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To support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 11, 2017

Ms. HEITKAMP (for herself, Mrs. CAPITO, Mr. BOOKER, Mrs. GILLIBRAND, Ms. HASSAN, Mr. BROWN, Ms. DUCKWORTH, Mr. BENNET, Mr. COONS, Mr. VAN HOLLEN, Mr. BLUMENTHAL, Ms. CANTWELL, Ms. WARREN, Mr. MANCHIN, Mr. REED, Ms. COLLINS, Mr. TESTER, Ms. KLOBUCHAR, Ms. BALDWIN, Mr. WHITEHOUSE, Ms. SMITH, Mr. JONES, Mrs. FEINSTEIN, Mr. CARPER, Mr. MARKEY, Mr. NELSON, Ms. STABENOW, Mrs. SHAHEEN, Mr. CASSIDY, Ms. CORTEZ MASTO, Mr. CASEY, Mr. DURBIN, Mr. MENENDEZ, Mr. MERKLEY, Mr. MURPHY, Ms. MURKOWSKI, Mrs. MURRAY, and Mr. PETERS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JULY 9, 2018

Reported by Mr. ALEXANDER, with an amendment

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

A BILL

To support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in mater-

nal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, 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 "Maternal Health Ac-~~
5 ~~countability Act of 2017".~~

6 ~~**SEC. 2. FINDINGS; PURPOSES.**~~

7 ~~(a) FINDINGS.—Congress finds the following:~~
8 ~~(1) The United States is ranked 50th globally~~
9 ~~for its maternal mortality rate, and it is one of eight~~
10 ~~countries in which the maternal mortality rate has~~
11 ~~been on the rise.~~
12 ~~(2) In recent studies, the estimated maternal~~
13 ~~mortality rate in the United States increased by ap-~~
14 ~~proximately 26.6 percent from 2000 to 2014, with~~
15 ~~the rate increasing in nearly all States. This re-~~
16 ~~ported increase, along with no improvement in pre-~~
17 ~~vious years, remains a source of great concern for~~
18 ~~the Centers for Disease Control and Prevention~~
19 ~~(CDC), health care providers, and patient advocates~~
20 ~~such as the American Congress of Obstetricians and~~
21 ~~Gynecologists, the Association of Women's Health,~~

1 Obstetric, and Neonatal Nurses, and the
2 Preeclampsia Foundation.
3 (3) Maternal deaths in the United States result
4 from pregnancy-related causes such as hemorrhage,
5 hypertensive disease and preeclampsia, embolic dis-
6 ease, sepsis, and substance use disorder and over-
7 dose, and violent causes such as motor vehicle acci-
8 dents, homicide, and suicide.
9 (4) As of 2017, less than 25 States conduct
10 systematic reviews of maternal deaths and/or have
11 standing maternal mortality review committees in
12 order to develop the data needed to work toward
13 management and solutions.
14 (5) Review of pregnancy-related and pregnancy-
15 associated deaths is essential to determining strate-
16 gies for developing prevention efforts and quality im-
17 provement and quality control programs. The United
18 States must identify at-risk populations and under-
19 stand how to support them to make pregnancy and
20 the postpartum period safer.
21 (6) The most severe complications of preg-
22 nancy, generally referred to as severe maternal mor-
23 bidity (SMM), affect more than 65,000 women in
24 the United States every year. The CDC uses ICD–
25 9–CM codes, which indicate a potentially life-threat-

1 ~~ening maternal condition or complication, to define~~
2 ~~SMM.~~
3 ~~(7) Data from the CDC shows Black women~~
4 ~~are three times more likely to die from complications~~
5 ~~of pregnancy or childbirth than White women: 42.8~~
6 ~~Black women per 100,000 live births, as opposed to~~
7 ~~12.5 White women and 17.3 women of other races.~~
8 ~~(8) The CDC recommends that maternal deaths~~
9 ~~be investigated through State collaboratives. These~~
10 ~~State collaboratives would bring together leaders in~~
11 ~~obstetric and neonatal health care from private, aca-~~
12 ~~demic, and public health care settings to make rec-~~
13 ~~ommendations for preventing pregnancy-related and~~
14 ~~pregnancy-associated deaths and health complica-~~
15 ~~tions and identify ways to improve quality of care~~
16 ~~for women and infants.~~
17 ~~(9) A few States, including California, have~~
18 ~~worked to develop and strengthen maternal mor-~~
19 ~~bidity and mortality review systems and utilize data~~
20 ~~to reduce maternal deaths and injuries to address~~
21 ~~leading issues such as maternal hemorrhage, hyper-~~
22 ~~tension and preeclampsia, and health and racial dis-~~
23 ~~parities.~~
24 ~~(b) PURPOSES.—The purposes of this Act are the fol-~~
25 ~~lowing:~~

1 (1) To establish a shared responsibility between
2 States and the Federal Government to identify op-
3 portunities for improvement in quality of care and
4 system changes, and to educate and inform health
5 institutions and professionals, women, and families
6 about preventing pregnancy-related and pregnancy-
7 associated deaths and complications and reducing
8 disparities.

9 (2) To develop a model for States and Federally
10 recognized Indian tribes and tribal organizations to
11 operate maternal mortality reviews and assess the
12 various factors that may have contributed to mater-
13 nal mortality, including quality of care, racial dis-
14 parities, and systemic problems in the delivery of
15 health care, and to develop appropriate interventions
16 to reduce and prevent such deaths.

