

117TH CONGRESS
1ST SESSION

H. R. 769

To amend the Public Health Service Act to improve obstetric care in rural areas.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 3, 2021

Mr. NEWHOUSE (for himself, Mrs. AXNE, Ms. ROYBAL-ALLARD, Ms. HERRERA BEUTLER, Mr. LATTA, Mr. COLE, Ms. CRAIG, Mr. BALDERSON, Mr. MORELLE, Mr. O'HALLERAN, and Mrs. HINSON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to improve obstetric care in rural areas.

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 “Rural Maternal and
5 Obstetric Modernization of Services Act” or the “Rural
6 MOMS Act”.

1 **SEC. 2. IMPROVING RURAL MATERNAL AND OBSTETRIC**
2 **CARE DATA.**

3 (a) **MATERNAL MORTALITY AND MORBIDITY ACTIVI-**
4 **TIES.**—Section 301 of the Public Health Service Act (42
5 U.S.C. 241) is amended—

6 (1) by redesignating subsections (e) through (h)
7 as subsections (f) through (i), respectively; and

8 (2) by inserting after subsection (d), the fol-
9 lowing:

10 “(e) The Secretary, acting through the Director of
11 the Centers for Disease Control and Prevention, shall ex-
12 pand, intensify, and coordinate the activities of the Cen-
13 ters for Disease Control and Prevention with respect to
14 maternal mortality and morbidity.”.

15 (b) **OFFICE OF WOMEN’S HEALTH.**—Section
16 310A(b)(1) of the Public Health Service Act (42 U.S.C.
17 242s(b)(1)) is amended by inserting “sociocultural (race,
18 ethnicity, language, class, income), including among
19 American Indians and Alaska Natives, as such terms are
20 defined in section 4 of the Indian Health Care Improve-
21 ment Act, and geographic contexts,” after “biological,”.

22 (c) **SAFE MOTHERHOOD.**—Section 317K(b)(2) of the
23 Public Health Service Act (42 U.S.C. 247b–12(b)(2)) is
24 amended—

25 (1) in subparagraph (L), by striking “and” at
26 the end;

1 (2) by redesignating subparagraph (M) as sub-
2 paragraph (N); and

3 (3) by inserting after subparagraph (L), the fol-
4 lowing:

5 “(M) an examination of the relationship
6 between maternal health services in rural areas
7 and outcomes in delivery and postpartum care;
8 and”.

9 (d) OFFICE OF RESEARCH ON WOMEN’S HEALTH.—
10 Section 486 of the Public Health Service Act (42 U.S.C.
11 287d) is amended—

12 (1) in subsection (b)—

13 (A) by redesignating paragraphs (4)
14 through (9) as paragraphs (5) through (10), re-
15 spectively;

16 (B) by inserting after paragraph (3) the
17 following:

18 “(4) carry out paragraphs (1) and (2) with re-
19 spect to pregnancy, with priority given to deaths re-
20 lated to pregnancy;”; and

21 (C) in paragraph (5) (as so redesignated),
22 by striking “through (3)” and inserting
23 “through (4)”; and

1 (2) in subsection (d)(4)(A)(iv), by inserting “,
2 including maternal mortality and other maternal
3 morbidity outcomes” before the semicolon.

4 **SEC. 3. RURAL OBSTETRIC NETWORK GRANTS.**

5 The Public Health Service Act is amended by insert-
6 ing after section 317L–1 (42 U.S.C. 247b–13a) the fol-
7 lowing:

8 **“SEC. 317L–2. RURAL OBSTETRIC NETWORK GRANTS.**

9 “(a) IN GENERAL.—For the purpose of enabling the
10 Secretary (through grants, contracts, or otherwise), acting
11 through the Administrator of the Health Resources and
12 Services Administration, to establish collaborative im-
13 provement and innovation networks (referred to in this
14 section as ‘rural obstetric networks’) to improve outcomes
15 in birth and maternal morbidity and mortality, there is
16 appropriated to the Secretary, out of any money in the
17 Treasury not otherwise appropriated, \$3,000,000 for each
18 of fiscal years 2022 through 2026. Such amounts shall
19 remain available until expended.

20 “(b) USE OF FUNDS.—Amount appropriated under
21 subsection (a) shall be used for the establishment of col-
22 laborative improvement and innovation networks to im-
23 prove maternal health in rural areas by improving out-
24 comes in birth and maternal morbidity and mortality.

