

116TH CONGRESS
2D SESSION

H. R. 6164

To grow and diversify the perinatal workforce, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 10, 2020

Ms. MOORE (for herself, Ms. UNDERWOOD, Ms. ADAMS, Ms. SEWELL of Alabama, Ms. NORTON, Ms. SCANLON, Mr. CLAY, Mr. KHANNA, Ms. PRESSLEY, and Mr. LAWSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To grow and diversify the perinatal workforce, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Perinatal Workforce Act of 2020”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. HHS agency directives.

Sec. 3. Grants to grow and diversify the perinatal workforce.

Sec. 4. Grants to grow and diversify the nursing workforce in maternal and perinatal health.

Sec. 5. GAO report on barriers to maternity care.

1 **SEC. 2. HHS AGENCY DIRECTIVES.**

2 (a) GUIDANCE TO STATES.—

3 (1) IN GENERAL.—Not later than 2 years after
4 the date of enactment of this Act, the Secretary of
5 Health and Human Services shall issue and dissemi-
6 nate guidance to States to educate providers and
7 managed care entities about the value and process of
8 delivering respectful maternal health care through
9 diverse care provider models.

10 (2) CONTENTS.—The guidance required by
11 paragraph (1) shall address how States can encour-
12 age and incentivize hospitals, health systems, free-
13 standing birth centers, other maternity care provider
14 groups, and managed care entities—

15 (A) to recruit and retain maternity care
16 providers, such as obstetrician-gynecologists,
17 family physicians, physician assistants, mid-
18 wives who meet at a minimum the international
19 definition of the midwife and global standards
20 for midwifery education as established by the
21 International Confederation of Midwives, nurse
22 practitioners, and clinical nurse specialists—

23 (i) from racially and ethnically diverse
24 backgrounds;

1 (ii) with experience practicing in ra-
2 cially and ethnically diverse communities;
3 and

4 (iii) who have undergone trainings on
5 implicit and explicit bias and racism;

6 (B) to incorporate into maternity care
7 teams midwives who meet at a minimum the
8 international definition of the midwife and glob-
9 al standards for midwifery education as estab-
10 lished by the International Confederation of
11 Midwives, doulas, community health workers,
12 peer supporters, certified lactation consultants,
13 nutritionists and dietitians, social workers,
14 home visitors, and navigators;

15 (C) to provide collaborative, culturally con-
16 gruent care; and

17 (D) to provide opportunities for individuals
18 enrolled in accredited midwifery education pro-
19 grams to participate in job shadowing with ma-
20 ternity care teams in hospitals, health systems,
21 and freestanding birth centers.

22 (b) STUDY ON CULTURALLY CONGRUENT MATER-
23 NITY CARE.—

24 (1) STUDY.—The Secretary of Health and
25 Human Services acting through the Director of the

1 National Institutes of Health (in this subsection re-
2 ferred to as the “Secretary”) shall conduct a study
3 on best practices in culturally congruent maternity
4 care.

5 (2) REPORT.—Not later than 2 years after the
6 date of enactment of this Act, the Secretary shall—

7 (A) complete the study required by para-
8 graph (1);

9 (B) submit to the Congress and make pub-
10 licly available a report on the results of such
11 study; and

12 (C) include in such report—

13 (i) a compendium of examples of hos-
14 pitals, health systems, freestanding birth
15 centers, other maternity care provider
16 groups, and managed care entities that are
17 delivering culturally congruent maternal
18 health care;

19 (ii) a compendium of examples of hos-
20 pitals, health systems, freestanding birth
21 centers, other maternity care provider
22 groups, and managed care entities that
23 have low levels of racial and ethnic dispari-
24 ties in maternal health outcomes; and

1 (iii) recommendations to hospitals,
2 health systems, freestanding birth centers,
3 other maternity care provider groups, and
4 managed care entities for best practices in
5 culturally congruent maternity care.

6 (c) DEFINITION.—In this section, the term “cul-
7 turally congruent”, with respect to care or maternity care,
8 means care that is in agreement with the preferred cul-
9 tural values, beliefs, worldview, and practices of the health
10 care consumer and other stakeholders.

11 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE PERINATAL**
12 **WORKFORCE.**

13 Title VII of the Public Health Service Act is amended
14 by inserting after section 757 (42 U.S.C. 294f) the fol-
15 lowing new section:

16 **“SEC. 758. PERINATAL WORKFORCE GRANTS.**

17 “(a) IN GENERAL.—The Secretary may award grants
18 to entities to establish or expand programs described in
19 subsection (b) to grow and diversify the perinatal work-
20 force.