17 **SEC. 3. STATE MATERNAL MORTALITY REVIEW COMMIT-**
18 **TEES ON PREGNANCY-RELATED AND PREG-**
19 **NANCY-ASSOCIATED DEATHS.**

20 (a) PROGRAM AUTHORIZED.—

21 (1) IN GENERAL.—The Secretary of Health and
22 Human Services, through the Director of the Cen-
23 ters for Disease Control and Prevention, shall estab-
24 lish a grant program under which the Secretary may
25 make grants to States, and Federally recognized In-

1 dian tribes and tribal organizations, for the purpose
2 of—
3 (A) carrying out the activities described in
4 subsection (b)(1);
5 (B) establishing and sustaining a State
6 maternal mortality review committee, in accord-
7 ance with subsection (b)(2);
8 (C) ensuring that the State department of
9 health carries out the activities described in
10 subsection (b)(3);
11 (D) disseminating the case abstraction
12 form developed under subsection (c); and
13 (E) providing for the public disclosure of
14 information, in accordance with subsection (d).
15 (2) CRITERIA.—The Secretary shall establish
16 criteria for determining eligibility for, and the
17 amount of a grant awarded to, a State under para-
18 graph (1). Such criteria shall provide that in the
19 case of a State that receives a grant under para-
20 graph (1) for a fiscal year and is determined by the
21 Secretary to have not used such grant in accordance
22 with this section, such State may not be eligible for
23 such a grant for any subsequent fiscal year.
24 (b) USE OF FUNDS.—

1 (1) REVIEW OF PREGNANCY-RELATED AND
2 PREGNANCY-ASSOCIATED DEATHS.—With respect to
3 a State that receives a grant under subsection
4 (a)(1), the following shall apply:
5 (A) PROCESS FOR MANDATORY REPORTING
6 OF PREGNANCY-RELATED AND PREGNANCY-AS-
7 SOCIATED DEATHS.—
8 (i) IN GENERAL.—The State, through
9 the State maternal mortality review com-
10 mittee established under subsection (a)(1),
11 shall develop a process that provides for
12 mandatory and confidential case reporting
13 to the State department of health by indi-
14 viduals and entities described in clause (ii)
15 with respect to pregnancy-related and
16 pregnancy-associated deaths.
17 (ii) INDIVIDUALS AND ENTITIES DE-
18 SCRIBED.—Individuals and entities de-
19 scribed in this clause include each of the
20 following:
21 (I) Health care professionals.
22 (II) Medical examiners.
23 (III) Medical coroners.
24 (IV) Hospitals.
25 (V) Birth centers.

1 ~~(VI) Other health care facilities.~~

2 ~~(VII) Other individuals respon-~~
3 ~~sible for completing death records.~~

4 ~~(VIII) Other appropriate individ-~~
5 ~~uals or entities specified by the Sec-~~
6 ~~retary.~~

7 ~~(B) PROCESS FOR VOLUNTARY REPORTING~~
8 ~~OF PREGNANCY-RELATED AND PREGNANCY-AS-~~
9 ~~SOCIATED DEATHS.—The State, through the~~
10 ~~State maternal mortality review committee es-~~
11 ~~tablished under subsection (a)(1), shall develop~~
12 ~~a process that provides for voluntary and con-~~
13 ~~fidential case reporting to the State department~~
14 ~~of health by family members of the deceased~~
15 ~~and other individuals on possible pregnancy-re-~~
16 ~~lated and pregnancy-associated deaths. Such~~
17 ~~process shall include—~~

18 ~~(i) making publicly available on the~~
19 ~~website of the State department of health~~
20 ~~a telephone number, Internet web link, and~~
21 ~~email address for such reporting; and~~

22 ~~(ii) publicizing to local professional or-~~
23 ~~ganizations, community organizations, and~~
24 ~~social services agencies the availability of~~
25 ~~the telephone number, Internet web link,~~

1 and email address made available under
2 clause (i).
3 (C) IDENTIFICATION OF PREGNANCY-RE-
4 LATED AND PREGNANCY-ASSOCIATED DEATHS
5 BY STATE VITAL STATISTICS UNIT.—The State,
6 through the vital statistics unit of the State,
7 shall annually identify pregnancy-related and
8 pregnancy-associated deaths occurring in such
9 State in the year involved by—
10 (i) matching each death record of a
11 woman in such year to a live birth certifi-
12 cate or an infant death record for the pur-
13 pose of identifying deaths of women that
14 occurred during pregnancy and within one
15 year after the end of a pregnancy;
16 (ii) identifying each death of a woman
17 reported during such year as having an un-
18 derlying or contributing cause of death re-
19 lated to pregnancy, regardless of the time
20 that has passed between the end of the
21 pregnancy and the death;
22 (iii) collecting data from medical ex-
23 aminer and coroner reports; and
24 (iv) using any other method the State
25 may devise to identify maternal deaths

~~such as reviewing a random sample of reported deaths of women to ascertain cases of pregnancy-related and pregnancy-associated deaths that are not discernable from a review of death records alone.~~

~~For purposes of effectively collecting and obtaining data on pregnancy-related and pregnancy-associated deaths, the State shall adopt the most recent standardized birth and death records, as issued by the National Center for Vital Health Statistics, including the recommended checkbox section for pregnancy on each death record.~~

