

117TH CONGRESS
1ST SESSION

S. 796

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 of 2021”.

4 **SEC. 2. DEFINITIONS.**

5 In this Act:

6 (1) **MATERNAL MORTALITY.**—The term “mater-
7 nal mortality” means a death occurring during preg-
8 nancy or within a one-year period after pregnancy
9 that is caused by pregnancy-related or childbirth
10 complications, including suicide, overdose, or other
11 death resulting from a mental health or substance
12 use disorder attributed to or aggravated by preg-
13 nancy-related or childbirth complications.

14 (2) **POSTPARTUM.**—The term “postpartum”,
15 with respect to an individual, means the one-year pe-
16 riod beginning on the last day of the pregnancy of
17 the individual.

18 (3) **PREGNANCY-ASSOCIATED DEATH.**—The
19 term “pregnancy-associated death” means the death
20 of a pregnant or postpartum individual, by any
21 cause, that occurs during pregnancy or within one
22 year following pregnancy, regardless of the outcome,
23 duration, or site of the pregnancy.

24 (4) **PREGNANCY-RELATED DEATH.**—The term
25 “pregnancy-related death” means the death of a
26 pregnant or postpartum individual that occurs dur-

1 ing pregnancy or within one year following preg-
 2 nancy from a pregnancy complication, a chain of
 3 events initiated by pregnancy, or the aggravation of
 4 an unrelated condition by the physiologic effects of
 5 pregnancy.

6 (5) RACIAL AND ETHNIC MINORITY GROUP.—

7 The term “racial and ethnic minority group” has the
 8 meaning given that term in section 1707(g)(1) of
 9 the Public Health Service Act (42 U.S.C. 300u-
 10 6(g)(1)).

11 (6) SEVERE MATERNAL MORBIDITY.—The term

12 “severe maternal morbidity” means a health condi-
 13 tion, including a mental health condition or sub-
 14 stance use disorder, attributed to or aggravated by
 15 pregnancy or childbirth that results in significant
 16 short-term or long-term consequences to the health
 17 of the individual who was pregnant.

18 **SEC. 3. SUPPORT BY DEPARTMENT OF VETERANS AFFAIRS**
 19 **OF MATERNITY CARE COORDINATION.**

20 (a) PROGRAM ON MATERNITY CARE COORDINA-
 21 TION.—

22 (1) IN GENERAL.—The Secretary of Veterans

23 Affairs shall carry out the maternity care coordina-
 24 tion program described in Veterans Health Adminis-
 25 tration Directive 1330.03.

1 (2) TRAINING AND SUPPORT.—In carrying out
2 the program under paragraph (1), the Secretary
3 shall provide to community maternity care providers
4 training and support with respect to the unique
5 needs of pregnant and postpartum veterans, particu-
6 larly regarding mental and behavioral health condi-
7 tions relating to the service of those veterans in the
8 Armed Forces.

9 (b) AUTHORIZATION OF APPROPRIATIONS.—

10 (1) IN GENERAL.—There is authorized to be
11 appropriated to the Secretary \$15,000,000 for fiscal
12 year 2022 for the program under subsection (a)(1).

13 (2) SUPPLEMENT NOT SUPPLANT.—Amounts
14 authorized under paragraph (1) are authorized in
15 addition to any other amounts authorized for mater-
16 nity health care and coordination for the Depart-
17 ment of Veterans Affairs.

18 (c) DEFINITIONS.—In this section:

19 (1) COMMUNITY MATERNITY CARE PRO-
20 VIDERS.—The term “community maternity care pro-
21 viders” means maternity care providers located at
22 non-Department facilities who provide maternity
23 care to veterans under section 1703 of title 38,
24 United States Code, or any other law administered
25 by the Secretary of Veterans Affairs.

1 (2) NON-DEPARTMENT FACILITIES.—The term
2 “non-Department facilities” has the meaning given
3 that term in section 1701 of title 38, United States
4 Code.

5 **SEC. 4. REPORT ON MATERNAL MORTALITY AND SEVERE**
6 **MATERNAL MORBIDITY AMONG PREGNANT**
7 **AND POSTPARTUM VETERANS.**

8 (a) GAO REPORT.—Not later than two years after
9 the date of the enactment of this Act, the Comptroller
10 General of the United States shall submit to the Com-
11 mittee on Veterans’ Affairs of the Senate and the Com-
12 mittee on Veterans’ Affairs of the House of Representa-
13 tives, and make publicly available, a report on maternal
14 mortality and severe maternal morbidity among pregnant
15 and postpartum veterans, with a particular focus on racial
16 and ethnic disparities in maternal health outcomes for vet-
17 erans.

