

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 925  
OFFERED BY M . \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Data to Save Moms  
3 Act”.

**4 SEC. 2. FUNDING FOR MATERNAL MORTALITY REVIEW  
5 COMMITTEES TO PROMOTE REPRESENTA-  
6 TIVE COMMUNITY ENGAGEMENT.**

7 (a) PROMOTING REPRESENTATIVE COMMUNITY EN-  
8 GAGEMENT.—

9 (1) IN GENERAL.—Section 317K(d) of the Pub-  
10 lic Health Service Act (42 U.S.C. 247b–12(d)) is  
11 amended—

12 (A) by redesignating paragraphs (2)  
13 through (8) as paragraphs (3) through (9), re-  
14 spectively; and

15 (B) by inserting after paragraph (1) the  
16 following:

1           “(2) PROMOTING REPRESENTATIVE COMMUNITY  
2           ENGAGEMENT IN MATERNAL MORTALITY REVIEW  
3           COMMITTEES.—

4           “(A) IN GENERAL.—In providing support  
5           to States, Indian tribes, and tribal organiza-  
6           tions to participate in the program under sub-  
7           section (a)(2)(D), the Secretary may make  
8           grants to entities that recruit for possible inclu-  
9           sion in the membership of such a committee,  
10          community members who can increase the di-  
11          versity of the committee’s membership with re-  
12          spect to race and ethnicity, location, and profes-  
13          sional background, including members with  
14          nonclinical experience, by—

15                 “(i) addressing barriers to maternal  
16                 mortality review committee participation  
17                 for community members, including re-  
18                 quired training, transportation barriers,  
19                 compensation, and other supports as may  
20                 be necessary; and

21                 “(ii) establishing initiatives to conduct  
22                 outreach and community engagement ef-  
23                 forts within communities throughout the  
24                 State or Tribe to seek input from commu-  
25                 nity members on the work of such mater-

1           nal mortality review committee, with a par-  
2           ticular focus on outreach to minority and  
3           underserved women.

4           “(B) TECHNICAL ASSISTANCE.—The Sec-  
5           retary shall provide technical assistance to any  
6           maternal mortality review committee receiving a  
7           grant under this paragraph on best practices  
8           for increasing the diversity of the maternal  
9           mortality review committee’s membership and  
10          for conducting effective community engage-  
11          ment.”.

12          (2) CONFORMING AMENDMENTS.—Section  
13          317K(d) of the Public Health Service Act (42  
14          U.S.C. 247b–12(d)), as amended by paragraph (1),  
15          is further amended—

16                (A) in paragraph (1)(B), by striking  
17                “paragraph (3)” and inserting “paragraph  
18                (4)”;

19                (B) in paragraph (4) (as redesignated by  
20                paragraph (1)), by striking “paragraph (2)(A)”  
21                each place it appears in subparagraphs (B) and  
22                (C); and

23                (C) in paragraph (9) (as redesignated by  
24                paragraph (1)), by striking “paragraph (5)”  
25                and inserting “paragraph (6)”.

1           (3) TECHNICAL CORRECTION.—Paragraph (7)  
2 of section 317K(d) of the Public Health Service Act  
3 (42 U.S.C. 247b–12(d)), as redesignated by para-  
4 graph (1), is amended by striking “this subpara-  
5 graph” each place it appears and inserting “this  
6 subsection”.

7           (b) FUNDING.—Section 317K(f) of the Public Health  
8 Service Act (42 U.S.C. 247b–12(f)) is amended to read  
9 as follows:

10         “(f) FUNDING.—

11           “(1) AUTHORIZATION OF APPROPRIATIONS.—

12                 “(A) IN GENERAL.—For the purpose of  
13 carrying out this section, there are authorized  
14 to be appropriated \$58,000,000 for each of fis-  
15 cal years 2019 through 2023.

16                 “(B) RESERVATION OF FUNDS.—Of the  
17 amounts made available under subparagraph  
18 (A) for a fiscal year, not less than \$1,500,000  
19 shall be reserved for Indian tribes, tribal orga-  
20 nizations, or urban Indian organizations (as  
21 those terms are defined in section 4 of the In-  
22 dian Health Care Improvement Act (25 U.S.C.  
23 1603)).

24           “(2) COMMUNITY ENGAGEMENT FUNDING.—In  
25 addition to amounts made available under paragraph

1 (1), for the purposes of carrying out subsection  
2 (d)(2), there are authorized to be appropriated  
3 \$10,000,000 for each of fiscal years 2022 through  
4 2026.”.

