

117TH CONGRESS
1ST SESSION

H. R. 945

To direct the Secretary of Health and Human Services to issue guidance to States to educate providers, managed care entities, and other insurers about the value and process of delivering respectful maternal health care through diverse and multidisciplinary care provider models, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. MOORE of Wisconsin (for herself, Ms. UNDERWOOD, Ms. ADAMS, Mr. KHANNA, Ms. VELÁZQUEZ, Mrs. MCBATH, Mr. SMITH of Washington, Ms. SCANLON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Ms. STRICKLAND, Mr. RYAN, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Mr. DEUTCH, Mr. PAYNE, Mr. BLUMENAUER, Ms. WILLIAMS of Georgia, 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. HOULAHAN, and Ms. SEWELL) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to issue guidance to States to educate providers, managed care entities, and other insurers about the value and process of delivering respectful maternal health care through diverse and multidisciplinary care provider models, 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. HHS AGENCY DIRECTIVES.**

4 (a) GUIDANCE TO STATES.—

5 (1) IN GENERAL.—Not later than 2 years after
6 the date of enactment of this Act, the Secretary of
7 Health and Human Services shall issue and dissemi-
8 nate guidance to States to educate providers, man-
9 aged care entities, and other insurers about the
10 value and process of delivering respectful maternal
11 health care through diverse and multidisciplinary
12 care provider models.

13 (2) CONTENTS.—The guidance required by
14 paragraph (1) shall address how States can encour-
15 age and incentivize hospitals, health systems, mid-
16 wifery practices, freestanding birth centers, other
17 maternity care provider groups, managed care enti-
18 ties, and other insurers—

19 (A) to recruit and retain maternity care
20 providers, mental and behavioral health care
21 providers acting in accordance with State law,
22 registered dietitians or nutrition professionals
23 (as such term is defined in section 1861(vv)(2)
24 of the Social Security Act (42 U.S.C.
25 1395x(vv)(2))), and lactation consultants cer-

1 tified by the International Board of Lactation
2 Consultants Examiners—

3 (i) from racially, ethnically, and lin-
4 guistically diverse backgrounds;

5 (ii) with experience practicing in ra-
6 cially and ethnically diverse communities;
7 and

8 (iii) who have undergone training on
9 implicit bias and racism;

10 (B) to incorporate into maternity care
11 teams—

12 (i) midwives who meet at a minimum
13 the international definition of the midwife
14 and global standards for midwifery edu-
15 cation as established by the International
16 Confederation of Midwives; and

17 (ii) perinatal health workers;

18 (C) to provide collaborative, culturally con-
19 gruent care; and

20 (D) to provide opportunities for individuals
21 enrolled in accredited midwifery education pro-
22 grams to participate in job shadowing with ma-
23 ternity care teams in hospitals, health systems,
24 midwifery practices, and freestanding birth cen-
25 ters.

1 (b) STUDY ON RESPECTFUL AND CULTURALLY CON-
2 GRUENT MATERNITY CARE.—

3 (1) STUDY.—The Secretary of Health and
4 Human Services acting through the Director of the
5 National Institutes of Health (in this subsection re-
6 ferred to as the “Secretary”) shall conduct a study
7 on best practices in respectful and culturally con-
8 gruent maternity care.

9 (2) REPORT.—Not later than 2 years after the
10 date of enactment of this Act, the Secretary shall—

11 (A) complete the study required by para-
12 graph (1);

13 (B) submit to the Congress and make pub-
14 licly available a report on the results of such
15 study; and

16 (C) include in such report—

17 (i) a compendium of examples of hos-
18 pitals, health systems, midwifery practices,
19 freestanding birth centers, other maternity
20 care provider groups, managed care enti-
21 ties, and other insurers that are delivering
22 respectful and culturally congruent mater-
23 nal health care;

24 (ii) a compendium of examples of hos-
25 pitals, health systems, midwifery practices,

freestanding birth centers, other maternity care provider groups, managed care entities, and other insurers that have made progress in reducing disparities in maternal health outcomes and improving birthing experiences for pregnant and postpartum individuals from racial and ethnic minority groups; and

(iii) recommendations to hospitals, health systems, midwifery practices, freestanding birth centers, other maternity care provider groups, managed care entities, and other insurers, for best practices in respectful and culturally congruent maternity care.

