

Union Calendar No. 15

117TH CONGRESS
1ST SESSION

H. R. 958

[Report No. 117–30]

To codify maternity care coordination programs at the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. UNDERWOOD (for herself, Mr. BILIRAKIS, Ms. BROWNLEY, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Veterans' Affairs

MAY 12, 2021

Additional sponsors: Ms. HOULAHAN, Ms. ADAMS, Mr. KHANNA, Ms. VELÁZQUEZ, Mrs. MCBATH, Mr. SMITH of Washington, Ms. SCANLON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Ms. MOORE of Wisconsin, Ms. STRICKLAND, Mr. RYAN, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Mr. DEUTCH, Mr. PAYNE, Mr. BLUMENAUER, Mr. MOULTON, Mr. SOTO, Mr. NADLER, Mr. TRONE, Ms. CLARKE of New York, Ms. SCHAKOWSKY, Ms. BASS, Ms. PRESSLEY, Mr. EVANS, Ms. BLUNT ROCHESTER, Ms. CASTOR of Florida, Ms. SEWELL, Ms. WILLIAMS of Georgia, Mrs. FLETCHER, Mr. MRVAN, Mr. CRIST, Mr. LOWENTHAL, Ms. LOIS FRANKEL of Florida, and Mrs. AXNE

MAY 12, 2021

Reported from the Committee on Veterans' Affairs, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

A BILL

To codify maternity care coordination programs at the Department of Veterans Affairs, and for other purposes.

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 “Protecting Moms Who
5 Served Act”.

6 **SEC. 2. SUPPORT FOR MATERNITY CARE COORDINATION.**

7 (a) PROGRAM ON MATERNITY CARE COORDINA-
8 TION.—

9 (1) IN GENERAL.—The Secretary of Veterans
10 Affairs shall carry out the maternity care coordina-
11 tion program described in Veterans Health Adminis-
12 tration Handbook 1330.03, or any successor hand-
13 book.

14 (2) TRAINING AND SUPPORT.—In carrying out
15 the program under paragraph (1), the Secretary
16 shall provide to community maternity care providers
17 training and support with respect to the unique
18 needs of pregnant and postpartum veterans, particu-
19 larly regarding mental and behavioral health condi-
20 tions relating to the service of the veterans in the
21 Armed Forces.

22 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated to the Secretary
24 \$15,000,000 for fiscal year 2022 for the maternity care

1 coordination program. Such amounts are authorized in ad-
2 dition to any other amounts authorized for such purpose.

3 (c) DEFINITIONS.—In this section:

4 (1) The term “community maternity care pro-
5 viders” means maternity care providers located at
6 non-Department facilities who provide maternity
7 care to veterans under section 1703 of title 38,
8 United States Code, or other provisions of law ad-
9 ministered by the Secretary of Veterans Affairs.

10 (2) The term “non-Department facilities” has
11 the meaning given that term in section 1701 of title
12 38, United States Code.

13 **SEC. 3. REPORT ON MATERNAL MORTALITY AND SEVERE**
14 **MATERNAL MORBIDITY AMONG PREGNANT**
15 **AND POSTPARTUM VETERANS.**

16 (a) GAO REPORT.—Not later than two years after
17 the date of the enactment of this Act, the Comptroller
18 General of the United States shall submit to the Commit-
19 tees on Veterans’ Affairs of the Senate and the House of
20 Representatives, and make publicly available, a report on
21 maternal mortality and severe maternal morbidity among
22 pregnant and postpartum veterans, with a particular focus
23 on racial and ethnic disparities in maternal health out-
24 comes for veterans.

1 (b) MATTERS INCLUDED.—The report under sub-
2 section (a) shall include the following:

3 (1) To the extent practicable—

4 (A) the number of pregnant and postpar-
5 tum veterans who have experienced a preg-
6 nancy-related death or pregnancy-associated
7 death in the most recent 10 years of available
8 data;

9 (B) the rate of pregnancy-related deaths
10 per 100,000 live births for pregnant and post-
11 partum veterans;

12 (C) the number of cases of severe maternal
13 morbidity among pregnant and postpartum vet-
14 erans in the most recent year of available data;

15 (D) the racial and ethnic disparities in ma-
16 ternal mortality and severe maternal morbidity
17 rates among pregnant and postpartum veterans;

18 (E) identification of the causes of maternal
19 mortality and severe maternal morbidity that
20 are unique to veterans, including post-traumatic
21 stress disorder, military sexual trauma, and in-
22 fertility or miscarriages that may be caused by
23 such service;

24 (F) identification of the causes of maternal
25 mortality and severe maternal morbidity that

1 are unique to veterans from racial and ethnic
2 minority groups and other at-risk populations
3 as deemed appropriate;

4 (G) identification of any correlations be-
5 tween the former rank of veterans and their
6 maternal health outcomes;

7 (H) the number of veterans who have been
8 diagnosed with infertility by Veterans Health
9 Administration providers each year in the most
10 recent five years, disaggregated by age, race,
11 ethnicity, sex, marital status, sexual orientation,
12 gender identity, and geographical location;

13 (I) the number of veterans who receive a
14 clinical diagnosis of unexplained infertility by
15 Veterans Health Administration providers each
16 year in the most recent five years; and

17 (J) the extent to which the rate of inci-
18 dence of clinically diagnosed infertility among
19 veterans compare or differ to the rate of inci-
20 dence of clinically diagnosed infertility among
21 the civilian population.

