

117TH CONGRESS  
1ST SESSION

# H. R. 4387

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

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## IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2021

Ms. KELLY of Illinois (for herself, Mr. BUCSHON, Ms. ADAMS, Mr. BURGESS, Mrs. HAYES, and Mr. LATTA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to improve maternal health, to improve obstetric care in rural areas, 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 2021”.

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—IMPROVEMENTS TO MATERNAL HEALTH CARE

- Sec. 101. Innovation for maternal health.  
 Sec. 102. Training for health care providers.  
 Sec. 103. Study on improving training for health care providers.  
 Sec. 104. Perinatal quality collaboratives.  
 Sec. 105. Integrated services for pregnant and postpartum women.  
 Sec. 106. Maternal vaccination awareness.

TITLE II—RURAL MATERNAL AND OBSTETRIC MODERNIZATION  
OF SERVICES

- Sec. 201. Improving rural maternal and obstetric care data.  
 Sec. 202. Rural obstetric network grants.  
 Sec. 203. Telehealth network and telehealth resource centers grant programs.  
 Sec. 204. Rural maternal and obstetric care training demonstration.

1       **TITLE I—IMPROVEMENTS TO**  
 2       **MATERNAL HEALTH CARE**

3       **SEC. 101. INNOVATION FOR MATERNAL HEALTH.**

4           Title III of the Public Health Service Act (42 U.S.C.  
 5 241 et seq.) is amended by inserting after section 330N  
 6 of such Act, the following:

7       **“SEC. 3300. INNOVATION FOR MATERNAL HEALTH.**

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

14           “(1) identifying, developing, or disseminating  
 15 best practices to improve maternal health care qual-  
 16 ity and outcomes, improve maternal and infant  
 17 health, and eliminate preventable maternal mortality  
 18 and severe maternal morbidity, which may include—

1           “(A) information on evidence-based prac-  
2           tices to improve the quality and safety of ma-  
3           ternal health care in hospitals and other health  
4           care settings of a State or health care system  
5           by addressing topics commonly associated with  
6           health complications or risks related to prenatal  
7           care, labor care, birthing, and postpartum care;

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

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

19          “(2) collaborating with State maternal mor-  
20          tality review committees to identify issues for the de-  
21          velopment and implementation of evidence-based  
22          practices to improve maternal health outcomes and  
23          reduce preventable maternal mortality and severe  
24          maternal morbidity, consistent with section 317K;

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

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

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

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

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

20          “(c) REPORT.—Not later than September 30, 2024,  
21 and every 2 years thereafter, the Secretary shall submit  
22 a report to Congress on the practices described in para-  
23 graphs (1) and (2) of subsection (a). Such report shall  
24 include a description of the extent to which such practices  
25 reduced preventable maternal mortality and severe mater-

1 nal morbidity, and whether such practices improved ma-  
2 ternal and infant health. The Secretary shall disseminate  
3 information on such practices, as appropriate.

4 “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
5 carry out this section, there are authorized to be appro-  
6 priated \$9,000,000 for each of fiscal years 2022 through  
7 2026.”.

8 **SEC. 102. TRAINING FOR HEALTH CARE PROVIDERS.**

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

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

13 “(a) GRANT PROGRAM.—The Secretary shall estab-  
14 lish a program to award grants to accredited schools of  
15 allopathic medicine, osteopathic medicine, and nursing,  
16 and other health professional training programs for the  
17 training of health care professionals to improve the provi-  
18 sion of prenatal care, labor care, birthing, and postpartum  
19 care for racial and ethnic minority populations, including  
20 with respect to perceptions and biases that may affect the  
21 approach to, and provision of, care.

22 “(b) ELIGIBILITY.—To be eligible for a grant under  
23 subsection (a), an entity described in such subsection shall  
24 submit to the Secretary an application at such time, in

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

3 “(c) REPORTING REQUIREMENTS.—

4 “(1) PERIODIC GRANTEE REPORTS.—Each enti-  
5 ty awarded a grant under this section shall periodi-  
6 cally submit to the Secretary a report on the status  
7 of activities conducted using the grant, including a  
8 description of the impact of such training on patient  
9 outcomes, as applicable.

10 “(2) REPORT TO CONGRESS.—Not later than  
11 September 30, 2025, the Secretary shall submit a  
12 report to Congress on the activities conducted using  
13 grants under subsection (a) and any best practices  
14 identified and disseminated under subsection (d).

