I

115TH CONGRESS
1ST SESSION

H. R. 1318

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.

IN THE HOUSE OF REPRESENTATIVES

MARCH 2, 2017

Ms. HERRERA BEUTLER (for herself, Mr. CONYERS, Mr. COSTELLO of Pennsylvania, and Ms. DEGETTE) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the ''Preventing Maternal
3 Deaths Act of 2017''.

4 **SEC. 2. FINDINGS; PURPOSES.**

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

6 (1) The United States is ranked 50th globally
7 for its maternal mortality rate, and it is one of eight
8 countries in which the maternal mortality rate has
9 been on the rise.

10 (2) In recent studies, the estimated maternal
11 mortality rate in the United States increased by ap-
12 proximately 26.6 percent from 2000 to 2014, with
13 the rate increasing in nearly all States. This re-
14 ported increase, along with no improvement in pre-
15 vious years, remains a source of great concern for
16 the Centers for Disease Control and Prevention
17 (CDC), health care providers, and patient advocates
18 such as the American Congress of Obstetricians and
19 Gynecologists, the Association of Women's Health,
20 Obstetric, and Neonatal Nurses, and the
21 Preeclampsia Foundation.

22 (3) Maternal deaths in the United States result
23 from pregnancy-related causes such as hemorrhage,
24 hypertensive disease and preeclampsia, embolic dis-
25 ease, sepsis, and substance use disorder and over-

1 dose, and violent causes such as motor vehicle accidents, homicide, and suicide.

3 (4) Review of pregnancy-related and pregnancy-associated deaths is essential to determining strategies for developing prevention efforts and quality improvement and quality control programs. The United States must identify at-risk populations and understand how to support them to make pregnancy and the postpartum period safer.

10 (5) The most severe complications of pregnancy, generally referred to as severe maternal morbidity (SMM), affect more than 65,000 women in the United States every year. The CDC uses ICD–9–CM codes, which indicate a potentially life-threatening maternal condition or complication, to define SMM.

17 (6) Data from the CDC shows Black women are three times more likely to die from complications of pregnancy or childbirth than White women: 42.8 Black women per 100,000 live births, as opposed to 12.5 White women and 17.3 women of other races.

22 (7) The CDC recommends that maternal deaths be investigated through State collaboratives. These State collaboratives would bring together leaders in obstetric and neonatal health care from private, aca-

1 demic, and public health care settings to make rec-
2 ommendations for preventing pregnancy-related and
3 pregnancy-associated deaths and health complica-
4 tions and identify ways to improve quality of care
5 for women and infants.

6 (8) A few States, including California, have
7 worked to develop and strengthen maternal mor-
8 bidity and mortality review systems and utilize data
9 to reduce maternal deaths and injuries to address
10 leading issues such as maternal hemorrhage, hyper-
11 tension and preeclampsia, and health and racial dis-
12 parities.

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

15 (1) To establish a shared responsibility between
16 States and the Federal Government to identify op-
17 portunities for improvement in quality of care and
18 system changes, and to educate and inform health
19 institutions and professionals, women, and families
20 about preventing pregnancy-related and pregnancy-
21 associated deaths and complications and reducing
22 disparities.

23 (2) To develop a model for States to operate
24 maternal mortality reviews and assess the various
25 factors that may have contributed to maternal mor-

1 tality, including quality of care, racial disparities,
2 and systemic problems in the delivery of health care,
3 and to develop appropriate interventions to reduce
4 and prevent such deaths.

5 **SEC. 3. STATE MATERNAL MORTALITY REVIEW COMMIT-**
6 **TEES ON PREGNANCY-RELATED AND PREG-**
7 **NANCY-ASSOCIATED DEATHS.**

8 (a) PROGRAM AUTHORIZED.—
9 (1) IN GENERAL.—The Secretary of Health and
10 Human Services, through the Director of the Cen-
11 ters for Disease Control and Prevention, shall estab-
12 lish a grant program under which the Secretary may
13 make grants to States for the purpose of—
14 (A) carrying out the activities described in
15 subsection (b)(1);
16 (B) establishing and sustaining a State
17 maternal mortality review committee, in accord-
18 ance with subsection (b)(2);
19 (C) ensuring that the State department of
20 health carries out the activities described in
21 subsection (b)(3);
22 (D) disseminating the case abstraction
23 form developed under subsection (c); and
24 (E) providing for the public disclosure of
25 information, in accordance with subsection (d).

