

Calendar No. 525

119TH CONGRESS
2D SESSION**S. 380**

To improve obstetric emergency care.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 4, 2025

Ms. HASSAN (for herself, Ms. COLLINS, Mrs. BRITT, Ms. SMITH, Mrs. CAPITO, Ms. CANTWELL, Mr. COONS, and Mr. JUSTICE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JULY 28, 2026

Reported by Mr. CASSIDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]**A BILL**

To improve obstetric emergency care.

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 Obstetrics Read-~~
 5 ~~iness Act~~”.

1 **SEC. 2. OBSTETRIC EMERGENCY TRAINING PROGRAM.**

2 Section 3300 of the Public Health Service Act (42
3 U.S.C. 254c-21) is amended—

4 (1) in subsection (a)—

5 (A) in paragraph (3), by striking “; and”
6 and inserting a semicolon;

7 (B) in paragraph (4), by striking the pe-
8 riod and inserting “; and”; and

9 (C) by adding at the end the following:

10 “(5) developing, and facilitating access to, an
11 evidence-based program to train practitioners in
12 rural health care facilities without dedicated obstet-
13 ric units to provide emergency obstetric services dur-
14 ing pregnancy, labor, delivery, or the postpartum pe-
15 riod, including training on how to prepare for, iden-
16 tify, stabilize, and safely transfer, as appropriate
17 and within the scope of practice of an individual
18 practitioner, a woman experiencing labor, delivery,
19 obstetric hemorrhage, severe hypertension, cardiac
20 conditions, perinatal mental health conditions, sub-
21 stance use, sepsis, or other conditions, as appro-
22 priate.”;

23 (2) by redesignating subsections (c) and (d) as
24 subsections (d) and (e), respectively;

25 (3) by inserting after subsection (b) the fol-
26 lowing:

1 “(c) TRAINING PROGRAM FOR ELIGIBLE PRACTI-
 2 TIONERS IN RURAL HEALTH CARE FACILITIES.—A train-
 3 ing program described in subsection (a)(5) shall include
 4 an assessment of obstetric training needs for rural health
 5 care facilities without dedicated obstetric units. In devel-
 6 oping the training program, a recipient of a grant under
 7 such subsection shall—

8 “(1) work in consultation with at least one rep-
 9 resentative from a national medical society that has
 10 experience or expertise in rural health care delivery
 11 in each of the fields of gynecology and obstetrics;
 12 emergency medicine, family medicine, and anesthesi-
 13 ology; and

14 “(2) facilitate access to obstetric readiness
 15 training via regional training partnerships and tech-
 16 nical assistance to rural health care facilities.”; and

17 (4) in subsection (c), as so redesignated, by
 18 adding at the end the following: “In addition to
 19 amounts appropriated under the previous sentence,
 20 for grants for the purpose described in subsection
 21 (a)(5), there are authorized to be appropriated
 22 \$5,000,000 for the period of fiscal years 2026
 23 through 2028”.

1 **SEC. 3. GRANT FUNDING FOR EQUIPMENT AND SUPPLIES.**

2 Part D of title III of the Public Health Service Act
3 (42 U.S.C. 254b et seq.) is amended by inserting after
4 section 330A–2 the following:

5 **“SEC. 330A–3. PROGRAM OF SUPPORT FOR OBSTETRIC**
6 **SERVICES.**

7 “(a) IN GENERAL.—The Secretary shall award
8 grants, contracts, or cooperative agreements to eligible en-
9 tities to integrate obstetric readiness training curriculum
10 into rural health care settings, build workforce capacity,
11 and purchase equipment necessary to manage obstetric
12 emergencies.

13 “(b) USE OF FUNDS.—A recipient of funds under
14 this section shall use such funds for the purpose described
15 in subsection (a), which may include any of the following:

16 “(1) Purchasing or providing equipment and
17 technical assistance to train practitioners who are
18 not specialized in obstetrics in preparing for, identi-
19 fying, stabilizing, and transferring, as appropriate
20 and within the scope of practice of the practitioner,
21 individuals experiencing obstetric emergencies.

22 “(2) Purchasing or providing equipment nec-
23 essary to prepare for, identify, stabilize, or transfer,
24 as appropriate, individuals experiencing obstetric
25 emergencies.