SEC. 2. GRANTS TO GROW AND DIVERSIFY THE PERINATAL WORKFORCE.

Title VII of the Public Health Service Act is amended by inserting after section 757 (42 U.S.C. 294f) the following new section:

“SEC. 758. PERINATAL WORKFORCE GRANTS.

“(a) IN GENERAL.—The Secretary shall award grants to entities to establish or expand programs described in subsection (b) to grow and diversify the perinatal workforce.

1 “(b) USE OF FUNDS.—Recipients of grants under
2 this section shall use the grants to grow and diversify the
3 perinatal workforce by—

4 “(1) establishing schools or programs that pro-
5 vide education and training to individuals seeking
6 appropriate licensing or certification as—

7 “(A) physician assistants who will complete
8 clinical training in the field of maternal and
9 perinatal health; or

10 “(B) perinatal health workers; and

11 “(2) expanding the capacity of existing schools
12 or programs described in paragraph (1), for the pur-
13 poses of increasing the number of students enrolled
14 in such schools or programs, including by awarding
15 scholarships for students.

16 “(c) PRIORITIZATION.—In awarding grants under
17 this section, the Secretary shall give priority to any entity
18 that—

19 “(1) has demonstrated a commitment to re-
20 cruiting and retaining students and faculty from ra-
21 cial and ethnic minority groups;

22 “(2) has developed a strategy to recruit and re-
23 tain a diverse pool of students into the perinatal
24 workforce program or school supported by funds re-
25 ceived through the grant, particularly from racial

1 and ethnic minority groups and other underserved
2 populations;

3 “(3) has developed a strategy to recruit and re-
4 tain students who plan to practice in a health pro-
5 fessional shortage area designated under section
6 332;

7 “(4) has developed a strategy to recruit and re-
8 tain students who plan to practice in an area with
9 significant racial and ethnic disparities in maternal
10 health outcomes, to the extent practicable; and

11 “(5) includes in the standard curriculum for all
12 students within the perinatal workforce program or
13 school a bias, racism, or discrimination training pro-
14 gram that includes training on implicit bias and rac-
15 ism.

16 “(d) REPORTING.—As a condition on receipt of a
17 grant under this section for a perinatal workforce program
18 or school, an entity shall agree to submit to the Secretary
19 an annual report on the activities conducted through the
20 grant, including—

21 “(1) the number and demographics of students
22 participating in the program or school;

23 “(2) the extent to which students in the pro-
24 gram or school are entering careers in—

1 “(A) health professional shortage areas
2 designated under section 332; and

3 “(B) areas with significant racial and eth-
4 nic disparities in maternal health outcomes, to
5 the extent such data are available; and

6 “(3) whether the program or school has in-
7 cluded in the standard curriculum for all students a
8 bias, racism, or discrimination training program that
9 includes explicit and implicit bias, and if so the ef-
10 fectiveness of such training program.

11 “(e) PERIOD OF GRANTS.—The period of a grant
12 under this section shall be up to 5 years.

13 “(f) APPLICATION.—To seek a grant under this sec-
14 tion, an entity shall submit to the Secretary an application
15 at such time, in such manner, and containing such infor-
16 mation as the Secretary may require, including any infor-
17 mation necessary for prioritization under subsection (c).

18 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
19 provide, directly or by contract, technical assistance to en-
20 tities seeking or receiving a grant under this section on
21 the development, use, evaluation, and post-grant period
22 sustainability of the perinatal workforce programs or
23 schools proposed to be, or being, established or expanded
24 through the grant.

1 “(h) REPORT BY THE SECRETARY.—Not later than
2 4 years after the date of enactment of this section, the
3 Secretary shall prepare and submit to the Congress, and
4 post on the internet website of the Department of Health
5 and Human Services, a report on the effectiveness of the
6 grant program under this section at—

7 “(1) recruiting students from racial and ethnic
8 minority groups;

9 “(2) increasing the number of physician assist-
10 ants who will complete clinical training in the field
11 of maternal and perinatal health, and perinatal
12 health workers, from racial and ethnic minority
13 groups and other underserved populations;

14 “(3) increasing the number of physician assist-
15 ants who will complete clinical training in the field
16 of maternal and perinatal health, and perinatal
17 health workers, working in health professional short-
18 age areas designated under section 332; and

19 “(4) increasing the number of physician assist-
20 ants who will complete clinical training in the field
21 of maternal and perinatal health, and perinatal
22 health workers, working in areas with significant ra-
23 cial and ethnic disparities in maternal health out-
24 comes, to the extent such data are available.

