

116TH CONGRESS
2D SESSION

H. R. 4995

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 22, 2020

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To amend the Public Health Service Act to improve obstetric care and maternal health outcomes, 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 Qual-
3 ity Improvement Act of 2020”.

4 **SEC. 2. INNOVATION FOR MATERNAL HEALTH.**

5 Part D of title III of the Public Health Service Act
6 (42 U.S.C. 254b et seq.) is amended—

7 (1) in the section designation of section 330M
8 of such Act (42 U.S.C. 254c–19) by inserting a pe-
9 riod after “330M”; and

10 (2) by inserting after section 330M of such Act
11 (42 U.S.C. 254c–19) the following:

12 **“SEC. 330N. INNOVATION FOR MATERNAL HEALTH.**

13 “(a) IN GENERAL.—The Secretary, in consultation
14 with experts representing a variety of clinical specialties,
15 State, Tribal, or local public health officials, researchers,
16 epidemiologists, statisticians, and community organiza-
17 tions, shall establish or continue a program to award com-
18 petitive grants to eligible entities for the purposes of—

19 “(1) identifying, developing, or disseminating
20 best practices to improve maternal health care qual-
21 ity and outcomes, eliminate preventable maternal
22 mortality and severe maternal morbidity, and im-
23 prove infant health outcomes, which may include—

24 “(A) information on evidence-based prac-
25 tices to improve the quality and safety of ma-
26 ternal health care in hospitals and other health

1 care settings of a State or health care system,
2 including by addressing topics commonly associ-
3 ated with health complications or risks related
4 to prenatal care, labor care, birthing, and
5 postpartum care;

6 “(B) best practices for improving maternal
7 health care based on data findings and reviews
8 conducted by a State maternal mortality review
9 committee that address topics of relevance to
10 common complications or health risks related to
11 prenatal care, labor care, birthing, and
12 postpartum care; and

13 “(C) information on addressing deter-
14 minants of health that impact maternal health
15 outcomes for women before, during, and after
16 pregnancy;

17 “(2) collaborating with State maternal mor-
18 tality review committees to identify issues for the de-
19 velopment and implementation of evidence-based
20 practices to improve maternal health outcomes and
21 reduce preventable maternal mortality and severe
22 maternal morbidity;

23 “(3) providing technical assistance and sup-
24 porting the implementation of best practices identi-
25 fied pursuant to paragraph (1) to entities providing

1 health care services to pregnant and postpartum
2 women; and

3 “(4) identifying, developing, and evaluating new
4 models of care that improve maternal and infant
5 health outcomes, which may include the integration
6 of community-based services and clinical care.

7 “(b) ELIGIBLE ENTITIES.—To be eligible for a grant
8 under subsection (a), an entity shall—

9 “(1) submit to the Secretary an application at
10 such time, in such manner, and containing such in-
11 formation as the Secretary may require; and

12 “(2) demonstrate in such application that the
13 entity is capable of carrying out data-driven mater-
14 nal safety and quality improvement initiatives in the
15 areas of obstetrics and gynecology or maternal
16 health.

17 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this section, there are authorized to be appro-
19 priated \$5,000,000 for each of fiscal years 2021 through
20 2025.”.

21 **SEC. 3. TRAINING FOR HEALTH CARE PROVIDERS.**

22 Title VII of the Public Health Service Act is amended
23 by striking section 763 (42 U.S.C. 294p) and inserting
24 the following:

1 **“SEC. 763. TRAINING FOR HEALTH CARE PROVIDERS.**

2 “(a) GRANT PROGRAM.—The Secretary shall estab-
3 lish a program to award grants to accredited schools of
4 allopathic medicine, osteopathic medicine, and nursing,
5 and other health professional training programs for the
6 training of health care professionals to reduce and prevent
7 discrimination (including training related to implicit and
8 explicit biases) in the provision of health care services re-
9 lated to prenatal care, labor care, birthing, and
10 postpartum care.

11 “(b) ELIGIBILITY.—To be eligible for a grant under
12 subsection (a), an entity described in such subsection shall
13 submit to the Secretary an application at such time, in
14 such manner, and containing such information as the Sec-
15 retary may require.

16 “(c) REPORTING REQUIREMENT.—Each entity
17 awarded a grant under this section shall periodically sub-
18 mit to the Secretary a report on the status of activities
19 conducted using the grant, including a description of the
20 impact of such training on patient outcomes, as applicable.

