

Union Calendar No. 414

116TH CONGRESS
2^D SESSION

H. R. 4995

[Report No. 116–514]

To amend the Public Health Service Act to improve obstetric care and maternal health outcomes, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 8, 2019

Mr. ENGEL (for himself, Mr. BUCSHON, Ms. TORRES SMALL of New Mexico, Mr. LATTA, Ms. ADAMS, and Mr. STIVERS) introduced the following bill; which was referred to the Committee on Energy and Commerce

SEPTEMBER 17, 2020

Additional sponsors: Mr. CARSON of Indiana, Ms. KELLY of Illinois, Ms. HERRERA BEUTLER, Mr. MARSHALL, Mr. BURGESS, Mr. WALDEN, Mrs. HAYES, Mr. O'HALLERAN, Ms. KUSTER of New Hampshire, Mr. GUTHRIE, Mr. TRONE, Ms. CRAIG, Mr. FITZPATRICK, Ms. SCHAKOWSKY, Mr. CASTEN of Illinois, Mr. CUNNINGHAM, Ms. NORTON, Ms. UNDERWOOD, Mr. MCGOVERN, Ms. FINKENAUER, Mr. MORELLE, Ms. HOULAHAN, Ms. GABBARD, Mr. RUIZ, Mrs. NAPOLITANO, and Mr. LEVIN of Michigan

SEPTEMBER 17, 2020

Reported with an amendment; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in *italic*]

[For text of introduced bill, see copy of bill as introduced on November 8, 2019]

A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Maternal Health Qual-*
 5 *ity Improvement Act of 2019”.*

6 **SEC. 2. TABLE OF CONTENTS.**

7 *The table of contents for this Act is as follows:*

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—IMPROVING OBSTETRIC CARE IN RURAL AREAS

Sec. 101. Improving rural maternal and obstetric care data.

Sec. 102. Rural obstetric network grants.

Sec. 103. Telehealth network and telehealth resource centers grant programs.

Sec. 104. Rural maternal and obstetric care training demonstration.

Sec. 105. GAO report.

TITLE II—OTHER IMPROVEMENTS TO MATERNAL CARE

Sec. 201. Innovation for maternal health.

Sec. 202. Training for health care providers.

Sec. 203. Study on training to reduce and prevent discrimination.

Sec. 204. Perinatal quality collaboratives.

Sec. 205. Integrated services for pregnant and postpartum women.

8 **TITLE I—IMPROVING OBSTETRIC**
 9 **CARE IN RURAL AREAS**

10 **SEC. 101. IMPROVING RURAL MATERNAL AND OBSTETRIC**

11 **CARE DATA.**

12 *(a) MATERNAL MORTALITY AND MORBIDITY ACTIVI-*
 13 *TIES.—Section 301 of the Public Health Service Act (42*
 14 *U.S.C. 241) is amended—*

15 *(1) by redesignating subsections (e) through (h)*
 16 *as subsections (f) through (i), respectively; and*

1 (2) by inserting after subsection (d), the fol-
2 lowing:

3 “(e) *The Secretary, acting through the Director of the*
4 *Centers for Disease Control and Prevention, shall expand,*
5 *intensify, and coordinate the activities of the Centers for*
6 *Disease Control and Prevention with respect to maternal*
7 *mortality and morbidity.”.*

8 (b) *OFFICE OF WOMEN’S HEALTH.—Section*
9 *310A(b)(1) of the Public Health Service Act (42 U.S.C.*
10 *242s(b)(1)) is amended by inserting “sociocultural, includ-*
11 *ing among American Indians and Alaska Natives, as such*
12 *terms are defined in section 4 of the Indian Health Care*
13 *Improvement Act, geographic,” after “biological,”.*

14 (c) *SAFE MOTHERHOOD.—Section 317K of the Public*
15 *Health Service Act (42 U.S.C. 247b–12) is amended—*

16 (1) *in subsection (a)(2)(A), by inserting before*
17 *the period at the end the following: “, including im-*
18 *proving collection of data on race, ethnicity, and*
19 *other demographic information”;* and

20 (2) *in subsection (b)(2)—*

21 (A) *in subparagraph (L), by striking “and”*
22 *at the end;*

23 (B) *by redesignating subparagraph (M) as*
24 *subparagraph (N); and*

1 (C) by inserting after subparagraph (L), the
2 following:

3 “(M) an examination of the relationship be-
4 tween maternal and obstetric services in rural
5 areas and outcomes in delivery and postpartum
6 care; and”.

