

116TH CONGRESS  
2D SESSION

# H. R. 6144

To make investments in community-based organizations and other initiatives to prevent maternal mortality and severe maternal morbidity, especially for Black women, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2020

Ms. ADAMS (for herself, Ms. UNDERWOOD, Ms. SEWELL of Alabama, Ms. NORTON, Ms. SCANLON, Ms. MOORE, Mr. CLAY, Mr. KHANNA, Ms. PRESSLEY, and Mr. LAWSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

## A BILL

To make investments in community-based organizations and other initiatives to prevent maternal mortality and severe maternal morbidity, especially for Black women, 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 “Kira Johnson Act”.

1 **SEC. 2. INVESTMENTS IN COMMUNITY-BASED ORGANIZA-**  
2 **TIONS TO IMPROVE BLACK MATERNAL**  
3 **HEALTH OUTCOMES.**

4 (a) AWARDS.—Following the 1-year period described  
5 in subsection (c), the Secretary of Health and Human  
6 Services (in this section referred to as the “Secretary”),  
7 acting through the Administrator of the Health Resources  
8 and Services Administration, shall award grants to eligible  
9 entities to establish or expand programs to prevent mater-  
10 nal mortality and severe maternal morbidity among Black  
11 women.

12 (b) ELIGIBILITY.—To be eligible to seek a grant  
13 under this section, an entity shall be a community-based  
14 organization offering programs and resources aligned with  
15 evidence-based practices for improving maternal health  
16 outcomes for Black women.

17 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-  
18 RIOD.—During the 1-year period beginning on the date  
19 of enactment of this Act, the Secretary shall—

20 (1) conduct outreach to encourage eligible enti-  
21 ties to apply for grants under this section; and

22 (2) provide technical assistance to eligible enti-  
23 ties on best practices for applying for grants under  
24 this section.

25 (d) SPECIAL CONSIDERATION.—

1           (1) OUTREACH.—In conducting outreach under  
2 subsection (c), the Secretary shall give special con-  
3 sideration to eligible entities that—

4           (A) are based in, and provide support for,  
5 communities with—

6           (i) high rates of adverse maternal  
7 health outcomes; and

8           (ii) significant racial and ethnic dis-  
9 parities in maternal health outcomes;

10          (B) are led by Black women; and

11          (C) offer programs and resources that are  
12 aligned with evidence-based practices for im-  
13 proving maternal health outcomes for Black  
14 women.

15          (2) AWARDS.—In awarding grants under this  
16 section, the Secretary shall give special consideration  
17 to eligible entities that—

18          (A) are described in subparagraphs (A),  
19 (B), and (C) of paragraph (1);

20          (B) offer programs and resources designed  
21 in consultation with and intended for Black  
22 women; and

23          (C) offer programs and resources in the  
24 communities in which the respective eligible en-  
25 tities are located that—

1 (i) promote maternal mental health  
2 and maternal substance use disorder treat-  
3 ments that are aligned with evidence-based  
4 practices for improving maternal mental  
5 health outcomes for Black women;

6 (ii) address social determinants of  
7 health for women in the prenatal and  
8 postpartum periods, including—

- 9 (I) housing;
- 10 (II) transportation;
- 11 (III) nutrition counseling;
- 12 (IV) healthy foods;
- 13 (V) lactation support;
- 14 (VI) lead abatement and other  
15 efforts to improve air and water qual-  
16 ity;
- 17 (VII) child care access;
- 18 (VIII) car seat installation;
- 19 (IX) wellness and stress manage-  
20 ment programs; or
- 21 (X) coordination across safety-  
22 net and social support services and  
23 programs;

24 (iii) promote evidence-based health lit-  
25 eracy and pregnancy, childbirth, and par-

1           enting education for women in the prenatal  
2           and postpartum periods;

3           (iv) provide support from doulas and  
4           other perinatal health workers to women  
5           from pregnancy through the postpartum  
6           period;

7           (v) provide culturally congruent train-  
8           ing to perinatal health workers such as  
9           doulas, community health workers, peer  
10          supporters, certified lactation consultants,  
11          nutritionists and dietitians, social workers,  
12          home visitors, and navigators;

13          (vi) conduct or support research on  
14          Black maternal health issues; or

15          (vii) have developed other programs  
16          and resources that address community-spe-  
17          cific needs for women in the prenatal and  
18          postpartum periods and are aligned with  
19          evidence-based practices for improving ma-  
20          ternal health outcomes for Black women.

