

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—117th Cong., 1st Sess.

S. 1675

To improve maternal health.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended
to be proposed by _____

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Maternal Health Qual-
5 ity Improvement Act”.

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

7 Title III of the Public Health Service Act (42 U.S.C.
8 241 et seq.) is amended by inserting after section 330N
9 of such Act, the following:

10 **“SEC. 3300. INNOVATION FOR MATERNAL HEALTH.**

11 “(a) IN GENERAL.—The Secretary, in consultation
12 with experts representing a variety of clinical specialties,
13 State, tribal, or local public health officials, researchers,

1 epidemiologists, statisticians, and community organiza-
2 tions, shall establish or continue a program to award com-
3 petitive grants to eligible entities for the purpose of—

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

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

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

23 “(C) information on addressing deter-
24 minants of health that impact maternal health

1 outcomes for women before, during, and after
2 pregnancy;

3 “(2) collaborating with State maternal mor-
4 tality review committees to identify issues for the de-
5 velopment and implementation of evidence-based
6 practices to improve maternal health outcomes and
7 reduce preventable maternal mortality and severe
8 maternal morbidity, consistent with section 317K;

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

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

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

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

23 “(2) demonstrate in such application that the
24 entity is capable of carrying out data-driven mater-
25 nal safety and quality improvement initiatives in the

1 areas of obstetrics and gynecology or maternal
2 health.

3 “(c) REPORT.—Not later than September 30, 2024,
4 and every 2 years thereafter, the Secretary shall submit
5 a report to Congress on the practices described in para-
6 graphs (1) and (2) of subsection (a). Such report shall
7 include a description of the extent to which such practices
8 reduced preventable maternal mortality and severe mater-
9 nal morbidity, and whether such practices improved ma-
10 ternal and infant health. The Secretary shall disseminate
11 information on such practices, as appropriate.

12 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
13 carry out this section, there are authorized to be appro-
14 priated \$9,000,000 for each of fiscal years 2022 through
15 2026.”.

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

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

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

21 “(a) GRANT PROGRAM.—The Secretary shall estab-
22 lish a program to award grants to accredited schools of
23 allopathic medicine, osteopathic medicine, and nursing,
24 and other health professional training programs for the
25 training of health care professionals to improve the provi-

1 sion of prenatal care, labor care, birthing, and postpartum
2 care for racial and ethnic minority populations, including
3 with respect to perceptions and biases that may affect the
4 approach to, and provision of, care.

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

10 “(c) REPORTING REQUIREMENTS.—

11 “(1) PERIODIC GRANTEE REPORTS.—Each enti-
12 ty awarded a grant under this section shall periodi-
13 cally submit to the Secretary a report on the status
14 of activities conducted using the grant, including a
15 description of the impact of such training on patient
16 outcomes, as applicable.

17 “(2) REPORT TO CONGRESS.—Not later than
18 September 30, 2025, the Secretary shall submit a
19 report to Congress on the activities conducted using
20 grants under subsection (a) and any best practices
21 identified and disseminated under subsection (d).

22 “(d) BEST PRACTICES.—The Secretary may identify
23 and disseminate best practices for the training described
24 in subsection (a).

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there are authorized to be appro-
3 priated \$5,000,000 for each of fiscal years 2022 through
4 2026.”.

5 **SEC. 4. STUDY ON IMPROVING TRAINING FOR HEALTH**
6 **CARE PROVIDERS.**

7 Not later than 2 years after date of enactment of this
8 Act, the Secretary of Health and Human Services shall,
9 through a contract with an independent research organiza-
10 tion, conduct a study and make recommendations for ac-
11 credited schools of allopathic medicine, osteopathic medi-
12 cine, and nursing, and other health professional training
13 programs on best practices related to training to improve
14 the provision of prenatal care, labor care, birthing, and
15 postpartum care for racial and ethnic minority popu-
16 lations, including with respect to perceptions and biases
17 that may affect the approach to, and provision of, care.

18 **SEC. 5. PERINATAL QUALITY COLLABORATIVES.**

19 (a) IN GENERAL.—Section 317K(a)(2) of the Public
20 Health Service Act (42 U.S.C. 247b–12(a)(2)) is amended
21 by adding at the end the following:

22 “(E)(i) The Secretary, acting through the Di-
23 rector of the Centers for Disease Control and Pre-
24 vention and in coordination with other offices and
25 agencies, as appropriate, shall establish or continue

1 a competitive grant program for the establishment
2 or support of perinatal quality collaboratives to im-
3 prove perinatal care and perinatal health outcomes
4 for pregnant and postpartum women and their in-
5 fants. A State, Indian Tribe, or Tribal organization
6 may use funds received through such grant to—

7 “(I) support the use of evidence-based or
8 evidence-informed practices to improve out-
9 comes for maternal and infant health;

10 “(II) work with clinical teams; experts;
11 State, local, and, as appropriate, tribal public
12 health officials; and stakeholders, including pa-
13 tients and families, to identify, develop, or dis-
14 seminate best practices to improve perinatal
15 care and outcomes; and

16 “(III) employ strategies that provide op-
17 portunities for health care professionals and
18 clinical teams to collaborate across health care
19 settings and disciplines, including primary care
20 and mental health, as appropriate, to improve
21 maternal and infant health outcomes, which
22 may include the use of data to provide timely
23 feedback across hospital and clinical teams to
24 inform responses, and to provide support and

1 training to hospital and clinical teams for qual-
2 ity improvement, as appropriate.

