

**[DISCUSSION DRAFT]**

115<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**H. R.** \_\_\_\_\_

To support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Ms. BEUTLER (for herself and Ms. DEGETTE) introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**A BILL**

To support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, 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 “Preventing Maternal  
3 Deaths Act of 2018”.

4 **SEC. 2. SAFE MOTHERHOOD.**

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

7 (1) in subsection (a)—

8 (A) in paragraph (1)—

9 (i) by striking “purpose of this sub-  
10 section is to develop” and inserting “pur-  
11 poses of this subsection are to establish or  
12 continue a Federal initiative to support  
13 State and tribal maternal mortality review  
14 committees, to improve data collection and  
15 reporting around maternal mortality, and  
16 to develop or support”;

17 (ii) by inserting “, including severe  
18 maternal morbidities,” after “maternal  
19 complications”; and

20 (iii) by striking “population at risk of  
21 death and” and inserting “populations at  
22 risk of death and severe”; and

23 (B) in paragraph (2)—

24 (i) by amending subparagraph (A) to  
25 read as follows:

1           “(A) The Secretary may continue and im-  
2           prove activities related to a national maternal  
3           mortality data collection and surveillance pro-  
4           gram to identify and support the review of  
5           pregnancy-associated deaths and pregnancy-re-  
6           lated deaths and severe maternal morbidity that  
7           occur during, or within 1 year following, preg-  
8           nancy.”; and

9                       (ii) by inserting after subparagraph  
10           (C) the following:

11           “(D) The Secretary may, in cooperation  
12           with States, Indian tribes, and tribal organiza-  
13           tions, develop a program to support States, In-  
14           dian tribes, and tribal organizations in estab-  
15           lishing or operating maternal mortality review  
16           committees, in accordance with subsection  
17           (d).”;

18           (2) in subsection (b)(2)—

19                       (A) in subparagraph (A)—

20                               (i) by striking “preconception” and  
21                               inserting “prepregnancy”; and

22                               (ii) by inserting “and women with  
23                               substance use disorder” before the semi-  
24                               colon;

25                       (B) in subparagraph (H)—

1 (i) by inserting “the identification of  
2 the determinants of disparities in maternal  
3 care, health risks, and health outcomes, in-  
4 cluding” before “an examination”; and

5 (ii) by inserting “and other groups of  
6 women with disproportionately high rates  
7 of maternal mortality” before the semi-  
8 colon;

9 (C) by redesignating subparagraphs (I)  
10 through (L) as subparagraphs (J) through (M),  
11 respectively;

12 (D) by inserting after subparagraph (H)  
13 the following:

14 “(I) activities to reduce disparities in ma-  
15 ternity services and outcomes;”; and

16 (E) in subparagraph (K), as so redesi-  
17 gnated, by striking “, alcohol and illegal drug  
18 use” and inserting “and substance abuse and  
19 misuse”;

20 (3) in subsection (c)—

21 (A) by striking “(1) IN GENERAL—The  
22 Secretary” and inserting “The Secretary”;

23 (B) by redesignating subparagraphs (A)  
24 through (C) as paragraphs (1) through (3), re-

1           spectively, and adjusting the margins accord-  
2           ingly;

3           (C) in paragraph (1), as so redesignated,  
4           by striking “and the building of partnerships  
5           with outside organizations concerned about safe  
6           motherhood”;

7           (D) in paragraph (2), as so redesignated,  
8           by striking “; and” and inserting a semicolon;

9           (E) in paragraph (3), as so redesignated,  
10          by striking the period and inserting “; and”;  
11          and

12          (F) by adding at the end the following:

13          “(4) activities to promote physical, mental, and  
14          behavioral health during, and up to 1 year following,  
15          pregnancy, with an emphasis on prevention of, and  
16          treatment for, depression and substance use dis-  
17          order.”;

18          (4) by redesignating subsection (d) as sub-  
19          section (f);

20          (5) by inserting after subsection (c) the fol-  
21          lowing:

22          “(d) MATERNAL MORTALITY REVIEW COMMIT-  
23          TEES.—

24          “(1) IN GENERAL.—In order to participate in  
25          the program under subsection (a)(2)(D), the applica-

