

116TH CONGRESS
1ST SESSION

S. 116

To address maternal mortality and morbidity.

IN THE SENATE OF THE UNITED STATES

JANUARY 15, 2019

Mrs. GILLIBRAND (for herself, Mr. BOOKER, and Ms. HARRIS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address maternal mortality and morbidity.

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 “Modernizing Obstetric
5 Medicine Standards Act of 2019” or the “MOMS Act”.

6 **SEC. 2. MATERNAL MORTALITY AND MORBIDITY PREVEN-**
7 **TION.**

8 Section 317K of the Public Health Service Act (42
9 U.S.C. 247b–12) is amended—

10 (1) by redesignating subsection (d) as sub-
11 section (g); and

1 (2) by inserting after subsection (c) the fol-
2 lowing:

3 “(d) PREGNANCY AND POSTPARTUM SAFETY AND
4 MONITORING PRACTICES AND MATERNAL MORTALITY
5 AND MORBIDITY PREVENTION.—

6 “(1) ALLIANCE FOR INNOVATION ON MATERNAL
7 HEALTH.—The Secretary, acting through the Asso-
8 ciate Administrator of the Maternal and Child
9 Health Bureau of the Health Resources and Services
10 Administration, shall establish a program, known as
11 the Alliance for Innovation on Maternal Health pro-
12 gram, to—

13 “(A) enter into a contract with an inter-
14 disciplinary, multi-stakeholder, national organi-
15 zation promulgating a national data-driven ma-
16 ternal safety and quality improvement initiative
17 based on evidence-based best practices to im-
18 prove maternal safety and outcomes;

19 “(B) assist States with the development
20 and implementation of postpartum safety and
21 monitoring practices and maternal mortality
22 and morbidity prevention, based on the best
23 practices developed under paragraph (2); and

24 “(C) improve State-specific maternal
25 health outcomes and reduce variation in re-

1 sponse to maternity and postpartum care, in
2 order to eliminate preventable maternal mor-
3 tality and severe maternal morbidity.

4 “(2) BEST PRACTICES.—

5 “(A) IN GENERAL.—Not later than 1 year
6 after the date of enactment of the Modernizing
7 Obstetric Medicine Standards Act of 2019, the
8 Secretary, acting through the Administrator of
9 the Health Resources and Services Administra-
10 tion, shall work with the contracting entity
11 under paragraph (1)(A) to—

12 “(i) create and assist State-based col-
13 laborative teams in the implementation of
14 standardized best practices, to be known as
15 ‘maternal safety bundles’, for the purpose
16 of maternal mortality and morbidity pre-
17 vention; and

18 “(ii) collect and analyze data related
19 to process structure and patient outcomes
20 to drive continuous quality improvement in
21 the implementation of the maternal safety
22 bundles by such State-based teams.

23 “(B) MATERNAL SAFETY BUNDLES.—The
24 best practices issued under subparagraph (A)
25 may address the following topics:

1 “(i) Obstetric hemorrhage.

2 “(ii) Maternal mental, behavioral, and
3 emotional health.

4 “(iii) Maternal venous and thrombo-
5 embolism.

6 “(iv) Severe hypertension in preg-
7 nancy, including preeclampsia.

8 “(v) Obstetric care for women with
9 substance abuse disorder.

10 “(vi) Postpartum care basics for ma-
11 ternal safety.

12 “(vii) Reduction of racial and ethnic
13 disparities in maternity care.

14 “(viii) Safe reduction of primary ce-
15 sarean birth.

16 “(ix) Severe maternal morbidity re-
17 view.

18 “(x) Support after a severe maternal
19 morbidity event.

20 “(xi) Ways to empower and listen to
21 women before, during, and after childbirth
22 to ensure better communication between
23 patients and health care providers.

1 “(xii) Other leading causes of mater-
2 nal mortality and morbidity, including in-
3 fection or sepsis and cardiomyopathy.

4 “(3) AUTHORIZATION OF APPROPRIATIONS.—

5 To carry out this subsection, in addition to amounts
6 appropriated under subsection (g), there are author-
7 ized to be appropriated \$5,000,000 for each of fiscal
8 years 2020 through 2024.”.

9 **SEC. 3. MATERNAL MORTALITY AND MORBIDITY PREVEN-**
10 **TION GRANTS.**

11 Section 317K of the Public Health Service Act (42
12 U.S.C. 247b–12), as amended by section 2, is further
13 amended by inserting after subsection (d) the following:

14 “(e) MATERNAL MORTALITY AND MORBIDITY PRE-
15 VENTION GRANT PROGRAM.—

16 “(1) IN GENERAL.—The Secretary, acting
17 through the Associate Administrator of the Maternal
18 and Child Health Bureau of the Health Resources
19 and Services Administration, shall award grants to
20 States or hospitals to assist in the development and
21 implementation of the maternal safety bundles de-
22 scribed in subsection (d)(2).