15 “(d) BEST PRACTICES.—The Secretary may identify  
16 and disseminate best practices for the training described  
17 in subsection (a).

18 “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
19 carry out this section, there are authorized to be appro-  
20 priated \$5,000,000 for each of fiscal years 2022 through  
21 2026.”.

22 **SEC. 103. STUDY ON IMPROVING TRAINING FOR HEALTH**  
23 **CARE PROVIDERS.**

24 Not later than 2 years after date of enactment of this  
25 Act, the Secretary of Health and Human Services shall,

1 through a contract with an independent research organiza-  
2 tion, conduct a study and make recommendations for ac-  
3 credited schools of allopathic medicine, osteopathic medi-  
4 cine, and nursing, and other health professional training  
5 programs on best practices related to training to improve  
6 the provision of prenatal care, labor care, birthing, and  
7 postpartum care for racial and ethnic minority popu-  
8 lations, including with respect to perceptions and biases  
9 that may affect the approach to, and provision of, care.

10 **SEC. 104. PERINATAL QUALITY COLLABORATIVES.**

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

14 “(E)(i) The Secretary, acting through the Di-  
15 rector of the Centers for Disease Control and Pre-  
16 vention and in coordination with other offices and  
17 agencies, as appropriate, shall establish or continue  
18 a competitive grant program for the establishment  
19 or support of perinatal quality collaboratives to im-  
20 prove perinatal care and perinatal health outcomes  
21 for pregnant and postpartum women and their in-  
22 fants. A State, Indian Tribe, or Tribal organization  
23 may use funds received through such grant to—

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

4           “(II) work with clinical teams; experts;  
5 State, local, and, as appropriate, Tribal public  
6 health officials; and stakeholders, including pa-  
7 tients and families, to identify, develop, or dis-  
8 seminate best practices to improve perinatal  
9 care and outcomes; and

10           “(III) employ strategies that provide op-  
11 portunities for health care professionals and  
12 clinical teams to collaborate across health care  
13 settings and disciplines, including primary care  
14 and mental health, as appropriate, to improve  
15 maternal and infant health outcomes, which  
16 may include the use of data to provide timely  
17 feedback across hospital and clinical teams to  
18 inform responses, and to provide support and  
19 training to hospital and clinical teams for qual-  
20 ity improvement, as appropriate.

21           “(ii) To be eligible for a grant under clause (i),  
22 an entity shall submit to the Secretary an applica-  
23 tion in such form and manner and containing such  
24 information as the Secretary may require.”.

1 (b) REPORT TO CONGRESS.—Not later than Sep-  
2 tember 30, 2025, the Secretary of Health and Human  
3 Services shall submit to Congress a report regarding the  
4 activities conducted by recipients of grants under sub-  
5 section (a)(2)(E) of section 317K of the Public Health  
6 Service Act (42 U.S.C. 247b–12).

7 **SEC. 105. INTEGRATED SERVICES FOR PREGNANT AND**  
8 **POSTPARTUM WOMEN.**

9 (a) GRANTS.—Title III of the Public Health Service  
10 Act (42 U.S.C. 241 et seq.) is amended by inserting after  
11 section 330O of such Act, as added by section 101, the  
12 following:

13 **“SEC. 330P. INTEGRATED SERVICES FOR PREGNANT AND**  
14 **POSTPARTUM WOMEN.**

15 “(a) IN GENERAL.—The Secretary may award grants  
16 for the purpose of establishing or operating evidence-based  
17 or innovative, evidence-informed programs to deliver inte-  
18 grated health care services to pregnant and postpartum  
19 women to optimize the health of women and their infants,  
20 including to reduce adverse maternal health outcomes,  
21 pregnancy-related deaths, and related health disparities  
22 (including such disparities associated with racial and eth-  
23 nic minority populations), and, as appropriate, by address-  
24 ing issues researched under subsection (b)(2) of section  
25 317K.

1       “(b) INTEGRATED SERVICES FOR PREGNANT AND  
2 POSTPARTUM WOMEN.—

3               “(1) ELIGIBILITY.—To be eligible to receive a  
4 grant under subsection (a), a State, Indian Tribe, or  
5 Tribal organization (as such terms are defined in  
6 section 4 of the Indian Self-Determination and Edu-  
7 cation Assistance Act) shall work with relevant  
8 stakeholders that coordinate care to develop and  
9 carry out the program, including—

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

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

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

24               “(2) TERMS.—

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

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

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

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

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

22           “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
23 are authorized to be appropriated to carry out this section  
24 \$10,000,000 for each of fiscal years 2022 through 2026.”.