3 “(ii) To be eligible for a grant under clause (i),
4 an entity shall submit to the Secretary an applica-
5 tion in such form and manner and containing such
6 information as the Secretary may require.”.

7 (b) REPORT TO CONGRESS.—Not later than Sep-
8 tember 30, 2025, the Secretary of Health and Human
9 Services shall submit to Congress a report regarding the
10 activities conducted by recipients of grants under sub-
11 section (a)(2)(E) of section 317K of the Public Health
12 Service Act (42 U.S.C. 247b–12).

13 **SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND**
14 **POSTPARTUM WOMEN.**

15 (a) GRANTS.—Title III of the Public Health Service
16 Act (42 U.S.C. 241 et seq.) is amended by inserting after
17 section 3300 of such Act, as added by section 2, the fol-
18 lowing:

19 **“SEC. 330P. INTEGRATED SERVICES FOR PREGNANT AND**
20 **POSTPARTUM WOMEN.**

21 “(a) IN GENERAL.—The Secretary may award grants
22 for the purpose of establishing or operating evidence-based
23 or innovative, evidence-informed programs to deliver inte-
24 grated health care services to pregnant and postpartum
25 women to optimize the health of women and their infants,

1 including to reduce adverse maternal health outcomes,
2 pregnancy-related deaths, and related health disparities
3 (including such disparities associated with racial and eth-
4 nic minority populations), and, as appropriate, by address-
5 ing issues researched under subsection (b)(2) of section
6 317K.

7 “(b) INTEGRATED SERVICES FOR PREGNANT AND
8 POSTPARTUM WOMEN.—

9 “(1) ELIGIBILITY.—To be eligible to receive a
10 grant under subsection (a), a State, Indian Tribe, or
11 Tribal organization (as such terms are defined in
12 section 4 of the Indian Self-Determination and Edu-
13 cation Assistance Act) shall work with relevant
14 stakeholders that coordinate care to develop and
15 carry out the program, including—

16 “(A) State, Tribal, and local agencies re-
17 sponsible for Medicaid, public health, social
18 services, mental health, and substance use dis-
19 order treatment and services;

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

22 “(C) community-based health organiza-
23 tions and health workers, including providers of
24 home visiting services and individuals rep-
25 resenting communities with disproportionately

1 high rates of maternal mortality and severe ma-
2 ternal morbidity, and including those rep-
3 resenting racial and ethnic minority popu-
4 lations.

5 “(2) TERMS.—

6 “(A) PERIOD.—A grant awarded under
7 subsection (a) shall be made for a period of 5
8 years. Any supplemental award made to a
9 grantee under subsection (a) may be made for
10 a period of less than 5 years.

11 “(B) PRIORITIES.—In awarding grants
12 under subsection (a), the Secretary shall—

13 “(i) give priority to States, Indian
14 Tribes, and Tribal organizations that have
15 the highest rates of maternal mortality and
16 severe maternal morbidity relative to other
17 such States, Indian Tribes, or Tribal orga-
18 nizations, respectively; and

19 “(ii) shall consider health disparities
20 related to maternal mortality and severe
21 maternal morbidity, including such dispari-
22 ties associated with racial and ethnic mi-
23 nority populations.

1 “(C) EVALUATION.—The Secretary shall
2 require grantees to evaluate the outcomes of the
3 programs supported under the grant.

4 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated to carry out this section
6 \$10,000,000 for each of fiscal years 2022 through 2026.”.

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

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

15 (A) the outcomes of the activities sup-
16 ported by the grants awarded under the amend-
17 ments made by this section on maternal and
18 child health;

19 (B) best practices and models of care used
20 by recipients of grants under such amendments;
21 and

22 (C) obstacles identified by recipients of
23 grants under such amendments, and strategies
24 used by such recipients to deliver care, improve

1 maternal and child health, and reduce health
2 disparities.

3 (2) DISSEMINATION OF BEST PRACTICES.—Not
4 later than August 1, 2026, the Secretary of Health
5 and Human Services shall disseminate information
6 on best practices and models of care used by recipi-
7 ents of grants under the amendments made by this
8 section (including best practices and models of care
9 relating to the reduction of health disparities, includ-
10 ing such disparities associated with racial and ethnic
11 minority populations, in rates of maternal mortality
12 and severe maternal morbidity) to relevant stake-
13 holders, which may include health providers, medical
14 schools, nursing schools, relevant State, tribal, and
15 local agencies, and the general public.

16 **SEC. 7. MATERNAL VACCINATION AWARENESS.**

17 In carrying out the public awareness initiative related
18 to vaccinations pursuant to section 313 of the Public
19 Health Service Act (42 U.S.C. 245), the Secretary of
20 Health and Human Services shall take into consideration
21 the importance of increasing awareness and knowledge of
22 the safety and effectiveness of vaccines to prevent disease
23 in pregnant and postpartum women and in infants and
24 the need to improve vaccination rates in communities and
25 populations with low rates of vaccination.