23 “(2) USE OF FUNDS.—

1 “(A) IN GENERAL.—A State or hospital re-
2 ceiving a grant under this subsection may use
3 such funds—

4 “(i) to purchase equipment and sup-
5 plies to effectively implement and execute
6 the maternal safety bundles described in
7 subsection (d)(2); and

8 “(ii) to develop training on, and eval-
9 uation of the effectiveness of, such mater-
10 nal safety bundles.

11 “(B) PRIORITY USE OF FUNDS FOR STATE
12 GRANTEES.—A State receiving a grant under
13 this subsection shall allocate such funds giving
14 priority to the hospitals in such State that serve
15 high volumes of low-income, at-risk, or rural
16 populations.

17 “(3) PRIORITIZATION OF GRANT APPLICA-
18 TIONS.—In awarding grants under this subsection,
19 the Secretary shall prioritize applications from
20 States, or hospitals within States, that—

21 “(A) have a functioning maternal mortality
22 review committee in accordance with best prac-
23 tices promulgated by the Building U.S. Capac-
24 ity to Review and Prevent Maternal Deaths Ini-
25 tiative of the Centers for Disease Control and

1 Prevention, the CDC Foundation, and the Asso-
2 ciation of Maternal and Child Health Programs;
3 or

4 “(B) serve high volumes of low-income, at-
5 risk, or rural populations.

6 “(4) REPORTING REQUIREMENTS.—

7 “(A) IN GENERAL.—Not later than 2 years
8 after receipt of a grant under this subsection,
9 each recipient of such a grant shall submit a re-
10 port to the Secretary describing—

11 “(i) implementation of the maternal
12 safety bundles with use of the grant funds;

13 “(ii) any incidents of pregnancy-re-
14 lated deaths or pregnancy-associated
15 deaths, and any pregnancy-related com-
16 plications or pregnancy-associated com-
17 plications occurring in the 1-year period
18 prior to implementation of such proce-
19 dures; and

20 “(iii) any incidents of pregnancy-re-
21 lated deaths or pregnancy-associated
22 deaths, and any pregnancy-related com-
23 plications or pregnancy-associated com-
24 plications occurring after implementation
25 of such procedures.

1 “(B) PUBLIC AVAILABILITY; REPORT TO
2 CONGRESS.—Within 1 year of receiving the re-
3 ports under subparagraph (A), the Secretary
4 shall—

5 “(i) make the reports submitted under
6 subparagraph (A) publicly available; and

7 “(ii) submit a report to Congress that
8 describes the grants awarded under this
9 subsection, the effectiveness of the grant
10 program under this subsection, the activi-
11 ties for which grant funds were used, and
12 any recommendations to further prevent
13 maternal mortality and morbidity.

14 “(C) AUTHORIZATION OF APPROPRIA-
15 TIONS.—To carry out this subsection, in addi-
16 tion to amounts appropriated under subsection
17 (g), there are authorized to be appropriated
18 \$40,000,000 for each of fiscal years 2020
19 through 2024.

20 “(f) DEFINITIONS.—In this section—

21 “(1) the terms ‘pregnancy-associated death’ and
22 ‘pregnancy-associated complication’ mean the death
23 or medical complication, respectively, of a woman
24 that occurs during, or within 1 year following, her

1 pregnancy, regardless of the outcome, duration, or
 2 site of the pregnancy;

3 “(2) the terms ‘pregnancy-related death’ and
 4 ‘pregnancy-related complication’ mean the death or
 5 medical complication, respectively, of a woman
 6 that—

7 “(A) occurs during, or within 1 year fol-
 8 lowing, her pregnancy, regardless of the out-
 9 come, duration, or site of the pregnancy;

10 “(B) is from any cause related to, or ag-
 11 gravated by, the pregnancy or its management;
 12 and

13 “(C) is not from an accidental or inci-
 14 dental cause; and

15 “(3) the term ‘severe maternal morbidity’
 16 means the unexpected outcomes of labor and deliv-
 17 ery that result in significant short- or long-term con-
 18 sequences to a woman’s health.”.

19 **SEC. 4. REPORTING ON PREGNANCY-RELATED AND PREG-**
 20 **NANCY-ASSOCIATED DEATHS AND COMPLICA-**
 21 **TIONS.**

22 (a) IN GENERAL.—The Secretary of Health and
 23 Human Services shall encourage each State to voluntarily
 24 submit to the Secretary each year a report containing the
 25 findings of a State maternal mortality review committee

1 with respect to each maternal death in the State that the
2 committee reviewed during the year.

3 (b) MATERNAL AND INFANT HEALTH.—The Director
4 of the Centers for Disease Control and Prevention shall—

5 (1) update the Pregnancy Mortality Surveil-
6 lance System or develop a separate system so that
7 such system is capable of including data obtained
8 from State maternal mortality review committees;
9 and

10 (2) provide technical assistance to States in re-
11 viewing cases of pregnancy-related complications and
12 pregnancy-associated complications.

13 (c) DEFINITIONS.—In this section, the terms “preg-
14 nancy-associated complication” and “pregnancy-related
15 complication” have the meanings given such terms in sec-
16 tion 317K of the Public Health Service Act, as amended
17 by section 3.

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