

116TH CONGRESS
1ST SESSION

S. 2586

To improve maternal health care.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 26, 2019

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

A BILL

To improve maternal health care.

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 Outcomes
5 Matter Act of 2019” or the “MOM Act”.

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

7 Title III of the Public Health Service Act is amended
8 by inserting after section 330M of such Act (42 U.S.C.
9 254c–19) the following:

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

2 “(a) IN GENERAL.—The Secretary, in consultation
3 with experts representing a variety of clinical specialties,
4 State, Tribal, or local public health officials, researchers,
5 epidemiologists, statisticians, and community organiza-
6 tions, shall establish or continue a program to award com-
7 petitive grants to eligible entities for the purpose of—

8 “(1) identifying, developing, or disseminating
9 best practices to improve maternal health care qual-
10 ity and outcomes, eliminate preventable maternal
11 mortality and severe maternal morbidity, and im-
12 prove infant health outcomes, which may include—

13 “(A) information on evidence-based prac-
14 tices to improve the quality and safety of ma-
15 ternal health care in hospitals and other health
16 care settings of a State or health care system,
17 including by addressing topics commonly associ-
18 ated with health complications or risks related
19 to prenatal care, labor care, birthing, and
20 postpartum care;

21 “(B) best practices for improving maternal
22 health care based on data findings and reviews
23 conducted by a State maternal mortality review
24 committee that address topics of relevance to
25 common complications or health risks related to

1 prenatal care, labor care, birthing, and
 2 postpartum care; and

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

7 “(2) collaborating with State maternal mor-
 8 tality review committees to identify issues for the de-
 9 velopment and implementation of evidence-based
 10 practices to improve maternal health outcomes and
 11 reduce preventable maternal mortality and severe
 12 maternal morbidity;

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

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

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

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

4 “(2) demonstrate in such application that the
 5 entity is capable of carrying out data-driven mater-
 6 nal safety and quality improvement initiatives in the
 7 areas of obstetrics and gynecology or maternal
 8 health.

9 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
 10 carry out this section, there is authorized to be appro-
 11 priated such sums as may be necessary for each of fiscal
 12 years 2020 through 2024.”.

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

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

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

18 “(a) GRANT PROGRAM.—The Secretary shall estab-
 19 lish a program to award grants to accredited schools of
 20 allopathic medicine, osteopathic medicine, and nursing,
 21 and other health professional training programs for the
 22 training of health care professionals to reduce and prevent
 23 discrimination (including training related to implicit bi-
 24 ases) in the provision of health care services related to
 25 prenatal care, labor care, birthing, and postpartum care.

1 “(b) ELIGIBILITY.—To be eligible for a grant under
 2 subsection (a), an entity described in such subsection shall
 3 submit to the Secretary an application at such time, in
 4 such manner, and containing such information as the Sec-
 5 retary may require.

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

11 “(d) BEST PRACTICES.—The Secretary may identify
 12 and disseminate best practices for the training of health
 13 care professionals to reduce and prevent discrimination
 14 (including training related to implicit biases) in the provi-
 15 sion of health care services related to prenatal care, labor
 16 care, birthing, and postpartum care.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
 18 carry out this section, there is authorized to be appro-
 19 priated such sums as may be necessary for each of fiscal
 20 years 2020 through 2024.”.

21 **SEC. 4. STUDY ON TRAINING TO REDUCE AND PREVENT**
 22 **DISCRIMINATION.**

23 Not later than 2 years after date of enactment of this
 24 Act, the Secretary of Health and Human Services shall,
 25 through a contract with an independent research organiza-

tion, conduct a study and make recommendations for accredited schools of allopathic medicine, osteopathic medicine, and nursing, and other health professional training programs on best practices related to training to reduce and prevent discrimination, including training related to implicit biases, in the provision of health care services related to prenatal care, labor care, birthing, and postpartum care.

SEC. 5. PERINATAL QUALITY COLLABORATIVES.

