

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—117th Cong., 1st Sess.

S. 1491

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

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by _____

Viz:

1 Strike all after the enacting clause and insert the following:
2

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”.

7 **SEC. 2. IMPROVING RURAL MATERNAL AND OBSTETRIC
8 CARE DATA.**

9 (a) MATERNAL MORTALITY AND MORBIDITY ACTIVITIES.—Section 301(e) of the Public Health Service Act
10 (42 U.S.C. 241) is amended by inserting “, preventable
11

1 maternal mortality and severe maternal morbidity,” after
2 “delivery”.

3 (b) OFFICE OF WOMEN’S HEALTH.—Section
4 310A(b)(1) of the Public Health Service Act (42 U.S.C.
5 242s(b)(1)) is amended by striking “and sociocultural con-
6 texts,” and inserting “sociocultural (including among
7 American Indians, Native Hawaiians, and Alaska Na-
8 tives), and geographical contexts,”.

9 (c) SAFE MOTHERHOOD.—Section 317K of the Pub-
10 lic Health Service Act (42 U.S.C. 247b–12) is amended—

11 (1) in subsection (a)(2)(A), by inserting “, in-
12 cluding improving disaggregation of data (in a man-
13 ner consistent with applicable State and Federal pri-
14 vacy laws)” before the period; and

15 (2) in subsection (b)(2)—

16 (A) in subparagraph (L), by striking
17 “and” at the end;

18 (B) by redesignating subparagraph (M) as
19 subparagraph (N); and

20 (C) by inserting after subparagraph (L)
21 the following:

22 “(M) an examination of the relationship
23 between maternal health and obstetric services
24 in rural areas and outcomes in delivery and
25 postpartum care; and”.

1 (d) OFFICE OF RESEARCH ON WOMEN’S HEALTH.—
2 Section 486(d)(4)(A)(iv) of the Public Health Service Act
3 (42 U.S.C. 287d(d)(4)(A)(iv)) is amended by inserting “,
4 including preventable maternal mortality and severe ma-
5 ternal morbidity” before the semicolon.

6 **SEC. 3. RURAL OBSTETRIC NETWORK GRANTS.**

7 The Public Health Service Act is amended by insert-
8 ing after section 330A–1 of such Act (42 U.S.C. 254c–
9 1a) the following:

10 **“SEC. 330A–2. RURAL OBSTETRIC NETWORK GRANTS.**

11 “(a) PROGRAM ESTABLISHED.—The Secretary shall
12 award grants or cooperative agreements to eligible entities
13 to establish collaborative improvement and innovation net-
14 works (referred to in this section as ‘rural obstetric net-
15 works’) to improve maternal and infant health outcomes
16 and reduce preventable maternal mortality and severe ma-
17 ternal morbidity by improving maternity care and access
18 to care in rural areas, frontier areas, maternity care health
19 professional target areas, or jurisdictions of Indian Tribes
20 and Tribal organizations.

21 “(b) USE OF FUNDS.—Grants or cooperative agree-
22 ments awarded pursuant to this section shall be used for
23 the establishment or continuation of collaborative improve-
24 ment and innovation networks to improve maternal and
25 infant health outcomes and reduce preventable maternal

1 mortality and severe maternal morbidity by improving pre-
2 natal care, labor care, birthing, and postpartum care serv-
3 ices in rural areas. Rural obstetric networks established
4 in accordance with this section may—

5 “(1) develop a network to improve coordination
6 and increase access to maternal health care and as-
7 sist pregnant women in the areas described in sub-
8 section (a) with accessing and utilizing prenatal
9 care, labor care, birthing, and postpartum care serv-
10 ices to improve outcomes in birth and maternal mor-
11 tality and morbidity;

12 “(2) identify and implement evidence-based and
13 sustainable delivery models for providing prenatal
14 care, labor care, birthing, and postpartum care serv-
15 ices, including home visiting programs and culturally
16 appropriate care models that reduce health dispari-
17 ties;

18 “(3) develop a model for maternal health care
19 collaboration between health care settings to improve
20 access to care in areas described in subsection (a),
21 which may include the use of telehealth;

22 “(4) provide training for professionals in health
23 care settings that do not have specialty maternity
24 care;

1 “(5) collaborate with academic institutions that
2 can provide regional expertise and help identify bar-
3 riers to providing maternal health care, including
4 strategies for addressing such barriers; and

5 “(6) assess and address disparities in infant
6 and maternal health outcomes, including among ra-
7 cial and ethnic minority populations and underserved
8 populations in such areas described in subsection
9 (a).

10 “(c) DEFINITIONS.—In this section:

11 “(1) ELIGIBLE ENTITIES.—The term ‘eligible
12 entities’ means entities providing prenatal care,
13 labor care, birthing, and postpartum care services in
14 rural areas, frontier areas, or medically underserved
15 areas, or to medically underserved populations or In-
16 dian Tribes or Tribal organizations.

17 “(2) FRONTIER AREA.—The term ‘frontier
18 area’ means a frontier county, as defined in section
19 1886(d)(3)(E)(iii)(III) of the Social Security Act.

20 “(3) INDIAN TRIBES; TRIBAL ORGANIZATION.—
21 The terms ‘Indian Tribe’ and ‘Tribal organization’
22 have the meanings given the terms ‘Indian tribe’ and
23 ‘tribal organization’ in section 4 of the Indian Self-
24 Determination and Education Assistance Act.

