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(Original Signature of Member)

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.

IN THE HOUSE OF REPRESENTATIVES

Ms. KELLY of Illinois introduced the following bill; which was referred to the Committee on _____

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.”.