117TH CONGRESS
1ST SESSION

S. 1333

To address maternal mortality and morbidity.

IN THE SENATE OF THE UNITED STATES

APRIL 22, 2021

Mrs. GILLIBRAND 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 address maternal mortality and morbidity.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Modernizing Obstetric Medicine Standards Act of 2021'' or the ''MOMS Act''.

SEC. 2. MATERNAL MORTALITY AND MORBIDITY PREVENTION.

Section 317K of the Public Health Service Act (42 U.S.C. 247b–12) is amended—

(1) by redesignating subsections (e) and (f) as subsections (g) and (h), respectively; and

(2) by inserting after subsection (d) the following:

''(e) PREGNANCY AND POSTPARTUM SAFETY AND MONITORING PRACTICES AND MATERNAL MORTALITY AND MORBIDITY PREVENTION.—

''(1) ALLIANCE FOR INNOVATION ON MATERNAL HEALTH.—The Secretary, acting through the Associate Administrator of the Maternal and Child Health Bureau of the Health Resources and Services Administration, shall establish a program, known as the Alliance for Innovation on Maternal Health program, to—

''(A) enter into a contract with an interdisciplinary, multi-stakeholder, national organization promulgating a national data-driven maternal safety and quality improvement initiative based on evidence-based best practices to improve maternal safety and outcomes;

''(B) assist States with the development and implementation of postpartum safety and monitoring practices and maternal mortality and morbidity prevention, based on the best practices developed under paragraph (2); and

''(C) improve State-specific maternal health outcomes and reduce variation in re-

sponse to maternity and postpartum care, in order to eliminate preventable maternal mortality and severe maternal morbidity.

''(2) BEST PRACTICES.—

''(A) IN GENERAL.—Not later than 1 year after the date of enactment of the Modernizing Obstetric Medicine Standards Act of 2021, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall work with the contracting entity under paragraph (1)(A) to—

''(i) create and assist State-based collaborative teams in the implementation of standardized best practices, to be known as 'maternal safety bundles', for the purpose of maternal mortality and morbidity prevention; and

''(ii) collect and analyze data related to process structure and patient outcomes to drive continuous quality improvement in the implementation of the maternal safety bundles by such State-based teams.

''(B) MATERNAL SAFETY BUNDLES.—The best practices issued under subparagraph (A) may address the following topics:

"(i) Obstetric hemorrhage.

"(ii) Maternal mental, behavioral, and emotional health.

"(iii) Maternal venous and thromboembolism.

"(iv) Severe hypertension in pregnancy, including preeclampsia.

"(v) Obstetric care for women with substance abuse disorder.

"(vi) Postpartum care basics for maternal safety.

"(vii) Reduction of racial and ethnic disparities in maternity care.

"(viii) Safe reduction of primary cesarean birth.

"(ix) Severe maternal morbidity review.

"(x) Support after a severe maternal morbidity event.

"(xi) Ways to empower and listen to women before, during, and after childbirth to ensure better communication between patients and health care providers.

''(xii) Other leading causes of maternal mortality and morbidity, including infection or sepsis and cardiomyopathy.

''(3) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, in addition to amounts appropriated under subsection (h), there are authorized to be appropriated $5,000,000 for each of fiscal years 2022 through 2026.''.

SEC. 3. MATERNAL MORTALITY AND MORBIDITY PREVENTION GRANTS.

Section 317K of the Public Health Service Act (42 U.S.C. 247b–12), as amended by section 2, is further amended—

(1) by inserting after subsection (e) the following:

''(f) MATERNAL MORTALITY AND MORBIDITY PREVENTION GRANT PROGRAM.—

''(1) IN GENERAL.—The Secretary, acting through the Associate Administrator of the Maternal and Child Health Bureau of the Health Resources and Services Administration, shall award grants to States or hospitals to assist in the development and implementation of the maternal safety bundles described in subsection (e)(2).