1 ble maternal mortality review committee of the  
2 State, Indian tribe, or tribal organization shall—

3 “(A) include multidisciplinary and diverse  
4 membership that represents, as appropriate, a  
5 variety of clinical specialties, State, tribal, or  
6 local public health officials, epidemiologists,  
7 statisticians, community organizations, geo-  
8 graphic regions within the area covered by such  
9 committee, and individuals or organizations  
10 that represent the populations in the area cov-  
11 ered by such committee that is most affected by  
12 pregnancy-related deaths or pregnancy-associ-  
13 ated deaths and lack of access to maternal  
14 health care services; and

15 “(B) to the extent practicable, use evi-  
16 dence-based practices to demonstrate that such  
17 maternal mortality review committee’s methods  
18 and processes for the data collection and re-  
19 view, as required under paragraph (3), will reli-  
20 ably determine and include all pregnancy-asso-  
21 ciated deaths and associated pregnancy-related  
22 deaths, regardless of the outcome of the preg-  
23 nancy.

24 “(2) PROCESS FOR CONFIDENTIAL REPORT-  
25 ING.—States, Indian tribes, and tribal organizations

1 that participate in the program described in this  
2 subsection shall, through the State maternal mor-  
3 tality review committee, develop a process that—

4 “(A) provides for confidential case report-  
5 ing of pregnancy-associated and pregnancy-re-  
6 lated deaths to the appropriate State or tribal  
7 health agency, including such reporting by—

8 “(i) health care professionals prac-  
9 ticing in women’s health, including obste-  
10 tricians, gynecologists, nurse practitioners,  
11 clinical nurse specialists, certified reg-  
12 istered nurse anesthetists, and certified  
13 nurse midwives;

14 “(ii) medical examiners;

15 “(iii) medical coroners;

16 “(iv) hospitals;

17 “(v) birth centers;

18 “(vi) other health care facilities;

19 “(vii) other individuals responsible for  
20 completing death records; and

21 “(viii) other appropriate individuals or  
22 entities; and

23 “(B) provides for voluntary and confiden-  
24 tial case reporting of pregnancy-associated  
25 deaths and pregnancy-related deaths to the ap-

1           appropriate State or tribal health agency by fam-  
2           ily members of the deceased, and other appro-  
3           priate individuals, for purposes of review by the  
4           applicable maternal mortality review committee;  
5           and

6           “(C) may include—

7                   “(i) making publicly available contact  
8                   information of the committee for use in  
9                   such reporting; and

10                   “(ii) conducting outreach to local pro-  
11                   fessional organizations, community organi-  
12                   zations, and social services agencies re-  
13                   garding the availability of the review com-  
14                   mittee.

15           “(3) DATA COLLECTION AND REVIEW.—States,  
16           Indian tribes, and tribal organizations that partici-  
17           pate in the program described in this subsection  
18           shall—

19                   “(A) annually identify pregnancy-associ-  
20                   ated deaths and pregnancy-related deaths—

21                           “(i) through the appropriate vital sta-  
22                           tistics unit by—

23                                   “(I) matching each death record  
24                                   related to a pregnancy-associated  
25                                   death or pregnancy-related death in



1 the State or tribal area in the applica-  
2 ble year to a birth certificate of an in-  
3 fant or fetal death record, as applica-  
4 ble;

5 “(II) to the extent practicable,  
6 identifying an underlying or contrib-  
7 uting cause of each pregnancy-associ-  
8 ated death and each pregnancy-related  
9 death in the State or tribal area in  
10 the applicable year; and

11 “(III) collecting data from med-  
12 ical examiner and coroner reports, as  
13 appropriate; and

14 “(ii) using other appropriate methods  
15 or information to identify pregnancy-asso-  
16 ciated deaths and pregnancy-related  
17 deaths;

18 “(B) through the maternal mortality re-  
19 view committee, review data and information to  
20 identify adverse outcomes that may contribute  
21 to pregnancy-associated death and pregnancy-  
22 related death, and to identify trends, patterns,  
23 and disparities in such adverse outcomes to  
24 allow the State, Indian tribe, or tribal organiza-  
25 tion to make recommendations to individuals

1 and entities described in paragraph (2)(A), as  
2 appropriate, to improve maternal care and re-  
3 duce pregnancy-associated death and preg-  
4 nancy-related death; and

5 “(C) ensure that, to the extent practicable,  
6 the data collected and reported under this para-  
7 graph is in a format that allows for analysis by  
8 the Centers for Disease Control and Prevention.

