

118TH CONGRESS  
1ST SESSION

# H. R. 3523

To grow and diversify the perinatal workforce, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 18, 2023

Ms. MOORE of Wisconsin (for herself, Ms. UNDERWOOD, Ms. ADAMS, Mr. ALLRED, Ms. BARRAGÁN, Mrs. BEATTY, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BROWNLEY, Ms. BUDZINSKI, Ms. BUSH, Ms. CARAVEO, Mr. CARBAJAL, Mr. CARSON, Mr. CARTER of Louisiana, Mrs. CHERFILUS-McCORMICK, Ms. CLARKE of New York, Mr. CLEAVER, Mr. COHEN, Ms. CRAIG, Ms. CROCKETT, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. ESCOBAR, Mr. ESPAILLAT, Mr. EVANS, Mrs. FOUSHEE, Mr. GARAMENDI, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GREEN of Texas, Mrs. HAYES, Mr. HORSFORD, Mr. HUFFMAN, Mr. IVEY, Mr. JACKSON of Illinois, Ms. JACKSON LEE, Ms. JACOBS, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. KAMLAGER-DOVE, Mr. KRISHNAMOORTHY, Ms. KUSTER, Ms. LEE of California, Mr. LIEU, Ms. LOFGREN, Mrs. MCBATH, Mrs. MCCLELLAN, Ms. MCCOLLUM, Mr. MCGOVERN, Mr. MEEKS, Ms. MENG, Mr. MFUME, Mr. MORELLE, Mr. MOULTON, Mr. MRVAN, Mr. MULLIN, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. OCASIO-CORTEZ, Mr. PAPPAS, Mr. PAYNE, Mr. PHILLIPS, Ms. PORTER, Ms. PRESSLEY, Mr. RUPPERSBERGER, Ms. SALINAS, Ms. SCANLON, Mr. SCHIFF, Mr. SCHNEIDER, Ms. SCHOLTEN, Mr. DAVID SCOTT of Georgia, Ms. SEWELL, Mr. SOTO, Ms. SPANBERGER, Ms. STANSBURY, Ms. STRICKLAND, Mrs. SYKES, Mr. TAKANO, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Mrs. TORRES of California, Mrs. TRAHAN, Mr. TRONE, Mr. VARGAS, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Ms. WEXTON, Ms. WILLIAMS of Georgia, Mr. PASCRELL, Ms. DELBENE, and Mr. LYNCH) introduced the following bill; which was referred to the Committee on Energy and Commerce

# A BILL

To grow and diversify the perinatal workforce, 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 “Perinatal Workforce  
5 Act”.

6 **SEC. 2. HHS AGENCY DIRECTIVES.**

7       (a) GUIDANCE TO STATES.—

8           (1) IN GENERAL.—Not later than 2 years after  
9 the date of enactment of this Act, the Secretary of  
10 Health and Human Services shall issue and dissemi-  
11 nate guidance to States to educate providers, man-  
12 aged care entities, and other insurers about the  
13 value and process of delivering respectful maternal  
14 health care through diverse and multidisciplinary  
15 care provider models.

16           (2) CONTENTS.—The guidance required by  
17 paragraph (1) shall address how States can encour-  
18 age and incentivize hospitals, health systems, mid-  
19 wifery practices, freestanding birth centers, other  
20 maternity care provider groups, managed care enti-  
21 ties, and other insurers—

1 (A) to recruit and retain maternity care  
2 providers, mental and behavioral health care  
3 providers acting in accordance with State law,  
4 and registered dietitians or nutrition profes-  
5 sionals (as such term is defined in section  
6 1861(vv)(2) of the Social Security Act (42  
7 U.S.C. 1395x(vv)(2)))—

8 (i) from racially, ethnically, and lin-  
9 guistically diverse backgrounds;

10 (ii) with experience practicing in ra-  
11 cially and ethnically diverse communities;  
12 and

13 (iii) who have undergone training on  
14 implicit bias and racism;

15 (B) to incorporate into maternity care  
16 teams—

17 (i) midwives who meet, at a minimum,  
18 the international definition of a midwife  
19 and global standards for midwifery edu-  
20 cation as established by the International  
21 Confederation of Midwives;

22 (ii) perinatal health workers;

23 (iii) physician assistants;

24 (iv) advanced practice registered  
25 nurses; and

1 (v) lactation consultants certified by  
2 the International Board of Lactation Con-  
3 sultant Examiners;

4 (C) to provide collaborative, culturally and  
5 linguistically congruent care; and

6 (D) to provide opportunities for individuals  
7 enrolled in accredited midwifery education pro-  
8 grams to participate in job shadowing with ma-  
9 ternity care teams in hospitals, health systems,  
10 midwifery practices, and freestanding birth cen-  
11 ters.

