

Calendar No. 71

117TH CONGRESS
1ST SESSION**S. 1675**

To improve maternal health.

IN THE SENATE OF THE UNITED STATES

MAY 18, 2021

Mr. WARNOCK (for himself, Mr. RUBIO, Ms. SMITH, Mr. MARSHALL, Ms. HASSAN, Mr. CASSIDY, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JUNE 8, 2021

Reported by Mrs. MURRAY, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]**A BILL**

To improve maternal health.

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 Qual-~~
5 ~~ity Improvement Act”.~~

1 **SEC. 2. INNOVATION FOR MATERNAL HEALTH.**

2 Title III of the Public Health Service Act (42 U.S.C.
3 241 et seq.) is amended by inserting after section 330N
4 of such Act, the following:

5 **“SEC. 330O. INNOVATION FOR MATERNAL HEALTH.**

6 “(a) IN GENERAL.—The Secretary, in consultation
7 with experts representing a variety of clinical specialties,
8 State, tribal, or local public health officials, researchers,
9 epidemiologists, statisticians, and community organiza-
10 tions, shall establish or continue a program to award com-
11 petitive grants to eligible entities for the purpose of—

12 “(1) identifying, developing, or disseminating
13 best practices to improve maternal health care qual-
14 ity, improve maternal and infant health outcomes,
15 eliminate preventable maternal mortality and severe
16 maternal morbidity, and improve infant health out-
17 comes, which may include—

18 “(A) information on evidence-based prac-
19 tices to improve the quality and safety of ma-
20 ternal health care in hospitals and other health
21 care settings of a State or health care system
22 by addressing topics commonly associated with
23 health complications or risks related to prenatal
24 care, labor care, birthing, and postpartum care;

25 “(B) best practices for improving maternal
26 health care based on data findings and reviews

1 conducted by a State maternal mortality review
2 committee that address topics of relevance to
3 common complications or health risks related to
4 prenatal care, labor care, birthing, and
5 postpartum care; and

6 “(C) information on addressing deter-
7 minants of health that impact maternal health
8 outcomes for women before, during, and after
9 pregnancy;

10 “(2) collaborating with State maternal mor-
11 tality review committees to identify issues for the de-
12 velopment and implementation of evidence-based
13 practices to improve maternal health outcomes and
14 reduce preventable maternal mortality and severe
15 maternal morbidity, consistent with section 317K;

16 “(3) providing technical assistance and sup-
17 porting the implementation of best practices identi-
18 fied in paragraph (1) to entities providing health
19 care services to pregnant and postpartum women;
20 and

21 “(4) identifying, developing, and evaluating new
22 models of care that improve maternal and infant
23 health outcomes, which may include the integration
24 of community-based services and clinical care.

1 “(b) ~~ELIGIBLE ENTITIES.~~—To be eligible for a grant
2 under subsection (a), an entity shall—

3 “(1) submit to the Secretary an application at
4 such time, in such manner, and containing such in-
5 formation as the Secretary may require; and

6 “(2) demonstrate in such application that the
7 entity is capable of carrying out data-driven mater-
8 nal safety and quality improvement initiatives in the
9 areas of obstetrics and gynecology or maternal
10 health.

11 “(c) ~~REPORT.~~—Not later than September 30, 2024,
12 and every 2 years thereafter, the Secretary shall submit
13 a report to Congress on the practices described in para-
14 graphs (1) and (2) of subsection (a). Such report shall
15 include a description of the extent to which such practices
16 reduced preventable maternal mortality and severe mater-
17 nal morbidity, and whether such practices improved ma-
18 ternal and infant health. The Secretary shall disseminate
19 information on such practices, as appropriate.

20 “(d) ~~AUTHORIZATION OF APPROPRIATIONS.~~—To
21 carry out this section, there are authorized to be appro-
22 priated \$9,000,000 for each of fiscal years 2022 through
23 2026.”.

1 **SEC. 3. TRAINING FOR HEALTH CARE PROVIDERS.**

2 Title VII of the Public Health Service Act is amended
3 by striking section 763 (42 U.S.C. 294p) and inserting
4 the following:

5 **“SEC. 763. TRAINING FOR HEALTH CARE PROVIDERS.**

6 “(a) GRANT PROGRAM.—The Secretary shall estab-
7 lish a program to award grants to accredited schools of
8 allopathic medicine, osteopathic medicine, and nursing,
9 and other health professional training programs for the
10 training of health care professionals to improve the provi-
11 sion of prenatal care, labor care, birthing, and postpartum
12 care for racial and ethnic minority populations, including
13 with respect to perceptions and biases that may affect the
14 approach to, and provision of, care.

