

117TH CONGRESS  
1ST SESSION

# H. R. 3688

To address maternal mortality and morbidity.

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IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2021

Ms. ADAMS introduced the following bill; which was referred to the Committee  
on Energy and Commerce

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## A BILL

To address maternal mortality and morbidity.

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 “Modernizing Obstetric  
5 Medicine Standards Act of 2021” or the “MOMS Act of  
6 2021”.

7 **SEC. 2. MATERNAL MORTALITY AND MORBIDITY PREVEN-**  
8 **TION.**

9 (a) PREGNANCY AND POSTPARTUM SAFETY AND  
10 MONITORING PRACTICES AND MATERNAL MORTALITY  
11 AND MORBIDITY PREVENTION.—Section 317K of the

1 Public Health Service Act (42 U.S.C. 247b–12) is amend-  
2 ed—

3 (1) by redesignating subsections (d) through (f)  
4 as subsections (f) through (h), respectively;

5 (2) in subsection (a)(2)(D), by striking “sub-  
6 section (d)” and inserting “subsection (f)”; and

7 (3) by inserting after subsection (c) the fol-  
8 lowing:

9 “(d) PREGNANCY AND POSTPARTUM SAFETY AND  
10 MONITORING PRACTICES AND MATERNAL MORTALITY  
11 AND MORBIDITY PREVENTION.—

12 “(1) ALLIANCE FOR INNOVATION ON MATERNAL  
13 HEALTH.—The Secretary, acting through the Asso-  
14 ciate Administrator of the Maternal and Child  
15 Health Bureau of the Health Resources and Services  
16 Administration, shall establish a program, known as  
17 the Alliance for Innovation on Maternal Health pro-  
18 gram, to—

19 “(A) enter into a contract with an inter-  
20 disciplinary, multi-stakeholder, national organi-  
21 zation promulgating a national data-driven ma-  
22 ternal safety and quality improvement initiative  
23 based on evidence-based best practices to im-  
24 prove maternal safety and outcomes;

“(B) assist States with the development and implementation of postpartum safety and monitoring practices and maternal mortality and morbidity prevention, based on the best practices developed under paragraph (2); and

“(C) improve State-specific maternal health outcomes and reduce variation in response to maternity and postpartum care, in order to eliminate preventable maternal mortality and severe maternal morbidity.

“(2) BEST PRACTICES.—

“(A) IN GENERAL.—Not later than 1 year after the date of enactment of the Modernizing Obstetric Medicine Standards Act of 2021, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall work with the contracting entity under paragraph (1)(A) to—

“(i) create and assist State-based collaborative teams in the implementation of standardized best practices, to be known as ‘maternal safety bundles’, for the purpose of maternal mortality and morbidity prevention; and

1 “(ii) collect and analyze data related  
2 to process structure and patient outcomes  
3 to drive continuous quality improvement in  
4 the implementation of the maternal safety  
5 bundles by such State-based teams.

6 “(B) MATERNAL SAFETY BUNDLES.—The  
7 best practices issued under subparagraph (A)  
8 may address the following topics:

9 “(i) Obstetric hemorrhage.

10 “(ii) Maternal mental, behavioral, and  
11 emotional health.

12 “(iii) Maternal venous and thrombo-  
13 embolism.

14 “(iv) Severe hypertension in preg-  
15 nancy, including preeclampsia.

16 “(v) Obstetric care for women with  
17 substance abuse disorder.

18 “(vi) Postpartum care basics for ma-  
19 ternal safety.

20 “(vii) Reduction of racial and ethnic  
21 disparities in maternity care.

22 “(viii) Safe reduction of primary ce-  
23 sarean birth.

24 “(ix) Severe maternal morbidity re-  
25 view.

1 “(x) Support after a severe maternal  
2 morbidity event.

3 “(xi) Ways to empower and listen to  
4 women before, during, and after childbirth  
5 to ensure better communication between  
6 patients and health care providers.

7 “(xii) Other leading causes of mater-  
8 nal mortality and morbidity, including in-  
9 fection or sepsis and cardiomyopathy.

10 “(3) AUTHORIZATION OF APPROPRIATIONS.—

11 To carry out this subsection, in addition to amounts  
12 appropriated under subsection (g), there are author-  
13 ized to be appropriated \$5,000,000 for each of fiscal  
14 years 2022 through 2026.”.

15 (b) MATERNAL MORTALITY AND MORBIDITY PRE-  
16 VENTION GRANTS.—Section 317K of the Public Health  
17 Service Act (42 U.S.C. 247b–12), as amended by sub-  
18 section (a), is further amended by inserting after sub-  
19 section (d) the following:

20 “(e) MATERNAL MORTALITY AND MORBIDITY PRE-  
21 VENTION GRANT PROGRAM.—

22 “(1) IN GENERAL.—The Secretary, acting  
23 through the Associate Administrator of the Maternal  
24 and Child Health Bureau of the Health Resources  
25 and Services Administration, shall award grants to

1 States or hospitals to assist in the development and  
2 implementation of the maternal safety bundles de-  
3 scribed in subsection (d)(2).

4 “(2) USE OF FUNDS.—

5 “(A) IN GENERAL.—A State or hospital re-  
6 ceiving a grant under this subsection may use  
7 such funds—

8 “(i) to purchase equipment and sup-  
9 plies to effectively implement and execute  
10 the maternal safety bundles described in  
11 subsection (d)(2); and

12 “(ii) to develop training on, and eval-  
13 uation of the effectiveness of, such mater-  
14 nal safety bundles.