22 (2) An assessment of the barriers to deter-
23 mining the information required under paragraph
24 (1) and recommendations for improvements in track-

1 ing maternal health outcomes among pregnant and
2 postpartum veterans—

3 (A) who have health care coverage through
4 the Department;

5 (B) enrolled in the TRICARE program;

6 (C) who are eligible to use the Indian
7 Health Service, Tribal health programs, or
8 urban Indian health organizations;

9 (D) with employer-based or private insur-
10 ance;

11 (E) enrolled in the Medicaid program; and

12 (F) who are uninsured.

13 (3) Recommendations for legislative and admin-
14 istrative actions to increase access to mental and be-
15 havioral health care for pregnant and postpartum
16 veterans who screen positively for maternal mental
17 or behavioral health conditions.

18 (4) Recommendations to address homelessness,
19 food insecurity, poverty, and related issues among
20 pregnant and postpartum veterans.

21 (5) Recommendations on how to effectively edu-
22 cate maternity care providers on best practices for
23 providing maternity care services to veterans that
24 addresses the unique maternal health care needs of
25 the veteran population.

1 (6) Recommendations to reduce maternal mor-
2 tality and severe maternal morbidity among preg-
3 nant and postpartum veterans and to address racial
4 and ethnic disparities in maternal health outcomes
5 for each of the groups described in subparagraphs
6 (A) through (E) of paragraph (2).

7 (7) Recommendations to improve coordination
8 of care between the Department and non-Depart-
9 ment facilities for pregnant and postpartum vet-
10 erans, including recommendations to improve—

11 (A) health record interoperability; and

12 (B) training for the directors of the Vet-
13 erans Integrated Service Networks, directors of
14 medical facilities of the Department, chiefs of
15 staff of such facilities, maternity care coordina-
16 tors, and staff of relevant non-Department fa-
17 cilities.

18 (8) An assessment of the authority of the Sec-
19 retary of Veterans Affairs to access maternal health
20 data collected by the Department of Health and
21 Human Services and, if applicable, recommendations
22 to increase such authority.

23 (9) To the extent applicable, an assessment of
24 potential causes of or explanations for lower mater-
25 nal mortality rates among veterans who have health

1 coverage through the Department of Veterans Af-
2 fairs compared to maternal mortality rates in the
3 general United States population.

4 (10) Any other information the Comptroller
5 General determines appropriate with respect to the
6 reduction of maternal mortality and severe maternal
7 morbidity among pregnant and postpartum veterans
8 and to address racial and ethnic disparities in ma-
9 ternal health outcomes for veterans.

10 **SEC. 4. DEFINITIONS.**

11 In this Act:

12 (1) **MATERNAL MORTALITY.**—The term “mater-
13 nal mortality” means a death occurring during or
14 within a one-year period after pregnancy, caused by
15 pregnancy-related or childbirth complications, in-
16 cluding a suicide, overdose, or other death resulting
17 from a mental health or substance use disorder at-
18 tributed to or aggravated by pregnancy-related or
19 childbirth complications.

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

24 (3) **PREGNANCY-ASSOCIATED DEATH.**—The
25 term “pregnancy-associated death” means a death of

1 a pregnant or postpartum individual, by any cause,
2 that occurs during, or within 1 year following, the
3 individual’s pregnancy, regardless of the outcome,
4 duration, or site of the pregnancy.

5 (4) PREGNANCY-RELATED DEATH.—The term
6 “pregnancy-related death” means a death of a preg-
7 nant or postpartum individual that occurs during, or
8 within 1 year following, the individual’s pregnancy,
9 from a pregnancy complication, a chain of events
10 initiated by pregnancy, or the aggravation of an un-
11 related condition by the physiologic effects of preg-
12 nancy.

13 (5) RACIAL AND ETHNIC MINORITY GROUP.—
14 The term “racial and ethnic minority group” has the
15 meaning given such term in section 1707(g)(1) of
16 the Public Health Service Act (42 U.S.C. 300u-
17 6(g)(1)).

18 (6) SEVERE MATERNAL MORBIDITY.—The term
19 “severe maternal morbidity” means a health condi-
20 tion, including mental health conditions and sub-
21 stance use disorders, attributed to or aggravated by
22 pregnancy or childbirth that results in significant
23 short-term or long-term consequences to the health
24 of the individual who was pregnant.

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