5 **SEC. 3. DATA COLLECTION AND REVIEW.**

6 Section 317K(d)(3) of the Public Health Service Act  
7 (42 U.S.C. 247b–12(d)(3)) is amended—

8 (1) in subparagraph (A)(i)(II), by inserting “,  
9 including deaths attributed to suicide, overdose, or a  
10 condition related to mental illness or a substance use  
11 disorder” after “year”;

12 (2) in subparagraph (D), by striking “and” at  
13 the end;

14 (3) in subparagraph (E), by striking the period  
15 at the end and inserting “; and”; and

16 (4) by adding at the end the following:

17 “(F) consult with local community-based  
18 organizations representing pregnant and  
19 postpartum individuals from demographic  
20 groups disproportionately impacted by poor ma-  
21 ternal and infant health outcomes to ensure all  
22 clinical and nonclinical factors that might have  
23 contributed to a pregnancy-related death are  
24 appropriately considered.”.

1 **SEC. 4. GRANTS TO MINORITY-SERVING INSTITUTIONS TO**  
2 **STUDY MATERNAL MORTALITY, SEVERE MA-**  
3 **TERNAL MORBIDITY, AND OTHER ADVERSE**  
4 **MATERNAL HEALTH OUTCOMES.**

5 (a) IN GENERAL.—Section 736(b)(5) of the Public  
6 Health Service Act (42 U.S.C. 293(b)(5)) is amended by  
7 striking “groups, including research” and all that follows  
8 through “health care;” and inserting the following:  
9 “groups, including—

10 “(1) research on issues relating to the de-  
11 livery of health care; and

12 “(2) in the case of designated health pro-  
13 fessions schools referred to in subsection (a)  
14 that meet each of the conditions specified in  
15 paragraph (2)(A), (3), or (4) of subsection (c),  
16 research that involves—

17 “(i) soliciting feedback from pregnant  
18 and postpartum individuals from racial  
19 and ethnic minority groups, and perinatal  
20 health workers supporting such individuals,  
21 to fully understand the causes of, and in-  
22 form potential solutions to address mater-  
23 nal mortality and severe maternal mor-  
24 bidity;

25 “(ii) assessing potential racial  
26 misclassification and other data collection

1 and reporting issues that could misrepre-  
2 sent maternal mortality rates in certain  
3 communities; and

4 “(iii) assessing differences in rates of  
5 adverse maternal health outcomes among  
6 certain racial and ethnic subgroups;”.

7 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
8 736(i) of the Public Health Service Act (42 U.S.C. 293(i))  
9 is amended—

10 (1) by striking “To carry out this section” and  
11 inserting the following:

12 “(1) IN GENERAL.—To carry out this section”;  
13 and

14 (2) by adding at the end the following:

15 “(2) ADDITIONAL FUNDS FOR MATERNAL MOR-  
16 TALITY RESEARCH.—In addition to funds made  
17 available under paragraph (1), for the purposes of  
18 carrying out subsection (b)(5), there are authorized  
19 to be appropriated \$10,000,000 for each of fiscal  
20 years 2022 through 2026.”.

21 **SEC. 5. REVIEW OF MATERNAL HEALTH DATA COLLECTION**  
22 **PROCESSES AND QUALITY MEASURES.**

23 (a) IN GENERAL.—The Secretary of Health and  
24 Human Services shall consult with relevant stakeholders—

1 (1) to review existing maternal health data col-  
2 lection processes and quality measures; and

3 (2) to make recommendations to Congress to  
4 improve such processes and measures.

5 (b) COLLABORATION.—In carrying out this section,  
6 the Secretary shall consult with a diverse group of mater-  
7 nal health stakeholders, which may include—

8 (1) pregnant and postpartum individuals and  
9 their family members, and non-profit organizations  
10 representing such individuals, with a particular focus  
11 on patients from racial and ethnic minority groups;

12 (2) community-based organizations that provide  
13 support for pregnant and postpartum individuals,  
14 with a particular focus on patients from racial and  
15 ethnic minority groups; and

16 (3) maternity care providers and membership  
17 organizations for maternity care providers.

18 (c) TOPICS.—The review of maternal health data col-  
19 lection processes and recommendations to improve such  
20 processes and measures required under subsection (a)  
21 shall assess all available relevant information, including  
22 information from State-level sources, and shall consider at  
23 least the following:

24 (1) Current State and Tribal practices for ma-  
25 ternal health, maternal mortality, and severe mater-



1       nal morbidity data collection and dissemination, in-  
2       cluding consideration of—

3               (A) relevant data collected with electronic  
4       health records, including data on race, eth-  
5       nicity, socioeconomic status, insurance type,  
6       and other relevant demographic information;

7               (B) whether maternal mortality review  
8       committees include multidisciplinary and di-  
9       verse membership (as described in section  
10       317K(d)(1)(A) of the Public Health Service Act  
11       (42 U.S.C. 247b–12(d)(1)(A)));