1 ~~“(3) Developing and carrying out protocols for~~
 2 ~~transfer of patients to other facilities and network~~
 3 ~~engagement with other facilities.~~

4 ~~“(4) Hiring additional personnel or paying the~~
 5 ~~salaries of personnel.~~

6 ~~“(5) Establishing training opportunities to en-~~
 7 ~~able non-obstetric health professionals to gain expo-~~
 8 ~~sure to, and expertise in, the delivery of obstetric~~
 9 ~~services, including through clinical rotations, fellow-~~
 10 ~~ships, or cross-training clinicians in other specialties.~~

11 ~~“(6) Enabling clinical educators to coordinate,~~
 12 ~~develop, and implement comprehensive interdiscipli-~~
 13 ~~nary trainings, including team-based simulation~~
 14 ~~training for providers who may need to respond to~~
 15 ~~an obstetric emergency.~~

16 ~~“(c) ELIGIBLE ENTITIES.—To be eligible to receive~~
 17 ~~a grant under this section, an entity shall—~~

18 ~~“(1) be—~~

19 ~~“(A) a rural hospital, critical access hos-~~
 20 ~~pital (as determined under section 1820(e)(2)~~
 21 ~~of the Social Security Act), or a rural emer-~~
 22 ~~gency hospital (as defined in section~~
 23 ~~1861(kkk)(2) of the Social Security Act) that is~~
 24 ~~located in a maternity care health professional~~

1 target area or a rural area (as defined by the
2 Secretary); or

3 “(B) a consortium of 3 entities that in-
4 cludes at least 2 entities described in subpara-
5 graph (A); and

6 “(2) agree to carry out the program described
7 in subsection (a); in coordination with other feder-
8 ally funded maternal and child health programs; to
9 the extent practicable; and in consultation with other
10 maternal and child health programs in the same geo-
11 graphic area.

12 “(d) DEFINITIONS.—In this section—

13 “(1) the term ‘maternity care health profes-
14 sional target area’ means a primary care health pro-
15 fessional shortage area that is experiencing a short-
16 age of maternity health care professionals; as identi-
17 fied under section 332(k); and

18 “(2) the term ‘rural area’ has the meaning
19 given such term by the Federal Office of Rural
20 Health Policy.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
22 carry out this section, there is authorized to be appro-
23 priated \$15,000,000 for the period of fiscal years 2026
24 through 2029.”.

1 **SEC. 4. PILOT PROGRAM FOR TELECONSULTATION.**

2 Part D of title III of the Public Health Service Act
3 (42 U.S.C. 254b et seq.), is amended by inserting after
4 section 330A-3, as added by section 3, the following:

5 **“SEC. 330A-4. PILOT PROGRAM FOR TELECONSULTATION.**

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Administrator of the Health Resources and Services
8 Administration and in consultation with the Administrator
9 of the Centers for Medicare & Medicaid Services, shall
10 award grants or cooperative agreements to States, political
11 subdivisions of States, and Indian Tribes and Tribal orga-
12 nizations (as such terms are defined in section 4 of the
13 Indian Self-Determination and Education Assistance Act)
14 to support the provision of urgent maternal health care
15 in rural facilities without a dedicated obstetric unit, in-
16 cluding by—

17 “(1) supporting the development of statewide or
18 regional maternal health care telehealth access pro-
19 grams; and

20 “(2) supporting the improvement of existing
21 statewide or regional maternal health care telehealth
22 access programs described in subsection (b).

23 “(b) STATEWIDE OR REGIONAL MATERNAL HEALTH
24 CARE TELEHEALTH ACCESS PROGRAMS.—A maternal
25 health care telehealth access program described in this

1 section, with respect to which an award under subsection
2 (a) may be used, shall—

3 “(1) be a statewide or regional network of ma-
4 ternal health care teams that provide urgent support
5 to rural non-obstetric settings of care;

6 “(2) support and further develop organized
7 State or regional networks of maternal health care
8 teams to provide urgent consultative support to
9 rural non-obstetric settings of care;

10 “(3) conduct an assessment of urgent maternal
11 health consultation needs among providers in rural
12 non-obstetric settings of care;

