

116TH CONGRESS
2D SESSION

H. R. 6143

To amend the Public Health Service Act to improve maternal mental and behavioral health outcomes with a particular focus on outcomes for minority women, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2020

Mr. KENNEDY (for himself, Ms. UNDERWOOD, Mr. KATKO, Ms. ADAMS, Ms. SCANLON, Mr. LONG, and Mr. MOULTON) 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 maternal mental and behavioral health outcomes with a particular focus on outcomes for minority women, 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 “Moms Maternal and
5 Behavioral Health Screening Access, Treatment, and Task
6 Force to Expand Innovative Models to Reduce Maternal
7 Mortality and Severe Maternal Morbidity Act of 2020” or
8 the “Moms MATTER Act of 2020”.

1 **SEC. 2. INNOVATIVE MODELS TO REDUCE MATERNAL MOR-**
2 **TALITY.**

3 Title III of the Public Health Service Act (42 U.S.C.
4 241 et seq.) is amended by adding at the end the following
5 new part:

6 **“PART W—INNOVATIVE MODELS TO REDUCE MA-**
7 **TERNAL MORTALITY AND SEVERE MATER-**
8 **NAL MORBIDITY**

9 **“SEC. 3990O. DEFINITIONS.**

10 “In this part:

11 “(1) The terms ‘postpartum’ and ‘postpartum
12 period’ refer to the 1-year period beginning on the
13 last day of the pregnancy.

14 “(2) The term ‘Secretary’ means the Secretary
15 of Health and Human Services.

16 “(3) The term ‘Task Force’ means the Mater-
17 nal Mental and Behavioral Health Task Force estab-
18 lished pursuant to section 3990O–1.

19 “(4) The term ‘behavioral health’ includes sub-
20 stance use disorder and other behavioral health con-
21 ditions.

22 **“SEC. 3990O–1. MATERNAL MENTAL AND BEHAVIORAL**
23 **HEALTH TASK FORCE.**

24 “(a) ESTABLISHMENT.—The Secretary shall estab-
25 lish a task force, to be known as the Maternal Mental and
26 Behavioral Health Task Force, to improve maternal men-

1 tal and behavioral health outcomes with a particular focus
2 on outcomes for minority women.

3 “(b) MEMBERSHIP.—

4 “(1) COMPOSITION.—The Task Force shall be
5 composed of no fewer than 20 members, to be ap-
6 pointed by the Secretary.

7 “(2) CO-CHAIRS.—The Secretary shall des-
8 ignate 2 members of the Task Force to serve as the
9 Co-chairs of the Task Force.

10 “(3) MEMBERS.— The Task Force shall include
11 the following:

12 “(A) Maternal mental and behavioral
13 health care specialists; maternity care providers;
14 and researchers, government officials, and pol-
15 icy experts who specialize in women’s health,
16 maternal mental and behavioral health, mater-
17 nal substance use disorder, or maternal mor-
18 tality and severe maternal morbidity. In select-
19 ing such members of the Task Force, the Sec-
20 retary shall give special consideration to individ-
21 uals from diverse racial and ethnic backgrounds
22 or individuals with experience providing cul-
23 turally congruent maternity care in diverse
24 communities.

1 “(B) One or more patients who have suf-
2 fered from a diagnosed mental or behavioral
3 health condition during the prenatal or
4 postpartum period, or a spouse or family mem-
5 ber of such patient.

6 “(C) One or more representatives of a
7 community-based organization that addresses
8 adverse maternal health outcomes with a spe-
9 cific focus on racial and ethnic disparities in
10 maternal health outcomes. In selecting such
11 representatives, the Secretary shall give special
12 consideration to organizations from commu-
13 nities with significant minority populations.

14 “(D) One or more perinatal health workers
15 who provide non-clinical support to pregnant
16 and postpartum women, such as a doula, com-
17 munity health worker, peer supporter, certified
18 lactation consultant, nutritionist or dietitian,
19 social worker, home visitor, or navigator. In se-
20 lecting such perinatal health workers, the Sec-
21 retary shall give special consideration to individ-
22 uals with experience working in communities
23 with significant minority populations.

