

117TH CONGRESS  
1ST SESSION

# S. 1333

To address maternal mortality and morbidity.

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IN THE SENATE OF THE UNITED STATES

APRIL 22, 2021

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

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## A BILL

To address maternal mortality and morbidity.

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 “Modernizing Obstetric  
5 Medicine Standards Act of 2021” or the “MOMS Act”.

6 **SEC. 2. MATERNAL MORTALITY AND MORBIDITY PREVEN-**  
7 **TION.**

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

10 (1) by redesignating subsections (e) and (f) as  
11 subsections (g) and (h), respectively; and

1           (2) by inserting after subsection (d) the fol-  
2           lowing:

3           “(e) PREGNANCY AND POSTPARTUM SAFETY AND  
4 MONITORING PRACTICES AND MATERNAL MORTALITY  
5 AND MORBIDITY PREVENTION.—

6           “(1) ALLIANCE FOR INNOVATION ON MATERNAL  
7 HEALTH.—The Secretary, acting through the Asso-  
8 ciate Administrator of the Maternal and Child  
9 Health Bureau of the Health Resources and Services  
10 Administration, shall establish a program, known as  
11 the Alliance for Innovation on Maternal Health pro-  
12 gram, to—

13           “(A) enter into a contract with an inter-  
14 disciplinary, multi-stakeholder, national organi-  
15 zation promulgating a national data-driven ma-  
16 ternal safety and quality improvement initiative  
17 based on evidence-based best practices to im-  
18 prove maternal safety and outcomes;

19           “(B) assist States with the development  
20 and implementation of postpartum safety and  
21 monitoring practices and maternal mortality  
22 and morbidity prevention, based on the best  
23 practices developed under paragraph (2); and

24           “(C) improve State-specific maternal  
25 health outcomes and reduce variation in re-

1           response to maternity and postpartum care, in  
2           order to eliminate preventable maternal mor-  
3           tality and severe maternal morbidity.

4           “(2) BEST PRACTICES.—

5                   “(A) IN GENERAL.—Not later than 1 year  
6           after the date of enactment of the Modernizing  
7           Obstetric Medicine Standards Act of 2021, the  
8           Secretary, acting through the Administrator of  
9           the Health Resources and Services Administra-  
10          tion, shall work with the contracting entity  
11          under paragraph (1)(A) to—

12                           “(i) create and assist State-based col-  
13                           laborative teams in the implementation of  
14                           standardized best practices, to be known as  
15                           ‘maternal safety bundles’, for the purpose  
16                           of maternal mortality and morbidity pre-  
17                           vention; and

18                           “(ii) collect and analyze data related  
19                           to process structure and patient outcomes  
20                           to drive continuous quality improvement in  
21                           the implementation of the maternal safety  
22                           bundles by such State-based teams.

23                   “(B) MATERNAL SAFETY BUNDLES.—The  
24           best practices issued under subparagraph (A)  
25           may address the following topics:

1 “(i) Obstetric hemorrhage.

2 “(ii) Maternal mental, behavioral, and  
3 emotional health.

4 “(iii) Maternal venous and thrombo-  
5 embolism.

6 “(iv) Severe hypertension in preg-  
7 nancy, including preeclampsia.

8 “(v) Obstetric care for women with  
9 substance abuse disorder.

10 “(vi) Postpartum care basics for ma-  
11 ternal safety.

12 “(vii) Reduction of racial and ethnic  
13 disparities in maternity care.

14 “(viii) Safe reduction of primary ce-  
15 sarean birth.

16 “(ix) Severe maternal morbidity re-  
17 view.

18 “(x) Support after a severe maternal  
19 morbidity event.

20 “(xi) Ways to empower and listen to  
21 women before, during, and after childbirth  
22 to ensure better communication between  
23 patients and health care providers.

1                   “(xii) Other leading causes of mater-  
2                   nal mortality and morbidity, including in-  
3                   fection or sepsis and cardiomyopathy.

4                   “(3) AUTHORIZATION OF APPROPRIATIONS.—  
5                   To carry out this subsection, in addition to amounts  
6                   appropriated under subsection (h), there are author-  
7                   ized to be appropriated \$5,000,000 for each of fiscal  
8                   years 2022 through 2026.”.

9   **SEC. 3. MATERNAL MORTALITY AND MORBIDITY PREVEN-**  
10                   **TION GRANTS.**

11                   Section 317K of the Public Health Service Act (42  
12                   U.S.C. 247b–12), as amended by section 2, is further  
13                   amended—

14                   (1) by inserting after subsection (e) the fol-  
15                   lowing:

16                   “(f) MATERNAL MORTALITY AND MORBIDITY PRE-  
17                   VENTION GRANT PROGRAM.—

18                   “(1) IN GENERAL.—The Secretary, acting  
19                   through the Associate Administrator of the Maternal  
20                   and Child Health Bureau of the Health Resources  
21                   and Services Administration, shall award grants to  
22                   States or hospitals to assist in the development and  
23                   implementation of the maternal safety bundles de-  
24                   scribed in subsection (e)(2).

25                   “(2) USE OF FUNDS.—

1           “(A) IN GENERAL.—A State or hospital re-  
2           ceiving a grant under this subsection may use  
3           such funds—

4                   “(i) to purchase equipment and sup-  
5                   plies to effectively implement and execute  
6                   the maternal safety bundles described in  
7                   subsection (e)(2); and

8                   “(ii) to develop training on, and eval-  
9                   uation of the effectiveness of, such mater-  
10                  nal safety bundles.