15 “(b) ELIGIBILITY.—To be eligible for a grant under
16 subsection (a), an entity described in such subsection shall
17 submit to the Secretary an application at such time, in
18 such manner, and containing such information as the Sec-
19 retary may require.

20 **“(c) REPORTING REQUIREMENTS.—**

21 “(1) PERIODIC GRANTEE REPORTS.—Each enti-
22 ty awarded a grant under this section shall periodi-
23 cally submit to the Secretary a report on the status
24 of activities conducted using the grant, including a
25 description of the impact of such training on patient
26 outcomes, as applicable.

1 “(2) REPORT TO CONGRESS.—Not later than
 2 September 30, 2024, the Secretary shall submit a
 3 report to Congress on the activities conducted using
 4 grants under subsection (a) and any best practices
 5 identified and disseminated under subsection (d).

6 “(d) BEST PRACTICES.—The Secretary may identify
 7 and disseminate best practices for the training described
 8 in subsection (a).

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
 10 carry out this section, there are authorized to be appro-
 11 priated \$5,000,000 for each of fiscal years 2022 through
 12 2026.”.

13 **SEC. 4. STUDY ON IMPROVING TRAINING FOR HEALTH**
 14 **CARE PROVIDERS.**

15 Not later than 2 years after date of enactment of this
 16 Act, the Secretary of Health and Human Services shall,
 17 through a contract with an independent research organiza-
 18 tion, conduct a study and make recommendations for ac-
 19 credited schools of allopathic medicine, osteopathic medi-
 20 cine, and nursing, and other health professional training
 21 programs on best practices related to training to improve
 22 the provision of prenatal care, labor care, birthing, and
 23 postpartum care for racial and ethnic minority popu-
 24 lations, including with respect to perceptions and biases
 25 that may affect the approach to, and provision of, care.

1 **SEC. 5. PERINATAL QUALITY COLLABORATIVES.**

2 (a) ~~IN GENERAL.~~—Section 317K(a)(2) of the Public
3 Health Service Act (42 U.S.C. 247b–12(a)(2)) is amended
4 by adding at the end the following:

5 “(E)(i) The Secretary, acting through the Di-
6 rector of the Centers for Disease Control and Pre-
7 vention and in coordination with other offices and
8 agencies, as appropriate, shall establish or continue
9 a competitive grant program for the establishment
10 or support of perinatal quality collaboratives to im-
11 prove perinatal care and perinatal health outcomes
12 for pregnant and postpartum women and their in-
13 fants. A State, Indian Tribe, or Tribal organization
14 may use funds received through such grant to—

15 “(I) support the use of evidence-based or
16 evidence-informed practices to improve out-
17 comes for maternal and infant health;

18 “(II) work with clinical teams; experts;
19 State, local, and, as appropriate, tribal public
20 health officials; and stakeholders, including pa-
21 tients and families, to identify, develop, or dis-
22 seminate best practices to improve perinatal
23 care and outcomes; and

24 “(III) employ strategies that provide op-
25 portunities for health care professionals and
26 clinical teams to collaborate across health care

settings and disciplines, including primary care and mental health, as appropriate, to improve maternal and infant health outcomes, which may include the use of data to provide timely feedback across hospital and clinical teams to inform responses, and to provide support and training to hospital and clinical teams for quality improvement, as appropriate.

“(ii) To be eligible for a grant under clause (i), an entity shall submit to the Secretary an application in such form and manner and containing such information as the Secretary may require.”.

(b) REPORT TO CONGRESS.—Not later than September 30, 2025, the Secretary of Health and Human Services shall submit to Congress a report regarding the activities conducted by recipients of grants under subsection (a)(2)(E) of section 317K of the Public Health Service Act (42 U.S.C. 247b–12).

SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND POSTPARTUM WOMEN.

(a) GRANTS.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 3300 of such Act, as added by section 2, the following:

1 **“SEC. 330P. INTEGRATED SERVICES FOR PREGNANT AND**
 2 **POSTPARTUM WOMEN.**

3 “(a) IN GENERAL.—The Secretary may award grants
 4 for the purpose of establishing or operating evidence-based
 5 or innovative, evidence-informed programs to deliver inte-
 6 grated health care services to pregnant and postpartum
 7 women to optimize the health of women and their infants,
 8 including to reduce adverse maternal health outcomes,
 9 pregnancy-related deaths, and related health disparities
 10 (including such disparities associated with racial and eth-
 11 nic minority populations), and, as appropriate, by address-
 12 ing issues researched under subsection (b)(2) of section
 13 317K.

