

114TH CONGRESS
1ST SESSION

H. R. 3652

To expand programs with respect to women’s health.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 30, 2015

Ms. BONAMICI (for herself, Ms. LEE, and Ms. DEGETTE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To expand programs with respect to women’s health.

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 “21st Century Women’s
5 Health Act of 2015”.

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to provide women with
8 affordable access to comprehensive health care, including
9 preventive services (such as contraception and breast can-
10 cer screenings), to improve maternal health, and to ensure
11 that a woman has the same benefits and services no mat-
12 ter what part of the United States she lives in, all which

1 is critical to improving the health and well-being of
2 women, children, their families, society as a whole, and
3 is an essential part of a woman’s economic security and
4 opportunity.

5 **SEC. 3. STRENGTHENING FAMILY PLANNING.**

6 (a) IN GENERAL.—Title X of the Public Health Serv-
7 ice Act (42 U.S.C. 300 et seq.) is amended by inserting
8 after section 1003 the following:

9 **“SEC. 1003A. GRANTS FOR FACILITIES IMPROVEMENTS.**

10 “(a) IN GENERAL.—The Secretary is authorized to
11 make grants to and enter into contracts with public or
12 nonprofit private entities to plan, develop, or make im-
13 provements to facilities carrying out family planning serv-
14 ice projects, and expand preventive health services, under
15 section 1001.

16 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated to carry out this section,
18 \$50,000,000 for each of fiscal years 2016 through 2019.”.

19 (b) FUNDING.—There is authorized to be appro-
20 priated to carry out programs under title X of the Public
21 Health Service Act (42 U.S.C. 300 et seq.), \$327,000,000
22 for each of fiscal years 2016 through 2019.

1 **SEC. 4. ENSURING PARITY IN WOMEN'S HEALTH COVERAGE**
2 **UNDER MEDICAID.**

3 (a) STATE PLAN REQUIREMENT.—Section 1902(a)
4 of the Social Security Act (42 U.S.C. 1396a(a)) is amend-
5 ed by inserting after paragraph (77) the following:

6 “(78) provide that the State shall, at a min-
7 imum and in addition to any other preventive care
8 and screenings required under this title, provide
9 medical assistance for preventive care and screenings
10 required under section 2713(a) of the Public Health
11 Service Act, including evidence-based items or serv-
12 ices required under section 2713(a)(1) of such Act,
13 evidence-informed preventive care and screenings re-
14 quired under section 2713(a)(3) of such Act, and
15 additional preventive care and screenings required
16 for women under section 2713(a)(4) of such Act and
17 as provided for in comprehensive guidelines sup-
18 ported by the Health Resources and Services Admin-
19 istration, and shall not impose any copayment, coin-
20 surance, deductible, cost-sharing, or similar charge
21 for such preventive care and screenings;”.

22 (b) APPLICATION TO MANAGED CARE.—Section
23 1932(b) of such Act (42 U.S.C. 1396u–2(b)) is amended
24 by adding at the end the following:

25 “(9) PARITY IN WOMEN'S HEALTH COV-
26 ERAGE.—Each medicaid managed care organization

1 shall at a minimum and in addition to any other
2 preventive care and screenings required under a con-
3 tract with the State under section 1903(m), provide
4 medical assistance for preventive care and screenings
5 required under section 2713(a) of the Public Health
6 Service Act, including evidence-based items or serv-
7 ices required under section 2713(a)(1) of such Act,
8 evidence-informed preventive care and screenings re-
9 quired under section 2713(a)(3) of such Act, and
10 additional preventive care and screenings required
11 for women under section 2713(a)(4) of such Act and
12 as provided for in comprehensive guidelines sup-
13 ported by the Health Resources and Services Admin-
14 istration, and shall not impose any copayment, coin-
15 surance, deductible, cost-sharing, or similar charge
16 for such preventive care and screenings.”.