12 (b) STUDY ON RESPECTFUL AND CULTURALLY AND  
13 LINGUISTICALLY CONGRUENT MATERNITY CARE.—

14 (1) STUDY.—The Secretary of Health and  
15 Human Services acting through the Director of the  
16 National Institutes of Health (in this subsection re-  
17 ferred to as the “Secretary”) shall conduct a study  
18 on best practices in respectful and culturally and lin-  
19 guistically congruent maternity care.

20 (2) REPORT.—Not later than 2 years after the  
21 date of enactment of this Act, the Secretary shall—

22 (A) complete the study required by para-  
23 graph (1);

1 (B) submit to the Congress and make pub-  
2 licly available a report on the results of such  
3 study; and

4 (C) include in such report—

5 (i) a compendium of examples of hos-  
6 pitals, health systems, midwifery practices,  
7 freestanding birth centers, other maternity  
8 care provider groups, managed care enti-  
9 ties, and other insurers that are delivering  
10 respectful and culturally and linguistically  
11 congruent maternal health care;

12 (ii) a compendium of examples of hos-  
13 pitals, health systems, midwifery practices,  
14 freestanding birth centers, other maternity  
15 care provider groups, managed care enti-  
16 ties, and other insurers that have made  
17 progress in reducing disparities in mater-  
18 nal health outcomes and improving birth-  
19 ing experiences for pregnant and  
20 postpartum individuals from racial and  
21 ethnic minority groups; and

22 (iii) recommendations to hospitals,  
23 health systems, midwifery practices, free-  
24 standing birth centers, other maternity  
25 care provider groups, managed care enti-

1 ties, and other insurers, for best practices  
2 in respectful and culturally and linguis-  
3 tically congruent maternity care.

4 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE PERINATAL**  
5 **WORKFORCE.**

6 Title VII of the Public Health Service Act is amended  
7 by inserting after section 757 (42 U.S.C. 294f) the fol-  
8 lowing new section:

9 **“SEC. 758. PERINATAL WORKFORCE GRANTS.**

10 “(a) IN GENERAL.—The Secretary shall award  
11 grants to entities to establish or expand programs de-  
12 scribed in subsection (b) to grow and diversify the  
13 perinatal workforce.

14 “(b) USE OF FUNDS.—Recipients of grants under  
15 this section shall use the grants to grow and diversify the  
16 perinatal workforce by—

17 “(1) establishing accredited schools or pro-  
18 grams that provide education and training to indi-  
19 viduals seeking appropriate licensing and certifi-  
20 cation as—

21 “(A) physician assistants who will complete  
22 clinical training in the field of maternal and  
23 perinatal health;

24 “(B) perinatal health workers; or

1           “(C) midwives who meet, at a minimum,  
2           the international definition of a midwife and  
3           global standards for midwifery education as es-  
4           tablished by the International Confederation of  
5           Midwives; and

6           “(2) expanding the capacity of existing accred-  
7           ited schools or programs described in paragraph (1),  
8           for the purposes of increasing the number of stu-  
9           dents enrolled in such accredited schools or pro-  
10          grams, such as by awarding scholarships for stu-  
11          dents (including students from racially, ethnically,  
12          and linguistically diverse backgrounds).