~~(D) CASE INVESTIGATION AND DEVELOPMENT OF CASE SUMMARIES.—~~

~~(i) IN GENERAL.—Following the receipt of reports by the State department of health pursuant to subparagraph (A) or (B) and the collection of cases of pregnancy-related and pregnancy-associated deaths by the vital statistics unit of the State under subparagraph (C), the State, through the State maternal mortality review committee established under subsection (a)(1), shall investigate each case,~~

1 ~~using the case abstraction form described~~
2 ~~in subsection (c), and prepare a de-identi-~~
3 ~~fied case summary for each case, which~~
4 ~~shall be reviewed by the committee and in-~~
5 ~~cluded in applicable reports. The State de-~~
6 ~~partment of health or vital statistics unit~~
7 ~~of the State, as the case may be, shall pro-~~
8 ~~vide the State maternal mortality review~~
9 ~~committee with access to the information~~
10 ~~collected pursuant to subparagraphs (A) or~~
11 ~~(B), or under subparagraph (C), as nec-~~
12 ~~essary to carry out this subparagraph.~~
13 ~~(ii) MANDATORY DATA AND INFORMA-~~
14 ~~TION.—Each case investigation under this~~
15 ~~subparagraph shall, subject to availability,~~
16 ~~include data and information obtained~~
17 ~~through—~~
18 ~~(I) medical examiner and autopsy~~
19 ~~reports of the woman involved;~~
20 ~~(II) medical records of the~~
21 ~~woman, including such records related~~
22 ~~to health care prior to pregnancy, pre-~~
23 ~~natal and postnatal care, labor and~~
24 ~~delivery care, emergency room care,~~
25 ~~hospital discharge records, and any~~

~~care delivered up until the time of death of the woman;~~

~~(III) oral and written interviews of individuals directly involved in the maternal care of the woman during and immediately following the pregnancy of the woman, including health care, mental health, and social service providers, as applicable;~~

~~(IV) socioeconomic and other relevant background information about the woman;~~

~~(V) any information collected under subparagraph (C)(i); and~~

~~(VI) any other information on the cause of death of the woman, such as social services and child welfare reports.~~

~~(iii) DISCRETIONARY DATA AND INFORMATION.—Each case investigation under this subparagraph may include data and information obtained through oral or written interviews of the family of the woman.~~

~~(2) State maternal mortality review committees.—~~

~~(A) Mandatory activities.—A State maternal mortality review committee established under subsection (a)(1) shall carry out the following activities:~~

~~(i) Develop the processes described in subparagraphs (A) and (B) of paragraph (1).~~

~~(ii) Review the data and information collected by the vital statistics unit of the State under paragraph (1)(C) regarding pregnancy-related and pregnancy-associated deaths to identify trends, patterns, and disparities in adverse outcomes and address medical, non-medical, and system-related factors that may have contributed to such pregnancy-related and pregnancy-associated deaths and disparities.~~

~~(iii) Carry out the activities described in paragraph (1)(D).~~

~~(iv) Develop recommendations, based on the case summaries prepared under paragraph (1)(D) and the data and information collected under paragraph (1)(C),~~

~~to improve maternal care, social and health services, and public health policy and institutions, including improving access to maternal care and social and health services and identifying disparities in maternal care and outcomes.~~

~~(B) DISCRETIONARY ACTIVITIES.—~~

~~(i) IN GENERAL.—A State maternal mortality review committee established under subsection (a)(1) may, while subject to confidentiality requirements, present findings and recommendations based on the case summaries prepared under paragraph (1)(D) directly to a health care facility or its local or State professional organization for the purpose of—~~

~~(I) instituting policy changes, educational activities, and improvements in the quality of care provided by the facility; and~~

~~(II) exploring and forming regional collaborations.~~

~~(ii) INVESTIGATION OF CASES OF SEVERE MATERNAL MORBIDITY.—A State maternal mortality review committee may~~

1 investigate cases of severe maternal morbidity and any such investigation may include data and information obtained through—

5 (I) identified patient registries; or

7 (II) oral or written interviews of the woman concerned and the family of such woman.

10 (C) COMPOSITION OF STATE MATERNAL MORTALITY REVIEW COMMITTEES.—

12 (i) IN GENERAL.—A State maternal mortality review committee established under subsection (a)(1) shall be multidisciplinary and diverse. Membership on the State maternal mortality review committee shall be reviewed annually by the State department of health to ensure that membership representation requirements are being fulfilled in accordance with this subparagraph.

22 (ii) REQUIRED MEMBERSHIP.—Each State maternal mortality review committee shall include—

1 (I) representatives from medical
2 specialties providing care to pregnant
3 and postpartum patients, including
4 obstetricians (including generalists
5 and maternal fetal medicine special-
6 ists) and family practice physicians;
7 (II) certified nurse midwives, cer-
8 tified midwives, and advanced practice
9 nurses;
10 (III) hospital-based registered
11 nurses;
12 (IV) representatives of the ma-
13 ternal and child health department of
14 the State department of health;
15 (V) social service providers or so-
16 cial workers, including those with ex-
17 perience working with communities di-
18 verse with respect to race, ethnicity,
19 and limited English proficiency;
20 (VI) chief medical examiners or
21 designees;
22 (VII) facility representatives,
23 such as from hospitals or birth cen-
24 ters;