15 “(B) PRIORITY USE OF FUNDS FOR STATE  
16 GRANTEES.—A State receiving a grant under  
17 this subsection shall allocate such funds giving  
18 priority to the hospitals in such State that serve  
19 high volumes of low-income, at-risk, or rural  
20 populations.

21 “(3) PRIORITIZATION OF GRANT APPLICA-  
22 TIONS.—In awarding grants under this subsection,  
23 the Secretary shall prioritize applications from  
24 States, or hospitals within States, that—

“(A) have a functioning maternal mortality review committee in accordance with best practices promulgated by the Building U.S. Capacity to Review and Prevent Maternal Deaths Initiative of the Centers for Disease Control and Prevention, the CDC Foundation, and the Association of Maternal and Child Health Programs; or

“(B) serve high volumes of low-income, at-risk, or rural populations.

“(4) REPORTING REQUIREMENTS.—

“(A) IN GENERAL.—Not later than 2 years after receipt of a grant under this subsection, each recipient of such a grant shall submit a report to the Secretary describing—

“(i) implementation of the maternal safety bundles with use of the grant funds;

“(ii) any incidents of pregnancy-related deaths or pregnancy-associated deaths, and any pregnancy-related complications or pregnancy-associated complications occurring in the 1-year period prior to implementation of such procedures; and

1 “(iii) any incidents of pregnancy-re-  
2 lated deaths or pregnancy-associated  
3 deaths, and any pregnancy-related com-  
4 plications or pregnancy-associated com-  
5 plications occurring after implementation  
6 of such procedures.

7 “(B) PUBLIC AVAILABILITY; REPORT TO  
8 CONGRESS.—Within 1 year of receiving the re-  
9 ports under subparagraph (A), the Secretary  
10 shall—

11 “(i) make the reports submitted under  
12 subparagraph (A) publicly available; and

13 “(ii) submit a report to Congress that  
14 describes the grants awarded under this  
15 subsection, the effectiveness of the grant  
16 program under this subsection, the activi-  
17 ties for which grant funds were used, and  
18 any recommendations to further prevent  
19 maternal mortality and morbidity.

20 “(C) AUTHORIZATION OF APPROPRIA-  
21 TIONS.—To carry out this subsection, in addi-  
22 tion to amounts appropriated under subsection  
23 (g), there are authorized to be appropriated  
24 \$40,000,000 for each of fiscal years 2022  
25 through 2026.”.



1 (c) DEFINITIONS.—Subsection (g) of section 317K of  
2 the Public Health Service Act (42 U.S.C. 247b–12), as  
3 redesignated by subsection (a)(1), is amended to read as  
4 follows:

5 “(g) DEFINITIONS.—In this section:

6 “(1) The terms ‘Indian tribe’ and ‘tribal organi-  
7 zation’ have the meanings given such terms in sec-  
8 tion 4 of the Indian Self-Determination and Edu-  
9 cation Assistance Act.

10 “(2) The terms ‘pregnancy-associated death’  
11 and ‘pregnancy-associated complication’ mean the  
12 death or medical complication, respectively, of a  
13 woman that occurs during, or within 1 year fol-  
14 lowing, her pregnancy, regardless of the outcome,  
15 duration, or site of the pregnancy.

16 “(3) The terms ‘pregnancy-related death’ and  
17 ‘pregnancy-related complication’ mean the death or  
18 medical complication, respectively, of a woman  
19 that—

20 “(A) occurs during, or within 1 year fol-  
21 lowing, her pregnancy, regardless of the out-  
22 come, duration, or site of the pregnancy;

23 “(B) is from any cause related to, or ag-  
24 gravated by, the pregnancy or its management;  
25 and

1                   “(C) is not from an accidental or inci-  
2                   dental cause.

3                   “(4) The term ‘severe maternal morbidity’  
4                   means the unexpected outcomes of labor and deliv-  
5                   ery that result in significant short- or long-term con-  
6                   sequences to a woman’s health.’”.

7   **SEC. 3. REPORTING ON PREGNANCY-RELATED AND PREG-**  
8                   **NANCY-ASSOCIATED DEATHS AND COMPLICA-**  
9                   **TIONS.**

10           (a) IN GENERAL.—The Secretary of Health and  
11   Human Services shall encourage each State to voluntarily  
12   submit to the Secretary each year a report containing the  
13   findings of a State maternal mortality review committee  
14   with respect to each maternal death in the State that the  
15   committee reviewed during the year.

16           (b) MATERNAL AND INFANT HEALTH.—The Director  
17   of the Centers for Disease Control and Prevention shall—

18                   (1) update the Pregnancy Mortality Surveil-  
19                   lance System or develop a separate system so that  
20                   such system is capable of including data obtained  
21                   from State maternal mortality review committees;  
22                   and

23                   (2) provide technical assistance to States in re-  
24                   viewing cases of pregnancy-related complications and  
25                   pregnancy-associated complications.

1       (c) DEFINITIONS.—In this section, the terms “preg-  
2 nancy-associated complication” and “pregnancy-related  
3 complication” have the meanings given such terms in sec-  
4 tion 317K of the Public Health Service Act, as amended  
5 by section 2.

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