1 (2) CRITERIA.—The Secretary shall establish
2 criteria for determining eligibility for, and the
3 amount of a grant awarded to, a State under para-
4 graph (1). Such criteria shall provide that in the
5 case of a State that receives a grant under para-
6 graph (1) for a fiscal year and is determined by the
7 Secretary to have not used such grant in accordance
8 with this section, such State may not be eligible for
9 such a grant for any subsequent fiscal year.
10 (b) USE OF FUNDS.—
11 (1) REVIEW OF PREGNANCY-RELATED AND
12 PREGNANCY-ASSOCIATED DEATHS.—With respect to
13 a State that receives a grant under subsection
14 (a)(1), the following shall apply:
15 (A) PROCESS FOR MANDATORY REPORTING
16 OF PREGNANCY-RELATED AND PREGNANCY-AS-
17 SOCIATED DEATHS.—
18 (i) IN GENERAL.—The State, through
19 the State maternal mortality review com-
20 mittee established under subsection (a)(1),
21 shall develop a process that provides for
22 mandatory and confidential case reporting
23 to the State department of health by indi-
24 viduals and entities described in clause (ii)

1 with respect to pregnancy-related and
2 pregnancy-associated deaths.
3 (ii) INDIVIDUALS AND ENTITIES DE-
4 SCRIBED.—Individuals and entities de-
5 scribed in this clause include each of the
6 following:
7 (I) Health care professionals.
8 (II) Medical examiners.
9 (III) Medical coroners.
10 (IV) Hospitals.
11 (V) Birth centers.
12 (VI) Other health care facilities.
13 (VII) Other individuals respon-
14 sible for completing death records.
15 (VIII) Other appropriate individ-
16 uals or entities specified by the Sec-
17 retary.
18 (B) PROCESS FOR VOLUNTARY REPORTING
19 OF PREGNANCY-RELATED AND PREGNANCY-AS-
20 SOCIATED DEATHS.—The State, through the
21 State maternal mortality review committee es-
22 tablished under subsection (a)(1), shall develop
23 a process that provides for voluntary and con-
24 fidential case reporting to the State department
25 of health by family members of the deceased

and other individuals on possible pregnancy-related and pregnancy-associated deaths. Such process shall include—

(i) making publicly available on the website of the State department of health a telephone number, Internet web link, and email address for such reporting; and

(ii) publicizing to local professional organizations, community organizations, and social services agencies the availability of the telephone number, Internet web link, and email address made available under clause (i).

(C) IDENTIFICATION OF PREGNANCY-RELATED AND PREGNANCY-ASSOCIATED DEATHS BY STATE VITAL STATISTICS UNIT.—The State, through the vital statistics unit of the State, shall annually identify pregnancy-related and pregnancy-associated deaths occurring in such State in the year involved by—

(i) matching each death record of a woman in such year to a live birth certificate or an infant death record for the purpose of identifying deaths of women that

occurred during pregnancy and within one year after the end of a pregnancy;

(ii) identifying each death of a woman reported during such year as having an underlying or contributing cause of death related to pregnancy, regardless of the time that has passed between the end of the pregnancy and the death;

(iii) collecting data from medical examiner and coroner reports; and

(iv) using any other method the State may devise to identify maternal deaths such as reviewing a random sample of reported deaths of women to ascertain cases of pregnancy-related and pregnancy-associated deaths that are not discernable from a review of death records alone.

For purposes of effectively collecting and obtaining data on pregnancy-related and pregnancy-associated deaths, the State shall adopt the most recent standardized birth and death records, as issued by the National Center for Vital Health Statistics, including the recommended checkbox section for pregnancy on each death record.

1 (D) CASE INVESTIGATION AND DEVELOP-
2 MENT OF CASE SUMMARIES.—
3 (i) IN GENERAL.—Following the re-
4 ceipt of reports by the State department of
5 health pursuant to subparagraph (A) or
6 (B) and the collection of cases of preg-
7 nancy-related and pregnancy-associated
8 deaths by the vital statistics unit of the
9 State under subparagraph (C), the State,
10 through the State maternal mortality re-
11 view committee established under sub-
12 section (a)(1), shall investigate each case,
13 using the case abstraction form described
14 in subsection (c), and prepare a de-identi-
15 fied case summary for each case, which
16 shall be reviewed by the committee and in-
17 cluded in applicable reports. The State de-
18 partment of health or vital statistics unit
19 of the State, as the case may be, shall pro-
20 vide the State maternal mortality review
21 committee with access to the information
22 collected pursuant to subparagraph (A) or
23 (B), or under subparagraph (C), as nec-
24 essary to carry out this subparagraph.

