

119TH CONGRESS  
2D SESSION

# S. 4482

To amend title XVIII of the Social Security Act to require hospitals to develop discharge plans for pregnant individuals as a condition of participation under Medicare, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MAY 11, 2026

Ms. BLUNT ROCHESTER introduced the following bill; which was read twice  
and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to require hospitals to develop discharge plans for pregnant individuals as a condition of participation under Medicare, 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 “Women Expansion of  
5 Learning and Labor Safety Act” or the “WELLS Act”.

1 **SEC. 2. REQUIRING HOSPITALS PARTICIPATING IN MEDI-**  
 2 **CARE TO DEVELOP DISCHARGE PLANS FOR**  
 3 **PREGNANT INDIVIDUALS.**

4 Section 1866 of the Social Security Act (42 U.S.C.  
 5 1395cc) is amended—

6 (1) in subsection (a)(1)—

7 (A) in subparagraph (X), by striking  
 8 “and” at the end;

9 (B) in subparagraph (Y), by striking the  
 10 period at the end and inserting “, and”; and

11 (C) by adding at the end the following new  
 12 subparagraph:

13 “(Z) beginning January 1, 2027, in the case of  
 14 a hospital, critical access hospital, or rural emer-  
 15 gency hospital, to comply with the requirements de-  
 16 scribed in subsection (l)(1).”; and

17 (2) by adding at the end the following new sub-  
 18 section:

19 “(l) DISCHARGE PLAN REQUIREMENTS FOR PREG-  
 20 NANT INDIVIDUALS.—

21 “(1) IN GENERAL.—For purposes of subsection  
 22 (a)(1)(Z), the requirements described in this para-  
 23 graph are, with respect to a hospital, critical access  
 24 hospital, or rural emergency hospital, that the hos-  
 25 pital—

“(A) provides for the development and implementation of a discharge plan meeting the standards under paragraph (2) with respect to any individual (whether or not eligible for benefits under this title) admitted to the hospital who—

“(i) is pregnant;

“(ii) is experiencing signs or symptoms consistent with labor, which may include contractions; and

“(iii) is expected to be discharged from the hospital, critical access hospital, or rural emergency hospital prior to delivery, as determined based on the documented clinical judgment of the treating physician or practitioner at the time that such discharge is contemplated;

“(B) includes such discharge plan in the individual’s medical record; and

“(C) provides for such discharge plan to be discussed with the individual (or the individual’s representative) prior to discharge.

“(2) DISCHARGE PLAN STANDARDS.—A discharge plan for an individual described in paragraph

1       (1)(A) meets the standards under this paragraph if  
2       such plan includes at least the following information:

3               “(A) A clinical justification for the dis-  
4       charge.

5               “(B) An assessment of travel distance and  
6       time between the primary residence of the indi-  
7       vidual and the hospital, critical access hospital,  
8       or rural emergency hospital.

9               “(C) Verification of reliable transportation  
10      between the primary residence of the individual  
11      and the hospital, critical access hospital, or  
12      rural emergency hospital.

13              “(D) Identification of a secondary hospital  
14      or facility at which such individual may obtain  
15      labor and delivery services.

16              “(E) Confirmation that the plan was re-  
17      viewed and approved by a registered profes-  
18      sional nurse, social worker, or other appro-  
19      priately qualified personnel.

20              “(F) Confirmation that the individual (or  
21      the individual’s representative) has received the  
22      information described in subparagraphs (A)  
23      through (D), that such information was pro-  
24      vided in the primary language of such indi-  
25      vidual (or representative), and that such indi-

1           vidual (or representative) confirmed their un-  
2           derstanding of such information.

3           “(3) RULE OF CONSTRUCTION.—Nothing in  
4           this subsection shall be construed as limiting or oth-  
5           erwise affecting the discharge planning requirements  
6           otherwise applicable to a hospital, critical access hos-  
7           pital, or rural emergency hospital under this title, or  
8           any obligation of a health care provider to furnish  
9           emergency services as required under State or Fed-  
10          eral law, including section 1867 of this title (com-  
11          monly known as the ‘Emergency Medical Treatment  
12          and Labor Act’).”.

13 **SEC. 3. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**  
14 **ING DEMONSTRATION GRANTS.**

15          Section 764 of the Public Health Service Act (42  
16 U.S.C. 294s) is amended—

17           (1) by redesignating subsections (d) and (e) as  
18           subsections (e) and (f), respectively;

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

21          “(d) MINIMUM PERFORMANCE MILESTONES.—

22           “(1) ESTABLISHMENT.—Beginning with the  
23           grants awarded under this section for fiscal year  
24           2027, the Secretary shall establish minimum per-  
25           formance milestones that grant recipients must meet

during a fiscal year as a condition of remaining eligible for funding through such a grant for any subsequent fiscal year.

“(2) MILESTONES RELATED TO PERCENT OF STAFF TRAINED.—The minimum performance milestones referred to in paragraph (1) shall include milestones related to the percent of all staff of the grant recipient that are trained, or that receive refresher training, with support from a grant under this section.”; and

(3) in subsection (e), as so redesignated—

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

(B) in paragraph (1)(B), by striking “the report described in paragraph (2)” and inserting “the reports described in paragraphs (2) and (3)”;

(C) by adding at the end the following:

“(3) SUBSEQUENT REPORTS.—Not later than January 1, 2027, and annually thereafter, the Secretary shall submit to Congress, and make publicly available, a report that includes—

“(A) updates to the information described in subparagraphs (A) through (C) of paragraph (2); and

1 “(B) additional information regarding the  
2 grants under this section, including—

3 “(i) a list of the entities receiving  
4 such grants;

5 “(ii) the number and amount of such  
6 grants;

7 “(iii) whether training supported by  
8 such grants was delivered in-person, vir-  
9 tually, asynchronously, or through some  
10 other format; and

11 “(iv) descriptions of the geographical  
12 coverage of such grants, the number of  
13 providers trained under such grants, and  
14 patient-level metrics linked to such train-  
15 ing (such as changes in clinical outcomes,  
16 patient experience, and racial dispari-  
17 ties).”.

18 **SEC. 4. MULTI-CENTER IMPLEMENTATION SCIENCE INITIA-**  
19 **TIVE FOR MATERNAL HEALTH.**

20 (a) ESTABLISHMENT.—The Secretary of Health and  
21 Human Services, in consultation with the Director of the  
22 Agency for Healthcare Research and Quality and the Di-  
23 rector of the National Institutes of Health (in this section  
24 referred to as the “Secretary”) shall establish a multi-cen-  
25 ter implementation science initiative for maternal health

1 to rigorously evaluate different training models for health  
2 care professionals (including in-person, virtual, simulation,  
3 and cohort-based) and the impact of such models on pro-  
4 vider behavior, patient outcomes, and maternal health dis-  
5 parities.

6 (b) INTERAGENCY MATERNAL HEALTH DASH-  
7 BOARD.—As part of the initiative described in subsection  
8 (a), the Secretary shall develop, maintain, and make pub-  
9 licly available on the website of the Department of Health  
10 and Human Services an interagency maternal health dash-  
11 board, which shall include maternal health outcome  
12 metrics from agencies within the Department of Health  
13 and Human Services.

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