

118TH CONGRESS  
1ST SESSION

# S. 1710

To amend the Public Health Service Act to grow and diversify the perinatal workforce, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

MAY 18, 2023

Ms. BALDWIN (for herself, Mr. MERKLEY, and Mr. BOOKER) 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 amend the Public Health Service Act to grow and diversify the perinatal workforce, 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 “Perinatal Workforce  
5 Act”.

6 **SEC. 2. HHS AGENCY DIRECTIVES.**

7 (a) GUIDANCE TO STATES.—

8 (1) IN GENERAL.—Not later than 2 years after  
9 the date of enactment of this Act, the Secretary of  
10 Health and Human Services shall issue and dissemi-

1 nate guidance to States to educate providers, man-  
2 aged care entities, and other insurers about the  
3 value and process of delivering respectful maternal  
4 health care through diverse and multidisciplinary  
5 care provider models.

6 (2) CONTENTS.—The guidance required by  
7 paragraph (1) shall address how States can encour-  
8 age and incentivize hospitals, health systems, mid-  
9 wifery practices, freestanding birth centers, other  
10 maternity care provider groups, managed care enti-  
11 ties, and other insurers—

12 (A) to recruit and retain maternity care  
13 providers, mental and behavioral health care  
14 providers acting in accordance with State law,  
15 and registered dietitians or nutrition profes-  
16 sionals (as such term is defined in section  
17 1861(vv)(2) of the Social Security Act (42  
18 U.S.C. 1395x(vv)(2)))—

19 (i) from racially, ethnically, and lin-  
20 guistically diverse backgrounds;

21 (ii) with experience practicing in ra-  
22 cially and ethnically diverse communities;  
23 and

24 (iii) who have undergone training on  
25 implicit bias and racism;

1 (B) to incorporate into maternity care  
2 teams—

3 (i) midwives who meet, at a minimum,  
4 the international definition of a midwife  
5 and global standards for midwifery edu-  
6 cation as established by the International  
7 Confederation of Midwives;

8 (ii) perinatal health workers;

9 (iii) physician assistants;

10 (iv) advanced practice registered  
11 nurses; and

12 (v) lactation consultants certified by  
13 the International Board of Lactation Con-  
14 sultant Examiners;

15 (C) to provide collaborative, culturally and  
16 linguistically congruent care; and

17 (D) to provide opportunities for individuals  
18 enrolled in accredited midwifery education pro-  
19 grams to participate in job shadowing with ma-  
20 ternity care teams in hospitals, health systems,  
21 midwifery practices, and freestanding birth cen-  
22 ters.

23 (b) STUDY ON RESPECTFUL AND CULTURALLY AND  
24 LINGUISTICALLY CONGRUENT MATERNITY CARE.—

1           (1) STUDY.—The Secretary of Health and  
2 Human Services acting through the Director of the  
3 National Institutes of Health (in this subsection re-  
4 ferred to as the “Secretary”) shall conduct a study  
5 on best practices in respectful and culturally and lin-  
6 guistically congruent maternity care.

7           (2) REPORT.—Not later than 2 years after the  
8 date of enactment of this Act, the Secretary shall—

9                   (A) complete the study required by para-  
10 graph (1);

11                   (B) submit to the Congress and make pub-  
12 licly available a report on the results of such  
13 study; and

14                   (C) include in such report—

15                           (i) a compendium of examples of hos-  
16 pitals, health systems, midwifery practices,  
17 freestanding birth centers, other maternity  
18 care provider groups, managed care enti-  
19 ties, and other insurers that are delivering  
20 respectful and culturally and linguistically  
21 congruent maternal health care;

22                           (ii) a compendium of examples of hos-  
23 pitals, health systems, midwifery practices,  
24 freestanding birth centers, other maternity  
25 care provider groups, managed care enti-

1 ties, and other insurers that have made  
2 progress in reducing disparities in mater-  
3 nal health outcomes and improving birth-  
4 ing experiences for pregnant and  
5 postpartum individuals from racial and  
6 ethnic minority groups; and

7 (iii) recommendations to hospitals,  
8 health systems, midwifery practices, free-  
9 standing birth centers, other maternity  
10 care provider groups, managed care enti-  
11 ties, and other insurers, for best practices  
12 in respectful and culturally and linguis-  
13 tically congruent maternity care.

14 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE PERINATAL**  
15 **WORKFORCE.**

16 Title VII of the Public Health Service Act is amended  
17 by inserting after section 757 (42 U.S.C. 294f) the fol-  
18 lowing new section:

19 **“SEC. 758. PERINATAL WORKFORCE GRANTS.**

20 “(a) IN GENERAL.—The Secretary shall award  
21 grants to entities to establish or expand programs de-  
22 scribed in subsection (b) to grow and diversify the  
23 perinatal workforce.

