

115TH CONGRESS
2D SESSION

H. R. 1318

AN ACT

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.

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 “Preventing Maternal
5 Deaths Act of 2018”.

6 **SEC. 2. SAFE MOTHERHOOD.**

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

9 (1) in subsection (a)—

10 (A) in paragraph (1)—

11 (i) by striking “purpose of this sub-
12 section is to develop” and inserting “pur-
13 poses of this subsection are to establish or
14 continue a Federal initiative to support
15 State and tribal maternal mortality review
16 committees, to improve data collection and
17 reporting around maternal mortality, and
18 to develop or support”;

19 (ii) by striking “population at risk of
20 death and” and inserting “populations at
21 risk of death and severe”; and

22 (B) in paragraph (2)—

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

1 “(A) The Secretary may continue and im-
2 prove activities related to a national maternal
3 mortality data collection and surveillance pro-
4 gram to identify and support the review of
5 pregnancy-associated deaths and pregnancy-re-
6 lated deaths that occur during, or within 1 year
7 following, pregnancy.”; and

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

10 “(D) The Secretary may, in cooperation
11 with States, Indian tribes, and tribal organiza-
12 tions, develop a program to support States, In-
13 dian tribes, and tribal organizations in estab-
14 lishing or operating maternal mortality review
15 committees, in accordance with subsection
16 (d).”;

17 (2) in subsection (b)(2)—

18 (A) in subparagraph (A)—

19 (i) by striking “encouraging pre-
20 conception” and inserting “prepregnancy”;
21 and

22 (ii) by striking “diabetics” and insert-
23 ing “women with diabetes and women with
24 substance use disorder” before the semi-
25 colon;

1 (B) in subparagraph (H)—

2 (i) by inserting “the identification of
3 the determinants of disparities in maternal
4 care, health risks, and health outcomes, in-
5 cluding” before “an examination”; and

6 (ii) by inserting “and other groups of
7 women with disproportionately high rates
8 of maternal mortality” before the semi-
9 colon;

10 (C) in subparagraph (I), by striking “do-
11 mestic” and inserting “interpersonal”;

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

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

17 “(I) activities to reduce disparities in ma-
18 ternity services and outcomes;”; and

19 (F) in subparagraph (K), as so redesign-
20 ated, by striking “, alcohol and illegal drug
21 use” and inserting “and substance abuse and
22 misuse”;

23 (3) in subsection (c)—

24 (A) by striking “(1) IN GENERAL—The
25 Secretary” and inserting “The Secretary”;

1 (B) by redesignating subparagraphs (A)
2 through (C) as paragraphs (1) through (3), re-
3 spectively, and adjusting the margins accord-
4 ingly;

5 (C) in paragraph (1), as so redesignated,
6 by striking “and the building of partnerships
7 with outside organizations concerned about safe
8 motherhood”;

9 (D) in paragraph (2), as so redesignated,
10 by striking “; and” and inserting a semicolon;

11 (E) in paragraph (3), as so redesignated,
12 by striking the period and inserting “; and”;
13 and

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

15 “(4) activities to promote physical, mental, and
16 behavioral health during, and up to 1 year following,
17 pregnancy, with an emphasis on prevention of, and
18 treatment for, mental health disorders and sub-
19 stance use disorder.”;

20 (4) by redesignating subsection (d) as sub-
21 section (f);

22 (5) by inserting after subsection (c) the fol-
23 lowing:

24 “(d) MATERNAL MORTALITY REVIEW COMMIT-
25 TEES.—

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

5 “(A) include multidisciplinary and diverse
6 membership that represents a variety of clinical
7 specialties, State, tribal, or local public health
8 officials, epidemiologists, statisticians, commu-
9 nity organizations, geographic regions within
10 the area covered by such committee, and indi-
11 viduals or organizations that represent the pop-
12 ulations in the area covered by such committee
13 that are most affected by pregnancy-related
14 deaths or pregnancy-associated deaths and lack
15 of access to maternal health care services; and

16 “(B) demonstrate to the Centers for Dis-
17 ease Control and Prevention that such maternal
18 mortality review committee’s methods and proc-
19 esses for data collection and review, as required
20 under paragraph (3), use best practices to reli-
21 ably determine and include all pregnancy-asso-
22 ciated deaths and pregnancy-related deaths, re-
23 gardless of the outcome of the pregnancy.

24 “(2) PROCESS FOR CONFIDENTIAL REPORT-
25 ING.—States, Indian tribes, and tribal organizations

1 that participate in the program described in this
2 subsection shall, through the State maternal mor-
3 tality review committee, develop a process that—

4 “(A) provides for confidential case report-
5 ing of pregnancy-associated and pregnancy-re-
6 lated deaths to the appropriate State or tribal
7 health agency, including such reporting by—

8 “(i) health care professionals;

9 “(ii) health care facilities;

10 “(iii) any individual responsible for
11 completing death records, including med-
12 ical examiners and medical coroners; and

13 “(iv) other appropriate individuals or
14 entities; and

15 “(B) provides for voluntary and confiden-
16 tial case reporting of pregnancy-associated
17 deaths and pregnancy-related deaths to the ap-
18 propriate State or tribal health agency by fam-
19 ily members of the deceased, and other appro-
20 priate individuals, for purposes of review by the
21 applicable maternal mortality review committee;
22 and

23 “(C) shall include—

1 “(i) making publicly available contact
2 information of the committee for use in
3 such reporting; and

4 “(ii) conducting outreach to local pro-
5 fessional organizations, community organi-
6 zations, and social services agencies re-
7 garding the availability of the review com-
8 mittee.