17 (c) APPLICATION TO BENCHMARK BENEFIT
18 PLANS.—Section 1937(b)(5) of such Act (42 U.S.C.
19 1396u–7(b)(5)) is amended by inserting “and, effective
20 January 1, 2016, must provide, at a minimum and in ad-
21 dition to any other preventive care and screenings required
22 under this section, preventive care and screenings, re-
23 quired under section 2713(a) of the Public Health Service
24 Act, including evidence-based items or services required
25 under section 2713(a)(1) of such Act, evidence-informed

1 preventive care and screenings required under section
2 2713(a)(3) of such Act, and additional preventive care and
3 screenings required for women under section 2713(a)(4)
4 of such Act and as provided for in comprehensive guide-
5 lines supported by the Health Resources and Services Ad-
6 ministration, and shall not impose any copayment, coin-
7 surance, deductible, cost-sharing or similar charge for
8 such preventive care and screenings” before the period.

9 (d) PARITY IN COVERAGE OF ALL FDA-APPROVED
10 FORMS OF CONTRACEPTION.—Section 1905(a)(4)(C) of
11 such Act (42 U.S.C. 1396d(a)(4)(C)) is amended by in-
12 serting “, including family planning services and supplies
13 that are required under section 2713(a) of the Public
14 Health Service Act and as provided for in comprehensive
15 guidelines supported by the Health Resources and Serv-
16 ices Administration for purposes of section 2713(a)(4) of
17 such Act,” before “furnished”.

18 (e) CONFORMING AMENDMENTS PROHIBITING COST-
19 SHARING.—

20 (1) IN GENERAL.—Subsections (a)(2)(D) and
21 (b)(2)(D) of section 1916 of such Act (42 U.S.C.
22 1396o) are each amended by inserting “and items
23 and services required under section 1902(a)(78),”
24 before “or”.

1 (2) ALTERNATIVE AUTHORITY.—Section
2 1916A(b)(3)(B) of such Act (42 U.S.C. 1396o–
3 1(b)(3)(B)) is amended by adding at the end the fol-
4 lowing:

5 “(xi) Items and services required
6 under section 1902(a)(78).”.

7 (f) APPLICATION TO WAIVERS.—

8 (1) LIMITATION OF WAIVER AUTHORITY.—Not-
9 withstanding section 1115(a) of the Social Security
10 Act (42 U.S.C. 1315(a)), subject to paragraph (2),
11 the Secretary of Health and Human Services may
12 not grant a waiver under section 1115 of the Social
13 Security Act (42 U.S.C. 1315) or otherwise of the
14 requirements imposed under the amendments made
15 by this section.

16 (2) EXCEPTION FOR CURRENT WAIVERS.—The
17 amendments made by this section shall not apply to
18 any waiver granted to a State under section 1115 of
19 the Social Security Act (42 U.S.C. 1315) or other-
20 wise which relates to the provision of medical assist-
21 ance under a State plan under title XIX of such Act
22 (42 U.S.C. 1396 et seq.) that is in effect as of the
23 date of enactment of this Act before the expiration
24 (determined without regard to any extensions) of the

1 waiver to the extent such amendments are incon-
2 sistent with the waiver.

3 (g) EFFECTIVE DATE.—

4 (1) IN GENERAL.—Except as provided in para-
5 graphs (2) and (3), the amendments made by this
6 section shall be effective with respect to items or
7 services furnished on or after the date of enactment
8 of this Act.

9 (2) BENCHMARK AND MANAGED CARE PLANS.—

10 The amendments made by subsections (b) and (c)
11 shall apply to plan years beginning on or after Janu-
12 ary 1, 2016.

13 (3) TRANSITION RULE.—In the case of a State
14 plan under title XIX or XXI of the Social Security
15 Act, which the Secretary of Health and Human
16 Services determines requires State legislation in
17 order for the respective plan to meet any require-
18 ment imposed by amendments made by this section,
19 the respective plan shall not be regarded as failing
20 to comply with the requirements of such title solely
21 on the basis of its failure to meet such an additional
22 requirement before the first day of the first calendar
23 quarter beginning after the close of the first regular
24 session of the State legislature that begins after the
25 date of enactment of this section. For purposes of

1 the previous sentence, in the case of a State that has
2 a 2-year legislative session, each year of the session
3 shall be considered to be a separate regular session
4 of the State legislature.