7 (d) *OFFICE OF RESEARCH ON WOMEN’S HEALTH.*—
8 Section 486 of the Public Health Service Act (42 U.S.C.
9 287d) is amended—

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

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

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

16 “(B) pregnancy, with priority given to
17 deaths related to pregnancy;”; and

18 (2) in subsection (d)(4)(A)(iv), by inserting “,
19 including maternal mortality and other maternal
20 morbidity outcomes” before the semicolon.

21 **SEC. 102. RURAL OBSTETRIC NETWORK GRANTS.**

22 The Public Health Service Act is amended by inserting
23 after section 330A–1 of such Act (42 U.S.C. 254c–1a) the
24 following:

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

2 “(a) *PROGRAM ESTABLISHED.*—*The Secretary, acting*
3 *through the Administrator of the Health Resources and*
4 *Services Administration, shall award grants to eligible enti-*
5 *ties to establish collaborative improvement and innovation*
6 *networks (referred to in this section as ‘rural obstetric net-*
7 *works’)* *to improve birth outcomes and reduce maternal*
8 *morbidity and mortality by improving maternity care and*
9 *access to care in rural areas, frontier areas, maternity care*
10 *health professional target areas, and Indian country and*
11 *with Indian Tribes and tribal organizations.*

12 “(b) *USE OF FUNDS.*—*Rural obstetric networks receiv-*
13 *ing funds pursuant to this section may use such funds to—*

14 “(1) *assist pregnant women and individuals in*
15 *areas and within populations referenced in subsection*
16 *(a) with accessing and utilizing maternal and obstet-*
17 *ric care, including preconception, pregnancy, labor*
18 *and delivery, postpartum, and interconception serv-*
19 *ices to improve outcomes in birth and maternal mor-*
20 *tality and morbidity;*

21 “(2) *identify successful delivery models for ma-*
22 *ternal and obstetric care (including preconception,*
23 *pregnancy, labor and delivery, postpartum, and*
24 *interconception services) for individuals in areas and*
25 *within populations referenced by subsection (a), in-*
26 *cluding evidence-based home visiting programs and*

1 *successful, culturally competent models with positive*
2 *maternal health outcomes that advance health equity;*

3 *“(3) develop a model for collaboration between*
4 *health facilities that have an obstetric care unit and*
5 *health facilities that do not have an obstetric care*
6 *unit to improve access to and the delivery of obstetric*
7 *services in communities lacking these services;*

8 *“(4) provide training and guidance on obstetric*
9 *care for health facilities that do not have obstetric*
10 *care units;*

11 *“(5) collaborate with academic institutions that*
12 *can provide regional expertise and research on access,*
13 *outcomes, needs assessments, and other identified data*
14 *and measurement activities needed to inform rural*
15 *obstetric network efforts to improve obstetric care; and*

16 *“(6) measure and address inequities in birth out-*
17 *comes among rural residents, with an emphasis on*
18 *racial and ethnic minorities and underserved popu-*
19 *lations.*

20 *“(c) DEFINITIONS.—In this section:*

21 *“(1) ELIGIBLE ENTITIES.—The term ‘eligible en-*
22 *tities’ means entities providing obstetric, gynecologic,*
23 *and other maternal health care services in rural*
24 *areas, frontier areas, or medically underserved areas,*
25 *or to medically underserved populations or Native*

1 *Americans, including Indian tribes or tribal organi-*
2 *zations.*

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

6 “(3) *INDIAN COUNTRY.*—*The term ‘Indian coun-*
7 *try’ has the meaning given such term in section 1151*
8 *of title 18, United States Code.*

