

115TH CONGRESS  
2D SESSION

# S. 3568

To amend the Social Security Act and Public Health Service Act to improve obstetric care in rural areas.

---

IN THE SENATE OF THE UNITED STATES

OCTOBER 10, 2018

Ms. HEITKAMP introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

## A BILL

To amend the Social Security Act and Public Health Service Act to improve obstetric care in rural areas.

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 “Rural Maternal and  
5 Obstetric Modernization of Services Act” or the “Rural  
6 MOMS Act”.

1 **SEC. 2. IMPROVING RURAL MATERNAL AND OBSTETRIC**  
2 **CARE DATA.**

3 (a) **MATERNAL MORTALITY AND MORBIDITY ACTIVI-**  
4 **TIES.**—Section 301 of the Public Health Service Act (42  
5 U.S.C. 241) is amended—

6 (1) by redesignating subsections (e) through (h)  
7 as subsections (f) through (i), respectively; and

8 (2) by inserting after subsection (d), the fol-  
9 lowing:

10 “(e) The Secretary, acting through the Director of  
11 the Centers for Disease Control and Prevention, shall ex-  
12 pand, intensify, and coordinate the activities of the Cen-  
13 ters for Disease Control and Prevention with respect to  
14 maternal mortality and morbidity.”.

15 (b) **OFFICE OF WOMEN’S HEALTH.**—Section  
16 310A(b)(1) of the Public Health Service Act (42 U.S.C.  
17 242s(b)(1)) is amended by inserting “sociocultural, and  
18 geographic contexts,” after “biological,”.

19 (c) **SAFE MOTHERHOOD.**—Section 317K(b)(2) of the  
20 Public Health Service Act (42 U.S.C. 247b–12(b)(2)) is  
21 amended—

22 (1) in subparagraph (K), by striking “and” at  
23 the end;

24 (2) by redesignating subparagraph (L) as sub-  
25 paragraph (M); and

1           (3) by inserting after subparagraph (K), the  
2 following:

3           “(L) an examination of the relationship be-  
4 tween maternal and obstetric health services in  
5 rural areas and outcomes in delivery and  
6 postpartum care; and”.

7           (d) OFFICE OF RESEARCH ON WOMEN’S HEALTH.—  
8 Section 486 of the Public Health Service Act (42 U.S.C.  
9 287d) is amended—

10           (1) in subsection (b)—

11           (A) by redesignating paragraphs (4)  
12 through (9) as paragraphs (5) through (10), re-  
13 spectively;

14           (B) by inserting after paragraph (3) the  
15 following:

16           “(4) carry out paragraphs (1) and (2) with re-  
17 spect to pregnancy, with priority given to deaths re-  
18 lated to pregnancy;”; and

19           (C) in paragraph (5) (as so redesignated),  
20 by striking “through (3)” and inserting  
21 “through (4)”; and

22           (2) in subsection (d)(4)(A)(iv), by inserting “,  
23 including maternal mortality and other maternal  
24 morbidity outcomes” before the semicolon.

1 **SEC. 3. COLLABORATIVE IMPROVEMENT AND INNOVATION**  
2 **NETWORKS TO IMPROVE OBSTETRIC HEALTH**  
3 **IN RURAL AREAS.**

4 Section 501 of the Social Security Act (42 U.S.C.  
5 701) is amended—

6 (1) in subsection (a)(2), by inserting “and the  
7 establishment of collaborative improvement and in-  
8 novation networks to improve obstetric health in  
9 rural areas by improving outcomes in birth and ma-  
10 ternal morbidity and mortality” after “services de-  
11 velopment”; and

12 (2) by adding at the end the following:

13 “(d)(1)(A) For the purpose of enabling the Secretary  
14 (through grants, contracts, or otherwise) to establish, as  
15 special projects of regional and national significance, col-  
16 laborative improvement and innovation networks (referred  
17 to in this subsection as ‘rural obstetric health CoIINs’)  
18 to improve obstetric health in rural areas by improving  
19 outcomes in birth and maternal morbidity and mortality,  
20 there is appropriated to the Secretary, out of any money  
21 in the Treasury not otherwise appropriated, \$3,000,000  
22 for each of fiscal years 2019 through 2023.

23 “(B) Funds appropriated under subparagraph (A)  
24 shall—

25 “(i) be in addition to amounts appropriated  
26 under subsection (a) and retained under section

1 502(a)(1) for the purpose of carrying out activities  
2 described in subsection (a)(2); and

3 “(ii) remain available until expended.

4 “(2) Rural obstetric health CoIINs established in ac-  
5 cordance with this subsection shall—

6 “(A) assist pregnant women in rural areas con-  
7 nect with maternal, prenatal and postnatal, and ob-  
8 stetric care to improve outcomes in birth and mater-  
9 nal mortality and morbidity;

10 “(B) identify successful maternal, prenatal and  
11 postnatal, and obstetric health delivery models for  
12 women in rural areas;

13 “(C) develop a model for collaboration between  
14 health facilities that have an obstetric health unit  
15 and health facilities that do not have an obstetric  
16 health unit;

17 “(D) provide training and guidance for health  
18 facilities that do not have obstetric health units; and

19 “(E) collaborate with academic institutions that  
20 can provide regional expertise and research on ac-  
21 cess, outcomes, needs assessments, and other identi-  
22 fied data.

