

112TH CONGRESS
1ST SESSION

H. R. 894

To amend title V of the Social Security Act to provide grants to States to establish State maternal mortality review committees on pregnancy-related deaths occurring within such States; to develop definitions of severe maternal morbidity and data collection protocols; and to eliminate disparities in maternal health outcomes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 2011

Mr. CONYERS (for himself and Ms. DEGETTE) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend title V of the Social Security Act to provide grants to States to establish State maternal mortality review committees on pregnancy-related deaths occurring within such States; to develop definitions of severe maternal morbidity and data collection protocols; and to eliminate disparities in maternal health outcomes.

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 “Maternal Health Ac-
5 countability Act of 2011”.

1 **SEC. 2. FINDINGS; PURPOSES.**

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

3 (1) The aggregate pregnancy-related mortality
4 ratio in the United States as measured by the Cen-
5 ters for Disease Control and Prevention Pregnancy
6 Mortality Surveillance System was 14.5 for the 8-
7 year period 1998 through 2005, higher than any
8 other period in the previous 20 years. Although this
9 increase may reflect changes in data collection meth-
10 ods by the States, this reported increase, along with
11 no improvement in previous years remains a source
12 of great concern for the Centers for Disease Control
13 and Prevention, and health care providers and pa-
14 tient advocates such as the Joint Commission, the
15 American College of Obstetricians and Gyne-
16 cologists, and Amnesty International.

17 (2) The Centers for Disease Control and Pre-
18 vention has found that maternal deaths should be
19 investigated through State-based maternal death re-
20 views and maternal quality collaboratives, as these
21 entities are well-situated to identify deaths, review
22 the factors associated with them, and take action
23 with the findings in order to institute the systemic
24 changes needed to decrease pregnancy-related and
25 pregnancy-associated mortality.

1 (3) Women of color and low-income women face
2 added risks in terms of death, complications, and ac-
3 cess to quality health care. African-American women
4 are three to four times more likely to die of preg-
5 nancy-related complications than White women. In
6 2006 the Centers for Disease Control and Preven-
7 tion reported that the maternal mortality ratio for
8 non-Hispanic White women was 9.1 deaths per
9 100,000 births compared with 34.8 deaths per
10 100,000 births for non-Hispanic Black women.
11 These rates and disparities have not improved in
12 more than 20 years.

13 (4) Healthy People 2010, a comprehensive, na-
14 tionwide health promotion and disease prevention
15 agenda launched by the Department of Health and
16 Human Services, set a target goal of reducing ma-
17 ternal mortality in the United States to 4.3 deaths
18 per 100,000 live births by 2010. In 2007, the na-
19 tional maternal mortality ratio was 12.7 deaths per
20 100,000 live births.

21 (5) Severe complications that result in women
22 nearly dying, known as a “near miss” or severe mor-
23 bidity, according to some estimates, increased by 25
24 percent between 1998 and 2005, to approximately
25 34,000 cases a year. However, there is no scientific

1 consensus on uniform definitions of severe maternal
2 morbidity and best practices for data collection,
3 making it difficult to measure the full extent of se-
4 vere morbidity and developing evidence-based inter-
5 ventions.

6 (b) PURPOSES.—The purposes of this Act are the fol-
7 lowing:

8 (1) To establish governmental accountability
9 and a shared responsibility between States and the
10 Federal Government to identify opportunities for im-
11 provement in quality of care and system changes,
12 and to educate and inform health institutions and
13 professionals, women, and families about preventing
14 pregnancy-related deaths and complications and re-
15 ducing disparities.

16 (2) To develop a model for States to operate
17 maternal mortality reviews and assess the various
18 factors that may have contributed to maternal mor-
19 tality, including quality of care, racial disparities,
20 and systemic problems in the delivery of health care,
21 and to develop appropriate interventions to reduce
22 and prevent such deaths.