1 Rural obstetric networks established in accordance with
2 this section shall—

3 “(1) assist pregnant women and individuals in
4 rural areas connect with prenatal, labor and birth,
5 and postpartum care to improve outcomes in birth
6 and maternal mortality and morbidity;

7 “(2) identify successful prenatal, labor and
8 birth, and postpartum health delivery models for in-
9 dividuals in rural areas, including evidence-based
10 home visiting programs and successful, culturally
11 competent models with positive maternal health out-
12 comes that advance health equity;

13 “(3) develop a model for collaboration between
14 health facilities that have an obstetric health unit
15 and health facilities that do not have an obstetric
16 health unit;

17 “(4) provide training and guidance for health
18 facilities that do not have obstetric health units;

19 “(5) collaborate with academic institutions that
20 can provide regional expertise and research on ac-
21 cess, outcomes, needs assessments, and other identi-
22 fied data; and

23 “(6) measure and address inequities in birth
24 outcomes among rural residents, with an emphasis
25 on Black and American Indians and Alaska Native

1 residents, as such terms are defined in section 4 of
2 the Indian Health Care Improvement Act.

3 “(c) REQUIREMENTS.—

4 “(1) ESTABLISHMENT.—Not later than October
5 1, 2022, the Secretary shall establish rural obstetric
6 health networks in at least 5 regions.

7 “(2) DEFINITIONS.—In this section:

8 “(A) FRONTIER AREA.—The term ‘frontier
9 area’ means a frontier county, as defined in sec-
10 tion 1886(d)(3)(E)(iii)(III) of the Social Secu-
11 rity Act.

12 “(B) INDIAN TRIBE.—The term ‘Indian
13 tribe’ has the meaning given such term in sec-
14 tion 4 of the Indian Health Care Improvement
15 Act.

16 “(C) NATIVE HAWAIIAN HEALTH CARE
17 SYSTEM.—The term ‘Native Hawaiian Health
18 Care System’ has the meaning given such term
19 in section 12 of the Native Hawaiian Health
20 Care Improvement Act.

21 “(D) REGION.—The term ‘region’ means a
22 State, Indian tribe, rural area, or frontier area.

23 “(E) RURAL AREA.—The term ‘rural area’
24 has the meaning given that term in section
25 1886(d)(2)(D) of the Social Security Act.

1 “(F) TRIBAL ORGANIZATION.—The term
2 ‘tribal organization’ has the meaning given such
3 term in the Indian Self-Determination Act.

4 “(G) STATE.—The term ‘State’ has the
5 meaning given that term for purposes of title V
6 of the Social Security Act.”.

7 **SEC. 4. TELEHEALTH NETWORK AND TELEHEALTH RE-**
8 **SOURCE CENTERS GRANT PROGRAMS.**

9 Section 330I of the Public Health Service Act (42
10 U.S.C. 254c–14) is amended—

11 (1) in subsection (f)(1)(B)(iii), by adding at the
12 end the following:

13 “(XIII) Providers of maternal,
14 including prenatal, labor and birth,
15 and postpartum care services and en-
16 tities operation obstetric care units.”;

17 (2) in subsection (i)(1)(B), by inserting “labor
18 and birth, postpartum,” before “or prenatal”; and

19 (3) in subsection (k)(1)(B), by inserting “equip-
20 ment useful for caring for pregnant women and indi-
21 viduals, including ultrasound machines and fetal
22 monitoring equipment,” before “and other equip-
23 ment”.

1 **SEC. 5. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
2 **ING DEMONSTRATION.**

3 Part D of title VII of the Public Health Service Act
4 is amended by inserting after section 760 (42 U.S.C.
5 294k) the following:

6 **“SEC. 760A. RURAL MATERNAL AND OBSTETRIC CARE**
7 **TRAINING DEMONSTRATION.**

8 “(a) IN GENERAL.—The Secretary shall establish a
9 training demonstration program to award grants to eligi-
10 ble entities to support—

11 “(1) training for physicians, medical residents,
12 including family medicine and obstetrics and gyne-
13 cology residents, and fellows to practice maternal
14 and obstetric medicine in rural community-based
15 settings;

16 “(2) training for licensed and accredited nurse
17 practitioners, physician assistants, certified nurse
18 midwives, certified midwives, certified professional
19 midwives, home visiting nurses, or non-clinical pro-
20 fessionals such as doulas and community health
21 workers, to provide maternal care services in rural
22 community-based settings; and

23 “(3) establishing, maintaining, or improving
24 academic units or programs that—

25 “(A) provide training for students or fac-
26 ulty, including through clinical experiences and

1 research, to improve maternal care in rural
2 areas; or

3 “(B) develop evidence-based practices or
4 recommendations for the design of the units or
5 programs described in subparagraph (A), in-
6 cluding curriculum content standards.

