

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. LATTA, 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 2019”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—IMPROVING OBSTETRIC CARE IN RURAL AREAS

Sec. 101. Improving rural maternal and obstetric care data.

Sec. 102. Rural obstetric network grants.
 Sec. 103. Telehealth network and telehealth resource centers grant programs.
 Sec. 104. Rural maternal and obstetric care training demonstration.
 Sec. 105. GAO report.

TITLE II—OTHER IMPROVEMENTS TO MATERNAL CARE

Sec. 201. Innovation for maternal health.
 Sec. 202. Training for health care providers.
 Sec. 203. Study on training to reduce and prevent discrimination.
 Sec. 204. Perinatal quality collaboratives.
 Sec. 205. Integrated services for pregnant and postpartum women.

1 **TITLE I—IMPROVING OBSTET-** 2 **RIC CARE IN RURAL AREAS**

3 **SEC. 101. IMPROVING RURAL MATERNAL AND OBSTETRIC** 4 **CARE DATA.**

5 (a) MATERNAL MORTALITY AND MORBIDITY ACTIVI-
 6 TIES.—Section 301 of the Public Health Service Act (42
 7 U.S.C. 241) is amended—

8 (1) by redesignating subsections (e) through (h)
 9 as subsections (f) through (i), respectively; and

10 (2) by inserting after subsection (d), the fol-
 11 lowing:

12 “(e) The Secretary, acting through the Director of
 13 the Centers for Disease Control and Prevention, shall ex-
 14 pand, intensify, and coordinate the activities of the Cen-
 15 ters for Disease Control and Prevention with respect to
 16 maternal mortality and morbidity.”.

17 (b) OFFICE OF WOMEN’S HEALTH.—Section
 18 310A(b)(1) of the Public Health Service Act (42 U.S.C.
 19 242s(b)(1)) is amended by inserting “sociocultural, includ-
 20 ing among American Indians and Alaska Natives, as such

1 terms are defined in section 4 of the Indian Health Care
2 Improvement Act, geographic,” after “biological,”.

3 (c) SAFE MOTHERHOOD.—Section 317K(b)(2) of the
4 Public Health Service Act (42 U.S.C. 247b–12(b)(2)) is
5 amended—

6 (1) in subparagraph (L), by striking “and” at
7 the end;

8 (2) by redesignating subparagraph (M) as sub-
9 paragraph (N); and

10 (3) by inserting after subparagraph (L), the fol-
11 lowing:

12 “(M) an examination of the relationship
13 between maternal and obstetric services in rural
14 areas and outcomes in delivery and postpartum
15 care; and”.

16 (d) OFFICE OF RESEARCH ON WOMEN’S HEALTH.—
17 Section 486 of the Public Health Service Act (42 U.S.C.
18 287d) is amended—

19 (1) in subsection (b)—

20 (A) by amending paragraph (3) to read as
21 follows:

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

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

1 “(B) pregnancy, with priority given to
 2 deaths related to pregnancy;”; and
 3 (2) in subsection (d)(4)(A)(iv), by inserting “,
 4 including maternal mortality and other maternal
 5 morbidity outcomes” before the semicolon.

6 **SEC. 102. RURAL OBSTETRIC NETWORK GRANTS.**

7 The Public Health Service Act is amended by insert-
 8 ing after section 330A–1 of such Act (42 U.S.C. 254c–
 9 1a) the following:

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

11 “(a) PROGRAM ESTABLISHED.—The Secretary, act-
 12 ing through the Administrator of the Health Resources
 13 and Services Administration, shall award grants to eligible
 14 entities to establish collaborative improvement and innova-
 15 tion networks (referred to in this section as ‘rural obstetric
 16 networks’) to improve birth outcomes and reduce maternal
 17 morbidity and mortality by improving maternity care and
 18 access to care in rural areas, frontier areas, maternity care
 19 health professional target areas, and Indian country and
 20 with Indian Tribes and tribal organizations.

