

111TH CONGRESS
2D SESSION

H. R. 6318

To amend the Public Health Service Act to ensure a national, coordinated approach to improving maternal and infant health.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 29, 2010

Mrs. CAPPs (for herself, Ms. ROYBAL-ALLARD, and Mr. MURPHY of Connecticut) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to ensure a national, coordinated approach to improving maternal and infant health.

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 “Maternity Care Im-
5 provement Act of 2010”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—ENHANCED REPORTING, RESEARCH, AND EVALUATION

Sec. 101. National registry of maternal and infant health data.

TITLE II—STRENGTHENING THE MATERNITY CARE WORKFORCE

Sec. 201. Maternal and infant health workforce education and training.

Sec. 202. Report on creation of a uniform maternity care core curriculum.

Sec. 203. Demonstration projects to promote use of core curriculum and interdisciplinary team teaching in maternity care health professions education.

Sec. 204. Report on maternity care workforce.

Sec. 205. Allocation of funds for maternity care workforce development.

TITLE III—ADDRESSING MATERNAL HEALTH DISPARITIES

Sec. 301. CDC Centers for Research and Demonstration of Health Promotion and Disease Prevention.

Sec. 302. Grants to support a diversified maternity care workforce.

TITLE IV—COORDINATION OF MATERNITY CARE

Sec. 401. Maternal health coordinator.

1 **TITLE I—ENHANCED REPORT-**
 2 **ING, RESEARCH, AND EVAL-**
 3 **UATION**

4 **SEC. 101. NATIONAL REGISTRY OF MATERNAL AND INFANT**
 5 **HEALTH DATA.**

6 Title III of the Public Health Service Act is amended
 7 by inserting after section 317L of such Act (42 U.S.C.
 8 247b–13) the following:

9 **“SEC. 317L–1. IMPROVEMENT OF MATERNAL AND INFANT**
 10 **HEALTH THROUGH ENHANCED REPORTING,**
 11 **RESEARCH, AND EVALUATION.**

12 **“(a) NATIONAL REGISTRY.—**

13 **“(1) IN GENERAL.—**The Secretary shall estab-
 14 lish and maintain a national registry of maternal
 15 and infant health information (in this section re-
 16 ferred to as the ‘Registry’).

1 “(2) CONTENTS.—The Registry shall include
2 information on maternal and infant health, including
3 any such information submitted to the Secretary
4 through the Pregnancy Risk Assessment Monitoring
5 System. The Secretary shall disaggregate informa-
6 tion in the Registry by race and ethnicity.

7 “(3) STANDARDIZATION.—In carrying out this
8 subsection, the Secretary shall ensure that informa-
9 tion is collected and maintained pursuant to stand-
10 arized measures of maternal health, including a
11 standardized definition of maternal death.

12 “(b) REPORTING AND COLLECTION OF INFORMA-
13 TION.—The Secretary shall expand, enhance, and ensure
14 the coordination of programs of the Department of Health
15 and Human Services relating to the reporting and collec-
16 tion of information on maternal and infant health. Activi-
17 ties under this subsection may include—

18 “(1) expansion of the Pregnancy Risk Assess-
19 ment Monitoring System to include standardized re-
20 porting, including core questions and any additional
21 State-added information reporting by all States;

22 “(2) expansion of programs to assist and en-
23 courage vital registration systems in each State to
24 use enhanced, standardized electronic birth certifi-
25 cates; and

1 “(3) disaggregation of information by race and
2 ethnicity.

3 “(c) ELECTRONIC BIRTH AND DEATH SYSTEMS.—
4 The Secretary shall award grants to vital records jurisdic-
5 tions for the development and implementation of electronic
6 birth and death systems—

7 “(1) to collect 2003 standard certificate data;
8 and

9 “(2) for the training of individuals responsible
10 for completing birth and death certificates.