21 “(d) BEST PRACTICES.—The Secretary may identify
22 and disseminate best practices for the training of health
23 care professionals to reduce and prevent discrimination
24 (including training related to implicit and explicit biases)
25 in the provision of health care services related to prenatal
26 care, labor care, birthing, and postpartum care.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there are authorized to be appro-
3 priated \$5,000,000 for each of fiscal years 2021 through
4 2025.”.

5 **SEC. 4. STUDY ON TRAINING TO REDUCE AND PREVENT**
6 **DISCRIMINATION.**

7 Not later than 2 years after date of enactment of this
8 Act, the Secretary of Health and Human Services shall,
9 through a contract with an independent research organiza-
10 tion, conduct a study and make recommendations for ac-
11 credited schools of allopathic medicine, osteopathic medi-
12 cine, and nursing, and other health professional training
13 programs, on best practices related to training to reduce
14 and prevent discrimination, including training related to
15 implicit and explicit biases, in the provision of health care
16 services related to prenatal care, labor care, birthing, and
17 postpartum care.

18 **SEC. 5. PERINATAL QUALITY COLLABORATIVES.**

19 Section 317K(a)(2) of the Public Health Service Act
20 (42 U.S.C. 247b–12(a)(2)) is amended by adding at the
21 end the following:

22 “(E)(i) The Secretary, acting through the
23 Director of the Centers for Disease Control and
24 Prevention and in coordination with other of-
25 fices and agencies, as appropriate, shall estab-

1 lish or continue a competitive grant program
2 for the establishment or support of perinatal
3 quality collaboratives to improve perinatal care
4 and perinatal health outcomes for pregnant and
5 postpartum women and their infants. A State,
6 Indian Tribe, or Tribal organization may use
7 funds received through such grant to—

8 “(I) support the use of evidence-based
9 or evidence-informed practices to improve
10 outcomes for maternal and infant health;

11 “(II) work with clinical teams; ex-
12 perts; State, local, and, as appropriate,
13 Tribal public health officials; and stake-
14 holders, including patients and families, to
15 identify, develop, or disseminate best prac-
16 tices to improve perinatal care and out-
17 comes; and

18 “(III) employ strategies that provide
19 opportunities for health care professionals
20 and clinical teams to collaborate across
21 health care settings and disciplines, includ-
22 ing primary care and mental health, as ap-
23 propriate, to improve maternal and infant
24 health outcomes, which may include the
25 use of data to provide timely feedback

1 across hospital and clinical teams to in-
 2 form responses, and to provide support
 3 and training to hospital and clinical teams
 4 for quality improvement, as appropriate.

5 “(ii) To be eligible for a grant under
 6 clause (i), an entity shall submit to the Sec-
 7 retary an application in such form and manner
 8 and containing such information as the Sec-
 9 retary may require.”.

10 **SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND**
 11 **POSTPARTUM WOMEN.**

12 (a) GRANTS.—Title III of the Public Health Service
 13 Act is amended by inserting after section 330N of such
 14 Act, as added by section 2, the following:

15 **“SEC. 330O. INTEGRATED SERVICES FOR PREGNANT AND**
 16 **POSTPARTUM WOMEN.**

17 “(a) IN GENERAL.—The Secretary may award grants
 18 to States, Indian Tribes, and Tribal organizations for the
 19 purpose of establishing or operating evidence-based or in-
 20 novative, evidence-informed programs to deliver integrated
 21 health care services to pregnant and postpartum women
 22 to optimize the health of women and their infants, includ-
 23 ing to reduce adverse maternal health outcomes, preg-
 24 nancy-related deaths, and related health disparities (in-
 25 cluding such disparities associated with racial and ethnic

1 minority populations), and, as appropriate, by addressing
2 issues researched under subsection (b)(2) of section 317K.

3 “(b) INTEGRATED SERVICES FOR PREGNANT AND
4 POSTPARTUM WOMEN.—

5 “(1) ELIGIBILITY.—To be eligible to receive a
6 grant under subsection (a), a State, Indian Tribe, or
7 Tribal organization shall work with relevant stake-
8 holders that coordinate care (including coordinating
9 resources and referrals for health care and social
10 services) to develop and carry out the program, in-
11 cluding—

12 “(A) State, Tribal, and local agencies re-
13 sponsible for Medicaid, public health, social
14 services, mental health, and substance use dis-
15 order treatment and services;

16 “(B) health care providers who serve preg-
17 nant and postpartum women; and

18 “(C) community-based health organiza-
19 tions and health workers, including providers of
20 home visiting services and individuals rep-
21 resenting communities with disproportionately
22 high rates of maternal mortality and severe ma-
23 ternal morbidity, and including individuals rep-
24 resenting racial and ethnic minority popu-
25 lations.