14 “(b) INTEGRATED SERVICES FOR PREGNANT AND
 15 POSTPARTUM WOMEN.—

16 “(1) ELIGIBILITY.—To be eligible to receive a
 17 grant under subsection (a), a State, Indian Tribe, or
 18 Tribal organization (as such terms are defined in
 19 section 4 of the Indian Self-Determination and Edu-
 20 cation Assistance Act) shall work with relevant
 21 stakeholders that coordinate care to develop and
 22 carry out the program, including—

23 “(A) State, Tribal, and local agencies re-
 24 sponsible for Medicaid, public health, social
 25 services, mental health, and substance use dis-
 26 order treatment and services;

1 “(B) health care providers who serve preg-
2 nant and postpartum women; and

3 “(C) ~~community-based health organiza-~~
4 ~~tions and health workers, including providers of~~
5 ~~home visiting services and individuals rep-~~
6 ~~resenting communities with disproportionately~~
7 ~~high rates of maternal mortality and severe ma-~~
8 ~~ternal morbidity, and including those rep-~~
9 ~~resenting racial and ethnic minority popu-~~
10 ~~lations.~~

11 “(2) TERMS.—

12 “(A) PERIOD.—A grant awarded under
13 subsection (a) shall be made for a period of 5
14 years. Any supplemental award made to a
15 grantee under subsection (a) may be made for
16 a period of less than 5 years.

17 “(B) PREFERENCE.—In awarding grants
18 under subsection (a), the Secretary shall—

19 “(i) give preference to States, Indian
20 Tribes, and Tribal organizations that have
21 the highest rates of maternal mortality and
22 severe maternal morbidity relative to other
23 such States, Indian Tribes, or Tribal orga-
24 nizations, respectively; and

1 “(ii) shall consider health disparities
2 related to maternal mortality and severe
3 maternal morbidity, including such dispari-
4 ties associated with racial and ethnic mi-
5 nority populations.

6 “(C) EVALUATION.—The Secretary shall
7 require grantees to evaluate the outcomes of the
8 programs supported under the grant.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 \$10,000,000 for each of fiscal years 2022 through 2026.”.

12 (b) REPORT ON GRANT OUTCOMES AND DISSEMINA-
13 TION OF BEST PRACTICES.—

14 (1) REPORT.—Not later than February 1,
15 2026, the Secretary of Health and Human Services
16 shall submit to the Committee on Health, Edu-
17 cation, Labor, and Pensions of the Senate and the
18 Committee on Energy and Commerce of the House
19 of Representatives a report that describes—

20 (A) the outcomes of the activities sup-
21 ported by the grants awarded under the amend-
22 ments made by this section on maternal and
23 child health;

1 ~~(B)~~ best practices and models of care used
 2 by recipients of grants under such amendments;
 3 and

4 ~~(C)~~ obstacles identified by recipients of
 5 grants under such amendments, and strategies
 6 used by such recipients to deliver care, improve
 7 maternal and child health, and reduce health
 8 disparities.

9 ~~(2) DISSEMINATION OF BEST PRACTICES.—~~Not
 10 later than August 1, 2026, the Secretary of Health
 11 and Human Services shall disseminate information
 12 on best practices and models of care used by recipi-
 13 ents of grants under the amendments made by this
 14 section (including best practices and models of care
 15 relating to the reduction of health disparities, includ-
 16 ing such disparities associated with racial and ethnic
 17 minority populations, in rates of maternal mortality
 18 and severe maternal morbidity) to relevant stake-
 19 holders, which may include health providers, medical
 20 schools, nursing schools, relevant State, tribal, and
 21 local agencies, and the general public.