5 **SEC. 5. ACCESS TO WOMEN'S HEALTH CARE PROVIDERS.**

6 Part B of title VIII of the Public Health Service Act
7 (42 U.S.C. 296j et seq.) is amended by adding at the end
8 the following:

9 **“SEC. 812. DEMONSTRATION GRANTS FOR NURSE PRACTI-**
10 **TIONER TRAINING PROGRAM.**

11 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary
12 shall establish a demonstration program (referred to in
13 this section as the ‘program’) to award grants to eligible
14 entities for the training of nurse practitioners specializing
15 in women’s health care for careers as providers in health
16 centers that receive assistance under title X (referred to
17 in this section as ‘health centers’).

18 “(b) PURPOSE.—The purpose of the program is to
19 enable each grant recipient to—

20 “(1) provide new nurse practitioners with clin-
21 ical training to enable such practitioners to serve as
22 providers in health centers;

23 “(2) train new nurse practitioners to work
24 under a model of care that is consistent with the
25 principles set forth by the Report Providing Quality

1 Family Planning Services of the Centers for Disease
2 Control and Prevention; and

3 “(3) establish a model of training for nurse
4 practitioners that specialize in women’s health care
5 that may be replicated nationwide.

6 “(c) GRANTS.—Under the program, the Secretary
7 shall award 3-year grants to eligible entities that meet the
8 requirements established by the Secretary, for the purpose
9 of operating the nurse practitioner programs described in
10 subsection (a) at such entities.

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

13 “(1) be a health center that receives funding
14 under section 1001; and

15 “(2) submit to the Secretary an application at
16 such time, in such manner, and containing such in-
17 formation as the Secretary may require.

18 “(e) ELIGIBILITY OF NURSE PRACTITIONERS.—

19 “(1) IN GENERAL.—To be eligible for accept-
20 ance into a training program carried out by an eligi-
21 ble entity under a grant under this section, an indi-
22 vidual shall—

23 “(A) be licensed, or eligible for licensure,
24 in the State in which the program is being car-
25 ried out as an advanced practice registered

1 nurse or advanced practice nurse and be eligible
2 or board-certified as a nurse practitioner; and

3 “(B) demonstrate commitment to a career
4 as a provider in a health center.

5 “(2) PREFERENCE.—In accepting individuals
6 into a training program under this section, a grant
7 recipient shall give preference to bilingual applicants
8 that meet the requirements described in paragraph
9 (1).

10 “(f) GRANT AMOUNT.—Each grant awarded under
11 this section shall be in an amount not to exceed \$600,000
12 per year. A grant recipient may carry over funds from 1
13 fiscal year to another without obtaining approval from the
14 Secretary.

15 “(g) TECHNICAL ASSISTANCE GRANTS.—The Sec-
16 retary may award technical assistance grants to 1 or more
17 health centers that have demonstrated expertise in estab-
18 lishing a nurse practitioner residency training program.
19 Such technical assistance grants shall be for the purpose
20 of providing technical assistance to other recipients of
21 grants under subsection (c).

22 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
23 carry out this section, there is authorized to be appro-
24 priated \$10,000,000 for each of fiscal years 2016 through
25 2019.”.

1 **SEC. 6. COMPASSIONATE ASSISTANCE AND AWARENESS**
2 **FOR SURVIVORS OF RAPE.**

3 (a) DEFINITIONS.—In this section:

4 (1) EMERGENCY CONTRACEPTION.—The term
5 “emergency contraception” means a drug or device
6 (as such terms are defined in section 201 of the
7 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
8 321)), or drug regimen that—

9 (A) is used postcoitally;

10 (B) prevents pregnancy primarily by pre-
11 venting or delaying ovulation, and does not ter-
12minate an established pregnancy; and

13 (C) is approved by the Food and Drug Ad-
14ministration.

15 (2) HEALTH CARE PROVIDER.—The term
16 “health care provider” means an individual who is li-
17censed or certified under State law to provide health
18care services and who is operating within the scope
19of such license. Such term shall include a phar-
20macist.

21 (3) HOSPITAL.—The term “hospital” means—

22 (A) a hospital as defined in section
23 1861(e) of the Social Security Act (42 U.S.C.
24 1395x(e));

1 (B) a critical access hospital as defined in
2 section 1861(mm)(1) of such Act (42 U.S.C.
3 1395x(mm)(1)); and

4 (C) a health clinic located on the campus
5 of an institution of higher education.

6 (4) INSTITUTION OF HIGHER EDUCATION.—The
7 term “institution of higher education” has the
8 meaning given such term in section 101(a) of the
9 Higher Education Act of 1965 (20 U.S.C. 1001(a)).

