

117TH CONGRESS
1ST SESSION

S. 796

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

IN THE SENATE OF THE UNITED STATES

MARCH 17 (legislative day, MARCH 16), 2021

Ms. DUCKWORTH (for herself and Ms. COLLINS) introduced the following bill; which was read twice and 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 of 2021”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **MATERNAL MORTALITY.**—The term “mater-
9 nal mortality” means a death occurring during preg-
10 nancy or within a one-year period after pregnancy

1 that is caused by pregnancy-related or childbirth
2 complications, including suicide, overdose, or other
3 death resulting from a mental health or substance
4 use disorder attributed to or aggravated by preg-
5 nancy-related or childbirth complications.

6 (2) POSTPARTUM.—The term “postpartum”,
7 with respect to an individual, means the one-year pe-
8 riod beginning on the last day of the pregnancy of
9 the individual.

10 (3) PREGNANCY-ASSOCIATED DEATH.—The
11 term “pregnancy-associated death” means the death
12 of a pregnant or postpartum individual, by any
13 cause, that occurs during pregnancy or within one
14 year following pregnancy, regardless of the outcome,
15 duration, or site of the pregnancy.

16 (4) PREGNANCY-RELATED DEATH.—The term
17 “pregnancy-related death” means the death of a
18 pregnant or postpartum individual that occurs dur-
19 ing pregnancy or within one year following preg-
20 nancy from a pregnancy complication, a chain of
21 events initiated by pregnancy, or the aggravation of
22 an unrelated condition by the physiologic effects of
23 pregnancy.

24 (5) RACIAL AND ETHNIC MINORITY GROUP.—
25 The term “racial and ethnic minority group” has the

1 meaning given that term in section 1707(g)(1) of
2 the Public Health Service Act (42 U.S.C. 300u-
3 6(g)(1)).

4 (6) SEVERE MATERNAL MORBIDITY.—The term
5 “severe maternal morbidity” means a health condi-
6 tion, including a mental health condition or sub-
7 stance use disorder, attributed to or aggravated by
8 pregnancy or childbirth that results in significant
9 short-term or long-term consequences to the health
10 of the individual who was pregnant.

11 **SEC. 3. SUPPORT BY DEPARTMENT OF VETERANS AFFAIRS**
12 **OF MATERNITY CARE COORDINATION.**

13 (a) PROGRAM ON MATERNITY CARE COORDINA-
14 TION.—

15 (1) IN GENERAL.—The Secretary of Veterans
16 Affairs shall carry out the maternity care coordina-
17 tion program described in Veterans Health Adminis-
18 tration Handbook 1330.03, or successor handbook.

19 (2) TRAINING AND SUPPORT.—In carrying out
20 the program under paragraph (1), the Secretary
21 shall provide to community maternity care providers
22 training and support with respect to the unique
23 needs of pregnant and postpartum veterans, particu-
24 larly regarding mental and behavioral health condi-

1 tions relating to the service of those veterans in the
2 Armed Forces.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—

4 (1) IN GENERAL.—There is authorized to be
5 appropriated to the Secretary \$15,000,000 for fiscal
6 year 2022 for the program under subsection (a)(1).

7 (2) SUPPLEMENT NOT SUPPLANT.—Amounts
8 authorized under paragraph (1) are authorized in
9 addition to any other amounts authorized for mater-
10 nity health care and coordination for the Depart-
11 ment of Veterans Affairs.

12 (c) DEFINITIONS.—In this section:

13 (1) COMMUNITY MATERNITY CARE PRO-
14 VIDERS.—The term “community maternity care pro-
15 viders” means maternity care providers located at
16 non-Department facilities who provide maternity
17 care to veterans under section 1703 of title 38,
18 United States Code, or any other law administered
19 by the Secretary of Veterans Affairs.

20 (2) NON-DEPARTMENT FACILITIES.—The term
21 “non-Department facilities” has the meaning given
22 that term in section 1701 of title 38, United States
23 Code.

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

4 (a) GAO REPORT.—Not later than two years after
5 the date of the enactment of this Act, the Comptroller
6 General of the United States shall submit to the Com-
7 mittee on Veterans' Affairs of the Senate and the Com-
8 mittee on Veterans' Affairs of the House of Representa-
9 tives, and make publicly available, a report on maternal
10 mortality and severe maternal morbidity among pregnant
11 and postpartum veterans, with a particular focus on racial
12 and ethnic disparities in maternal health outcomes for vet-
13 erans.

