

118TH CONGRESS
1ST SESSION

S. 1699

To support the use of technology in maternal health care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 18, 2023

Mr. MENENDEZ (for himself, Mr. BOOKER, and Mr. SULLIVAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To support the use of technology in maternal health 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 “Tech to Save Moms
5 Act”.

6 **SEC. 2. INTEGRATED TELEHEALTH MODELS IN MATERNITY**
7 **CARE SERVICES.**

8 (a) IN GENERAL.—Section 1115A(b)(2)(B) of the
9 Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amend-
10 ed by adding at the end the following:

1 “(xxviii) Focusing on title XIX, pro-
2 viding for the adoption of and use of tele-
3 health tools that allow for screening, moni-
4 toring, and management of common health
5 complications with respect to an individual
6 receiving medical assistance during such
7 individual’s pregnancy and for not more
8 than a 1-year period beginning on the last
9 day of the pregnancy.”.

10 (b) EFFECTIVE DATE.—The amendment made by
11 subsection (a) shall take effect 1 year after the date of
12 enactment of this Act.

13 **SEC. 3. GRANTS TO EXPAND THE USE OF TECHNOLOGY-EN-**
14 **ABLED COLLABORATIVE LEARNING AND CA-**
15 **PACITY MODELS FOR PREGNANT AND**
16 **POSTPARTUM INDIVIDUALS.**

17 Title III of the Public Health Service Act is amended
18 by inserting after section 330P (42 U.S.C. 254e-22) the
19 following:

20 **“SEC. 330Q. EXPANDING CAPACITY FOR MATERNAL**
21 **HEALTH OUTCOMES.**

22 “(a) ESTABLISHMENT.—Beginning not later than 1
23 year after the date of enactment of the Tech to Save
24 Moms Act, the Secretary shall award grants to eligible en-
25 tities to evaluate, develop, and expand the use of tech-

1 nology-enabled collaborative learning and capacity build-
2 ing models and improve maternal health outcomes—

3 “(1) in health professional shortage areas;

4 “(2) in areas with high rates of maternal mor-
5 tality and severe maternal morbidity;

6 “(3) in rural and underserved areas;

7 “(4) in areas with significant maternal health
8 disparities; and

9 “(5) for medically underserved populations and
10 American Indians and Alaska Natives, including In-
11 dian Tribes, Tribal organizations, and Urban Indian
12 organizations.

13 “(b) USE OF FUNDS.—

14 “(1) REQUIRED USES.—Recipients of grants
15 under this section shall use the grants to—

16 “(A) train maternal health care providers,
17 students, and other similar professionals
18 through models that include—

19 “(i) methods to increase safety and
20 health care quality;

21 “(ii) implicit bias, racism, and dis-
22 crimination;

23 “(iii) best practices in screening for
24 and, as needed, evaluating and treating

1 maternal mental health conditions and
2 substance use disorders;

3 “(iv) training on best practices in ma-
4 ternity care for pregnant and postpartum
5 individuals during public health emer-
6 gencies;

7 “(v) methods to screen for social de-
8 terminants of maternal health risks in the
9 prenatal and postpartum; and

10 “(vi) the use of remote patient moni-
11 toring tools for pregnancy-related com-
12 plications described in section
13 1115A(b)(2)(B)(xxviii) of the Social Secu-
14 rity Act;

15 “(B) evaluate and collect information on
16 the effect of such models on—

17 “(i) access to and quality of care;

18 “(ii) outcomes with respect to the
19 health of an individual; and

20 “(iii) the experience of individuals who
21 receive pregnancy-related health care;

22 “(C) develop qualitative and quantitative
23 measures to identify best practices for the ex-
24 pansion and use of such models;

1 “(D) study the effect of such models on
2 patient outcomes and maternity care providers;
3 and

4 “(E) conduct any other activity determined
5 by the Secretary.

6 “(2) PERMISSIBLE USES.—Recipients of grants
7 under this section may use grants to support—

8 “(A) the use and expansion of technology-
9 enabled collaborative learning and capacity
10 building models, including hardware and soft-
11 ware that—

12 “(i) enables distance learning and
13 technical support; and

14 “(ii) supports the secure exchange of
15 electronic health information; and

16 “(B) maternity care providers, students,
17 and other similar professionals in the provision
18 of maternity care through such models.

