

117TH CONGRESS
1ST SESSION

H. R. 958

To codify maternity care coordination programs at the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. UNDERWOOD (for herself, Mr. BILIRAKIS, Ms. BROWNLEY, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To codify maternity care coordination programs at the Department of Veterans Affairs, 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 “Protecting Moms Who
5 Served Act”.

6 **SEC. 2. SUPPORT FOR MATERNITY CARE COORDINATION.**

7 (a) PROGRAM ON MATERNITY CARE COORDINA-
8 TION.—

9 (1) IN GENERAL.—The Secretary of Veterans
10 Affairs shall carry out the maternity care coordina-

1 tion program described in Veterans Health Adminis-
2 tration Handbook 1330.03, or any successor hand-
3 book.

4 (2) TRAINING AND SUPPORT.—In carrying out
5 the program under paragraph (1), the Secretary
6 shall provide to community maternity care providers
7 training and support with respect to the unique
8 needs of pregnant and postpartum veterans, particu-
9 larly regarding mental and behavioral health condi-
10 tions relating to the service of the veterans in the
11 Armed Forces.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated to the Secretary
14 \$15,000,000 for fiscal year 2022 for the maternity care
15 coordination program. Such amounts are authorized in ad-
16 dition to any other amounts authorized for such purpose.

17 (c) DEFINITIONS.—In this section:

18 (1) The term “community maternity care pro-
19 viders” means maternity care providers located at
20 non-Department facilities who provide maternity
21 care to veterans under section 1703 of title 38,
22 United States Code, or other provisions of law ad-
23 ministered by the Secretary of Veterans Affairs.

1 (2) The term “non-Department facilities” has
2 the meaning given that term in section 1701 of title
3 38, United States Code.

4 **SEC. 3. REPORT ON MATERNAL MORTALITY AND SEVERE**
5 **MATERNAL MORBIDITY AMONG PREGNANT**
6 **AND POSTPARTUM VETERANS.**

7 (a) GAO REPORT.—Not later than two years after
8 the date of the enactment of this Act, the Comptroller
9 General of the United States shall submit to the Commit-
10 tees on Veterans’ Affairs of the Senate and the House of
11 Representatives, and make publicly available, a report on
12 maternal mortality and severe maternal morbidity among
13 pregnant and postpartum veterans, with a particular focus
14 on racial and ethnic disparities in maternal health out-
15 comes for veterans.

16 (b) MATTERS INCLUDED.—The report under sub-
17 section (a) shall include the following:

18 (1) To the extent practicable—

19 (A) the number of pregnant and postpar-
20 tum veterans who have experienced a preg-
21 nancy-related death or pregnancy-associated
22 death in the most recent 10 years of available
23 data;

1 (B) the rate of pregnancy-related deaths
2 per 100,000 live births for pregnant and post-
3 partum veterans;

4 (C) the number of cases of severe maternal
5 morbidity among pregnant and postpartum vet-
6 erans in the most recent year of available data;

7 (D) the racial and ethnic disparities in ma-
8 ternal mortality and severe maternal morbidity
9 rates among pregnant and postpartum veterans;

10 (E) identification of the causes of maternal
11 mortality and severe maternal morbidity that
12 are unique to veterans, including post-traumatic
13 stress disorder, military sexual trauma, and in-
14 fertility or miscarriages that may be caused by
15 such service;

16 (F) identification of the causes of maternal
17 mortality and severe maternal morbidity that
18 are unique to veterans from racial and ethnic
19 minority groups and other at-risk populations
20 as deemed appropriate;

21 (G) identification of any correlations be-
22 tween the former rank of veterans and their
23 maternal health outcomes;

24 (H) the number of veterans who have been
25 diagnosed with infertility by Veterans Health

Administration providers each year in the most recent five years, disaggregated by age, race, ethnicity, sex, marital status, sexual orientation, gender identity, and geographical location;

(I) the number of veterans who receive a clinical diagnosis of unexplained infertility by Veterans Health Administration providers each year in the most recent five years; and

(J) the extent to which the rate of incidence of clinically diagnosed infertility among veterans compare or differ to the rate of incidence of clinically diagnosed infertility among the civilian population.