1 **SEC. 3. UNIFORM STATE MATERNAL MORTALITY REVIEW**
2 **COMMITTEES ON PREGNANCY-RELATED**
3 **DEATHS.**

4 (a) CONDITION OF RECEIPT OF PAYMENTS FROM
5 ALLOTMENT UNDER MATERNAL AND CHILD HEALTH
6 SERVICE BLOCK GRANT.—Title V of the Social Security
7 Act (42 U.S.C. 701 et seq.) is amended by adding at the
8 end the following new section:

9 **“SEC. 514. UNIFORM STATE MATERNAL MORTALITY RE-**
10 **VIEW COMMITTEES ON PREGNANCY-RE-**
11 **LATED DEATHS.**

12 “(a) GRANTS.—

13 “(1) IN GENERAL.—Notwithstanding any other
14 provision of this title, for each of fiscal years 2012
15 through 2018, in addition to payments from allot-
16 ments for States under section 502 for such year,
17 the Secretary shall, subject to paragraph (3) and in
18 accordance with the criteria established under para-
19 graph (2), award grants to States to—

20 “(A) carry out the activities described in
21 subsection (b)(1);

22 “(B) establish a State maternal mortality
23 review committee, in accordance with subsection
24 (b)(2), to carry out the activities described in
25 subsection (b)(2)(A), and to establish the proc-
26 esses described in subsection (b)(1);

1 “(C) ensure the State department of
2 health carries out the applicable activities de-
3 scribed in subsection (b)(3), with respect to
4 pregnancy-related deaths occurring within the
5 State during such fiscal year;

6 “(D) implement and use the comprehensive
7 case abstraction form developed under sub-
8 section (c), in accordance with such subsection;
9 and

10 “(E) provide for public disclosure of infor-
11 mation, in accordance with subsection (e).

12 “(2) CRITERIA.—The Secretary shall establish
13 criteria for determining eligibility for and the
14 amount of a grant awarded to a State under para-
15 graph (1). Such criteria shall provide that in the
16 case of a State that receives such a grant for a fiscal
17 year and is determined by the Secretary to have not
18 used such grant in accordance with this section,
19 such State shall not be eligible for such a grant for
20 any subsequent fiscal year.

21 “(3) AUTHORIZATION OF APPROPRIATIONS.—
22 For purposes of carrying out the grant program
23 under this section, including for administrative pur-
24 poses, there is authorized to be appropriated

1 \$10,000,000 for each of fiscal years 2012 through
2 2018.

3 “(b) PREGNANCY-RELATED DEATH REVIEW.—

4 “(1) REVIEW OF PREGNANCY-RELATED DEATH
5 AND PREGNANCY-ASSOCIATED DEATH CASES.—For
6 purposes of subsection (a), with respect to a State
7 that receives a grant under subsection (a), the fol-
8 lowing shall apply:

9 “(A) MANDATORY REPORTING OF PREG-
10 NANCY-RELATED DEATHS.—

11 “(i) IN GENERAL.—The State shall,
12 through the State maternal mortality re-
13 view committee, develop a process, sepa-
14 rate from any reporting process established
15 by the State department of health prior to
16 the date of the enactment of this section,
17 that provides for mandatory and confiden-
18 tial case reporting by individuals and enti-
19 ties described in clause (ii) of pregnancy-
20 related deaths to the State department of
21 health.

22 “(ii) INDIVIDUALS AND ENTITIES DE-
23 SCRIBED.—Individuals and entities de-
24 scribed in this clause include each of the
25 following:

- 1 “(I) Health care providers.
2 “(II) Medical examiners.
3 “(III) Medical coroners.
4 “(IV) Hospitals.
5 “(V) Free-standing birth centers.
6 “(VI) Other health care facilities.
7 “(VII) Any other individuals re-
8 sponsible for completing death certifi-
9 cates.
10 “(VIII) Any other appropriate in-
11 dividuals or entities specified by the
12 Secretary.

13 “(B) VOLUNTARY REPORTING OF PREG-
14 NANCY-RELATED AND PREGNANCY-ASSOCIATED
15 DEATHS.—

- 16 “(i) The State shall, through the
17 State maternal mortality review committee,
18 develop a process for and encourage, sepa-
19 rate from any reporting process established
20 by the State department of health prior to
21 the date of the enactment of this section,
22 voluntary and confidential case reporting
23 by individuals described in clause (ii) of
24 pregnancy-associated deaths to the State
25 department of health.