22 **SECTION 1. SHORT TITLE.**

23 *This Act may be cited as the “Maternal Health Qual-*
 24 *ity Improvement Act”.*

1 **SEC. 2. INNOVATION FOR MATERNAL HEALTH.**

2 *Title III of the Public Health Service Act (42 U.S.C.*
 3 *241 et seq.) is amended by inserting after section 330N of*
 4 *such Act, the following:*

5 **“SEC. 330O. INNOVATION FOR MATERNAL HEALTH.**

6 *“(a) IN GENERAL.—The Secretary, in consultation*
 7 *with experts representing a variety of clinical specialties,*
 8 *State, Tribal, or local public health officials, researchers,*
 9 *epidemiologists, statisticians, and community organiza-*
 10 *tions, shall establish or continue a program to award com-*
 11 *petitive grants to eligible entities for the purpose of—*

12 *“(1) identifying, developing, or disseminating*
 13 *best practices to improve maternal health care quality*
 14 *and outcomes, improve maternal and infant health,*
 15 *and eliminate preventable maternal mortality and se-*
 16 *vere maternal morbidity, which may include—*

17 *“(A) information on evidence-based prac-*
 18 *tices to improve the quality and safety of mater-*
 19 *nal health care in hospitals and other health care*
 20 *settings of a State or health care system by ad-*
 21 *dresssing topics commonly associated with health*
 22 *complications or risks related to prenatal care,*
 23 *labor care, birthing, and postpartum care;*

24 *“(B) best practices for improving maternal*
 25 *health care based on data findings and reviews*
 26 *conducted by a State maternal mortality review*

1 *committee that address topics of relevance to*
 2 *common complications or health risks related to*
 3 *prenatal care, labor care, birthing, and*
 4 *postpartum care; and*

5 “(C) *information on addressing deter-*
 6 *minants of health that impact maternal health*
 7 *outcomes for women before, during, and after*
 8 *pregnancy;*

9 “(2) *collaborating with State maternal mortality*
 10 *review committees to identify issues for the develop-*
 11 *ment and implementation of evidence-based practices*
 12 *to improve maternal health outcomes and reduce pre-*
 13 *ventable maternal mortality and severe maternal*
 14 *morbidity, consistent with section 317K;*

15 “(3) *providing technical assistance and sup-*
 16 *porting the implementation of best practices identi-*
 17 *fied in paragraph (1) to entities providing health*
 18 *care services to pregnant and postpartum women; and*

19 “(4) *identifying, developing, and evaluating new*
 20 *models of care that improve maternal and infant*
 21 *health outcomes, which may include the integration of*
 22 *community-based services and clinical care.*

23 “(b) *ELIGIBLE ENTITIES.—To be eligible for a grant*
 24 *under subsection (a), an entity shall—*

1 “(1) submit to the Secretary an application at
 2 such time, in such manner, and containing such in-
 3 formation as the Secretary may require; and

4 “(2) demonstrate in such application that the
 5 entity is capable of carrying out data-driven mater-
 6 nal safety and quality improvement initiatives in the
 7 areas of obstetrics and gynecology or maternal health.

8 “(c) *REPORT*.—Not later than September 30, 2024,
 9 and every 2 years thereafter, the Secretary shall submit a
 10 report to Congress on the practices described in paragraphs
 11 (1) and (2) of subsection (a). Such report shall include a
 12 description of the extent to which such practices reduced
 13 preventable maternal mortality and severe maternal mor-
 14 bidity, and whether such practices improved maternal and
 15 infant health. The Secretary shall disseminate information
 16 on such practices, as appropriate.

17 “(d) *AUTHORIZATION OF APPROPRIATIONS*.—To carry
 18 out this section, there are authorized to be appropriated
 19 \$9,000,000 for each of fiscal years 2022 through 2026.”.

20 **SEC. 3. TRAINING FOR HEALTH CARE PROVIDERS.**

21 Title VII of the Public Health Service Act is amended
 22 by striking section 763 (42 U.S.C. 294p) and inserting the
 23 following:

1 **“SEC. 763. TRAINING FOR HEALTH CARE PROVIDERS.**

2 “(a) *GRANT PROGRAM.*—*The Secretary shall establish*
 3 *a program to award grants to accredited schools of*
 4 *allopathic medicine, osteopathic medicine, and nursing,*
 5 *and other health professional training programs for the*
 6 *training of health care professionals to improve the provi-*
 7 *sion of prenatal care, labor care, birthing, and postpartum*
 8 *care for racial and ethnic minority populations, including*
 9 *with respect to perceptions and biases that may affect the*
 10 *approach to, and provision of, care.*

11 “(b) *ELIGIBILITY.*—*To be eligible for a grant under*
 12 *subsection (a), an entity described in such subsection shall*
 13 *submit to the Secretary an application at such time, in*
 14 *such manner, and containing such information as the Sec-*
 15 *retary may require.*

16 “(c) *REPORTING REQUIREMENTS.*—

17 “(1) *PERIODIC GRANTEE REPORTS.*—*Each entity*
 18 *awarded a grant under this section shall periodically*
 19 *submit to the Secretary a report on the status of ac-*
 20 *tivities conducted using the grant, including a de-*
 21 *scription of the impact of such training on patient*
 22 *outcomes, as applicable.*

