

117TH CONGRESS
1ST SESSION

H. R. 958

AN ACT

To codify maternity care coordination programs at the Department of Veterans Affairs, 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 “Protecting Moms Who
3 Served Act”.

4 **SEC. 2. SUPPORT FOR MATERNITY CARE COORDINATION.**

5 (a) PROGRAM ON MATERNITY CARE COORDINA-
6 TION.—

7 (1) IN GENERAL.—The Secretary of Veterans
8 Affairs shall carry out the maternity care coordina-
9 tion program described in Veterans Health Adminis-
10 tration Handbook 1330.03, or any successor hand-
11 book.

12 (2) TRAINING AND SUPPORT.—In carrying out
13 the program under paragraph (1), the Secretary
14 shall provide to community maternity care providers
15 training and support with respect to the unique
16 needs of pregnant and postpartum veterans, particu-
17 larly regarding mental and behavioral health condi-
18 tions relating to the service of the veterans in the
19 Armed Forces.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
21 authorized to be appropriated to the Secretary
22 \$15,000,000 for fiscal year 2022 for the maternity care
23 coordination program. Such amounts are authorized in ad-
24 dition to any other amounts authorized for such purpose.

25 (c) DEFINITIONS.—In this section:

1 (A) the number of pregnant and postpar-
2 tum veterans who have experienced a preg-
3 nancy-related death or pregnancy-associated
4 death in the most recent 10 years of available
5 data;

6 (B) the rate of pregnancy-related deaths
7 per 100,000 live births for pregnant and post-
8 partum veterans;

9 (C) the number of cases of severe maternal
10 morbidity among pregnant and postpartum vet-
11 erans in the most recent year of available data;

12 (D) the racial and ethnic disparities in ma-
13 ternal mortality and severe maternal morbidity
14 rates among pregnant and postpartum veterans;

15 (E) identification of the causes of maternal
16 mortality and severe maternal morbidity that
17 are unique to veterans, including post-traumatic
18 stress disorder, military sexual trauma, and in-
19 fertility or miscarriages that may be caused by
20 such service;

21 (F) identification of the causes of maternal
22 mortality and severe maternal morbidity that
23 are unique to veterans from racial and ethnic
24 minority groups and other at-risk populations
25 as deemed appropriate;

1 (G) identification of any correlations be-
2 tween the former rank of veterans and their
3 maternal health outcomes;

4 (H) the number of veterans who have been
5 diagnosed with infertility by Veterans Health
6 Administration providers each year in the most
7 recent 5 years, disaggregated by age, race, eth-
8 nicity, sex, marital status, sexual orientation,
9 gender identity, and geographical location;

10 (I) the number of veterans who receive a
11 clinical diagnosis of unexplained infertility by
12 Veterans Health Administration providers each
13 year in the most recent 5 years; and

14 (J) the extent to which the rate of inci-
15 dence of clinically diagnosed infertility among
16 veterans compare or differ to the rate of inci-
17 dence of clinically diagnosed infertility among
18 the civilian population.

19 (2) An assessment of the barriers to deter-
20 mining the information required under paragraph
21 (1) and recommendations for improvements in track-
22 ing maternal health outcomes among pregnant and
23 postpartum veterans—

24 (A) who have health care coverage through
25 the Department;

1 (B) enrolled in the TRICARE program;

2 (C) who are eligible to use the Indian
3 Health Service, Tribal health programs, or
4 urban Indian health organizations;

5 (D) with employer-based or private insur-
6 ance;

7 (E) enrolled in the Medicaid program; and

8 (F) who are uninsured.

9 (3) Recommendations for legislative and admin-
10 istrative actions to increase access to mental and be-
11 havioral health care for pregnant and postpartum
12 veterans who screen positively for maternal mental
13 or behavioral health conditions.

14 (4) Recommendations to address homelessness,
15 food insecurity, poverty, and related issues among
16 pregnant and postpartum veterans.

17 (5) Recommendations on how to effectively edu-
18 cate maternity care providers on best practices for
19 providing maternity care services to veterans that
20 addresses the unique maternal health care needs of
21 the veteran population.

22 (6) Recommendations to reduce maternal mor-
23 tality and severe maternal morbidity among preg-
24 nant and postpartum veterans and to address racial
25 and ethnic disparities in maternal health outcomes

1 for each of the groups described in subparagraphs
2 (A) through (E) of paragraph (2).

3 (7) Recommendations to improve coordination
4 of care between the Department and non-Depart-
5 ment facilities for pregnant and postpartum vet-
6 erans, including recommendations to improve—

7 (A) health record interoperability; and

8 (B) training for the directors of the Vet-
9 erans Integrated Service Networks, directors of
10 medical facilities of the Department, chiefs of
11 staff of such facilities, maternity care coordina-
12 tors, and staff of relevant non-Department fa-
13 cilities.

14 (8) An assessment of the authority of the Sec-
15 retary of Veterans Affairs to access maternal health
16 data collected by the Department of Health and
17 Human Services and, if applicable, recommendations
18 to increase such authority.

19 (9) To the extent applicable, an assessment of
20 potential causes of or explanations for lower mater-
21 nal mortality rates among veterans who have health
22 coverage through the Department of Veterans Af-
23 fairs compared to maternal mortality rates in the
24 general United States population.

1 (10) Any other information the Comptroller
2 General determines appropriate with respect to the
3 reduction of maternal mortality and severe maternal
4 morbidity among pregnant and postpartum veterans
5 and to address racial and ethnic disparities in ma-
6 ternal health outcomes for veterans.

7 **SEC. 4. DEFINITIONS.**

8 In this Act:

9 (1) **MATERNAL MORTALITY.**—The term “mater-
10 nal mortality” means a death occurring during or
11 within a 1-year period after pregnancy, caused by
12 pregnancy-related or childbirth complications, in-
13 cluding a suicide, overdose, or other death resulting
14 from a mental health or substance use disorder at-
15 tributed to or aggravated by pregnancy-related or
16 childbirth complications.

17 (2) **POSTPARTUM AND POSTPARTUM PERIOD.**—
18 The terms “postpartum” and “postpartum period”
19 refer to the 1-year period beginning on the last day
20 of the pregnancy of an individual.

21 (3) **PREGNANCY-ASSOCIATED DEATH.**—The
22 term “pregnancy-associated death” means a death of
23 a pregnant or postpartum individual, by any cause,
24 that occurs during, or within 1 year following, the

1 individual’s pregnancy, regardless of the outcome,
2 duration, or site of the pregnancy.

3 (4) PREGNANCY-RELATED DEATH.—The term
4 “pregnancy-related death” means a death of a preg-
5 nant or postpartum individual that occurs during, or
6 within 1 year following, the individual’s pregnancy,
7 from a pregnancy complication, a chain of events
8 initiated by pregnancy, or the aggravation of an un-
9 related condition by the physiologic effects of preg-
10 nancy.

11 (5) RACIAL AND ETHNIC MINORITY GROUP.—
12 The term “racial and ethnic minority group” has the
13 meaning given such term in section 1707(g)(1) of
14 the Public Health Service Act (42 U.S.C. 300u-
15 6(g)(1)).

16 (6) SEVERE MATERNAL MORBIDITY.—The term
17 “severe maternal morbidity” means a health condi-
18 tion, including mental health conditions and sub-
19 stance use disorders, attributed to or aggravated by
20 pregnancy or childbirth that results in significant

1 short-term or long-term consequences to the health
2 of the individual who was pregnant.

Passed the House of Representatives May 12, 2021.

Attest:

Clerk.

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