23 “(3)(A) Not later than October 1, 2019, the Sec-  
24 retary shall establish rural obstetric health CoIINs in at  
25 least 5 regions.

1 “(B) In this subsection:

2 “(i) The term ‘frontier area’ means a frontier  
3 county, as defined in section 1886(d)(3)(E)(iii)(III).

4 “(ii) The term ‘Indian tribe’ has the meaning  
5 given such term in section 4 of the Indian Health  
6 Care Improvement Act (25 U.S.C. 1603).

7 “(iii) The term ‘region’ means a State, Indian  
8 tribe, rural area, or frontier area.

9 “(iv) The term ‘rural area’ has the meaning  
10 given that term in section 1886(d)(2)(D).

11 “(v) The term ‘State’ has the meaning given  
12 that term for purposes of this title in section 1101.

13 “(4) The provisions of this title that are applicable  
14 to the funds made available to the Secretary under section  
15 502(a)(1) apply in the same manner to funds made avail-  
16 able to the Secretary under paragraph (1)(A).”.

17 **SEC. 4. TELEHEALTH NETWORK AND TELEHEALTH RE-**  
18 **SOURCE CENTERS GRANT PROGRAMS.**

19 Section 330I of the Public Health Service Act (42  
20 U.S.C. 254c-14) is amended—

21 (1) in subsection (f)(1)(B)(iii), by adding at the  
22 end the following:

23 “(XIII) Providers of maternal,  
24 including prenatal and postnatal, and

1                   obstetric care services and entities op-  
2                   eration obstetric care units.”;

3                   (2) in subsection (i)(1)(B), by inserting “mater-  
4                   nal, including prenatal and postnatal care, obstetric  
5                   care,” before “or prenatal”; and

6                   (3) in subsection (k)(1)(B), by inserting “equip-  
7                   ment useful for caring for pregnant women, includ-  
8                   ing ultrasound machines and fetal monitoring equip-  
9                   ment,” before “and other equipment”.

10 **SEC. 5. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**  
11 **ING DEMONSTRATION.**

12           Part D of title VII of the Public Health Service Act  
13 is amended by inserting after section 760 (42 U.S.C.  
14 294k) the following:

15 **SEC. 760A. RURAL MATERNAL AND OBSTETRIC CARE**  
16 **TRAINING DEMONSTRATION.**

17           (a) IN GENERAL.—The Secretary shall establish a  
18 training demonstration program to award grants to eligi-  
19 ble entities to support—

20                   (1) training for physicians, medical residents,  
21                   including family practice residents, and fellows to  
22                   practice maternal and obstetric medicine in rural,  
23                   community-based settings;

24                   (2) training for nurse practitioners, physician  
25                   assistants, nurse midwives, and doulas to provide

1 maternal and obstetric care services in rural commu-  
2 nity-based settings; and

3 (3) establishing, maintaining, or improving aca-  
4 demic units or programs that—

5 (A) provide training for students or fac-  
6 ulty, including through clinical experiences and  
7 research, to improve maternal and obstetric  
8 care in rural areas; or

9 (B) develop evidence-based practices or  
10 recommendations for the design of the units or  
11 programs described in subparagraph (A), in-  
12 cluding curriculum content standards.

13 (b) ACTIVITIES.—

14 (1) TRAINING FOR RESIDENTS AND FEL-  
15 LOWS.—A recipient of a grant under subsection

16 (a)(1)—

17 (A) shall use the grant funds—

18 (i) to plan, develop, and operate a  
19 training program to provide obstetric care  
20 in rural areas for family practice or obstet-  
21 rics residents and fellows; or

22 (ii) to train new family practice or ob-  
23 stetrics residents and fellows in maternal  
24 and obstetric health care to provide and



1 expand access to maternal and obstetric  
2 health care in rural areas; and

3 (B) may use the grant funds to provide ad-  
4 ditional support for the administration of the  
5 program or to meet the costs of projects to es-  
6 tablish, maintain, or improve faculty develop-  
7 ment, or departments, divisions, or other units  
8 necessary to implement such training.

9 (2) TRAINING FOR OTHER PROVIDERS.—A re-  
10 cipient of a grant under subsection (a)(2)—

11 (A) shall use the grant funds to plan, de-  
12 velop, or operate a training program to provide  
13 maternal and obstetric health care services in  
14 rural, community-based settings; and

15 (B) may use the grant funds to provide ad-  
16 ditional support for the administration of the  
17 program or to meet the costs of projects to es-  
18 tablish, maintain, or improve faculty develop-  
19 ment, or departments, divisions, or other units  
20 necessary to implement such program.

21 (3) ACADEMIC UNITS OR PROGRAMS.—A recipi-  
22 ent of a grant under subsection (a)(3) shall enter  
23 into a partnership with organizations such as an  
24 education accrediting organization (such as the Liai-  
25 son Committee on Medical Education, the Accredita-

1 tion Council for Graduate Medical Education, the  
2 Commission on Osteopathic College Accreditation,  
3 the Accreditation Commission for Education in  
4 Nursing, the Commission on Collegiate Nursing  
5 Education, or the Accreditation Review Commission  
6 on Education for the Physician Assistant) to carry  
7 out activities under subsection (a)(3).