1 (ii) MANDATORY DATA AND INFORMATION.—Each case investigation under this subparagraph shall, subject to availability, include data and information obtained through—

(I) medical examiner and autopsy reports of the woman involved;

(II) medical records of the woman, including such records related to health care prior to pregnancy, prenatal and postnatal care, labor and delivery care, emergency room care, hospital discharge records, and any care delivered up until the time of death of the woman;

(III) oral and written interviews of individuals directly involved in the maternal care of the woman during and immediately following the pregnancy of the woman, including health care, mental health, and social service providers, as applicable;

(IV) socioeconomic and other relevant background information about the woman;

1 (V) any information collected
2 under subparagraph (C)(i); and
3 (VI) any other information on
4 the cause of death of the woman, such
5 as social services and child welfare re-
6 ports.
7 (iii) DISCRETIONARY DATA AND IN-
8 FORMATION.—Each case investigation
9 under this subparagraph may include data
10 and information obtained through oral or
11 written interviews of the family of the
12 woman.
13 (2) STATE MATERNAL MORTALITY REVIEW
14 COMMITTEES.—
15 (A) MANDATORY ACTIVITIES.—A State
16 maternal mortality review committee established
17 under subsection (a)(1) shall carry out the fol-
18 lowing activities:
19 (i) Develop the processes described in
20 subparagraphs (A) and (B) of paragraph
21 (1).
22 (ii) Review the data and information
23 collected by the vital statistics unit of the
24 State under paragraph (1)(C) regarding
25 pregnancy-related and pregnancy-associ-

1 ated deaths to identify trends, patterns,
2 and disparities in adverse outcomes and
3 address medical, non-medical, and system-
4 related factors that may have contributed
5 to such pregnancy-related and pregnancy-
6 associated deaths and disparities.

7 (iii) Carry out the activities described
8 in paragraph (1)(D).

9 (iv) Develop recommendations, based
10 on the case summaries prepared under
11 paragraph (1)(D) and the data and infor-
12 mation collected under paragraph (1)(C),
13 to improve maternal care, social and health
14 services, and public health policy and insti-
15 tutions, including improving access to ma-
16 ternal care and social and health services
17 and identifying disparities in maternal care
18 and outcomes.

19 (B) DISCRETIONARY ACTIVITIES.—

20 (i) IN GENERAL.—A State maternal
21 mortality review committee established
22 under subsection (a)(1) may, while subject
23 to confidentiality requirements, present
24 findings and recommendations based on
25 the case summaries prepared under para-

1 graph (1)(D) directly to a health care facil-
2 ity or its local or State professional organi-
3 zation for the purpose of—
4 (I) instituting policy changes,
5 educational activities, and improve-
6 ments in the quality of care provided
7 by the facility; and
8 (II) exploring and forming re-
9 gional collaborations.
10 (ii) INVESTIGATION OF CASES OF SE-
11 VERE MATERNAL MORBIDITY.—A State
12 maternal mortality review committee may
13 investigate cases of severe maternal mor-
14 bidity and any such investigation may in-
15 clude data and information obtained
16 through—
17 (I) identified patient registries;
18 or
19 (II) oral or written interviews of
20 the woman concerned and the family
21 of such woman.
22 (C) COMPOSITION OF STATE MATERNAL
23 MORTALITY REVIEW COMMITTEES.—
24 (i) IN GENERAL.—A State maternal
25 mortality review committee established

1 under subsection (a)(1) shall be multidisci-
2 plinary and diverse. Membership on the
3 State maternal mortality review committee
4 shall be reviewed annually by the State de-
5 partment of health to ensure that member-
6 ship representation requirements are being
7 fulfilled in accordance with this subpara-
8 graph.

9 (ii) REQUIRED MEMBERSHIP.—Each
10 State maternal mortality review committee
11 shall include—

12 (I) representatives from medical
13 specialties providing care to pregnant
14 and postpartum patients, including
15 obstetricians (including generalists
16 and maternal fetal medicine special-
17 ists) and family practice physicians;

18 (II) certified nurse midwives, cer-
19 tified midwives, and advanced practice
20 nurses;

21 (III) hospital-based registered
22 nurses;

23 (IV) representatives of the ma-
24 ternal and child health department of
25 the State department of health;

