

119TH CONGRESS
2D SESSION

S. 4694

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to carry out a maternity care coordination program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 4, 2026

Ms. DUCKWORTH (for herself and Ms. COLLINS) introduced the following bill;
which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to carry out a maternity care coordination program, 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 “Maternal Health for
5 Veterans Act”.

1 **SEC. 2. MATERNITY HEALTH CARE COORDINATION PRO-**
 2 **GRAM OF DEPARTMENT OF VETERANS AF-**
 3 **FAIRS.**

4 (a) IN GENERAL.—Subchapter VIII of chapter 17 of
 5 title 38, United States Code, is amended by inserting after
 6 section 1786 the following new section:

7 **“§ 1786A. Maternity care coordination**

8 “(a) IN GENERAL.—The Secretary shall carry out a
 9 maternity care coordination program for eligible veterans.

10 “(b) REQUIREMENTS.—In carrying out the program
 11 under subsection (a), the Secretary shall—

12 “(1) provide care to eligible veterans from the
 13 beginning of pregnancy until 12 months postpartum;

14 “(2) systematically and regularly compile and
 15 review data on screenings by maternity care coordi-
 16 nators of eligible veterans for mental health condi-
 17 tions, including data on completion by such coordi-
 18 nators of required mental health screenings and the
 19 results of such screenings; and

20 “(3) implement a performance management
 21 process that—

22 “(A) identifies desired program results and
 23 requisite performance goals for the program;
 24 and

1 “(B) collects and uses performance infor-
2 mation to measure progress towards program
3 goals.

4 “(c) TRAINING AND SUPPORT TO COMMUNITY MA-
5 TERNITY CARE PROVIDERS.—In carrying out the program
6 under subsection (a), the Secretary shall provide to com-
7 munity maternity care providers training and support with
8 respect to the unique needs of pregnant and postpartum
9 eligible veterans, particularly regarding mental and behav-
10 ioral health conditions relating to the service of such vet-
11 erans in the uniformed services.

12 “(d) ANNUAL REPORT.—

13 “(1) IN GENERAL.—Not later than one year
14 after the date of the enactment of this section, and
15 annually thereafter, the Secretary shall submit to
16 the Committee on Veterans’ Affairs of the Senate
17 and the Committee on Veterans’ Affairs of the
18 House of Representatives a report that contains the
19 following:

20 “(A) A summary of the activities carried
21 out under the program required by subsection
22 (a).

23 “(B) Data on maternal health outcomes,
24 including maternal mortality, pregnancy-associ-
25 ated deaths, pregnancy-related deaths, and se-

1 vere maternal morbidity, of eligible veterans
2 who receive hospital care or medical services
3 furnished at a facility of the Department or by
4 a health care provider described in section
5 1703(c) of this title who provides such care or
6 services to veterans under such section and
7 other laws administered by the Secretary,
8 disaggregated by relevant veteran characteris-
9 tics, such as race and ethnicity, age, disability,
10 and whether the eligible veteran lives in a rural
11 area.

12 “(C) Progress on implementation of rel-
13 evant recommendations on improvements to the
14 program made by, at minimum, the Comptroller
15 General of the United States, the Inspector
16 General of the Department of Veterans Affairs,
17 the Secretary (based on previous annual re-
18 ports, if applicable), and an explanation if the
19 Secretary chooses to not implement a rec-
20 ommendation.

21 “(D) Recommendations by the Secretary,
22 if any, to improve the maternal health outcomes
23 of eligible veterans, with a particular focus on
24 eligible veterans from demographic groups with
25 elevated rates of maternal mortality, pregnancy-

1 associated deaths (including pregnancy-related
2 deaths), severe maternal morbidity, maternal
3 health disparities, or other adverse perinatal or
4 childbirth outcomes, including eligible veterans
5 who belong to one or more racial and ethnic mi-
6 nority group, who identify as having a disability
7 or more than one disability, or who live in a
8 rural area.

9 “(2) PROVISION OF INFORMATION.—The Sec-
10 retary shall provide the data required under para-
11 graph (1) in a manner that is wholly consistent with
12 applicable Federal privacy and confidentiality laws,
13 including section 552a of title 5 (commonly known
14 as the ‘Privacy Act of 1974’), the Health Insurance
15 Portability and Accountability Act of 1996 (Public
16 Law 104–191), relevant regulations, including parts
17 160 and 164 of title 45, Code of Federal Regula-
18 tions (or successor regulations), and sections 5701,
19 5705, and 7332 of this title to ensure that such
20 data, or any portion of such data, will not under-
21 mine the anonymity of a veteran.

