115TH CONGRESS
1ST SESSION

S. 1112

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 SENATE OF THE UNITED STATES

MAY 11, 2017

Ms. HEITKAMP (for herself and Mrs. CAPITO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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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 ''Maternal Health Ac-
3 countability 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 acci-
2 dents, homicide, and suicide.
3 (4) As of 2017, less than 25 States conduct
4 systematic reviews of maternal deaths and/or have
5 standing maternal mortality review committees in
6 order to develop the data needed to work toward
7 management and solutions.
8 (5) Review of pregnancy-related and pregnancy-
9 associated deaths is essential to determining strate-
10 gies for developing prevention efforts and quality im-
11 provement and quality control programs. The United
12 States must identify at-risk populations and under-
13 stand how to support them to make pregnancy and
14 the postpartum period safer.
15 (6) The most severe complications of preg-
16 nancy, generally referred to as severe maternal mor-
17 bidity (SMM), affect more than 65,000 women in
18 the United States every year. The CDC uses ICD–
19 9–CM codes, which indicate a potentially life-threat-
20 ening maternal condition or complication, to define
21 SMM.
22 (7) Data from the CDC shows Black women
23 are three times more likely to die from complications
24 of pregnancy or childbirth than White women: 42.8

1 Black women per 100,000 live births, as opposed to
2 12.5 White women and 17.3 women of other races.
3 (8) The CDC recommends that maternal deaths
4 be investigated through State collaboratives. These
5 State collaboratives would bring together leaders in
6 obstetric and neonatal health care from private, aca-
7 demic, and public health care settings to make rec-
8 ommendations for preventing pregnancy-related and
9 pregnancy-associated deaths and health complica-
10 tions and identify ways to improve quality of care
11 for women and infants.
12 (9) A few States, including California, have
13 worked to develop and strengthen maternal mor-
14 bidity and mortality review systems and utilize data
15 to reduce maternal deaths and injuries to address
16 leading issues such as maternal hemorrhage, hyper-
17 tension and preeclampsia, and health and racial dis-
18 parities.
19 (b) PURPOSES.—The purposes of this Act are the fol-
20 lowing:
21 (1) To establish a shared responsibility between
22 States and the Federal Government to identify op-
23 portunities for improvement in quality of care and
24 system changes, and to educate and inform health
25 institutions and professionals, women, and families

1 about preventing pregnancy-related and pregnancy-
2 associated deaths and complications and reducing
3 disparities.
4 (2) To develop a model for States and Federally
5 recognized Indian tribes and tribal organizations to
6 operate maternal mortality reviews and assess the
7 various factors that may have contributed to mater-
8 nal mortality, including quality of care, racial dis-
9 parities, and systemic problems in the delivery of
10 health care, and to develop appropriate interventions
11 to reduce and prevent such deaths.

12 **SEC. 3. STATE MATERNAL MORTALITY REVIEW COMMIT-**
13 **TEES ON PREGNANCY-RELATED AND PREG-**
14 **NANCY-ASSOCIATED DEATHS.**

15 (a) PROGRAM AUTHORIZED.—
16 (1) IN GENERAL.—The Secretary of Health and
17 Human Services, through the Director of the Cen-
18 ters for Disease Control and Prevention, shall estab-
19 lish a grant program under which the Secretary may
20 make grants to States, and Federally recognized In-
21 dian tribes and tribal organizations, for the purpose
22 of—
23 (A) carrying out the activities described in
24 subsection (b)(1);

1 (B) establishing and sustaining a State
2 maternal mortality review committee, in accord-
3 ance with subsection (b)(2);
4 (C) ensuring that the State department of
5 health carries out the activities described in
6 subsection (b)(3);
7 (D) disseminating the case abstraction
8 form developed under subsection (c); and
9 (E) providing for the public disclosure of
10 information, in accordance with subsection (d).
11 (2) CRITERIA.—The Secretary shall establish
12 criteria for determining eligibility for, and the
13 amount of a grant awarded to, a State under para-
14 graph (1). Such criteria shall provide that in the
15 case of a State that receives a grant under para-
16 graph (1) for a fiscal year and is determined by the
17 Secretary to have not used such grant in accordance
18 with this section, such State may not be eligible for
19 such a grant for any subsequent fiscal year.
20 (b) USE OF FUNDS.—
21 (1) REVIEW OF PREGNANCY-RELATED AND
22 PREGNANCY-ASSOCIATED DEATHS.—With respect to
23 a State that receives a grant under subsection
24 (a)(1), the following shall apply:

