

118TH CONGRESS
2D SESSION

S. 4079

To improve obstetric emergency care.

IN THE SENATE OF THE UNITED STATES

APRIL 9, 2024

Ms. HASSAN (for herself, Ms. COLLINS, Mrs. BRITT, and Ms. SMITH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve obstetric emergency care.

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 Obstetrics Read-
5 iness Act”.

6 **SEC. 2. OBSTETRIC EMERGENCY TRAINING PROGRAM.**

7 Section 3300 of the Public Health Service Act (42
8 U.S.C. 254e–21) is amended—

9 (1) in subsection (a)—

10 (A) in paragraph (3), by striking “; and”

11 and inserting a semicolon;

1 (B) in paragraph (4), by striking the pe-
2 riod and inserting “; and”; and

3 (C) by adding at the end the following:

4 “(5) developing, and facilitating access to, an
5 evidence-based program to train practitioners in
6 rural health care facilities without dedicated obstet-
7 ric units to provide emergency obstetric services dur-
8 ing pregnancy, labor, delivery, or the postpartum pe-
9 riod, including training on how to prepare for, iden-
10 tify, stabilize, and safely transfer, as appropriate
11 and within the scope of practice of an individual
12 practitioner, a woman experiencing labor, delivery,
13 obstetric hemorrhage, severe hypertension, cardiac
14 conditions, perinatal mental health conditions, sub-
15 stance use, sepsis, or other conditions, as appro-
16 priate.”;

17 (2) by redesignating subsections (c) and (d) as
18 subsections (d) and (e), respectively;

19 (3) by inserting after subsection (b) the fol-
20 lowing:

21 “(c) TRAINING PROGRAM FOR ELIGIBLE PRACTI-
22 TIONERS IN RURAL HEALTH CARE FACILITIES.—A train-
23 ing program described in subsection (a)(5) shall include
24 an assessment of obstetric training needs for rural health
25 care facilities without dedicated obstetric units. In devel-

1 oping the training program, a recipient of a grant under
2 such subsection shall—

3 “(1) work in consultation with at least one rep-
4 resentative from a national medical society that has
5 experience or expertise in rural health care delivery
6 in each of the fields of gynecology and obstetrics,
7 emergency medicine, family medicine, and anesthesi-
8 ology; and

9 “(2) facilitate access to obstetric readiness
10 training via regional training partnerships and tech-
11 nical assistance to rural health care facilities.”; and

12 (4) in subsection (e), as so redesignated, by
13 adding at the end the following: “In addition to
14 amounts appropriated under the previous sentence,
15 for grants for the purpose described in subsection
16 (a)(5), there are authorized to be appropriated
17 \$5,000,000 for the period of fiscal years 2025
18 through 2027”.

19 **SEC. 3. GRANT FUNDING FOR EQUIPMENT AND SUPPLIES.**

20 Part D of title III of the Public Health Service Act
21 (42 U.S.C. 254b et seq.) is amended by inserting after
22 section 330A–2 the following:

1 **“SEC. 330A-3. PROGRAM OF SUPPORT FOR OBSTETRIC**
2 **SERVICES.**

3 “(a) IN GENERAL.—The Secretary shall award
4 grants, contracts, or cooperative agreements to eligible en-
5 tities to integrate obstetric readiness training curriculum
6 into rural health care settings, build workforce capacity,
7 and purchase equipment necessary to manage obstetric
8 emergencies.

9 “(b) USE OF FUNDS.—A recipient of funds under
10 this section shall use such funds for the purpose described
11 in subsection (a), which may include any of the following:

12 “(1) Purchasing or providing equipment and
13 technical assistance to train practitioners who are
14 not specialized in obstetrics in preparing for, identi-
15 fying, stabilizing, and transferring, as appropriate
16 and within the scope of practice of the practitioner,
17 individuals experiencing obstetric emergencies.

18 “(2) Purchasing or providing equipment nec-
19 essary to prepare for, identify, stabilize, or transfer,
20 as appropriate, individuals experiencing obstetric
21 emergencies.

22 “(3) Developing and carrying out protocols for
23 transfer of patients to other facilities and network
24 engagement with other facilities.

25 “(4) Hiring additional personnel or paying the
26 salaries of personnel.

1 “(5) Establishing training opportunities to en-
2 able non-obstetric health professionals to gain expo-
3 sure to, and expertise in, the delivery of obstetric
4 services, including through clinical rotations, fellow-
5 ships, or cross-training clinicians in other specialties.

6 “(6) Enabling clinical educators to coordinate,
7 develop, and implement comprehensive interdiscipli-
8 nary trainings, including team-based simulation
9 training for providers who may need to respond to
10 an obstetric emergency.