21 “(b) USE OF FUNDS.—Rural obstetric networks re-
 22 ceiving funds pursuant to this section may use such funds
 23 to—

24 “(1) assist pregnant women and individuals in
 25 areas and within populations referenced in sub-

1 section (a) with accessing and utilizing maternal and
2 obstetric care, including preconception, pregnancy,
3 labor and delivery, postpartum, and interconception
4 services to improve outcomes in birth and maternal
5 mortality and morbidity;

6 “(2) identify successful delivery models for ma-
7 ternal and obstetric care (including preconception,
8 pregnancy, labor and delivery, postpartum, and
9 interconception services) for individuals in areas and
10 within populations referenced by subsection (a), in-
11 cluding evidence-based home visiting programs and
12 successful, culturally competent models with positive
13 maternal health outcomes that advance health eq-
14 uity;

15 “(3) develop a model for collaboration between
16 health facilities that have an obstetric care unit and
17 health facilities that do not have an obstetric care
18 unit to improve access to and the delivery of obstet-
19 ric services in communities lacking these services;

20 “(4) provide training and guidance on obstetric
21 care for health facilities that do not have obstetric
22 care units;

23 “(5) collaborate with academic institutions that
24 can provide regional expertise and research on ac-
25 cess, outcomes, needs assessments, and other identi-

1 fied data and measurement activities needed to in-
2 form rural obstetric network efforts to improve ob-
3 stetric care; and

4 “(6) measure and address inequities in birth
5 outcomes among rural residents, with an emphasis
6 on racial and ethnic minorities and underserved pop-
7 ulations.

8 “(c) DEFINITIONS.—In this section:

9 “(1) ELIGIBLE ENTITIES.—The term ‘eligible
10 entities’ means entities providing obstetric,
11 gynecologic, and other maternal health care services
12 in rural areas, frontier areas, or medically under-
13 served areas, or to medically underserved popu-
14 lations or Native Americans, including Indian tribes
15 or tribal organizations.

16 “(2) FRONTIER AREA.—The term ‘frontier
17 area’ means a frontier county, as defined in section
18 1886(d)(3)(E)(iii)(III) of the Social Security Act.

19 “(3) INDIAN COUNTRY.—The term ‘Indian
20 country’ has the meaning given such term in section
21 1151 of title 18, United States Code.

22 “(4) MATERNITY CARE HEALTH PROFESSIONAL
23 TARGET AREA.—The term ‘maternity care health
24 professional target area’ has the meaning of such
25 term as used in section 332(k)(2).

1 “(5) RURAL AREA.—The term ‘rural area’ has
 2 the meaning given that term in section 1886(d)(2)
 3 of the Social Security Act.

4 “(6) INDIAN TRIBES; TRIBAL ORGANIZATION.—
 5 The terms ‘Indian Tribe’ and ‘tribal organization’
 6 have the meaning given such terms in section 4 of
 7 the Indian Self-Determination and Education Assist-
 8 ance Act.

9 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
 10 is authorized to be appropriated to carry out this section
 11 \$3,000,000 for each of fiscal years 2020 through 2024.”.

12 **SEC. 103. TELEHEALTH NETWORK AND TELEHEALTH RE-**
 13 **SOURCE CENTERS GRANT PROGRAMS.**

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

16 (1) in subsection (f)(1)(B)(iii), by adding at the
 17 end the following:

18 “(XIII) Providers of maternal,
 19 including prenatal, labor and birth,
 20 and postpartum care services and en-
 21 tities operating obstetric care units.”;
 22 and

23 (2) in subsection (i)(1)(B), by inserting “labor
 24 and birth, postpartum,” before “or prenatal”.

1 **SEC. 104. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
2 **ING DEMONSTRATION.**

3 Subpart 1 of part E of title VII of the Public Health
4 Service Act is amended by inserting after section 760 (42
5 U.S.C. 294n et seq.), as amended by section 202, is
6 amended by adding at the end the following:

7 **“SEC. 764. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
8 **ING DEMONSTRATION.**

9 “(a) IN GENERAL.—The Secretary shall establish a
10 training demonstration program to award grants to eligi-
11 ble entities to support—

12 “(1) training for physicians, medical residents,
13 including family medicine and obstetrics and gyne-
14 cology residents, and fellows to practice maternal
15 and obstetric medicine in rural community-based
16 settings;

17 “(2) training for nurse practitioners, physician
18 assistants, nurses, certified nurse midwives, home
19 visiting nurses and non-clinical home visiting work-
20 force professionals and paraprofessionals, or non-
21 clinical professionals, who meet applicable State
22 training and licensing requirements, to provide ma-
23 ternal care services in rural community-based set-
24 tings; and

25 “(3) establishing, maintaining, or improving
26 academic units or programs that—

1 “(A) provide training for students or fac-
2 ulty, including through clinical experiences and
3 research, to improve maternal care in rural
4 areas; or

5 “(B) develop evidence-based practices or
6 recommendations for the design of the units or
7 programs described in subparagraph (A), in-
8 cluding curriculum content standards.