1 (V) social service providers or so-
2 cial workers, including those with ex-
3 perience working with communities di-
4 verse with respect to race, ethnicity,
5 and limited English proficiency;
6 (VI) chief medical examiners or
7 designees;
8 (VII) facility representatives,
9 such as from hospitals or birth cen-
10 ters;
11 (VIII) patient advocates, commu-
12 nity maternal health organizations,
13 and minority advocacy groups that
14 represent those diverse racial and eth-
15 nic communities within the State that
16 are the most affected by pregnancy-
17 related or pregnancy-associated deaths
18 and by a lack of access to maternal
19 health care services; and
20 (IX) representatives of the de-
21 partments of health or public health
22 of major cities in the State.
23 (iii) DISCRETIONARY MEMBERSHIP.—
24 Each State maternal mortality review com-
25 mittee may also include representatives

1 from other relevant academic, health, so-
2 cial service, or policy professions or com-
3 munity organizations on an ongoing basis,
4 or as needed, as determined beneficial by
5 the committee, including—
6 (I) anesthesiologists;
7 (II) emergency physicians;
8 (III) pathologists;
9 (IV) epidemiologists;
10 (V) intensivists;
11 (VI) nutritionists;
12 (VII) mental health professionals;
13 (VIII) substance use disorder
14 treatment specialists;
15 (IX) representatives of relevant
16 patient and provider advocacy groups;
17 (X) academics;
18 (XI) paramedics; and
19 (XII) risk management special-
20 ists.
21 (iv) STAFF.—Staff of each State ma-
22 ternal mortality review committee shall in-
23 clude—

1 (I) vital health statisticians, maternal child health statisticians, or epidemiologists;
4 (II) a coordinator of the State maternal mortality review committee, to be designated by the State; and
7 (III) administrative staff.
8 (D) OPTION FOR STATES TO ESTABLISH REGIONAL MATERNAL MORTALITY REVIEW COMMITTEES.—States may choose to partner with one or more neighboring States to carry out the activities required of a State maternal mortality review committee under this section. In such a case, with respect to the States in such a partnership, any requirement under this section relating to the reporting of information related to such activities shall be deemed to be fulfilled by each such State if a single such report is submitted for the partnership.
20 (E) TREATMENT AS PUBLIC HEALTH AUTHORITY FOR PURPOSES OF HIPAA.—For purposes of applying HIPAA privacy and security law (as defined in section 3009(a)(2) of the Public Health Service Act (42 U.S.C. 300jj–19)), each State maternal mortality review com-

1 mittee and regional maternal mortality review
2 committee established under subsection (a)(1)
3 or subsection (b)(2)(D), as the case may be,
4 shall be deemed to be a public health authority
5 described in section 164.501 (and referenced in
6 section 164.512(b)(1)(i)) of title 45, Code of
7 Federal Regulations (or any successor regula-
8 tion), carrying out public health activities and
9 purposes described in such section
10 164.512(b)(1)(i) (or any such successor regula-
11 tion).
12 (3) STATE DEPARTMENT OF HEALTH ACTIVI-
13 TIES.—With respect to a State that receives a grant
14 under subsection (a)(1), the State department of
15 health shall—
16 (A) in consultation with the State maternal
17 mortality review committee and in conjunction
18 with relevant professional organizations and pa-
19 tient advocacy organizations, develop a plan for
20 ongoing health care provider education, based
21 on the findings and recommendations of the
22 committee, in order to improve the quality of
23 maternal care; and
24 (B) take steps to widely disseminate the
25 findings and recommendations of the State ma-

1 ternal mortality review committee and imple-
2 ment the recommendations of the committee.
3 (c) CASE ABSTRACTION FORM.—
4 (1) DISSEMINATION.—The Director of the Cen-
5 ters for Disease Control and Prevention shall dis-
6 seminate a uniform case abstraction form to States
7 and State maternal mortality review committees for
8 the purpose of—
9 (A) ensuring that the data and information
10 collected and reviewed by such committees can
11 be pooled for review by the Department of
12 Health and Human Services and its agencies;
13 and
14 (B) preserving the uniformity of the infor-
15 mation collected for Federal public health pur-
16 poses.
17 (2) PERMISSIBLE STATE MODIFICATION.—Each
18 State may modify the form developed under para-
19 graph (1) for implementation and use by such State
20 or by the State maternal mortality review committee
21 of such State by including on such form additional
22 information to be collected, but may not alter the
23 standard questions on such form, in order to ensure
24 that the information can be collected and reviewed
25 centrally at the Federal level.

