

117TH CONGRESS
1ST SESSION

S. 287

To direct the Secretary of Health and Human Services to issue guidance to States to educate providers, managed care entities, and other insurers about the value and process of delivering respectful maternal health care through diverse and multidisciplinary care provider models, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 8, 2021

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

A BILL

To direct the Secretary of Health and Human Services to issue guidance to States to educate providers, managed care entities, and other insurers about the value and process of delivering respectful maternal health care through diverse and multidisciplinary care provider models, 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. HHS AGENCY DIRECTIVES.**

4 (a) GUIDANCE TO STATES.—

1 (1) IN GENERAL.—Not later than 2 years after
 2 the date of enactment of this Act, the Secretary of
 3 Health and Human Services shall issue and dissemi-
 4 nate guidance to States to educate providers, man-
 5 aged care entities, and other insurers about the
 6 value and process of delivering respectful maternal
 7 health care through diverse and multidisciplinary
 8 care provider models.

9 (2) CONTENTS.—The guidance required by
 10 paragraph (1) shall address how States can encour-
 11 age and incentivize hospitals, health systems, mid-
 12 wifery practices, freestanding birth centers, other
 13 maternity care provider groups, managed care enti-
 14 ties, and other insurers—

15 (A) to recruit and retain maternity care
 16 providers, mental and behavioral health care
 17 providers acting in accordance with State law,
 18 registered dietitians or nutrition professionals
 19 (as such term is defined in section 1861(vv)(2)
 20 of the Social Security Act (42 U.S.C.
 21 1395x(vv)(2))), and lactation consultants cer-
 22 tified by the International Board of Lactation
 23 Consultants Examiners—

24 (i) from racially, ethnically, and lin-
 25 guistically diverse backgrounds;

1 (ii) with experience practicing in ra-
 2 cially and ethnically diverse communities;
 3 and

4 (iii) who have undergone training on
 5 implicit bias and racism;

6 (B) to incorporate into maternity care
 7 teams—

8 (i) midwives who meet at a minimum
 9 the international definition of the midwife
 10 and global standards for midwifery edu-
 11 cation as established by the International
 12 Confederation of Midwives; and

13 (ii) perinatal health workers;

14 (C) to provide collaborative, culturally con-
 15 gruent care; and

16 (D) to provide opportunities for individuals
 17 enrolled in accredited midwifery education pro-
 18 grams to participate in job shadowing with ma-
 19 ternity care teams in hospitals, health systems,
 20 midwifery practices, and freestanding birth cen-
 21 ters.

22 (b) STUDY ON RESPECTFUL AND CULTURALLY CON-
 23 GRUENT MATERNITY CARE.—

24 (1) STUDY.—The Secretary of Health and
 25 Human Services acting through the Director of the

1 National Institutes of Health (in this subsection re-
2 ferred to as the “Secretary”) shall conduct a study
3 on best practices in respectful and culturally con-
4 gruent maternity care.

5 (2) REPORT.—Not later than 2 years after the
6 date of enactment of this Act, the Secretary shall—

7 (A) complete the study required by para-
8 graph (1);

9 (B) submit to the Congress and make pub-
10 licly available a report on the results of such
11 study; and

12 (C) include in such report—

13 (i) a compendium of examples of hos-
14 pitals, health systems, midwifery practices,
15 freestanding birth centers, other maternity
16 care provider groups, managed care enti-
17 ties, and other insurers that are delivering
18 respectful and culturally congruent mater-
19 nal health care;

20 (ii) a compendium of examples of hos-
21 pitals, health systems, midwifery practices,
22 freestanding birth centers, other maternity
23 care provider groups, managed care enti-
24 ties, and other insurers that have made
25 progress in reducing disparities in mater-

1 nal health outcomes and improving birth-
 2 ing experiences for pregnant and
 3 postpartum individuals from racial and
 4 ethnic minority groups; and

5 (iii) recommendations to hospitals,
 6 health systems, midwifery practices, free-
 7 standing birth centers, other maternity
 8 care provider groups, managed care enti-
 9 ties, and other insurers, for best practices
 10 in respectful and culturally congruent ma-
 11 ternity care.