''(2) USE OF FUNDS.—

''(A) IN GENERAL.—A State or hospital receiving a grant under this subsection may use such funds—

''(i) to purchase equipment and supplies to effectively implement and execute the maternal safety bundles described in subsection (e)(2); and

''(ii) to develop training on, and evaluation of the effectiveness of, such maternal safety bundles.

''(B) PRIORITY USE OF FUNDS FOR STATE GRANTEES.—A State receiving a grant under this subsection shall allocate such funds giving priority to the hospitals in such State that serve high volumes of low-income, at-risk, or rural populations.

''(3) PRIORITIZATION OF GRANT APPLICATIONS.—In awarding grants under this subsection, the Secretary shall prioritize applications from States, or hospitals within States, that—

''(A) have a functioning maternal mortality review committee in accordance with best practices promulgated by the Building U.S. Capacity to Review and Prevent Maternal Deaths Initiative of the Centers for Disease Control and

Prevention, the CDC Foundation, and the Association of Maternal and Child Health Programs, or as described in subsection (d)(1); or

"(B) serve high volumes of low-income, at-risk, or rural populations.

"(4) REPORTING REQUIREMENTS.—

"(A) IN GENERAL.—Not later than 2 years after receipt of a grant under this subsection, each recipient of such a grant shall submit a report to the Secretary describing—

"(i) implementation of the maternal safety bundles with use of the grant funds;

"(ii) any incidents of pregnancy-related deaths or pregnancy-associated deaths, and any pregnancy-related complications or pregnancy-associated complications occurring in the 1-year period prior to implementation of such procedures; and

"(iii) any incidents of pregnancy-related deaths or pregnancy-associated deaths, and any pregnancy-related complications or pregnancy-associated complications occurring after implementation of such procedures.

''(B) PUBLIC AVAILABILITY; REPORT TO CONGRESS.—Within 1 year of receiving the reports under subparagraph (A), the Secretary shall—

''(i) make the reports submitted under subparagraph (A) publicly available; and

''(ii) submit a report to Congress that describes the grants awarded under this subsection, the effectiveness of the grant program under this subsection, the activities for which grant funds were used, and any recommendations to further prevent maternal mortality and morbidity.

''(C) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, in addition to amounts appropriated under subsection (h), there are authorized to be appropriated $40,000,000 for each of fiscal years 2022 through 2026.''; and

(2) in subsection (g), as so redesignated by section 2(1), by striking paragraphs (2) and (3) and inserting the following:

''(2) the terms 'pregnancy-associated death' and 'pregnancy-associated complication' mean the death or medical complication, respectively, of a woman

that occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy;

''(3) the terms 'pregnancy-related death' and 'pregnancy-related complication' mean the death or medical complication, respectively, of a woman that—

''(A) occurs during, or within 1 year following, her pregnancy, regardless of the outcome, duration, or site of the pregnancy;

''(B) is from any cause related to, or aggravated by, the pregnancy or its management; and

''(C) is not from an accidental or incidental cause; and

''(4) the term 'severe maternal morbidity' means the unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.''.

SEC. 4. REPORTING ON PREGNANCY-RELATED AND PREGNANCY-ASSOCIATED DEATHS AND COMPLICATIONS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall encourage each State to voluntarily submit to the Secretary each year a report containing the

findings of a State maternal mortality review committee with respect to each maternal death in the State that the committee reviewed during the year.

(b) MATERNAL AND INFANT HEALTH.—The Director of the Centers for Disease Control and Prevention shall—

(1) update the Pregnancy Mortality Surveillance System or develop a separate system so that such system is capable of including data obtained from State maternal mortality review committees; and

(2) provide technical assistance to States in reviewing cases of pregnancy-related complications and pregnancy-associated complications.

(c) DEFINITIONS.—In this section, the terms ''pregnancy-associated complication'' and ''pregnancy-related complication'' have the meanings given such terms in section 317K of the Public Health Service Act, as amended by section 3.

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