116TH CONGRESS
2D SESSION

S. ______

To require the Secretary of Health and Human Services to publish guidance for States on strategies for maternal care providers participating in the Medicaid program to reduce maternal mortality and severe morbidity with respect to individuals receiving medical assistance under such program.

IN THE SENATE OF THE UNITED STATES

Mr. TOOMEY (for himself and Mr. BROWN) introduced the following bill; which was read twice and referred to the Committee on ____________________

A BILL

To require the Secretary of Health and Human Services to publish guidance for States on strategies for maternal care providers participating in the Medicaid program to reduce maternal mortality and severe morbidity with respect to individuals receiving medical assistance under such program.

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 "Supporting Best Prac-
5 tices for Healthy Moms Act".

1 **SEC. 2. DEVELOPING GUIDANCE ON MATERNAL MOR-**
2 **TALITY AND SEVERE MORBIDITY REDUCTION**
3 **FOR MATERNAL CARE PROVIDERS RECEIV-**
4 **ING PAYMENT UNDER THE MEDICAID PRO-**
5 **GRAM.**

6 (a) IN GENERAL.—Subject to the availability of ap-
7 propriations, not later than 36 months after the date of
8 enactment of this Act, the Secretary of Health and
9 Human Services (referred to in this section as the ''Sec-
10 retary'') shall publish on a public website of the Centers
11 for Medicare & Medicaid Services guidance for States on
12 resources and strategies for hospitals, freestanding birth
13 centers (as defined in section 1905(l)(3)(B) of the Social
14 Security Act (42 U.S.C. 1396d(l)(3)(B))), and other ma-
15 ternal care providers as determined by the Secretary for
16 reducing maternal mortality and severe morbidity in indi-
17 viduals who are eligible for and receiving medical assist-
18 ance under the Medicaid program under title XIX of such
19 Act (42 U.S.C. 1396 et seq.) or child health assistance
20 under the Children's Health Insurance Program under
21 title XXI of such Act (42 U.S.C. 1397aa et seq.).

22 (b) UPDATES.—The Secretary shall update the guid-
23 ance and resources described in subsection (a) at least
24 once every 3 years.

25 (c) CONSULTATION WITH ADVISORY COMMITTEE.—

1 (1) ESTABLISHMENT.—Subject to the avail-
2 ability of appropriations, not later than 18 months
3 after the date of enactment of this Act, the Sec-
4 retary shall establish an advisory committee to be
5 known as the ''National Advisory Committee on Re-
6 ducing Maternal Deaths'' (referred to in this section
7 as the ''Advisory Committee'').
8 (2) DUTIES.—The Advisory Committee shall
9 provide consensus advice and guidance to the Sec-
10 retary on the development and compilation of the
11 guidance described in subsection (a) (and any up-
12 dates to such guidance).
13 (3) MEMBERSHIP.—
14 (A) IN GENERAL.—The Secretary, in con-
15 sultation with such other heads of agencies, as
16 the Secretary deems appropriate and in accord-
17 ance with this paragraph, shall appoint not
18 more than 41 members to the Advisory Com-
19 mittee. In appointing such members, the Sec-
20 retary shall ensure that—
21 (i) the total number of members of
22 the Advisory Committee is an odd number;
23 and
24 (ii) the total number of voting mem-
25 bers who are not Federal officials does not

1 exceed the total number of voting Federal
2 members who are Federal officials.
3 (B) REQUIRED MEMBERS.—
4 (i) FEDERAL OFFICIALS.—The Advi-
5 sory Committee shall include as voting
6 members the following Federal officials, or
7 their designees:
8 (I) The Secretary of Health and
9 Human Services.
10 (II) The Administrator of the
11 Centers for Medicare & Medicaid
12 Services.
13 (III) The Director of the Centers
14 for Disease Control and Prevention.
15 (IV) The Associate Administrator
16 of the Maternal and Child Health Bu-
17 reau of the Health Resources and
18 Services Administration.
19 (V) The Director of the Agency
20 for Healthcare Research and Quality.
21 (VI) The National Coordinator
22 for Health Information Technology.
23 (VII) The Director of the Na-
24 tional Institutes of Health.