24 “(E) One or more representatives of rel-
25 evant patient advocacy organizations, with a

1 particular focus on organizations that address
2 racial and ethnic disparities in maternal health
3 outcomes.

4 “(F) One or more representatives of rel-
5 evant health care provider organizations, with a
6 particular focus on organizations that address
7 racial and ethnic disparities in maternal health
8 outcomes.

9 “(G) One or more leaders of a Federally
10 qualified health center or rural health clinic (as
11 such terms are defined in section 1861 of the
12 Social Security Act).

13 “(H) One or more representatives of health
14 insurers.

15 “(4) TIMING OF APPOINTMENTS.—Not later
16 than 180 days after the date of enactment of this
17 part, the Secretary shall appoint all members of the
18 Task Force.

19 “(5) PERIOD OF APPOINTMENT; VACANCIES.—

20 “(A) IN GENERAL.—Each member of the
21 Task Force shall be appointed for the life of the
22 Task Force.

23 “(B) VACANCIES.—Any vacancy in the
24 Task Force—

1 “(i) shall not affect the powers of the
2 Task Force; and

3 “(ii) shall be filled in the same man-
4 ner as the original appointment.

5 “(6) NO PAY.—Members of the Task Force
6 (other than officers or employees of the United
7 States) shall serve without pay. Members of the
8 Task Force who are full-time officers or employees
9 of the United States may not receive additional pay,
10 allowances, or benefits by reason of their service on
11 the Task Force.

12 “(7) TRAVEL EXPENSES.—Members of the
13 Task Force may be allowed travel expenses, includ-
14 ing per diem in lieu of subsistence, at rates author-
15 ized for employees of agencies under subchapter I of
16 chapter 57 of title 5, United States Code, while
17 away from their homes or regular places of business
18 in the performance of services for the Task Force.

19 “(c) STAFF.—The Co-chairs of the Task Force may
20 appoint and fix the pay of staff to the Task Force.

21 “(d) DETAILEES.—Any Federal Government em-
22 ployee may be detailed to the Task Force without reim-
23 bursement from the Task Force, and the detailee shall re-
24 tain the rights, status, and privileges of his or her regular
25 employment without interruption.

1 “(e) MEETINGS.—

2 “(1) IN GENERAL.—Subject to paragraph (2),
3 the Task Force shall meet at the call of the Co-
4 chairs of the Task Force.

5 “(2) INITIAL MEETING.—The Task Force shall
6 meet not later than 30 days after the date on which
7 all members of the Task Force have been appointed.

8 “(3) QUORUM.—A majority of the members of
9 the Task Force shall constitute a quorum.

10 “(f) INFORMATION FROM FEDERAL AGENCIES.—

11 “(1) IN GENERAL.—The Task Force may se-
12 cure directly from any Federal department or agency
13 such information as may be relevant to carrying out
14 this part.

15 “(2) FURNISHING INFORMATION.—On request
16 of the Co-chairs of the Task Force pursuant to
17 paragraph (1), the head of a Federal department or
18 agency shall, not later than 60 days after the date
19 of receiving such request, furnish to the Task Force
20 the information so requested.

21 “(g) TERMINATION.—Termination under section 14
22 of the Federal Advisory Committee Act (5 U.S.C. App.)
23 shall not apply to the Task Force.