9 “(b) ACTIVITIES.—

10 “(1) TRAINING FOR MEDICAL RESIDENTS AND
11 FELLOWS.—A recipient of a grant under subsection
12 (a)(1)—

13 “(A) shall use the grant funds—

14 “(i) to plan, develop, and operate a
15 training program to provide obstetric care
16 in rural areas for family practice or obstet-
17 rics and gynecology residents and fellows;
18 or

19 “(ii) to train new family practice or
20 obstetrics and gynecology residents and fel-
21 lows in maternal and obstetric health care
22 to provide and expand access to maternal
23 and obstetric health care in rural areas;
24 and

1 “(B) may use the grant funds to provide
2 additional support for the administration of the
3 program or to meet the costs of projects to es-
4 tablish, maintain, or improve faculty develop-
5 ment, or departments, divisions, or other units
6 necessary to implement such training.

7 “(2) TRAINING FOR OTHER PROVIDERS.—A re-
8 cipient of a grant under subsection (a)(2)—

9 “(A) shall use the grant funds to plan, de-
10 velop, or operate a training program to provide
11 maternal health care services in rural, commu-
12 nity-based settings; and

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

19 “(3) TRAINING PROGRAM REQUIREMENTS.—
20 The recipient of a grant under subsection (a)(1) or
21 (a)(2) shall ensure that training programs carried
22 out under the grant are evidence-based and include
23 instruction on—

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

1 “(B) maternal substance use disorder;

2 “(C) social determinants of health that im-
3 pact individuals living in rural communities, in-
4 cluding poverty, social isolation, access to nutri-
5 tion, education, transportation, and housing;
6 and

7 “(D) implicit bias.

8 “(c) ELIGIBLE ENTITIES.—

9 “(1) TRAINING FOR MEDICAL RESIDENTS AND
10 FELLOWS.—To be eligible to receive a grant under
11 subsection (a)(1), an entity shall—

12 “(A) be a consortium consisting of—

13 “(i) at least one teaching health cen-
14 ter; or

15 “(ii) the sponsoring institution (or
16 parent institution of the sponsoring insti-
17 tution) of—

18 “(I) an obstetrics and gynecology
19 or family medicine residency program
20 that is accredited by the Accreditation
21 Council of Graduate Medical Edu-
22 cation (or the parent institution of
23 such a program); or

1 “(II) a fellowship in maternal or
2 obstetric medicine, as determined ap-
3 propriate by the Secretary; or

4 “(B) be an entity described in subpara-
5 graph (A)(ii) that provides opportunities for
6 medical residents or fellows to train in rural
7 community-based settings.

8 “(2) TRAINING FOR OTHER PROVIDERS.—To be
9 eligible to receive a grant under subsection (a)(2),
10 an entity shall be—

11 “(A) a teaching health center (as defined
12 in section 749A(f));

13 “(B) a federally qualified health center (as
14 defined in section 1905(l)(2)(B) of the Social
15 Security Act);

16 “(C) a community mental health center (as
17 defined in section 1861(ff)(3)(B) of the Social
18 Security Act);

19 “(D) a rural health clinic (as defined in
20 section 1861(aa) of the Social Security Act);

21 “(E) a freestanding birth center (as de-
22 fined in section 1905(l)(3) of the Social Secu-
23 rity Act); or

24 “(F) an Indian Health Program or a Na-
25 tive Hawaiian health care system (as such

1 terms are defined in section 4 of the Indian
2 Health Care Improvement Act and section 12
3 of the Native Hawaiian Health Care Improve-
4 ment Act, respectively).

5 “(3) ACADEMIC UNITS OR PROGRAMS.—To be
6 eligible to receive a grant under subsection (a)(3),
7 an entity shall be a school of medicine, a school of
8 osteopathic medicine, a school of nursing (as defined
9 in section 801), a physician assistant education pro-
10 gram, an accredited public or nonprofit private hos-
11 pital, an accredited medical residency training pro-
12 gram, a school accredited by the Midwifery Edu-
13 cation and Accreditation Council, by the Accredita-
14 tion Commission for Midwifery Education, or by the
15 American Midwifery Certification Board, or a public
16 or private nonprofit educational entity which the
17 Secretary has determined is capable of carrying out
18 such grant.