12 **SEC. 2. GRANTS TO GROW AND DIVERSIFY THE PERINATAL**
 13 **WORKFORCE.**

14 Title VII of the Public Health Service Act is amended
 15 by inserting after section 757 (42 U.S.C. 294f) the fol-
 16 lowing new section:

17 **“SEC. 758. PERINATAL WORKFORCE GRANTS.**

18 “(a) IN GENERAL.—The Secretary shall award
 19 grants to entities to establish or expand programs de-
 20 scribed in subsection (b) to grow and diversify the
 21 perinatal workforce.

22 “(b) USE OF FUNDS.—Recipients of grants under
 23 this section shall use the grants to grow and diversify the
 24 perinatal workforce by—

1 “(1) establishing schools or programs that pro-
2 vide education and training to individuals seeking
3 appropriate licensing or certification as—

4 “(A) physician assistants who will complete
5 clinical training in the field of maternal and
6 perinatal health; or

7 “(B) perinatal health workers; and

8 “(2) expanding the capacity of existing schools
9 or programs described in paragraph (1), for the pur-
10 poses of increasing the number of students enrolled
11 in such schools or programs, including by awarding
12 scholarships for students.

13 “(c) PRIORITIZATION.—In awarding grants under
14 this section, the Secretary shall give priority to any entity
15 that—

16 “(1) has demonstrated a commitment to re-
17 cruiting and retaining students and faculty from ra-
18 cial and ethnic minority groups;

19 “(2) has developed a strategy to recruit and re-
20 tain a diverse pool of students into the perinatal
21 workforce program or school supported by funds re-
22 ceived through the grant, particularly from racial
23 and ethnic minority groups and other underserved
24 populations;

1 “(3) has developed a strategy to recruit and re-
 2 tain students who plan to practice in a health pro-
 3 fessional shortage area designated under section
 4 332;

5 “(4) has developed a strategy to recruit and re-
 6 tain students who plan to practice in an area with
 7 significant racial and ethnic disparities in maternal
 8 health outcomes, to the extent practicable; and

9 “(5) includes in the standard curriculum for all
 10 students within the perinatal workforce program or
 11 school a bias, racism, or discrimination training pro-
 12 gram that includes training on implicit bias and rac-
 13 ism.

14 “(d) REPORTING.—As a condition on receipt of a
 15 grant under this section for a perinatal workforce program
 16 or school, an entity shall agree to submit to the Secretary
 17 an annual report on the activities conducted through the
 18 grant, including—

19 “(1) the number and demographics of students
 20 participating in the program or school;

21 “(2) the extent to which students in the pro-
 22 gram or school are entering careers in—

23 “(A) health professional shortage areas
 24 designated under section 332; and

1 “(B) areas with significant racial and eth-
2 nic disparities in maternal health outcomes, to
3 the extent such data are available; and

4 “(3) whether the program or school has in-
5 cluded in the standard curriculum for all students a
6 bias, racism, or discrimination training program that
7 includes explicit and implicit bias, and if so the ef-
8 fectiveness of such training program.

9 “(e) PERIOD OF GRANTS.—The period of a grant
10 under this section shall be up to 5 years.

11 “(f) APPLICATION.—To seek a grant under this sec-
12 tion, an entity shall submit to the Secretary an application
13 at such time, in such manner, and containing such infor-
14 mation as the Secretary may require, including any infor-
15 mation necessary for prioritization under subsection (c).

16 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
17 provide, directly or by contract, technical assistance to en-
18 tities seeking or receiving a grant under this section on
19 the development, use, evaluation, and post-grant period
20 sustainability of the perinatal workforce programs or
21 schools proposed to be, or being, established or expanded
22 through the grant.

23 “(h) REPORT BY THE SECRETARY.—Not later than
24 4 years after the date of enactment of this section, the
25 Secretary shall prepare and submit to the Congress, and

1 post on the internet website of the Department of Health
 2 and Human Services, a report on the effectiveness of the
 3 grant program under this section at—

4 “(1) recruiting students from racial and ethnic
 5 minority groups;

6 “(2) increasing the number of physician assist-
 7 ants who will complete clinical training in the field
 8 of maternal and perinatal health, and perinatal
 9 health workers, from racial and ethnic minority
 10 groups and other underserved populations;

11 “(3) increasing the number of physician assist-
 12 ants who will complete clinical training in the field
 13 of maternal and perinatal health, and perinatal
 14 health workers, working in health professional short-
 15 age areas designated under section 332; and

16 “(4) increasing the number of physician assist-
 17 ants who will complete clinical training in the field
 18 of maternal and perinatal health, and perinatal
 19 health workers, working in areas with significant ra-
 20 cial and ethnic disparities in maternal health out-
 21 comes, to the extent such data are available.