10 (5) NONPROFITS.—The term “nonprofits (other
11 than institutions of higher education)” means a
12 community-based organization, other than an insti-
13 tution of higher education, with experience in pro-
14 viding evidence-based effective programs, strategies,
15 and policies to prevent sexual violence, intimate
16 partner violence, and other forms of violence on the
17 campus of institutions of higher education.

18 (6) SECRETARY.—The term “Secretary” means
19 the Secretary of Health and Human Services.

20 (7) SEXUAL ASSAULT.—

21 (A) IN GENERAL.—The term “sexual as-
22 sault” means a sexual act (as defined in sub-
23 paragraphs (A) through (C) of section 2246(2)
24 of title 18, United States Code) where the vic-

1 tim involved does not consent or lacks the ca-
2 pacity to consent.

3 (B) APPLICATION OF PROVISIONS.—The
4 definition in subparagraph (A) shall apply to all
5 individuals.

6 (b) SURVIVORS OF SEXUAL ASSAULT; PROVISION BY
7 HOSPITALS OF EMERGENCY CONTRACEPTION WITHOUT
8 CHARGE.—

9 (1) IN GENERAL.—Federal funds may not be
10 provided to a hospital unless such hospital complies
11 with the conditions specified in paragraph (2) in the
12 case of—

13 (A) any woman who arrives at the hospital
14 and states that she is a victim of sexual assault,
15 or is accompanied by someone who states she is
16 a victim of sexual assault; and

17 (B) any woman who arrives at the hospital
18 whom hospital personnel have reason to believe
19 is a victim of sexual assault.

20 (2) ASSISTANCE FOR VICTIMS.—The conditions
21 specified in this subsection regarding a hospital and
22 a woman described in paragraph (1) are as follows:

23 (A) The hospital promptly provides the
24 woman with medically and factually accurate
25 and unbiased written and oral information

1 about emergency contraception, including infor-
2 mation explaining that—

3 (i) some forms of emergency contra-
4 ception have been approved by the Food
5 and Drug Administration as over-the-
6 counter medications for all women without
7 age restrictions and such contraception is
8 a safe and effective way to prevent preg-
9 nancy after unprotected intercourse or con-
10 traceptive failure if taken in a timely man-
11 ner;

12 (ii) emergency contraception is more
13 effective the sooner it is taken; and

14 (iii) emergency contraception does not
15 cause an abortion and cannot interrupt an
16 established pregnancy.

17 (B) The hospital promptly offers emer-
18 gency contraception to the woman, and prompt-
19 ly provides such contraception to her at the
20 hospital on her request.

21 (C) The information provided pursuant to
22 subparagraph (A) is in clear and concise lan-
23 guage, is readily comprehensible, and meets
24 such conditions regarding the provision of the

1 information in languages other than English as
2 the Secretary may establish.

3 (D) The services described in subpara-
4 graphs (A) through (C) are not denied because
5 of the inability of the woman or her family to
6 pay for the services.

7 (3) EFFECTIVE DATE; AGENCY CRITERIA.—This
8 subsection shall take effect upon the expiration of
9 the 180-day period beginning on the date of the en-
10 actment of this Act. Not later than 30 days prior to
11 the expiration of such period, the Secretary shall
12 publish in the Federal Register criteria for carrying
13 out this section.

14 (c) SURVIVORS OF CAMPUS SEXUAL ASSAULT; PRO-
15 VISION BY COMMUNITY-BASED ORGANIZATIONS AND
16 NONPROFITS (OTHER THAN INSTITUTIONS OF HIGHER
17 EDUCATION) OF EMERGENCY CONTRACEPTION AND SEX-
18 UAL ASSAULT PREVENTION PROGRAMS.—Nonprofits
19 (other than institutions of higher education) shall provide
20 for campus programs focused on effective prevention strat-
21 egies that include—

22 (1) the implementation of a comprehensive pre-
23 vention strategy based on evidence-based research
24 that identifies strategies to prevent sexually violent
25 behavior;

1 (2) the use of risk and protective factors
2 through the provision of training to students on sex-
3 ual violence and prevention and the provision of
4 campus outreach on preventing sexual violence and
5 information about emergency contraception; and

6 (3) the coordination of activities with campus-
7 based health facilities to ensure prompt access to
8 medically and factually accurate and unbiased writ-
9 ten and oral information about emergency contra-
10 ception and assistance as determined under sub-
11 section (b)(2).