1 “(i) DEFINITION.—In this section, the term ‘racial
2 and ethnic minority group’ has the meaning given such
3 term in section 1707(g).

4 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there is authorized to be appro-
6 priated \$15,000,000 for each of fiscal years 2022 through
7 2026.”.

8 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE NURSING**
9 **WORKFORCE IN MATERNAL AND PERINATAL**
10 **HEALTH.**

11 Title VIII of the Public Health Service Act is amend-
12 ed by inserting after section 811 of that Act (42 U.S.C.
13 296j) the following:

14 **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

15 “(a) IN GENERAL.—The Secretary shall award
16 grants to schools of nursing to grow and diversify the
17 perinatal nursing workforce.

18 “(b) USE OF FUNDS.—Recipients of grants under
19 this section shall use the grants to grow and diversify the
20 perinatal nursing workforce by providing scholarships to
21 students seeking to become—

22 “(1) nurse practitioners whose education in-
23 cludes a focus on maternal and perinatal health; or

24 “(2) clinical nurse specialists whose education
25 includes a focus on maternal and perinatal health.

1 “(c) PRIORITIZATION.—In awarding grants under
2 this section, the Secretary shall give priority to any school
3 of nursing that—

4 “(1) has developed a strategy to recruit and re-
5 tain a diverse pool of students seeking to enter ca-
6 reers focused on maternal and perinatal health, par-
7 ticularly students from racial and ethnic minority
8 groups and other underserved populations;

9 “(2) has developed a partnership with a prac-
10 tice setting in a health professional shortage area
11 designated under section 332 for the clinical place-
12 ments of the school’s students;

13 “(3) has developed a strategy to recruit and re-
14 tain students who plan to practice in an area with
15 significant racial and ethnic disparities in maternal
16 health outcomes, to the extent practicable; and

17 “(4) includes in the standard curriculum for all
18 students seeking to enter careers focused on mater-
19 nal and perinatal health a bias, racism, or discrimi-
20 nation training program that includes education on
21 implicit bias and racism.

22 “(d) REPORTING.—As a condition on receipt of a
23 grant under this section, a school of nursing shall agree
24 to submit to the Secretary an annual report on the activi-

1 ties conducted through the grant, including, to the extent
2 practicable—

3 “(1) the number and demographics of students
4 in the school of nursing seeking to enter careers fo-
5 cused on maternal and perinatal health;

6 “(2) the extent to which such students are pre-
7 paring to enter careers in—

8 “(A) health professional shortage areas
9 designated under section 332; and

10 “(B) areas with significant racial and eth-
11 nic disparities in maternal health outcomes, to
12 the extent such data are available; and

13 “(3) whether the standard curriculum for all
14 students seeking to enter careers focused on mater-
15 nal and perinatal health includes a bias, racism, or
16 discrimination training program that includes edu-
17 cation on implicit bias and racism.

18 “(e) PERIOD OF GRANTS.—The period of a grant
19 under this section shall be up to 5 years.

20 “(f) APPLICATION.—To seek a grant under this sec-
21 tion, an entity shall submit to the Secretary an applica-
22 tion, at such time, in such manner, and containing such
23 information as the Secretary may require, including any
24 information necessary for prioritization under subsection
25 (c).

1 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
2 provide, directly or by contract, technical assistance to
3 schools of nursing seeking or receiving a grant under this
4 section on the processes of awarding and evaluating schol-
5 arships through the grant.

6 “(h) REPORT BY THE SECRETARY.—Not later than
7 4 years after the date of enactment of this section, the
8 Secretary shall prepare and submit to the Congress, and
9 post on the internet website of the Department of Health
10 and Human Services, a report on the effectiveness of the
11 grant program under this section at—

12 “(1) recruiting students from racial and ethnic
13 minority groups and other underserved populations;

14 “(2) increasing the number of nurse practi-
15 tioners and clinical nurse specialists entering careers
16 focused on maternal and perinatal health from racial
17 and ethnic minority groups and other underserved
18 populations;

19 “(3) increasing the number of nurse practi-
20 tioners and clinical nurse specialists entering careers
21 focused on maternal and perinatal health working in
22 health professional shortage areas designated under
23 section 332; and

24 “(4) increasing the number of nurse practi-
25 tioners and clinical nurse specialists entering careers

1 focused on maternal and perinatal health working in
2 areas with significant racial and ethnic disparities in
3 maternal health outcomes, to the extent such data
4 are available.

