

116TH CONGRESS  
2D SESSION

# H. R. 6533

To authorize the Secretary of Defense to share with State and local health authorities the practices of, and lessons learned by, the military health system for the prevention of infant and maternal mortality.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 17, 2020

Ms. ESCOBAR (for herself and Mrs. HARTZLER) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To authorize the Secretary of Defense to share with State and local health authorities the practices of, and lessons learned by, the military health system for the prevention of infant and maternal mortality.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Defeat Infant and Ma-  
5 ternal Mortality Act”.

6 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

7 (a) FINDINGS.—Congress finds the following:

1           (1) According to a report by the Department of  
2           Defense published in July 2019 titled “Maternal and  
3           Infant Mortality Rates in the Military Health Sys-  
4           tem,” between January 2009 and June 2018, the  
5           military health system achieved a pregnancy-related  
6           mortality ratio of 7.40 deaths per 100,000 live  
7           births across both direct care and purchased card  
8           systems. Over the same period, the National  
9           Perinatal Information Center ratio was a statis-  
10          tically significantly higher ratio of 11.3 deaths per  
11          100,000 live births.

12          (2) The same report by the Department of De-  
13          fense found that the military health system’s infant  
14          mortality rate of 2.51 deaths per 1,000 live births  
15          was statistically significantly lower than the Na-  
16          tional Perinatal Information Center rate of 4.76  
17          deaths per 1,000 live births.

18          (3) In the United States, the maternal mor-  
19          tality rate remains unfortunately high. Some States  
20          experience rates as high as 24.3 deaths per 100,000  
21          live births.

22          (4) A report by the Centers for Disease Control  
23          published in May 2019 on pregnancy-related deaths  
24          found that nearly 60 percent of such deaths are pre-  
25          ventable with improved medical care.

1           (5) Components of the Department of Defense  
2       have previously entered into memoranda of under-  
3       standing with State and local civilian health entities  
4       to better understand and improve public health  
5       trends, such as unexpected child deaths.

6       (b) SENSE OF CONGRESS.—It is the sense of Con-  
7       gress that civilian health entities could benefit from en-  
8       hanced information sharing with the military health sys-  
9       tem regarding best practices for safeguarding mothers and  
10      infants during delivery.

11   **SEC. 3. INFORMATION SHARING BY SECRETARY OF DE-**  
12                           **FENSE REGARDING PREVENTION OF INFANT**  
13                           **AND MATERNAL MORTALITY.**

14       (a) AUTHORIZE INFORMATION SHARING.—The Sec-  
15      retary of Defense may enter into memoranda of under-  
16      standing with State and local health authorities to share  
17      the practices of, and lessons learned by, the military health  
18      system for the prevention of infant and maternal mor-  
19      tality.

20       (b) DEFINITION OF STATE.—In this section, the term  
21      “State” means each State of the United States, the Dis-  
22      trict of Columbia, each commonwealth, territory or posses-  
23      sion of the United States, and each federally recognized  
24      Indian Tribe.

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