

117TH CONGRESS
1ST SESSION

S. _____

To improve maternal health.

IN THE SENATE OF THE UNITED STATES

Mr. WARNOCK (for himself, Mr. RUBIO, Ms. SMITH, Mr. MARSHALL, Ms. HASSAN, and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To improve maternal health.

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”.

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:

1 **“SEC. 3300. 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, improve maternal and infant health outcomes,
11 eliminate preventable maternal mortality and severe
12 maternal morbidity, and improve infant health out-
13 comes, which may include—

14 “(A) information on evidence-based prac-
15 tices to improve the quality and safety of ma-
16 ternal health care in hospitals and other health
17 care settings of a State or health care system
18 by addressing topics commonly associated with
19 health complications or risks related to prenatal
20 care, labor care, birthing, and 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, consistent with section 317K;

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

18 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there are authorized to be appro-
20 priated \$9,000,000 for each of fiscal years 2022 through
21 2026.”.

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

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

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

2 “(a) GRANT PROGRAM.—The Secretary shall estab-
3 lish a program to award grants to accredited schools of
4 allopathic medicine, osteopathic medicine, and nursing,
5 and other health professional training programs for the
6 training of health care professionals to improve the provi-
7 sion of prenatal care, labor care, birthing, and postpartum
8 care for racial and ethnic minority populations, including
9 with respect to perceptions and biases that may affect the
10 approach to, and provision of, care.

11 “(b) ELIGIBILITY.—To be eligible for a grant under
12 subsection (a), an entity described in such subsection shall
13 submit to the Secretary an application at such time, in
14 such manner, and containing such information as the Sec-
15 retary may require.

16 “(c) REPORTING REQUIREMENTS.—

17 “(1) PERIODIC GRANTEE REPORTS.—Each enti-
18 ty awarded a grant under this section shall periodi-
19 cally submit to the Secretary a report on the status
20 of activities conducted using the grant, including a
21 description of the impact of such training on patient
22 outcomes, as applicable.

23 “(2) REPORT TO CONGRESS.—Not later than
24 September 30, 2024, the Secretary shall submit a
25 report to Congress on the activities conducted using

1 grants under subsection (a) and any best practices
2 identified and disseminated under subsection (d).

3 “(d) BEST PRACTICES.—The Secretary may identify
4 and disseminate best practices for the training described
5 in subsection (a).

6 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
7 carry out this section, there are authorized to be appro-
8 priated \$5,000,000 for each of fiscal years 2022 through
9 2026.”.

10 **SEC. 4. STUDY ON IMPROVING TRAINING FOR HEALTH**
11 **CARE PROVIDERS.**

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

1 **SEC. 5. PERINATAL QUALITY COLLABORATIVES.**

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

5 “(E)(i) The Secretary, acting through the Di-
6 rector of the Centers for Disease Control and Pre-
7 vention and in coordination with other offices and
8 agencies, as appropriate, shall establish or continue
9 a competitive grant program for the establishment
10 or support of perinatal quality collaboratives to im-
11 prove perinatal care and perinatal health outcomes
12 for pregnant and postpartum women and their in-
13 fants. A State, Indian Tribe, or Tribal organization
14 may use funds received through such grant to—

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

18 “(II) work with clinical teams; experts;
19 State, local, and, as appropriate, tribal public
20 health officials; and stakeholders, including pa-
21 tients and families, to identify, develop, or dis-
22 seminate best practices to improve perinatal
23 care and outcomes; and

24 “(III) employ strategies that provide op-
25 portunities for health care professionals and
26 clinical teams to collaborate across health care

1 settings and disciplines, including primary care
2 and mental health, as appropriate, to improve
3 maternal and infant health outcomes, which
4 may include the use of data to provide timely
5 feedback across hospital and clinical teams to
6 inform responses, and to provide support and
7 training to hospital and clinical teams for qual-
8 ity improvement, as appropriate.

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

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

19 **SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND**
20 **POSTPARTUM WOMEN.**

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

1 **“SEC. 330P. INTEGRATED SERVICES FOR PREGNANT AND**
2 **POSTPARTUM WOMEN.**

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

14 “(b) INTEGRATED SERVICES FOR PREGNANT AND
15 POSTPARTUM WOMEN.—

16 “(1) ELIGIBILITY.—To be eligible to receive a
17 grant under subsection (a), a State, Indian Tribe, or
18 Tribal organization (as such terms are defined in
19 section 4 of the Indian Self-Determination and Edu-
20 cation Assistance Act) shall work with relevant
21 stakeholders that coordinate care to develop and
22 carry out the program, including—

23 “(A) State, Tribal, and local agencies re-
24 sponsible for Medicaid, public health, social
25 services, mental health, and substance use dis-
26 order treatment and services;

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

3 “(C) community-based health organiza-
4 tions and health workers, including providers of
5 home visiting services and individuals rep-
6 resenting communities with disproportionately
7 high rates of maternal mortality and severe ma-
8 ternal morbidity, and including those rep-
9 resenting racial and ethnic minority popu-
10 lations.

11 “(2) TERMS.—

12 “(A) PERIOD.—A grant awarded under
13 subsection (a) shall be made for a period of 5
14 years. Any supplemental award made to a
15 grantee under subsection (a) may be made for
16 a period of less than 5 years.

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

19 “(i) give preference to States, Indian
20 Tribes, and Tribal organizations that have
21 the highest rates of maternal mortality and
22 severe maternal morbidity relative to other
23 such States, Indian Tribes, or Tribal orga-
24 nizations, respectively; and

1 “(ii) shall consider health disparities
2 related to maternal mortality and severe
3 maternal morbidity, including such dispari-
4 ties associated with racial and ethnic mi-
5 nority populations.

6 “(C) EVALUATION.—The Secretary shall
7 require grantees to evaluate the outcomes of the
8 programs supported under the grant.

9 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 \$10,000,000 for each of fiscal years 2022 through 2026.”.

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

14 (1) REPORT.—Not later than February 1,
15 2026, the Secretary of Health and Human Services
16 shall submit to the Committee on Health, Edu-
17 cation, Labor, and Pensions of the Senate and the
18 Committee on Energy and Commerce of the House
19 of Representatives a report that describes—

20 (A) the outcomes of the activities sup-
21 ported by the grants awarded under the amend-
22 ments made by this section on maternal and
23 child health;

1 (B) best practices and models of care used
2 by recipients of grants under such amendments;
3 and

4 (C) obstacles identified by recipients of
5 grants under such amendments, and strategies
6 used by such recipients to deliver care, improve
7 maternal and child health, and reduce health
8 disparities.

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