19 “(4) APPLICATION.—To be eligible to receive a
20 grant under subsection (a), an entity shall submit to
21 the Secretary an application at such time, in such
22 manner, and containing such information as the Sec-
23 retary may require, including an estimate of the
24 amount to be expended to conduct training activities

1 under the grant (including ancillary and administra-
2 tive costs).

3 “(d) STUDY AND REPORT.—

4 “(1) STUDY.—

5 “(A) IN GENERAL.—The Secretary, acting
6 through the Administrator of the Health Re-
7 sources and Services Administration, shall con-
8 duct a study on the results of the demonstra-
9 tion program under this section.

10 “(B) DATA SUBMISSION.—Not later than
11 90 days after the completion of the first year
12 of the training program, and each subsequent
13 year for the duration of the grant, that the pro-
14 gram is in effect, each recipient of a grant
15 under subsection (a) shall submit to the Sec-
16 retary such data as the Secretary may require
17 for analysis for the report described in para-
18 graph (2).

19 “(2) REPORT TO CONGRESS.—Not later than 1
20 year after receipt of the data described in paragraph
21 (1)(B), the Secretary shall submit to the Committee
22 on Energy and Commerce of the House of Rep-
23 resentatives and the Committee on Health, Edu-
24 cation, Labor, and Pensions of the Senate a report
25 that includes—

1 “(A) an analysis of the effect of the dem-
2 onstration program under this section on the
3 quality, quantity, and distribution of maternal
4 (including prenatal, labor and birth, and
5 postpartum) care services and the demographics
6 of the recipients of those services;

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

13 “(C) recommendations on whether the
14 demonstration program should be expanded.

15 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section,
17 \$5,000,000 for each of fiscal years 2020 through 2024.”.

18 **SEC. 105. GAO REPORT.**

19 Not later than 18 months after the date of enactment
20 of this Act, the Comptroller General of the United States
21 shall submit to the Committee on Energy and Commerce
22 of the House of Representatives and the Committee on
23 Health, Education, Labor, and Pensions of the Senate a
24 report on maternal care in rural areas, including prenatal,

1 labor and birth, and postpartum care in rural areas. Such
2 report shall include the following:

3 (1) Trends in data that may identify potential
4 gaps in maternal and obstetric clinicians and health
5 professionals, including non-clinical professionals.

6 (2) Trends in the number of facilities able to
7 provide maternal care, including prenatal, labor and
8 birth, and postpartum care, in rural areas, including
9 care for high-risk pregnancies.

10 (3) The gaps in data on maternal mortality and
11 morbidity and recommendations to standardize the
12 format on collecting data related to maternal mor-
13 tality and morbidity.

14 (4) The gaps in maternal health outcomes by
15 race and ethnicity in rural communities, with a focus
16 on racial inequities for residents who are racial and
17 ethnic minorities or members of underserved popu-
18 lations.

19 (5) An examination of—

20 (A) activities which the Secretary of
21 Health and Human Services plans to conduct to
22 improve maternal care in rural areas, including
23 prenatal, labor and birth, and postpartum care;
24 and

1 (B) the extent to which the Secretary has
 2 a plan for completing these activities, has iden-
 3 tified the lead agency responsible for each activ-
 4 ity, has identified any needed coordination
 5 among agencies, and has developed a budget for
 6 conducting such activities.

7 (6) Other information that the Comptroller
 8 General determines appropriate.

9 **TITLE II—OTHER IMPROVE-** 10 **MENTS TO MATERNAL CARE**

11 **SEC. 201. INNOVATION FOR MATERNAL HEALTH.**

12 The Public Health Service Act is amended—

13 (1) in the section designation of section 330M
 14 (42 U.S.C. 254c–19) by inserting a period after
 15 “330M”; and

16 (2) by inserting after such section 330M the
 17 following:

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

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

1 “(1) identifying, developing, or disseminating
2 best practices to improve maternal health care qual-
3 ity and outcomes, eliminate preventable maternal
4 mortality and severe maternal morbidity, and im-
5 prove infant health outcomes, which may include—

6 “(A) information on evidence-based prac-
7 tices to improve the quality and safety of ma-
8 ternal health care in hospitals and other health
9 care settings of a State or health care system,
10 including by addressing topics commonly associ-
11 ated with health complications or risks related
12 to prenatal care, labor care, birthing, and
13 postpartum care;

