

117TH CONGRESS
1ST SESSION

H. R. 937

To amend title XI of the Social Security Act to integrate telehealth models in maternity care services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. JOHNSON of Texas (for herself, Ms. UNDERWOOD, Ms. ADAMS, Mr. KHANNA, Ms. VELÁZQUEZ, Mrs. MCBATH, Mr. SMITH of Washington, Ms. SCANLON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Ms. MOORE of Wisconsin, Ms. STRICKLAND, Mr. RYAN, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Mr. DEUTCH, Mr. PAYNE, Mr. BLUMENAUER, Mr. MOULTON, Mr. SOTO, Mr. NADLER, Mr. TRONE, Ms. CLARKE of New York, Ms. SCHAKOWSKY, Ms. BASS, Ms. PRESSLEY, Mr. EVANS, Ms. BLUNT ROCHESTER, Ms. CASTOR of Florida, Ms. SEWELL, and Ms. WILLIAMS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XI of the Social Security Act to integrate telehealth models in maternity care services, 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 “Tech To Save Moms
5 Act”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) **POSTPARTUM AND POSTPARTUM PERIOD.**—

4 The terms “postpartum” and “postpartum period”
5 refer to the 1-year period beginning on the last day
6 of the pregnancy of an individual.

7 (2) **RACIAL AND ETHNIC MINORITY GROUP.**—

8 The term “racial and ethnic minority group” has the
9 meaning given such term in section 1707(g)(1) of
10 the Public Health Service Act (42 U.S.C. 300u-
11 6(g)(1)).

12 (3) **SEVERE MATERNAL MORBIDITY.**—The term

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

19 (4) **SOCIAL DETERMINANTS OF MATERNAL**

20 **HEALTH.**—The term “social determinants of mater-
21 nal health” means non-clinical factors that impact
22 maternal health outcomes, including—

23 (A) economic factors, which may include
24 poverty, employment, food security, support for
25 and access to lactation and other infant feeding
26 options, housing stability, and related factors;

1 (B) neighborhood factors, which may in-
2 clude quality of housing, access to transpor-
3 tation, access to child care, availability of
4 healthy foods and nutrition counseling, avail-
5 ability of clean water, air and water quality,
6 ambient temperatures, neighborhood crime and
7 violence, access to broadband, and related fac-
8 tors;

9 (C) social and community factors, which
10 may include systemic racism, gender discrimi-
11 nation or discrimination based on other pro-
12 tected classes, workplace conditions, incarcer-
13 ation, and related factors;

14 (D) household factors, which may include
15 ability to conduct lead testing and abatement,
16 car seat installation, indoor air temperatures,
17 and related factors;

18 (E) education access and quality factors,
19 which may include educational attainment, lan-
20 guage and literacy, and related factors; and

21 (F) health care access factors, including
22 health insurance coverage, access to culturally
23 congruent health care services, providers, and
24 non-clinical support, access to home visiting
25 services, access to wellness and stress manage-

1 ment programs, health literacy, access to tele-
2 health and items required to receive telehealth
3 services, and related factors.

4 **SEC. 3. INTEGRATED TELEHEALTH MODELS IN MATERNITY**
5 **CARE SERVICES.**

6 (a) **IN GENERAL.**—Section 1115A(b)(2)(B) of the
7 Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amend-
8 ed by adding at the end the following:

9 “(xxviii) Focusing on title XIX, pro-
10 viding for the adoption of and use of tele-
11 health tools that allow for screening, moni-
12 toring, and management of common health
13 complications with respect to an individual
14 receiving medical assistance during such
15 individual’s pregnancy and for not more
16 than a 1-year period beginning on the last
17 day of the pregnancy.”.

18 (b) **EFFECTIVE DATE.**—The amendment made by
19 subsection (a) shall take effect 1 year after the date of
20 the enactment of this Act.

1 **SEC. 4. GRANTS TO EXPAND THE USE OF TECHNOLOGY-EN-**
2 **ABLED COLLABORATIVE LEARNING AND CA-**
3 **PACITY MODELS FOR PREGNANT AND**
4 **POSTPARTUM INDIVIDUALS.**

5 Title III of the Public Health Service Act is amended
6 by inserting after section 330M (42 U.S.C. 254c-19) the
7 following:

8 **“SEC. 330N. EXPANDING CAPACITY FOR MATERNAL**
9 **HEALTH OUTCOMES.**

10 “(a) **ESTABLISHMENT.**—Beginning not later than 1
11 year after the date of enactment of this Act, the Secretary
12 shall award grants to eligible entities to evaluate, develop,
13 and expand the use of technology-enabled collaborative
14 learning and capacity building models and improve mater-
15 nal health outcomes—

16 “(1) in health professional shortage areas;

17 “(2) in areas with high rates of maternal mor-
18 tality and severe maternal morbidity;

19 “(3) in areas with significant racial and ethnic
20 disparities in maternal health outcomes; and

21 “(4) for medically underserved populations and
22 American Indians and Alaska Natives, including In-
23 dian Tribes, Tribal organizations, and Urban Indian
24 organizations.

