

116TH CONGRESS
1ST SESSION

H. R. 4215

To improve maternal health care quality, to improve the training of health care professionals to reduce or prevent discrimination in certain health care services, to improve perinatal care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 30, 2019

Mr. BUCSHON (for himself, Mr. CARSON of Indiana, Mr. BURGESS, Mr. BILL-RAKIS, Mrs. BROOKS of Indiana, Ms. HERRERA BEUTLER, Mr. LONG, Mrs. MCBATH, and Mr. WALDEN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To improve maternal health care quality, to improve the training of health care professionals to reduce or prevent discrimination in certain health care services, to improve perinatal care, 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 “Excellence in Maternal
5 Health Act of 2019”.

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

2 The Public Health Service Act is amended by insert-
3 ing after section 330M of such Act (42 U.S.C. 254e–19)
4 the following:

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

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

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

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

25 “(B) best practices for improving maternal
26 health care based on data findings and reviews

1 conducted by a State maternal mortality review
2 committee that address topics of relevance to
3 common complications or health risks related to
4 prenatal care, labor care, birthing, and postpar-
5 tum care; and

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

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

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

21 “(4) identifying, developing, and evaluating new
22 models of care that improve maternal and infant
23 health outcomes, which may include the integration
24 of community-based services and clinical care.

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

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

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

11 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this section, there is authorized to be appro-
13 priated \$10,000,000 for each of fiscal years 2020 through
14 2024.”.

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

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

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

20 “(a) GRANT PROGRAM.—The Secretary shall estab-
21 lish a program to award grants to accredited schools of
22 allopathic medicine, osteopathic medicine, and nursing,
23 and other health professional training programs for the
24 training of health care professionals to reduce and prevent
25 discrimination (including training related to implicit bi-

1 ases) in the provision of health care services related to
2 prenatal care, labor care, birthing, and postpartum care.

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

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

13 “(d) BEST PRACTICES.—The Secretary may identify
14 and disseminate best practices for the training of health
15 care professionals to reduce and prevent discrimination
16 (including training related to implicit biases) in the provi-
17 sion of health care services related to prenatal care, labor
18 care, birthing, and postpartum care.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
20 carry out this section, there is authorized to be appro-
21 priated \$5,000,000 for each of fiscal years 2020 through
22 2024.”.

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 (re-
5 ferred to in this section as the “Secretary”) shall, through
6 a contract with an independent research organization, con-
7 duct a study and make recommendations for accredited
8 schools of allopathic medicine, osteopathic medicine, and
9 nursing, and other health professional training programs
10 on best practices related to training to reduce and prevent
11 discrimination, including training related to implicit bi-
12 ases, in the provision of health care services related to pre-
13 natal care, labor care, birthing, and postpartum care.

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

15 (a) GRANTS.—Section 317K(a)(2) of the Public
16 Health Service Act (42 U.S.C. 247b–12(a)(2)) is amended
17 by adding at the 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-
4 based or evidence-informed practices
5 to improve outcomes for maternal and
6 infant health;

7 “(II) work with clinical teams;
8 experts; State, local, and, as appro-
9 priate, tribal public health officials;
10 and stakeholders, including patients
11 and families, to identify, develop, or
12 disseminate best practices to improve
13 perinatal care and outcomes; and

14 “(III) employ strategies that pro-
15 vide opportunities for health care pro-
16 fessionals and clinical teams to col-
17 laborate across health care settings
18 and disciplines, including primary
19 care and mental health, as appro-
20 priate, to improve maternal and infant
21 health outcomes, which may include
22 the use of data to provide timely feed-
23 back across hospital and clinical
24 teams to inform responses, and to
25 provide support and training to hos-

1 pital and clinical teams for quality im-
2 provement, as appropriate.