22 “(i) DEFINITION.—In this section, the term ‘racial
 23 and ethnic minority group’ has the meaning given such
 24 term in section 1707(g).

1 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
 2 carry out this section, there is authorized to be appro-
 3 priated \$15,000,000 for each of fiscal years 2022 through
 4 2026.”.

5 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE NURSING**
 6 **WORKFORCE IN MATERNAL AND PERINATAL**
 7 **HEALTH.**

8 Title VIII of the Public Health Service Act is amend-
 9 ed by inserting after section 811 of that Act (42 U.S.C.
 10 296j) the following:

11 **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

12 “(a) IN GENERAL.—The Secretary shall award
 13 grants to schools of nursing to grow and diversify the
 14 perinatal nursing workforce.

15 “(b) USE OF FUNDS.—Recipients of grants under
 16 this section shall use the grants to grow and diversify the
 17 perinatal nursing workforce by providing scholarships to
 18 students seeking to become—

19 “(1) nurse practitioners whose education in-
 20 cludes a focus on maternal and perinatal health; or

21 “(2) clinical nurse specialists whose education
 22 includes a focus on maternal and perinatal health.

23 “(c) PRIORITIZATION.—In awarding grants under
 24 this section, the Secretary shall give priority to any school
 25 of nursing that—

1 “(1) has developed a strategy to recruit and re-
2 tain a diverse pool of students seeking to enter ca-
3 reers focused on maternal and perinatal health, par-
4 ticularly students from racial and ethnic minority
5 groups and other underserved populations;

6 “(2) has developed a partnership with a prac-
7 tice setting in a health professional shortage area
8 designated under section 332 for the clinical place-
9 ments of the school’s students;

10 “(3) has developed a strategy to recruit and re-
11 tain students who plan to practice in an area with
12 significant racial and ethnic disparities in maternal
13 health outcomes, to the extent practicable; and

14 “(4) includes in the standard curriculum for all
15 students seeking to enter careers focused on mater-
16 nal and perinatal health a bias, racism, or discrimi-
17 nation training program that includes education on
18 implicit bias and racism.

19 “(d) REPORTING.—As a condition on receipt of a
20 grant under this section, a school of nursing shall agree
21 to submit to the Secretary an annual report on the activi-
22 ties conducted through the grant, including, to the extent
23 practicable—

1 “(1) the number and demographics of students
 2 in the school of nursing seeking to enter careers fo-
 3 cused on maternal and perinatal health;

4 “(2) the extent to which such students are pre-
 5 paring to enter careers in—

6 “(A) health professional shortage areas
 7 designated under section 332; and

8 “(B) areas with significant racial and eth-
 9 nic disparities in maternal health outcomes, to
 10 the extent such data are available; and

11 “(3) whether the standard curriculum for all
 12 students seeking to enter careers focused on mater-
 13 nal and perinatal health includes a bias, racism, or
 14 discrimination training program that includes edu-
 15 cation on implicit bias and racism.

16 “(e) PERIOD OF GRANTS.—The period of a grant
 17 under this section shall be up to 5 years.

18 “(f) APPLICATION.—To seek a grant under this sec-
 19 tion, an entity shall submit to the Secretary an applica-
 20 tion, at such time, in such manner, and containing such
 21 information as the Secretary may require, including any
 22 information necessary for prioritization under subsection
 23 (c).

24 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
 25 provide, directly or by contract, technical assistance to

1 schools of nursing seeking or receiving a grant under this
2 section on the processes of awarding and evaluating schol-
3 arships through the grant.

4 “(h) REPORT BY THE SECRETARY.—Not later than
5 4 years after the date of enactment of this section, the
6 Secretary shall prepare and submit to the Congress, and
7 post on the internet website of the Department of Health
8 and Human Services, a report on the effectiveness of the
9 grant program under this section at—

10 “(1) recruiting students from racial and ethnic
11 minority groups and other underserved populations;

12 “(2) increasing the number of nurse practi-
13 tioners and clinical nurse specialists entering careers
14 focused on maternal and perinatal health from racial
15 and ethnic minority groups and other underserved
16 populations;

17 “(3) increasing the number of nurse practi-
18 tioners and clinical nurse specialists entering careers
19 focused on maternal and perinatal health working in
20 health professional shortage areas designated under
21 section 332; and

22 “(4) increasing the number of nurse practi-
23 tioners and clinical nurse specialists entering careers
24 focused on maternal and perinatal health working in
25 areas with significant racial and ethnic disparities in

1 maternal health outcomes, to the extent such data
2 are available.