1 “(2) TERMS.—

2 “(A) PERIOD.—A grant awarded under
3 subsection (a) shall be made for a period of 5
4 years. Any supplemental award made to a
5 grantee under subsection (a) may be made for
6 a period of less than 5 years.

7 “(B) PREFERENCE.—In awarding grants
8 under subsection (a), the Secretary shall—

9 “(i) give preference to States, Indian
10 Tribes, and Tribal organizations that have
11 the highest rates of maternal mortality and
12 severe maternal morbidity relative to other
13 such States, Indian Tribes, or Tribal orga-
14 nizations, respectively; and

15 “(ii) shall consider health disparities
16 related to maternal mortality and severe
17 maternal morbidity, including such dispari-
18 ties associated with racial and ethnic mi-
19 nority populations.

20 “(C) PRIORITY.—In awarding grants
21 under subsection (a), the Secretary shall give
22 priority to applications from up to 15 entities
23 described in subparagraph (B)(i).

1 “(D) EVALUATION.—The Secretary shall
2 require grantees to evaluate the outcomes of the
3 programs supported under the grant.

4 “(c) DEFINITIONS.—In this section, the terms ‘In-
5 dian Tribe’ and ‘Tribal organization’ have the meanings
6 given the terms ‘Indian tribe’ and ‘tribal organization’, re-
7 spectively, in section 4 of the Indian Self-Determination
8 and Education Assistance Act.

9 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 \$10,000,000 for each of fiscal years 2021 through 2025.”.

12 (b) REPORT ON GRANT OUTCOMES AND DISSEMINA-
13 TION OF BEST PRACTICES.—

14 (1) REPORT.—Not later than February 1,
15 2026, the Secretary of Health and Human Services
16 shall submit to the Committee on Health, Edu-
17 cation, Labor, and Pensions of the Senate and the
18 Committee on Energy and Commerce of the House
19 of Representatives a report that describes—

20 (A) the outcomes of the activities sup-
21 ported by the grants awarded under the amend-
22 ment made by this section on maternal and
23 child health;

1 (B) best practices and models of care used
2 by recipients of grants under such amendment;
3 and

4 (C) obstacles identified by recipients of
5 grants under such amendment, and strategies
6 used by such recipients to deliver care, improve
7 maternal and child health, and reduce health
8 disparities.

9 (2) DISSEMINATION OF BEST PRACTICES.—Not
10 later than August 1, 2026, the Secretary of Health
11 and Human Services shall disseminate information
12 on best practices and models of care used by recipi-
13 ents of grants under the amendment made by this
14 section (including best practices and models of care
15 relating to the reduction of health disparities, includ-
16 ing such disparities associated with racial and ethnic
17 minority populations, in rates of maternal mortality
18 and severe maternal morbidity) to relevant stake-
19 holders, which may include health providers, medical
20 schools, nursing schools, relevant State, Tribal, and
21 local agencies, and the general public.

22 **SEC. 7. IMPROVING RURAL MATERNAL AND OBSTETRIC**
23 **CARE DATA.**

24 (a) MATERNAL MORTALITY AND MORBIDITY ACTIVI-
25 TIES.—Section 301(e) of the Public Health Service Act

1 (42 U.S.C. 241(e)) is amended by inserting “, preventable
2 maternal mortality and severe maternal morbidity,” after
3 “delivery”.

4 (b) OFFICE OF WOMEN’S HEALTH.—Section
5 310A(b)(1) of the Public Health Service Act (42 U.S.C.
6 242s(b)(1)) is amended by striking “and sociocultural con-
7 texts,” and inserting “sociocultural (including among
8 American Indians, Native Hawaiians, and Alaska Na-
9 tives), and geographical contexts”.

10 (c) SAFE MOTHERHOOD.—Section 317K of the Pub-
11 lic Health Service Act (42 U.S.C. 247b–12) is amended—

12 (1) in subsection (a)(2)(A), by inserting “, in-
13 cluding improving collection of data on race, eth-
14 nicity, and other demographic information” before
15 the period; and

16 (2) in subsection (b)(2)—

17 (A) in subparagraph (L), by striking
18 “and” at the end;

19 (B) by redesignating subparagraph (M) as
20 subparagraph (N); and

21 (C) by inserting after subparagraph (L)
22 the following:

23 “(M) an examination of the relationship
24 between maternal health and obstetric services

1 in rural areas and outcomes in delivery and
 2 postpartum care; and”.