21 “(b) USE OF FUNDS.—Recipients of grants under
22 this section shall use the grants to grow and diversify the
23 perinatal workforce by—

1 “(1) establishing schools or programs that pro-
2 vide education and training to individuals seeking
3 appropriate licensing or certification as—

4 “(A) physician assistants who will complete
5 clinical training in the field of maternal and
6 perinatal health; and

7 “(B) other perinatal health workers such
8 as doulas, community health workers, peer sup-
9 porters, certified lactation consultants, nutri-
10 tionists and dietitians, social workers, home
11 visitors, and navigators; and

12 “(2) expanding the capacity of existing schools
13 or programs described in paragraph (1), for the pur-
14 poses of increasing the number of students enrolled
15 in such schools or programs, including by awarding
16 scholarships for students.

17 “(c) PRIORITIZATION.—In awarding grants under
18 this section, the Secretary shall give priority to any insti-
19 tution of higher education that—

20 “(1) has demonstrated a commitment to re-
21 cruiting and retaining minority students, particu-
22 larly from demographic groups experiencing high
23 rates of maternal mortality and severe maternal
24 morbidity;

1 “(2) has developed a strategy to recruit and re-
2 tain a diverse pool of students into the perinatal
3 workforce program or school supported by funds re-
4 ceived through the grant, particularly from demo-
5 graphic groups experiencing high rates of maternal
6 mortality and severe maternal morbidity;

7 “(3) has developed a strategy to recruit and re-
8 tain students who plan to practice in a health pro-
9 fessional shortage area designated under section
10 332;

11 “(4) has developed a strategy to recruit and re-
12 tain students who plan to practice in an area with
13 significant racial and ethnic disparities in maternal
14 health outcomes; and

15 “(5) includes in the standard curriculum for all
16 students within the perinatal workforce program or
17 school a bias, racism, or discrimination training pro-
18 gram that includes training on explicit and implicit
19 bias.

20 “(d) REPORTING.—As a condition on receipt of a
21 grant under this section for a perinatal workforce program
22 or school, an entity shall agree to submit to the Secretary
23 an annual report on the activities conducted through the
24 grant, including—

1 “(1) the number and demographics of students
2 participating in the program or school;

3 “(2) the extent to which students in the pro-
4 gram or school are entering careers in—

5 “(A) health professional shortage areas
6 designated under section 332; and

7 “(B) areas with significant racial and eth-
8 nic disparities in maternal health outcomes; and

9 “(3) whether the program or school has in-
10 cluded in the standard curriculum for all students a
11 bias, racism, or discrimination training program that
12 includes explicit and implicit bias, and if so the ef-
13 fectiveness of such training program.

14 “(e) PERIOD OF GRANTS.—The period of a grant
15 under this section shall be up to 5 years.

16 “(f) APPLICATION.—To seek a grant under this sec-
17 tion, an entity shall submit to the Secretary an application
18 at such time, in such manner, and containing such infor-
19 mation as the Secretary may require, including any infor-
20 mation necessary for prioritization under subsection (c).

21 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
22 provide, directly or by contract, technical assistance to in-
23 stitutions of higher education seeking or receiving a grant
24 under this section on the development, use, evaluation,
25 and post-grant period sustainability of the perinatal work-

1 force programs or schools proposed to be, or being, estab-
2 lished or expanded through the grant.

3 “(h) REPORT BY SECRETARY.—Not later than 4
4 years after the date of enactment of this section, the Sec-
5 retary shall prepare and submit to the Congress, and post
6 on the internet website of the Department of Health and
7 Human Services, a report on the effectiveness of the grant
8 program under this section at—

9 “(1) recruiting minority students, particularly
10 from demographic groups experiencing high rates of
11 maternal mortality and severe maternal morbidity;

12 “(2) increasing the number of physician assist-
13 ants who will complete clinical training in the field
14 of maternal and perinatal health, and other
15 perinatal health workers, from demographic groups
16 experiencing high rates of maternal mortality and
17 severe maternal morbidity;

18 “(3) increasing the number of physician assist-
19 ants who will complete clinical training in the field
20 of maternal and perinatal health, and other
21 perinatal health workers, working in health profes-
22 sional shortage areas designated under section 332;
23 and

24 “(4) increasing the number of physician assist-
25 ants who will complete clinical training in the field

1 of maternal and perinatal health, and other
2 perinatal health workers, working in areas with sig-
3 nificant racial and ethnic disparities in maternal
4 health outcomes.

5 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
6 carry out this section, there is authorized to be appro-
7 priated \$15,000,000 for each of fiscal years 2021 through
8 2025.”.

9 **SEC. 4. GRANTS TO GROW AND DIVERSIFY THE NURSING**
10 **WORKFORCE IN MATERNAL AND PERINATAL**
11 **HEALTH.**

12 Title VIII of the Public Health Service Act is amend-
13 ed by inserting after section 811 of that Act (42 U.S.C.
14 296j) the following:

15 **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

16 “(a) IN GENERAL.—The Secretary may award grants
17 to schools of nursing to grow and diversify the perinatal
18 nursing workforce.