13          “(c) PRIORITIZATION.—In awarding grants under  
14          this section, the Secretary shall give priority to a school  
15          or program described in subsection (b) that—

16                 “(1) has demonstrated a commitment to re-  
17                 cruiting and retaining students and faculty from ra-  
18                 cial and ethnic minority groups;

19                 “(2) has developed a strategy to recruit and re-  
20                 tain a diverse pool of students into the school or pro-  
21                 gram described in subsection (b) that is supported  
22                 by funds received through the grant, particularly  
23                 from racial and ethnic minority groups and other  
24                 underserved populations;

1           “(3) has developed a strategy to recruit and re-  
2           tain students who plan to practice in a health pro-  
3           fessional shortage area designated under section  
4           332;

5           “(4) has developed a strategy to recruit and re-  
6           tain students who plan to practice in an area with  
7           significant racial and ethnic disparities in maternal  
8           health outcomes, to the extent practicable; and

9           “(5) includes in the standard curriculum for all  
10          students within the school or program described in  
11          subsection (b) a bias, racism, or discrimination  
12          training program that includes training on implicit  
13          bias and racism.

14          “(d) REPORTING.—As a condition on receipt of a  
15          grant under this section for a school or program described  
16          in subsection (b), an entity shall agree to submit to the  
17          Secretary an annual report on the activities conducted  
18          through the grant, including—

19                 “(1) the number and demographics of students  
20                 participating in the school or program;

21                 “(2) the extent to which students in the school  
22                 or program are entering careers in—

23                         “(A) health professional shortage areas  
24                         designated under section 332; and



1           “(B) areas with elevated rates of maternal  
2           mortality, severe maternal morbidity, maternal  
3           health disparities, or other adverse perinatal or  
4           childbirth outcomes, to the extent such data are  
5           available; and

6           “(3) whether the school or program has in-  
7           cluded in the standard curriculum for all students a  
8           bias, racism, or discrimination training program that  
9           includes explicit and implicit bias, and if so the ef-  
10          fectiveness of such training program.

11          “(e) PERIOD OF GRANTS.—The period of a grant  
12          under this section shall be up to 5 years.

13          “(f) APPLICATION.—To seek a grant under this sec-  
14          tion, an entity shall submit to the Secretary an application  
15          at such time, in such manner, and containing such infor-  
16          mation as the Secretary may require, including any infor-  
17          mation necessary for prioritization under subsection (c).

18          “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
19          provide, directly or by contract, technical assistance to en-  
20          tities seeking or receiving a grant under this section on  
21          the development, use, evaluation, and postgrant period  
22          sustainability of the school or program described in sub-  
23          section (b) that is proposed to be, or is being, established  
24          or expanded through the grant.

1       “(h) REPORT BY THE SECRETARY.—Not later than  
2 4 years after the date of enactment of this section, the  
3 Secretary shall prepare and submit to the Congress, and  
4 post on the internet website of the Department of Health  
5 and Human Services, a report on the effectiveness of the  
6 grant program under this section at—

7           “(1) recruiting students from racial and ethnic  
8 minority groups;

9           “(2) increasing the number of health profes-  
10 sionals described in subparagraphs (A), (B), and (C)  
11 of subsection (b)(1) from racial and ethnic minority  
12 groups and other underserved populations;

13           “(3) increasing the number of such health pro-  
14 fessionals working in health professional shortage  
15 areas designated under section 332; and

16           “(4) increasing the number of such health pro-  
17 fessionals working in areas with significant racial  
18 and ethnic disparities in maternal health outcomes,  
19 to the extent such data are available.

20       “(i) DEFINITION.—In this section, the term ‘racial  
21 and ethnic minority group’ has the meaning given such  
22 term in section 1707(g)(1).

23       “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
24 carry out this section, there is authorized to be appro-

1 priated \$15,000,000 for each of fiscal years 2024 through  
2 2028.”.

3 **SEC. 4. GRANTS TO GROW AND DIVERSIFY THE NURSING**  
4 **WORKFORCE IN MATERNAL AND PERINATAL**  
5 **HEALTH.**

6 Title VIII of the Public Health Service Act is amend-  
7 ed by inserting after section 811 of that Act (42 U.S.C.  
8 296j) the following:

9 **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

10 “(a) IN GENERAL.—The Secretary shall award  
11 grants to schools of nursing to grow and diversify the  
12 perinatal nursing workforce.