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

“(E)(i) The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with other offices and agencies, as appropriate, shall establish or continue a competitive grant program for the establishment or support of perinatal quality collaboratives to improve perinatal care and perinatal health outcomes for pregnant and postpartum women and their infants. A State, Indian Tribe, or Tribal organization may use funds received through such grant to—

1 “(I) support the use of evidence-based
2 or evidence-informed practices to improve
3 outcomes for maternal and infant health;

4 “(II) work with clinical teams; ex-
5 perts; State, local, and, as appropriate,
6 Tribal public health officials; and stake-
7 holders, including patients and families, to
8 identify, develop, or disseminate best prac-
9 tices to improve perinatal care and out-
10 comes; and

11 “(III) employ strategies that provide
12 opportunities for health care professionals
13 and clinical teams to collaborate across
14 health care settings and disciplines, includ-
15 ing primary care and mental health, as ap-
16 propriate, to improve maternal and infant
17 health outcomes, which may include the
18 use of data to provide timely feedback
19 across hospital and clinical teams to in-
20 form responses, and to provide support
21 and training to hospital and clinical teams
22 for quality improvement, as appropriate.

23 “(ii) To be eligible for a grant under
24 clause (i), an entity shall submit to the Sec-
25 retary an application in such form and manner

1 and containing such information as the Sec-
2 retary may require.”.

3 **SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND**
4 **POSTPARTUM WOMEN.**

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

8 **“SEC. 330O. INTEGRATED SERVICES FOR PREGNANT AND**
9 **POSTPARTUM WOMEN.**

10 “(a) IN GENERAL.—The Secretary may award grants
11 for the purpose of establishing or operating evidence-based
12 or innovative, evidence-informed programs to deliver inte-
13 grated health care services to pregnant and postpartum
14 women to optimize the health of women and their infants,
15 including to reduce adverse maternal health outcomes,
16 pregnancy-related deaths, and related health disparities
17 (including such disparities associated with racial and eth-
18 nic minority populations), and, as appropriate, by address-
19 ing issues researched under subsection (b)(2) of section
20 317K.

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

23 “(1) ELIGIBILITY.—To be eligible to receive a
24 grant under subsection (a), a State, Indian Tribe, or
25 Tribal organization (as such terms are defined in

1 section 4 of the Indian Self-Determination and Edu-
2 cation Assistance Act) shall work with relevant
3 stakeholders that coordinate care (including coordi-
4 nating resources and referrals for health care and
5 social services) to develop and carry out the pro-
6 gram, including—

7 “(A) State, Tribal, and local agencies re-
8 sponsible for Medicaid, public health, social
9 services, mental health, and substance use dis-
10 order treatment and services;

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

13 “(C) community-based health organiza-
14 tions and health workers, including providers of
15 home visiting services and individuals rep-
16 resenting communities with disproportionately
17 high rates of maternal mortality and severe ma-
18 ternal morbidity, and including those rep-
19 resenting racial and ethnicity minority popu-
20 lations.

21 “(2) TERMS.—

22 “(A) PERIOD.—A grant awarded under
23 subsection (a) shall be made for a period of 5
24 years. Any supplemental award made to a

1 grantee under subsection (a) may be made for
2 a period of less than 5 years.

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

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

11 “(ii) shall consider health disparities
12 related to maternal mortality and severe
13 maternal morbidity, including such dispari-
14 ties associated with racial and ethnic mi-
15 nority populations.

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

20 “(D) EVALUATION.—The Secretary shall
21 require grantees to evaluate the outcomes of the
22 programs supported under the grant.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of fiscal years
 2 2020 through 2024.”.

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

5 (1) REPORT.—Not later than February 1,
 6 2026, the Secretary of Health and Human Services
 7 shall submit to the Committee on Health, Edu-
 8 cation, Labor, and Pensions of the Senate and the
 9 Committee on Energy and Commerce of the House
 10 of Representatives a report that describes—

11 (A) the outcomes of the activities sup-
 12 ported by the grants awarded under the amend-
 13 ments made by this section on maternal and
 14 child health;

15 (B) best practices and models of care used
 16 by recipients of grants under such amendments;
 17 and

18 (C) obstacles identified by recipients of
 19 grants under such amendments, and strategies
 20 used by such recipients to deliver care, improve
 21 maternal and child health, and reduce health
 22 disparities.

23 (2) DISSEMINATION OF BEST PRACTICES.—Not
 24 later than August 1, 2026, the Secretary of Health
 25 and Human Services shall disseminate information

1 on best practices and models of care used by recipi-
2 ents of grants under the amendments made by this
3 section (including best practices and models of care
4 relating to the reduction of health disparities, includ-
5 ing such disparities associated with racial and ethnic
6 minority populations, in rates of maternal mortality
7 and severe maternal morbidity) to relevant stake-
8 holders, which may include health providers, medical
9 schools, nursing schools, relevant State, Tribal, and
10 local agencies, and the general public.

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