

117TH CONGRESS
1ST SESSION

S. 893

To support the use of technology in maternal health care.

IN THE SENATE OF THE UNITED STATES

MARCH 23, 2021

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

A BILL

To support the use of technology in 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 “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 330N (42 U.S.C. 254c–19) the
 19 following:

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

22 “(a) ESTABLISHMENT.—Beginning not later than 1
 23 year after the date of enactment of this section, the Sec-
 24 retary shall award grants to eligible entities to evaluate,
 25 develop, and expand the use of technology-enabled collabo-

1 rative learning and capacity building models and improve
 2 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 areas with significant racial and ethnic
 7 disparities in maternal health outcomes; and

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

12 “(b) USE OF FUNDS.—

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

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

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

20 “(ii) methods to address implicit bias,
 21 racism, and discrimination;

22 “(iii) best practices in screening for
 23 maternal mental health conditions and
 24 substance use disorders and, as needed,

1 evaluating and treating such conditions
2 and disorders;

3 “(iv) training on best practices in ma-
4 ternity care for pregnant and postpartum
5 individuals during the COVID–19 public
6 health emergency or future public health
7 emergencies;

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

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

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

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

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

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, as deter-
5 mined 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 affect 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.—Each entity receiving a grant
 16 under this section may receive not more than 1 such
 17 grant.

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

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

1 “(f) TECHNICAL ASSISTANCE.—The Secretary shall
 2 provide (either directly or by contract) technical assistance
 3 to eligible entities, including recipients of grants under
 4 subsection (a), on the development, use, and sustainability
 5 of technology-enabled collaborative learning and capacity
 6 building models to expand access to maternal health care
 7 services provided by such entities, including—

8 “(1) in health professional shortage areas;

9 “(2) in areas with high rates of maternal mor-
 10 tality and severe maternal morbidity or significant
 11 racial and ethnic disparities in maternal health out-
 12 comes; and

13 “(3) for medically underserved populations or
 14 American Indians and Alaska Natives.

15 “(g) RESEARCH AND EVALUATION.—The Secretary,
 16 in consultation with experts, shall develop a strategic plan
 17 to research and evaluate the evidence for such models.

18 “(h) REPORTING.—

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

24 “(2) SECRETARY.—Not later than 4 years after
 25 the date of enactment of this section, the Secretary

1 shall submit to Congress, and make available on the
 2 website of the Department of Health and Human
 3 Services, a report that includes—

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 a
 13 grant awarded under 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 2022 through 2026.

24 “(j) DEFINITIONS.—In this section:

25 “(1) ELIGIBLE ENTITY.—

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

“(i) in health professional shortage areas;

“(ii) in areas with high rates of adverse maternal health outcomes or significant racial and ethnic disparities in maternal health outcomes; or

“(iii) who are—

“(I) members of medically underserved populations; or

“(II) American Indians and Alaska Natives, including Indian Tribes, Tribal organizations, and urban Indian organizations.

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

“(2) HEALTH PROFESSIONAL SHORTAGE 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 videoconferencing 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 the enactment of this Act, the Secretary
6 of Health and Human Services shall award grants to eligi-
7 ble entities to reduce racial and ethnic disparities in ma-
8 ternal health outcomes by increasing access to digital tools
9 related to maternal health care, including provider-facing
10 technologies, such as early warning systems and clinical
11 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 high rates of adverse mater-
20 nal health outcomes or significant racial and ethnic
21 disparities in maternal health outcomes;

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

1 (3) that promotes technology that addresses ra-
2 cial and ethnic disparities in maternal health out-
3 comes.

4 (d) LIMITATIONS.—

5 (1) NUMBER.—Each entity receiving a grant
6 under this section may receive not more than 1 such
7 grant.

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

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

15 (f) REPORTING.—

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

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

24 (A) an evaluation on the effectiveness of
25 grants awarded under this section to improve

1 health outcomes for pregnant and postpartum
2 individuals from racial and ethnic minority
3 groups;

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

7 (C) recommendations with respect to—

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

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

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

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

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

22 (vi) barriers that prevent access to
23 telehealth services, including a lack of ac-
24 cess to reliable, high-speed internet or elec-
25 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 2022 through 2026.

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 Act as the “National Academies”)
21 under which the National Academies shall conduct a study
22 on the use of technology and patient monitoring devices
23 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 this section, and transmit to Congress a report on
2 the results of the study, not later than 2 years after the
3 date of enactment of this Act.

4 **SEC. 6. DEFINITIONS.**

5 In this Act:

6 (1) MATERNITY CARE PROVIDER.—The term
7 “maternity care provider” means a health care pro-
8 vider who—

9 (A) is a physician, physician assistant,
10 midwife who meets at a minimum the inter-
11 national definition of the midwife and global
12 standards for midwifery education as estab-
13 lished by the International Confederation of
14 Midwives, nurse practitioner, or clinical nurse
15 specialist; and

16 (B) has a focus on maternal or perinatal
17 health.

18 (2) POSTPARTUM AND POSTPARTUM PERIOD.—
19 The terms “postpartum” and “postpartum period”
20 refer to the 1-year period beginning on the last day
21 of the pregnancy of an individual.

22 (3) RACIAL AND ETHNIC MINORITY GROUP.—
23 The term “racial and ethnic minority group” has the
24 meaning given such term in section 1707(g)(1) of

1 the Public Health Service Act (42 U.S.C. 300u–
2 6(g)(1)).

○