1 (VIII) The Secretary of Veterans
2 Affairs.
3 (IX) The Director of the Indian
4 Health Service.
5 (X) The Deputy Assistant Sec-
6 retary for Minority Health.
7 (XI) The Administrator of the
8 Substance Abuse and Mental Health
9 Services Administration.
10 (XII) The Deputy Assistant Sec-
11 retary for Women's Health.
12 (XIII) Such other Federal offi-
13 cials or their designees as the Sec-
14 retary determines appropriate.
15 (ii) NON-FEDERAL OFFICIALS.—
16 (I) IN GENERAL.—The Advisory
17 Committee shall include the following
18 as voting members:
19 (aa) At least 1 representa-
20 tive from a professional organiza-
21 tion representing hospitals and
22 health systems.
23 (bb) At least 1 representa-
24 tive from a medical professional

organization representing primary care providers.

(cc) At least 1 representative from a medical professional organization representing general obstetrician-gynecologists.

(dd) At least 1 representative from a medical professional organization representing certified nurse-midwives.

(ee) At least 1 representative from a medical professional organization representing other maternal fetal medicine providers.

(ff) At least 1 representative from a medical professional organization representing anesthesiologists.

(gg) At least 1 representative from a medical professional organization representing emergency medicine physicians and urgent care providers.

1 (hh) At least 1 representa-
2 tive from a medical professional
3 organization representing nurses.
4 (ii) At least 1 representative
5 from a professional organization
6 representing community health
7 workers.
8 (jj) At least 1 representative
9 from a professional organization
10 representing doulas.
11 (kk) At least 1 representa-
12 tive from State-affiliated pro-
13 grams or existing collaboratives
14 with demonstrated expertise or
15 success in improving maternal
16 health.
17 (ll) At least 1 director of a
18 State Medicaid agency that has
19 had demonstrated success in im-
20 proving maternal health.
21 (mm) At least 1 representa-
22 tive from an accrediting organi-
23 zation for maternal health quality
24 and safety standards.

1 (nn) At least 1 representa-
2 tive from a maternal patient ad-
3 vocacy organization with lived ex-
4 perience of severe maternal mor-
5 bidity.
6 (II) REQUIREMENTS.—Each in-
7 dividual selected to be a member
8 under this clause shall—
9 (aa) have expertise in mater-
10 nal health;
11 (bb) not be a Federal offi-
12 cial; and
13 (cc) have experience working
14 with populations that are at
15 higher risk for maternal mor-
16 tality or severe morbidity, such
17 as populations that experience
18 racial, ethnic, and geographic
19 health disparities, pregnant and
20 postpartum women experiencing
21 mental health disorders or other
22 comorbidities such as substance
23 use disorders, hypertension, thy-
24 roid disorders, and sickle cell dis-
25 ease.

1 (C) ADDITIONAL MEMBERS.—
2 (i) IN GENERAL.—In addition to the
3 members required to be appointed under
4 subparagraph (B), the Secretary may ap-
5 point as members to the Advisory Com-
6 mittee such other individuals with relevant
7 expertise or experience as the Secretary
8 shall determine appropriate, which may in-
9 clude individuals described in clause (ii).
10 (ii) SUGGESTED ADDITIONAL MEM-
11 BERS.—The individuals described in this
12 clause are the following:
13 (I) Representatives from State
14 maternal mortality review committees
15 and perinatal quality collaboratives.
16 (II) Medical providers who care
17 for women and infants during preg-
18 nancy and the postpartum period,
19 such as family practice physicians,
20 cardiologists, pulmonology critical
21 care specialists, endocrinologists, pedi-
22 atricians, and neonatologists.
23 (III) Representatives from State
24 and local public health departments.