1 “(ii) The State shall, through the
2 State maternal mortality review committee,
3 develop a process for voluntary and con-
4 fidential reporting by family members of
5 the deceased and by other individuals on
6 possible pregnancy-related and pregnancy-
7 associated deaths to the State department
8 of health. Such process shall include—

9 “(I) making publicly available on
10 the Internet Web site of the State de-
11 partment of health a telephone num-
12 ber, Internet Web link, and email ad-
13 dress for such reporting; and

14 “(II) publicizing to local profes-
15 sional organizations, community orga-
16 nizations, and social services agencies
17 the availability of the telephone num-
18 ber, Internet Web link, and email ad-
19 dress made available under subclause
20 (I).

21 “(C) DEVELOPMENT OF CASE-FINDING.—

22 The State, through the vital statistics unit of
23 the State, shall annually identify pregnancy-re-
24 lated and pregnancy-associated deaths occur-

1 ring in such State during the year involved
2 by—

3 “(i) matching all death records, with
4 respect to such year, for women of child-
5 bearing age to live birth certificates and in-
6 fant death certificates to identify deaths of
7 women that occurred during pregnancy
8 and within one year after the end of a
9 pregnancy;

10 “(ii) identifying deaths reported dur-
11 ing such year as having an underlying or
12 contributing cause of death related to
13 pregnancy, regardless of the time that has
14 passed between the end of the pregnancy
15 and the death;

16 “(iii) collecting data from medical ex-
17 aminer and coroner reports; and

18 “(iv) any other methods the States
19 may devise to identify maternal deaths,
20 such as through review of a random sam-
21 ple of reported deaths of women of child-
22 bearing age to ascertain cases of preg-
23 nancy-related and pregnancy-associated
24 deaths that are not discernable from a re-
25 view of death certificates alone.

1 When feasible and for purposes of effectively
2 collecting and obtaining data on pregnancy-re-
3 lated and pregnancy-associated deaths, the
4 State shall adopt the most recent standardized
5 birth and death certificates, as issued by the
6 National Center for Vital Health Statistics, in-
7 cluding the recommended checkbox section for
8 pregnancy on the death certificates.

9 “(D) CASE INVESTIGATION AND DEVELOP-
10 MENT OF CASE SUMMARIES.—Following receipt
11 of reports by the State department of health
12 pursuant to subparagraph (A) or (B) and col-
13 lection by the vital statistics unit of the State
14 of possible cases of pregnancy-related and preg-
15 nancy-associated deaths pursuant to subpara-
16 graph (C), the State, through the State mater-
17 nal mortality review committee established
18 under subsection (a), shall investigate each
19 case, utilizing the case abstraction form de-
20 scribed in subsection (c), and prepare de-identi-
21 fied case summaries, which shall be reviewed by
22 the committee and included in applicable re-
23 ports. For purposes of subsection (a), under the
24 processes established under subparagraphs (A),
25 (B), and (C), a State department of health or

1 vital statistics unit of a State shall provide to
2 the State maternal mortality review committee
3 access to information collected pursuant to such
4 subparagraphs as necessary to carry out this
5 subparagraph. Data and information collected
6 for the case summary and review are for pur-
7 poses of public health activities, in accordance
8 with HIPAA privacy and security law (as de-
9 fined in section 3009(a)(2) of the Public Health
10 Service Act). Such case investigations shall in-
11 clude data and information obtained through—

12 “(i) medical examiner and autopsy re-
13 ports of the woman involved;

14 “(ii) medical records of the woman,
15 including such records related to health
16 care prior to pregnancy, prenatal and post-
17 natal care, labor and delivery care, emer-
18 gency room care, hospital discharge
19 records, and any care delivered up until
20 the time of death of the woman for pur-
21 poses of public health activities, in accord-
22 ance with HIPAA privacy and security law
23 (as defined in section 3009(a)(2) of the
24 Public Health Service Act);