11 “(d) ANALYSIS OF PROGRAMS THAT MITIGATE MA-
12 TERNAL MORBIDITY AND MORTALITY.—The Secretary
13 shall enter into an agreement with the Institute of Medi-
14 cine of the National Academies under which the Institute
15 will—

16 “(1) conduct an in-depth analysis, including
17 funding histories, of Federal, State, and local pro-
18 grams (both governmental and private) across the
19 Nation that mitigate maternal mortality and mor-
20 bidity; and

21 “(2) not later than 12 months after the date of
22 the enactment of this section, submit a report to the
23 Secretary and the Congress on the results of such
24 analysis.

1 “(e) COMPARATIVE EFFECTIVENESS OF CLINICAL
2 PRACTICES RELATED TO CHILDBIRTH.—

3 “(1) IN GENERAL.—The Secretary shall con-
4 duct or support research on the comparative effec-
5 tiveness of clinical practices related to childbirth, in-
6 cluding home birth and other out-of-hospital birth,
7 vaginal birth after cesarean, vaginal breech, multiple
8 gestation, elective induction, and caesarian section
9 without indication.

10 “(2) CONSIDERATION OF LIABILITY CON-
11 CERNS.—The research under paragraph (1) shall
12 take into consideration the liability concerns of
13 health care providers.

14 “(3) COORDINATION.—The Secretary shall en-
15 sure the coordination of research under this section
16 with comparative effectiveness research of the De-
17 partment of Health and Human Services under sec-
18 tion 1181 of the Social Security Act or other provi-
19 sions of law.

20 “(f) REPORT TO CONGRESS.—Not later than 12
21 months after the date of the enactment of this section,
22 the Secretary shall submit a report to the Congress on
23 programs and activities under this section, including an
24 analysis of progress in improving the quality and outcomes
25 of maternity care and infant health.

1 **“PART J—COMPREHENSIVE MATERNAL AND**
2 **INFANT HEALTH PROFESSIONS EDUCATION**

3 **“SEC. 861. COMPREHENSIVE MATERNAL AND INFANT**
4 **HEALTH PROFESSIONS EDUCATION.**

5 “(a) PROGRAM AUTHORIZED.—The Secretary shall
6 award grants to eligible entities to develop and implement,
7 in coordination with programs under section 760, pro-
8 grams and initiatives to train and educate individuals in
9 providing evidence-based maternal and infant health care.

10 “(b) USE OF FUNDS.—An eligible entity that receives
11 a grant under subsection (a) shall use funds under such
12 grant to—

13 “(1) provide training to individuals who will
14 provide maternal and infant health care;

15 “(2) develop and disseminate core curricula for
16 all maternity care providers that emphasizes health
17 promotion and disease prevention;

18 “(3) train faculty members in maternal and in-
19 fant health care;

20 “(4) provide continuing education to individuals
21 who provide maternal and infant health care; or

22 “(5) establish traineeships for individuals who
23 are preparing for advanced education nursing de-
24 grees deemed appropriate by the Secretary.

25 “(c) APPLICATION.—An eligible entity desiring a
26 grant under subsection (a) shall submit an application to

1 the Secretary at such time, in such manner, and con-
2 taining such information as the Secretary may reasonably
3 require.

4 “(d) ELIGIBLE ENTITY.—For purposes of this sec-
5 tion, the term ‘eligible entity’ includes a school of nursing,
6 a health care facility, a program leading to certification
7 as a certified nurse assistant, a partnership of such a
8 school and facility, a partnership of such a program and
9 facility, or a nonprofit entity that issues continuing nurs-
10 ing education.”.