14 “(B) best practices for improving maternal
15 health care based on data findings and reviews
16 conducted by a State maternal mortality review
17 committee that address topics of relevance to
18 common complications or health risks related to
19 prenatal care, labor care, birthing, and post-
20 partum care; and

21 “(C) information on addressing deter-
22 minants of health that impact maternal health
23 outcomes for women before, during, and after
24 pregnancy;

1 “(2) collaborating with State maternal mor-
2 tality review committees to identify issues for the de-
3 velopment and implementation of evidence-based
4 practices to improve maternal health outcomes and
5 reduce preventable maternal mortality and severe
6 maternal morbidity;

7 “(3) providing technical assistance and sup-
8 porting the implementation of best practices identi-
9 fied in paragraph (1) to entities providing health
10 care services to pregnant and postpartum women;
11 and

12 “(4) identifying, developing, and evaluating new
13 models of care that improve maternal and infant
14 health outcomes, which may include the integration
15 of community-based services and clinical care.

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

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

21 “(2) demonstrate in such application that the
22 entity is capable of carrying out data-driven mater-
23 nal safety and quality improvement initiatives in the
24 areas of obstetrics and gynecology or maternal
25 health.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there is authorized to be appro-
3 priated \$10,000,000 for each of fiscal years 2020 through
4 2024.”.

5 **SEC. 202. TRAINING FOR HEALTH CARE PROVIDERS.**

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

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

10 “(a) GRANT PROGRAM.—The Secretary shall estab-
11 lish a program to award grants to accredited schools of
12 allopathic medicine, osteopathic medicine, and nursing,
13 and other health professional training programs for the
14 training of health care professionals to reduce and prevent
15 discrimination (including training related to implicit and
16 explicit biases) in the provision of health care services re-
17 lated to prenatal care, labor care, birthing, and
18 postpartum care.

19 “(b) ELIGIBILITY.—To be eligible for a grant under
20 subsection (a), an entity described in such subsection shall
21 submit to the Secretary an application at such time, in
22 such manner, and containing such information as the Sec-
23 retary may require.

24 “(c) REPORTING REQUIREMENT.—Each entity
25 awarded a grant under this section shall periodically sub-

1 mit to the Secretary a report on the status of activities
2 conducted using the grant, including a description of the
3 impact of such training on patient outcomes, as applicable.

4 “(d) BEST PRACTICES.—The Secretary may identify
5 and disseminate best practices for the training of health
6 care professionals to reduce and prevent discrimination
7 (including training related to implicit and explicit biases)
8 in the provision of health care services related to prenatal
9 care, labor care, birthing, and postpartum care.

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
11 carry out this section, there is authorized to be appro-
12 priated \$5,000,000 for each of fiscal years 2020 through
13 2024.”.

14 **SEC. 203. STUDY ON TRAINING TO REDUCE AND PREVENT**
15 **DISCRIMINATION.**

16 Not later than 2 years after date of enactment of this
17 Act, the Secretary of Health and Human Services (re-
18 ferred to in this section as the “Secretary”) shall, through
19 a contract with an independent research organization, con-
20 duct a study and make recommendations for accredited
21 schools of allopathic medicine, osteopathic medicine, and
22 nursing, and other health professional training programs,
23 on best practices related to training to reduce and prevent
24 discrimination, including training related to implicit and
25 explicit biases, in the provision of health care services re-

1 lated to prenatal care, labor care, birthing, and
2 postpartum care.

3 **SEC. 204. PERINATAL QUALITY COLLABORATIVES.**

4 (a) GRANTS.—Section 317K(a)(2) of the Public
5 Health Service Act (42 U.S.C. 247b–12(a)(2)) is amended
6 by adding at the end the following:

7 “(E)(i) The Secretary, acting through the
8 Director of the Centers for Disease Control and
9 Prevention and in coordination with other of-
10 fices and agencies, as appropriate, shall estab-
11 lish or continue a competitive grant program
12 for the establishment or support of perinatal
13 quality collaboratives to improve perinatal care
14 and perinatal health outcomes for pregnant and
15 postpartum women and their infants. A State,
16 Indian Tribe, or tribal organization may use
17 funds received through such grant to—

18 “(I) support the use of evidence-based
19 or evidence-informed practices to improve
20 outcomes for maternal and infant health;

21 “(II) work with clinical teams; ex-
22 perts; State, local, and, as appropriate,
23 tribal public health officials; and stake-
24 holders, including patients and families, to
25 identify, develop, or disseminate best prac-

1 tices to improve perinatal care and out-
2 comes; and

3 “(III) employ strategies that provide
4 opportunities for health care professionals
5 and clinical teams to collaborate across
6 health care settings and disciplines, includ-
7 ing primary care and mental health, as ap-
8 propriate, to improve maternal and infant
9 health outcomes, which may include the
10 use of data to provide timely feedback
11 across hospital and clinical teams to in-
12 form responses, and to provide support
13 and training to hospital and clinical teams
14 for quality improvement, as appropriate.