~~(VIII) patient advocates, community maternal health organizations, and minority advocacy groups that represent those diverse racial and ethnic communities within the State that are the most affected by pregnancy-related or pregnancy-associated deaths and by a lack of access to maternal health care services; and~~

~~(IX) representatives of the departments of health or public health of major cities in the State.~~

~~(iii) DISCRETIONARY MEMBERSHIP.—Each State maternal mortality review committee may also include representatives from other relevant academic, health, social service, or policy professions or community organizations on an ongoing basis, or as needed, as determined beneficial by the committee, including—~~

~~(I) anesthesiologists;~~

~~(II) emergency physicians;~~

~~(III) pathologists;~~

~~(IV) epidemiologists;~~

~~(V) intensivists;~~

~~(VI) nutritionists;~~

~~(VII) mental health professionals;~~

~~(VIII) substance use disorder treatment specialists;~~

~~(IX) representatives of relevant patient and provider advocacy groups;~~

~~(X) academics;~~

~~(XI) paramedics;~~

~~(XII) risk management specialists; and~~

~~(XIII) representatives of Federally recognized Indian tribes and tribal organizations.~~

~~(iv) STAFF.—Staff of each State maternal mortality review committee shall include—~~

~~(I) vital health statisticians, maternal child health statisticians, or epidemiologists;~~

~~(II) a coordinator of the State maternal mortality review committee, to be designated by the State; and~~

~~(III) administrative staff.~~

~~(D) OPTION FOR STATES TO ESTABLISH REGIONAL MATERNAL MORTALITY REVIEW COM-~~

~~MITTEES.—States may choose to partner with one or more neighboring States to carry out the activities required of a State maternal mortality review committee under this section. In such a case, with respect to the States in such a partnership, any requirement under this section relating to the reporting of information related to such activities shall be deemed to be fulfilled by each such State if a single such report is submitted for the partnership.~~

~~(E) TREATMENT AS PUBLIC HEALTH AUTHORITY FOR PURPOSES OF HIPAA.—For purposes of applying HIPAA privacy and security law (as defined in section 3009(a)(2) of the Public Health Service Act (42 U.S.C. 300jj–19)), each State maternal mortality review committee and regional maternal mortality review committee established under subsection (a)(1) or subsection (b)(2)(D), as the case may be, shall be deemed to be a public health authority described in section 164.501 (and referenced in section 164.512(b)(1)(i)) of title 45, Code of Federal Regulations (or any successor regulation), carrying out public health activities and purposes described in such section~~

1 164.512(b)(1)(i) (or any such successor regula-
2 tion).
3 (3) STATE DEPARTMENT OF HEALTH ACTIVI-
4 TIES.—With respect to a State that receives a grant
5 under subsection (a)(1), the State department of
6 health shall—
7 (A) in consultation with the State maternal
8 mortality review committee and in conjunction
9 with relevant professional organizations and pa-
10 tient advocacy organizations, develop a plan for
11 ongoing health care provider education, based
12 on the findings and recommendations of the
13 committee, in order to improve the quality of
14 maternal care; and
15 (B) take steps to widely disseminate the
16 findings and recommendations of the State ma-
17 ternal mortality review committee and imple-
18 ment the recommendations of the committee.
19 (c) CASE ABSTRACTION FORM.—
20 (1) DISSEMINATION.—The Director of the Cen-
21 ters for Disease Control and Prevention shall dis-
22 seminate a uniform case abstraction form to States
23 and State maternal mortality review committees for
24 the purpose of—

1 ~~(A) ensuring that the data and information~~
2 ~~collected and reviewed by such committees can~~
3 ~~be pooled for review by the Department of~~
4 ~~Health and Human Services and its agencies;~~
5 ~~and~~
6 ~~(B) preserving the uniformity of the infor-~~
7 ~~mation collected for Federal public health pur-~~
8 ~~poses.~~
9 ~~(2) PERMISSIBLE STATE MODIFICATION.—Each~~
10 ~~State may modify the form developed under para-~~
11 ~~graph (1) for implementation and use by such State~~
12 ~~or by the State maternal mortality review committee~~
13 ~~of such State by including on such form additional~~
14 ~~information to be collected, but may not alter the~~
15 ~~standard questions on such form, in order to ensure~~
16 ~~that the information can be collected and reviewed~~
17 ~~centrally at the Federal level.~~
18 ~~(d) PUBLIC DISCLOSURE OF INFORMATION.—~~
19 ~~(1) IN GENERAL.—For fiscal year 2018, or a~~
20 ~~subsequent fiscal year, each State receiving a grant~~
21 ~~under this section for such year shall, subject to~~
22 ~~paragraph (3), provide for the public disclosure, and~~
23 ~~submission to the information clearinghouse estab-~~
24 ~~lished under paragraph (2), of the information in-~~