9 “(4) *MATERNITY CARE HEALTH PROFESSIONAL*
10 *TARGET AREA.*—*The term ‘maternity care health pro-*
11 *fessional target area’ has the meaning of such term as*
12 *used in section 332(k)(2).*

13 “(5) *RURAL AREA.*—*The term ‘rural area’ has*
14 *the meaning given that term in section 1886(d)(2) of*
15 *the Social Security Act.*

16 “(6) *INDIAN TRIBES; TRIBAL ORGANIZATION.*—
17 *The terms ‘Indian Tribe’ and ‘tribal organization’*
18 *have the meaning given such terms in section 4 of the*
19 *Indian Self-Determination and Education Assistance*
20 *Act.*

21 “(d) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
22 *authorized to be appropriated to carry out this section*
23 *\$3,000,000 for each of fiscal years 2020 through 2024.”.*

1 **SEC. 103. TELEHEALTH NETWORK AND TELEHEALTH RE-**
2 **SOURCE CENTERS GRANT PROGRAMS.**

3 *Section 330I of the Public Health Service Act (42*
4 *U.S.C. 254c-14) is amended—*

5 *(1) in subsection (f)(1)(B)(iii), by adding at the*
6 *end the following:*

7 *“(XIII) Providers of maternal, in-*
8 *cluding prenatal, labor and birth, and*
9 *postpartum care services and entities*
10 *operating obstetric care units.”; and*

11 *(2) in subsection (i)(1)(B), by inserting “labor*
12 *and birth, postpartum,” before “or prenatal”.*

13 **SEC. 104. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
14 **ING DEMONSTRATION.**

15 *Subpart 1 of part E of title VII of the Public Health*
16 *Service Act is amended by inserting after section 760 (42*
17 *U.S.C. 294n et seq.), as amended by section 202, is amended*
18 *by adding at the end the following:*

19 **“SEC. 764. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
20 **ING DEMONSTRATION.**

21 *“(a) IN GENERAL.—The Secretary shall establish a*
22 *training demonstration program to award grants to eligible*
23 *entities to support—*

24 *“(1) training for physicians, medical residents,*
25 *including family medicine and obstetrics and gynecology*

1 *cology residents, and fellows to practice maternal and*
2 *obstetric medicine in rural community-based settings;*

3 *“(2) training for nurse practitioners, physician*
4 *assistants, nurses, certified nurse midwives, home vis-*
5 *iting nurses and non-clinical home visiting workforce*
6 *professionals and paraprofessionals, or non-clinical*
7 *professionals, who meet applicable State training and*
8 *licensing requirements, to provide maternal care serv-*
9 *ices in rural community-based settings; and*

10 *“(3) establishing, maintaining, or improving*
11 *academic units or programs that—*

12 *“(A) provide training for students or fac-*
13 *ulty, including through clinical experiences and*
14 *research, to improve maternal care in rural*
15 *areas; or*

16 *“(B) develop evidence-based practices or rec-*
17 *ommendations for the design of the units or pro-*
18 *grams described in subparagraph (A), including*
19 *curriculum content standards.*

20 *“(b) ACTIVITIES.—*

21 *“(1) TRAINING FOR MEDICAL RESIDENTS AND*
22 *FELLOWS.—A recipient of a grant under subsection*
23 *(a)(1)—*

24 *“(A) shall use the grant funds—*

1 “(i) to plan, develop, and operate a
2 training program to provide obstetric care
3 in rural areas for family practice or obstet-
4 rics and gynecology residents and fellows; or

5 “(ii) to train new family practice or
6 obstetrics and gynecology residents and fel-
7 lows in maternal and obstetric health care
8 to provide and expand access to maternal
9 and obstetric health care in rural areas;
10 and

11 “(B) may use the grant funds to provide
12 additional support for the administration of the
13 program or to meet the costs of projects to estab-
14 lish, maintain, or improve faculty development,
15 or departments, divisions, or other units nec-
16 essary to implement such training.