1 “(iii) oral and written interviews of in-
2 dividuals directly involved in the maternal
3 care of the woman during and immediately
4 following the pregnancy of the woman, in-
5 cluding health care, mental health, and so-
6 cial service providers, as applicable;

7 “(iv) optional oral or written inter-
8 views of the family of the woman;

9 “(v) socioeconomic and other relevant
10 background information about the woman;

11 “(vi) information collected in subpara-
12 graph (C)(i); and

13 “(vii) other information on the cause
14 of death of the woman, such as social serv-
15 ices and child welfare reports.

16 “(2) STATE MATERNAL MORTALITY REVIEW
17 COMMITTEES.—

18 “(A) DUTIES.—

19 “(i) REQUIRED COMMITTEE ACTIVI-
20 TIES.—For purposes of subsection (a), a
21 maternal mortality review committee estab-
22 lished by a State pursuant to a grant
23 under such subsection shall carry out the
24 following pregnancy-related death and
25 pregnancy-associated death review activi-

1 ties and shall include all information rel-
2 evant to the death involved on the case ab-
3 straction form developed under subsection
4 (d):

5 “(I) With respect to a case of
6 pregnancy-related or pregnancy-asso-
7 ciated death of a woman, review the
8 case summaries prepared under sub-
9 paragraphs (A), (B), (C), and (D) of
10 paragraph (1).

11 “(II) Review aggregate statistical
12 reports developed by the vital statis-
13 tics unit of the State under paragraph
14 (1)(C) regarding pregnancy-related
15 and pregnancy-associated deaths to
16 identify trends, patterns, and dispari-
17 ties in adverse outcomes and address
18 medical, non-medical, and system-re-
19 lated factors that may have contrib-
20 uted to such pregnancy-related and
21 pregnancy-associated deaths and dis-
22 parities.

23 “(III) Develop recommendations,
24 based on the review of the case sum-
25 maries under paragraph (1)(D) and

1 aggregate statistical reports under
2 subclause (II), to improve maternal
3 care, social and health services, and
4 public health policy and institutions,
5 including with respect to improving
6 access to maternal care, improving the
7 availability of social services, and
8 eliminating disparities in maternal
9 care and outcomes.

10 “(ii) OPTIONAL COMMITTEE ACTIVI-
11 TIES.—For purposes of subsection (a), a
12 maternal mortality review committee estab-
13 lished by a State under such subsection
14 may present findings and recommendations
15 regarding a specific case or set of cir-
16 cumstances directly to a health care facil-
17 ity or its local or State professional organi-
18 zation for the purpose of instituting policy
19 changes, educational activities, or other-
20 wise improving the quality of care provided
21 by the facilities.

22 “(B) COMPOSITION OF MATERNAL MOR-
23 TALITY REVIEW COMMITTEES.—

24 “(i) IN GENERAL.—Each State mater-
25 nal mortality review committee established

1 pursuant to a grant under subsection (a)
2 shall be multi-disciplinary, consisting of
3 health care and social service providers,
4 public health officials, other persons with
5 professional expertise on maternal health
6 and mortality, and patient and community
7 advocates who represent those communities
8 within such State that are the most af-
9 fected by maternal mortality. Membership
10 on such a committee of a State shall be re-
11 viewed annually by the State department
12 of health to ensure that membership rep-
13 resentation requirements are being fulfilled
14 in accordance with this paragraph.

15 “(ii) REQUIRED MEMBERSHIP.—Each
16 such review committee shall include—

17 “(I) representatives from medical
18 specialities providing care to pregnant
19 and postpartum patients, including
20 obstetricians (including generalists
21 and maternal fetal medicine special-
22 ists), and family practice physicians;

23 “(II) certified nurse midwives,
24 certified midwives, and advanced prac-
25 tice nurses;

1 “(III) hospital-based nurses;

2 “(IV) representatives of the State
3 department of health maternal and
4 child health department;

5 “(V) social service providers or
6 social workers;

7 “(VI) the chief medical exam-
8 iners or designees;

9 “(VII) facility representatives,
10 such as from hospitals or free-stand-
11 ing birth centers; and

12 “(VIII) community or patient ad-
13 vocates who represent those commu-
14 nities within the State that are the
15 most affected by maternal mortality.

