

116TH CONGRESS
2D SESSION

H. R. 6141

To improve maternity care coordination provided by the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2020

Ms. UNDERWOOD (for herself, Mr. BILIRAKIS, and Ms. ADAMS) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To improve maternity care coordination provided by 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Protecting Moms Who
5 Served Act”.

6 **SEC. 2. SUPPORT FOR MATERNITY CARE COORDINATION.**

7 (a) AUTHORIZATION OF APPROPRIATIONS.—There is
8 authorized to be appropriated to the Secretary of Veterans
9 Affairs \$15,000,000 for fiscal year 2022 to improve ma-
10 ternity care coordination for women veterans throughout

1 pregnancy and the one-year postpartum period beginning
2 on the last day of the pregnancy. Such amounts are au-
3 thorized in addition to any other amounts authorized for
4 such purpose.

5 (b) PLAN.—

6 (1) IN GENERAL.—Not later than one year
7 after the date of the enactment of this Act, the Sec-
8 retary shall submit to the Committees on Veterans’
9 Affairs of the Senate and the House of Representa-
10 tives a plan to improve maternity care coordination
11 to fulfill the responsibilities and requirements de-
12 scribed in the Veterans Health Administration
13 Handbook 1330.03, or any successor handbook.

14 (2) ELEMENTS.—The plan under paragraph (1)
15 shall include the following:

16 (A) With respect to the amounts author-
17 ized to be appropriated by subsection (a), a de-
18 scription of how the Secretary will ensure such
19 amounts are used to—

20 (i) hire full-time maternity care coor-
21 dinators;

22 (ii) train maternity care coordinators;

23 and

24 (iii) improve support programs led by
25 maternity care coordinators.

1 (B) Recommendations for the amount of
2 funding the Secretary determines appropriate to
3 improve maternity care coordination as de-
4 scribed in paragraph (1) for each of the five fis-
5 cal years following the date of the plan.

6 (3) CONSULTATION.—The Secretary shall de-
7 velop the plan under paragraph (1) in consultation
8 with veterans service organizations, military service
9 organizations, women’s health care providers, and
10 community-based organizations representing women
11 from demographic groups disproportionately im-
12 pacted by poor maternal health outcomes, that the
13 Secretary determines appropriate.

14 **SEC. 3. SENSE OF CONGRESS ON VETERAN STATUS RE-**
15 **QUIREMENTS.**

16 It is the sense of Congress that each State should
17 list the veteran status of a mother—

18 (1) in fetal death records; and

19 (2) in maternal mortality review committee re-
20 views of pregnancy-related deaths and pregnancy-as-
21 sociated deaths.

1 **SEC. 4. REPORT ON MATERNAL MORTALITY AND SEVERE**
2 **MATERNAL MORBIDITY AMONG WOMEN VET-**
3 **ERANS.**

4 (a) GAO REPORT.—Not later than two years after
5 the date of the enactment of this Act, the Comptroller
6 General of the United States shall submit to the Commit-
7 tees on Veterans' Affairs of the Senate and the House of
8 Representatives, and make publicly available, a report on
9 maternal mortality and severe maternal morbidity among
10 women veterans, with a particular focus on racial and eth-
11 nic disparities in maternal health outcomes for women vet-
12 erans.

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

15 (1) To the extent practicable—

16 (A) the number of women veterans who
17 have experienced a pregnancy-related death or
18 pregnancy-associated death in the most recent
19 10 years of available data;

20 (B) the rate of pregnancy-related deaths
21 per 100,000 live births for women veterans;

22 (C) the number of cases of severe maternal
23 morbidity among women veterans in the most
24 recent year of available data;

1 (D) the racial and ethnic disparities in ma-
2 ternal mortality and severe maternal morbidity
3 rates among women veterans;

4 (E) identification of the causes of maternal
5 mortality and severe maternal morbidity that
6 are unique to women who have served in the
7 military, including post-traumatic stress dis-
8 order, military sexual trauma, and infertility or
9 miscarriages that may be caused by such serv-
10 ice;

11 (F) identification of the causes of maternal
12 mortality and severe maternal morbidity that
13 are unique to women veterans of color; and

14 (G) identification of any correlations be-
15 tween the former rank of women veterans and
16 their maternal health outcomes.

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—

21 (A) women veterans who have health care
22 coverage through the Department;

23 (B) women veterans enrolled in the
24 TRICARE program;

1 (C) women veterans with employer-based
2 or private insurance; and

3 (D) women veterans enrolled in the Med-
4 icaid program.

5 (3) Recommendations for legislative and admin-
6 istrative actions to increase access to mental and be-
7 havioral health care for women veterans who screen
8 positively for postpartum mental or behavioral
9 health conditions.

10 (4) Recommendations to address homelessness
11 among pregnant and postpartum women veterans.

12 (5) Recommendations on how to effectively edu-
13 cate maternity care providers on best practices for
14 providing maternity care services to women veterans
15 that addresses the unique maternal health care
16 needs of veteran populations.

17 (6) Recommendations to reduce maternal mor-
18 tality and severe maternal morbidity among women
19 veterans and to address racial and ethnic disparities
20 in maternal health outcomes for each of the groups
21 described in subparagraphs (A) through (D) of para-
22 graph (2).

23 (7) Recommendations to improve coordination
24 of care between the Department and non-Depart-
25 ment facilities for pregnant and postpartum women

1 veterans, including recommendations to improve
2 training for the directors of the Veterans Integrated
3 Service Networks, directors of medical facilities of
4 the Department, chiefs of staff of such facilities, ma-
5 ternity care coordinators, and relevant non-Depart-
6 ment facilities.

7 (8) An assessment of the authority of the Sec-
8 retary of Veterans Affairs to access maternal health
9 data collected by the Department of Health and
10 Human Services and, if applicable, recommendations
11 to increase such authority.

12 (9) Any other information the Comptroller Gen-
13 eral determines appropriate with respect to the re-
14 duction of maternal mortality and severe maternal
15 morbidity among women veterans and to address ra-
16 cial and ethnic disparities in maternal health out-
17 comes for women veterans.

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