1 (d) PUBLIC DISCLOSURE OF INFORMATION.—
2 (1) IN GENERAL.—For fiscal year 2018, or a
3 subsequent fiscal year, each State receiving a grant
4 under this section for such year shall, subject to
5 paragraph (3), provide for the public disclosure, and
6 submission to the information clearinghouse estab-
7 lished under paragraph (2), of the information in-
8 cluded in the report of the State under subsection
9 (f)(1) for such year.
10 (2) INFORMATION CLEARINGHOUSE.—The Sec-
11 retary shall establish an information clearinghouse,
12 to be administered by the Director of the Centers for
13 Disease Control and Prevention, that will maintain
14 findings and recommendations submitted pursuant
15 to paragraph (1) and provide such findings and rec-
16 ommendations for public review and research pur-
17 poses by State departments of health, State mater-
18 nal mortality review committees, health providers
19 and institutions, and national patient and provider
20 advocacy groups.
21 (3) CONFIDENTIALITY OF INFORMATION.—In
22 no case may any individually identifiable health in-
23 formation be provided to the public, or submitted to
24 the information clearinghouse, under this subsection.

1 (e) CONFIDENTIALITY OF PROCEEDINGS OF STATE
2 MATERNAL MORTALITY REVIEW COMMITTEES.—
3 (1) IN GENERAL.—All proceedings and activi-
4 ties of a State maternal mortality review committee
5 established under subsection (a)(1), opinions of
6 members of such a committee formed as a result of
7 such proceedings and activities, and records ob-
8 tained, created, or maintained pursuant to this sec-
9 tion, including records of interviews, written reports,
10 and statements procured by the Department of
11 Health and Human Services or by any other person,
12 agency, or organization acting jointly with the De-
13 partment, in connection with morbidity and mor-
14 tality reviews under this section, shall be confidential
15 and may not be subject to discovery, subpoena, or
16 introduction into evidence in any civil, criminal, leg-
17 islative, or other proceeding. Such records shall not
18 be open to public inspection.
19 (2) TESTIMONY OF MEMBERS OF COM-
20 MITTEE.—
21 (A) IN GENERAL.—Members of a State
22 maternal mortality review committee established
23 under subsection (a)(1) may not be questioned
24 in any civil, criminal, legislative, or other pro-
25 ceeding regarding information presented in, or

1 opinions formed as a result of, a meeting or
2 communication of the committee.
3 (B) CLARIFICATION.—Nothing in this sub-
4 section may be construed to prevent a member
5 of a State maternal mortality review committee
6 established under subsection (a)(1) from testi-
7 fying regarding information that was obtained
8 independent of such member's participation on
9 the committee, or public information.
10 (3) AVAILABILITY OF INFORMATION FOR RE-
11 SEARCH PURPOSES.—Nothing in this subsection may
12 prohibit a State maternal mortality review com-
13 mittee established under subsection (a)(1) or the De-
14 partment of Health and Human Services from pub-
15 lishing statistical compilations and research reports
16 that—
17 (A) are based on confidential information,
18 relating to morbidity and mortality reviews
19 under this section; and
20 (B) do not contain identifying information
21 or any other information that could be used to
22 ultimately identify the individuals concerned.
23 (f) REPORTS.—
24 (1) STATE REPORTS.—Not later than one year
25 after the end of fiscal year 2018, and each subse-

1 quent fiscal year, each State maternal mortality re-
2 view committee established under subsection (a)(1)
3 and receiving a grant under this section for such
4 year, shall submit to the Director of the Centers for
5 Disease Control and Prevention a report on the find-
6 ings and recommendations of such committee and
7 information on the implementation of such rec-
8 ommendations during such year.

9 (2) ANNUAL REPORTS TO CONGRESS.—Not
10 later than 60 days after the deadline for State re-
11 ports under paragraph (1) for fiscal year 2018, and
12 each subsequent fiscal year, the Secretary of Health
13 and Human Services shall submit to Congress a re-
14 port on—

15 (A) the findings, recommendations, and
16 implementation information submitted by any
17 State pursuant to paragraph (1); and

18 (B) the status of pregnancy-related and
19 pregnancy-associated deaths in the United
20 States, including recommendations on methods
21 to prevent such deaths in the United States.