5 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
6 carry out this section, there is authorized to be appro-
7 priated \$15,000,000 for each of fiscal years 2022 through
8 2026.”.

9 **SEC. 4. GAO REPORT.**

10 (a) IN GENERAL.—Not later than two years after the
11 date of enactment of this Act and every five years there-
12 after, the Comptroller General of the United States shall
13 submit to Congress a report on barriers to maternal health
14 education and access to care in the United States. Such
15 report shall include the information and recommendations
16 described in subsection (b).

17 (b) CONTENT OF REPORT.—The report under sub-
18 section (a) shall include—

19 (1) an assessment of current barriers to enter-
20 ing accredited midwifery education programs, and
21 recommendations for addressing such barriers, par-
22 ticularly for low-income women and women from ra-
23 cial and ethnic minority groups;

24 (2) an assessment of current barriers to enter-
25 ing and successfully completing accredited education

1 programs for other health professional careers re-
2 lated to maternity care, including maternity care
3 providers, mental and behavioral health care pro-
4 viders acting in accordance with State law, reg-
5 istered dietitians or nutrition professionals (as such
6 term is defined in section 1861(vv)(2) of the Social
7 Security Act (42 U.S.C. 1395x(vv)(2)), and lactation
8 consultants certified by the International Board of
9 Lactation Consultants Examiners, particularly for
10 low-income women and women from racial and eth-
11 nic minority groups;

12 (3) an assessment of current barriers that pre-
13 vent midwives from meeting the international defini-
14 tion of the midwife and global standards for mid-
15 wifery education as established by the International
16 Confederation of Midwives, and recommendations
17 for addressing such barriers, particularly for low-in-
18 come women and women from racial and ethnic mi-
19 nority groups;

20 (4) an assessment of disparities in access to
21 maternity care providers, mental or behavioral
22 health care providers acting in accordance with
23 State law, registered dietitians or nutrition profes-
24 sionals (as such term is defined in section
25 1861(vv)(2) of the Social Security Act (42 U.S.C.

1 1395x(vv)(2))), lactation consultants certified by the
 2 International Board of Lactation Consultants Exam-
 3 iners, and perinatal health workers, stratified by
 4 race, ethnicity, gender identity, geographic location,
 5 and insurance type and recommendations to promote
 6 greater access equity; and

7 (5) recommendations to promote greater equity
 8 in compensation for perinatal health workers under
 9 public and private insurers, particularly for such in-
 10 dividuals from racially and ethnically diverse back-
 11 grounds.

12 **SEC. 5. DEFINITIONS.**

13 In this Act:

14 (1) CULTURALLY CONGRUENT.—The term “cul-
 15 turally congruent”, with respect to care or maternity
 16 care, means care that is in agreement with the pre-
 17 ferred cultural values, beliefs, worldview, language,
 18 and practices of the health care consumer and other
 19 stakeholders.

20 (2) MATERNITY CARE PROVIDER.—The term
 21 “maternity care provider” means a health care pro-
 22 vider who—

23 (A) is a physician, physician assistant,
 24 midwife who meets at a minimum the inter-
 25 national definition of the midwife and global

1 standards for midwifery education as estab-
2 lished by the International Confederation of
3 Midwives, nurse practitioner, or clinical nurse
4 specialist; and

5 (B) has a focus on maternal or perinatal
6 health.

7 (3) PERINATAL HEALTH WORKER.—The term
8 “perinatal health worker” means a doula, commu-
9 nity health worker, peer supporter, breastfeeding
10 and lactation educator or counselor, nutritionist or
11 dietitian, childbirth educator, social worker, home
12 visitor, language interpreter, or navigator.

13 (4) POSTPARTUM AND POSTPARTUM PERIOD.—
14 The terms “postpartum” and “postpartum period”
15 refer to the 1-year period beginning on the last day
16 of the pregnancy of an individual.

17 (5) RACIAL AND ETHNIC MINORITY GROUP.—
18 The term “racial and ethnic minority group” has the
19 meaning given such term in section 1707(g)(1) of
20 the Public Health Service Act (42 U.S.C. 300u–
21 6(g)(1)).

○