12 (d) EMERGENCY CONTRACEPTION EDUCATION AND
13 INFORMATION PROGRAMS.—

14 (1) EMERGENCY CONTRACEPTION PUBLIC EDU-
15 CATION PROGRAM.—

16 (A) IN GENERAL.—The Secretary, acting
17 through the Director of the Centers for Disease
18 Control and Prevention, shall develop and dis-
19 seminate to the public information on emer-
20 gency contraception.

21 (B) DISSEMINATION.—The Secretary may
22 disseminate information on emergency contra-
23 ception under subparagraph (A) directly or
24 through arrangements with health agencies,
25 professional and nonprofit organizations, con-

1 sumer groups, institutions of higher education,
2 clinics, the media, and Federal, State, and local
3 agencies.

4 (C) INFORMATION.—The information on
5 emergency contraception disseminated under
6 subparagraph (A) shall include, at a minimum,
7 the most current evidence-based and evidence-
8 informed standards of care with respect to
9 emergency contraception and an explanation of
10 the proper, use, safety, efficacy, and availability
11 of such contraception, and the availability of
12 counseling with respect to such contraception.

13 (2) EMERGENCY CONTRACEPTION INFORMA-
14 TION PROGRAM FOR HEALTH CARE PROVIDERS.—

15 (A) IN GENERAL.—The Secretary, acting
16 through the Administrator of the Health Re-
17 sources and Services Administration and in con-
18 sultation with major medical and public health
19 organizations, shall develop and disseminate to
20 health care providers information on emergency
21 contraception.

22 (B) INFORMATION.—The information dis-
23 seminated under subparagraph (A) shall in-
24 clude, at a minimum—

1 (i) information describing the most
2 current evidence-based and evidence-in-
3 formed standards of care, proper use, safe-
4 ty, efficacy, and availability of emergency
5 contraception, and the availability of coun-
6 seling with respect to such contraception;

7 (ii) recommendations regarding the
8 use of such contraception in appropriate
9 cases;

10 (iii) recommendations for health care
11 providers working in emergency rooms to
12 consult with survivors of sexual assault,
13 once such survivors are clinically stable, re-
14 garding options for emergency contracep-
15 tion and to provide any necessary follow-up
16 care and referral services; and

17 (iv) information explaining how to ob-
18 tain copies of the information developed
19 under paragraph (1) for distribution to the
20 patients of the providers.

21 (3) AUTHORIZATION OF APPROPRIATIONS.—

22 There are authorized to be appropriated to carry out
23 this section, such sums as may be necessary for each
24 of the fiscal years 2016 through 2020.

1 (4) STUDY.—The Agency for Healthcare Re-
2 search and Quality shall conduct a study of access
3 of survivors of sexual assault to emergency contra-
4 ception in each State and nationally, to make access
5 and care safer, of higher quality, and more acces-
6 sible, equitable, and affordable.

7 **SEC. 7. IMPROVED CUSTOMER SERVICE AND PROTECTIONS**
8 **FOR WOMEN.**

9 Title III of the Public Health Service Act (42 U.S.C.
10 241 et seq.) is amended by adding at the end the fol-
11 lowing:

12 **“PART W—WOMEN’S HEALTH**

13 **“SEC. 3990O. OFFICE OF THE OMBUDSPERSON ON WOM-**
14 **EN’S HEALTH.**

15 “(a) ESTABLISHMENT.—There is established within
16 the Office of Secretary of the Department of Health and
17 Human Services an Office of the Ombudsperson on Wom-
18 en’s Health (in this section referred to as the ‘Office’).
19 The Office shall be headed by an Ombudsperson who is
20 appointed by the Secretary and reports directly to the Sec-
21 retary.

22 “(b) DEADLINE FOR DESIGNATION OF
23 OMBUDSPERSON.—Not later than 180 days after the date
24 of the enactment of this Act, the Secretary shall designate
25 an individual to serve as the Ombudsperson of the Office

1 on Women’s Health (referred to in this part as the
2 ‘Ombudsperson’).