1       “(b) USE OF FUNDS.—Recipients of grants under  
2 this section shall use the grants to grow and diversify the  
3 perinatal workforce by—

4           “(1) establishing accredited schools or pro-  
5 grams that provide education and training to indi-  
6 viduals seeking appropriate licensing and certifi-  
7 cation as—

8           “(A) physician assistants who will complete  
9 clinical training in the field of maternal and  
10 perinatal health;

11           “(B) perinatal health workers; or

12           “(C) midwives who meet, at a minimum,  
13 the international definition of a midwife and  
14 global standards for midwifery education as es-  
15 tablished by the International Confederation of  
16 Midwives; and

17           “(2) expanding the capacity of existing accred-  
18 ited schools or programs described in paragraph (1),  
19 for the purposes of increasing the number of stu-  
20 dents enrolled in such accredited schools or pro-  
21 grams, such as by awarding scholarships for stu-  
22 dents (including students from racially, ethnically,  
23 and linguistically diverse backgrounds).

1       “(c) PRIORITIZATION.—In awarding grants under  
2 this section, the Secretary shall give priority to a school  
3 or program described in subsection (b) that—

4               “(1) has demonstrated a commitment to re-  
5        recruiting and retaining students and faculty from ra-  
6        cial and ethnic minority groups;

7               “(2) has developed a strategy to recruit and re-  
8        tain a diverse pool of students into the school or pro-  
9        gram described in subsection (b) that is supported  
10       by funds received through the grant, particularly  
11       from racial and ethnic minority groups and other  
12       underserved populations;

13              “(3) has developed a strategy to recruit and re-  
14        tain students who plan to practice in a health pro-  
15        fessional shortage area designated under section  
16        332;

17              “(4) has developed a strategy to recruit and re-  
18        tain students who plan to practice in an area with  
19        significant racial and ethnic disparities in maternal  
20        health outcomes, to the extent practicable; and

21              “(5) includes in the standard curriculum for all  
22        students within the school or program described in  
23        subsection (b) a bias, racism, or discrimination  
24        training program that includes training on implicit  
25        bias and racism.

1       “(d) REPORTING.—As a condition on receipt of a  
2 grant under this section for a school or program described  
3 in subsection (b), an entity shall agree to submit to the  
4 Secretary an annual report on the activities conducted  
5 through the grant, including—

6               “(1) the number and demographics of students  
7 participating in the school or program;

8               “(2) the extent to which students in the school  
9 or program are entering careers in—

10                       “(A) health professional shortage areas  
11 designated under section 332; and

12                       “(B) areas with elevated rates of maternal  
13 mortality, severe maternal morbidity, maternal  
14 health disparities, or other adverse perinatal or  
15 childbirth outcomes, to the extent such data are  
16 available; and

17               “(3) whether the school or program has in-  
18 cluded in the standard curriculum for all students a  
19 bias, racism, or discrimination training program that  
20 includes explicit and implicit bias, and if so the ef-  
21 fectiveness of such training program.

22       “(e) PERIOD OF GRANTS.—The period of a grant  
23 under this section shall be up to 5 years.

24       “(f) APPLICATION.—To seek a grant under this sec-  
25 tion, an entity shall submit to the Secretary an application



1 at such time, in such manner, and containing such infor-  
2 mation as the Secretary may require, including any infor-  
3 mation necessary for prioritization under subsection (c).

4 “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
5 provide, directly or by contract, technical assistance to en-  
6 tities seeking or receiving a grant under this section on  
7 the development, use, evaluation, and postgrant period  
8 sustainability of the school or program described in sub-  
9 section (b) that is proposed to be, or is being, established  
10 or expanded through the grant.

11 “(h) REPORT BY THE SECRETARY.—Not later than  
12 4 years after the date of enactment of this section, the  
13 Secretary shall prepare and submit to the Congress, and  
14 post on the internet website of the Department of Health  
15 and Human Services, a report on the effectiveness of the  
16 grant program under this section at—

17 “(1) recruiting students from racial and ethnic  
18 minority groups;

19 “(2) increasing the number of health profes-  
20 sionals described in subparagraphs (A), (B), and (C)  
21 of subsection (b)(1) from racial and ethnic minority  
22 groups and other underserved populations;

23 “(3) increasing the number of such health pro-  
24 fessionals working in health professional shortage  
25 areas designated under section 332; and

1           “(4) increasing the number of such health pro-  
 2           fessionals working in areas with significant racial  
 3           and ethnic disparities in maternal health outcomes,  
 4           to the extent such data are available.