16 “(iii) ADDITIONAL MEMBERS.—Each
17 such review committee may also include
18 representatives from other relevant aca-
19 demic, health, social service, or policy pro-
20 fessions, or community organizations, on
21 an ongoing basis, or as needed, as deter-
22 mined beneficial by the review committee,
23 including—

24 “(I) anesthesiologists;

25 “(II) emergency physicians;

- 1 “(III) pathologists;
- 2 “(IV) epidemiologists or biostat-
- 3 isticians;
- 4 “(V) intensivists;
- 5 “(VI) vital statistics officers;
- 6 “(VII) nutritionists;
- 7 “(VIII) mental health profes-
- 8 sionals;
- 9 “(IX) substance abuse treatment
- 10 specialists;
- 11 “(X) representatives of relevant
- 12 advocacy groups;
- 13 “(XI) academics;
- 14 “(XII) representatives of bene-
- 15 ficiaries of the State plan under the
- 16 Medicaid program under title XIX;
- 17 “(XIII) paramedics;
- 18 “(XIV) lawyers;
- 19 “(XV) risk management special-
- 20 ists;
- 21 “(XVI) representatives of the de-
- 22 partments of health or public health
- 23 of major cities in the State involved;
- 24 and
- 25 “(XVII) policy makers.

1 “(iv) DIVERSE COMMUNITY MEMBER-
2 SHIP.—The composition of such a com-
3 mittee, with respect to a State, shall in-
4 clude—

5 “(I) representatives from diverse
6 communities, particularly those com-
7 munities within such State most se-
8 verely affected by pregnancy-related
9 deaths or pregnancy-associated deaths
10 and by a lack of access to relevant
11 maternal care services, from commu-
12 nity maternal child health organiza-
13 tions, and from minority advocacy
14 groups;

15 “(II) members, including health
16 care providers, from different geo-
17 graphic regions in the State, including
18 any rural, urban, and tribal areas;
19 and

20 “(III) health care and social serv-
21 ice providers who work in commu-
22 nities that are diverse with regard to
23 race, ethnicity, immigration status,
24 Indigenous status, and English pro-
25 ficiency.

1 “(v) MATERNAL MORTALITY REVIEW
2 STAFF.—Staff of each such review com-
3 mittee shall include—

4 “(I) vital health statisticians, ma-
5 ternal child health statisticians, or
6 epidemiologists;

7 “(II) a coordinator of the State
8 maternal mortality review committee,
9 to be designated by the State; and

10 “(III) administrative staff.

11 “(C) OPTION FOR STATES TO FORM RE-
12 GIONAL MATERNAL MORTALITY REVIEWS.—
13 States with a low rate of occurrence of preg-
14 nancy-associated or pregnancy-related deaths
15 may choose to partner with one or more neigh-
16 boring States to fulfill the activities described in
17 paragraph (1)(C). In such a case, with respect
18 to States in such a partnership, any require-
19 ment under this section relating to the report-
20 ing of information related to such activities
21 shall be deemed to be fulfilled by each such
22 State if a single such report is submitted for
23 the partnership.

24 “(3) STATE DEPARTMENT OF HEALTH ACTIVI-
25 TIES.—For purposes of subsection (a), a State de-

1 partment of health of a State receiving a grant
2 under such subsection shall—

3 “(A) in consultation with the maternal
4 mortality review committee of the State and in
5 conjunction with relevant professional organiza-
6 tions, develop a plan for ongoing health care
7 provider education, based on the findings and
8 recommendations of the committee, in order to
9 improve the quality of maternal care; and

10 “(B) take steps to widely disseminate the
11 findings and recommendations of the State ma-
12 ternal mortality review committees of the State
13 and to implement the recommendations of such
14 committee.