9 “(3) DATA COLLECTION AND REVIEW.—States,
10 Indian tribes, and tribal organizations that partici-
11 pate in the program described in this subsection
12 shall—

13 “(A) annually identify pregnancy-associ-
14 ated deaths and pregnancy-related deaths—

15 “(i) through the appropriate vital sta-
16 tistics unit by—

17 “(I) matching each death record
18 related to a pregnancy-associated
19 death or pregnancy-related death in
20 the State or tribal area in the applica-
21 ble year to a birth certificate of an in-
22 fant or fetal death record, as applica-
23 ble;

24 “(II) to the extent practicable,
25 identifying an underlying or contrib-

1 uting cause of each pregnancy-associ-
2 ated death and each pregnancy-related
3 death in the State or tribal area in
4 the applicable year; and

5 “(III) collecting data from med-
6 ical examiner and coroner reports, as
7 appropriate;

8 “(ii) using other appropriate methods
9 or information to identify pregnancy-associ-
10 ated deaths and pregnancy-related
11 deaths, including deaths from pregnancy
12 outcomes not identified through clause
13 (i)(I);

14 “(B) through the maternal mortality re-
15 view committee, review data and information to
16 identify adverse outcomes that may contribute
17 to pregnancy-associated death and pregnancy-
18 related death, and to identify trends, patterns,
19 and disparities in such adverse outcomes to
20 allow the State, Indian tribe, or tribal organiza-
21 tion to make recommendations to individuals
22 and entities described in paragraph (2)(A), as
23 appropriate, to improve maternal care and re-
24 duce pregnancy-associated death and preg-
25 nancy-related death;

1 “(C) identify training available to the indi-
2 viduals and entities described in paragraph
3 (2)(A) for accurate identification and reporting
4 of pregnancy-associated and pregnancy-related
5 deaths;

6 “(D) ensure that, to the extent practicable,
7 the data collected and reported under this para-
8 graph is in a format that allows for analysis by
9 the Centers for Disease Control and Prevention;
10 and

11 “(E) publicly identify the methods used to
12 identify pregnancy-associated deaths and preg-
13 nancy-related deaths in accordance with this
14 section.

15 “(4) CONFIDENTIALITY.—States, Indian tribes,
16 and tribal organizations participating in the program
17 described in this subsection shall establish confiden-
18 tiality protections to ensure, at a minimum, that—

19 “(A) there is no disclosure by the maternal
20 mortality review committee, including any indi-
21 vidual members of the committee, to any per-
22 son, including any government official, of any
23 identifying information about any specific ma-
24 ternal mortality case; and

1 “(B) no information from committee pro-
2 ceedings, including deliberation or records, is
3 made public unless specifically authorized under
4 State and Federal law.

5 “(5) REPORTS TO CDC.—For fiscal year 2019,
6 and each subsequent fiscal year, each maternal mor-
7 tality review committee participating in the program
8 described in this subsection shall submit to the Di-
9 rector of the Centers for Disease Control and Pre-
10 vention a report that includes—

11 “(A) data, findings, and any recommenda-
12 tions of such committee; and

13 “(B) as applicable, information on the im-
14 plementation during such year of any rec-
15 ommendations submitted by the committee in a
16 previous year.

17 “(6) STATE PARTNERSHIPS.—States may part-
18 ner with one or more neighboring States to carry out
19 the activities under this subparagraph. With respect
20 to the States in such a partnership, any requirement
21 under this subparagraph relating to the reporting of
22 information related to such activities shall be
23 deemed to be fulfilled by each such State if a single
24 such report is submitted for the partnership.

1 “(7) APPROPRIATE MECHANISMS FOR INDIAN
2 TRIBES AND TRIBAL ORGANIZATIONS.—The Sec-
3 retary, in consultation with Indian tribes, shall iden-
4 tify and establish appropriate mechanisms for Indian
5 tribes and tribal organizations to demonstrate, re-
6 port data, and conduct the activities as required for
7 participation in the program described in this sub-
8 section. Such mechanisms may include technical as-
9 sistance with respect to grant application and sub-
10 mission procedures, and award management activi-
11 ties.

12 “(8) RESEARCH AVAILABILITY.—The Secretary
13 shall develop a process to ensure that data collected
14 under paragraph (5) is made available, as appro-
15 priate and practicable, for research purposes, in a
16 manner that protects individually identifiable or po-
17 tentially identifiable information and that is con-
18 sistent with State and Federal privacy law.

19 “(e) DEFINITIONS.—In this section—

20 “(1) the terms ‘Indian tribe’ and ‘tribal organi-
21 zation’ have the meanings given such terms in sec-
22 tion 4 of the Indian Self-Determination and Edu-
23 cation Assistance Act;

24 “(2) the term ‘pregnancy-associated death’
25 means a death of a woman, by any cause, that oc-

1 curs during, or within 1 year following, her preg-
2 nancy, regardless of the outcome, duration, or site of
3 the pregnancy; and

4 “(3) the term ‘pregnancy-related death’ means
5 a death of a woman that occurs during, or within 1
6 year following, her pregnancy, regardless of the out-
7 come, duration, or site of the pregnancy—

8 “(A) from any cause related to, or aggra-
9 vated by, the pregnancy or its management;
10 and

11 “(B) not from accidental or incidental
12 causes.”; and

13 (6) in subsection (f), as so redesignated, by
14 striking “such sums as may be necessary for each of
15 the fiscal years 2001 through 2005” and inserting
16 “\$58,000,000 for each of fiscal years 2019 through
17 2023”.

Passed the House of Representatives December 11,
2018.

Attest:

Clerk.

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