8 (c) ELIGIBLE ENTITIES.—

9 (1) TRAINING FOR RESIDENTS AND FEL-  
10 LOWS.—To be eligible to receive a grant under sub-  
11 section (a)(1), an entity shall—

12 (A) be a consortium consisting of—

13 (i) at least one teaching health center;

14 and

15 (ii) the sponsoring institution (or par-  
16 ent institution of the sponsoring institu-  
17 tion) of—

18 (I) an obstetric residency pro-  
19 gram that is accredited by the Accred-  
20 itation Council of Graduate Medical  
21 Education (or the parent institution  
22 of such a program); or

23 (II) a fellowship in maternal or  
24 obstetric medicine, as determined ap-  
25 propriate by the Secretary; or

1 (B) be an entity described in subparagraph  
2 (A)(ii) that provides opportunities for residents  
3 or fellows to train in rural community-based  
4 settings.

5 (2) TRAINING FOR OTHER PROVIDERS.—To be  
6 eligible to receive a grant under subsection (a)(2),  
7 an entity shall be—

8 (A) a teaching health center (as defined in  
9 section 749A(f));

10 (B) a Federally qualified health center (as  
11 defined in section 1905(l)(2)(B) of the Social  
12 Security Act);

13 (C) a community mental health center (as  
14 defined in section 1861(ff)(3)(B) of the Social  
15 Security Act);

16 (D) a rural health clinic (as defined in sec-  
17 tion 1861(aa) of the Social Security Act);

18 (E) a health center operated by the Indian  
19 Health Service, an Indian tribe, a tribal organi-  
20 zation, or an urban Indian organization (as de-  
21 fined in section 4 of the Indian Health Care  
22 Improvement Act); or

23 (F) an entity with a demonstrated record  
24 of success in providing training for nurse prac-

1           tioners, physician assistants, nurse midwives,  
2           or doulas.

3           (3) ACADEMIC UNITS OR PROGRAMS.—To be el-  
4           igible to receive a grant under subsection (a)(3), an  
5           entity shall be a school of medicine or osteopathic  
6           medicine, a nursing school, a physician assistant  
7           training program, an accredited public or nonprofit  
8           private hospital, an accredited medical residency pro-  
9           gram, or a public or private nonprofit entity which  
10          the Secretary has determined is capable of carrying  
11          out such grant.

12          (d) DURATION.—Grants awarded under this section  
13          shall be for a minimum of 5 years.

14          (e) STUDY AND REPORT.—

15               (1) STUDY.—

16                   (A) IN GENERAL.—The Secretary, acting  
17                   through the Administrator of the Health Re-  
18                   sources and Services Administration, shall con-  
19                   duct a study on the results of the demonstra-  
20                   tion program under this section.

21                   (B) DATA SUBMISSION.—Not later than 90  
22                   days after the completion of the first year of  
23                   the training program, and each subsequent year  
24                   that the program is in effect, each recipient of  
25                   a grant under subsection (a) shall submit to the

1 Secretary such data as the Secretary may re-  
2 quire for analysis for the report described in  
3 paragraph (2).

4 (2) REPORT TO CONGRESS.—Not later than 1  
5 year after receipt of the data described in paragraph  
6 (1)(B), the Secretary shall submit to Congress a re-  
7 port that includes—

8 (A) an analysis of the effect of the dem-  
9 onstration program under this section on the  
10 quality, quantity, and distribution of maternal,  
11 including prenatal and postnatal, and obstetric  
12 care services;

13 (B) an analysis of the effect of the dem-  
14 onstration program on the prevalence of mater-  
15 nal mortality in the surrounding communities of  
16 health centers participating in the demonstra-  
17 tion; and

18 (C) recommendations on whether the dem-  
19 onstration program should be expanded.

20 (f) AUTHORIZATION OF APPROPRIATIONS.—There  
21 are authorized to be appropriated to carry out this section,  
22 \$5,000,000 for each of fiscal years 2019 through 2023.

23 **SEC. 6. GAO REPORT.**

24 Not later than 1 year after the date of enactment  
25 of this Act, the Comptroller General of the United States

1 shall submit to the appropriate committees of Congress  
2 a report on the maternal, including prenatal and post-  
3 natal, care and obstetric care in rural areas. Such report  
4 shall include the following:

5           (1) The location of gaps in maternal and ob-  
6           stetric health care workers, including non-physicians  
7           such as doulas and community health workers.

8           (2) A list of specific activities that the Comp-  
9           troller General plans to conduct on maternal, includ-  
10          ing prenatal and postnatal, and obstetric care.

11          (3) A plan for completing such activities.

12          (4) An explanation of Federal agency involve-  
13          ment and coordination needed to conduct such ac-  
14          tivities.

15          (5) A budget for conducting such activities.

16          (6) Other information that the Comptroller  
17          General determines appropriate.

○