17 “(2) TRAINING FOR OTHER PROVIDERS.—A re-
18 cipient of a grant under subsection (a)(2)—

19 “(A) shall use the grant funds to plan, de-
20 velop, or operate a training program to provide
21 maternal health care services in rural, commu-
22 nity-based settings; and

23 “(B) may use the grant funds to provide
24 additional support for the administration of the
25 program or to meet the costs of projects to estab-

1 *lish, maintain, or improve faculty development,*
2 *or departments, divisions, or other units nec-*
3 *essary to implement such program.*

4 “(3) *TRAINING PROGRAM REQUIREMENTS.*—*The*
5 *recipient of a grant under subsection (a)(1) or (a)(2)*
6 *shall ensure that training programs carried out under*
7 *the grant are evidence-based and include instruction*
8 *on—*

9 “(A) *maternal mental health, including*
10 *perinatal depression and anxiety;*

11 “(B) *maternal substance use disorder;*

12 “(C) *social determinants of health that im-*
13 *pect individuals living in rural communities,*
14 *including poverty, social isolation, access to nu-*
15 *trition, education, transportation, and housing;*
16 *and*

17 “(D) *implicit bias.*

18 “(c) *ELIGIBLE ENTITIES.*—

19 “(1) *TRAINING FOR MEDICAL RESIDENTS AND*
20 *FELLOWS.*—*To be eligible to receive a grant under*
21 *subsection (a)(1), an entity shall—*

22 “(A) *be a consortium consisting of—*

23 “(i) *at least one teaching health center;*

24 *or*

1 “(ii) the sponsoring institution (or
2 parent institution of the sponsoring institu-
3 tion) of—

4 “(I) an obstetrics and gynecology
5 or family medicine residency program
6 that is accredited by the Accreditation
7 Council of Graduate Medical Edu-
8 cation (or the parent institution of
9 such a program); or

10 “(II) a fellowship in maternal or
11 obstetric medicine, as determined ap-
12 propriate by the Secretary; or

13 “(B) be an entity described in subpara-
14 graph (A)(ii) that provides opportunities for
15 medical residents or fellows to train in rural
16 community-based settings.

17 “(2) TRAINING FOR OTHER PROVIDERS.—To be
18 eligible to receive a grant under subsection (a)(2), an
19 entity shall be—

20 “(A) a teaching health center (as defined in
21 section 749A(f));

22 “(B) a federally qualified health center (as
23 defined in section 1905(l)(2)(B) of the Social Se-
24 curity Act);

1 “(C) a community mental health center (as
2 defined in section 1861(ff)(3)(B) of the Social
3 Security Act);

4 “(D) a rural health clinic (as defined in
5 section 1861(aa) of the Social Security Act);

6 “(E) a freestanding birth center (as defined
7 in section 1905(l)(3) of the Social Security Act);
8 or

9 “(F) an Indian Health Program or a Na-
10 tive Hawaiian health care system (as such terms
11 are defined in section 4 of the Indian Health
12 Care Improvement Act and section 12 of the Na-
13 tive Hawaiian Health Care Improvement Act,
14 respectively).

15 “(3) ACADEMIC UNITS OR PROGRAMS.—To be eli-
16 gible to receive a grant under subsection (a)(3), an
17 entity shall be a school of medicine, a school of osteo-
18 pathic medicine, a school of nursing (as defined in
19 section 801), a physician assistant education pro-
20 gram, an accredited public or nonprofit private hos-
21 pital, an accredited medical residency training pro-
22 gram, a school accredited by the Midwifery Education
23 and Accreditation Council, by the Accreditation Com-
24 mission for Midwifery Education, or by the American
25 Midwifery Certification Board, or a public or private

1 *nonprofit educational entity which the Secretary has*
2 *determined is capable of carrying out such grant.*