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

16 (1) To the extent practicable—

17 (A) the number of pregnant and
18 postpartum veterans who have experienced a
19 pregnancy-related death or pregnancy-associ-
20 ated death in the most recent 10 years of avail-
21 able data;

22 (B) the rate of pregnancy-related deaths
23 per 100,000 live births for pregnant and
24 postpartum veterans;

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

4 (D) an assessment of the racial and ethnic
5 disparities in maternal mortality and severe ma-
6 ternal morbidity rates among pregnant and
7 postpartum veterans;

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

14 (F) identification of the causes of maternal
15 mortality and severe maternal morbidity that
16 are unique to veterans from racial and ethnic
17 minority groups and such other at-risk popu-
18 lations as the Comptroller General considers ap-
19 propriate;

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

23 (H) the number of veterans who have been
24 diagnosed with infertility by a health care pro-
25 vider of the Veterans Health Administration

1 each year in the most recent five years,
2 disaggregated by age, race, ethnicity, sex, mar-
3 ital status, sexual orientation, gender identity,
4 and geographical location;

5 (I) the number of veterans who have re-
6 ceived a clinical diagnosis of unexplained infer-
7 tility by a health care provider of the Veterans
8 Health Administration each year in the most
9 recent five years; and

10 (J) an assessment of the extent to which
11 the rate of incidence of clinically diagnosed in-
12 fertility among veterans compare or differ to
13 the rate of incidence of clinically diagnosed in-
14 fertility among the civilian population.

15 (2) An assessment of the barriers to deter-
16 mining the information required under paragraph
17 (1) and recommendations for improvements in track-
18 ing maternal health outcomes among pregnant and
19 postpartum veterans who—

20 (A) have health care coverage through the
21 Department;

22 (B) are enrolled in the TRICARE program
23 (as defined in section 1072 of title 10, United
24 States Code);

1 (C) have employer-based or private insur-
2 ance;

3 (D) are enrolled in the Medicaid program
4 under title XIX of the Social Security Act (42
5 U.S.C. 1396 et seq.);

6 (E) are eligible to receive health care fur-
7 nished by—

8 (i) the Indian Health Service;

9 (ii) Tribal health programs; or

10 (iii) urban Indian organizations; or

11 (F) are uninsured.

12 (3) Recommendations for legislative and admin-
13 istrative actions to increase access to mental and be-
14 havioral health care for pregnant and postpartum
15 veterans who screen positively for maternal mental
16 or behavioral health conditions.

17 (4) Recommendations to address homelessness,
18 food insecurity, poverty, and related issues among
19 pregnant and postpartum veterans.

20 (5) Recommendations on how to effectively edu-
21 cate maternity care providers on best practices for
22 providing maternity care services to veterans that
23 addresses the unique maternal health care needs of
24 veteran populations.

1 (6) Recommendations to reduce maternal mor-
2 tality and severe maternal morbidity among preg-
3 nant and postpartum veterans and to address racial
4 and ethnic disparities in maternal health outcomes
5 for each of the groups described in subparagraphs
6 (A) through (F) of paragraph (2).

7 (7) Recommendations to improve coordination
8 of care between the Department and non-Depart-
9 ment facilities for pregnant and postpartum vet-
10 erans, including recommendations to improve—

11 (A) health record interoperability; and

12 (B) training for the directors of the Vet-
13 erans Integrated Service Networks, directors of
14 medical facilities of the Department, chiefs of
15 staff of such facilities, maternity care coordina-
16 tors, and staff of relevant non-Department fa-
17 cilities.

18 (8) An assessment of the authority of the Sec-
19 retary of Veterans Affairs to access maternal health
20 data collected by the Department of Health and
21 Human Services and, if applicable, recommendations
22 to increase such authority.

23 (9) To the extent applicable, an assessment of
24 potential causes of or explanations for lower mater-
25 nal mortality rates among veterans who have health

1 care coverage through the Department of Veterans
2 Affairs compared to maternal mortality rates in the
3 general population of the United States.

4 (10) Any other information the Comptroller
5 General determines appropriate with respect to the
6 reduction of maternal mortality and severe maternal
7 morbidity among pregnant and postpartum veterans
8 and to address racial and ethnic disparities in ma-
9 ternal health outcomes for veterans.

10 (c) DEFINITIONS.—In this section, the terms “Tribal
11 health program” and “urban Indian organization” have
12 the meanings given those terms in section 4 of the Indian
13 Health Care Improvement Act (25 U.S.C. 1603).

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