5           “(i) DEFINITION.—In this section, the term ‘racial  
 6           and ethnic minority group’ has the meaning given such  
 7           term in section 1707(g)(1).

8           “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
 9           carry out this section, there is authorized to be appro-  
 10          priated \$15,000,000 for each of fiscal years 2024 through  
 11          2028.”.

12       **SEC. 4. GRANTS TO GROW AND DIVERSIFY THE NURSING**  
 13                               **WORKFORCE IN MATERNAL AND PERINATAL**  
 14                               **HEALTH.**

15          Title VIII of the Public Health Service Act is amend-  
 16          ed by inserting after section 811 of that Act (42 U.S.C.  
 17          296j) the following:

18       **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

19          “(a) IN GENERAL.—The Secretary shall award  
 20          grants to schools of nursing to grow and diversify the  
 21          perinatal nursing workforce.

22          “(b) USE OF FUNDS.—Recipients of grants under  
 23          this section shall use the grants to grow and diversify the  
 24          perinatal nursing workforce by providing scholarships to  
 25          students seeking to become—

1           “(1) nurse practitioners whose education in-  
2           cludes a focus on maternal and perinatal health;

3           “(2) certified nurse-midwives; or

4           “(3) clinical nurse specialists whose education  
5           includes a focus on maternal and perinatal health.

6           “(c) PRIORITIZATION.—In awarding grants under  
7           this section, the Secretary shall give priority to any school  
8           of nursing that—

9           “(1) has developed a strategy to recruit and re-  
10          tain a diverse pool of students seeking to enter ca-  
11          reers focused on maternal and perinatal health, par-  
12          ticularly students from racial and ethnic minority  
13          groups and other underserved populations;

14          “(2) has developed a partnership with a prac-  
15          tice setting in a health professional shortage area  
16          designated under section 332 for the clinical place-  
17          ments of the school’s students;

18          “(3) has developed a strategy to recruit and re-  
19          tain students who plan to practice in an area with  
20          significant racial and ethnic disparities in maternal  
21          health outcomes, to the extent practicable; and

22          “(4) includes in the standard curriculum for all  
23          students seeking to enter careers focused on mater-  
24          nal and perinatal health a bias, racism, or discrimi-

1 nation training program that includes education on  
2 implicit bias and racism.

3 “(d) REPORTING.—As a condition on receipt of a  
4 grant under this section, a school of nursing shall agree  
5 to submit to the Secretary an annual report on the activi-  
6 ties conducted through the grant, including, to the extent  
7 practicable—

8 “(1) the number and demographics of students  
9 in the school of nursing seeking to enter careers fo-  
10 cused on maternal and perinatal health;

11 “(2) the extent to which such students are pre-  
12 paring to enter careers in—

13 “(A) health professional shortage areas  
14 designated under section 332; and

15 “(B) areas with elevated rates of maternal  
16 mortality, severe maternal morbidity, maternal  
17 health disparities, or other adverse perinatal or  
18 childbirth outcomes, to the extent such data are  
19 available; and

20 “(3) whether the standard curriculum for all  
21 students seeking to enter careers focused on mater-  
22 nal and perinatal health includes a bias, racism, or  
23 discrimination training program that includes edu-  
24 cation on implicit bias and racism.

1       “(e) PERIOD OF GRANTS.—The period of a grant  
2 under this section shall be up to 5 years.

3       “(f) APPLICATION.—To seek a grant under this sec-  
4 tion, an entity shall submit to the Secretary an applica-  
5 tion, at such time, in such manner, and containing such  
6 information as the Secretary may require, including any  
7 information necessary for prioritization under subsection  
8 (c).

9       “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
10 provide, directly or by contract, technical assistance to  
11 schools of nursing seeking or receiving a grant under this  
12 section on the processes of awarding and evaluating schol-  
13 arships through the grant.

14       “(h) REPORT BY THE SECRETARY.—Not later than  
15 4 years after the date of enactment of this section, the  
16 Secretary shall prepare and submit to the Congress, and  
17 post on the internet website of the Department of Health  
18 and Human Services, a report on the effectiveness of the  
19 grant program under this section at—

20               “(1) recruiting students from racial and ethnic  
21 minority groups and other underserved populations;

22               “(2) increasing the number of advanced prac-  
23 tice registered nurses entering careers focused on  
24 maternal and perinatal health from racial and ethnic  
25 minority groups and other underserved populations;

1           “(3) increasing the number of advanced prac-  
2           tice registered nurses entering careers focused on  
3           maternal and perinatal health working in health pro-  
4           fessional shortage areas designated under section  
5           332; and

6           “(4) increasing the number of advanced prac-  
7           tice registered nurses entering careers focused on  
8           maternal and perinatal health working in areas with  
9           significant racial and ethnic disparities in maternal  
10          health outcomes, to the extent such data are avail-  
11          able.