1 (IV) Subject matter experts in
2 conducting outreach to women who
3 are African American or belong to an-
4 other minority group.
5 (V) Directors of State agencies
6 responsible for administering a State's
7 maternal and child health services
8 program under title V of the Social
9 Security Act (42 U.S.C. 701 et seq.).
10 (VI) Experts in medical edu-
11 cation or physician training.
12 (VII) Representatives from Med-
13 icaid managed care organizations.
14 (4) APPLICABILITY OF FACA.—The Federal Ad-
15 visory Committee Act (5 U.S.C. App.) shall apply to
16 the committee established under this subsection.
17 (d) CONTENTS.—The guidance described in sub-
18 section (a) shall include, with respect to hospitals, free-
19 standing birth centers, and other maternal care providers,
20 the following:
21 (1) Best practices regarding evidence-based
22 screening and clinician education initiatives relating
23 to screening and treatment protocols for individuals
24 who are at risk of experiencing complications related
25 to pregnancy, with an emphasis on individuals with

1 preconditions directly linked to pregnancy complica-
2 tions and maternal mortality and severe morbidity,
3 including—
4 (A) methods to identify individuals who are
5 at risk of maternal mortality or severe mor-
6 bidity, including risk stratification;
7 (B) evidence-based risk factors associated
8 with maternal mortality or severe morbidity and
9 racial, ethnic, and geographic health disparities;
10 (C) evidence-based strategies to reduce risk
11 factors associated with maternal mortality or
12 severe morbidity through services which may be
13 covered under the Medicaid program under title
14 XIX of the Social Security Act (42 U.S.C. 1396
15 et seq.) or the Children's Health Insurance Pro-
16 gram under title XXI of such Act (42 U.S.C.
17 1397aa et seq.), including activities by commu-
18 nity health workers (as such term is defined in
19 section 2113 of such Act (42 U.S.C. 1397mm))
20 that are funded by a grant awarded under such
21 section;
22 (D) resources available to such individuals,
23 such as nutrition assistance and education,
24 home visitation, mental health and substance
25 use disorder services, smoking cessation pro-

1 grams, pre-natal care, and other evidence-based
2 maternal mortality or severe morbidity reduc-
3 tion programs;
4 (E) examples of educational materials used
5 by providers of obstetrics services;
6 (F) methods for improving community cen-
7 tralized care, including providing telehealth
8 services or home visits to increase and facilitate
9 access to and engagement in prenatal and
10 postpartum care and collaboration with home
11 health agencies, community health centers, local
12 public health departments, or clinics;
13 (G) guidance on medical record diagnosis
14 codes linked to maternal mortality and severe
15 morbidity, including, if applicable, codes related
16 to social risk factors, and methods for edu-
17 cating clinicians on the proper use of such
18 codes;
19 (H) risk appropriate transfer protocols
20 during pregnancy, childbirth, and the
21 postpartum period; and
22 (I) any other information related to pre-
23 vention and treatment of at-risk individuals de-
24 termined appropriate by the Secretary.

1 (2) Guidance on monitoring programs for indi-
2 viduals who have been identified as at risk of com-
3 plications related to pregnancy.
4 (3) Best practices for such hospitals, free-
5 standing birth centers, and providers to make preg-
6 nant women aware of the complications related to
7 pregnancy.
8 (4) A fact sheet for providing pregnant women
9 who are receiving care on an outpatient basis with
10 a notice during the prenatal stage of pregnancy
11 that—
12 (A) explains the risks associated with preg-
13 nancy, birth, and the postpartum period (in-
14 cluding the risks of hemorrhage, preterm birth,
15 sepsis, eclampsia, obstructed labor), chronic
16 conditions (including high blood pressure, dia-
17 betes, heart disease, depression, and obesity)
18 correlated with adverse pregnancy outcomes,
19 risks associated with advanced maternal age,
20 and the importance of adhering to a personal-
21 ized plan of care;
22 (B) highlights multimodal and evidence-
23 based prevention and treatment techniques;
24 (C) provides for a method (through signa-
25 ture or otherwise) for such an individual, or a

