

106TH CONGRESS
1ST SESSION

H. R. 2316

To amend the Public Health Service Act to develop monitoring systems
to promote safe motherhood.

IN THE HOUSE OF REPRESENTATIVES

JUNE 23, 1999

Mrs. EMERSON (for herself, Ms. MCKINNEY, Mrs. LOWEY, Mrs. KELLY, Mrs. MALONEY of New York, and Ms. ROS-LEHTINEN) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to develop
monitoring systems to promote safe motherhood.

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; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Safe Motherhood Monitoring and Prevention Research
6 Act of 1999”.

7 (b) FINDINGS.—The Congress finds as follows:

8 (1) The total maternal mortality has not de-
9 clined in the United States since 1982.

1 (2) The four-fold increase in risk of maternal
2 death among black women compared to white women
3 is one of the largest racial disparities among the
4 public health indicators.

5 (3) United States vital statistics data indicate
6 that between 1987 and 1996 at least 3,086 women
7 died as a consequence of pregnancy or its complica-
8 tions in the United States.

9 (4) Misclassification on death certificates causes
10 these data to underestimate maternal mortality, and
11 the true number of maternal deaths is estimated to
12 be 1.3 to 3 times higher than that reported in vital
13 statistics records, indicating a need for improved
14 surveillance and public monitoring of this outcome.

15 (5) Early diagnosis and effective treatment of
16 pregnancy complications are critical to reduce ma-
17 ternal mortality.

18 (6) Underserved populations many times live in
19 socioeconomic conditions that lack the support sys-
20 tems and financial resources necessary to ensure
21 quality health care for expectant mothers and infant
22 newborns.

23 (7) By investing in public health surveillance
24 and prevention research to monitor and identify
25 causes of maternal mortality and in maternal health

1 programs to promote maternal health, the risk of
2 maternal mortality and morbidity can be reduced in
3 the United States.

4 **SEC. 2. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.**

5 Title III of the Public Health Service Act (42 U.S.C.
6 241 et seq.) is amended by adding at the end the fol-
7 lowing:

8 **“PART Q—SAFE MOTHERHOOD PROMOTION**

9 **“SEC. 399L. SAFE MOTHERHOOD MONITORING.**

10 “(a) PURPOSE.—It is the purpose of this section to
11 develop monitoring systems at the local, State, and na-
12 tional level to better understand the burden of maternal
13 complications and mortality and to decrease the disparities
14 among population at risk of death and complications from
15 pregnancy.

16 “(b) ACTIVITIES.—For the purpose described in sub-
17 section (a), the Secretary may carry out the following ac-
18 tivities:

19 “(1) The Secretary, acting through the Centers
20 for Disease Control and Prevention, may establish
21 and implement a national monitoring and surveil-
22 lance program to identify and promote the investiga-
23 tion of deaths and severe complications that occur
24 during pregnancy.

“(2) The Secretary, acting through the Centers for Disease Control and Prevention, may expand the Pregnancy Risk Assessment Monitoring System to provide surveillance and collect data in each of the 50 States.

6 “(3) The Secretary, acting through the Centers
7 for Disease Control and Prevention, may expand the
8 Maternal and Child Health Epidemiology Program
9 to provide technical support, financial assistance, or
10 the time-limited assignment of senior epidemiologists
11 to maternal and child health programs in each of the
12 50 States.

13 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
14 is authorized to be appropriated to carry out this section
15 such sums as may be necessary for each fiscal year (begin-
16 ning with fiscal year 2000).”.

17 **“SEC. 399M. PREVENTION RESEARCH TO ENSURE SAFE**
18 **MOTHERHOOD.**

19 “(a) PURPOSE.—It is the purpose of this section to
20 provide the Centers for Disease Control and Prevention
21 with the authority to further expand research concerning
22 risk factors, prevention strategies, and the roles of the
23 family, health care providers and the community in safe
24 motherhood.

1 “(b) RESEARCH.—The Secretary, acting through the
2 Centers for Disease Control and Prevention, may carry
3 out activities to expand research relating to—

4 “(1) encouraging preconception counseling, es-
5 pecially for at risk populations such as diabetics;

6 “(2) the identification of critical components of
7 prenatal delivery and postpartum care;

8 “(3) the identification of outreach and support
9 services, such as folic acid education, that are avail-
10 able for pregnant women;

11 “(4) the identification of women who are at
12 high risk for complications;

13 “(5) preventing preterm delivery;

14 “(6) preventing urinary tract infections;

15 “(7) preventing unnecessary caesarean sections;

16 “(8) an examination of the higher rates of ma-
17 ternal mortality among African American women;

18 “(9) an examination of the relationship between
19 domestic violence and maternal complications and
20 mortality;

21 “(10) preventing smoking, alcohol and illegal
22 drug usage before, during and after pregnancy;

23 “(11) preventing infections that cause maternal
24 and infant complications; and

1 “(12) other areas determined appropriate by
2 the Secretary.

3 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section
5 such sums as may be appropriate for each fiscal year (be-
6 ginning with fiscal year 2000).

7 **“SEC. 399N. PREVENTION PROGRAMS TO ENSURE SAFE**
8 **MOTHERHOOD.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Centers for Disease Control and Prevention may carry
11 out activities to promote safe motherhood, including—

12 “(1) public education campaigns on healthy
13 pregnancies and the building of partnerships with
14 outside organizations concerned about safe mother-
15 hood;

16 “(2) education programs for physicians, nurses
17 and other health care providers; and

18 “(3) activities to promote community support
19 services for pregnant women.

20 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
21 is authorized to be appropriated to carry out this section
22 such sums as may be appropriate for each fiscal year (be-
23 ginning with fiscal year 2000).”.

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