11 **SEC. 202. REPORT ON CREATION OF A UNIFORM MATER-**
12 **NITY CARE CORE CURRICULUM.**

13 (a) IN GENERAL.—The Secretary of Health and
14 Human Services shall seek to enter into an arrangement
15 with the Institute of Medicine of the National Academies
16 to prepare a report on the creation of a uniform maternity
17 care core curriculum to foster a shared knowledge base
18 among maternity care professionals. At a minimum, the
19 report shall address ways in which such core curriculum
20 can support—

21 (1) preventing and treating complications in
22 pregnancy and childbirth;

23 (2) physiologic pregnancy, birth, and early par-
24 enting;

25 (3) psychosocial aspects of pregnancy and birth;

- 1 (4) woman- and family-centered care;
- 2 (5) cultural competence;
- 3 (6) collaborative practice;
- 4 (7) shared decisionmaking between childbearing
- 5 women and clinicians;
- 6 (8) avoiding overuse of maternity interventions
- 7 in low-risk women and newborns;
- 8 (9) improved systemic approaches to maternity
- 9 care; and
- 10 (10) eliminating disparities in maternal care
- 11 and maternal outcomes.

12 (b) CONSULTATION.—The arrangement under sub-
13 section (a) shall require the Institute of Medicine, in pre-
14 paring the report, to consult with consumer and advocacy
15 representatives and with each of the following organiza-
16 tions and their associated educational, accrediting, and
17 certification bodies:

- 18 (1) The American College of Obstetricians and
- 19 Gynecologists.
- 20 (2) The American Academy of Family Physi-
- 21 cians.
- 22 (3) The American College of Nurse-Midwives.
- 23 (4) The National Association of Certified Pro-
- 24 fessional Midwives.

1 (5) The Association of Women’s Health, Ob-
2 stetric, and Neonatal Nurses.

3 (6) The Accreditation Council for Graduate
4 Medical Education.

5 (7) The American Academy of Pediatrics.

6 (8) The Society for Maternal-Fetal Medicine.

7 (c) SUBMISSION OF REPORT.—The arrangement
8 under subsection (a) shall provide for completion of the
9 report and the submission of the report to the Congress
10 within 18 months after the date of the enactment of this
11 Act.

12 **SEC. 203. DEMONSTRATION PROJECTS TO PROMOTE USE**
13 **OF CORE CURRICULUM AND INTERDISCIPLI-**
14 **NARY TEAM TEACHING IN MATERNITY CARE**
15 **HEALTH PROFESSIONS EDUCATION.**

16 (a) IN GENERAL.—Beginning not later than the
17 deadline specified in section 202(c) for completion and
18 submission of the report under section 202, the Secretary
19 shall, on a competitive basis and pursuant to a peer review
20 process, make available grants to eligible entities or con-
21 sortia to carry out demonstration projects in academic
22 educational programs to develop, implement, and evalu-
23 ate—

24 (1) a uniform core maternity care curriculum
25 recommended in the report under section 202; and

1 (2) interdisciplinary team teaching and learning
2 in maternity care education.

3 (b) ELIGIBILITY.—To be eligible to receive a grant
4 under this section, an entity or consortium shall be or in-
5 clude—

6 (1) a health professions school;

7 (2) an academic health sciences center; or

8 (3) another type of institution specified by the
9 Secretary.

10 (c) APPLICATION.—To seek a grant under subsection
11 (a) for a demonstration project, an entity or consortium
12 shall submit to the Secretary an application that in-
13 cludes—

14 (1) a plan for developing and implementing the
15 demonstration project, including by—

16 (A) developing collaborative programs in
17 all maternity care program settings to allow
18 students of all relevant disciplines to observe
19 different practice styles, collaborate, and learn
20 together from faculty including a full range of
21 maternity care providers;

22 (B) offering a mix of teaching modalities
23 including cognitive, hands-on, and simulation
24 training;

25 (C) using—

1 (i) acute hospital settings; and
2 (ii) community health centers, public
3 health department clinics, freestanding
4 birth clinics, or other sites determined ap-
5 propriate by the Secretary; and

6 (D) using an interdisciplinary teaching
7 team approach involving multiple disciplines,
8 which approach may include teaching by an ob-
9 stetrician, family physician, a nurse-midwife, a
10 nurse, a doula, a mental health professional,
11 and other providers specified by the Secretary;

12 (2) an agreement to provide for the collection of
13 data regarding the effectiveness of the demonstra-
14 tion project; and

15 (3) an agreement to provide matching funds in
16 accordance with subsection (d).