15 “(c) CASE ABSTRACTION FORM.—

16 “(1) DEVELOPMENT.—The Director of the Cen-
17 ters for Disease Control and Prevention shall de-
18 velop a uniform, comprehensive case abstraction
19 form and make such form available to States for
20 State maternal mortality review committees for use
21 by such committees in order to—

22 “(A) ensure that the cases and information
23 collected and reviewed by such committees can
24 be pooled for review by the Department of

1 Health and Human Services and its agencies;
2 and

3 “(B) preserve the uniformity of the infor-
4 mation and its use for Federal public health
5 purposes.

6 “(2) PERMISSIBLE STATE MODIFICATION.—
7 Each State may modify the form developed under
8 paragraph (1) for implementation and use by such
9 State or by the State maternal mortality review com-
10 mittee of such State by including on such form addi-
11 tional information to be collected, but may not alter
12 the standard questions on such form, in order to en-
13 sure that the information can be collected and re-
14 viewed centrally at the Federal level.

15 “(d) TREATMENT AS PUBLIC HEALTH AUTHORITY
16 FOR PURPOSES OF HIPAA.—For purposes of applying
17 HIPAA privacy and security law (as defined in section
18 3009(a)(2) of the Public Health Service Act), a State ma-
19 ternal mortality review committee of a State established
20 pursuant to this section to carry out activities described
21 in subsection (b)(2)(A) shall be deemed to be a public
22 health authority described in section 164.501 (and ref-
23 erenced in section 164.512(b)(1)(i)) of title 45, Code of
24 Federal Regulations (or any successor regulation), car-
25 rying out public health activities and purposes described

1 in such section 164.512(b)(1)(i) (or any such successor
2 regulation).

3 “(e) PUBLIC DISCLOSURE OF INFORMATION.—

4 “(1) IN GENERAL.—For fiscal year 2012 or a
5 subsequent fiscal year, each State receiving a grant
6 under this section for such year shall, subject to
7 paragraph (3), provide for the public disclosure, and
8 submission to the information clearinghouse estab-
9 lished under paragraph (2), of the information in-
10 cluded in the report of the State under section
11 506(a)(2)(F) for such year (relating to the findings
12 for such year of the State maternal mortality review
13 committee established by the State under this sec-
14 tion).

15 “(2) INFORMATION CLEARINGHOUSE.—The
16 Secretary of Health and Human Services shall es-
17 tablish an information clearinghouse, that shall be
18 administered by the Director of the Centers for Dis-
19 ease Control and Prevention, that will maintain find-
20 ings and recommendations submitted pursuant to
21 paragraph (1) and provide such findings and rec-
22 ommendations for public review and research pur-
23 poses by State health departments, maternal mor-
24 tality review committees, and health providers and
25 institutions.

1 “(3) CONFIDENTIALITY OF INFORMATION.—In
2 no case shall any individually identifiable health in-
3 formation be provided to the public, or submitted to
4 the information clearinghouse, under paragraph (1).

5 “(f) CONFIDENTIALITY OF REVIEW COMMITTEE
6 PROCEEDINGS.—

7 “(1) IN GENERAL.—All proceedings and activi-
8 ties of a State maternal mortality review committee
9 under this section, opinions of members of such a
10 committee formed as a result of such proceedings
11 and activities, and records obtained, created, or
12 maintained pursuant to this section, including
13 records of interviews, written reports, and state-
14 ments procured by the Department of Health and
15 Human Services or by any other person, agency, or
16 organization acting jointly with the Department, in
17 connection with morbidity and mortality reviews
18 under this section, shall be confidential, and not sub-
19 ject to discovery, subpoena, or introduction into evi-
20 dence in any civil, criminal, legislative, or other pro-
21 ceeding. Such records shall not be open to public in-
22 spection.

23 “(2) TESTIMONY OF MEMBERS OF COM-
24 MITTEE.—

1 “(A) IN GENERAL.—Members of a State
2 maternal mortality review committee under this
3 section may not be questioned in any civil,
4 criminal, legislative, or other proceeding regard-
5 ing information presented in, or opinions
6 formed as a result of, a meeting or communica-
7 tion of the committee.

