

Suspend the Rules and Pass the Bill, H.R. 4995, with an Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

116TH CONGRESS
1ST SESSION

H. R. 4995

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

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 8, 2019

Mr. ENGEL (for himself, Mr. BUCSHON, Ms. TORRES SMALL of New Mexico, Mr. LATTI, Ms. ADAMS, and Mr. STIVERS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to improve obstetric care and maternal health outcomes, 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 2020”.

6 **SEC. 2. INNOVATION FOR MATERNAL HEALTH.**

7 Part D of title III of the Public Health Service Act
8 (42 U.S.C. 254b et seq.) is amended—

1 (1) in the section designation of section 330M
2 of such Act (42 U.S.C. 254e–19) by inserting a pe-
3 riod after “330M”; and

4 (2) by inserting after section 330M of such Act
5 (42 U.S.C. 254e–19) the following:

6 **“SEC. 330N. INNOVATION FOR MATERNAL HEALTH.**

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

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

18 “(A) information on evidence-based prac-
19 tices to improve the quality and safety of ma-
20 ternal health care in hospitals and other health
21 care settings of a State or health care system,
22 including by addressing topics commonly associ-
23 ated with health complications or risks related
24 to prenatal care, labor care, birthing, and
25 postpartum care;

1 “(B) best practices for improving maternal
2 health care based on data findings and reviews
3 conducted by a State maternal mortality review
4 committee that address topics of relevance to
5 common complications or health risks related to
6 prenatal care, labor care, birthing, and
7 postpartum care; and

8 “(C) information on addressing deter-
9 minants of health that impact maternal health
10 outcomes for women before, during, and after
11 pregnancy;

12 “(2) collaborating with State maternal mor-
13 tality review committees to identify issues for the de-
14 velopment and implementation of evidence-based
15 practices to improve maternal health outcomes and
16 reduce preventable maternal mortality and severe
17 maternal morbidity;

18 “(3) providing technical assistance and sup-
19 porting the implementation of best practices identi-
20 fied pursuant to paragraph (1) to entities providing
21 health care services to pregnant and postpartum
22 women; and

23 “(4) identifying, developing, and evaluating new
24 models of care that improve maternal and infant

1 health outcomes, which may include the integration
2 of community-based services and clinical care.

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

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

8 “(2) demonstrate in such application that the
9 entity is capable of carrying out data-driven mater-
10 nal safety and quality improvement initiatives in the
11 areas of obstetrics and gynecology or maternal
12 health.

13 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
14 carry out this section, there are authorized to be appro-
15 priated \$5,000,000 for each of fiscal years 2021 through
16 2025.”.

17 **SEC. 3. TRAINING FOR HEALTH CARE PROVIDERS.**

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

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

22 “(a) GRANT PROGRAM.—The Secretary shall estab-
23 lish a program to award grants to accredited schools of
24 allopathic medicine, osteopathic medicine, and nursing,
25 and other health professional training programs for the

1 training of health care professionals to reduce and prevent
2 discrimination (including training related to implicit and
3 explicit biases) in the provision of health care services re-
4 lated to prenatal care, labor care, birthing, and
5 postpartum care.

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

11 “(c) REPORTING REQUIREMENT.—Each entity
12 awarded a grant under this section shall periodically sub-
13 mit to the Secretary a report on the status of activities
14 conducted using the grant, including a description of the
15 impact of such training on patient outcomes, as applicable.

16 “(d) BEST PRACTICES.—The Secretary may identify
17 and disseminate best practices for the training of health
18 care professionals to reduce and prevent discrimination
19 (including training related to implicit and explicit biases)
20 in the provision of health care services related to prenatal
21 care, labor care, birthing, and postpartum care.

22 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
23 carry out this section, there are authorized to be appro-
24 priated \$5,000,000 for each of fiscal years 2021 through
25 2025.”.

1 **SEC. 4. STUDY ON TRAINING TO REDUCE AND PREVENT**
2 **DISCRIMINATION.**

3 Not later than 2 years after date of enactment of this
4 Act, the Secretary of Health and Human Services shall,
5 through a contract with an independent research organiza-
6 tion, conduct a study and make recommendations for ac-
7 credited schools of allopathic medicine, osteopathic medi-
8 cine, and nursing, and other health professional training
9 programs, on best practices related to training to reduce
10 and prevent discrimination, including training related to
11 implicit and explicit biases, in the provision of health care
12 services related to prenatal care, labor care, birthing, and
13 postpartum care.