25 “(b) **USE OF FUNDS.**—

1 “(1) REQUIRED USES.—Recipients of grants
2 under this section shall use the grants to—

3 “(A) train maternal health care providers,
4 students, and other similar professionals
5 through models that include—

6 “(i) methods to increase safety and
7 health care quality;

8 “(ii) implicit bias, racism, and dis-
9 crimination;

10 “(iii) best practices in screening for
11 and, as needed, evaluating and treating
12 maternal mental health conditions and
13 substance use disorders;

14 “(iv) training on best practices in ma-
15 ternity care for pregnant and postpartum
16 individuals during the COVID–19 public
17 health emergency or future public health
18 emergencies;

19 “(v) methods to screen for social de-
20 terminants of maternal health risks in the
21 prenatal and postpartum; and

22 “(vi) the use of remote patient moni-
23 toring tools for pregnancy-related com-
24 plications described in section
25 1115A(b)(2)(B)(xxviii);

1 “(B) evaluate and collect information on
2 the effect of such models on—

3 “(i) access to and quality of care;

4 “(ii) outcomes with respect to the
5 health of an individual;

6 “(iii) the experience of individuals who
7 receive pregnancy-related health care;

8 “(C) develop qualitative and quantitative
9 measures to identify best practices for the ex-
10 pansion and use of such models;

11 “(D) study the effect of such models on
12 patient outcomes and maternity care providers;
13 and

14 “(E) conduct any other activity determined
15 by the Secretary.

16 “(2) PERMISSIBLE USES.—Recipients of grants
17 under this section may use grants to support—

18 “(A) the use and expansion of technology-
19 enabled collaborative learning and capacity
20 building models, including hardware and soft-
21 ware that—

22 “(i) enables distance learning and
23 technical support; and

24 “(ii) supports the secure exchange of
25 electronic health information; and

1 “(B) maternity care providers, students,
2 and other similar professionals in the provision
3 of maternity care through such models.

4 “(c) APPLICATION.—

5 “(1) IN GENERAL.—An eligible entity seeking a
6 grant under subsection (a) shall submit to the Sec-
7 retary an application, at such time, in such manner,
8 and containing such information as the Secretary
9 may require.

10 “(2) ASSURANCE.—An application under para-
11 graph (1) shall include an assurance that such entity
12 shall collect information on and assess the effect of
13 the use of technology-enabled collaborative learning
14 and capacity building models, including with respect
15 to—

16 “(A) maternal health outcomes;

17 “(B) access to maternal health care serv-
18 ices;

19 “(C) quality of maternal health care; and

20 “(D) retention of maternity care providers
21 serving areas and populations described in sub-
22 section (a).

23 “(d) LIMITATIONS.—

1 “(1) NUMBER.—The Secretary may not award
2 more than 1 grant under this section to an eligible
3 entity.

4 “(2) DURATION.—A grant awarded under this
5 section shall be for a 5-year period.

6 “(e) ACCESS TO BROADBAND.—In administering
7 grants under this section, the Secretary may coordinate
8 with other agencies to ensure that funding opportunities
9 are available to support access to reliable, high-speed
10 internet for grantees.

11 “(f) TECHNICAL ASSISTANCE.—The Secretary shall
12 provide (either directly or by contract) technical assistance
13 to eligible entities, including recipients of grants under
14 subsection (a), on the development, use, and sustainability
15 of technology-enabled collaborative learning and capacity
16 building models to expand access to maternal health care
17 services provided by such entities, including—

18 “(1) in health professional shortage areas;

19 “(2) in areas with high rates of maternal mor-
20 tality and severe maternal morbidity or significant
21 racial and ethnic disparities in maternal health out-
22 comes; and

23 “(3) for medically underserved populations or
24 American Indians and Alaska Natives.

1 “(g) RESEARCH AND EVALUATION.—The Secretary,
2 in consultation with experts, shall develop a strategic plan
3 to research and evaluate the evidence for such models.

4 “(h) REPORTING.—

5 “(1) ELIGIBLE ENTITIES.—An eligible entity
6 that receives a grant under subsection (a) shall sub-
7 mit to the Secretary a report, at such time, in such
8 manner, and containing such information as the Sec-
9 retary may require.