3 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there is authorized to be appro-
5 priated \$15,000,000 for each of fiscal years 2022 through
6 2026.”.

7 **SEC. 4. GAO REPORT.**

8 (a) IN GENERAL.—Not later than two years after the
9 date of enactment of this Act and every five years there-
10 after, the Comptroller General of the United States shall
11 submit to Congress a report on barriers to maternal health
12 education and access to care in the United States. Such
13 report shall include the information and recommendations
14 described in subsection (b).

15 (b) CONTENT OF REPORT.—The report under sub-
16 section (a) shall include—

17 (1) an assessment of current barriers to enter-
18 ing accredited midwifery education programs, and
19 recommendations for addressing such barriers, par-
20 ticularly for low-income women and women from ra-
21 cial and ethnic minority groups;

22 (2) an assessment of current barriers to enter-
23 ing and successfully completing accredited education
24 programs for other health professional careers re-
25 lated to maternity care, including maternity care

1 providers, mental and behavioral health care pro-
2 viders acting in accordance with State law, reg-
3 istered dietitians or nutrition professionals (as such
4 term is defined in section 1861(vv)(2) of the Social
5 Security Act (42 U.S.C. 1395x(vv)(2))), and lacta-
6 tion consultants certified by the International Board
7 of Lactation Consultants Examiners, particularly for
8 low-income women and women from racial and eth-
9 nic minority groups;

10 (3) an assessment of current barriers that pre-
11 vent midwives from meeting the international defini-
12 tion of the midwife and global standards for mid-
13 wifery education as established by the International
14 Confederation of Midwives, and recommendations
15 for addressing such barriers, particularly for low-in-
16 come women and women from racial and ethnic mi-
17 nority groups;

18 (4) an assessment of disparities in access to
19 maternity care providers, mental or behavioral
20 health care providers acting in accordance with
21 State law, registered dietitians or nutrition profes-
22 sionals (as such term is defined in section
23 1861(vv)(2) of the Social Security Act (42 U.S.C.
24 1395x(vv)(2))), lactation consultants certified by the
25 International Board of Lactation Consultants Exam-

1 iners, and perinatal health workers, stratified by
 2 race, ethnicity, gender identity, geographic location,
 3 and insurance type and recommendations to promote
 4 greater access equity; and

5 (5) recommendations to promote greater equity
 6 in compensation for perinatal health workers under
 7 public and private insurers, particularly for such in-
 8 dividuals from racially and ethnically diverse back-
 9 grounds.

10 **SEC. 5. DEFINITIONS.**

11 In this Act:

12 (1) **CULTURALLY CONGRUENT.**—The term “cul-
 13 turally congruent”, with respect to care or maternity
 14 care, means care that is in agreement with the pre-
 15 ferred cultural values, beliefs, worldview, language,
 16 and practices of the health care consumer and other
 17 stakeholders.

18 (2) **MATERNITY CARE PROVIDER.**—The term
 19 “maternity care provider” means a health care pro-
 20 vider who—

21 (A) is a physician, physician assistant,
 22 midwife who meets at a minimum the inter-
 23 national definition of the midwife and global
 24 standards for midwifery education as estab-
 25 lished by the International Confederation of

1 Midwives, nurse practitioner, or clinical nurse
2 specialist; and

3 (B) has a focus on maternal or perinatal
4 health.

5 (3) PERINATAL HEALTH WORKER.—The term
6 “perinatal health worker” means a doula, commu-
7 nity health worker, peer supporter, breastfeeding
8 and lactation educator or counselor, nutritionist or
9 dietitian, childbirth educator, social worker, home
10 visitor, language interpreter, or navigator.

11 (4) POSTPARTUM AND POSTPARTUM PERIOD.—
12 The terms “postpartum” and “postpartum period”
13 refer to the 1-year period beginning on the last day
14 of the pregnancy of an individual.

15 (5) RACIAL AND ETHNIC MINORITY GROUP.—
16 The term “racial and ethnic minority group” has the
17 meaning given such term in section 1707(g)(1) of
18 the Public Health Service Act (42 U.S.C. 300u–
19 6(g)(1)).

○