14 **SEC. 5. PERINATAL QUALITY COLLABORATIVES.**

15 Section 317K(a)(2) of the Public Health Service Act
16 (42 U.S.C. 247b–12(a)(2)) is amended by adding at the
17 end the following:

18 “(E)(i) The Secretary, acting through the
19 Director of the Centers for Disease Control and
20 Prevention and in coordination with other of-
21 fices and agencies, as appropriate, shall estab-
22 lish or continue a competitive grant program
23 for the establishment or support of perinatal
24 quality collaboratives to improve perinatal care
25 and perinatal health outcomes for pregnant and
26 postpartum women and their infants. A State,

1 Indian Tribe, or Tribal organization may use
2 funds received through such grant to—

3 “(I) support the use of evidence-based
4 or evidence-informed practices to improve
5 outcomes for maternal and infant health;

6 “(II) work with clinical teams; ex-
7 perts; State, local, and, as appropriate,
8 Tribal public health officials; and stake-
9 holders, including patients and families, to
10 identify, develop, or disseminate best prac-
11 tices to improve perinatal care and out-
12 comes; and

13 “(III) employ strategies that provide
14 opportunities for health care professionals
15 and clinical teams to collaborate across
16 health care settings and disciplines, includ-
17 ing primary care and mental health, as ap-
18 propriate, to improve maternal and infant
19 health outcomes, which may include the
20 use of data to provide timely feedback
21 across hospital and clinical teams to in-
22 form responses, and to provide support
23 and training to hospital and clinical teams
24 for quality improvement, as appropriate.

1 “(ii) To be eligible for a grant under
2 clause (i), an entity shall submit to the Sec-
3 retary an application in such form and manner
4 and containing such information as the Sec-
5 retary may require.”.

6 **SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND**
7 **POSTPARTUM WOMEN.**

8 (a) GRANTS.—Title III of the Public Health Service
9 Act is amended by inserting after section 330N of such
10 Act, as added by section 2, the following:

11 **“SEC. 330O. INTEGRATED SERVICES FOR PREGNANT AND**
12 **POSTPARTUM WOMEN.**

13 “(a) IN GENERAL.—The Secretary may award grants
14 to States, Indian Tribes, and Tribal organizations for the
15 purpose of establishing or operating evidence-based or in-
16 novative, evidence-informed programs to deliver integrated
17 health care services to pregnant and postpartum women
18 to optimize the health of women and their infants, includ-
19 ing to reduce adverse maternal health outcomes, preg-
20 nancy-related deaths, and related health disparities (in-
21 cluding such disparities associated with racial and ethnic
22 minority populations), and, as appropriate, by addressing
23 issues researched under subsection (b)(2) of section 317K.

24 “(b) INTEGRATED SERVICES FOR PREGNANT AND
25 POSTPARTUM WOMEN.—

1 “(1) ELIGIBILITY.—To be eligible to receive a
2 grant under subsection (a), a State, Indian Tribe, or
3 Tribal organization shall work with relevant stake-
4 holders that coordinate care (including coordinating
5 resources and referrals for health care and social
6 services) to develop and carry out the program, in-
7 cluding—

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

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

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

22 “(2) TERMS.—

23 “(A) PERIOD.—A grant awarded under
24 subsection (a) shall be made for a period of 5
25 years. Any supplemental award made to a

1 grantee under subsection (a) may be made for
2 a period of less than 5 years.

3 “(B) PREFERENCE.—In awarding grants
4 under subsection (a), the Secretary shall—

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

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

16 “(C) PRIORITY.—In awarding grants
17 under subsection (a), the Secretary shall give
18 priority to applications from up to 15 entities
19 described in subparagraph (B)(i).

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

23 “(e) DEFINITIONS.—In this section, the terms ‘In-
24 dian Tribe’ and ‘Tribal organization’ have the meanings
25 given the terms ‘Indian tribe’ and ‘tribal organization’, re-

1 spectively, in section 4 of the Indian Self-Determination
2 and Education Assistance Act.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 \$10,000,000 for each of fiscal years 2021 through 2025.”.

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

8 (1) REPORT.—Not later than February 1,
9 2026, the Secretary of Health and Human Services
10 shall submit to the Committee on Health, Edu-
11 cation, Labor, and Pensions of the Senate and the
12 Committee on Energy and Commerce of the House
13 of Representatives a report that describes—

14 (A) the outcomes of the activities sup-
15 ported by the grants awarded under the amend-
16 ment made by this section on maternal and
17 child health;

18 (B) best practices and models of care used
19 by recipients of grants under such amendment;
20 and

21 (C) obstacles identified by recipients of
22 grants under such amendment, and strategies
23 used by such recipients to deliver care, improve
24 maternal and child health, and reduce health
25 disparities.