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

3 (1) REPORT.—Not later than February 1,  
4 2026, the Secretary of Health and Human Services  
5 shall submit to the Committee on Health, Edu-  
6 cation, Labor, and Pensions of the Senate and the  
7 Committee on Energy and Commerce of the House  
8 of Representatives a report that describes—

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

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

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

21 (2) DISSEMINATION OF BEST PRACTICES.—Not  
22 later than August 1, 2026, the Secretary of Health  
23 and Human Services shall disseminate information  
24 on best practices and models of care used by recipi-  
25 ents of grants under the amendments made by this

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

9 **SEC. 106. MATERNAL VACCINATION AWARENESS.**

10 In carrying out the public awareness initiative related  
11 to vaccinations pursuant to section 313 of the Public  
12 Health Service Act (42 U.S.C. 245), the Secretary of  
13 Health and Human Services shall take into consideration  
14 the importance of increasing awareness and knowledge of  
15 the safety and effectiveness of vaccines to prevent disease  
16 in pregnant and postpartum women and in infants and  
17 the need to improve vaccination rates in communities and  
18 populations with low rates of vaccination.

19 **TITLE II—RURAL MATERNAL**  
20 **AND OBSTETRIC MODERNIZA-**  
21 **TION OF SERVICES**

22 **SEC. 201. 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) 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 disaggregation of data (in a man-  
14 ner consistent with applicable State and Federal pri-  
15 vacy laws)” before 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(d)(4)(A)(iv) of the Public Health Service Act  
5 (42 U.S.C. 287d(d)(4)(A)(iv)) is amended by inserting “,  
6 including preventable maternal mortality and severe ma-  
7 ternal morbidity” before the semicolon.

8 **SEC. 202. RURAL OBSTETRIC NETWORK GRANTS.**

9 The Public Health Service Act is amended by insert-  
10 ing after section 330A–1 of such Act (42 U.S.C. 254c–  
11 1a) the following:

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

13 “(a) PROGRAM ESTABLISHED.—The Secretary shall  
14 award grants or cooperative agreements to eligible entities  
15 to establish collaborative improvement and innovation net-  
16 works (referred to in this section as ‘rural obstetric net-  
17 works’) to improve maternal and infant health outcomes  
18 and reduce preventable maternal mortality and severe ma-  
19 ternal morbidity by improving maternity care and access  
20 to care in rural areas, frontier areas, maternity care health  
21 professional target areas, or jurisdictions of Indian Tribes  
22 and Tribal organizations.

23 “(b) USE OF FUNDS.—Grants or cooperative agree-  
24 ments awarded pursuant to this section shall be used for  
25 the establishment or continuation of collaborative improve-

1 ment and innovation networks to improve maternal and  
2 infant health outcomes and reduce preventable maternal  
3 mortality and severe maternal morbidity by improving pre-  
4 natal care, labor care, birthing, and postpartum care serv-  
5 ices in rural areas. Rural obstetric networks established  
6 in accordance with this section may—

7           “(1) develop a network to improve coordination  
8           and increase access to maternal health care and as-  
9           sist pregnant women in the areas described in sub-  
10          section (a) with accessing and utilizing prenatal  
11          care, labor care, birthing, and postpartum care serv-  
12          ices to improve outcomes in birth and maternal mor-  
13          tality and morbidity;

14          “(2) identify and implement evidence-based and  
15          sustainable delivery models for providing prenatal  
16          care, labor care, birthing, and postpartum care serv-  
17          ices, including home visiting programs and culturally  
18          appropriate care models that reduce health dispari-  
19          ties;

20          “(3) develop a model for maternal health care  
21          collaboration between health care settings to improve  
22          access to care in areas described in subsection (a),  
23          which may include the use of telehealth;

1           “(4) provide training for professionals in health  
2           care settings that do not have specialty maternity  
3           care;

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

8           “(6) assess and address disparities in infant  
9           and maternal health outcomes, including among ra-  
10          cial and ethnic minority populations and underserved  
11          populations in such areas described in subsection  
12          (a).