3 “(4) *APPLICATION.*—*To be eligible to receive a*
4 *grant under subsection (a), an entity shall submit to*
5 *the Secretary an application at such time, in such*
6 *manner, and containing such information as the Sec-*
7 *retary may require, including an estimate of the*
8 *amount to be expended to conduct training activities*
9 *under the grant (including ancillary and administra-*
10 *tive costs).*

11 “(d) *STUDY AND REPORT.*—

12 “(1) *STUDY.*—

13 “(A) *IN GENERAL.*—*The Secretary, acting*
14 *through the Administrator of the Health Re-*
15 *sources and Services Administration, shall con-*
16 *duct a study on the results of the demonstration*
17 *program under this section.*

18 “(B) *DATA SUBMISSION.*—*Not later than 90*
19 *days after the completion of the first year of the*
20 *training program, and each subsequent year for*
21 *the duration of the grant, that the program is in*
22 *effect, each recipient of a grant under subsection*
23 *(a) shall submit to the Secretary such data as*
24 *the Secretary may require for analysis for the re-*
25 *port described in paragraph (2).*

1 “(2) *REPORT TO CONGRESS.*—Not later than 1
2 *year after receipt of the data described in paragraph*
3 *(1)(B), the Secretary shall submit to the Committee*
4 *on Energy and Commerce of the House of Representa-*
5 *tives and the Committee on Health, Education,*
6 *Labor, and Pensions of the Senate a report that in-*
7 *cludes—*

8 “(A) *an analysis of the effect of the dem-*
9 *onstration program under this section on the*
10 *quality, quantity, and distribution of maternal*
11 *(including prenatal, labor and birth, and*
12 *postpartum) care services and the demographics*
13 *of the recipients of those services;*

14 “(B) *an analysis of maternal and infant*
15 *health outcomes (including quality of care, mor-*
16 *bidity, and mortality) before and after imple-*
17 *mentation of the program in the communities*
18 *served by entities participating in the dem-*
19 *onstration; and*

20 “(C) *recommendations on whether the dem-*
21 *onstration program should be expanded.*

22 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
23 *authorized to be appropriated to carry out this section,*
24 *\$5,000,000 for each of fiscal years 2020 through 2024.”.*

1 **SEC. 105. GAO REPORT.**

2 *Not later than 18 months after the date of enactment*
3 *of this Act, the Comptroller General of the United States*
4 *shall submit to the Committee on Energy and Commerce*
5 *of the House of Representatives and the Committee on*
6 *Health, Education, Labor, and Pensions of the Senate a*
7 *report on maternal care in rural areas, including prenatal,*
8 *labor and birth, and postpartum care in rural areas. Such*
9 *report shall include the following:*

10 (1) *Trends in data that may identify potential*
11 *gaps in maternal and obstetric clinicians and health*
12 *professionals, including non-clinical professionals.*

13 (2) *Trends in the number of facilities able to*
14 *provide maternal care, including prenatal, labor and*
15 *birth, and postpartum care, in rural areas, including*
16 *care for high-risk pregnancies.*

17 (3) *The gaps in data on maternal mortality and*
18 *morbidity and recommendations to standardize the*
19 *format on collecting data related to maternal mor-*
20 *tality and morbidity.*

21 (4) *The gaps in maternal health outcomes by*
22 *race and ethnicity in rural communities, with a focus*
23 *on racial inequities for residents who are racial and*
24 *ethnic minorities or members of underserved popu-*
25 *lations.*

26 (5) *An examination of—*

1 (A) activities which the Secretary of Health
2 and Human Services plans to conduct to im-
3 prove maternal care in rural areas, including
4 prenatal, labor and birth, and postpartum care;
5 and

6 (B) the extent to which the Secretary has a
7 plan for completing these activities, has identi-
8 fied the lead agency responsible for each activity,
9 has identified any needed coordination among
10 agencies, and has developed a budget for con-
11 ducting such activities.

12 (6) Other information that the Comptroller Gen-
13 eral determines appropriate.

