

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 prove patient outcomes or patient experience for
2 women of color and their families.

3 **SEC. 5. RESPECTFUL MATERNITY CARE COMPLIANCE PRO-**
4 **GRAM.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services (referred to in this section as the “Sec-
7 retary”) shall award grants to accredited hospitals, health
8 systems, and other maternity care delivery settings to es-
9 tablish within one or more hospitals or other birth settings
10 a respectful maternity care compliance office.

11 (b) OFFICE REQUIREMENTS.—A respectful maternity
12 care compliance office funded through a grant under this
13 section shall—

14 (1) institutionalize mechanisms to allow pa-
15 tients receiving maternity care services, the families
16 of such patients, or doulas or other perinatal work-
17 ers supporting such patients to report instances of
18 disrespect or evidence of bias on the basis of race,
19 ethnicity, or another protected class;

20 (2) institutionalize response mechanisms
21 through which representatives of the office can di-
22 rectly follow up with the patient, if possible, and the
23 patient’s family in a timely manner;

24 (3) prepare and make publicly available a
25 hospital- or health system-wide strategy to reduce

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.

○