8 “(B) CLARIFICATION.—Nothing in this
9 subsection shall be construed to prevent a mem-
10 ber of such a committee from testifying regard-
11 ing information that was obtained independent
12 of such member’s participation on the com-
13 mittee, or that is public information.

14 “(3) AVAILABILITY OF INFORMATION FOR RE-
15 SEARCH PURPOSES.—Nothing in this subsection
16 shall prohibit the publishing by such a committee or
17 the Department of Health and Human Services of
18 statistical compilations and research reports that—

19 “(A) are based on confidential information,
20 relating to morbidity and mortality review; and

21 “(B) do not contain identifying informa-
22 tion or any other information that could be
23 used to ultimately identify the individuals con-
24 cerned.

25 “(g) DEFINITIONS.—For purposes of this section:

1 “(1) The term ‘pregnancy-associated death’
2 means the death of a woman while pregnant or dur-
3 ing the one-year period following the date of the end
4 of pregnancy, irrespective of the cause of such death.

5 “(2) The term ‘pregnancy-related death’ means
6 the death of a woman while pregnant or during the
7 one-year period following the date of the end of
8 pregnancy, irrespective of the duration or site of the
9 pregnancy, from any cause related to or aggravated
10 by the pregnancy or its management, but not from
11 any accidental or incidental cause.

12 “(3) The term ‘woman of childbearing age’
13 means a woman who is at least 10 years of age and
14 not more than 54 years of age.”.

15 (b) INCLUSION OF FINDINGS OF REVIEW COMMIT-
16 TEES IN REQUIRED REPORTS.—

17 (1) STATE TRIENNIAL REPORTS.—Paragraph
18 (2) of section 506(a) of such Act (42 U.S.C. 706(a))
19 is amended by inserting after subparagraph (E) the
20 following new subparagraph:

21 “(F) In the case of a State receiving a
22 grant under section 514, beginning for the first
23 fiscal year beginning after 3 years after the
24 date of establishment of the State maternal
25 mortality review committee established by the

1 State pursuant to such grant and once every 3
2 years thereafter, information containing the
3 findings and recommendations of such com-
4 mittee and information on the implementation
5 of such recommendations during the period in-
6 volved.”.

7 (2) ANNUAL REPORTS TO CONGRESS.—Para-
8 graph (3) of such section is amended—

9 (A) in subparagraph (D), at the end, by
10 striking “and”;

11 (B) in subparagraph (E), at the end, by
12 striking the period and inserting “; and”; and

13 (C) by adding at the end the following new
14 subparagraph:

15 “(F) For fiscal year 2012 and each subse-
16 quent fiscal year, taking into account the find-
17 ings, recommendations, and implementation in-
18 formation submitted by States pursuant to
19 paragraph (2)(F), on the status of pregnancy-
20 related deaths and pregnancy-associated deaths
21 in the United States and including rec-
22 ommendations on methods to prevent such
23 deaths in the United States.”.

1 **SEC. 4. NIH WORKSHOP AND RESEARCH PLAN DEVELOP-**
2 **MENT ON SEVERE MATERNAL MORBIDITY.**

3 (a) WORKSHOP.—The Secretary of Health and
4 Human Services, acting through the Director of NIH and
5 in consultation with the Administrator of the Health Re-
6 sources and Services Administration, the Director of the
7 Centers for Disease Control and Prevention, the heads of
8 other Federal agencies that administer Federal health pro-
9 grams, and relevant national professional organizations
10 dealing with maternal morbidity, shall organize a national
11 workshop to identify definitions for severe maternal mor-
12 bidity and make recommendations for a research plan to
13 identify and monitor severe maternal morbidity in the
14 United States.

15 (b) RESEARCH PLAN AND DATA COLLECTION PRO-
16 TOCOLS.—The Secretary, taking into account the findings
17 of the workshop under paragraph (1), shall develop uni-
18 form definitions of severe maternal morbidity, a research
19 plan on severe maternal morbidity, and possible data col-
20 lection protocols to assist States in identifying and moni-
21 toring cases of severe maternal morbidity and to develop
22 recommendations on addressing such cases.