15 “(ii) To be eligible for a grant under
16 clause (i), an entity shall submit to the Sec-
17 retary an application in such form and manner
18 and containing such information as the Sec-
19 retary may require.”.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
21 317K(f) of the Public Health Service Act (42 U.S.C.
22 247b–12(f)) is amended by striking “\$58,000,000 for
23 each of fiscal years 2019 through 2023” and inserting
24 “\$65,000,000 for each of fiscal years 2020 through
25 2024”.

1 **SEC. 205. INTEGRATED SERVICES FOR PREGNANT AND**
2 **POSTPARTUM WOMEN.**

3 (a) GRANTS.—The Public Health Service Act is
4 amended by inserting after section 330N of such Act, as
5 added by section 201, the following:

6 **“SEC. 330O. INTEGRATED SERVICES FOR PREGNANT AND**
7 **POSTPARTUM WOMEN.**

8 “(a) IN GENERAL.—The Secretary may award grants
9 for the purpose of establishing or operating evidence-based
10 or innovative, evidence-informed programs to deliver inte-
11 grated health care services to pregnant and postpartum
12 women to optimize the health of women and their infants,
13 including—

14 “(1) to reduce adverse maternal health out-
15 comes, pregnancy-related deaths, and related health
16 disparities (including such disparities associated with
17 racial and ethnic minority populations); and

18 “(2) as appropriate, by addressing issues re-
19 searched under section 317K(b)(2).

20 “(b) INTEGRATED SERVICES FOR PREGNANT AND
21 POSTPARTUM WOMEN.—

22 “(1) ELIGIBILITY.—To be eligible to receive a
23 grant under subsection (a), a State, Indian Tribe, or
24 tribal organization (as such terms are defined in sec-
25 tion 4 of the Indian Self-Determination and Edu-
26 cation Assistance Act) shall work with relevant

1 stakeholders that coordinate care (including coordi-
2 nating resources and referrals for health care and
3 social services) to develop and carry out the pro-
4 gram, including—

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

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

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

19 “(2) TERMS.—

20 “(A) PERIOD.—A grant awarded under
21 subsection (a) shall be made for a period of 5
22 years. Any supplemental award made to a
23 grantee under subsection (a) may be made for
24 a period of less than 5 years.

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

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

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

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

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

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
22 carry out this section, there is authorized to be appro-
23 priated \$15,000,000 for each of fiscal years 2020 through
24 2024.”.

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

3 (1) REPORT.—Not later than February 1,
4 2026, the Secretary of Health and Human Services
5 shall submit to the Committee on Energy and Com-
6 merce of the House of Representatives and the Com-
7 mittee on Health, Education, Labor, and Pensions
8 of the Senate a report that describes—

9 (A) the outcomes of the activities sup-
10 ported by the grants awarded under the amend-
11 ments made by this section on maternal and
12 child health;

13 (B) best practices and models of care used
14 by recipients of grants under such amendments;
15 and

16 (C) obstacles identified by recipients of
17 grants under such amendments, and strategies
18 used by such recipients to deliver care, improve
19 maternal and child health, and reduce health
20 disparities.

21 (2) DISSEMINATION OF BEST PRACTICES.—Not
22 later than August 1, 2026, the Secretary of Health
23 and Human Services shall disseminate information
24 on best practices and models of care used by recipi-
25 ents of grants under section 330O of the Public

1 Health Service Act (as added by this section) (in-
2 cluding best practices and models of care relating to
3 the reduction of health disparities, including such
4 disparities associated with racial and ethnic minority
5 populations, in rates of maternal mortality and se-
6 vere maternal morbidity) to relevant stakeholders,
7 which may include health providers, medical schools,
8 nursing schools, relevant State, tribal, and local
9 agencies, and the general public.

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