13 “(b) USE OF FUNDS.—Recipients of grants under  
14 this section shall use the grants to grow and diversify the  
15 perinatal nursing workforce by providing scholarships to  
16 students seeking to become—

17 “(1) nurse practitioners whose education in-  
18 cludes a focus on maternal and perinatal health;

19 “(2) certified nurse-midwives; or

20 “(3) clinical nurse specialists whose education  
21 includes a focus on maternal and perinatal health.

22 “(c) PRIORITIZATION.—In awarding grants under  
23 this section, the Secretary shall give priority to any school  
24 of nursing that—

1           “(1) has developed a strategy to recruit and re-  
2           tain a diverse pool of students seeking to enter ca-  
3           reers focused on maternal and perinatal health, par-  
4           ticularly students from racial and ethnic minority  
5           groups and other underserved populations;

6           “(2) has developed a partnership with a prac-  
7           tice setting in a health professional shortage area  
8           designated under section 332 for the clinical place-  
9           ments of the school’s students;

10           “(3) has developed a strategy to recruit and re-  
11           tain students who plan to practice in an area with  
12           significant racial and ethnic disparities in maternal  
13           health outcomes, to the extent practicable; and

14           “(4) includes in the standard curriculum for all  
15           students seeking to enter careers focused on mater-  
16           nal and perinatal health a bias, racism, or discrimi-  
17           nation training program that includes education on  
18           implicit bias and racism.

19           “(d) REPORTING.—As a condition on receipt of a  
20           grant under this section, a school of nursing shall agree  
21           to submit to the Secretary an annual report on the activi-  
22           ties conducted through the grant, including, to the extent  
23           practicable—

1           “(1) the number and demographics of students  
2           in the school of nursing seeking to enter careers fo-  
3           cused on maternal and perinatal health;

4           “(2) the extent to which such students are pre-  
5           paring to enter careers in—

6                   “(A) health professional shortage areas  
7                   designated under section 332; and

8                   “(B) areas with elevated rates of maternal  
9                   mortality, severe maternal morbidity, maternal  
10                  health disparities, or other adverse perinatal or  
11                  childbirth outcomes, to the extent such data are  
12                  available; and

13           “(3) whether the standard curriculum for all  
14           students seeking to enter careers focused on mater-  
15           nal and perinatal health includes a bias, racism, or  
16           discrimination training program that includes edu-  
17           cation on implicit bias and racism.

18           “(e) PERIOD OF GRANTS.—The period of a grant  
19           under this section shall be up to 5 years.

20           “(f) APPLICATION.—To seek a grant under this sec-  
21           tion, an entity shall submit to the Secretary an applica-  
22           tion, at such time, in such manner, and containing such  
23           information as the Secretary may require, including any  
24           information necessary for prioritization under subsection  
25           (c).

1       “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
2 provide, directly or by contract, technical assistance to  
3 schools of nursing seeking or receiving a grant under this  
4 section on the processes of awarding and evaluating schol-  
5 arships through the grant.

6       “(h) REPORT BY THE SECRETARY.—Not later than  
7 4 years after the date of enactment of this section, the  
8 Secretary shall prepare and submit to the Congress, and  
9 post on the internet website of the Department of Health  
10 and Human Services, a report on the effectiveness of the  
11 grant program under this section at—

12               “(1) recruiting students from racial and ethnic  
13 minority groups and other underserved populations;

14               “(2) increasing the number of advanced prac-  
15 tice registered nurses entering careers focused on  
16 maternal and perinatal health from racial and ethnic  
17 minority groups and other underserved populations;

18               “(3) increasing the number of advanced prac-  
19 tice registered nurses entering careers focused on  
20 maternal and perinatal health working in health pro-  
21 fessional shortage areas designated under section  
22 332; and

23               “(4) increasing the number of advanced prac-  
24 tice registered nurses entering careers focused on  
25 maternal and perinatal health working in areas with

1 significant racial and ethnic disparities in maternal  
2 health outcomes, to the extent such data are avail-  
3 able.

4 “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
5 carry out this section, there is authorized to be appro-  
6 priated \$15,000,000 for each of fiscal years 2024 through  
7 2028.”.

8 **SEC. 5. GAO REPORT.**

9 (a) IN GENERAL.—Not later than 2 years after the  
10 date of enactment of this Act and every 5 years thereafter,  
11 the Comptroller General of the United States shall submit  
12 to Congress a report on barriers to maternal health edu-  
13 cation and access to care in the United States. Such report  
14 shall include the information and recommendations de-  
15 scribed in subsection (b).