19 “(b) USE OF FUNDS.—Recipients of grants under
20 this section shall use the grants to grow and diversify the
21 perinatal nursing workforce by providing scholarships to
22 students seeking to become—

23 “(1) nurse practitioners whose education in-
24 cludes a focus on maternal and perinatal health; or

1 “(2) clinical nurse specialists whose education
2 includes a focus on maternal and perinatal health.

3 “(c) PRIORITIZATION.—In awarding grants under
4 this section, the Secretary shall give priority to any school
5 of nursing that—

6 “(1) has developed a strategy to recruit and re-
7 tain a diverse pool of students seeking to enter ca-
8 reers focused on maternal and perinatal health;

9 “(2) has developed a partnership with a prac-
10 tice setting in a health professional shortage area
11 designated under section 332 for the clinical place-
12 ments of the school’s students;

13 “(3) has developed a strategy to recruit and re-
14 tain students who plan to practice in an area with
15 significant racial and ethnic disparities in maternal
16 health outcomes; and

17 “(4) includes in the standard curriculum for all
18 students seeking to enter careers focused on mater-
19 nal and perinatal health a bias, racism, or discrimi-
20 nation training program that includes education on
21 explicit and implicit bias.

22 “(d) REPORTING.—As a condition on receipt of a
23 grant under this section, a school of nursing shall agree
24 to submit to the Secretary an annual report on the activi-

1 ties conducted through the grant, including, to the extent
2 practicable—

3 “(1) the number and demographics of students
4 in the school of nursing seeking to enter careers fo-
5 cused on maternal and perinatal health;

6 “(2) the extent to which such students are pre-
7 paring to enter careers in—

8 “(A) health professional shortage areas
9 designated under section 332; and

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

12 “(3) whether the standard curriculum for all
13 students seeking to enter careers focused on mater-
14 nal and perinatal health includes a bias, racism, or
15 discrimination training program that includes edu-
16 cation on explicit and implicit bias.

17 “(e) PERIOD OF GRANTS.—The period of a grant
18 under this section shall be up to 5 years.

19 “(f) APPLICATION.—To seek a grant under this sec-
20 tion, an entity shall submit to the Secretary an applica-
21 tion, at such time, in such manner, and containing such
22 information as the Secretary may require, including any
23 information necessary for prioritization under subsection
24 (c).

1 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
2 provide, directly or by contract, technical assistance to
3 schools of nursing seeking or receiving a grant under this
4 section on the processes of awarding and evaluating schol-
5 arships through the grant.

6 “(h) REPORT BY SECRETARY.—Not later than 4
7 years after the date of enactment of this section, the Sec-
8 retary shall prepare and submit to the Congress, and post
9 on the internet website of the Department of Health and
10 Human Services, a report on the effectiveness of the grant
11 program under this section at—

12 “(1) recruiting minority students, particularly
13 from demographic groups experiencing high rates of
14 maternal mortality and severe maternal morbidity;

15 “(2) increasing the number of nurse practi-
16 tioners and clinical nurse specialists entering careers
17 focused on maternal and perinatal health from de-
18 mographic groups experiencing high rates of mater-
19 nal mortality and severe maternal morbidity;

20 “(3) increasing the number of nurse practi-
21 tioners and clinical nurse specialists entering careers
22 focused on maternal and perinatal health working in
23 health professional shortage areas designated under
24 section 332; and

1 “(4) increasing the number of nurse practi-
2 tioners and clinical nurse specialists entering careers
3 focused on maternal and perinatal health working in
4 areas with significant racial and ethnic disparities in
5 maternal health outcomes.

6 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
7 carry out this section, there is authorized to be appro-
8 priated \$15,000,000 for each of fiscal years 2021 through
9 2025.”.

10 **SEC. 5. GAO REPORT ON BARRIERS TO MATERNITY CARE.**

11 (a) IN GENERAL.—Not later than two years after the
12 date of the enactment of this Act and every five years
13 thereafter, the Comptroller General of the United States
14 shall submit to Congress a report on barriers to maternity
15 care in the United States. Such report shall include the
16 information and recommendations described in subsection
17 (b).

18 (b) CONTENT OF REPORT.—The report under sub-
19 section (a) shall include—

20 (1) an assessment of current barriers to enter-
21 ing accredited midwifery education programs, and
22 recommendations for addressing such barriers, par-
23 ticularly for low-income and minority women;

24 (2) an assessment of current barriers to enter-
25 ing accredited education programs for other mater-

1 nity care professional careers, including obstetrician-
2 gynecologists, family physicians, physician assist-
3 ants, nurse practitioners, and clinical nurse special-
4 ists, particularly for low-income and minority
5 women;

6 (3) an assessment of current barriers that pre-
7 vent midwives from meeting the international defini-
8 tion of the midwife and global standards for mid-
9 wifery education as established by the International
10 Confederation of Midwives, and recommendations
11 for addressing such barriers, particularly for low-in-
12 come and minority women; and

13 (4) recommendations to promote greater equity
14 in compensation for perinatal health workers, par-
15 ticularly for such individuals from racially and eth-
16 nically diverse backgrounds.

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