14 **TITLE II—OTHER IMPROVE-**
15 **MENTS TO MATERNAL CARE**

16 **SEC. 201. INNOVATION FOR MATERNAL HEALTH.**

17 *The Public Health Service Act is amended—*

18 (1) *in the section designation of section 330M*
19 *(42 U.S.C. 254c-19) by inserting a period after*
20 *“330M”; and*

21 (2) *by inserting after such section 330M the fol-*
22 *lowing:*

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

24 **“(a) IN GENERAL.—***The Secretary, in consultation*
25 *with experts representing a variety of clinical specialties,*

1 *State, tribal, or local public health officials, researchers,*
2 *epidemiologists, statisticians, and community organiza-*
3 *tions, shall establish or continue a program to award com-*
4 *petitive grants to eligible entities for the purpose of—*

5 “(1) *identifying, developing, or disseminating*
6 *best practices to improve maternal health care quality*
7 *and outcomes, eliminate preventable maternal mor-*
8 *tality and severe maternal morbidity, and improve*
9 *infant health outcomes, which may include—*

10 “(A) *information on evidence-based prac-*
11 *tices to improve the quality and safety of mater-*
12 *nal health care in hospitals and other health care*
13 *settings of a State or health care system, includ-*
14 *ing by addressing topics commonly associated*
15 *with health complications or risks related to pre-*
16 *natal care, labor care, birthing, and postpartum*
17 *care;*

18 “(B) *best practices for improving maternal*
19 *health care based on data findings and reviews*
20 *conducted by a State maternal mortality review*
21 *committee that address topics of relevance to*
22 *common complications or health risks related to*
23 *prenatal care, labor care, birthing, and post-*
24 *partum care; and*

1 “(C) information on addressing deter-
2 minants of health that impact maternal health
3 outcomes for women before, during, and after
4 pregnancy;

5 “(2) collaborating with State maternal mortality
6 review committees to identify issues for the develop-
7 ment and implementation of evidence-based practices
8 to improve maternal health outcomes and reduce pre-
9 ventable maternal mortality and severe maternal
10 morbidity;

11 “(3) providing technical assistance and sup-
12 porting the implementation of best practices identi-
13 fied in paragraph (1) to entities providing health
14 care services to pregnant and postpartum women; and

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

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

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

24 “(2) demonstrate in such application that the
25 entity is capable of carrying out data-driven mater-

1 *nal safety and quality improvement initiatives in the*
2 *areas of obstetrics and gynecology or maternal health.*

3 “(c) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
4 *out this section, there is authorized to be appropriated*
5 *\$10,000,000 for each of fiscal years 2020 through 2024.”.*

6 **SEC. 202. TRAINING FOR HEALTH CARE PROVIDERS.**

7 *Title VII of the Public Health Service Act is amended*
8 *by striking section 763 (42 U.S.C. 294p) and inserting the*
9 *following:*

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

11 “(a) *GRANT PROGRAM.—The Secretary shall establish*
12 *a program to award grants to accredited schools of*
13 *allopathic medicine, osteopathic medicine, and nursing,*
14 *and other health professional training programs for the*
15 *training of health care professionals to reduce and prevent*
16 *discrimination (including training related to implicit and*
17 *explicit biases) in the provision of health care services re-*
18 *lated to prenatal care, labor care, birthing, and postpartum*
19 *care.*

20 “(b) *ELIGIBILITY.—To be eligible for a grant under*
21 *subsection (a), an entity described in such subsection shall*
22 *submit to the Secretary an application at such time, in*
23 *such manner, and containing such information as the Sec-*
24 *retary may require.*

1 “(c) *REPORTING REQUIREMENT.*—*Each entity award-*
2 *ed a grant under this section shall periodically submit to*
3 *the Secretary a report on the status of activities conducted*
4 *using the grant, including a description of the impact of*
5 *such training on patient outcomes, as applicable.*

6 “(d) *BEST PRACTICES.*—*The Secretary may identify*
7 *and disseminate best practices for the training of health*
8 *care professionals to reduce and prevent discrimination (in-*
9 *cluding training related to implicit and explicit biases) in*
10 *the provision of health care services related to prenatal care,*
11 *labor care, birthing, and postpartum care.*