7 “(b) ACTIVITIES.—

8 “(1) TRAINING FOR MEDICAL RESIDENTS AND
9 FELLOWS.—A recipient of a grant under subsection
10 (a)(1)—

11 “(A) shall use the grant funds—

12 “(i) to plan, develop, and operate a
13 training program to provide obstetric care
14 in rural areas for family practice or obstet-
15 rics and gynecology residents and fellows;
16 or

17 “(ii) to train new family practice or
18 obstetrics and gynecology residents and fel-
19 lows in maternal and obstetric health care
20 to provide and expand access to maternal
21 and obstetric health care in rural areas;
22 and

23 “(B) may use the grant funds to provide
24 additional support for the administration of the
25 program or to meet the costs of projects to es-

1 tablish, maintain, or improve faculty develop-
2 ment, or departments, divisions, or other units
3 necessary to implement such training.

4 “(2) TRAINING FOR OTHER PROVIDERS.—A re-
5 cipient of a grant under subsection (a)(2)—

6 “(A) shall use the grant funds to plan, de-
7 velop, or operate a training program to provide
8 maternal health care services in rural, commu-
9 nity-based settings; and

10 “(B) may use the grant funds to provide
11 additional support for the administration of the
12 program or to meet the costs of projects to es-
13 tablish, maintain, or improve faculty develop-
14 ment, or departments, divisions, or other units
15 necessary to implement such program.

16 “(3) ACADEMIC UNITS OR PROGRAMS.—A re-
17 cipient of a grant under subsection (a)(3) shall enter
18 into a partnership with organizations such as an
19 education accrediting organization (such as the Liai-
20 son Committee on Medical Education, the Accredita-
21 tion Council for Graduate Medical Education, the
22 Commission on Osteopathic College Accreditation,
23 the Accreditation Commission for Education in
24 Nursing, the Commission on Collegiate Nursing
25 Education, the Accreditation Commission for Mid-

1 wifery Education, or the Accreditation Review Com-
2 mission on Education for the Physician Assistant) to
3 carry out activities under subsection (a)(3).

4 “(4) TRAINING PROGRAM REQUIREMENTS.—

5 The recipient of a grant under subsection (a)(1) or
6 (a)(2) shall ensure that training programs carried
7 out under the grant include instruction on—

8 “(A) maternal mental health, including
9 perinatal depression and anxiety and
10 postpartum depression;

11 “(B) maternal substance use disorder;

12 “(C) social determinants of health that im-
13 pact individuals living in rural communities, in-
14 cluding poverty, social isolation, access to nutri-
15 tion, education, transportation, and housing;
16 and

17 “(D) implicit bias.

18 “(c) ELIGIBLE ENTITIES.—

19 “(1) TRAINING FOR MEDICAL RESIDENTS AND
20 FELLOWS.—To be eligible to receive a grant under
21 subsection (a)(1), an entity shall—

22 “(A) be a consortium consisting of—

23 “(i) at least one teaching health cen-
24 ter; or

1 “(ii) the sponsoring institution (or
2 parent institution of the sponsoring insti-
3 tution) of—

4 “(I) an obstetrics and gynecology
5 or family medicine residency program
6 that is accredited by the Accreditation
7 Council of Graduate Medical Edu-
8 cation (or the parent institution of
9 such a program); or

10 “(II) a fellowship in maternal or
11 obstetric medicine, as determined ap-
12 propriate by the Secretary; or

13 “(B) be an entity described in subpara-
14 graph (A)(ii) that provides opportunities for
15 medical residents or fellows to train in rural
16 community-based settings.

17 “(2) TRAINING FOR OTHER PROVIDERS.—To be
18 eligible to receive a grant under subsection (a)(2),
19 an entity shall be—

20 “(A) a teaching health center (as defined
21 in section 749A(f));

22 “(B) a federally qualified health center (as
23 defined in section 1905(l)(2)(B) of the Social
24 Security Act);

1 “(C) a community mental health center (as
2 defined in section 1861(ff)(3)(B) of the Social
3 Security Act);

4 “(D) a rural health clinic (as defined in
5 section 1861(aa) of the Social Security Act);

6 “(E) a freestanding birth center (as de-
7 fined in section 1905(l)(3) of the Social Secu-
8 rity Act);

9 “(F) a health center operated by the In-
10 dian Health Service, an Indian tribe, a tribal
11 organization, or a Native Hawaiian Health Care
12 System (as such terms are defined in section 4
13 of the Indian Health Care Improvement Act
14 and section 12 of the Native Hawaiian Health
15 Care Improvement Act); or

16 “(G) an entity with a demonstrated record
17 of success in providing academic training for
18 nurse practitioners, physician assistants, cer-
19 tified nurse-midwives, certified midwives, cer-
20 tified professional midwives, home visiting
21 nurses, or non-clinical professionals, such as
22 doulas and community health workers.