13 “(4) provide assurances that the physicians re-
14 sponsive to the tele-consultation line are credentialed
15 within their employing facility and can provide con-
16 sultation where the patient is receiving care con-
17 sistent with State requirements to provide care to in-
18 dividuals experiencing labor, delivery, obstetric hem-
19 orrhage, severe hypertension in pregnancy and
20 postpartum, cardiac conditions related to or exacer-
21 bated by pregnancy, perinatal mental health condi-
22 tions, substance use during pregnancy or the
23 postpartum period, sepsis during pregnancy or after
24 pregnancy end, or other conditions, as appropriate;

1 “(5) provide rapid statewide or regional clinical
2 telephone or telehealth consultations when requested
3 between the maternal care teams and providers in
4 rural emergency non-obstetric settings; and

5 “(6) provide information to health care pro-
6 viders about available maternal health services for
7 people in the community and assist with referrals to
8 specialty care and community or behavioral health
9 resources.

10 “(c) REPORTING.—An entity receiving an award
11 under this section shall submit a report to the Secretary,
12 in such manner and containing such information as the
13 Secretary may require, not later than 18 months after ini-
14 tial receipt of the grant.

15 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
16 carry out this section, there is authorized to be appro-
17 priated \$5,000,000 for the period of fiscal years 2026
18 through 2029.”.

19 **SEC. 5. STUDY ON OBSTETRIC UNITS IN RURAL AREAS.**

20 The Secretary of Health and Human Services shall—

21 (1) conduct a study that maps maternity ward
22 closures and regional patterns of patient transport
23 and examines models for regional partnerships for
24 rural obstetric care; and

1 ~~(2) not later than 3 years after the date of en-~~
 2 ~~actment of this Act, submit to the Committee on~~
 3 ~~Health, Education, Labor, and Pensions of the Sen-~~
 4 ~~ate and the Committee on Energy and Commerce~~
 5 ~~and the Committee on Education and Workforce of~~
 6 ~~the House of Representatives, a report on the results~~
 7 ~~of the study conducted under paragraph (1).~~

8 **SECTION 1. SHORT TITLE.**

9 *This Act may be cited as the “Rural Obstetrics Read-*
 10 *ness Act”.*

11 **SEC. 2. RURAL OBSTETRIC MEDICAL EMERGENCY TRAIN-**
 12 **ING.**

13 *Section 330A–2 of the Public Health Service Act (42*
 14 *U.S.C. 254c–1b) is amended—*

15 *(1) in subsection (b)—*

16 *(A) by amending paragraph (3) to read as*
 17 *follows:*

18 *“(3) develop a model for maternal health care*
 19 *collaboration between health care settings to improve*
 20 *access to care, including stabilizing prenatal care,*
 21 *labor care, birthing, and postpartum care services*
 22 *during obstetric emergencies, in areas described in*
 23 *subsection (a) that do not have specialty maternity*
 24 *care or dedicated obstetric units, which may include*
 25 *the use of telehealth;”;* and

1 (B) by amending paragraph (4) to read as
2 *follows:*

3 “(4) provide training for professionals in areas
4 described in subsection (a) that do not have specialty
5 maternity care or dedicated obstetric units, including
6 providing training in stabilizing prenatal care, labor
7 care, birthing, and postpartum care during obstetric
8 emergencies.”;

9 (C) in paragraph (5), by striking “; and”
10 and inserting a semicolon;

11 (D) in paragraph (6), by striking the pe-
12 riod and inserting “; and”; and

13 (E) by adding at the end the following:

14 “(7) develop obstetric readiness programs, in
15 areas described in subsection (a) that do not have spe-
16 cialty maternity care or dedicated obstetric units,
17 that provide technical assistance necessary to provide
18 stabilizing prenatal care, labor care, birthing, and
19 postpartum care services during obstetric emer-
20 gencies.”;

21 (2) in subsection (d)—

22 (A) in the subsection heading, by striking
23 “REPORT” and inserting “REPORTS”;

1 (B) in the matter preceding paragraph (1),
 2 by striking “2026,” and inserting “2028, and
 3 every 2 years thereafter,”;

4 (C) in paragraph (1)—

5 (i) by striking “(6)” and inserting
 6 “(7)”; and

7 (ii) by striking “; and” and inserting
 8 a semicolon;

9 (D) in paragraph (2), by striking the pe-
 10 riod at the end and inserting “; and”; and