1 ~~cluded in the report of the State under subsection~~
2 ~~(f)(1) for such year.~~
3 ~~(2) INFORMATION CLEARINGHOUSE.—The Sec-~~
4 ~~retary shall establish an information clearinghouse,~~
5 ~~to be administered by the Director of the Centers for~~
6 ~~Disease Control and Prevention, that will maintain~~
7 ~~findings and recommendations submitted pursuant~~
8 ~~to paragraph (1) and provide such findings and rec-~~
9 ~~ommendations for public review and research pur-~~
10 ~~poses by State departments of health, State mater-~~
11 ~~nal mortality review committees, and health pro-~~
12 ~~viders and institutions.~~
13 ~~(3) CONFIDENTIALITY OF INFORMATION.—In~~
14 ~~no case may any individually identifiable health in-~~
15 ~~formation be provided to the public, or submitted to~~
16 ~~the information clearinghouse, under this subsection.~~
17 ~~(e) CONFIDENTIALITY OF PROCEEDINGS OF STATE~~
18 ~~MATERNAL MORTALITY REVIEW COMMITTEES.—~~
19 ~~(1) IN GENERAL.—All proceedings and activi-~~
20 ~~ties of a State maternal mortality review committee~~
21 ~~established under subsection (a)(1), opinions of~~
22 ~~members of such a committee formed as a result of~~
23 ~~such proceedings and activities, and records ob-~~
24 ~~tained, created, or maintained pursuant to this sec-~~
25 ~~tion, including records of interviews, written reports,~~

~~and statements procured by the Department of Health and Human Services or by any other person, agency, or organization acting jointly with the Department, in connection with morbidity and mortality reviews under this section, shall be confidential and may not be subject to discovery, subpoena, or introduction into evidence in any civil, criminal, legislative, or other proceeding. Such records shall not be open to public inspection.~~

~~(2) TESTIMONY OF MEMBERS OF COMMITTEE.—~~

~~(A) IN GENERAL.—Members of a State maternal mortality review committee established under subsection (a)(1) may not be questioned in any civil, criminal, legislative, or other proceeding regarding information presented in, or opinions formed as a result of, a meeting or communication of the committee.~~

~~(B) CLARIFICATION.—Nothing in this subsection may be construed to prevent a member of a State maternal mortality review committee established under subsection (a)(1) from testifying regarding information that was obtained independent of such member's participation on the committee, or public information.~~

~~(3) AVAILABILITY OF INFORMATION FOR RESEARCH PURPOSES.—Nothing in this subsection may prohibit a State maternal mortality review committee established under subsection (a)(1) or the Department of Health and Human Services from publishing statistical compilations and research reports that—~~

~~(A) are based on confidential information, relating to morbidity and mortality reviews under this section; and~~

~~(B) do not contain identifying information or any other information that could be used to ultimately identify the individuals concerned.~~

~~(f) REPORTS.—~~

~~(1) STATE REPORTS.—For fiscal year 2018, and each subsequent fiscal year, each State maternal mortality review committee established under subsection (a)(1) and receiving a grant under this section for such year, shall submit to the Director of the Centers for Disease Control and Prevention a report on the findings and recommendations of such committee and information on the implementation of such recommendations during such year.~~

~~(2) ANNUAL REPORTS TO CONGRESS.—For fiscal year 2018, and each subsequent fiscal year, the~~

1 Secretary of Health and Human Services shall sub-
2 mit to Congress a report on—
3 (A) the findings, recommendations, and
4 implementation information submitted by any
5 State pursuant to paragraph (1); and
6 (B) the status of pregnancy-related and
7 pregnancy-associated deaths in the United
8 States, including recommendations on methods
9 to prevent such deaths in the United States.
10 (g) DEFINITIONS.—In this section:
11 (1) The term "pregnancy-associated death"
12 means the death of a woman while pregnant or dur-
13 ing the one-year period following the date of the end
14 of pregnancy, irrespective of the cause of such death.
15 (2) The term "pregnancy-related death" means
16 the death of a woman while pregnant or during the
17 one-year period following the date of the end of
18 pregnancy, irrespective of the duration of the preg-
19 nancy, from any cause related to, or aggravated by,
20 the pregnancy or its management, excluding any ac-
21 cidental or incidental cause.
22 (3) The term "Secretary" means the Secretary
23 of Health and Human Services.
24 (4) The term "severe maternal morbidity"
25 means the physical and psychological conditions that

1 result from, or are aggravated by, pregnancy and
2 have an adverse effect on the health of a woman.
3 (5) The term "State" means each of the 50
4 States, the District of Columbia, and each of the
5 territories, and shall include Federally recognized In-
6 dian tribes and tribal organizations that receive a
7 grant under subsection (a)(1). Such tribes and orga-
8 nizations shall meet the requirements applicable to
9 States under this section as determined appropriate
10 by the Secretary.
11 (6) The term "vital statistics unit" means the
12 entity that is responsible for maintaining vital
13 records for a State, including official records of live
14 births, deaths, fetal deaths, marriages, divorces, and
15 annulments.
16 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section
18 $7,000,000 for each of fiscal years 2018 through 2022.
19 **SEC. 4. ELIMINATING DISPARITIES IN MATERNITY HEALTH**
20 **OUTCOMES.**
21 Part B of title III of the Public Health Service Act
22 is amended by inserting after section 317T of such Act
23 (42 U.S.C. 247b–22) the following new section:

1 ~~"SEC. 317U. ELIMINATING DISPARITIES IN MATERNAL~~
2 ~~HEALTH OUTCOMES.~~

3 ~~"(a) IN GENERAL.—The Secretary shall, in consulta-~~
4 ~~tion with relevant national stakeholder organizations, such~~
5 ~~as national medical specialty organizations, national ma-~~
6 ~~ternal child health organizations, national patient advo-~~
7 ~~cacy organizations, and national health disparity organiza-~~
8 ~~tions, carry out the following activities to eliminate dis-~~
9 ~~parities in maternal health outcomes:~~