3 (d) OFFICE OF RESEARCH ON WOMEN’S HEALTH.—
 4 Section 486 of the Public Health Service Act (42 U.S.C.
 5 287d) is amended—

6 (1) in subsection (b), by amending paragraph
 7 (3) to read as follows:

8 “(3) carry out paragraphs (1) and (2) with re-
 9 spect to—

10 “(A) the aging process in women, with pri-
 11 ority given to menopause; and

12 “(B) pregnancy, with priority given to
 13 deaths related to preventable maternal mor-
 14 tality and severe maternal morbidity;”; and

15 (2) in subsection (d)(4)(A)(iv), by inserting “,
 16 including preventable maternal morbidity and severe
 17 maternal morbidity” before the semicolon.

18 **SEC. 8. RURAL OBSTETRIC NETWORK GRANTS.**

19 The Public Health Service Act is amended by insert-
 20 ing after section 330A–1 (42 U.S.C. 254c–1a) the fol-
 21 lowing:

22 **“SEC. 330A–2. RURAL OBSTETRIC NETWORK GRANTS.**

23 “(a) PROGRAM ESTABLISHED.—The Secretary shall
 24 award grants or cooperative agreements to eligible entities
 25 to establish collaborative improvement and innovation net-

1 works (referred to in this section as ‘rural obstetric net-
2 works’) to improve maternal and infant health outcomes
3 and reduce preventable maternal mortality and severe ma-
4 ternal morbidity by improving maternity care and access
5 to care in rural areas, frontier areas, maternity care health
6 professional target areas, or jurisdictions of Indian Tribes
7 and Tribal organizations.

8 “(b) USE OF FUNDS.—Grants or cooperative agree-
9 ments awarded pursuant to this section shall be used for
10 the establishment or continuation of collaborative improve-
11 ment and innovation networks to improve maternal health
12 in rural areas by improving infant health and maternal
13 outcomes and reducing preventable maternal mortality
14 and severe maternal morbidity. Rural obstetric networks
15 established in accordance with this section may—

16 “(1) develop a network to improve coordination
17 and increase access to maternal health care and as-
18 sist pregnant women in the areas described in sub-
19 section (a) with accessing and utilizing maternal and
20 obstetric care, including health care services related
21 to prenatal care, labor care, birthing, and
22 postpartum care to improve outcomes in birth and
23 maternal mortality and morbidity;

24 “(2) identify and implement evidence-based and
25 sustainable delivery models for maternal and obstet-

1 ric care (including health care services related to
2 prenatal care, labor care, birthing, and postpartum
3 care for women in the areas described in subsection
4 (a), including home visiting programs and culturally
5 appropriate care models that reduce health dispari-
6 ties;

7 “(3) develop a model for maternal health care
8 collaboration between health care settings to improve
9 access to care in areas described in subsection (a),
10 which may include the use of telehealth;

11 “(4) provide training for professionals in health
12 care settings that do not have specialty maternity
13 care;

14 “(5) collaborate with academic institutions that
15 can provide regional expertise and help identify bar-
16 riers to providing maternal health care, including
17 strategies for addressing such barriers; and

18 “(6) assess and address disparities in infant
19 and maternal health outcomes, including among ra-
20 cial and ethnic minority populations and underserved
21 populations in areas described in subsection (a).

22 “(c) DEFINITIONS.—In this section:

23 “(1) ELIGIBLE ENTITIES.—The term ‘eligible
24 entities’ means entities providing maternal health
25 care services in rural areas, frontier areas, or medi-

1 cally underserved areas, or to medically underserved
2 populations or Indian Tribes or Tribal organizations.

3 “(2) FRONTIER AREA.—The term ‘frontier
4 area’ means a frontier county, as defined in section
5 1886(d)(3)(E)(iii)(III) of the Social Security Act.

6 “(3) INDIAN TRIBES; TRIBAL ORGANIZATION.—
7 The terms ‘Indian Tribe’ and ‘Tribal organization’
8 have the meanings given the terms ‘Indian tribe’ and
9 ‘tribal organization’, respectively, in section 4 of the
10 Indian Self-Determination and Education Assistance
11 Act.