23 “(2) *REPORT TO CONGRESS.*—*Not later than*
 24 *September 30, 2025, the Secretary shall submit a re-*
 25 *port to Congress on the activities conducted using*

1 *grants under subsection (a) and any best practices*
 2 *identified and disseminated under subsection (d).*

3 “(d) *BEST PRACTICES.—The Secretary may identify*
 4 *and disseminate best practices for the training described in*
 5 *subsection (a).*

6 “(e) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
 7 *out this section, there are authorized to be appropriated*
 8 *\$5,000,000 for each of fiscal years 2022 through 2026.”.*

9 **SEC. 4. STUDY ON IMPROVING TRAINING FOR HEALTH**
 10 **CARE PROVIDERS.**

11 *Not later than 2 years after date of enactment of this*
 12 *Act, the Secretary of Health and Human Services shall,*
 13 *through a contract with an independent research organiza-*
 14 *tion, conduct a study and make recommendations for ac-*
 15 *credited schools of allopathic medicine, osteopathic medi-*
 16 *cine, and nursing, and other health professional training*
 17 *programs on best practices related to training to improve*
 18 *the provision of prenatal care, labor care, birthing, and*
 19 *postpartum care for racial and ethnic minority popu-*
 20 *lations, including with respect to perceptions and biases*
 21 *that may affect the approach to, and provision of, care.*

22 **SEC. 5. PERINATAL QUALITY COLLABORATIVES.**

23 (a) *IN GENERAL.—Section 317K(a)(2) of the Public*
 24 *Health Service Act (42 U.S.C. 247b–12(a)(2)) is amended*
 25 *by adding at the end the following:*

1 “(E)(i) *The Secretary, acting through the Direc-*
 2 *tor of the Centers for Disease Control and Prevention*
 3 *and in coordination with other offices and agencies,*
 4 *as appropriate, shall establish or continue a competi-*
 5 *tive grant program for the establishment or support*
 6 *of perinatal quality collaboratives to improve*
 7 *perinatal care and perinatal health outcomes for*
 8 *pregnant and postpartum women and their infants.*
 9 *A State, Indian Tribe, or Tribal organization may*
 10 *use funds received through such grant to—*

11 “(I) *support the use of evidence-based or*
 12 *evidence-informed practices to improve outcomes*
 13 *for maternal and infant health;*

14 “(II) *work with clinical teams; experts;*
 15 *State, local, and, as appropriate, Tribal public*
 16 *health officials; and stakeholders, including pa-*
 17 *tients and families, to identify, develop, or dis-*
 18 *seminate best practices to improve perinatal care*
 19 *and outcomes; and*

20 “(III) *employ strategies that provide oppor-*
 21 *tunities for health care professionals and clinical*
 22 *teams to collaborate across health care settings*
 23 *and disciplines, including primary care and*
 24 *mental health, as appropriate, to improve mater-*
 25 *nal and infant health outcomes, which may in-*

(b) *REPORT TO CONGRESS.*—Not later than September 30, 2025, the Secretary of Health and Human Services shall submit to Congress a report regarding the activities conducted by recipients of grants under subsection (a)(2)(E) of section 317K of the Public Health Service Act (42 U.S.C. 247b–12).

18 (a) GRANTS.—*Title III of the Public Health Service*
19 *Act (42 U.S.C. 241 et seq.) is amended by inserting after*
20 *section 3300 of such Act, as added by section 2, the fol-*
21 *lowing:*

24 “(a) *IN GENERAL.*—The Secretary may award grants
25 *for the purpose of establishing or operating evidence-based*

1 *or innovative, evidence-informed programs to deliver inte-*
 2 *grated health care services to pregnant and postpartum*
 3 *women to optimize the health of women and their infants,*
 4 *including to reduce adverse maternal health outcomes, preg-*
 5 *nancy-related deaths, and related health disparities (includ-*
 6 *ing such disparities associated with racial and ethnic mi-*
 7 *nority populations), and, as appropriate, by addressing*
 8 *issues researched under subsection (b)(2) of section 317K.*

9 “(b) *INTEGRATED SERVICES FOR PREGNANT AND*
 10 *POSTPARTUM WOMEN.*—

11 “(1) *ELIGIBILITY.*—*To be eligible to receive a*
 12 *grant under subsection (a), a State, Indian Tribe, or*
 13 *Tribal organization (as such terms are defined in sec-*
 14 *tion 4 of the Indian Self-Determination and Edu-*
 15 *cation Assistance Act) shall work with relevant stake-*
 16 *holders that coordinate care to develop and carry out*
 17 *the program, including—*