(2) An assessment of the barriers to determining the information required under paragraph (1) and recommendations for improvements in tracking maternal health outcomes among pregnant and postpartum veterans—

(A) who have health care coverage through the Department;

(B) enrolled in the TRICARE program;

(C) who are eligible to use the Indian Health Service, Tribal health programs, or urban Indian health organizations;

1 (D) with employer-based or private insur-
2 ance;

3 (E) enrolled in the Medicaid program; and

4 (F) who are uninsured.

5 (3) Recommendations for legislative and admin-
6 istrative actions to increase access to mental and be-
7 havioral health care for pregnant and postpartum
8 veterans who screen positively for maternal mental
9 or behavioral health conditions.

10 (4) Recommendations to address homelessness,
11 food insecurity, poverty, and related issues among
12 pregnant and postpartum veterans.

13 (5) Recommendations on how to effectively edu-
14 cate maternity care providers on best practices for
15 providing maternity care services to veterans that
16 addresses the unique maternal health care needs of
17 the veteran population.

18 (6) Recommendations to reduce maternal mor-
19 tality and severe maternal morbidity among preg-
20 nant and postpartum veterans and to address racial
21 and ethnic disparities in maternal health outcomes
22 for each of the groups described in subparagraphs
23 (A) through (E) of paragraph (2).

24 (7) Recommendations to improve coordination
25 of care between the Department and non-Depart-

1 ment facilities for pregnant and postpartum vet-
2 erans, including recommendations to improve—

3 (A) health record interoperability; and

4 (B) training for the directors of the Vet-
5 erans Integrated Service Networks, directors of
6 medical facilities of the Department, chiefs of
7 staff of such facilities, maternity care coordina-
8 tors, and staff of relevant non-Department fa-
9 cilities.

10 (8) An assessment of the authority of the Sec-
11 retary of Veterans Affairs to access maternal health
12 data collected by the Department of Health and
13 Human Services and, if applicable, recommendations
14 to increase such authority.

15 (9) To the extent applicable, an assessment of
16 potential causes of or explanations for lower mater-
17 nal mortality rates among veterans who have health
18 coverage through the Department of Veterans Af-
19 fairs compared to maternal mortality rates in the
20 general United States population.

21 (10) Any other information the Comptroller
22 General determines appropriate with respect to the
23 reduction of maternal mortality and severe maternal
24 morbidity among pregnant and postpartum veterans

1 and to address racial and ethnic disparities in ma-
2 ternal health outcomes for veterans.

3 **SEC. 4. DEFINITIONS.**

4 In this Act:

5 (1) **MATERNAL MORTALITY.**—The term “mater-
6 nal mortality” means a death occurring during or
7 within a one-year period after pregnancy, caused by
8 pregnancy-related or childbirth complications, in-
9 cluding a suicide, overdose, or other death resulting
10 from a mental health or substance use disorder at-
11 tributed to or aggravated by pregnancy-related or
12 childbirth complications.

13 (2) **POSTPARTUM AND POSTPARTUM PERIOD.**—
14 The terms “postpartum” and “postpartum period”
15 refer to the 1-year period beginning on the last day
16 of the pregnancy of an individual.

17 (3) **PREGNANCY-ASSOCIATED DEATH.**—The
18 term “pregnancy-associated death” means a death of
19 a pregnant or postpartum individual, by any cause,
20 that occurs during, or within 1 year following, the
21 individual’s pregnancy, regardless of the outcome,
22 duration, or site of the pregnancy.

23 (4) **PREGNANCY-RELATED DEATH.**—The term
24 “pregnancy-related death” means a death of a preg-
25 nant or postpartum individual that occurs during, or

1 within 1 year following, the individual’s pregnancy,
2 from a pregnancy complication, a chain of events
3 initiated by pregnancy, or the aggravation of an un-
4 related condition by the physiologic effects of preg-
5 nancy.

6 (5) RACIAL AND ETHNIC MINORITY GROUP.—
7 The term “racial and ethnic minority group” has the
8 meaning given such term in section 1707(g)(1) of
9 the Public Health Service Act (42 U.S.C. 300u-
10 6(g)(1)).

11 (6) SEVERE MATERNAL MORBIDITY.—The term
12 “severe maternal morbidity” means a health condi-
13 tion, including mental health conditions and sub-
14 stance use disorders, attributed to or aggravated by
15 pregnancy or childbirth that results in significant
16 short-term or long-term consequences to the health
17 of the individual who was pregnant.

○