1 person acting on such individual's behalf, to ac-
2 knowledge receipt of such fact sheet;
3 (D) is worded in an easily understandable
4 manner and made available in multiple lan-
5 guages and accessible formats determined ap-
6 propriate by the Secretary; and
7 (E) includes any other information deter-
8 mined appropriate by the Secretary.
9 (5) A template for a voluntary clinician check-
10 list that outlines the minimum responsibilities that
11 clinicians, such as physicians, certified nurse-mid-
12 wives, emergency room and urgent care providers,
13 nurses and others, are expected to meet in order to
14 promote quality and safety in the provision of ob-
15 stetric services.
16 (6) A template for a voluntary checklist that
17 outlines the minimum responsibilities that hospital
18 leadership responsible for direct patient care, such
19 as the institution's president, chief medical officer,
20 chief nursing officer, or other hospital leadership
21 that directly report to the president or chief execu-
22 tive officer of the institution, should meet to pro-
23 mote hospital-wide initiatives that improve quality
24 and safety in the provision of obstetric services.

1 (7) Information on multi-stakeholder quality
2 improvement initiatives, such as the Alliance for In-
3 novation on Maternal Health, State perinatal quality
4 improvement initiatives, and other similar initiatives
5 determined appropriate by the Secretary, includ-
6 ing—
7 (A) information about such improvement
8 initiatives and how to join;
9 (B) information about public maternal
10 data collection centers;
11 (C) information about quality metrics used
12 and outcomes achieved by such improvement
13 initiatives;
14 (D) information about data sharing tech-
15 niques used by such improvement initiatives;
16 (E) information about data sources used
17 by such improvement initiatives to identify ma-
18 ternal mortality and severe morbidity risks;
19 (F) information about interventions used
20 by such improvement initiatives to mitigate
21 risks of maternal mortality and severe mor-
22 bidity;
23 (G) information about data collection tech-
24 niques on race, ethnicity, geography, age, in-

1 come, and other demographic information used
2 by such improvement initiatives; and
3 (H) any other information determined ap-
4 propriate by the Secretary.
5 (e) INCLUSION OF BEST PRACTICES.—Not later than
6 18 months after the date of the publication of the guid-
7 ance required under subsection (a), the Secretary shall up-
8 date such guidance to include best practices identified by
9 the Secretary for such hospitals, freestanding birth cen-
10 ters, and providers to track maternal mortality and severe
11 morbidity trends by clinicians at such hospitals, free-
12 standing birth centers, and providers including—
13 (1) ways to establish scoring systems, which
14 may include quality triggers and safety and quality
15 metrics to score case and patient outcome metrics,
16 for such clinicians;
17 (2) methods to identify, educate, and improve
18 such clinicians who may have higher rates of mater-
19 nal mortality or severe morbidity compared to their
20 regional or State peers (taking into account dif-
21 ferences in patient risk for adverse outcomes, which
22 may include social risk factors);
23 (3) methods for using such data and tracking
24 to enhance research efforts focused on maternal
25 health, while also improving patient outcomes, clini-

1 cian education and training, and coordination of
2 care; and
3 (4) any other information determined appro-
4 priate by the Secretary.
5 (f) CULTURAL APPROPRIATENESS.—To the extent
6 practicable, the Secretary should develop the guidance,
7 best practices, fact sheets, templates, and other materials
8 that are required under this section in a trauma-informed,
9 culturally and linguistically appropriate manner.

10 **SEC. 3. REPORT ON PAYMENT METHODOLOGIES FOR**
11 **TRANSFERRING PREGNANT WOMEN BE-**
12 **TWEEN FACILITIES BEFORE, DURING, AND**
13 **AFTER CHILDBIRTH.**

14 (a) IN GENERAL.—Subject to the availability of ap-
15 propriations, not later than 36 months after the date of
16 enactment of this Act, the Secretary of Health and
17 Human Services (referred to in this section as the ''Sec-
18 retary'') shall submit to Congress a report on the payment
19 methodologies under the Medicaid program under title
20 XIX of the Social Security Act (42 U.S.C. 1396 et seq.)
21 for the antepartum, intrapartum, and postpartum transfer
22 of pregnant women from one health care facility to an-
23 other, including any potential disincentives or regulatory
24 barriers to such transfers.

1 (b) CONSULTATION.—In developing the report re-
2 quired under subsection (a), the Secretary shall consult
3 with the advisory committee established under section
4 2(c).