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

8 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
9 317K(f) of the Public Health Service Act (42 U.S.C.
10 247b–12(f)) is amended by striking “\$58,000,000 for
11 each of fiscal years 2019 through 2023” and inserting
12 “\$65,000,000 for each of fiscal years 2020 through
13 2024”.

14 **SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND**
15 **POSTPARTUM WOMEN.**

16 (a) GRANTS.—The Public Health Service Act is
17 amended by inserting after section 330N of such Act, as
18 added by section 2, the following:

19 **“SEC. 330O. INTEGRATED SERVICES FOR PREGNANT AND**
20 **POSTPARTUM WOMEN.**

21 “(a) IN GENERAL.—The Secretary may award grants
22 for the purpose of establishing or operating evidence-based
23 or innovative, evidence-informed programs to deliver inte-
24 grated health care services to pregnant and postpartum
25 women to optimize the health of women and their infants,

1 including to reduce adverse maternal health outcomes,
2 pregnancy-related deaths, and related health disparities
3 (including such disparities associated with racial and eth-
4 nic minority populations), and, as appropriate, by address-
5 ing issues researched under subsection (b)(2) of section
6 317K.

7 “(b) INTEGRATED SERVICES FOR PREGNANT AND
8 POSTPARTUM WOMEN.—

9 “(1) ELIGIBILITY.—To be eligible to receive a
10 grant under subsection (a), a State, Indian Tribe, or
11 Tribal organization (as such terms are defined in
12 section 4 of the Indian Self-Determination and Edu-
13 cation Assistance Act) shall work with relevant
14 stakeholders that coordinate care (including coordi-
15 nating resources and referrals for health care and
16 social services) to develop and carry out the pro-
17 gram, including—

18 “(A) State, Tribal, and local agencies re-
19 sponsible for Medicaid, public health, social
20 services, mental health, and substance use dis-
21 order treatment and services;

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

24 “(C) community-based health organiza-
25 tions and health workers, including providers of

1 home visiting services and individuals rep-
2 resenting communities with disproportionately
3 high rates of maternal mortality and severe ma-
4 ternal morbidity, and including those rep-
5 resenting racial and ethnicity minority popu-
6 lations.

7 “(2) TERMS.—

8 “(A) PERIOD.—A grant awarded under
9 subsection (a) shall be made for a period of 5
10 years. Any supplemental award made to a
11 grantee under subsection (a) may be made for
12 a period of less than 5 years.

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

15 “(i) give preference to States, Indian
16 Tribes, and Tribal organizations that have
17 the highest rates of maternal mortality and
18 severe maternal morbidity relative to other
19 such States, Indian Tribes, or Tribal orga-
20 nizations, respectively; and

21 “(ii) shall consider health disparities
22 related to maternal mortality and severe
23 maternal morbidity, including such dispari-
24 ties associated with racial and ethnic mi-
25 nority populations.

1 “(C) PRIORITY.—In awarding grants
2 under subsection (a), the Secretary shall give
3 priority to applications from up to 15 entities
4 described in subparagraph (B)(i).

5 “(D) EVALUATION.—The Secretary shall
6 require grantees to evaluate the outcomes of the
7 programs supported under the grant.

8 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
9 carry out this section, there is authorized to be appro-
10 priated \$15,000,000 for each of fiscal years 2020 through
11 2024.”.

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

14 (1) REPORT.—Not later than February 1,
15 2026, the Secretary of Health and Human Services
16 shall submit to the Committee on Health, Edu-
17 cation, Labor, and Pensions of the Senate and the
18 Committee on Energy and Commerce of the House
19 of Representatives a report that describes—

20 (A) the outcomes of the activities sup-
21 ported by the grants awarded under the amend-
22 ments made by this section on maternal and
23 child health;

1 (B) best practices and models of care used
2 by recipients of grants under such amendments;
3 and

4 (C) obstacles identified by recipients of
5 grants under such amendments, and strategies
6 used by such recipients to deliver care, improve
7 maternal and child health, and reduce health
8 disparities.

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

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