24 “(h) DUTIES.—

1 “(1) NATIONAL STRATEGY.—The Task Force
2 shall make recommendations for a national strategy
3 to improve maternal mental and behavioral health
4 outcomes with a particular focus on outcomes for
5 minority women. Such strategy shall—

6 “(A) define collaborative maternity care;

7 “(B) make recommendations to the Sec-
8 retary and the Assistant Secretary for Mental
9 Health and Substance Use on how to imple-
10 ment collaborative maternity care models to im-
11 prove maternal mental and behavioral health
12 with a particular focus on such outcomes for
13 minority women;

14 “(C) identify barriers to the implementa-
15 tion of collaborative maternity care models to
16 improve maternal mental and behavioral health
17 with a particular focus on such outcomes for
18 minority women, and make recommendations to
19 address such barriers;

20 “(D) take into consideration as models ex-
21 isting State and other programs that have dem-
22 onstrated effectiveness in improving maternal
23 mental and behavioral health during the pre-
24 natal and postpartum periods;

1 “(E) promote treatment options and re-
2 duce stigma for pregnant and postpartum
3 women with a substance use disorder;

4 “(F) assess the extent to which insurers
5 are providing coverage for evidence-based men-
6 tal and behavioral health screenings and serv-
7 ices that adhere to existing prenatal and
8 postpartum guidelines;

9 “(G) assess the extent to which existing
10 guidelines and processes are culturally con-
11 gruent for minority women, specifically—

12 “(i) guidelines for identifying mater-
13 nal mental and behavioral health condi-
14 tions, including substance use disorders;

15 “(ii) guidelines for screening and, as
16 needed, follow-up referrals, evaluations,
17 and treatments after positive screens for—

18 “(I) depression;

19 “(II) anxiety;

20 “(III) trauma;

21 “(IV) substance use disorders;

22 and

23 “(V) other mental or behavioral
24 health conditions at the discretion of
25 the Task Force;

1 “(iii) processes for incorporating men-
2 tal and behavioral health screenings into
3 the current timeline of standard screening
4 practices for pregnant and postpartum
5 women, with distinctions for postpartum
6 screening timelines for uncomplicated and
7 complicated births; and

8 “(iv) processes for referring women
9 with positive screens for substance use dis-
10 order to addiction treatment centers offer-
11 ing—

12 “(I) on-site wraparound treat-
13 ment or networks for referrals;

14 “(II) multidisciplinary staff;

15 “(III) psychotherapy;

16 “(IV) contingency management;

17 “(V) access to all evidence-based
18 medication-assisted treatment; and

19 “(VI) evidence-based recovery
20 supports;

21 “(H) propose to the Secretary a multi-
22 lingual public awareness campaign for maternal
23 mental health and substance use disorder, with
24 a particular focus on minority women, that in-
25 cludes information on—

1 “(i) symptoms, triggers, risk factors,
2 and treatment options for maternal mental
3 and behavioral health conditions;

4 “(ii) using the website developed
5 under paragraph (3);

6 “(iii) the physiological process of re-
7 covery after birth;

8 “(iv) the frequency of occurrences for
9 common conditions such as postpartum
10 hemorrhage, preeclampsia and eclampsia,
11 infection, and thromboembolism;

12 “(v) best practices in patient report-
13 ing of health concerns to their maternity
14 care providers in the prenatal and
15 postpartum periods;

16 “(vi) addressing stigma around mater-
17 nal mental and behavioral health condi-
18 tions;

19 “(vii) how to seek treatment for sub-
20 stance use disorder during pregnancy and
21 in the postpartum period; and

22 “(viii) infant feeding options; and

23 “(I) disseminate to all State Medicaid pro-
24 grams under title XIX of the Social Security
25 Act and State child health plans under title

1 XXI of the Social Security Act an assessment
2 of the extent to which States are providing cov-
3 erage of evidence-based prenatal and
4 postpartum mental and behavioral health
5 screenings through such programs and plans,
6 and an assessment of the benefits of such cov-
7 erage.

8 “(2) GRANT PROGRAMS.—The Task Force shall
9 evaluate and advise on the grant programs under
10 section 3990O–2.