19 “(c) APPLICATION.—

20 “(1) IN GENERAL.—An eligible entity seeking a
21 grant under subsection (a) shall submit to the Sec-
22 retary an application, at such time, in such manner,
23 and containing such information as the Secretary
24 may require.

1 “(2) ASSURANCE.—An application under para-
2 graph (1) shall include an assurance that such entity
3 shall collect information on and assess the effect of
4 the use of technology-enabled collaborative learning
5 and capacity building models, including with respect
6 to—

7 “(A) maternal health outcomes;

8 “(B) access to maternal health care serv-
9 ices;

10 “(C) quality of maternal health care; and

11 “(D) retention of maternity care providers
12 serving areas and populations described in sub-
13 section (a).

14 “(d) LIMITATIONS.—

15 “(1) NUMBER.—The Secretary may not award
16 more than 1 grant under this section.

17 “(2) DURATION.—A grant awarded under this
18 section shall be for a 5-year period.

19 “(e) ACCESS TO BROADBAND.—In administering
20 grants under this section, the Secretary may coordinate
21 with other agencies to ensure that funding opportunities
22 are available to support access to reliable, high-speed
23 internet for grantees.

24 “(f) TECHNICAL ASSISTANCE.—The Secretary shall
25 provide (either directly or by contract) technical assistance

1 to eligible entities, including recipients of grants under
2 subsection (a), on the development, use, and sustainability
3 of technology-enabled collaborative learning and capacity
4 building models to expand access to maternal health care
5 services provided by such entities, including—

6 “(1) in health professional shortage areas;

7 “(2) in areas with high rates of maternal mor-
8 tality and severe maternal morbidity or significant
9 maternal health disparities;

10 “(3) in rural and underserved areas; and

11 “(4) for medically underserved populations or
12 American Indians and Alaska Natives.

13 “(g) RESEARCH AND EVALUATION.—The Secretary,
14 in consultation with experts, shall develop a strategic plan
15 to research and evaluate the evidence for technology-en-
16 abled collaborative learning and capacity building models.

17 “(h) REPORTING.—

18 “(1) ELIGIBLE ENTITIES.—An eligible entity
19 that receives a grant under subsection (a) shall sub-
20 mit to the Secretary a report, at such time, in such
21 manner, and containing such information as the Sec-
22 retary may require.

23 “(2) SECRETARY.—Not later than 4 years after
24 the date of enactment of the Tech to Save Moms
25 Act, the Secretary shall submit to the Congress, and

1 make available on the website of the Department of
2 Health and Human Services, a report that in-
3 cludes—

4 “(A) a description of grants awarded
5 under subsection (a) and the purpose and
6 amounts of such grants;

7 “(B) a summary of—

8 “(i) the evaluations conducted under
9 subsection (b)(1)(B);

10 “(ii) any technical assistance provided
11 under subsection (f); and

12 “(iii) the activities conducted under
13 subsection (a); and

14 “(C) a description of any significant find-
15 ings with respect to—

16 “(i) patient outcomes; and

17 “(ii) best practices for expanding,
18 using, or evaluating technology-enabled col-
19 laborative learning and capacity building
20 models.

21 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
22 authorized to be appropriated to carry out this section
23 \$6,000,000 for each of fiscal years 2024 through 2028.

24 “(j) DEFINITIONS.—In this section:

25 “(1) ELIGIBLE ENTITY.—

1 “(A) IN GENERAL.—The term ‘eligible en-
2 tity’ means an entity that provides, or supports
3 the provision of, maternal health care services
4 or other evidence-based services for pregnant
5 and postpartum individuals—

6 “(i) in health professional shortage
7 areas;

8 “(ii) in rural or underserved areas;

9 “(iii) in areas with high rates of ad-
10 verse maternal health outcomes or signifi-
11 cant racial and ethnic disparities in mater-
12 nal health outcomes; and

13 “(iv) who are—

14 “(I) members of medically under-
15 served populations; or

16 “(II) American Indians and Alas-
17 ka Natives, including Indian Tribes,
18 Tribal organizations, and Urban In-
19 dian organizations.