10 ~~"(1) Conduct research into the determinants~~
11 ~~and the distribution of disparities in maternal care,~~
12 ~~health risks, and health outcomes, and improve the~~
13 ~~capacity of the performance measurement infrastruc-~~
14 ~~ture to measure such disparities.~~

15 ~~"(2) Expand access to health care services, re-~~
16 ~~sources, and information that have been dem-~~
17 ~~onstrated to improve the quality and outcomes of~~
18 ~~maternity care for vulnerable populations.~~

19 ~~"(3) Establish a demonstration project to com-~~
20 ~~pare the effectiveness of interventions to reduce dis-~~
21 ~~parities in maternity services and outcomes and to~~
22 ~~implement and assess effective interventions.~~

23 ~~"(b) SCOPE AND SELECTION OF STATES FOR DEM-~~
24 ~~ONSTRATION PROJECT.—The demonstration project~~
25 ~~under subsection (a)(3) shall be conducted in no more~~

1 than 8 States, which shall be selected by the Secretary
2 based on—

3 “(1) applications submitted by States, which
4 specify which regions and populations the State in-
5 volved will serve under the demonstration project;

6 “(2) criteria designed by the Secretary to en-
7 sure that, as a whole, the demonstration project is,
8 to the greatest extent possible, representative of the
9 demographic and geographic composition of commu-
10 nities most affected by disparities;

11 “(3) criteria designed by the Secretary to en-
12 sure that a variety of models are tested through the
13 demonstration project and that such models include
14 interventions that have an existing evidence base for
15 effectiveness; and

16 “(4) criteria designed by the Secretary to en-
17 sure that the demonstration projects and models will
18 be carried out in consultation with local and regional
19 provider organizations, such as community health
20 centers, hospital systems, and medical societies rep-
21 resenting providers of maternity services.

22 “(c) DURATION OF DEMONSTRATION PROJECT.—
23 The demonstration project under subsection (a)(3) shall
24 begin on January 1, 2018, and end on December 31,
25 2021.

1 "(d) GRANTS FOR EVALUATION AND MONITORING.—
2 The Secretary may make grants to States and health care
3 providers participating in the demonstration project under
4 subsection (a)(3) for the purpose of collecting data nec-
5 essary for the evaluation and monitoring of such project.
6 "(e) REPORTS.—
7 "(1) STATE REPORTS.—Each State that par-
8 ticipates in the demonstration project under sub-
9 section (a)(3) shall report to the Secretary, in a
10 time, form, and manner specified by the Secretary,
11 the data necessary to—
12 "(A) monitor the—
13 "(i) outcomes of the project;
14 "(ii) costs of the project; and
15 "(iii) quality of maternity care pro-
16 vided under the project; and
17 "(B) evaluate the rationale for the selec-
18 tion of the items and services included in any
19 bundled payment made by the State under the
20 project.
21 "(2) FINAL REPORT.—Not later than December
22 31, 2022, the Secretary shall submit to Congress a
23 report on the results of the demonstration project
24 under subsection (a)(3).".

1 ***SECTION 1. SHORT TITLE.***

2 *This Act may be cited as the "Maternal Health Ac-*
3 *countability Act of 2017".*

4 ***SEC. 2. SAFE MOTHERHOOD.***

5 *Section 317K of the Public Health Service Act (42*
6 *U.S.C. 247b–12) is amended—*

7 *(1) in subsection (a)—*

8 *(A) in paragraph (1)—*

9 *(i) by striking "purpose of this sub-*
10 *section is to develop" and inserting "pur-*
11 *poses of this subsection are to establish or*
12 *continue a Federal initiative to support*
13 *State and tribal maternal mortality review*
14 *committees, to improve data collection and*
15 *reporting around maternal mortality, and*
16 *to develop or support";*

17 *(ii) by inserting ", including severe*
18 *maternal morbidities," after "maternal*
19 *complications"; and*

20 *(iii) by striking "population at risk of*
21 *death and" and inserting "populations at*
22 *risk of death and severe"; and*

23 *(B) in paragraph (2)—*

24 *(i) by amending subparagraph (A) to*
25 *read as follows:*

1 *"(A) The Secretary may continue and im-*
2 *prove activities related to a national maternal*
3 *mortality data collection and surveillance pro-*
4 *gram to identify and support the review of preg-*
5 *nancy-associated deaths and pregnancy-related*
6 *deaths and severe maternal morbidity that occur*
7 *during, or within 1 year following, pregnancy.";*
8 *and*
9 *(ii) by inserting after subparagraph*
10 *(C) the following:*
11 *"(D) The Secretary may, in cooperation*
12 *with States, Indian tribes, and tribal organiza-*
13 *tions, develop a program to support States, In-*
14 *dian tribes, and tribal organizations in estab-*
15 *lishing or operating maternal mortality review*
16 *committees, in accordance with subsection (d).";*
17 *(2) in subsection (b)(2)—*
18 *(A) in subparagraph (A)—*
19 *(i) by striking "preconception" and in-*
20 *serting "prepregnancy"; and*
21 *(ii) by inserting "and women with*
22 *substance use disorder" before the semicolon;*
23 *(B) in subparagraph (H)—*
24 *(i) by inserting "the identification of*
25 *the determinants of disparities in maternal*