16 (b) CONTENT OF REPORT.—The report under sub-  
17 section (a) shall include—

18 (1) an assessment of current barriers to enter-  
19 ing and successfully completing accredited midwifery  
20 education programs, and recommendations for ad-  
21 dressing such barriers, particularly for low-income  
22 women and women from racial and ethnic minority  
23 groups;

24 (2) an assessment of current barriers to enter-  
25 ing and successfully completing accredited education

1 programs for other health professional careers re-  
2 lated to maternity care, including maternity care  
3 providers, mental and behavioral health care pro-  
4 viders acting in accordance with State law, and reg-  
5 istered dietitians or nutrition professionals (as such  
6 term is defined in section 1861(vv)(2) of the Social  
7 Security Act (42 U.S.C. 1395x(vv)(2))), particularly  
8 for low-income women and women from racial and  
9 ethnic minority groups;

10 (3) an assessment of current barriers that pre-  
11 vent midwives from meeting the international defini-  
12 tion of a midwife and global standards for midwifery  
13 education as established by the International Con-  
14 federation of Midwives, and recommendations for  
15 addressing such barriers, particularly for low-income  
16 women and women from racial and ethnic minority  
17 groups;

18 (4) an assessment of disparities in access to  
19 maternity care providers, mental or behavioral  
20 health care providers acting in accordance with  
21 State law, and registered dietitians or nutrition pro-  
22 fessionals (as such term is defined in section  
23 1861(vv)(2) of the Social Security Act (42 U.S.C.  
24 1395x(vv)(2))), and perinatal health workers, strati-  
25 fied by race, ethnicity, gender identity, primary lan-



1 guage, geographic location, and insurance type and  
2 recommendations to promote greater access equity;  
3 and

4 (5) recommendations to promote greater equity  
5 in compensation for perinatal health workers under  
6 public and private insurers, particularly for such in-  
7 dividuals from racially and ethnically diverse back-  
8 grounds.

9 **SEC. 6. DEFINITIONS.**

10 In this Act:

11 (1) **CULTURALLY AND LINGUISTICALLY CON-**  
12 **GRUENT.**—The term “culturally and linguistically  
13 congruent”, with respect to care or maternity care,  
14 means care that is in agreement with the preferred  
15 cultural values, beliefs, worldview, language, and  
16 practices of the health care consumer and other  
17 stakeholders.

18 (2) **MATERNAL MORTALITY.**—The term “mater-  
19 nal mortality” means a death occurring during or  
20 within a 1-year period after pregnancy, caused by  
21 pregnancy-related or childbirth complications, in-  
22 cluding a suicide, overdose, or other death resulting  
23 from a mental health or substance use disorder at-  
24 tributed to or aggravated by pregnancy-related or  
25 childbirth complications.

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

4           (A) is a physician, physician assistant,  
5 midwife who meets at a minimum the inter-  
6 national definition of a midwife and global  
7 standards for midwifery education as estab-  
8 lished by the International Confederation of  
9 Midwives, advanced practice registered nurse,  
10 or a lactation consultant certified by the Inter-  
11 national Board of Lactation Consultant Exam-  
12 iners; and

13           (B) has a focus on maternal or perinatal  
14 health.

15           (4) PERINATAL HEALTH WORKER.—The term  
16 “perinatal health worker” means a nonclinical health  
17 worker focused on maternal or perinatal health, such  
18 as a doula, community health worker, peer sup-  
19 porter, lactation educator or counselor, nutritionist  
20 or dietitian, childbirth educator, social worker, home  
21 visitor, patient navigator or coordinator, or language  
22 interpreter.

23           (5) POSTPARTUM.—The term “postpartum” re-  
24 fers to the 1-year period beginning on the last day  
25 of the pregnancy of an individual.

1           (6) RACIAL AND ETHNIC MINORITY GROUP.—  
2           The term “racial and ethnic minority group” has the  
3           meaning given such term in section 1707(g)(1) of  
4           the Public Health Service Act (42 U.S.C. 300u–  
5           6(g)(1)).

○