12 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*
13 *out this section, there is authorized to be appropriated*
14 *\$5,000,000 for each of fiscal years 2020 through 2024.”.*

15 **SEC. 203. STUDY ON TRAINING TO REDUCE AND PREVENT**
16 **DISCRIMINATION.**

17 *Not later than 2 years after date of enactment of this*
18 *Act, the Secretary of Health and Human Services (referred*
19 *to in this section as the “Secretary”) shall, through a con-*
20 *tract with an independent research organization, conduct*
21 *a study and make recommendations for accredited schools*
22 *of allopathic medicine, osteopathic medicine, and nursing,*
23 *and other health professional training programs, on best*
24 *practices related to training to reduce and prevent dis-*
25 *crimination, including training related to implicit and ex-*

1 *plicit biases, in the provision of health care services related*
2 *to prenatal care, labor care, birthing, and postpartum care.*

3 **SEC. 204. PERINATAL QUALITY COLLABORATIVES.**

4 *(a) GRANTS.—Section 317K(a)(2) of the Public Health*
5 *Service Act (42 U.S.C. 247b–12(a)(2)) is amended by add-*
6 *ing at the end the following:*

7 *“(E)(i) The Secretary, acting through the*
8 *Director of the Centers for Disease Control and*
9 *Prevention and in coordination with other offices*
10 *and agencies, as appropriate, shall establish or*
11 *continue a competitive grant program for the es-*
12 *tablishment or support of perinatal quality*
13 *collaboratives to improve perinatal care and*
14 *perinatal health outcomes for pregnant and*
15 *postpartum women and their infants. A State,*
16 *Indian Tribe, or tribal organization may use*
17 *funds received through such grant to—*

18 *“(I) support the use of evidence-based*
19 *or evidence-informed practices to improve*
20 *outcomes for maternal and infant health;*

21 *“(II) work with clinical teams; experts;*
22 *State, local, and, as appropriate, tribal*
23 *public health officials; and stakeholders, in-*
24 *cluding patients and families, to identify,*

1 develop, or disseminate best practices to im-
2 prove perinatal care and outcomes; and

3 “(III) employ strategies that provide
4 opportunities for health care professionals
5 and clinical teams to collaborate across
6 health care settings and disciplines, includ-
7 ing primary care and mental health, as ap-
8 propriate, to improve maternal and infant
9 health outcomes, which may include the use
10 of data to provide timely feedback across
11 hospital and clinical teams to inform re-
12 sponses, and to provide support and train-
13 ing to hospital and clinical teams for qual-
14 ity improvement, as appropriate.

15 “(i) To be eligible for a grant under clause
16 (i), an entity shall submit to the Secretary an
17 application in such form and manner and con-
18 taining such information as the Secretary may
19 require.”.

20 (b) *AUTHORIZATION OF APPROPRIATIONS.*—Section
21 317K(f) of the Public Health Service Act (42 U.S.C. 247b–
22 12(f)) is amended by striking “\$58,000,000 for each of fiscal
23 years 2019 through 2023” and inserting “\$65,000,000 for
24 each of fiscal years 2020 through 2024”.

1 **SEC. 205. INTEGRATED SERVICES FOR PREGNANT AND**
2 **POSTPARTUM WOMEN.**

3 (a) *GRANTS.*—*The Public Health Service Act is*
4 *amended by inserting after section 330N of such Act, as*
5 *added by section 201, the following:*

6 **“SEC. 330O. INTEGRATED SERVICES FOR PREGNANT AND**
7 **POSTPARTUM WOMEN.**

8 “(a) *IN GENERAL.*—*The Secretary may award grants*
9 *for the purpose of establishing or operating evidence-based*
10 *or innovative, evidence-informed programs to deliver inte-*
11 *grated health care services to pregnant and postpartum*
12 *women to optimize the health of women and their infants,*
13 *including—*