18 “(A) *State, Tribal, and local agencies re-*
 19 *sponsible for Medicaid, public health, social serv-*
 20 *ices, mental health, and substance use disorder*
 21 *treatment and services;*

22 “(B) *health care providers who serve preg-*
 23 *nant and postpartum women; and*

24 “(C) *community-based health organizations*
 25 *and health workers, including providers of home*

1 *visiting services and individuals representing*
 2 *communities with disproportionately high rates*
 3 *of maternal mortality and severe maternal mor-*
 4 *bidity, and including those representing racial*
 5 *and ethnic minority populations.*

6 “(2) *TERMS.*—

7 “(A) *PERIOD.*—A grant awarded under
 8 *subsection (a) shall be made for a period of 5*
 9 *years. Any supplemental award made to a*
 10 *grantee under subsection (a) may be made for a*
 11 *period of less than 5 years.*

12 “(B) *PRIORITIES.*—In awarding grants
 13 *under subsection (a), the Secretary shall—*

14 “(i) *give priority to States, Indian*
 15 *Tribes, and Tribal organizations that have*
 16 *the highest rates of maternal mortality and*
 17 *severe maternal morbidity relative to other*
 18 *such States, Indian Tribes, or Tribal orga-*
 19 *nizations, respectively; and*

20 “(ii) *shall consider health disparities*
 21 *related to maternal mortality and severe*
 22 *maternal morbidity, including such dispari-*
 23 *ties associated with racial and ethnic mi-*
 24 *nority populations.*

1 “(C) *EVALUATION.*—*The Secretary shall re-*
 2 *quire grantees to evaluate the outcomes of the*
 3 *programs supported under the grant.*

4 “(c) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*
 5 *authorized to be appropriated to carry out this section*
 6 *\$10,000,000 for each of fiscal years 2022 through 2026.”.*

7 (b) *REPORT ON GRANT OUTCOMES AND DISSEMINA-*
 8 *TION OF BEST PRACTICES.*—

9 (1) *REPORT.*—*Not later than February 1, 2026,*
 10 *the Secretary of Health and Human Services shall*
 11 *submit to the Committee on Health, Education,*
 12 *Labor, and Pensions of the Senate and the Committee*
 13 *on Energy and Commerce of the House of Representa-*
 14 *tives a report that describes—*

15 (A) *the outcomes of the activities supported*
 16 *by the grants awarded under the amendments*
 17 *made by this section on maternal and child*
 18 *health;*

19 (B) *best practices and models of care used*
 20 *by recipients of grants under such amendments;*
 21 *and*

22 (C) *obstacles identified by recipients of*
 23 *grants under such amendments, and strategies*
 24 *used by such recipients to deliver care, improve*

1 *maternal and child health, and reduce health*
 2 *disparities.*

3 (2) *DISSEMINATION OF BEST PRACTICES.*—Not
 4 *later than August 1, 2026, the Secretary of Health*
 5 *and Human Services shall disseminate information*
 6 *on best practices and models of care used by recipi-*
 7 *ents of grants under the amendments made by this*
 8 *section (including best practices and models of care*
 9 *relating to the reduction of health disparities, includ-*
 10 *ing such disparities associated with racial and ethnic*
 11 *minority populations, in rates of maternal mortality*
 12 *and severe maternal morbidity) to relevant stake-*
 13 *holders, which may include health providers, medical*
 14 *schools, nursing schools, relevant State, Tribal, and*
 15 *local agencies, and the general public.*

16 **SEC. 7. MATERNAL VACCINATION AWARENESS.**

17 *In carrying out the public awareness initiative related*
 18 *to vaccinations pursuant to section 313 of the Public Health*
 19 *Service Act (42 U.S.C. 245), the Secretary of Health and*
 20 *Human Services shall take into consideration the impor-*
 21 *tance of increasing awareness and knowledge of the safety*
 22 *and effectiveness of vaccines to prevent disease in pregnant*
 23 *and postpartum women and in infants and the need to im-*
 24 *prove vaccination rates in communities and populations*
 25 *with low rates of vaccination.*

Calendar No. 71

117TH CONGRESS
1ST Session

S. 1675

A BILL

To improve maternal health.

JUNE 8, 2021

Reported with an amendment