11 (E) by adding at the end the following:

12 “(3) a study that maps maternity ward closures
 13 and regional patterns of patient transport and exam-
 14 ines models for regional partnerships for rural obstet-
 15 ric care.”;

16 (3) by redesignating subsection (e) as subsection
 17 (f);

18 (4) by inserting after subsection (d) the fol-
 19 lowing:

20 “(e) ALLOCATION.—

21 “(1) IN GENERAL.—Subject to the availability of
 22 appropriations, the Secretary shall award a total of
 23 not less than \$2,000,000 per fiscal year in grants or
 24 cooperative agreements under this section to eligible

1 *entities for purposes of carrying out activities de-*
 2 *scribed in paragraph (3), (4), or (7) of subsection (b).*

3 “(2) *LIMITATION.*—Paragraph (1) shall not
 4 *apply to a fiscal year unless the amount made avail-*
 5 *able to carry out this section for such fiscal year ex-*
 6 *ceeds the amount appropriated to carry out this sec-*
 7 *tion for fiscal year 2026.”; and*

8 *(5) in subsection (f), as so redesignated, by in-*
 9 *serting “, and \$15,000,000 for each of fiscal years*
 10 *2028 through 2032” before the period at the end.*

11 **SEC. 3. SUPPORT OF EMERGENCY OBSTETRIC MEDICAL**
 12 **SERVICES.**

13 *Section 330O of the Public Health Service Act (42*
 14 *U.S.C. 254c–21) is amended—*

15 *(1) in subsection (a)—*

16 *(A) in paragraph (1)—*

17 *(i) in the matter preceding subpara-*
 18 *graph (A) by inserting “and training” after*
 19 *“best practices”;*

20 *(ii) in subparagraph (B)—*

21 *(I) by inserting “evidence-based”*
 22 *before “best practices”; and*

23 *(II) by striking “; and” and in-*
 24 *serting a semicolon;*

- 1 (iii) in subparagraph (C), by adding
 2 “and” after the semicolon at the end; and
 3 (iv) by adding at the end the following:
 4 “(D) evidence-based best practices for health
 5 care professionals in rural health care settings
 6 that do not have specialty maternity care or
 7 dedicated obstetric units to provide stabilizing
 8 prenatal care, labor care, birthing, and
 9 postpartum care services during obstetric emer-
 10 gencies;”; and
 11 (B) in paragraph (3), by inserting “, in-
 12 cluding in rural health care settings that do not
 13 have specialty maternity care or dedicated ob-
 14 stetric units” before the semicolon; and
 15 (2) in subsection (d), by inserting “, and
 16 \$17,300,000 for each of fiscal years 2028 through
 17 2032” before the period at the end.

18 **SEC. 4. TELEHEALTH NETWORK; TELEHEALTH RESOURCE**
 19 **CENTERS GRANT PROGRAM; EXPANDING CA-**
 20 **PACITY FOR HEALTH OUTCOMES.**

- 21 (a) *TELEHEALTH NETWORK; TELEHEALTH RESOURCE*
 22 *CENTERS GRANT PROGRAM.*—Section 330I of the Public
 23 *Health Service Act (42 U.S.C. 254c–14) is amended—*
 24 (1) in subsection (h)(1), by amending subpara-
 25 graph (B) to read as follows:

1 “(B) *SERVICES.*—*The eligible entity pro-*
2 *poses to use Federal funds made available*
3 *through such a grant to develop plans for, or to*
4 *establish, telehealth networks that provide mental*
5 *health care, public health services, long-term*
6 *care, home care, preventive care, case manage-*
7 *ment services, urgent care, prenatal care, labor*
8 *care, birthing care, or postpartum care.”; and*
9 *(2) in subsection (q), by striking “2021 through*
10 *2025” and inserting “2027 through 2031”.*
11 (b) *EXPANDING CAPACITY FOR HEALTH OUTCOMES.*—
12 *Section 330N(k) of the Public Health Service Act (42 U.S.C.*
13 *254c–20(k)) is amended by striking “2022 through 2026”*
14 *and inserting “2027 through 2031”.*

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2^D Session

S. 380

A BILL

To improve obstetric emergency care.

JULY 28, 2026

Reported with an amendment