1 (2) DISSEMINATION OF BEST PRACTICES.—Not
2 later than August 1, 2026, the Secretary of Health
3 and Human Services shall disseminate information
4 on best practices and models of care used by recipi-
5 ents of grants under the amendment made by this
6 section (including best practices and models of care
7 relating to the reduction of health disparities, includ-
8 ing such disparities associated with racial and ethnic
9 minority populations, in rates of maternal mortality
10 and severe maternal morbidity) to relevant stake-
11 holders, which may include health providers, medical
12 schools, nursing schools, relevant State, Tribal, and
13 local agencies, and the general public.

14 **SEC. 7. IMPROVING RURAL MATERNAL AND OBSTETRIC**
15 **CARE DATA.**

16 (a) MATERNAL MORTALITY AND MORBIDITY ACTIVI-
17 TIES.—Section 301(e) of the Public Health Service Act
18 (42 U.S.C. 241(e)) is amended by inserting “, preventable
19 maternal mortality and severe maternal morbidity,” after
20 “delivery”.

21 (b) OFFICE OF WOMEN’S HEALTH.—Section
22 310A(b)(1) of the Public Health Service Act (42 U.S.C.
23 242s(b)(1)) is amended by striking “and sociocultural con-
24 texts,” and inserting “sociocultural (including among

1 American Indians, Native Hawaiians, and Alaska Na-
2 tives), and geographical contexts”.

3 (c) SAFE MOTHERHOOD.—Section 317K of the Pub-
4 lic Health Service Act (42 U.S.C. 247b–12) is amended—

5 (1) in subsection (a)(2)(A), by inserting “, in-
6 cluding improving collection of data on race, eth-
7 nicity, and other demographic information” before
8 the period; and

9 (2) in subsection (b)(2)—

10 (A) in subparagraph (L), by striking
11 “and” at the end;

12 (B) by redesignating subparagraph (M) as
13 subparagraph (N); and

14 (C) by inserting after subparagraph (L)
15 the following:

16 “(M) an examination of the relationship
17 between maternal health and obstetric services
18 in rural areas and outcomes in delivery and
19 postpartum care; and”.

20 (d) OFFICE OF RESEARCH ON WOMEN’S HEALTH.—
21 Section 486 of the Public Health Service Act (42 U.S.C.
22 287d) is amended—

23 (1) in subsection (b), by amending paragraph

24 (3) to read as follows:

1 “(3) carry out paragraphs (1) and (2) with re-
2 spect to—

3 “(A) the aging process in women, with pri-
4 ority given to menopause; and

5 “(B) pregnancy, with priority given to
6 deaths related to preventable maternal mor-
7 tality and severe maternal morbidity;” and

8 (2) in subsection (d)(4)(A)(iv), by inserting “,
9 including preventable maternal morbidity and severe
10 maternal morbidity” before the semicolon.

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

12 The Public Health Service Act is amended by insert-
13 ing after section 330A–1 (42 U.S.C. 254c–1a) the fol-
14 lowing:

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

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

1 “(b) USE OF FUNDS.—Grants or cooperative agree-
2 ments awarded pursuant to this section shall be used for
3 the establishment or continuation of collaborative improve-
4 ment and innovation networks to improve maternal health
5 in rural areas by improving infant health and maternal
6 outcomes and reducing preventable maternal mortality
7 and severe maternal morbidity. Rural obstetric networks
8 established in accordance with this section may—

9 “(1) develop a network to improve coordination
10 and increase access to maternal health care and as-
11 sist pregnant women in the areas described in sub-
12 section (a) with accessing and utilizing maternal and
13 obstetric care, including health care services related
14 to prenatal care, labor care, birthing, and
15 postpartum care to improve outcomes in birth and
16 maternal mortality and morbidity;

17 “(2) identify and implement evidence-based and
18 sustainable delivery models for maternal and obstet-
19 ric care (including health care services related to
20 prenatal care, labor care, birthing, and postpartum
21 care for women in the areas described in subsection
22 (a), including home visiting programs and culturally
23 appropriate care models that reduce health dispari-
24 ties;

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

5 “(4) provide training for professionals in health
6 care settings that do not have specialty maternity
7 care;

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

12 “(6) assess and address disparities in infant
13 and maternal health outcomes, including among ra-
14 cial and ethnic minority populations and underserved
15 populations in areas described in subsection (a).