3 “(c) DUTIES OF OFFICE.—

4 “(1) IN GENERAL.—The Ombudsperson, in co-
5 ordination (as defined in paragraph (4)) with major
6 medical, public health, and legal organizations, agen-
7 cies within the Department of Health and Human
8 Services, the Department of Labor, and consumer
9 organizations shall develop recommendations to iden-
10 tify and better assist women in accessing health and
11 human services.

12 “(2) ADDITIONAL DUTIES.—The Office shall—

13 “(A) serve as the coordinator for the De-
14 partment of Health and Human Services for
15 complaints and issues with respect to the provi-
16 sion of health services to women that involve
17 any administrative body within the Department
18 of Health and Human Services, including the
19 Office on Women’s Health, the Office of Popu-
20 lation Affairs, the Centers for Disease Control
21 and Prevention, the National Institutes of
22 Health, the Food and Drug Administration, the
23 Office of Adolescent Health, the Health Re-
24 sources and Services Administration, the Office
25 of Civil Rights, and the Center for Consumer

1 Information and Insurance Oversight, and shall
2 consult with the Department of Labor regard-
3 ing such complaints and issues, in order to
4 refer women to the appropriate agency for her
5 complaint and issue;

6 “(B) collect data and information about
7 the complaints concerning health services for
8 women that are received across the Department
9 by the Ombudsperson and other agencies;

10 “(C) help to coordinate assistance for
11 women among the various administrative bodies
12 of the Department of Health and Human Serv-
13 ices;

14 “(D) maintain and publicize a toll-free
15 telephone number for women seeking assistance
16 regarding issues related to a health service, and
17 to report complaints;

18 “(E) provide assistance within the Depart-
19 ment of Health and Human Services, and in
20 consultation with the Secretary of Labor, when
21 there are barriers to getting information about
22 a complaint, or accessing services or benefits;

23 “(F) issue reports on how women’s health
24 care issues are addressed and handled within
25 the Department of Health and Human Services

1 and track what agencies are being responsive to
2 complaints in order to improve customer service
3 and improve women’s access to health services;

4 “(G) work with other administrative bodies
5 of the Department of Health and Human Serv-
6 ices to address issues identified through fact-
7 finding and inquiries;

8 “(H) work with external stakeholders, such
9 as pharmacies, providers, community-based or-
10 ganizations, clinics, and hospitals, to ensure
11 that there is information regarding the cost-
12 sharing and preventive services, including ac-
13 cess to all Food and Drug Administration ap-
14 proved forms of contraception made available
15 under the Patient Protection and Affordable
16 Care Act (Public Law 111–148); and

17 “(I) submit an annual report to Congress
18 in accordance with subsection (e).

19 “(3) RESPONSIBILITIES OF THE
20 OMBUDSPERSON.—In carrying out the duties of the
21 Office, the Ombudsperson shall—

22 “(A) evaluate each complaint received by
23 the Office objectively;

1 “(B) maintain confidentiality of any mat-
2 ter related to complaints, including the identi-
3 ties of the complainants and witnesses; and

4 “(C) ensure that any action taken by the
5 Ombudsperson, and other offices of the Depart-
6 ment of Health and Human Services, with re-
7 spect to such a matter does not negatively af-
8 fect the ability of any woman to receive health
9 care or benefits under a law administered by
10 the Secretary.

11 “(4) COORDINATION.—To better identify and
12 address issues related to health care for women, the
13 Ombudsperson shall coordinate efforts with respect
14 to such issues among—

15 “(A) all entities within the Department of
16 Health and Human Services;

17 “(B) the Department of Labor; and

18 “(C) any other Federal agency with juris-
19 diction over matters related to access to health
20 care services for women.

21 “(5) PUBLIC MEETINGS.—The Ombudsperson
22 shall convene a public meeting quarterly to ensure
23 communication and coordination of services for
24 women.

1 “(d) CONSULTATION.—In carrying out the duties of
2 the Office, the Ombudsperson, as appropriate, shall con-
3 sult with State offices of health insurance consumer assist-
4 ance and health insurance ombudsman programs for
5 which a State has received a grant under section 2793.

6 “(e) ANNUAL REPORTS.—

7 “(1) IN GENERAL.—Not later than September
8 30 of each year, the Office shall submit a report to
9 Congress on the actions taken by the Office over the
10 preceding year and the objectives of those actions.
11 Such report shall be provided by the Ombudsperson
12 directly to Congress without any prior comment or
13 amendment by the Secretary.