10 “(2) SECRETARY.—Not later than 4 years after
11 the date of enactment of this section, the Secretary
12 shall submit to the Congress, and make available on
13 the website of the Department of Health and
14 Human Services, a report that includes—

15 “(A) a description of grants awarded
16 under subsection (a) and the purpose and
17 amounts of such grants;

18 “(B) a summary of—

19 “(i) the evaluations conducted under
20 subsection (b)(B);

21 “(ii) any technical assistance provided
22 under subsection (g); and

23 “(iii) the activities conducted under
24 subsection (a); and

1 “(C) a description of any significant find-
2 ings with respect to—

3 “(i) patient outcomes; and

4 “(ii) best practices for expanding,
5 using, or evaluating technology-enabled col-
6 laborative learning and capacity building
7 models.

8 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
9 authorized to be appropriated to carry out this section,
10 \$6,000,000 for each of fiscal years 2022 through 2026.

11 “(j) DEFINITIONS.—In this section:

12 “(1) ELIGIBLE ENTITY.—

13 “(A) IN GENERAL.—The term ‘eligible en-
14 tity’ means an entity that provides, or supports
15 the provision of, maternal health care services
16 or other evidence-based services for pregnant
17 and postpartum individuals—

18 “(i) in health professional shortage
19 areas;

20 “(ii) in areas with high rates of ad-
21 verse maternal health outcomes or signifi-
22 cant racial and ethnic disparities in mater-
23 nal health outcomes; or

24 “(iii) who are—

1 “(I) members of medically under-
2 served populations; or

3 “(II) American Indians and Alas-
4 ka Natives, including Indian Tribes,
5 Tribal organizations, and urban In-
6 dian organizations.

7 “(B) INCLUSIONS.—An eligible entity may
8 include entities that lead, or are capable of
9 leading a technology-enabled collaborative learn-
10 ing and capacity building model.

11 “(2) HEALTH PROFESSIONAL SHORTAGE
12 AREA.—The term ‘health professional shortage area’
13 means a health professional shortage area des-
14 ignated under section 332.

15 “(3) INDIAN TRIBE.—The term ‘Indian Tribe’
16 has the meaning given such term in section 4 of the
17 Indian Self-Determination and Education Assistance
18 Act.

19 “(4) MATERNAL MORTALITY.—The term ‘ma-
20 ternal mortality’ means a death occurring during or
21 within 1-year period after pregnancy caused by preg-
22 nancy-related or childbirth complications, including a
23 suicide, overdose, or other death resulting from a
24 mental health or substance use disorder attributed

1 to or aggravated by pregnancy or childbirth com-
2 plications.

3 “(5) MEDICALLY UNDERSERVED POPU-
4 LATION.—The term ‘medically underserved popu-
5 lation’ has the meaning given such term in section
6 330(b)(3).

7 “(6) POSTPARTUM.—The term ‘postpartum’
8 means the 1-year period beginning on the last date
9 of an individual’s pregnancy.

10 “(7) SEVERE MATERNAL MORBIDITY.—The
11 term ‘severe maternal morbidity’ means a health
12 condition, including a mental health or substance
13 use disorder, attributed to or aggravated by preg-
14 nancy or childbirth that results in significant short-
15 term or long-term consequences to the health of the
16 individual who was pregnant.

17 “(8) TECHNOLOGY-ENABLED COLLABORATIVE
18 LEARNING AND CAPACITY BUILDING MODEL.—The
19 term ‘technology-enabled collaborative learning and
20 capacity building model’ means a distance health
21 education model that connects health care profes-
22 sionals, and other specialists, through simultaneous
23 interactive videoconferencing for the purpose of fa-
24 cilitating case-based learning, disseminating best

1 practices, and evaluating outcomes in the context of
2 maternal health care.

3 “(9) TRIBAL ORGANIZATION.—The term ‘Tribal
4 organization’ has the meaning given such term in
5 section 4 of the Indian Self-Determination and Edu-
6 cation Assistance Act.

7 “(10) URBAN INDIAN ORGANIZATION.—The
8 term ‘urban Indian organization’ has the meaning
9 given such term in section 4 of the Indian Health
10 Care Improvement Act.”.

11 **SEC. 5. GRANTS TO PROMOTE EQUITY IN MATERNAL**
12 **HEALTH OUTCOMES THROUGH DIGITAL**
13 **TOOLS.**

14 (a) IN GENERAL.—Beginning not later than 1 year
15 after the date of the enactment of this Act, the Secretary
16 of Health and Human Services shall make grants to eligi-
17 ble entities to reduce racial and ethnic disparities in ma-
18 ternal health outcomes by increasing access to digital tools
19 related to maternal health care.