18 (b) MATTERS INCLUDED.—The report under sub-
19 section (a) shall include the following:

20 (1) To the extent practicable—

21 (A) the number of pregnant and
22 postpartum veterans who have experienced a
23 pregnancy-related death or pregnancy-associ-
24 ated death in the most recent 10 years of avail-
25 able data;

1 (B) the rate of pregnancy-related deaths
2 per 100,000 live births for pregnant and
3 postpartum veterans;

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

7 (D) an assessment of the racial and ethnic
8 disparities in maternal mortality and severe ma-
9 ternal morbidity rates among pregnant and
10 postpartum veterans;

11 (E) identification of the causes of maternal
12 mortality and severe maternal morbidity that
13 are unique to veterans, including post-traumatic
14 stress disorder, military sexual trauma, and in-
15 fertility or miscarriages that may be caused by
16 service in the Armed Forces;

17 (F) identification of the causes of maternal
18 mortality and severe maternal morbidity that
19 are unique to veterans from racial and ethnic
20 minority groups and such other at-risk popu-
21 lations as the Comptroller General considers ap-
22 propriate;

23 (G) identification of any correlations be-
24 tween the former rank of veterans and their
25 maternal health outcomes;

1 (H) the number of veterans who have been
2 diagnosed with infertility by a health care pro-
3 vider of the Veterans Health Administration
4 each year in the most recent five years,
5 disaggregated by age, race, ethnicity, sex, mar-
6 ital status, and geographical location;

7 (I) the number of veterans who have re-
8 ceived a clinical diagnosis of unexplained infer-
9 tility by a health care provider of the Veterans
10 Health Administration each year in the most
11 recent five years; and

12 (J) an assessment of the extent to which
13 the rate of incidence of clinically diagnosed in-
14 fertility among veterans compare or differ to
15 the rate of incidence of clinically diagnosed in-
16 fertility among the civilian population.

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

22 (A) have health care coverage through the
23 Department;

1 (B) are enrolled in the TRICARE program
2 (as defined in section 1072 of title 10, United
3 States Code);

4 (C) have employer-based or private insur-
5 ance;

6 (D) are enrolled in the Medicaid program
7 under title XIX of the Social Security Act (42
8 U.S.C. 1396 et seq.);

9 (E) are eligible to receive health care fur-
10 nished by—

11 (i) the Indian Health Service;

12 (ii) Tribal health programs; or

13 (iii) urban Indian organizations; or

14 (F) are uninsured.

15 (3) Recommendations for legislative and admin-
16 istrative actions to increase access to mental and be-
17 havioral health care for pregnant and postpartum
18 veterans who screen positively for maternal mental
19 or behavioral health conditions.

20 (4) Recommendations to address homelessness,
21 food insecurity, poverty, and related issues among
22 pregnant and postpartum veterans.

23 (5) Recommendations on how to effectively edu-
24 cate maternity care providers on best practices for
25 providing maternity care services to veterans that

1 addresses the unique maternal health care needs of
2 veteran populations.

3 (6) Recommendations to reduce maternal mor-
4 tality and severe maternal morbidity among preg-
5 nant and postpartum veterans and to address racial
6 and ethnic disparities in maternal health outcomes
7 for each of the groups described in subparagraphs
8 (A) through (F) of paragraph (2).

9 (7) Recommendations to improve coordination
10 of care between the Department and non-Depart-
11 ment facilities for pregnant and postpartum vet-
12 erans, including recommendations to improve—

13 (A) health record interoperability; and

14 (B) training for the directors of the Vet-
15 erans Integrated Service Networks, directors of
16 medical facilities of the Department, chiefs of
17 staff of such facilities, maternity care coordina-
18 tors, and staff of relevant non-Department fa-
19 cilities.

20 (8) An assessment of the authority of the Sec-
21 retary of Veterans Affairs to access maternal health
22 data collected by the Department of Health and
23 Human Services and, if applicable, recommendations
24 to increase such authority.

1 (9) To the extent applicable, an assessment of
2 potential causes of or explanations for lower mater-
3 nal mortality rates among veterans who have health
4 care coverage through the Department of Veterans
5 Affairs compared to maternal mortality rates in the
6 general population of the United States.

7 (10) Any other information the Comptroller
8 General determines appropriate with respect to the
9 reduction of maternal mortality and severe maternal
10 morbidity among pregnant and postpartum veterans
11 and to address racial and ethnic disparities in ma-
12 ternal health outcomes for veterans.

13 (c) DEFINITIONS.—In this section, the terms “Tribal
14 health program” and “urban Indian organization” have
15 the meanings given those terms in section 4 of the Indian
16 Health Care Improvement Act (25 U.S.C. 1603).

Passed the Senate October 7, 2021.

Attest:

Secretary.

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