1 *care, health risks, and health outcomes, in-*
2 *cluding" before "an examination"; and*
3 *(ii) by inserting "and other groups of*
4 *women with disproportionately high rates of*
5 *maternal mortality" before the semicolon;*
6 *(C) by redesignating subparagraphs (I)*
7 *through (L) as subparagraphs (J) through (M),*
8 *respectively;*
9 *(D) by inserting after subparagraph (H) the*
10 *following:*
11 *"(I) activities to reduce disparities in ma-*
12 *ternity services and outcomes;"; and*
13 *(E) in subparagraph (K), as so redesig-*
14 *nated, by striking ", alcohol and illegal drug*
15 *use" and inserting "and substance abuse and*
16 *misuse";*
17 *(3) in subsection (c)—*
18 *(A) by striking "(1) IN GENERAL—The Sec-*
19 *retary" and inserting "The Secretary";*
20 *(B) by redesignating subparagraphs (A)*
21 *through (C) as paragraphs (1) through (3), re-*
22 *spectively, and adjusting the margins accord-*
23 *ingly;*
24 *(C) in paragraph (1), as so redesignated, by*
25 *striking "and the building of partnerships with*

1 *outside organizations concerned about safe moth-*
2 *erhood";*
3 *(D) in paragraph (2), as so redesignated, by*
4 *striking "; and" and inserting a semicolon;*
5 *(E) in paragraph (3), as so redesignated, by*
6 *striking the period and inserting "; and"; and*
7 *(F) by adding at the end the following:*
8 *"(4) activities to promote physical, mental, and*
9 *behavioral health during, and up to 1 year following,*
10 *pregnancy, with an emphasis on prevention of, and*
11 *treatment for, depression and substance use dis-*
12 *order.";*
13 *(4) by redesignating subsection (d) as subsection*
14 *(f);*
15 *(5) by inserting after subsection (c) the fol-*
16 *lowing:*
17 *"(d) MATERNAL MORTALITY REVIEW COMMITTEES.—*
18 *"(1) IN GENERAL.—In order to participate in*
19 *the program under subsection (a)(2)(D), the applica-*
20 *ble maternal mortality review committee of the State,*
21 *Indian tribe, or tribal organization shall—*
22 *"(A) include multidisciplinary and diverse*
23 *membership that represents, as appropriate, a*
24 *variety of clinical specialties, State, tribal, or*
25 *local public health officials, epidemiologists, stat-*

1 *isticians, community organizations, geographic*
2 *regions within the area covered by such com-*
3 *mittee, and individuals or organizations that*
4 *represent the populations in the area covered by*
5 *such committee that is most affected by preg-*
6 *nancy-related deaths or pregnancy-associated*
7 *deaths and lack of access to maternal health care*
8 *services; and*
9 *"(B) to the extent practicable, use evidence-*
10 *based practices to demonstrate that such mater-*
11 *nal mortality review committee's methods and*
12 *processes for the data collection and review, as*
13 *required under paragraph (3), will reliably de-*
14 *termine and include all pregnancy-associated*
15 *deaths and associated pregnancy-related deaths,*
16 *regardless of the outcome of the pregnancy.*
17 *"(2) PROCESS FOR CONFIDENTIAL REPORTING.—*
18 *States, Indian tribes, and tribal organizations that*
19 *participate in the program described in this sub-*
20 *section shall, through the State maternal mortality re-*
21 *view committee, develop a process that—*
22 *"(A) provides for confidential case reporting*
23 *of pregnancy-associated and pregnancy-related*
24 *deaths to the appropriate State or tribal health*
25 *agency, including such reporting by—*

1 *"(i) health care professionals prac-*
2 *ticing in women's health, including obstetri-*
3 *cians, gynecologists, nurse practitioners,*
4 *clinical nurse specialists, certified registered*
5 *nurse anesthetists, and certified nurse mid-*
6 *wives;*
7 *"(ii) medical examiners;*
8 *"(iii) medical coroners;*
9 *"(iv) hospitals;*
10 *"(v) birth centers;*
11 *"(vi) other health care facilities;*
12 *"(vii) other individuals responsible for*
13 *completing death records; and*
14 *"(viii) other appropriate individuals*
15 *or entities; and*
16 *"(B) provides for voluntary and confiden-*
17 *tial case reporting of pregnancy-associated*
18 *deaths and pregnancy-related deaths to the ap-*
19 *propriate State or tribal health agency by family*
20 *members of the deceased, and other appropriate*
21 *individuals, for purposes of review by the appli-*
22 *cable maternal mortality review committee; and*
23 *"(C) may include—*

1 *"(i) making publicly available contact*
2 *information of the committee for use in such*
3 *reporting; and*
4 *"(ii) conducting outreach to local pro-*
5 *fessional organizations, community organi-*
6 *zations, and social services agencies regard-*
7 *ing the availability of the review committee.*
8 *"(3) DATA COLLECTION AND REVIEW.—States,*
9 *Indian tribes, and tribal organizations that partici-*
10 *pate in the program described in this subsection*
11 *shall—*
12 *"(A) annually identify pregnancy-associ-*
13 *ated deaths and pregnancy-related deaths—*
14 *"(i) through the appropriate vital sta-*
15 *tistics unit by—*
16 *"(I) matching each death record*
17 *related to a pregnancy-associated death*
18 *or pregnancy-related death in the State*
19 *or tribal area in the applicable year to*
20 *a birth certificate of an infant or fetal*
21 *death record, as applicable;*
22 *"(II) to the extent practicable,*
23 *identifying an underlying or contrib-*
24 *uting cause of each pregnancy-associ-*
25 *ated death and each pregnancy-related*

