from complications from pregnancy at approximately three times the rate of White, Latina, Asian-American, and Pacific Islander women, regardless of income or education levels.

Today, women veterans are the fastest-growing cohort in the veteran population, and more than 40 percent of women veterans using VA for their healthcare are of reproductive age. Black women serve in high numbers and represent nearly one-third of women using VA for their healthcare.

The Protecting Moms Who Served Act, introduced by Congresswoman LAUREN UNDERWOOD, would codify maternity care coordination in law and provide additional resources to the Department of Veterans Affairs to ensure that veterans receive the best prenatal and postpartum care possible.

Madam Speaker, we do not yet know if pregnant veterans have better, worse, or equal rates of maternal mortality compared to nonveterans. This bill would address this knowledge gap by requiring the Government Accountability Office to conduct a comprehensive study on maternal mortality and morbidity among veterans.

This study would not only examine racial and ethnic disparities in maternal mortality and morbidity but also would seek to capture data from Federal programs besides VA, including TRICARE and Medicaid as well as the Indian Health Service, private insurance, and the uninsured.

While there is not yet enough data to make an authoritative conclusion, there is some evidence that veterans who use VA have lower maternal mortality rates than nonveterans. The study mandated by this bill would identify what best practices VA has implemented that result in better maternal health outcomes.

Madam Speaker, last year, approximately 6,000 veterans using VA became new moms. Moms who have served our Nation exemplify strength and resilience. Supporting moms means ensuring gender equity, and that begins with health equity. I, therefore, ask my colleagues to join me in supporting the Protecting Moms Who Served Act.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 958, the Protecting Moms Who Served Act.

Just 3 days ago, we celebrated Mother's Day, so it is particularly fitting to be here to discuss a bill to improve the care that is provided to veteran mothers.

Women are volunteering to serve in uniform at a rapid rate, and when they become veterans, they seek VA healthcare at a rapid rate as well.

I am committed to making sure the VA is equipped to provide them with the high-quality care that they have earned.

The Protecting Moms Who Served Act will strengthen VA's maternity care coordination program. It will expand training on the physical and mental health needs of pregnant and postpartum veterans. It will also require a GAO assessment of maternal health outcomes among women veterans.

I am grateful to the bill's sponsor and my fellow Illinoisan, Congresswoman UNDERWOOD, for introducing this bipartisan bill. I am pleased to support it this afternoon.

Madam Speaker, I reserve the balance of my time.

□ 1300

Mr. TAKANO. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Ms. BROWNLEY), my good friend and chairwoman of the Subcommittee on Health, and also the cosponsor of this important piece of legislation.

Ms. BROWNLEY. Madam Speaker, I rise today in support of H.R. 958, the Protecting Moms Who Served Act, which I was proud to co-lead with Congresswoman UNDERWOOD, Congressman BILIRAKIS, and Congressman FITZPATRICK.

Madam Speaker, this bill will ensure that veterans get the high-quality maternal care they have earned by codifying the Maternity Care Coordination Program. Additionally, this bill will require the GAO to report on maternal mortality and morbidity among veterans.

I thank the chairman for his support on this issue, and I am proud that this bill passed the committee with broad bipartisan support.

Madam Speaker, as you may know, among developed countries, the United States has one of the highest maternal mortality rates in the world, with an average rate of 17.2 deaths per 100,000 live births.

For women of color, the rates are even higher. For Black women, the maternal mortality rate is 41.7 deaths per 100,000. And for American Indian and Alaska Native women, it is 28.3 deaths per 100,000 live births. More than 50 percent of pregnancy-related deaths happen after delivery.

Today, there are 2 million women veterans living in the United States, and women comprise the fastest growing subpopulation of both the military and veteran populations, yet many of their health needs go unaddressed in a VA system that has not evolved to equitably serve a rapidly changing population.

As the chairwoman of the Women Veterans Task Force and chair of House Veterans' Affairs Subcommittee on Health, I am proud to join Congresswoman UNDERWOOD, who has truly,

truly been a champion—she is the founder and co-chair of the Black Maternal Health Caucus—in fighting to end disparities in maternal care for women veterans. Our veterans have sacrificed so much for our country. It is past time that we address this inequity.

Madam Speaker, I urge my colleagues to support our women veterans and vote ''yes'' on H.R. 958.

Mr. BOST. Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), my good friend.

Mr. BILIRAKIS. Madam Speaker, I thank Ranking Member BOST and Chairman TAKANO for their leadership. This bill is very important.

Madam Speaker, I rise in strong support of the Protecting Moms Who Served Act, which I co-lead with my colleague and friend, LAUREN UNDERWOOD. I also thank Representative UNDERWOOD for her efforts on this bill to help ensure that all female veterans have access to the maternal healthcare and support they need and deserve.

Our Nation's heroes deserve the best possible care, and this legislation gets us one step closer to achieving that goal. Women are currently the fastest growing group within the veteran population, creating the greatest demand for maternity care ever faced by the VA.