11 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
12 a grant under this section, an entity shall—

13 “(1) be—

14 “(A) a rural hospital, critical access hos-
15 pital (as determined under section 1820(c)(2)
16 of the Social Security Act), or a rural emer-
17 gency hospital (as defined in section
18 1861(kkk)(2) of the Social Security Act) that is
19 located in a maternity care health professional
20 target area or a rural area (as defined by the
21 Secretary); or

22 “(B) a consortium of 3 entities that in-
23 cludes at least 2 entities described in subpara-
24 graph (A); and

1 “(2) agree to carry out the program described
2 in subsection (a), in coordination with other feder-
3 ally funded maternal and child health programs, to
4 the extent practicable, and in consultation with other
5 maternal and child health programs in the same geo-
6 graphic area.

7 “(d) DEFINITIONS.—In this section—

8 “(1) the term ‘maternity care health profes-
9 sional target area’ means a primary care health pro-
10 fessional shortage area that is experiencing a short-
11 age of maternity health care professionals, as identi-
12 fied under section 332(k); and

13 “(2) the term ‘rural area’ has the meaning
14 given such term by the Federal Office of Rural
15 Health Policy.

16 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
17 carry out this section, there is authorized to be appro-
18 priated \$15,000,000 for the period of fiscal years 2025
19 through 2028.”.

20 **SEC. 4. PILOT PROGRAM FOR TELECONSULTATION.**

21 Part D of title III of the Public Health Service Act
22 (42 U.S.C. 254b et seq.), as amended by section 3, is fur-
23 ther amended by inserting after section 330A–2 the fol-
24 lowing:

1 **“SEC. 330A-4. PILOT PROGRAM FOR TELECONSULTATION.**

2 “(a) IN GENERAL.—The Secretary, acting through
3 the Administrator of the Health Resources and Services
4 Administration and in consultation with the Administrator
5 of the Centers for Medicare & Medicaid Services, shall
6 award grants or cooperative agreements to States, political
7 subdivisions of States, and Indian Tribes and Tribal orga-
8 nizations (as such terms are defined in section 4 of the
9 Indian Self-Determination and Education Assistance Act
10 (25 U.S.C. 5304)) to support the provision of urgent ma-
11 ternal health care in rural facilities without a dedicated
12 obstetric unit, including by—

13 “(1) supporting the development of statewide or
14 regional maternal health care telehealth access pro-
15 grams; and

16 “(2) supporting the improvement of existing
17 statewide or regional maternal health care telehealth
18 access programs described in subsection (b).

19 “(b) STATEWIDE OR REGIONAL MATERNAL HEALTH
20 CARE TELEHEALTH ACCESS PROGRAMS.—A maternal
21 health care telehealth access program described in this
22 section, with respect to which an award under subsection
23 (a) may be used, shall—

24 “(1) be a statewide or regional network of ma-
25 ternal health care teams that provide urgent support
26 to rural non-obstetric settings of care;

1 “(2) support and further develop organized
2 State or regional networks of maternal health care
3 teams to provide urgent consultative support to
4 rural non-obstetric settings of care;

5 “(3) conduct an assessment of urgent maternal
6 health consultation needs among providers in rural
7 non-obstetric settings of care;

8 “(4) provide assurances that the physicians re-
9 sponsive to the tele-consultation line are credentialed
10 within their employing facility and can provide con-
11 sultation where the patient is receiving care con-
12 sistent with State requirements to provide care to in-
13 dividuals experiencing labor, delivery, obstetric hem-
14 orrhage, severe hypertension in pregnancy and
15 postpartum, cardiac conditions related to or exacer-
16 bated by pregnancy, perinatal mental health condi-
17 tions, substance use during pregnancy or the
18 postpartum period, sepsis during pregnancy or after
19 pregnancy end, or other conditions, as appropriate;

20 “(5) provide rapid statewide or regional clinical
21 telephone or telehealth consultations when requested
22 between the maternal care teams and providers in
23 rural emergency non-obstetric settings; and

24 “(6) provide information to health care pro-
25 viders about available maternal health services for

1 people in the community and assist with referrals to
2 specialty care and community or behavioral health
3 resources.

4 “(c) REPORTING.—An entity receiving an award
5 under this section shall submit a report to the Secretary,
6 in such manner and containing such information as the
7 Secretary may require, not later than 18 months after ini-
8 tial receipt of the grant.

9 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
10 carry out this section, there is authorized to be appro-
11 priated \$5,000,000 for the period of fiscal years 2025
12 through 2028.”.

13 **SEC. 5. STUDY ON OBSTETRIC UNITS IN RURAL AREAS.**

14 The Secretary of Health and Human Services shall—

15 (1) conduct a study that maps maternity ward
16 closures and regional patterns of patient transport
17 and examines models for regional partnerships for
18 rural obstetric care; and

19 (2) not later than 3 years after the date of en-
20 actment of this Act, submit to the Committee on
21 Health, Education, Labor, and Pensions of the Sen-
22 ate and the Committee on Energy and Commerce
23 and the Committee on Education and the Workforce

- 1 of the House of Representatives, a report on the re-
- 2 sults of the study conducted under paragraph (1).