1 *death in the State or tribal area in the*
2 *applicable year; and*
3 *"(III) collecting data from med-*
4 *ical examiner and coroner reports, as*
5 *appropriate; and*
6 *"(ii) using other appropriate methods*
7 *or information to identify pregnancy-associ-*
8 *ated deaths and pregnancy-related deaths;*
9 *"(B) through the maternal mortality review*
10 *committee, review data and information to iden-*
11 *tify adverse outcomes that may contribute to*
12 *pregnancy-associated death and pregnancy-re-*
13 *lated death, and to identify trends, patterns, and*
14 *disparities in such adverse outcomes to allow the*
15 *State, Indian tribe, or tribal organization to*
16 *make recommendations to individuals and enti-*
17 *ties described in paragraph (2)(A), as appro-*
18 *priate, to improve maternal care and reduce*
19 *pregnancy-associated death and pregnancy-re-*
20 *lated death; and*
21 *"(C) ensure that, to the extent practicable,*
22 *the data collected and reported under this para-*
23 *graph is in a format that allows for analysis by*
24 *the Centers for Disease Control and Prevention.*

1 *“(4) CONFIDENTIALITY.—States, Indian tribes,*
2 *and tribal organizations participating in the pro-*
3 *gram described in this subsection shall establish con-*
4 *fidentiality protections to ensure, at a minimum,*
5 *that—*
6 *“(A) there is no disclosure by the maternal*
7 *mortality review committee, including any indi-*
8 *vidual members of the committee, to any person,*
9 *including any government official, of any identi-*
10 *fying information about any specific maternal*
11 *mortality case; and*
12 *“(B) no information from committee pro-*
13 *ceedings, including deliberation or records, is*
14 *made public unless specifically authorized under*
15 *State and Federal law.*
16 *“(5) REPORTS TO CDC.—For fiscal year 2019,*
17 *and each subsequent fiscal year, each maternal mor-*
18 *tality review committee participating in the program*
19 *described in this subsection shall submit to the Direc-*
20 *tor of the Centers for Disease Control and Prevention*
21 *a report that includes—*
22 *“(A) data, findings, and any recommenda-*
23 *tions of such committee; and*
24 *“(B) as applicable, information on the im-*
25 *plementation during such year of any rec-*

1 *ommendations submitted by the committee in a*
2 *previous year.*
3 *“(6) STATE PARTNERSHIPS.—States may part-*
4 *ner with one or more neighboring States to carry out*
5 *the activities under this subparagraph. With respect*
6 *to the States in such a partnership, any requirement*
7 *under this subparagraph relating to the reporting of*
8 *information related to such activities shall be deemed*
9 *to be fulfilled by each such State if a single such re-*
10 *port is submitted for the partnership.*
11 *“(7) APPROPRIATE MECHANISMS FOR INDIAN*
12 *TRIBES AND TRIBAL ORGANIZATIONS.—The Secretary,*
13 *in consultation with Indian tribes, shall identify and*
14 *establish appropriate mechanisms for Indian tribes*
15 *and tribal organizations to demonstrate, report data,*
16 *and conduct the activities as required for participa-*
17 *tion in the program described in this subsection. Such*
18 *mechanisms may include technical assistance with re-*
19 *spect to grant application and submission procedures,*
20 *and award management activities.*
21 *“(8) RESEARCH AVAILABILITY.—The Secretary*
22 *shall develop a process to ensure that data collected*
23 *under paragraph (5) is made available, as appro-*
24 *priate and practicable, for research purposes, in a*
25 *manner that protects individually identifiable or po-*

1 *tentially identifiable information and that is con-*
2 *sistent with State and Federal privacy law.*
3 *"(e) DEFINITIONS.—In this section—*
4 *"(1) the terms 'Indian tribe' and 'tribal organi-*
5 *zations' have the meanings given such terms in sec-*
6 *tion 4 of the Indian Self-Determination and Edu-*
7 *cation Assistance Act (25 U.S.C. 5304);*
8 *"(2) the term 'pregnancy-associated death' means*
9 *a death of a woman, by any cause, that occurs dur-*
10 *ing, or within 1 year following, her pregnancy, re-*
11 *gardless of the outcome, duration, or site of the preg-*
12 *nancy; and*
13 *"(3) the term 'pregnancy-related death' means a*
14 *death of a woman that occurs during, or within 1*
15 *year following, her pregnancy, regardless of the out-*
16 *come, duration, or site of the pregnancy—*
17 *"(A) from any cause related to, or aggra-*
18 *vated by, the pregnancy or its management; and*
19 *"(B) not from accidental or incidental*
20 *causes."; and*
21 *(6) in subsection (f), as so redesignated, by strik-*
22 *ing "such sums as may be necessary for each of the*
23 *fiscal years 2001 through 2005" and inserting*
24 *"$58,000,000 for each of fiscal years 2019 through*
25 *2023".*

Calendar No. 502

115TH CONGRESS
2D SESSION

S. 1112

A BILL

To support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, and for other purposes.

JULY 9, 2018

Reported with an amendment