23 “(3) ACADEMIC UNITS OR PROGRAMS.—To be
24 eligible to receive a grant under subsection (a)(3),
25 an entity shall be a school of medicine or osteopathic

1 medicine, a nursing school, a physician assistant
2 training program, an accredited public or nonprofit
3 private hospital, an accredited medical residency pro-
4 gram, a school accredited by the Midwifery Edu-
5 cation and Accreditation Council, or a public or pri-
6 vate nonprofit entity which the Secretary has deter-
7 mined is capable of carrying out such grant.

8 “(4) APPLICATION.—To be eligible to receive a
9 grant under subsection (a), an entity shall submit to
10 the Secretary an application at such time, in such
11 manner, and containing such information as the Sec-
12 retary may require, including an estimate of the
13 amount to be expended to conduct training activities
14 under the grant (including ancillary and administra-
15 tive costs).

16 “(d) DURATION.—Grants awarded under this section
17 shall be for a minimum of 5 years.

18 “(e) STUDY AND REPORT.—

19 “(1) STUDY.—

20 “(A) IN GENERAL.—The Secretary, acting
21 through the Administrator of the Health Re-
22 sources and Services Administration, shall con-
23 duct a study on the results of the demonstra-
24 tion program under this section.

1 “(B) DATA SUBMISSION.—Not later than
2 90 days after the completion of the first year
3 of the training program, and each subsequent
4 year for the duration of the grant, that the pro-
5 gram is in effect, each recipient of a grant
6 under subsection (a) shall submit to the Sec-
7 retary such data as the Secretary may require
8 for analysis for the report described in para-
9 graph (2).

10 “(2) REPORT TO CONGRESS.—Not later than 1
11 year after receipt of the data described in paragraph
12 (1)(B), the Secretary shall submit to Congress a re-
13 port that includes—

14 “(A) an analysis of the effect of the dem-
15 onstration program under this section on the
16 quality, quantity, and distribution of maternal,
17 including prenatal, labor and birth, and
18 postpartum care services and the demographics
19 of the recipients of those services;

20 “(B) an analysis of maternal and infant
21 health outcomes (including quality of care, mor-
22 bidity, and mortality) before and after imple-
23 mentation of the program in the communities
24 served by entities participating in the dem-
25 onstration; and

1 “(C) recommendations on whether the
2 demonstration program should be expanded.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section,
5 \$5,000,000 for each of fiscal years 2022 through 2026.”.

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

7 Not later than 1 year after the date of enactment
8 of this Act, the Comptroller General of the United States
9 shall submit to the appropriate committees of Congress
10 a report on the maternal, including prenatal, labor and
11 birth, and postpartum care in rural areas. Such report
12 shall include the following:

13 (1) The location of gaps in maternal and ob-
14 stetric clinicians and health professionals, including
15 non-clinical professionals such as doulas and com-
16 munity health workers.

17 (2) The location of gaps in facilities able to pro-
18 vide maternal, including prenatal, labor and birth,
19 and postpartum care in rural areas, including care
20 for high-risk pregnancies.

21 (3) The gaps in data on maternal mortality and
22 recommendations to standardize the format on col-
23 lecting data related to maternal mortality and mor-
24 bidity.

1 (4) The gaps in maternal health by race and
2 ethnicity in rural communities, with a focus on ra-
3 cial inequities for Black residents and among Indian
4 Tribes and American Indian/Alaska Native rural
5 residents (as such terms are defined in section 4 of
6 the Indian Health Care Improvement Act).

7 (5) A list of specific activities that the Sec-
8 retary of Health and Human Services plans to con-
9 duct on maternal, including prenatal, labor and
10 birth, and postpartum care.

11 (6) A plan for completing such activities.

12 (7) An explanation of Federal agency involve-
13 ment and coordination needed to conduct such ac-
14 tivities.

15 (8) A budget for conducting such activities.

16 (9) Other information that the Comptroller
17 General determines appropriate.

○