14 “(1) *to reduce adverse maternal health outcomes,*
15 *pregnancy-related deaths, and related health dispari-*
16 *ties (including such disparities associated with racial*
17 *and ethnic minority populations); and*

18 “(2) *as appropriate, by addressing issues re-*
19 *searched under section 317K(b)(2).*

20 “(b) **INTEGRATED SERVICES FOR PREGNANT AND**
21 **POSTPARTUM WOMEN.**—

22 “(1) *ELIGIBILITY.*—*To be eligible to receive a*
23 *grant under subsection (a), a State, Indian Tribe, or*
24 *tribal organization (as such terms are defined in sec-*
25 *tion 4 of the Indian Self-Determination and Edu-*
26 *cation Assistance Act) shall work with relevant stake-*

1 holders that coordinate care (including coordinating
2 resources and referrals for health care and social serv-
3 ices) to develop and carry out the program, includ-
4 ing—

5 “(A) State, Tribal, and local agencies re-
6 sponsible for Medicaid, public health, social serv-
7 ices, mental health, and substance use disorder
8 treatment and services;

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

11 “(C) community-based health organizations
12 and health workers, including providers of home
13 visiting services and individuals representing
14 communities with disproportionately high rates
15 of maternal mortality and severe maternal mor-
16 bidity, and including those representing racial
17 and ethnicity minority populations.

18 “(2) TERMS.—

19 “(A) PERIOD.—A grant awarded under
20 subsection (a) shall be made for a period of 5
21 years. Any supplemental award made to a
22 grantee under subsection (a) may be made for a
23 period of less than 5 years.

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

1 “(i) give preference to States, Indian
2 Tribes, and tribal organizations that have
3 the highest rates of maternal mortality and
4 severe maternal morbidity relative to other
5 such States, Indian Tribes, or tribal organi-
6 zations, respectively; and

7 “(ii) shall consider health disparities
8 related to maternal mortality and severe
9 maternal morbidity, including such dispari-
10 ties associated with racial and ethnic mi-
11 nority populations.

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

16 “(D) EVALUATION.—The Secretary shall re-
17 quire grantees to evaluate the outcomes of the
18 programs supported under the grant.

19 “(c) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there is authorized to be appropriated
21 \$15,000,000 for each of fiscal years 2020 through 2024.”.

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

24 (1) REPORT.—Not later than February 1, 2026,
25 the Secretary of Health and Human Services shall

1 submit to the Committee on Energy and Commerce of
2 the House of Representatives and the Committee on
3 Health, Education, Labor, and Pensions of the Senate
4 a report that describes—

5 (A) the outcomes of the activities supported
6 by the grants awarded under the amendments
7 made by this section on maternal and child
8 health;

9 (B) best practices and models of care used
10 by recipients of grants under such amendments;
11 and

12 (C) obstacles identified by recipients of
13 grants under such amendments, and strategies
14 used by such recipients to deliver care, improve
15 maternal and child health, and reduce health
16 disparities.

17 (2) *DISSEMINATION OF BEST PRACTICES.*—Not
18 later than August 1, 2026, the Secretary of Health
19 and Human Services shall disseminate information
20 on best practices and models of care used by recipi-
21 ents of grants under section 3300 of the Public
22 Health Service Act (as added by this section) (includ-
23 ing best practices and models of care relating to the
24 reduction of health disparities, including such dis-
25 parities associated with racial and ethnic minority

1 *populations, in rates of maternal mortality and se-*
2 *vere maternal morbidity) to relevant stakeholders,*
3 *which may include health providers, medical schools,*
4 *nursing schools, relevant State, tribal, and local agen-*
5 *cies, and the general public.*

Union Calendar No. 414

116TH CONGRESS
2^D Session

H. R. 4995

[Report No. 116-514]

A BILL

To amend the Public Health Service Act to improve obstetric care and maternal health outcomes, and for other purposes.

SEPTEMBER 17, 2020

Reported with an amendment; committed to the Committee of the Whole House on the State of the Union and ordered to be printed