9 “(4) CONFIDENTIALITY.—States, Indian tribes,  
10 and tribal organizations participating in the program  
11 described in this subsection shall establish confiden-  
12 tiality protections to ensure, at a minimum, that—

13 “(A) there is no disclosure by the maternal  
14 mortality review committee, including any indi-  
15 vidual members of the committee, to any per-  
16 son, including any government official, of any  
17 identifying information about any specific ma-  
18 ternal mortality case; and

19 “(B) no information from committee pro-  
20 ceedings, including deliberation or records, is  
21 made public unless specifically authorized under  
22 State and Federal law.

23 “(5) REPORTS TO CDC.—For fiscal year 2019,  
24 and each subsequent fiscal year, each maternal mor-  
25 tality review committee participating in the program

1 described in this subsection shall submit to the Di-  
2 rector of the Centers for Disease Control and Pre-  
3 vention a report that includes—

4 “(A) data, findings, and any recommenda-  
5 tions of such committee; and

6 “(B) as applicable, information on the im-  
7 plementation during such year of any rec-  
8 ommendations submitted by the committee in a  
9 previous year.

10 “(6) STATE PARTNERSHIPS.—States may part-  
11 ner with one or more neighboring States to carry out  
12 the activities under this subparagraph. With respect  
13 to the States in such a partnership, any requirement  
14 under this subparagraph relating to the reporting of  
15 information related to such activities shall be  
16 deemed to be fulfilled by each such State if a single  
17 such report is submitted for the partnership.

18 “(7) APPROPRIATE MECHANISMS FOR INDIAN  
19 TRIBES AND TRIBAL ORGANIZATIONS.—The Sec-  
20 retary, in consultation with Indian tribes, shall iden-  
21 tify and establish appropriate mechanisms for Indian  
22 tribes and tribal organizations to demonstrate, re-  
23 port data, and conduct the activities as required for  
24 participation in the program described in this sub-  
25 section. Such mechanisms may include technical as-

1       sistance with respect to grant application and sub-  
2       mission procedures, and award management activi-  
3       ties.

4               “(8) RESEARCH AVAILABILITY.—The Secretary  
5       shall develop a process to ensure that data collected  
6       under paragraph (5) is made available, as appro-  
7       priate and practicable, for research purposes, in a  
8       manner that protects individually identifiable or po-  
9       tentially identifiable information and that is con-  
10      sistent with State and Federal privacy law.

11      “(e) DEFINITIONS.—In this section—

12              “(1) the terms ‘Indian tribe’ and ‘tribal organi-  
13      zations’ have the meanings given such terms in sec-  
14      tion 4 of the Indian Self-Determination and Edu-  
15      cation Assistance Act (25 U.S.C. 5304);

16              “(2) the term ‘pregnancy-associated death’  
17      means a death of a woman, by any cause, that oc-  
18      curs during, or within 1 year following, her preg-  
19      nancy, regardless of the outcome, duration, or site of  
20      the pregnancy; and

21              “(3) the term ‘pregnancy-related death’ means  
22      a death of a woman that occurs during, or within 1  
23      year following, her pregnancy, regardless of the out-  
24      come, duration, or site of the pregnancy—

1                   “(A) from any cause related to, or aggra-  
2                   vated by, the pregnancy or its management;  
3                   and

4                   “(B) not from accidental or incidental  
5                   causes.”; and

6                   (6) in subsection (f), as so redesignated, by  
7                   striking “such sums as may be necessary for each of  
8                   the fiscal years 2001 through 2005” and inserting  
9                   “\$58,000,000 for each of fiscal years 2019 through  
10                  2023”.