17 (d) MATCHING FUNDS.—

18 (1) IN GENERAL.—The Secretary may award a
19 grant to an entity or consortium under this section
20 only if the entity or consortium agrees to make
21 available non-Federal contributions toward the costs
22 of the demonstration program to be funded under
23 the grant in an amount that is not less than \$1 for
24 each \$5 of Federal funds provided through the
25 grant.

1 (2) NON-FEDERAL CONTRIBUTIONS.—Non-Fed-
2 eral contributions under paragraph (1) may be in
3 cash or in-kind, fairly evaluated, including equip-
4 ment or services. Amounts provided by the Federal
5 Government, or services assisted or subsidized to
6 any significant extent by the Federal Government,
7 may not be included in determining the amount of
8 such contributions.

9 (e) EVALUATION.—The Secretary shall take such ac-
10 tion as may be necessary to—

11 (1) evaluate the projects funded under this sec-
12 tion; and

13 (2) make publicly available, publish, and dis-
14 seminate the results of such evaluation as widely as
15 practicable.

16 (f) REPORTS.—Not later than 2 years after the date
17 of the enactment of this Act, and annually thereafter, the
18 Secretary shall submit to the Committee on Health, Edu-
19 cation, Labor, and Pensions and the Committee on Fi-
20 nance of the Senate and the Committee on Energy and
21 Commerce and the Committee on Ways and Means of the
22 House of Representatives a report that—

23 (1) describes the specific projects supported
24 under this section; and

1 (2) contains recommendations to Congress
2 based on the evaluation conducted under subsection
3 (e).

4 (g) DEFINITION.—In this section, the term “Sec-
5 retary” means the Secretary of Health and Human Serv-
6 ices.

7 **SEC. 204. REPORT ON MATERNITY CARE WORKFORCE.**

8 (a) ASSESSMENT.—The National Health Care Work-
9 force Commission (established by section 5101 of the Pa-
10 tient Protection and Affordable Care Act (Public Law
11 111–148)) shall conduct an assessment of current and
12 projected workforce needs for achieving the optimal deliv-
13 ery of maternity care services. At a minimum, the assess-
14 ment shall include an evaluation of—

15 (1) an appropriate volume of maternity care
16 providers;

17 (2) an appropriate geographic distribution of
18 maternity care providers;

19 (3) an appropriate number of maternity care
20 providers in various health care disciplines to meet
21 the maternity care needs of women with both low-
22 and high-risk pregnancies;

23 (4) an appropriate sociodemographic diversity
24 of the maternity care workforce;

1 amounts for activities relating to maternity care workforce
2 development under such sections.”.

3 **TITLE III—ADDRESSING MATER-**
4 **NAL HEALTH DISPARITIES**

5 **SEC. 301. CDC CENTERS FOR RESEARCH AND DEMONSTRATION OF HEALTH PROMOTION AND DISEASE PREVENTION.**

8 Paragraph (2) of section 1706(b) of the Public
9 Health Service Act (42 U.S.C. 300u–5(b)) is amended—

10 (1) in subparagraph (B), by striking “and” at
11 the end;

12 (2) in subparagraph (C) by striking the period
13 at the end and inserting “; and”; and

14 (3) by adding at the end the following:

15 “(D) community-based participatory re-
16 search on maternal and infant health, focusing
17 on disparities in maternal and infant health.”.

18 **SEC. 302. GRANTS TO SUPPORT A DIVERSIFIED MATERNITY CARE WORKFORCE.**

19 (a) IN GENERAL.—The Secretary may award grants
20 to eligible entities or consortia to carry out demonstration
21 projects to increase recruitment of underrepresented mi-
22 norities into the maternity care professions. Such awards
23 shall be made on a competitive basis and pursuant to peer
24 review.
25

1 (b) ELIGIBILITY.—To be eligible to receive a grant
2 under this section, an entity or consortium shall be or in-
3 clude—

4 (1) a health professions school;

5 (2) an institution with a graduate medical edu-
6 cation program;

7 (3) a hospital;

8 (4) a community health center;

9 (5) a freestanding birth center;

10 (6) a public health department clinic;

11 (7) a nonprofit professional organization; or

12 (8) another type of institution specified by the
13 Secretary.