11 “(3) CENTRALIZED WEBSITE.—The Task Force
12 shall facilitate a coordinated effort between the Sub-
13 stance Abuse and Mental Health Services Adminis-
14 tration and State departments of health to develop,
15 either directly or through a contract, a centralized
16 website with information on finding local mental and
17 behavioral health providers who treat prenatal and
18 postpartum mental and behavioral health conditions,
19 including substance use disorder.

20 “(4) REPORT.—Not later than 18 months after
21 the date of enactment of the Moms MATTER Act
22 of 2020, and every year thereafter, the Task Force
23 shall submit to the Congress, the Centers for Medi-
24 care & Medicaid, and the Center for Medicare and

1 Medicaid Innovation, and make publicly available, a
2 report that—

3 “(A) describes the activities of the Task
4 Force and the results of such activities, with
5 data in such results stratified racially, eth-
6 nically, and geographically; and

7 “(B) includes the strategy developed under
8 paragraph (1).

9 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
10 carry out this section, there are authorized to be appro-
11 priated such sums as may be necessary for fiscal years
12 2021 through 2025.

13 **“SEC. 39900–2. INNOVATION IN MATERNITY CARE TO**
14 **CLOSE RACIAL AND ETHNIC MATERNAL**
15 **HEALTH DISPARITIES GRANTS.**

16 “(a) IN GENERAL.—The Secretary shall award
17 grants to eligible entities to establish, implement, evaluate,
18 or expand innovative models in maternity care that are
19 designed to reduce racial and ethnic disparities in mater-
20 nal health outcomes.

21 “(b) USE OF FUNDS.—An eligible entity receiving a
22 grant under this section may use the grant to establish,
23 implement, evaluate, or expand innovative models de-
24 scribed in subsection (a) including—

1 “(1) collaborative maternity care models to im-
2 prove maternal mental health, treat maternal sub-
3 stance use disorders, and reduce maternal mortality
4 and severe maternal morbidity, especially for minor-
5 ity women, consistent with the national strategy de-
6 veloped by the Task Force under section 3990–
7 1(h)(1) and other recommendations of the Task
8 Force;

9 “(2) evidence-based programming at clinics
10 that—

11 “(A) provide wraparound services for
12 women with substance use disorders in the pre-
13 natal and postpartum periods that may include
14 multidisciplinary staff, access to all evidence-
15 based medication-assisted treatment, psycho-
16 therapy, contingency management, and recovery
17 supports; or

18 “(B) make referrals for any such services
19 that are not provided within the clinic;

20 “(3) evidence-based programs at freestanding
21 birth centers that provide culturally congruent ma-
22 ternal mental and behavioral health care education,
23 treatments, and services, and other wraparound sup-
24 ports for women throughout the prenatal and
25 postpartum period; and

1 “(4) the development and implementation of
2 evidence-based programs, including toll-free tele-
3 phone hotlines, that connect maternity care pro-
4 viders with women’s mental health clinicians to pro-
5 vide maternity care providers with guidance on ad-
6 dressing maternal mental and behavioral health con-
7 ditions identified in patients.

8 “(c) SPECIAL CONSIDERATION.—In awarding grants
9 under this section, the Secretary shall give special consid-
10 eration to applications for models that will—

11 “(1) operate in—

12 “(A) areas with high rates of adverse ma-
13 ternal health outcomes;

14 “(B) areas with significant racial and eth-
15 nic disparities in maternal health outcomes; or

16 “(C) health professional shortage areas
17 designated under section 332;

18 “(2) be led by minority women from demo-
19 graphic groups with disproportionate rates of ad-
20 verse maternal health outcomes; or

21 “(3) be implemented with a culturally con-
22 gruent approach that is focused on improving out-
23 comes for demographic groups experiencing dis-
24 proportionate rates of adverse maternal health out-
25 comes.

1 “(d) EVALUATION.—As a condition on receipt of a
2 grant under this section, an eligible entity shall agree to
3 provide annual evaluations of the activities funded through
4 the grant to the Secretary and the Task Force. Such eval-
5 uations may address—

6 “(1) the effects of such activities on maternal
7 health outcomes and subjective assessments of pa-
8 tient and family experiences, especially for minority
9 women from demographic groups with dispropor-
10 tionate rates of adverse maternal health outcomes;
11 and

12 “(2) the cost-effectiveness of such activities.