12          “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
13          carry out this section, there is authorized to be appro-  
14          priated \$15,000,000 for each of fiscal years 2024 through  
15          2028.”.

16          **SEC. 5. GAO REPORT.**

17          (a) IN GENERAL.—Not later than 2 years after the  
18          date of enactment of this Act and every 5 years thereafter,  
19          the Comptroller General of the United States shall submit  
20          to Congress a report on barriers to maternal health edu-  
21          cation and access to care in the United States. Such report  
22          shall include the information and recommendations de-  
23          scribed in subsection (b).

24          (b) CONTENT OF REPORT.—The report under sub-  
25          section (a) shall include—

1           (1) an assessment of current barriers to enter-  
2           ing and successfully completing accredited midwifery  
3           education programs, and recommendations for ad-  
4           dressing such barriers, particularly for low-income  
5           women and women from racial and ethnic minority  
6           groups;

7           (2) an assessment of current barriers to enter-  
8           ing and successfully completing accredited education  
9           programs for other health professional careers re-  
10          lated to maternity care, including maternity care  
11          providers, mental and behavioral health care pro-  
12          viders acting in accordance with State law, and reg-  
13          istered dietitians or nutrition professionals (as such  
14          term is defined in section 1861(vv)(2) of the Social  
15          Security Act (42 U.S.C. 1395x(vv)(2))), particularly  
16          for low-income women and women from racial and  
17          ethnic minority groups;

18          (3) an assessment of current barriers that pre-  
19          vent midwives from meeting the international defini-  
20          tion of a midwife and global standards for midwifery  
21          education as established by the International Con-  
22          federation of Midwives, and recommendations for  
23          addressing such barriers, particularly for low-income  
24          women and women from racial and ethnic minority  
25          groups;

1           (4) an assessment of disparities in access to  
2           maternity care providers, mental or behavioral  
3           health care providers acting in accordance with  
4           State law, and registered dietitians or nutrition pro-  
5           fessionals (as such term is defined in section  
6           1861(vv)(2) of the Social Security Act (42 U.S.C.  
7           1395x(vv)(2))), and perinatal health workers, strati-  
8           fied by race, ethnicity, gender identity, primary lan-  
9           guage, geographic location, and insurance type and  
10          recommendations to promote greater access equity;  
11          and

12          (5) recommendations to promote greater equity  
13          in compensation for perinatal health workers under  
14          public and private insurers, particularly for such in-  
15          dividuals from racially and ethnically diverse back-  
16          grounds.

17 **SEC. 6. DEFINITIONS.**

18          In this Act:

19           (1) **CULTURALLY AND LINGUISTICALLY CON-**  
20           **GRUENT.**—The term “culturally and linguistically  
21           congruent”, with respect to care or maternity care,  
22           means care that is in agreement with the preferred  
23           cultural values, beliefs, worldview, language, and  
24           practices of the health care consumer and other  
25           stakeholders.



1           (2) MATERNITY CARE PROVIDER.—The term  
2           “maternity care provider” means a health care pro-  
3           vider who—

4                   (A) is a physician, physician assistant,  
5                   midwife who meets at a minimum the inter-  
6                   national definition of a midwife and global  
7                   standards for midwifery education as estab-  
8                   lished by the International Confederation of  
9                   Midwives, advanced practice registered nurse,  
10                  or a lactation consultant certified by the Inter-  
11                  national Board of Lactation Consultant Exam-  
12                  iners; and

13                   (B) has a focus on maternal or perinatal  
14                  health.

15           (3) PERINATAL HEALTH WORKER.—The term  
16           “perinatal health worker” means a nonclinical health  
17           worker focused on maternal or perinatal health, such  
18           as a doula, community health worker, peer sup-  
19           porter, lactation educator or counselor, nutritionist  
20           or dietitian, childbirth educator, social worker, home  
21           visitor, patient navigator or coordinator, or language  
22           interpreter.

23           (4) POSTPARTUM.—The term “postpartum” re-  
24           fers to the 1-year period beginning on the last day  
25           of the pregnancy of an individual.

1           (5) RACIAL AND ETHNIC MINORITY GROUP.—  
2           The term “racial and ethnic minority group” has the  
3           meaning given such term in section 1707(g)(1) of  
4           the Public Health Service Act (42 U.S.C. 300u–  
5           6(g)(1)).

○