1 (A) PROCESS FOR MANDATORY REPORTING
2 OF PREGNANCY-RELATED AND PREGNANCY-AS-
3 SOCIATED DEATHS.—
4 (i) IN GENERAL.—The State, through
5 the State maternal mortality review com-
6 mittee established under subsection (a)(1),
7 shall develop a process that provides for
8 mandatory and confidential case reporting
9 to the State department of health by indi-
10 viduals and entities described in clause (ii)
11 with respect to pregnancy-related and
12 pregnancy-associated deaths.
13 (ii) INDIVIDUALS AND ENTITIES DE-
14 SCRIBED.—Individuals and entities de-
15 scribed in this clause include each of the
16 following:
17 (I) Health care professionals.
18 (II) Medical examiners.
19 (III) Medical coroners.
20 (IV) Hospitals.
21 (V) Birth centers.
22 (VI) Other health care facilities.
23 (VII) Other individuals respon-
24 sible for completing death records.

1 (VIII) Other appropriate individ-
2 uals or entities specified by the Sec-
3 retary.
4 (B) PROCESS FOR VOLUNTARY REPORTING
5 OF PREGNANCY-RELATED AND PREGNANCY-AS-
6 SOCIATED DEATHS.—The State, through the
7 State maternal mortality review committee es-
8 tablished under subsection (a)(1), shall develop
9 a process that provides for voluntary and con-
10 fidential case reporting to the State department
11 of health by family members of the deceased
12 and other individuals on possible pregnancy-re-
13 lated and pregnancy-associated deaths. Such
14 process shall include—
15 (i) making publicly available on the
16 website of the State department of health
17 a telephone number, Internet web link, and
18 email address for such reporting; and
19 (ii) publicizing to local professional or-
20 ganizations, community organizations, and
21 social services agencies the availability of
22 the telephone number, Internet web link,
23 and email address made available under
24 clause (i).

1 (C) IDENTIFICATION OF PREGNANCY-RE-
2 LATED AND PREGNANCY-ASSOCIATED DEATHS
3 BY STATE VITAL STATISTICS UNIT.—The State,
4 through the vital statistics unit of the State,
5 shall annually identify pregnancy-related and
6 pregnancy-associated deaths occurring in such
7 State in the year involved by—
8 (i) matching each death record of a
9 woman in such year to a live birth certifi-
10 cate or an infant death record for the pur-
11 pose of identifying deaths of women that
12 occurred during pregnancy and within one
13 year after the end of a pregnancy;
14 (ii) identifying each death of a woman
15 reported during such year as having an un-
16 derlying or contributing cause of death re-
17 lated to pregnancy, regardless of the time
18 that has passed between the end of the
19 pregnancy and the death;
20 (iii) collecting data from medical ex-
21 aminer and coroner reports; and
22 (iv) using any other method the State
23 may devise to identify maternal deaths
24 such as reviewing a random sample of re-
25 ported deaths of women to ascertain cases

1 of pregnancy-related and pregnancy-associ-
2 ated deaths that are not discernable from
3 a review of death records alone.

4 For purposes of effectively collecting and ob-
5 taining data on pregnancy-related and preg-
6 nancy-associated deaths, the State shall adopt
7 the most recent standardized birth and death
8 records, as issued by the National Center for
9 Vital Health Statistics, including the rec-
10 ommended checkbox section for pregnancy on
11 each death record.

12 (D) CASE INVESTIGATION AND DEVELOP-
13 MENT OF CASE SUMMARIES.—

14 (i) IN GENERAL.—Following the re-
15 ceipt of reports by the State department of
16 health pursuant to subparagraph (A) or
17 (B) and the collection of cases of preg-
18 nancy-related and pregnancy-associated
19 deaths by the vital statistics unit of the
20 State under subparagraph (C), the State,
21 through the State maternal mortality re-
22 view committee established under sub-
23 section (a)(1), shall investigate each case,
24 using the case abstraction form described
25 in subsection (c), and prepare a de-identi-

1 fied case summary for each case, which
2 shall be reviewed by the committee and in-
3 cluded in applicable reports. The State de-
4 partment of health or vital statistics unit
5 of the State, as the case may be, shall pro-
6 vide the State maternal mortality review
7 committee with access to the information
8 collected pursuant to subparagraphs (A) or
9 (B), or under subparagraph (C), as nec-
10 essary to carry out this subparagraph.