16 “(c) DEFINITIONS.—In this section:

17 “(1) ELIGIBLE ENTITIES.—The term ‘eligible
18 entities’ means entities providing maternal health
19 care services in rural areas, frontier areas, or medi-
20 cally underserved areas, or to medically underserved
21 populations or Indian Tribes or Tribal organizations.

22 “(2) FRONTIER AREA.—The term ‘frontier
23 area’ means a frontier county, as defined in section
24 1886(d)(3)(E)(iii)(III) of the Social Security Act.

1 “(3) INDIAN TRIBES; TRIBAL ORGANIZATION.—
2 The terms ‘Indian Tribe’ and ‘Tribal organization’
3 have the meanings given the terms ‘Indian tribe’ and
4 ‘tribal organization’, respectively, in section 4 of the
5 Indian Self-Determination and Education Assistance
6 Act.

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

11 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to carry out this section
13 \$3,000,000 for each of fiscal years 2021 through 2025.”.

14 **SEC. 9. TELEHEALTH NETWORK AND TELEHEALTH RE-**
15 **SOURCE CENTERS GRANT PROGRAMS.**

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

18 (1) in subsection (f)(3), by adding at the end
19 the following:

20 “(M) Providers of maternal care, including
21 prenatal, labor care, birthing, and postpartum
22 care services and entities operating obstetric
23 care units.”; and

1 (2) in subsection (h)(1)(B), by inserting “labor
2 care, birthing care, postpartum care,” before “or
3 prenatal”.

4 **SEC. 10. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
5 **ING DEMONSTRATION.**

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

9 **“SEC. 764. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
10 **ING DEMONSTRATION.**

11 “(a) IN GENERAL.—The Secretary shall award
12 grants to accredited schools of allopathic medicine, osteo-
13 pathic medicine, and nursing, and other appropriate
14 health professional training programs, to establish a train-
15 ing demonstration program to support—

16 “(1) training for physicians, medical residents,
17 fellows, nurse practitioners, physician assistants,
18 nurses, certified nurse midwives, relevant home vis-
19 iting workforce professionals and paraprofessionals,
20 or other professionals who meet relevant State train-
21 ing and licensing requirements, as applicable, to pro-
22 vide maternal health care services in rural commu-
23 nity-based settings; and

24 “(2) developing recommendations for such
25 training programs.

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

5 “(c) ACTIVITIES.—

6 “(1) TRAINING FOR HEALTH CARE PROFES-
7 SIONALS.—A recipient of a grant under subsection
8 (a)—

9 “(A) shall use the grant funds to plan, de-
10 velop, and operate a training program to pro-
11 vide maternal health care in rural areas; and

12 “(B) may use the grant funds to provide
13 additional support for the administration of the
14 program or to meet the costs of projects to es-
15 tablish, maintain, or improve faculty develop-
16 ment, or departments, divisions, or other units
17 necessary to implement such training.

18 “(2) TRAINING PROGRAM REQUIREMENTS.—
19 The recipient of a grant under subsection (a) shall
20 ensure that training programs carried out under the
21 grant are evidence-based and address improving ma-
22 ternal health care in rural areas, and such programs
23 may include training on topics such as—

24 “(A) maternal mental health, including
25 perinatal depression and anxiety;

1 “(B) substance use disorders;

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

4 “(D) implicit and explicit bias.

5 “(d) EVALUATION AND REPORT.—

6 “(1) EVALUATION.—

7 “(A) IN GENERAL.—The Secretary shall
8 evaluate the outcomes of the demonstration
9 program under this section.

10 “(B) DATA SUBMISSION.—Recipients of a
11 grant under subsection (a) shall submit to the
12 Secretary performance metrics and other re-
13 lated data in order to evaluate the program for
14 the report described in paragraph (2).

15 “(2) REPORT TO CONGRESS.—Not later than
16 January 1, 2025, the Secretary shall submit to the
17 Committee on Health, Education, Labor, and Pen-
18 sions of the Senate and the Committee on Energy
19 and Commerce of the House of Representatives a re-
20 port that includes—

21 “(A) an analysis of the effects of the dem-
22 onstration program under this section on the
23 quality, quantity, and distribution of maternal
24 health care services, including health care serv-
25 ices related to prenatal care, labor care, birth-

1 ing, and postpartum care, and the demo-
2 graphics of the recipients of those services;

3 “(B) an analysis of maternal and infant
4 health outcomes (including quality of care, mor-
5 bidity, and mortality) before and after imple-
6 mentation of the program in the communities
7 served by entities participating in the dem-
8 onstration program; and

9 “(C) recommendations on whether the
10 demonstration program should be continued.

11 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to carry out this section
13 \$5,000,000 for each of fiscal years 2021 through 2025.”.