14 (c) APPLICATION.—To seek a grant under subsection
15 (a) for a demonstration project, an entity or consortium
16 shall submit to the Secretary an application that includes
17 each of the following:

18 (1) A plan for carrying out the demonstration
19 project, including by performing one or more of the
20 following:

21 (A) Strengthening recruitment, education,
22 retention, and mentoring of underrepresented
23 minorities.

1 (B) Increasing the racial, ethnic, geo-
2 graphic, linguistic, and socioeconomic diversity
3 of the maternity care workforce.

4 (C) Engaging in early outreach to students
5 in elementary and secondary schools in dis-
6 parity communities about maternity care ca-
7 reers.

8 (D) Creating assistance programs in com-
9 munity colleges and other institutions of higher
10 learning to support low-income students and
11 students from underrepresented backgrounds
12 who wish to become maternity caregivers. Such
13 assistance programs may include the provision
14 of grants, scholarships, housing stipends, health
15 insurance for students and their families, and
16 childcare services for student-parents.

17 (E) Establishing community-based doula,
18 childbirth educator, and peer breastfeeding
19 counselor training programs for women in un-
20 derserved communities.

21 (2) An agreement to provide for the collection
22 of data regarding the effectiveness of the demonstra-
23 tion project.

24 (3) An agreement to provide matching funds in
25 accordance with subsection (d).

1 (d) MATCHING FUNDS.—

2 (1) IN GENERAL.—The Secretary may award a
3 grant to an entity or consortium under this section
4 only if the entity or consortium agrees to make
5 available non-Federal contributions toward the costs
6 of the project to be funded under the grant in an
7 amount that is not less than \$1 for each \$5 of Fed-
8 eral funds provided through the grant.

9 (2) NON-FEDERAL CONTRIBUTIONS.—Non-Fed-
10 eral contributions under paragraph (1) may be in
11 cash or in-kind, fairly evaluated, including equip-
12 ment or services. Amounts provided by the Federal
13 Government, or services assisted or subsidized to
14 any significant extent by the Federal Government,
15 may not be included in determining the amount of
16 such contributions.

17 (e) EVALUATION.—The Secretary shall take such ac-
18 tion as may be necessary to—

19 (1) evaluate the projects funded under this sec-
20 tion; and

21 (2) make publicly available, publish, and dis-
22 seminate the results of such evaluation as widely as
23 practicable.

24 (f) REPORTS.—Not later than 2 years after the date
25 of enactment of this section, and annually thereafter, the

1 Secretary shall submit to the Committee on Health, Edu-
2 cation, Labor, and Pensions and the Committee on Fi-
3 nance of the Senate and the Committee on Energy and
4 Commerce and the Committee on Ways and Means of the
5 House of Representatives a report that—

6 (1) describes the specific projects supported
7 under this section; and

8 (2) contains recommendations for Congress
9 based on the evaluation conducted under subsection
10 (e).

11 (g) DEFINITION.—In this section, the term “Sec-
12 retary” means the Secretary of Health and Human Serv-
13 ices.

14 **TITLE IV—COORDINATION OF** 15 **MATERNITY CARE**

16 **SEC. 401. MATERNAL HEALTH COORDINATOR.**

17 Title III of the Public Health Service Act is amend-
18 ed—

19 (1) by redesignating section 317K (42 U.S.C.
20 247b–12) as section 317K–1; and

21 (2) by inserting after section 317J the fol-
22 lowing:

1 **“SEC. 317K. COORDINATION OF MATERNAL HEALTH PRO-**
2 **GRAMS AND ACTIVITIES.**

3 “The Secretary shall designate an official within the
4 Office of the Secretary whose primary responsibility shall
5 be to coordinate the programs and activities of the Depart-
6 ment of Health and Human Services relating to maternal
7 health.”.

○