11 (ii) MANDATORY DATA AND INFORMA-
12 TION.—Each case investigation under this
13 subparagraph shall, subject to availability,
14 include data and information obtained
15 through—

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

18 (II) medical records of the
19 woman, including such records related
20 to health care prior to pregnancy, pre-
21 natal and postnatal care, labor and
22 delivery care, emergency room care,
23 hospital discharge records, and any
24 care delivered up until the time of
25 death of the woman;

1 (III) oral and written interviews
2 of individuals directly involved in the
3 maternal care of the woman during
4 and immediately following the preg-
5 nancy of the woman, including health
6 care, mental health, and social service
7 providers, as applicable;
8 (IV) socioeconomic and other rel-
9 evant background information about
10 the woman;
11 (V) any information collected
12 under subparagraph (C)(i); and
13 (VI) any other information on
14 the cause of death of the woman, such
15 as social services and child welfare re-
16 ports.
17 (iii) DISCRETIONARY DATA AND IN-
18 FORMATION.—Each case investigation
19 under this subparagraph may include data
20 and information obtained through oral or
21 written interviews of the family of the
22 woman.
23 (2) STATE MATERNAL MORTALITY REVIEW
24 COMMITTEES.—

1 (A) MANDATORY ACTIVITIES.—A State
2 maternal mortality review committee established
3 under subsection (a)(1) shall carry out the fol-
4 lowing activities:
5 (i) Develop the processes described in
6 subparagraphs (A) and (B) of paragraph
7 (1).
8 (ii) Review the data and information
9 collected by the vital statistics unit of the
10 State under paragraph (1)(C) regarding
11 pregnancy-related and pregnancy-associ-
12 ated deaths to identify trends, patterns,
13 and disparities in adverse outcomes and
14 address medical, non-medical, and system-
15 related factors that may have contributed
16 to such pregnancy-related and pregnancy-
17 associated deaths and disparities.
18 (iii) Carry out the activities described
19 in paragraph (1)(D).
20 (iv) Develop recommendations, based
21 on the case summaries prepared under
22 paragraph (1)(D) and the data and infor-
23 mation collected under paragraph (1)(C),
24 to improve maternal care, social and health
25 services, and public health policy and insti-

1 tutions, including improving access to maternal care and social and health services and identifying disparities in maternal care and outcomes.

(B) DISCRETIONARY ACTIVITIES.—

(i) IN GENERAL.—A State maternal mortality review committee established under subsection (a)(1) may, while subject to confidentiality requirements, present findings and recommendations based on the case summaries prepared under paragraph (1)(D) directly to a health care facility or its local or State professional organization for the purpose of—

(I) instituting policy changes, educational activities, and improvements in the quality of care provided by the facility; and

(II) exploring and forming regional collaborations.

(ii) INVESTIGATION OF CASES OF SEVERE MATERNAL MORBIDITY.—A State maternal mortality review committee may investigate cases of severe maternal morbidity and any such investigation may in-

1 clude data and information obtained
2 through—
3 (I) identified patient registries;
4 or
5 (II) oral or written interviews of
6 the woman concerned and the family
7 of such woman.
8 (C) COMPOSITION OF STATE MATERNAL
9 MORTALITY REVIEW COMMITTEES.—
10 (i) IN GENERAL.—A State maternal
11 mortality review committee established
12 under subsection (a)(1) shall be multidisci-
13 plinary and diverse. Membership on the
14 State maternal mortality review committee
15 shall be reviewed annually by the State de-
16 partment of health to ensure that member-
17 ship representation requirements are being
18 fulfilled in accordance with this subpara-
19 graph.
20 (ii) REQUIRED MEMBERSHIP.—Each
21 State maternal mortality review committee
22 shall include—
23 (I) representatives from medical
24 specialties providing care to pregnant
25 and postpartum patients, including

1 obstetricians (including generalists
2 and maternal fetal medicine special-
3 ists) and family practice physicians;
4 (II) certified nurse midwives, cer-
5 tified midwives, and advanced practice
6 nurses;
7 (III) hospital-based registered
8 nurses;
9 (IV) representatives of the ma-
10 ternal and child health department of
11 the State department of health;
12 (V) social service providers or so-
13 cial workers, including those with ex-
14 perience working with communities di-
15 verse with respect to race, ethnicity,
16 and limited English proficiency;
17 (VI) chief medical examiners or
18 designees;
19 (VII) facility representatives,
20 such as from hospitals or birth cen-
21 ters;
22 (VIII) patient advocates, commu-
23 nity maternal health organizations,
24 and minority advocacy groups that
25 represent those diverse racial and eth-