12              (C) whether members of maternal mor-  
13       tality review committees participate in trainings  
14       on implicit and explicit bias and the quality of  
15       such trainings;

16              (D) the extent to which States have imple-  
17       mented systematic processes of soliciting feed-  
18       back from pregnant and postpartum individuals  
19       and their family members, with a particular  
20       focus on pregnant and postpartum individuals  
21       from racial and ethnic minority groups (as such  
22       term is defined in section 1707(g)(1) of the  
23       Public Health Service Act (42 U.S.C. 300u–  
24       6(g)(1))) and their family members, to fully un-  
25       derstand the causes of, and inform potential so-

1           lutions to addressing maternal mortality and se-  
2           vere maternal morbidity;

3           (E) the extent to which maternal mortality  
4           review committees are considering social deter-  
5           minants of maternal health when examining the  
6           causes of pregnancy-associated and pregnancy-  
7           related deaths;

8           (F) the extent to which maternal mortality  
9           review committees are making actionable rec-  
10          ommendations based on their reviews of adverse  
11          maternal health outcomes and the extent to  
12          which such recommendations are being imple-  
13          mented by appropriate stakeholders;

14          (G) the legal and administrative barriers  
15          preventing the collection, collation, and dissemi-  
16          nation of State maternity care data; and

17          (H) the current Federal, State, local, and  
18          Tribal funding support for the activities re-  
19          ferred to in subparagraphs (A) through (G).

20          (2) Current quality measures for maternity  
21          care, including prenatal measures, labor and delivery  
22          measures, and postpartum measures, including top-  
23          ics such as—

24                 (A) effective quality measures for mater-  
25                 nity care used by hospitals, health systems,

1 midwifery practices, birth centers, health plans,  
2 and other relevant entities;

3 (B) the sufficiency of current outcome  
4 measures used to evaluate maternity care for  
5 driving improved care, experiences, and out-  
6 comes in maternity care payment and delivery  
7 system models;

8 (C) validated measures that have been  
9 used for research purposes that could be tested,  
10 refined, and submitted for national endorse-  
11 ment;

12 (D) barriers preventing maternity care  
13 providers and insurers from implementing qual-  
14 ity measures that are aligned with best prac-  
15 tices;

16 (E) the extent to which maternity care  
17 quality measures are informed by patient expe-  
18 riences that include measures of patient-re-  
19 ported experience of care;

20 (F) the extent to which maternity care  
21 quality measures account for the unique experi-  
22 ences of pregnant and postpartum individuals  
23 from racial and ethnic minority groups (as such  
24 term is defined in section 1707(g)(1) of the

1 Public Health Service Act (42 U.S.C. 300u–  
2 6(g)(1)); and

3 (G) the extent to which hospitals, health  
4 systems, midwifery practices, maternity care  
5 providers, and birth centers are implementing  
6 existing maternity care quality measures.

7 (3) Recommendations on the provision of addi-  
8 tional resources such as technical assistance and  
9 funding to improve maternal mortality review com-  
10 mittees and State and Tribal maternal health data  
11 collection and reporting processes.

12 (4) Recommendations for new authorities that  
13 may be granted to maternal mortality review com-  
14 mittees to be able to access records from other Fed-  
15 eral and State agencies and departments that may  
16 be necessary to identify causes of pregnancy-associ-  
17 ated and pregnancy-related deaths that are unique  
18 to pregnant and postpartum individuals from spe-  
19 cific populations, such as veterans and individuals  
20 who are incarcerated.

21 (5) Recommendations to improve and stand-  
22 ardize current quality measures for maternity care,  
23 with a particular focus on improving disparities  
24 among racial and ethnic minorities in maternal  
25 health outcomes.

1           (6) Recommendations to improve the coordina-  
2           tion by the Department of Health and Human Serv-  
3           ices of the efforts undertaken by the agencies and  
4           organizations within the Department related to ma-  
5           ternal health data and quality measures.

6           (d) REPORT.—Not later than 1 year after the enact-  
7           ment of this Act, the Secretary shall submit to the Con-  
8           gress and make publicly available a report on the results  
9           of the review of maternal health data collection processes  
10          and quality measures and recommendations to improve  
11          such processes and measures required under subsection  
12          (a).

13          (e) AUTHORIZATION OF APPROPRIATIONS.—There  
14          are authorized to be appropriated to carry out this section  
15          \$2,000,000, to remain available until expended.