21          (e) TECHNICAL ASSISTANCE.—The Secretary shall  
22          provide to grant recipients under this section technical as-  
23          sistance on—

1           (1) capacity building to establish or expand pro-  
2           grams to prevent adverse maternal health outcomes  
3           among Black women;

4           (2) best practices in data collection, measure-  
5           ment, evaluation, and reporting; and

6           (3) planning for sustaining programs to prevent  
7           maternal mortality and severe maternal morbidity  
8           among Black women after the period of the grant.

9           (f) EVALUATION.—Not later than the end of fiscal  
10          year 2026, the Secretary shall submit to the Congress an  
11          evaluation of the grant program under this section that—

12           (1) assesses the effectiveness of outreach efforts  
13           during the application process in diversifying the  
14           pool of grant recipients;

15           (2) makes recommendations for future outreach  
16           efforts to diversify the pool of grant recipients for  
17           Department of Health and Human Services grant  
18           programs and funding opportunities;

19           (3) assesses the effectiveness of programs fund-  
20           ed by grants under this section in improving mater-  
21           nal health outcomes for Black women; and

22           (4) makes recommendations for future Depart-  
23           ment of Health and Human Services grant programs  
24           and funding opportunities that deliver funding to  
25           community-based organizations to improve Black

1 maternal health outcomes through programs and re-  
2 sources that are aligned with evidence-based prac-  
3 tices for improving maternal health outcomes for  
4 Black women.

5 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
6 out this section, there is authorized to be appropriated  
7 \$5,000,000 for each of fiscal years 2021 through 2025.

8 **SEC. 3. TRAINING FOR ALL EMPLOYEES IN MATERNITY**  
9 **CARE SETTINGS.**

10 Part B of title VII of the Public Health Service Act  
11 (42 U.S.C. 293 et seq.) is amended by adding at the end  
12 the following new section:

13 **“SEC. 742. TRAINING FOR ALL EMPLOYEES IN MATERNITY**  
14 **CARE SETTINGS.**

15 “(a) GRANTS.—The Secretary shall award grants for  
16 programs to reduce and prevent bias, racism, and dis-  
17 crimination in maternity care settings.

18 “(b) SPECIAL CONSIDERATION.—In awarding grants  
19 under subsection (a), the Secretary shall give special con-  
20 sideration to applications for programs that would—

21 “(1) apply to all birthing professionals and any  
22 employees who interact with pregnant and  
23 postpartum women in the provider setting, including  
24 front desk employees, sonographers, schedulers,

1 health care professionals, hospital or health system  
2 administrators, and security staff;

3 “(2) emphasize periodic, as opposed to one-  
4 time, trainings for all birthing professionals and em-  
5 ployees described in paragraph (1);

6 “(3) address implicit bias and explicit bias;

7 “(4) be delivered in ongoing education settings  
8 for providers maintaining their licenses, with a pref-  
9 erence for trainings that provide continuing edu-  
10 cation units and continuing medical education;

11 “(5) include trauma-informed care best prac-  
12 tices and an emphasis on shared decision making be-  
13 tween providers and patients;

14 “(6) include a service-learning component that  
15 sends providers to work in underserved communities  
16 to better understand patients’ lived experiences;

17 “(7) be delivered in undergraduate programs  
18 that funnel into medical schools, like biology and  
19 pre-medicine majors;

20 “(8) be delivered in settings that apply to pro-  
21 viders of the special supplemental nutrition program  
22 for women, infants, and children under section 17 of  
23 the Child Nutrition Act of 1966;

24 “(9) integrate bias training in obstetric emer-  
25 gency simulation trainings;

1           “(10) offer training to all maternity care pro-  
2           viders on the value of racially, ethnically, and profes-  
3           sionally diverse maternity care teams to provide cul-  
4           turally congruent care, including doulas, community  
5           health workers, peer supporters, certified lactation  
6           consultants, nutritionists and dietitians, social work-  
7           ers, home visitors, and navigators; or

8           “(11) be based on one or more programs de-  
9           signed by a historically Black college or university.