22 (g) DEFINITIONS.—In this section:

23 (1) The term ''pregnancy-associated death''
24 means the death of a woman while pregnant or dur-

1 ing the one-year period following the date of the end
2 of pregnancy, irrespective of the cause of such death.
3 (2) The term ‘‘pregnancy-related death’’ means
4 the death of a woman while pregnant or during the
5 one-year period following the date of the end of
6 pregnancy, irrespective of the duration of the preg-
7 nancy, from any cause related to, or aggravated by,
8 the pregnancy or its management, excluding any ac-
9 cidental or incidental cause.
10 (3) The term ‘‘severe maternal morbidity’’
11 means the physical and psychological conditions that
12 result from, or are aggravated by, pregnancy and
13 have an adverse effect on the health of a woman.
14 (4) The term ‘‘State’’ means each of the 50
15 States, the District of Columbia, and each of the
16 territories.
17 (5) The term ‘‘vital statistics unit’’ means the
18 entity that is responsible for maintaining vital
19 records for a State, including official records of live
20 births, deaths, fetal deaths, marriages, divorces, and
21 annulments.
22 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated to carry out this section
24 $7,000,000 for each of fiscal years 2018 through 2022.

1 **SEC. 4. ELIMINATING DISPARITIES IN MATERNITY HEALTH**
2 **OUTCOMES.**

3 Part B of title III of the Public Health Service Act
4 is amended by inserting after section 317T of such Act
5 (42 U.S.C. 247b–22) the following new section:

6 **"SEC. 317U. ELIMINATING DISPARITIES IN MATERNAL**
7 **HEALTH OUTCOMES.**

8 ''(a) IN GENERAL.—The Secretary shall, in consulta-
9 tion with relevant national stakeholder organizations, such
10 as national medical specialty organizations, national ma-
11 ternal child health organizations, national patient advo-
12 cacy organizations, and national health disparity organiza-
13 tions, carry out the following activities to eliminate dis-
14 parities in maternal health outcomes:

15 ''(1) Conduct research into the determinants
16 and the distribution of disparities in maternal care,
17 health risks, and health outcomes, and improve the
18 capacity of the performance measurement infrastruc-
19 ture to measure such disparities.

20 ''(2) Expand access to health care services, re-
21 sources, and information that have been dem-
22 onstrated to improve the quality and outcomes of
23 maternity care for vulnerable populations.

24 ''(3) Establish a demonstration project to com-
25 pare the effectiveness of interventions to reduce dis-

1 parities in maternity services and outcomes and to
2 implement and assess effective interventions.

3 "(b) SCOPE AND SELECTION OF STATES FOR DEM-
4 ONSTRATION PROJECT.—The demonstration project
5 under subsection (a)(3) shall be conducted in no more
6 than 8 States, which shall be selected by the Secretary
7 based on—

8 "(1) applications submitted by States, which
9 specify which regions and populations the State in-
10 volved will serve under the demonstration project;

11 "(2) criteria designed by the Secretary to en-
12 sure that, as a whole, the demonstration project is,
13 to the greatest extent possible, representative of the
14 demographic and geographic composition of commu-
15 nities most affected by disparities;

16 "(3) criteria designed by the Secretary to en-
17 sure that a variety of models are tested through the
18 demonstration project and that such models include
19 interventions that have an existing evidence base for
20 effectiveness; and

21 "(4) criteria designed by the Secretary to en-
22 sure that the demonstration projects and models will
23 be carried out in consultation with local and regional
24 provider organizations, such as community health

1 centers, hospital systems, and medical societies rep-
2 resenting providers of maternity services.
3 ''(c) DURATION OF DEMONSTRATION PROJECT.—
4 The demonstration project under subsection (a)(3) shall
5 begin on January 1, 2018, and end on December 31,
6 2021.
7 ''(d) GRANTS FOR EVALUATION AND MONITORING.—
8 The Secretary may make grants to States and health care
9 providers participating in the demonstration project under
10 subsection (a)(3) for the purpose of collecting data nec-
11 essary for the evaluation and monitoring of such project.
12 ''(e) REPORTS.—
13 ''(1) STATE REPORTS.—Each State that par-
14 ticipates in the demonstration project under sub-
15 section (a)(3) shall report to the Secretary, in a
16 time, form, and manner specified by the Secretary,
17 the data necessary to—
18 ''(A) monitor the—
19 ''(i) outcomes of the project;
20 ''(ii) costs of the project; and
21 ''(iii) quality of maternity care pro-
22 vided under the project; and
23 ''(B) evaluate the rationale for the selec-
24 tion of the items and services included in any

1 bundled payment made by the State under the
2 project.
3 "(2) FINAL REPORT.—Not later than December
4 31, 2022, the Secretary shall submit to Congress a
5 report on the results of the demonstration project
6 under subsection (a)(3).".

○