I have heard from my local VA medical centers about the growing challenges they face in providing maternity coordination for female veterans. The demand on this maternity coordination process has significantly increased over the past few years, from an average of 50 patients per year to now around 140, featuring a generally higher risk patient population than the private sector.

My local veterans medical centers said that the additional program support and additional maternity care coordinators would be crucial in meeting the growing demand, which this bill will provide.

The bill will also provide community maternity care providers with training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions in relation to the service of the veterans in the Armed Forces—very important.

Madam Speaker, these veterans honorably served our country. It is only right that we provide the quality maternity care and support they deserve.

Madam Speaker, again, I urge my colleagues to support this particular bill.

Mr. TAKANO. Madam Speaker, I yield as much time as she may consume to the gentlewoman from Illinois (Ms. UNDERWOOD), my good friend and author of this bill, and a member of the Veterans' Affairs Subcommittee on Health.

Ms. UNDERWOOD. Madam Speaker, I rise today in strong support of H.R. 958, the Protecting Moms Who Served Act, my bipartisan bill to address maternal mortality among veterans that I proudly introduced with Representative GUS BILIRAKIS and JULIA BROWNLEY and BRIAN FITZPATRICK.

Madam Speaker, the United States is currently confronting a maternal health crisis. We have the highest maternal mortality rate in the developed world and significant racial and ethnic disparities in maternity health outcomes.

Some of the drivers of maternal mortality and morbidity can even be more common in women who serve. For example, one in three women veterans report that they experience military sexual trauma, which is linked with risk factors for pregnancy-related complications. With unacceptable maternal mortality rates for all U.S. mothers and unique risks for veterans, we must ensure that the VA is providing the highest quality maternal healthcare and support to moms who serve.

My bipartisan Protecting Moms Who Served Act would codify VA's maternity healthcare and coordination programs, which offers screenings and treatments to pregnant veterans with mental health conditions and include measures to strengthen community partnerships with organizations that support new parents.

The VA's maternity care coordination programs have been successful in ensuring that veterans can receive high-quality, culturally appropriate care and robust support throughout pregnancy, during labor and delivery, and for the full yearlong postpartum period and beyond. By codifying and strengthening these programs, veterans will continue to receive the world-class care and support that they have earned.

The Protecting Moms Who Served Act would also invest in trainings for community maternity care providers so that nurses, midwives, and physicians caring for pregnant and postpartum veterans understand the unique needs of veteran patients, particularly related to mental and behavioral health conditions that might have been caused or exacerbated by military service or the transition back to civilian life. These trainings will ensure that veterans receive care that is responsive to the lingering physical and psychological impacts of their service.

Finally, my bill will commission the first-ever comprehensive study of maternal mortality, morbidity, and racial and ethnic disparities for veterans. By having a complete understanding of the ways in which our Nation's maternity health crisis extends to our veteran population, we can develop evidence-based solutions to improve outcomes and save veterans' lives.

Madam Speaker, I urge my colleagues on both sides of the aisle to support the Protecting Moms Who Served Act. I thank the chairman of the House Committee on Veterans' Affairs, Chairman TAKANO, for his leadership to advance this critically important bipartisan legislation—the first bill in our Black Maternal Health Momnibus Act to be considered here in the House.

As a cofounder and co-chair of the Black Maternal Health Caucus, I am committed to advancing each bill in the Momnibus to save moms' lives and support families.

Madam Speaker, finally, I would also really like to thank—truly, it has been a pleasure to work with—Representative BILIRAKIS, Representative BROWNLEY, Representative FITZPATRICK, and Ranking Member BOST. Thank you for co-leading this bill with me.

Mr. BOST. Madam Speaker, I encourage my colleagues to support this bill, and I yield back the balance of my time.

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

Madam Speaker, I am delighted that we are taking this significant step in addressing the terrible mortality rates that we are facing among our Nation's moms, especially our moms of color. And to the extent that we can shed light on this issue through this very important legislation being brought forward by Ms. UNDERWOOD and Ms. BROWNLEY, I think that this is truly, truly a tremendous step forward.

Madam Speaker, I urge all my colleagues to vote in favor of this 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 California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 958.

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

A motion to reconsider was laid on the table.

## HAWAII NATIONAL FOREST STUDY

Mr. SOTO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 297) to require the Secretary of Agriculture to conduct a study on the establishment of, and the potential land that could be included in, a unit of the National Forest System in the State of Hawaii, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 297

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

**SECTION 1. HAWAII NATIONAL FOREST STUDY.**

(a) DEFINITIONS.—In this section:

(1) SECRETARY.—The term ''Secretary'' means the Secretary of Agriculture, acting through the Chief of the Forest Service.

(2) STUDY AREA.—The term ''study area'' means the islands of Hawaii, Maui, Molokai, Lanai, Oahu, and Kauai in the State of Hawaii.

(b) STUDY.—

(1) IN GENERAL.—The Secretary shall conduct a study—

(A) to determine the suitability and feasibility of establishing a unit of the National Forest System in the study area; and