16 **SEC. 6. INDIAN HEALTH SERVICE STUDY ON MATERNAL**  
17 **MORTALITY AND SEVERE MATERNAL MOR-**  
18 **BIDITY.**

19          (a) IN GENERAL.—The Secretary, in coordination  
20          with the Director of the Indian Health Service (referred  
21          to in this section as the “Director”) shall—

22                (1) not later than 180 days after the enactment  
23                of this Act, enter into a contract with an inde-  
24                pendent research organization to conduct a com-  
25                prehensive study on maternal mortality and severe

1 maternal morbidity in the populations of American  
2 Indian and Alaska Native individuals; and

3 (2) not later than 3 years after the date of the  
4 enactment of this Act, submit to Congress a report  
5 on such study that contains recommendations for  
6 policies and practices that can be adopted to im-  
7 prove maternal and infant health outcomes for  
8 American Indian and Alaska Native individuals.

9 (b) TRIBAL CONSULTATION.—In conducting such  
10 study, the Secretary, in coordination with the Director,  
11 shall—

12 (1) consult with Indian tribes and tribal organi-  
13 zations (as such terms are defined in section 4 of  
14 the Indian Self-Determination and Education Assist-  
15 ance Act (25 U.S.C. 5304)), and urban Indian orga-  
16 nizations (as such term is defined in section 4 of the  
17 Indian Health Care Improvement Act (25 U.S.C.  
18 1603)); and

19 (2) ensure that feedback from each of the 12  
20 service areas of the Indian Health Service is rep-  
21 resented.

22 (c) CONTENTS OF STUDY.—The study conducted  
23 pursuant to subsection (a) shall—

1           (1) examine the causes of maternal mortality  
2           and severe maternal morbidity that are unique to  
3           American Indian and Alaska Native individuals;

4           (2) solicit feedback from American Indian and  
5           Alaska Native pregnant and postpartum individuals  
6           to fully understand the causes of, and provide rec-  
7           ommendations to inform potential solutions to ad-  
8           dress, maternal mortality and severe maternal mor-  
9           bidity among such individuals;

10          (3) distinguish between the causes of, landscape  
11          of maternity care at, and recommendations to im-  
12          prove maternal and infant health outcomes within,  
13          the different settings in which American Indian and  
14          Alaska Native pregnant and postpartum individuals  
15          receive maternity care, such as—

16                (A) facilities operated by the Indian  
17                Health Service;

18                (B) an Indian health program operated by  
19                an Indian tribe or tribal organization pursuant  
20                to a contract, grant, cooperative agreement, or  
21                compact with the Indian Health Service pursu-  
22                ant to the Indian Self-Determination Act; and

23                (C) an urban Indian health program oper-  
24                ated by an urban Indian organization pursuant  
25                to a grant or contract with the Indian Health

1 Service pursuant to title V of the Indian Health  
2 Care Improvement Act;

3 (4) review processes for coordinating programs  
4 of the Indian Health Service with social services pro-  
5 vided through other programs administered by the  
6 Secretary of Health and Human Services (other  
7 than the Medicare program under title XVIII of the  
8 Social Security Act, the Medicaid program under  
9 title XIX of such Act, and the Children's Health In-  
10 surance Program under title XXI of such Act);

11 (5) review current data collection and quality  
12 measurement processes and practices and make rec-  
13 ommendations to reduce misclassification of Amer-  
14 ican Indian and Alaska Native pregnant and  
15 postpartum individuals;

16 (6) assess causes and frequency of maternal  
17 mental health conditions and substance use dis-  
18 orders;

19 (7) consider social determinants of health, in-  
20 cluding poverty, unemployment, sexual violence, and  
21 infrastructure conditions in Tribal areas;

22 (8) consider how current funding of the Indian  
23 Health Service impacts the delivery of quality mater-  
24 nity care; and



1           (9) consider the extent to which the delivery of  
2           maternity care services is culturally appropriate for  
3           American Indian and Alaska Native pregnant and  
4           postpartum individuals.

5           (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
6           authorized to be appropriated to carry out this section  
7           \$1,000,000, to remain available until expended.

8           **SEC. 7. DEFINITIONS.**

9           In this Act:

10           (1) MATERNITY CARE PROVIDER.—The term  
11           “maternity care provider” means a health care pro-  
12           vider who—

13                   (A) is a physician, physician assistant,  
14                   midwife who meets at a minimum the inter-  
15                   national definition of the midwife and global  
16                   standards for midwifery education as estab-  
17                   lished by the International Confederation of  
18                   Midwives, nurse practitioner, or clinical nurse  
19                   specialist; and

20                   (B) has a focus on maternal or perinatal  
21                   health.

22           (2) MATERNAL MORTALITY.—The term “mater-  
23           nal mortality” means a pregnancy-related death or  
24           pregnancy-associated death, as those terms are de-

1        fined in section 317K(e) of the Public Health Serv-  
2        ice Act (42 U.S.C. 247b–13(e)).

3               (3) POSTPARTUM AND POSTPARTUM PERIOD.—

4        The terms “postpartum” and “postpartum period”  
5        refer to the 1-year period beginning on the last day  
6        of the pregnancy of an individual.