10          “(c) APPLICATION.—To seek a grant under sub-  
11          section (a), an entity shall submit an application at such  
12          time, in such manner, and containing such information as  
13          the Secretary may require.

14          “(d) REPORTING.—Each recipient of a grant under  
15          this section shall annually submit to the Secretary a report  
16          on the status of activities conducted using the grant, in-  
17          cluding, as applicable, a description of the impact of train-  
18          ing provided through the grant on patient outcomes and  
19          patient experience for women of color and their families.

20          “(e) BEST PRACTICES.—Based on the annual reports  
21          submitted pursuant to subsection (d), the Secretary—

22                  “(1) shall produce an annual report on the find-  
23                  ings resulting from programs funded through this  
24                  section;

1           “(2) shall disseminate such report to all recipi-  
2           ents of grants under this section and to the public;  
3           and

4           “(3) may include in such report findings on  
5           best practices for improving patient outcomes and  
6           patient experience for women of color and their fam-  
7           ilies in maternity care settings.

8           “(f) DEFINITIONS.—In this section:

9           “(1) The term ‘postpartum’ means the one-year  
10          period beginning on the last day of a woman’s preg-  
11          nancy.

12          “(2) The term ‘culturally congruent’ means in  
13          agreement with the preferred cultural values, beliefs,  
14          worldview, and practices of the health care consumer  
15          and other stakeholders.

16          “(g) AUTHORIZATION OF APPROPRIATIONS.—To  
17          carry out this section, there is authorized to be appro-  
18          priated \$5,000,000 for each of fiscal years 2021 through  
19          2025.”.

20       **SEC. 4. STUDY ON REDUCING AND PREVENTING BIAS, RAC-**  
21                               **ISM, AND DISCRIMINATION IN MATERNITY**  
22                               **CARE SETTINGS.**

23          (a) IN GENERAL.—The Secretary of Health and  
24          Human Services shall seek to enter into an agreement,  
25          not later than 90 days after the date of enactment of this

1 Act, with the National Academies of Sciences, Engineer-  
2 ing, and Medicine (referred to in this section as the “Na-  
3 tional Academies”) under which the National Academies  
4 agrees to—

5 (1) conduct a study on the design and imple-  
6 mentation of programs to reduce and prevent bias,  
7 racism, and discrimination in maternity care set-  
8 tings; and

9 (2) not later than 24 months after the date of  
10 enactment of this Act, complete the study and trans-  
11 mit a report on the results of the study to the Con-  
12 gress.

13 (b) POSSIBLE TOPICS.—The agreement entered into  
14 pursuant to subsection (a) may provide for the study of  
15 any of the following:

16 (1) The development of a scorecard for pro-  
17 grams designed to reduce and prevent bias, racism,  
18 and discrimination in maternity care settings to as-  
19 sess the effectiveness of such programs in improving  
20 patient outcomes and patient experience for women  
21 of color and their families.

22 (2) Determination of the types of training to re-  
23 duce and prevent bias, racism, and discrimination in  
24 maternity care settings that are demonstrated to im-



1 bias on the basis of race, ethnicity, or another pro-  
2 tected class in the delivery of maternity care that in-  
3 cludes—

4 (A) information on the training programs  
5 to reduce and prevent bias, racism, and dis-  
6 crimination on the basis of race, ethnicity, or  
7 another protected class for all employees in ma-  
8 ternity care settings; and

9 (B) the development of methods to rou-  
10 tinely assess the extent to which bias, racism,  
11 or discrimination on the basis of race, ethnicity,  
12 or another protected class are present in the de-  
13 livery of maternity care to minority patients;  
14 and

15 (4) provide annual reports to the Secretary with  
16 information about each case reported to the compli-  
17 ance office over the course of the year containing  
18 such information as the Secretary may require, such  
19 as—

20 (A) de-identified demographic information  
21 on the patient in the case, such as race, eth-  
22 nicity, gender identity, and primary language;

23 (B) the content of the report from the pa-  
24 tient or the family of the patient to the compli-  
25 ance office; and

1 (C) the response from the compliance of-  
2 fice.