1 nic communities within the State that
2 are the most affected by pregnancy-
3 related or pregnancy-associated deaths
4 and by a lack of access to maternal
5 health care services; and
6 (IX) representatives of the de-
7 partments of health or public health
8 of major cities in the State.
9 (iii) DISCRETIONARY MEMBERSHIP.—
10 Each State maternal mortality review com-
11 mittee may also include representatives
12 from other relevant academic, health, so-
13 cial service, or policy professions or com-
14 munity organizations on an ongoing basis,
15 or as needed, as determined beneficial by
16 the committee, including—
17 (I) anesthesiologists;
18 (II) emergency physicians;
19 (III) pathologists;
20 (IV) epidemiologists;
21 (V) intensivists;
22 (VI) nutritionists;
23 (VII) mental health professionals;
24 (VIII) substance use disorder
25 treatment specialists;

1 (IX) representatives of relevant
2 patient and provider advocacy groups;
3 (X) academics;
4 (XI) paramedics;
5 (XII) risk management special-
6 ists; and
7 (XIII) representatives of Feder-
8 ally recognized Indian tribes and trib-
9 al organizations.
10 (iv) STAFF.—Staff of each State ma-
11 ternal mortality review committee shall in-
12 clude—
13 (I) vital health statisticians, ma-
14 ternal child health statisticians, or
15 epidemiologists;
16 (II) a coordinator of the State
17 maternal mortality review committee,
18 to be designated by the State; and
19 (III) administrative staff.
20 (D) OPTION FOR STATES TO ESTABLISH
21 REGIONAL MATERNAL MORTALITY REVIEW COM-
22 MITTEES.—States may choose to partner with
23 one or more neighboring States to carry out the
24 activities required of a State maternal mortality
25 review committee under this section. In such a

1 case, with respect to the States in such a part-
2 nership, any requirement under this section re-
3 lating to the reporting of information related to
4 such activities shall be deemed to be fulfilled by
5 each such State if a single such report is sub-
6 mitted for the partnership.
7 (E) TREATMENT AS PUBLIC HEALTH AU-
8 THORITY FOR PURPOSES OF HIPAA.—For pur-
9 poses of applying HIPAA privacy and security
10 law (as defined in section 3009(a)(2) of the
11 Public Health Service Act (42 U.S.C. 300jj–
12 19)), each State maternal mortality review com-
13 mittee and regional maternal mortality review
14 committee established under subsection (a)(1)
15 or subsection (b)(2)(D), as the case may be,
16 shall be deemed to be a public health authority
17 described in section 164.501 (and referenced in
18 section 164.512(b)(1)(i)) of title 45, Code of
19 Federal Regulations (or any successor regula-
20 tion), carrying out public health activities and
21 purposes described in such section
22 164.512(b)(1)(i) (or any such successor regula-
23 tion).
24 (3) STATE DEPARTMENT OF HEALTH ACTIVI-
25 TIES.—With respect to a State that receives a grant

1 under subsection (a)(1), the State department of
2 health shall—
3 (A) in consultation with the State maternal
4 mortality review committee and in conjunction
5 with relevant professional organizations and pa-
6 tient advocacy organizations, develop a plan for
7 ongoing health care provider education, based
8 on the findings and recommendations of the
9 committee, in order to improve the quality of
10 maternal care; and
11 (B) take steps to widely disseminate the
12 findings and recommendations of the State ma-
13 ternal mortality review committee and imple-
14 ment the recommendations of the committee.
15 (c) CASE ABSTRACTION FORM.—
16 (1) DISSEMINATION.—The Director of the Cen-
17 ters for Disease Control and Prevention shall dis-
18 seminate a uniform case abstraction form to States
19 and State maternal mortality review committees for
20 the purpose of—
21 (A) ensuring that the data and information
22 collected and reviewed by such committees can
23 be pooled for review by the Department of
24 Health and Human Services and its agencies;
25 and

1 (B) preserving the uniformity of the information collected for Federal public health purposes.