20 “(B) INCLUSIONS.—An eligible entity may
21 include entities that lead, or are capable of
22 leading a technology-enabled collaborative learn-
23 ing and capacity building model.

24 “(2) HEALTH PROFESSIONAL SHORTAGE
25 AREA.—The term ‘health professional shortage area’

1 means a health professional shortage area des-
2 ignated under section 332.

3 “(3) INDIAN TRIBE.—The term ‘Indian Tribe’
4 has the meaning given such term in section 4 of the
5 Indian Self-Determination and Education Assistance
6 Act.

7 “(4) MATERNAL MORTALITY.—The term ‘ma-
8 ternal mortality’ means a death occurring during or
9 within 1-year period after pregnancy caused by preg-
10 nancy-related or childbirth complications, including a
11 suicide, overdose, or other death resulting from a
12 mental health or substance use disorder attributed
13 to or aggravated by pregnancy or childbirth com-
14 plications.

15 “(5) MEDICALLY UNDERSERVED POPU-
16 LATION.—The term ‘medically underserved popu-
17 lation’ has the meaning given such term in section
18 330(b)(3).

19 “(6) POSTPARTUM.—The term ‘postpartum’
20 means the 1-year period beginning on the last date
21 of an individual’s pregnancy.

22 “(7) SEVERE MATERNAL MORBIDITY.—The
23 term ‘severe maternal morbidity’ means a health
24 condition, including a mental health or substance
25 use disorder, attributed to or aggravated by preg-

1 nancy or childbirth that results in significant short-
2 term or long-term consequences to the health of the
3 individual who was pregnant.

4 “(8) TECHNOLOGY-ENABLED COLLABORATIVE
5 LEARNING AND CAPACITY BUILDING MODEL.—The
6 term ‘technology-enabled collaborative learning and
7 capacity building model’ means a distance health
8 education model that connects health care profes-
9 sionals, and other specialists, through simultaneous
10 interactive video conferencing for the purpose of fa-
11 cilitating case-based learning, disseminating best
12 practices, and evaluating outcomes in the context of
13 maternal health care.

14 “(9) TRIBAL ORGANIZATION.—The term ‘Tribal
15 organization’ has the meaning given such term in
16 section 4 of the Indian Self-Determination and Edu-
17 cation Assistance Act.

18 “(10) URBAN INDIAN ORGANIZATION.—The
19 term ‘Urban Indian organization’ has the meaning
20 given such term in section 4 of the Indian Health
21 Care Improvement Act.”.

1 **SEC. 4. GRANTS TO PROMOTE EQUITY IN MATERNAL**
2 **HEALTH OUTCOMES THROUGH DIGITAL**
3 **TOOLS.**

4 (a) IN GENERAL.—Beginning not later than 1 year
5 after the date of enactment of this Act, the Secretary of
6 Health and Human Services (in this section referred to
7 as the “Secretary”) shall make grants to eligible entities
8 to reduce maternal health disparities by increasing access
9 to digital tools related to maternal health care, including
10 provider-facing technologies, such as early warning sys-
11 tems and clinical decision support mechanisms.

12 (b) APPLICATIONS.—To be eligible to receive a grant
13 under this section, an eligible entity shall submit to the
14 Secretary an application at such time, in such manner,
15 and containing such information as the Secretary may re-
16 quire.

17 (c) PRIORITIZATION.—In awarding grants under this
18 section, the Secretary shall prioritize an eligible entity—

19 (1) in an area with elevated rates of maternal
20 mortality, severe maternal morbidity, maternal
21 health disparities, or other adverse perinatal or
22 childbirth outcomes;

23 (2) in a health professional shortage area des-
24 igned under section 332 of the Public Health Serv-
25 ice Act (42 U.S.C. 254e) or a rural or underserved
26 area; and

1 (3) that promotes technology that addresses
2 maternal health disparities.