22 “(e) DEFINITIONS.—In this section:

23 “(1) COMMUNITY MATERNITY CARE PRO-
24 VIDER.—The term ‘community maternity care pro-
25 vider’ means a maternity care provider located at a

1 non-Department facility who provides maternity care
2 to veterans under section 1703 of this title, or any
3 other law administered by the Secretary.

4 “(2) DISABILITY.—The term ‘disability’ has the
5 meaning given that term in section 3 of the Ameri-
6 cans with Disabilities Act of 1990 (42 U.S.C.
7 12102).

8 “(3) ELIGIBLE VETERAN.—The term ‘eligible
9 veteran’ means a veteran enrolled in the system of
10 annual patient enrollment of the Department estab-
11 lished and operated under section 1705 of this title.

12 “(4) MATERNAL MORTALITY.—The term ‘ma-
13 ternal mortality’ means a death occurring during or
14 within a one-year period after pregnancy, caused by
15 pregnancy-related or childbirth complications, in-
16 cluding a suicide, overdose, or other death resulting
17 from a mental health or substance use disorder at-
18 tributed to or aggravated by pregnancy-related or
19 childbirth complications.

20 “(5) MATERNITY CARE PROVIDER.—The term
21 ‘maternity care provider’ means a health care pro-
22 vider who—

23 “(A) is a physician, a physician assistant,
24 a midwife who meets, at a minimum, the inter-
25 national definition of a midwife and global

1 standards for midwifery education as estab-
 2 lished by the International Confederation of
 3 Midwives, an advanced practice registered
 4 nurse, a doula accredited by a State to receive
 5 reimbursement for doula services under a State
 6 plan (or a waiver of such plan) under title XIX
 7 of the Social Security Act (42 U.S.C. 1396 et
 8 seq.), or a lactation consultant certified by the
 9 International Board of Lactation Consultant
 10 Examiners; and

11 “(B) has a focus on maternal or perinatal
 12 health.

13 “(6) POSTPARTUM.—The term ‘postpartum’,
 14 with respect to an individual, means the one-year pe-
 15 riod beginning on the last day of the pregnancy of
 16 the individual.

17 “(7) PREGNANCY-ASSOCIATED DEATH.—The
 18 term ‘pregnancy-associated death’ means the death
 19 of a pregnant or postpartum individual, by any
 20 cause, that occurs during pregnancy or within one
 21 year following pregnancy, regardless of the outcome,
 22 duration, or site of the pregnancy.

23 “(8) PREGNANCY-RELATED DEATH.—The term
 24 ‘pregnancy-related death’ means the death of a preg-
 25 nant or postpartum individual that occurs during

1 pregnancy or within one year following pregnancy
 2 from a pregnancy complication, a chain of events
 3 initiated by pregnancy, or the aggravation of an un-
 4 related condition by the physiologic effects of preg-
 5 nancy.

6 “(9) RACIAL AND ETHNIC MINORITY GROUP.—
 7 The term ‘racial and ethnic minority group’ has the
 8 meaning given that term in section 1707 of the Pub-
 9 lic Health Service Act (42 U.S.C. 300u-6).

10 “(10) RURAL.—The term ‘rural’ has the mean-
 11 ing given that term under the Rural-Urban Com-
 12 muting Areas (RUCA) coding system of the Depart-
 13 ment of Agriculture.

14 “(11) SEVERE MATERNAL MORBIDITY.—The
 15 term ‘severe maternal morbidity’ means a health
 16 condition, including a mental health condition or
 17 substance use disorder, attributed to or aggravated
 18 by pregnancy or childbirth that results in significant
 19 short-term or long-term consequences to the health
 20 of the individual who was pregnant.”.

21 (b) CLERICAL AMENDMENT.—The table of sections
 22 at the beginning of such chapter is amended by inserting
 23 after the item relating to section 1786 the following new
 24 item:

“1786A. Maternity Care Coordination.”.

1 (c) CONFORMING REPEAL.—Section 3 of the Pro-
2 tecting Moms Who Served Act of 2021 (Public Law 117–
3 69; 135 Stat. 1496) is repealed.

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