23 (c) REPORT.—Not later than 2 years after the date
24 of enactment of this Act, the Secretary shall prepare and
25 submit to the appropriate committees of Congress a report

1 concerning the definitions and research plan developed
2 under this section.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated for fiscal year 2012—

5 (1) \$50,000 to carry out subsection (a); and

6 (2) \$100,000 to carry out subsection (b).

7 **SEC. 5. ELIMINATING DISPARITIES IN MATERNITY HEALTH**
8 **OUTCOMES.**

9 Part B of title III of the Public Health Service Act
10 is amended by inserting after section 317T the following
11 new section:

12 **“SEC. 317U. ELIMINATING DISPARITIES IN MATERNITY**
13 **HEALTH OUTCOMES.**

14 “(a) IN GENERAL.—The Secretary shall, in consulta-
15 tion with relevant national stakeholder organizations, such
16 as national medical specialty organizations, national ma-
17 ternal child health organizations, and national health dis-
18 parity organizations, carry out the following activities to
19 eliminate disparities in maternal health outcomes:

20 “(1) Conduct research into the determinants
21 and the distribution of disparities in maternal care,
22 health risks, and health outcomes, and improve the
23 capacity of the performance measurement infrastruc-
24 ture to measure such disparities.

1 “(2) Expand access to services that have been
2 demonstrated to improve the quality and outcomes
3 of maternity care for vulnerable populations.

4 “(3) Establish a demonstration project to com-
5 pare the effectiveness of interventions to reduce dis-
6 parities in maternity services and outcomes, and im-
7 plement and assessing effective interventions.

8 “(b) SCOPE AND SELECTION OF STATES FOR DEM-
9 ONSTRATION PROJECT.—The demonstration project
10 under subsection (a)(3) shall be conducted in no more
11 than 8 States, which shall be selected by the Secretary
12 based on—

13 “(1) applications submitted by States, which
14 specify which regions and populations the State in-
15 volved will serve under the demonstration project;

16 “(2) criteria designed by the Secretary to en-
17 sure that, as a whole, the demonstration project is,
18 to the greatest extent possible, representative of the
19 demographic and geographic composition of commu-
20 nities most affected by disparities;

21 “(3) criteria designed by the Secretary to en-
22 sure that a variety of type of models are tested
23 through the demonstration project and that such
24 models include interventions that have an existing
25 evidence base for effectiveness; and

1 “(4) criteria designed by the Secretary to as-
2 sure that the demonstration projects and models will
3 be carried out in consultation with local and regional
4 provider organizations, such as community health
5 centers, hospital systems, and medical societies rep-
6 resenting providers of maternity services.

7 “(c) DURATION OF DEMONSTRATION PROJECT.—
8 The demonstration project under subsection (a)(3) shall
9 begin on January 1, 2012, and end on December 31,
10 2016.

11 “(d) GRANTS FOR EVALUATION AND MONITORING.—
12 The Secretary may make grants to States and health care
13 providers participating in the demonstration project under
14 subsection (a)(3) for the purpose of collecting data nec-
15 essary for the evaluation and monitoring of such project.

16 “(e) REPORTS.—

17 “(1) STATE REPORTS.—Each State that par-
18 ticipates in the demonstration project under sub-
19 section (a)(3) shall report to the Secretary, in a
20 time, form, and manner specified by the Secretary,
21 the data necessary to—

22 “(A) monitor the—

23 “(i) outcomes of the project;

24 “(ii) costs of the project; and

1 “(iii) quality of maternity care pro-
2 vided under the project; and

3 “(B) evaluate the rationale for the selec-
4 tion of the items and services included in any
5 bundled payment made by the State under the
6 project.

7 “(2) FINAL REPORT.—Not later than December
8 31, 2017, the Secretary shall submit to Congress a
9 report on the results of the demonstration project
10 under subsection (a)(3).”.

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