3 (c) SECRETARY REQUIREMENTS.—

4 (1) PROCESSES.—Not later than 180 days after  
5 the date of enactment of this Act, the Secretary  
6 shall establish processes for—

7 (A) disseminating best practices for estab-  
8 lishing and implementing a respectful maternity  
9 care compliance office within a hospital or other  
10 birth setting;

11 (B) promoting coordination and collabora-  
12 tion between hospitals, health systems, and  
13 other maternity care delivery settings on the es-  
14 tablishment and implementation of respectful  
15 maternity care compliance offices; and

16 (C) evaluating the effectiveness of respect-  
17 ful maternity care compliance offices on mater-  
18 nal health outcomes and patient and family ex-  
19 periences, especially for minority patients and  
20 their families.

21 (2) STUDY.—

22 (A) IN GENERAL.—Not later than 2 years  
23 after the date of enactment of this Act, the Sec-  
24 retary shall, through a contract with an inde-  
25 pendent research organization, conduct a study

1 on strategies to address disrespect or bias on  
2 the basis of race, ethnicity, or another protected  
3 class in the delivery of maternity care services.

4 (B) COMPONENTS OF STUDY.—The study  
5 shall include the following:

6 (i) An assessment of the reports sub-  
7 mitted to the Secretary from the respectful  
8 maternity care compliance offices pursuant  
9 to subsection (b)(4).

10 (ii) Based on such assessment, rec-  
11 ommendations for potential accountability  
12 mechanisms related to cases of disrespect  
13 or bias on the basis of race, ethnicity, or  
14 another protected class in the delivery of  
15 maternity care services at hospitals and  
16 other birth settings. Such recommenda-  
17 tions shall take into consideration medical  
18 and non-medical factors that contribute to  
19 adverse patient experiences and maternal  
20 health outcomes.

21 (C) REPORT.—The Secretary shall submit  
22 to the Congress and make publicly available a  
23 report on the results of the study under this  
24 paragraph.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
2 out this section, there is authorized to be appropriated  
3 such sums as may be necessary for fiscal years 2021  
4 through 2026.

5 **SEC. 6. GAO REPORT.**

6 (a) IN GENERAL.—Not later than 2 years after date  
7 of enactment of this Act and every 2 years thereafter, the  
8 Comptroller General of the United States shall submit to  
9 the Congress and make publicly available a report on the  
10 establishment of respectful maternity care compliance of-  
11 fices within hospitals, health systems, and other maternity  
12 care settings.

13 (b) MATTERS INCLUDED.—The report under para-  
14 graph (1) shall include the following:

15 (1) Information regarding the extent to which  
16 hospitals, health systems, and other maternity care  
17 settings have elected to establish respectful mater-  
18 nity care compliance offices, including—

19 (A) which hospitals and other birth set-  
20 tings elect to establish compliance offices and  
21 when such offices are established;

22 (B) to the extent practicable, impacts of  
23 the establishment of such offices on maternal  
24 health outcomes and patient and family experi-  
25 ences in the hospitals and other birth settings

1 that have established such offices, especially for  
2 minority women and their families;

3 (C) information on geographic areas, and  
4 types of hospitals or other birth settings, where  
5 respectful maternity care compliance offices are  
6 not being established and information on fac-  
7 tors contributing to decisions to not establish  
8 such offices; and

9 (D) recommendations for establishing re-  
10 spectiveful maternity care compliance offices in ge-  
11 ographic areas, and types of hospitals or other  
12 birth settings, where such offices are not being  
13 established.

14 (2) Whether the funding made available to  
15 carry out section 6 has been sufficient and, if appli-  
16 cable, recommendations for additional appropriations  
17 to carry out section 6.

18 (3) Such other information as the Comptroller  
19 General determines appropriate.

20 **SEC. 7. DEFINITIONS.**

21 In this Act:

22 (1) The term “postpartum” means the one-year  
23 period beginning on the last day of a woman’s preg-  
24 nancy.

1           (2) The term “culturally congruent” means in  
2 agreement with the preferred cultural values, beliefs,  
3 worldview, and practices of the health care consumer  
4 and other stakeholders.

○