20 (b) APPLICATIONS.—To be eligible to receive a grant
21 under this section, an eligible entity shall submit to the
22 Secretary an application at such time, in such manner,
23 and containing such information as the Secretary may re-
24 quire.

1 (c) PRIORITIZATION.—In awarding grants under this
2 section, the Secretary shall prioritize an eligible entity—

3 (1) in an area with high rates of adverse mater-
4 nal health outcomes or significant racial and ethnic
5 disparities in maternal health outcomes;

6 (2) in a health professional shortage area des-
7 igned under section 332 of the Public Health Serv-
8 ice Act (42 U.S.C. 254e); and

9 (3) that promotes technology that addresses ra-
10 cial and ethnic disparities in maternal health out-
11 comes.

12 (d) LIMITATIONS.—

13 (1) NUMBER.—The Secretary may award not
14 more than 1 grant under this section to an eligible
15 entity.

16 (2) DURATION.—A grant awarded under this
17 section shall be for a 5-year period.

18 (e) TECHNICAL ASSISTANCE.—The Secretary shall
19 provide technical assistance to an eligible entity on the de-
20 velopment, use, evaluation, and post-grant sustainability
21 of digital tools for purposes of promoting equity in mater-
22 nal health outcomes.

23 (f) REPORTING.—

24 (1) ELIGIBLE ENTITIES.—An eligible entity
25 that receives a grant under subsection (a) shall sub-

1 mit to the Secretary a report, at such time, in such
2 manner, and containing such information as the Sec-
3 retary may require.

4 (2) SECRETARY.—Not later than 4 years after
5 the date of the enactment of this Act, the Secretary
6 shall submit to Congress a report that includes—

7 (A) an evaluation on the effectiveness of
8 grants awarded under this section to improve
9 health outcomes for pregnant and postpartum
10 individuals from racial and ethnic minority
11 groups;

12 (B) recommendations on new grant pro-
13 grams that promote the use of technology to
14 improve such maternal health outcomes; and

15 (C) recommendations with respect to—

16 (i) technology-based privacy and secu-
17 rity safeguards in maternal health care;

18 (ii) reimbursement rates for maternal
19 telehealth services;

20 (iii) the use of digital tools to analyze
21 large data sets to identify potential preg-
22 nancy-related complications;

23 (iv) barriers that prevent maternity
24 care providers from providing telehealth
25 services across States;

1 (v) the use of consumer digital tools
2 such as mobile phone applications, patient
3 portals, and wearable technologies to im-
4 prove maternal health outcomes;

5 (vi) barriers that prevent access to
6 telehealth services, including a lack of ac-
7 cess to reliable, high-speed internet or elec-
8 tronic devices;

9 (vii) barriers to data sharing between
10 the Special Supplemental Nutrition Pro-
11 gram for Women, Infants, and Children
12 program and maternity care providers, and
13 recommendations for addressing such bar-
14 riers; and

15 (viii) lessons learned from expanded
16 access to telehealth related to maternity
17 care during the COVID–19 public health
18 emergency.

19 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section
21 \$6,000,000 for each of fiscal years 2022 through 2026.

22 **SEC. 6. REPORT ON THE USE OF TECHNOLOGY IN MATER-**
23 **NITY CARE.**

24 (a) IN GENERAL.—Not later than 60 days after the
25 date of enactment of this Act, the Secretary of Health and

1 Human Services shall seek to enter an agreement with the
2 National Academies of Sciences, Engineering, and Medi-
3 cine (referred to in this Act as the “National Academies”)
4 under which the National Academies shall conduct a study
5 on the use of technology and patient monitoring devices
6 in maternity care.

7 (b) CONTENT.—The agreement entered into pursu-
8 ant to subsection (a) shall provide for the study of the
9 following:

10 (1) The use of innovative technology (including
11 artificial intelligence) in maternal health care, in-
12 cluding the extent to which such technology has af-
13 fected racial or ethnic biases in maternal health
14 care.

15 (2) The use of patient monitoring devices (in-
16 cluding pulse oximeter devices) in maternal health
17 care, including the extent to which such devices have
18 affected racial or ethnic biases in maternal health
19 care.

20 (3) Best practices for reducing and preventing
21 racial or ethnic biases in the use of innovative tech-
22 nology and patient monitoring devices in maternity
23 care.

24 (4) Best practices in the use of innovative tech-
25 nology and patient monitoring devices for pregnant

1 and postpartum individuals from racial and ethnic
2 minority groups.

3 (5) Best practices with respect to privacy and
4 security safeguards in such use.

5 (c) REPORT.—The agreement under subsection (a)
6 shall direct the National Academies to complete the study
7 under this section, and transmit to Congress a report on
8 the results of the study, not later than 24 months after
9 the date of enactment of this Act.

○