13 “(e) DEFINITIONS.—In this section:

14 “(1) The term ‘eligible entity’ means any public
15 or private entity.

16 “(2) The term ‘collaborative maternity care’
17 means an integrated care model that includes the
18 delivery of maternal mental and behavioral health
19 care services in primary clinics or other care settings
20 familiar to pregnant and postpartum patients.

21 “(3) The term ‘culturally congruent’ means
22 care that is in agreement with the preferred cultural
23 values, beliefs, worldview, language, and practices of
24 the health care consumer and other stakeholders.

1 “(4) The term ‘freestanding birth center’ has
2 the meaning given that term under section
3 1905(l)(3)(A) of the Social Security Act.

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there is authorized to be appro-
6 priated \$15,000,000 for each of fiscal years 2021 through
7 2025.

8 **“SEC. 39900–3. GROUP PRENATAL AND POSTPARTUM CARE**
9 **MODELS.**

10 “(a) IN GENERAL.—The Secretary shall award
11 grants to eligible entities to establish, implement, evaluate,
12 or expand culturally congruent group prenatal care models
13 or group postpartum care models that are designed to re-
14 duce racial and ethnic disparities in maternal and infant
15 health outcomes.

16 “(b) USE OF FUNDS.—An eligible entity receiving a
17 grant under this section may use the grant for—

18 “(1) programming;

19 “(2) capital investments required to improve ex-
20 isting physical infrastructure for group prenatal care
21 and group postpartum care programming, such as
22 building space needed to implement such models;
23 and

24 “(3) evaluations of group prenatal care and
25 group postpartum care programming, with a par-

1 ticular focus on the impacts of such programming on
2 minority women.

3 “(c) SPECIAL CONSIDERATION.—In awarding grants
4 under this section, the Secretary shall give special consid-
5 eration to applicants that will—

6 “(1) operate in—

7 “(A) areas with high rates of adverse ma-
8 ternal health outcomes;

9 “(B) areas with significant racial and eth-
10 nic disparities in maternal health outcomes; or

11 “(C) health professional shortage areas
12 designated under section 332;

13 “(2) be led by minority women from demo-
14 graphic groups with disproportionate rates of ad-
15 verse maternal health outcomes; or

16 “(3) be implemented with a culturally con-
17 gruent approach that is focused on improving out-
18 comes for demographic groups experiencing dis-
19 proportionate rates of adverse maternal health out-
20 comes.

21 “(d) EVALUATION.—As a condition on receipt of a
22 grant under this section, an eligible entity shall agree to
23 provide annual evaluations of the activities funded through
24 the grant to the Secretary and the Task Force and ad-
25 dress in each such evaluation—

1 “(1) the effects of such activities on maternal
 2 health outcomes with a particular focus on the ef-
 3 fects of such activities on minority women, including
 4 measures such as—

5 “(A) avoidable emergency room visits;

6 “(B) postpartum care visits after delivery;

7 “(C) rates of preterm birth;

8 “(D) rates of breastfeeding initiation;

9 “(F) psychological outcomes; and

10 “(G) subjective measures of patient-re-
 11 ported experience of care; and

12 “(2) the cost-effectiveness of such activities.

13 “(e) DEFINITIONS.—In this section:

14 “(1) The term ‘eligible entity’ means any public
 15 or private entity.

16 “(2) The term ‘culturally congruent’ means
 17 care that is in agreement with the preferred cultural
 18 values, beliefs, worldview, language, and practices of
 19 the health care consumer and other stakeholders.

20 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
 21 carry out this section, there is authorized to be appro-
 22 priated \$10,000,000 for each of fiscal years 2021 through
 23 2025.”.

