

116TH CONGRESS  
1ST SESSION

# S. 2586

To improve maternal health care.

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 26, 2019

Ms. MCSALLY (for herself and Mr. JONES) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To improve maternal health care.

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 Outcomes  
5 Matter Act of 2019” or the “MOM Act”.

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

7 Title III of the Public Health Service Act is amended  
8 by inserting after section 330M of such Act (42 U.S.C.  
9 254c–19) the following:

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

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

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

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

21                       “(B) best practices for improving maternal  
22 health care based on data findings and reviews  
23 conducted by a State maternal mortality review  
24 committee that address topics of relevance to  
25 common complications or health risks related to

1 prenatal care, labor care, birthing, and  
2 postpartum care; and

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

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

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

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

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

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

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

9           “(c) AUTHORIZATION OF APPROPRIATIONS.—To  
10          carry out this section, there is authorized to be appro-  
11          priated such sums as may be necessary for each of fiscal  
12          years 2020 through 2024.”.

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

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

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

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

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

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

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

17       “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
18 carry out this section, there is authorized to be appro-  
19 priated such sums as may be necessary for each of fiscal  
20 years 2020 through 2024.”.

21 **SEC. 4. STUDY ON TRAINING TO REDUCE AND PREVENT**  
22 **DISCRIMINATION.**

23       Not later than 2 years after date of enactment of this  
24 Act, the Secretary of Health and Human Services shall,  
25 through a contract with an independent research organiza-

1 tion, conduct a study and make recommendations for ac-  
2 credited schools of allopathic medicine, osteopathic medi-  
3 cine, and nursing, and other health professional training  
4 programs on best practices related to training to reduce  
5 and prevent discrimination, including training related to  
6 implicit biases, in the provision of health care services re-  
7 lated to prenatal care, labor care, birthing, and  
8 postpartum care.

9 **SEC. 5. PERINATAL QUALITY COLLABORATIVES.**

10 Section 317K(a)(2) of the Public Health Service Act  
11 (42 U.S.C. 247b–12(a)(2)) is amended by adding at the  
12 end the following:

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

1           “(I) support the use of evidence-based  
2           or evidence-informed practices to improve  
3           outcomes for maternal and infant health;

4           “(II) work with clinical teams; ex-  
5           perts; State, local, and, as appropriate,  
6           Tribal public health officials; and stake-  
7           holders, including patients and families, to  
8           identify, develop, or disseminate best prac-  
9           tices to improve perinatal care and out-  
10          comes; and

11          “(III) employ strategies that provide  
12          opportunities for health care professionals  
13          and clinical teams to collaborate across  
14          health care settings and disciplines, includ-  
15          ing primary care and mental health, as ap-  
16          propriate, to improve maternal and infant  
17          health outcomes, which may include the  
18          use of data to provide timely feedback  
19          across hospital and clinical teams to in-  
20          form responses, and to provide support  
21          and training to hospital and clinical teams  
22          for quality improvement, as appropriate.

23          “(ii) To be eligible for a grant under  
24          clause (i), an entity shall submit to the Sec-  
25          retary an application in such form and manner

1           and containing such information as the Sec-  
2           retary may require.”.

3 **SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND**  
4                                   **POSTPARTUM WOMEN.**

5           (a) GRANTS.—Title III of the Public Health Service  
6 Act is amended by inserting after section 330N of such  
7 Act, as added by section 2, the following:

8 **“SEC. 3300. INTEGRATED SERVICES FOR PREGNANT AND**  
9                                   **POSTPARTUM WOMEN.**

10           “(a) IN GENERAL.—The Secretary may award grants  
11 for the purpose of establishing or operating evidence-based  
12 or innovative, evidence-informed programs to deliver inte-  
13 grated health care services to pregnant and postpartum  
14 women to optimize the health of women and their infants,  
15 including to reduce adverse maternal health outcomes,  
16 pregnancy-related deaths, and related health disparities  
17 (including such disparities associated with racial and eth-  
18 nic minority populations), and, as appropriate, by address-  
19 ing issues researched under subsection (b)(2) of section  
20 317K.

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

23                   “(1) ELIGIBILITY.—To be eligible to receive a  
24 grant under subsection (a), a State, Indian Tribe, or  
25 Tribal organization (as such terms are defined in



1 section 4 of the Indian Self-Determination and Edu-  
2 cation Assistance Act) shall work with relevant  
3 stakeholders that coordinate care (including coordi-  
4 nating resources and referrals for health care and  
5 social services) to develop and carry out the pro-  
6 gram, including—

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

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

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

21 “(2) TERMS.—

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

1 grantee under subsection (a) may be made for  
2 a period of less than 5 years.

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

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

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

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

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

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
24 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of fiscal years  
2 2020 through 2024.”.

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

5 (1) REPORT.—Not later than February 1,  
6 2026, the Secretary of Health and Human Services  
7 shall submit to the Committee on Health, Edu-  
8 cation, Labor, and Pensions of the Senate and the  
9 Committee on Energy and Commerce of the House  
10 of Representatives a report that describes—

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

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

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

23 (2) DISSEMINATION OF BEST PRACTICES.—Not  
24 later than August 1, 2026, the Secretary of Health  
25 and Human Services shall disseminate information

1 on best practices and models of care used by recipi-  
2 ents of grants under the amendments made by this  
3 section (including best practices and models of care  
4 relating to the reduction of health disparities, includ-  
5 ing such disparities associated with racial and ethnic  
6 minority populations, in rates of maternal mortality  
7 and severe maternal morbidity) to relevant stake-  
8 holders, which may include health providers, medical  
9 schools, nursing schools, relevant State, Tribal, and  
10 local agencies, and the general public.

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