4 (2) PERMISSIBLE STATE MODIFICATION.—Each State may modify the form developed under paragraph (1) for implementation and use by such State or by the State maternal mortality review committee of such State by including on such form additional information to be collected, but may not alter the standard questions on such form, in order to ensure that the information can be collected and reviewed centrally at the Federal level.

13 (d) PUBLIC DISCLOSURE OF INFORMATION.—

14 (1) IN GENERAL.—For fiscal year 2018, or a subsequent fiscal year, each State receiving a grant under this section for such year shall, subject to paragraph (3), provide for the public disclosure, and submission to the information clearinghouse established under paragraph (2), of the information included in the report of the State under subsection (f)(1) for such year.

22 (2) INFORMATION CLEARINGHOUSE.—The Secretary shall establish an information clearinghouse, to be administered by the Director of the Centers for Disease Control and Prevention, that will maintain

1 findings and recommendations submitted pursuant
2 to paragraph (1) and provide such findings and rec-
3 ommendations for public review and research pur-
4 poses by State departments of health, State mater-
5 nal mortality review committees, and health pro-
6 viders and institutions.
7 (3) CONFIDENTIALITY OF INFORMATION.—In
8 no case may any individually identifiable health in-
9 formation be provided to the public, or submitted to
10 the information clearinghouse, under this subsection.
11 (e) CONFIDENTIALITY OF PROCEEDINGS OF STATE
12 MATERNAL MORTALITY REVIEW COMMITTEES.—
13 (1) IN GENERAL.—All proceedings and activi-
14 ties of a State maternal mortality review committee
15 established under subsection (a)(1), opinions of
16 members of such a committee formed as a result of
17 such proceedings and activities, and records ob-
18 tained, created, or maintained pursuant to this sec-
19 tion, including records of interviews, written reports,
20 and statements procured by the Department of
21 Health and Human Services or by any other person,
22 agency, or organization acting jointly with the De-
23 partment, in connection with morbidity and mor-
24 tality reviews under this section, shall be confidential
25 and may not be subject to discovery, subpoena, or

1 introduction into evidence in any civil, criminal, leg-
2 islative, or other proceeding. Such records shall not
3 be open to public inspection.
4 (2) TESTIMONY OF MEMBERS OF COM-
5 MITTEE.—
6 (A) IN GENERAL.—Members of a State
7 maternal mortality review committee established
8 under subsection (a)(1) may not be questioned
9 in any civil, criminal, legislative, or other pro-
10 ceeding regarding information presented in, or
11 opinions formed as a result of, a meeting or
12 communication of the committee.
13 (B) CLARIFICATION.—Nothing in this sub-
14 section may be construed to prevent a member
15 of a State maternal mortality review committee
16 established under subsection (a)(1) from testi-
17 fying regarding information that was obtained
18 independent of such member's participation on
19 the committee, or public information.
20 (3) AVAILABILITY OF INFORMATION FOR RE-
21 SEARCH PURPOSES.—Nothing in this subsection may
22 prohibit a State maternal mortality review com-
23 mittee established under subsection (a)(1) or the De-
24 partment of Health and Human Services from pub-

1 lishing statistical compilations and research reports
2 that—
3 (A) are based on confidential information,
4 relating to morbidity and mortality reviews
5 under this section; and
6 (B) do not contain identifying information
7 or any other information that could be used to
8 ultimately identify the individuals concerned.
9 (f) REPORTS.—
10 (1) STATE REPORTS.—For fiscal year 2018,
11 and each subsequent fiscal year, each State maternal
12 mortality review committee established under sub-
13 section (a)(1) and receiving a grant under this sec-
14 tion for such year, shall submit to the Director of
15 the Centers for Disease Control and Prevention a re-
16 port on the findings and recommendations of such
17 committee and information on the implementation of
18 such recommendations during such year.
19 (2) ANNUAL REPORTS TO CONGRESS.—For fis-
20 cal year 2018, and each subsequent fiscal year, the
21 Secretary of Health and Human Services shall sub-
22 mit to Congress a report on—
23 (A) the findings, recommendations, and
24 implementation information submitted by any
25 State pursuant to paragraph (1); and