12 “(4) MATERNITY CARE HEALTH PROFESSIONAL
13 TARGET AREA.—The term ‘maternity care health
14 professional target area’ has the meaning described
15 in section 332(k)(2).

16 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 \$3,000,000 for each of fiscal years 2021 through 2025.”.

19 **SEC. 9. TELEHEALTH NETWORK AND TELEHEALTH RE-**
20 **SOURCE CENTERS GRANT PROGRAMS.**

21 Section 330I of the Public Health Service Act (42
22 U.S.C. 254c–14) is amended—

23 (1) in subsection (f)(3), by adding at the end
24 the following:

1 “(M) Providers of maternal care, including
 2 prenatal, labor care, birthing, and postpartum
 3 care services and entities operating obstetric
 4 care units.”; and

5 (2) in subsection (h)(1)(B), by inserting “labor
 6 care, birthing care, postpartum care,” before “or
 7 prenatal”.

8 **SEC. 10. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
 9 **ING DEMONSTRATION.**

10 Subpart 1 of part E of title VII of the Public Health
 11 Service Act (42 U.S.C. 294n et seq.) is amended by adding
 12 at the end the following:

13 **“SEC. 764. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
 14 **ING DEMONSTRATION.**

15 “(a) IN GENERAL.—The Secretary shall award
 16 grants to accredited schools of allopathic medicine, osteo-
 17 pathic medicine, and nursing, and other appropriate
 18 health professional training programs, to establish a train-
 19 ing demonstration program to support—

20 “(1) training for physicians, medical residents,
 21 fellows, nurse practitioners, physician assistants,
 22 nurses, certified nurse midwives, relevant home vis-
 23 iting workforce professionals and paraprofessionals,
 24 or other professionals who meet relevant State train-
 25 ing and licensing requirements, as applicable, to pro-

1 vide maternal health care services in rural commu-
2 nity-based settings; and

3 “(2) developing recommendations for such
4 training programs.

5 “(b) APPLICATION.—To be eligible to receive a grant
6 under subsection (a), an entity shall submit to the Sec-
7 retary an application at such time, in such manner, and
8 containing such information as the Secretary may require.

9 “(c) ACTIVITIES.—

10 “(1) TRAINING FOR HEALTH CARE PROFES-
11 SIONALS.—A recipient of a grant under subsection
12 (a)—

13 “(A) shall use the grant funds to plan, de-
14 velop, and operate a training program to pro-
15 vide maternal health care in rural areas; and

16 “(B) may use the grant funds to provide
17 additional support for the administration of the
18 program or to meet the costs of projects to es-
19 tablish, maintain, or improve faculty develop-
20 ment, or departments, divisions, or other units
21 necessary to implement such training.

22 “(2) TRAINING PROGRAM REQUIREMENTS.—
23 The recipient of a grant under subsection (a) shall
24 ensure that training programs carried out under the
25 grant are evidence-based and address improving ma-

1 ternal health care in rural areas, and such programs
2 may include training on topics such as—

3 “(A) maternal mental health, including
4 perinatal depression and anxiety;

5 “(B) substance use disorders;

6 “(C) social determinants of health that af-
7 fect individuals living in rural areas; and

8 “(D) implicit and explicit bias.

9 “(d) EVALUATION AND REPORT.—

10 “(1) EVALUATION.—

11 “(A) IN GENERAL.—The Secretary shall
12 evaluate the outcomes of the demonstration
13 program under this section.

14 “(B) DATA SUBMISSION.—Recipients of a
15 grant under subsection (a) shall submit to the
16 Secretary performance metrics and other re-
17 lated data in order to evaluate the program for
18 the report described in paragraph (2).

19 “(2) REPORT TO CONGRESS.—Not later than
20 January 1, 2025, the Secretary shall submit to the
21 Committee on Health, Education, Labor, and Pen-
22 sions of the Senate and the Committee on Energy
23 and Commerce of the House of Representatives a re-
24 port that includes—

8 “(B) an analysis of maternal and infant
9 health outcomes (including quality of care, mor-
10 bidity, and mortality) before and after imple-
11 mentation of the program in the communities
12 served by entities participating in the dem-
13 onstration program; and

14 “(C) recommendations on whether the
15 demonstration program should be continued.

16 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 \$5,000,000 for each of fiscal years 2021 through 2025.”.

Passed the House of Representatives September 21,
2020.

Attest: CHERYL L. JOHNSON,
Clerk.