11           “(B) PRIORITY USE OF FUNDS FOR STATE  
12           GRANTEES.—A State receiving a grant under  
13           this subsection shall allocate such funds giving  
14           priority to the hospitals in such State that serve  
15           high volumes of low-income, at-risk, or rural  
16           populations.

17           “(3) PRIORITIZATION OF GRANT APPLICA-  
18           TIONS.—In awarding grants under this subsection,  
19           the Secretary shall prioritize applications from  
20           States, or hospitals within States, that—

21                   “(A) have a functioning maternal mortality  
22                   review committee in accordance with best prac-  
23                   tices promulgated by the Building U.S. Capac-  
24                   ity to Review and Prevent Maternal Deaths Ini-  
25                   tiative of the Centers for Disease Control and

1 Prevention, the CDC Foundation, and the Asso-  
2 ciation of Maternal and Child Health Programs,  
3 or as described in subsection (d)(1); or

4 “(B) serve high volumes of low-income, at-  
5 risk, or rural populations.

6 “(4) REPORTING REQUIREMENTS.—

7 “(A) IN GENERAL.—Not later than 2 years  
8 after receipt of a grant under this subsection,  
9 each recipient of such a grant shall submit a re-  
10 port to the Secretary describing—

11 “(i) implementation of the maternal  
12 safety bundles with use of the grant funds;

13 “(ii) any incidents of pregnancy-re-  
14 lated deaths or pregnancy-associated  
15 deaths, and any pregnancy-related com-  
16 plications or pregnancy-associated com-  
17 plications occurring in the 1-year period  
18 prior to implementation of such proce-  
19 dures; and

20 “(iii) any incidents of pregnancy-re-  
21 lated deaths or pregnancy-associated  
22 deaths, and any pregnancy-related com-  
23 plications or pregnancy-associated com-  
24 plications occurring after implementation  
25 of such procedures.

1           “(B) PUBLIC AVAILABILITY; REPORT TO  
2 CONGRESS.—Within 1 year of receiving the re-  
3 ports under subparagraph (A), the Secretary  
4 shall—

5                   “(i) make the reports submitted under  
6 subparagraph (A) publicly available; and

7                   “(ii) submit a report to Congress that  
8 describes the grants awarded under this  
9 subsection, the effectiveness of the grant  
10 program under this subsection, the activi-  
11 ties for which grant funds were used, and  
12 any recommendations to further prevent  
13 maternal mortality and morbidity.

14           “(C) AUTHORIZATION OF APPROPRIA-  
15 TIONS.—To carry out this subsection, in addi-  
16 tion to amounts appropriated under subsection  
17 (h), there are authorized to be appropriated  
18 \$40,000,000 for each of fiscal years 2022  
19 through 2026.”; and

20           (2) in subsection (g), as so redesignated by sec-  
21 tion 2(1), by striking paragraphs (2) and (3) and in-  
22 serting the following:

23                   “(2) the terms ‘pregnancy-associated death’ and  
24 ‘pregnancy-associated complication’ mean the death  
25 or medical complication, respectively, of a woman



1 that occurs during, or within 1 year following, her  
 2 pregnancy, regardless of the outcome, duration, or  
 3 site of the pregnancy;

4 “(3) the terms ‘pregnancy-related death’ and  
 5 ‘pregnancy-related complication’ mean the death or  
 6 medical complication, respectively, of a woman  
 7 that—

8 “(A) occurs during, or within 1 year fol-  
 9 lowing, her pregnancy, regardless of the out-  
 10 come, duration, or site of the pregnancy;

11 “(B) is from any cause related to, or ag-  
 12 gravated by, the pregnancy or its management;  
 13 and

14 “(C) is not from an accidental or inci-  
 15 dental cause; and

16 “(4) the term ‘severe maternal morbidity’  
 17 means the unexpected outcomes of labor and deliv-  
 18 ery that result in significant short- or long-term con-  
 19 sequences to a woman’s health.”.

20 **SEC. 4. REPORTING ON PREGNANCY-RELATED AND PREG-**  
 21 **NANCY-ASSOCIATED DEATHS AND COMPLICA-**  
 22 **TIONS.**

23 (a) IN GENERAL.—The Secretary of Health and  
 24 Human Services shall encourage each State to voluntarily  
 25 submit to the Secretary each year a report containing the

1 findings of a State maternal mortality review committee  
2 with respect to each maternal death in the State that the  
3 committee reviewed during the year.

4 (b) MATERNAL AND INFANT HEALTH.—The Director  
5 of the Centers for Disease Control and Prevention shall—

6 (1) update the Pregnancy Mortality Surveil-  
7 lance System or develop a separate system so that  
8 such system is capable of including data obtained  
9 from State maternal mortality review committees;  
10 and

11 (2) provide technical assistance to States in re-  
12 viewing cases of pregnancy-related complications and  
13 pregnancy-associated complications.

14 (c) DEFINITIONS.—In this section, the terms “preg-  
15 nancy-associated complication” and “pregnancy-related  
16 complication” have the meanings given such terms in sec-  
17 tion 317K of the Public Health Service Act, as amended  
18 by section 3.

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