1 (B) the status of pregnancy-related and
2 pregnancy-associated deaths in the United
3 States, including recommendations on methods
4 to prevent such deaths in the United States.
5 (g) DEFINITIONS.—In this section:
6 (1) The term ''pregnancy-associated death''
7 means the death of a woman while pregnant or dur-
8 ing the one-year period following the date of the end
9 of pregnancy, irrespective of the cause of such death.
10 (2) The term ''pregnancy-related death'' means
11 the death of a woman while pregnant or during the
12 one-year period following the date of the end of
13 pregnancy, irrespective of the duration of the preg-
14 nancy, from any cause related to, or aggravated by,
15 the pregnancy or its management, excluding any ac-
16 cidental or incidental cause.
17 (3) The term ''Secretary'' means the Secretary
18 of Health and Human Services.
19 (4) The term ''severe maternal morbidity''
20 means the physical and psychological conditions that
21 result from, or are aggravated by, pregnancy and
22 have an adverse effect on the health of a woman.
23 (5) The term ''State'' means each of the 50
24 States, the District of Columbia, and each of the
25 territories, and shall include Federally recognized In-

1 dian tribes and tribal organizations that receive a
2 grant under subsection (a)(1). Such tribes and orga-
3 nizations shall meet the requirements applicable to
4 States under this section as determined appropriate
5 by the Secretary.

6 (6) The term ''vital statistics unit'' means the
7 entity that is responsible for maintaining vital
8 records for a State, including official records of live
9 births, deaths, fetal deaths, marriages, divorces, and
10 annulments.

11 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section
13 $7,000,000 for each of fiscal years 2018 through 2022.

14 **SEC. 4. ELIMINATING DISPARITIES IN MATERNITY HEALTH**
15 **OUTCOMES.**

16 Part B of title III of the Public Health Service Act
17 is amended by inserting after section 317T of such Act
18 (42 U.S.C. 247b–22) the following new section:

19 **''SEC. 317U. ELIMINATING DISPARITIES IN MATERNAL**
20 **HEALTH OUTCOMES.**

21 ''(a) IN GENERAL.—The Secretary shall, in consulta-
22 tion with relevant national stakeholder organizations, such
23 as national medical specialty organizations, national ma-
24 ternal child health organizations, national patient advo-
25 cacy organizations, and national health disparity organiza-

1 tions, carry out the following activities to eliminate dis-
2 parities in maternal health outcomes:

3 "(1) Conduct research into the determinants
4 and the distribution of disparities in maternal care,
5 health risks, and health outcomes, and improve the
6 capacity of the performance measurement infrastruc-
7 ture to measure such disparities.

8 "(2) Expand access to health care services, re-
9 sources, and information that have been dem-
10 onstrated to improve the quality and outcomes of
11 maternity care for vulnerable populations.

12 "(3) Establish a demonstration project to com-
13 pare the effectiveness of interventions to reduce dis-
14 parities in maternity services and outcomes and to
15 implement and assess effective interventions.

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

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

24 "(2) criteria designed by the Secretary to en-
25 sure that, as a whole, the demonstration project is,

1 to the greatest extent possible, representative of the
2 demographic and geographic composition of commu-
3 nities most affected by disparities;

4 "(3) criteria designed by the Secretary to en-
5 sure that a variety of models are tested through the
6 demonstration project and that such models include
7 interventions that have an existing evidence base for
8 effectiveness; and

9 "(4) criteria designed by the Secretary to en-
10 sure that the demonstration projects and models will
11 be carried out in consultation with local and regional
12 provider organizations, such as community health
13 centers, hospital systems, and medical societies rep-
14 resenting providers of maternity services.

15 "(c) DURATION OF DEMONSTRATION PROJECT.—
16 The demonstration project under subsection (a)(3) shall
17 begin on January 1, 2018, and end on December 31,
18 2021.

19 "(d) GRANTS FOR EVALUATION AND MONITORING.—
20 The Secretary may make grants to States and health care
21 providers participating in the demonstration project under
22 subsection (a)(3) for the purpose of collecting data nec-
23 essary for the evaluation and monitoring of such project.

24 "(e) REPORTS.—

1 "(1) STATE REPORTS.—Each State that participates in the demonstration project under subsection (a)(3) shall report to the Secretary, in a time, form, and manner specified by the Secretary, the data necessary to—

"(A) monitor the—

"(i) outcomes of the project;

"(ii) costs of the project; and

"(iii) quality of maternity care provided under the project; and

"(B) evaluate the rationale for the selection of the items and services included in any bundled payment made by the State under the project.

"(2) FINAL REPORT.—Not later than December 31, 2022, the Secretary shall submit to Congress a report on the results of the demonstration project under subsection (a)(3).".

○