3 (d) LIMITATIONS.—

4 (1) NUMBER.—The Secretary may award not
5 more than 1 grant under this section.

6 (2) DURATION.—A grant awarded under this
7 section shall be for a 5-year period.

8 (e) TECHNICAL ASSISTANCE.—The Secretary shall
9 provide technical assistance to an eligible entity on the de-
10 velopment, use, evaluation, and postgrant sustainability of
11 digital tools for purposes of promoting equity in maternal
12 health outcomes.

13 (f) REPORTING.—

14 (1) ELIGIBLE ENTITIES.—An eligible entity
15 that receives a grant under subsection (a) shall sub-
16 mit to the Secretary a report, at such time, in such
17 manner, and containing such information as the Sec-
18 retary may require.

19 (2) SECRETARY.—Not later than 4 years after
20 the date of the enactment of this Act, the Secretary
21 shall submit to Congress a report that includes—

22 (A) an evaluation on the effectiveness of
23 grants awarded under this section to improve
24 maternal health outcomes, particularly for preg-

1 nant and postpartum individuals from racial
2 and ethnic minority groups;

3 (B) recommendations on new grant pro-
4 grams that promote the use of technology to
5 improve such maternal health outcomes; and

6 (C) recommendations with respect to—

7 (i) technology-based privacy and secu-
8 rity safeguards in maternal health care;

9 (ii) reimbursement rates for maternal
10 telehealth services;

11 (iii) the use of digital tools to analyze
12 large data sets to identify potential preg-
13 nancy-related complications;

14 (iv) barriers that prevent maternity
15 care providers from providing telehealth
16 services across States;

17 (v) the use of consumer digital tools
18 such as mobile phone applications, patient
19 portals, and wearable technologies to im-
20 prove maternal health outcomes;

21 (vi) barriers that prevent access to
22 telehealth services, including a lack of ac-
23 cess to reliable, high-speed internet or elec-
24 tronic devices;

1 (vii) barriers to data sharing between
2 the Special Supplemental Nutrition Pro-
3 gram for Women, Infants, and Children
4 program and maternity care providers, and
5 recommendations for addressing such bar-
6 riers; and

7 (viii) lessons learned from expanded
8 access to telehealth related to maternity
9 care during the COVID–19 public health
10 emergency.

11 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section
13 \$6,000,000 for each of fiscal years 2024 through 2028.

14 **SEC. 5. REPORT ON THE USE OF TECHNOLOGY IN MATER-**
15 **NITY CARE.**

16 (a) IN GENERAL.—Not later than 60 days after the
17 date of enactment of this Act, the Secretary of Health and
18 Human Services shall seek to enter an agreement with the
19 National Academies of Sciences, Engineering, and Medi-
20 cine (referred to in this section as the “National Acad-
21 emies”) under which the National Academies shall con-
22 duct a study on the use of technology and patient moni-
23 toring devices in maternity care.

1 (b) CONTENT.—The agreement entered into pursu-
2 ant to subsection (a) shall provide for the study of the
3 following:

4 (1) The use of innovative technology (including
5 artificial intelligence) in maternal health care, in-
6 cluding the extent to which such technology has af-
7 fected racial or ethnic biases in maternal health
8 care.

9 (2) The use of patient monitoring devices (in-
10 cluding pulse oximeter devices) in maternal health
11 care, including the extent to which such devices have
12 affected racial or ethnic biases in maternal health
13 care.

14 (3) Best practices for reducing and preventing
15 racial or ethnic biases in the use of innovative tech-
16 nology and patient monitoring devices in maternity
17 care.

18 (4) Best practices in the use of innovative tech-
19 nology and patient monitoring devices for pregnant
20 and postpartum individuals from racial and ethnic
21 minority groups.

22 (5) Best practices with respect to privacy and
23 security safeguards in such use.

24 (c) REPORT.—The agreement under subsection (a)
25 shall direct the National Academies to complete the study

- 1 under subsection (b), and submit to Congress a report on
- 2 the results of the study, not later than 24 months after
- 3 the date of enactment of this Act.

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