13          “(c) DEFINITIONS.—In this section:

14                 “(1) ELIGIBLE ENTITIES.—The term ‘eligible  
15                 entities’ means entities providing prenatal care,  
16                 labor care, birthing, and postpartum care services in  
17                 rural areas, frontier areas, or medically underserved  
18                 areas, or to medically underserved populations or In-  
19                 dian Tribes or Tribal organizations.

20                 “(2) FRONTIER AREA.—The term ‘frontier  
21                 area’ means a frontier county, as defined in section  
22                 1886(d)(3)(E)(iii)(III) of the Social Security Act.

23                 “(3) INDIAN TRIBES; TRIBAL ORGANIZATION.—  
24                 The terms ‘Indian Tribe’ and ‘Tribal organization’  
25                 have the meanings given the terms ‘Indian tribe’ and

1 ‘tribal organization’ in section 4 of the Indian Self-  
2 Determination and Education Assistance Act.

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

7 “(d) REPORT TO CONGRESS.—Not later than Sep-  
8 tember 30, 2025, the Secretary shall submit to Congress  
9 a report on activities supported by grants awarded under  
10 this section, including—

11 “(1) a description of activities conducted pursu-  
12 ant to paragraphs (1) through (6) of subsection (b);  
13 and

14 “(2) an analysis of the effects of rural obstetric  
15 networks on improving maternal and infant health  
16 outcomes.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
18 are authorized to be appropriated to carry out this section  
19 \$3,000,000 for each of fiscal years 2022 through 2026.”.

20 **SEC. 203. TELEHEALTH NETWORK AND TELEHEALTH RE-**  
21 **SOURCE CENTERS GRANT PROGRAMS.**

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

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

1           “(M) Providers of prenatal, labor care,  
2           birthing, and postpartum care services, includ-  
3           ing hospitals that operate obstetric care units.”;  
4           and

5           (2) in subsection (h)(1)(B), by striking “or pre-  
6           natal care for high-risk pregnancies” and inserting  
7           “prenatal care, labor care, birthing care, or  
8           postpartum care”.

9   **SEC. 204. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**  
10                           **ING DEMONSTRATION.**

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

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

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

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

1       ing and licensing requirements, as applicable, to re-  
2       duce preventable maternal mortality and severe ma-  
3       ternal morbidity by improving prenatal care, labor  
4       care, birthing, and postpartum care in rural commu-  
5       nity-based settings; and

6               “(2) developing recommendations for such  
7       training programs.

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

12      “(c) ACTIVITIES.—

13               “(1) TRAINING FOR HEALTH CARE PROFES-  
14      SIONALS.— A recipient of a grant under subsection  
15      (a)—

16                   “(A) shall use the grant funds to plan, de-  
17                   velop, and operate a training program to pro-  
18                   vide prenatal care, labor care, birthing, and  
19                   postpartum care in rural areas; and

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

1           “(2) TRAINING PROGRAM REQUIREMENTS.—

2           The recipient of a grant under subsection (a) shall  
3           ensure that training programs carried out under the  
4           grant are evidence-based and address improving pre-  
5           natal care, labor care, birthing, and postpartum care  
6           in rural areas, and such programs may include  
7           training on topics such as—

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

10                   “(B) substance use disorders;

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

13                   “(D) improving the provision of prenatal  
14                   care, labor care, birthing, and postpartum care  
15                   for racial and ethnic minority populations, in-  
16                   cluding with respect to perceptions and biases  
17                   that may affect the approach to, and provision  
18                   of, care.

19           “(d) EVALUATION AND REPORT.—

20                   “(1) EVALUATION.—

21                           “(A) IN GENERAL.—The Secretary shall  
22                           evaluate the outcomes of the demonstration  
23                           program under this section.

24                           “(B) DATA SUBMISSION.—Recipients of a  
25                           grant under subsection (a) shall submit to the

1 Secretary performance metrics and other re-  
2 lated data in order to evaluate the program for  
3 the report described in paragraph (2).

4 “(2) REPORT TO CONGRESS.—Not later than  
5 January 1, 2025, the Secretary shall submit to Con-  
6 gress a report that includes—

7 “(A) an analysis of the effects of the dem-  
8 onstration program under this section on the  
9 quality, quantity, and distribution of maternal  
10 health care services, including prenatal care,  
11 labor care, birthing, and postpartum care serv-  
12 ices, and the demographics of the recipients of  
13 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  
21 demonstration program should be continued.

22 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
23 are authorized to be appropriated to carry out this section  
24 \$5,000,000 for each of fiscal years 2022 through 2026.”.

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