1 “(4) MATERNITY CARE HEALTH PROFESSIONAL
2 TARGET AREA.—The term ‘maternity care health
3 professional target area’ has the meaning described
4 in section 332(k)(2).

5 “(d) REPORT TO CONGRESS.—Not later than Sep-
6 tember 30, 2025, the Secretary shall submit to Congress
7 a report on activities supported by grants awarded under
8 this section, including—

9 “(1) a description of activities conducted pursu-
10 ant to paragraphs (1) through (6) of subsection (b);
11 and

12 “(2) an analysis of the effects of rural obstetric
13 networks on improving maternal and infant health
14 outcomes.

15 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 \$3,000,000 for each of fiscal years 2022 through 2026.”.

18 **SEC. 4. TELEHEALTH NETWORK AND TELEHEALTH RE-**

19 **SOURCE CENTERS GRANT PROGRAMS.**

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

22 (1) in subsection (f)(3), by adding at the end
23 the following:

24 “(M) Providers of prenatal, labor care,
25 birthing, and postpartum care services, includ-

1 ing hospitals that operate obstetric care units.”;
2 and

3 (2) in subsection (h)(1)(B), by striking “or pre-
4 natal care for high-risk pregnancies” and inserting
5 “prenatal care, labor care, birthing care, or
6 postpartum care”.

7 **SEC. 5. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
8 **ING DEMONSTRATION.**

9 Subpart 1 of part E of title VII of the Public Health
10 Service Act (42 U.S.C. 294n et seq.) is amended by adding
11 at the end the following:

12 **“SEC. 764. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
13 **ING DEMONSTRATION.**

14 “(a) IN GENERAL.—The Secretary shall award
15 grants to accredited schools of allopathic medicine, osteo-
16 pathic medicine, and nursing, and other appropriate
17 health professional training programs, to establish a train-
18 ing demonstration program to support—

19 “(1) training for physicians, medical residents,
20 fellows, nurse practitioners, physician assistants,
21 nurses, certified nurse midwives, relevant home vis-
22 iting workforce professionals and paraprofessionals,
23 or other professionals who meet relevant State train-
24 ing and licensing requirements, as applicable, to re-
25 duce preventable maternal mortality and severe ma-

1 ternal morbidity by improving prenatal care, labor
2 care, birthing, and postpartum care in rural commu-
3 nity-based settings; and

4 “(2) developing recommendations for such
5 training programs.

6 “(b) APPLICATION.—To be eligible to receive a grant
7 under subsection (a), an entity shall submit to the Sec-
8 retary an application at such time, in such manner, and
9 containing such information as the Secretary may require.

10 “(c) ACTIVITIES.—

11 “(1) TRAINING FOR HEALTH CARE PROFES-
12 SIONALS.— A recipient of a grant under subsection
13 (a)—

14 “(A) shall use the grant funds to plan, de-
15 velop, and operate a training program to pro-
16 vide prenatal care, labor care, birthing, and
17 postpartum care in rural areas; and

18 “(B) may use the grant funds to provide
19 additional support for the administration of the
20 program or to meet the costs of projects to es-
21 tablish, maintain, or improve faculty develop-
22 ment, or departments, divisions, or other units
23 necessary to implement such training.

24 “(2) TRAINING PROGRAM REQUIREMENTS.—

25 The recipient of a grant under subsection (a) shall

1 ensure that training programs carried out under the
2 grant are evidence-based and address improving pre-
3 natal care, labor care, birthing, and postpartum care
4 in rural areas, and such programs may include
5 training on topics such as—

6 “(A) maternal mental health, including
7 perinatal depression and anxiety;

8 “(B) substance use disorders;

9 “(C) social determinants of health that af-
10 fect individuals living in rural areas; and

11 “(D) improving the provision of prenatal
12 care, labor care, birthing, and postpartum care
13 for racial and ethnic minority populations, in-
14 cluding with respect to perceptions and biases
15 that may affect the approach to, and provision
16 of, care.

17 “(d) EVALUATION AND REPORT.—

18 “(1) EVALUATION.—

19 “(A) IN GENERAL.—The Secretary shall
20 evaluate the outcomes of the demonstration
21 program under this section.

22 “(B) DATA SUBMISSION.—Recipients of a
23 grant under subsection (a) shall submit to the
24 Secretary performance metrics and other re-

1 lated data in order to evaluate the program for
2 the report described in paragraph (2).

3 “(2) REPORT TO CONGRESS.—Not later than
4 January 1, 2025, the Secretary shall submit to Con-
5 gress a report that includes—

6 “(A) an analysis of the effects of the dem-
7 onstration program under this section on the
8 quality, quantity, and distribution of maternal
9 health care services, including prenatal care,
10 labor care, birthing, and postpartum care serv-
11 ices, and the demographics of the recipients of
12 those services;

13 “(B) an analysis of maternal and infant
14 health outcomes (including quality of care, mor-
15 bidity, and mortality) before and after imple-
16 mentation of the program in the communities
17 served by entities participating in the dem-
18 onstration; and

19 “(C) recommendations on whether the
20 demonstration program should be continued.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 \$5,000,000 for each of fiscal years 2022 through 2026.”.