14 “(2) CONTENTS.—Each report submitted under
15 paragraph (1) shall include, with respect to the pre-
16 ceding year—

17 “(A) statistical information, by region, on
18 the volume of complaints received by the Office,
19 the general nature of complaints, general infor-
20 mation on complainants, and the percentage of
21 complaints that resulted in a fact-finding in-
22 quiry;

23 “(B) a summary of problems encountered
24 by complainants, including information on the
25 most pervasive or serious types of problems en-

1 countered by complainants, including an enu-
2 meration of actions that the Office has taken in
3 response to such problems;

4 “(C) policy recommendations that the Of-
5 fice made to the Department of Health and
6 Human Services and the Department of Labor
7 to remedy continual problems or address areas
8 of concerns that are reported to the Office to
9 better inform policymaking, including an enu-
10 meration of actions that the Office has taken in
11 response to such problems or concerns; and

12 “(D) such other information as the Office
13 considers relevant.

14 “(3) REPORT FROM THE SECRETARY.—The
15 Ombudsperson shall seek comment from the Sec-
16 retary on the report prepared for submission under
17 paragraph (1), and the Ombudsperson shall submit
18 to Congress the comments of the Secretary together
19 with the annual report under paragraph (1).

20 “(4) OTHER REPORTS.—Nothing in this sub-
21 section shall be construed to preclude the Office
22 from issuing additional reports on the activities of
23 the Office.

24 “(f) NETWORK ADEQUACY STUDY.—

1 “(1) STUDY.—The Ombudsperson shall conduct
2 a study on the network adequacy for women’s health
3 services. Such study shall include—

4 “(A) an analysis of the number of in-net-
5 work providers for women’s health services
6 across the United States, including State-by-
7 State information on waiting times and distance
8 traveled;

9 “(B) an analysis of the availability of wom-
10 en’s health services, including contraception
11 counseling and reproductive health services;

12 “(C) the identification of geographic areas
13 in which there may be a shortage of providers,
14 clinics, and hospitals that are able to provide
15 women with the full reproductive services;

16 “(D) a comparison of information provided
17 to women concerning in-network and out-of-net-
18 work providers;

19 “(E) an analysis of factors related to wom-
20 en’s health care access that identifies geo-
21 graphic gaps, health center availability, and
22 barriers to providing such care in training, ex-
23 pertise, and stocking of drugs;

1 of the National Institutes of Health, the Commissioner of
2 Food and Drugs, and the Ombudsperson of the Office of
3 Women’s Health, shall coordinate and provide for a na-
4 tional public outreach and education campaign to raise
5 public awareness, including among providers, of preventive
6 health services for women and families, including contra-
7 ception coverage made available under the Patient Protec-
8 tion and Affordable Care Act (Public Law 111–148).

9 “(b) DISSEMINATION OF INFORMATION.—The out-
10 reach and awareness campaign shall include the media
11 campaign under subsection (c) and the Internet website
12 under subsection (d), and shall provide for the dissemina-
13 tion of information that—

14 “(1) describes the guidelines for preventive
15 services for women, including the most up-to-date
16 recommendations on domestic violence screenings
17 and counseling, breast cancer, cervical cancer, and
18 other diseases that disproportionately impact
19 women, available from the United States Preventive
20 Services Task Force and major medical and public
21 health organizations;

22 “(2) promotes well-woman visits for health as-
23 sessments which include screenings, evaluations,
24 counseling, immunizations, breastfeeding services
25 and supplies, and prenatal visits, as appropriate;

1 “(3) increases awareness of domestic violence
2 screenings and counseling made available, and en-
3 sure that women are able to access and utilize such
4 screenings and counseling;

5 “(4) explains the preventive services for women
6 that are required under section 2713 to be covered
7 without cost-sharing by a group health plan or a
8 health insurance issuer offering group or individual
9 health insurance coverage that is not a grand-
10 fathered plan (as defined in section 1251(e) of the
11 Patient Protection and Affordable Care Act);

12 “(5) provides broad information for women,
13 pharmacists, pharmacies, and providers to ensure
14 full access to all Food and Drug Administration-ap-
15 proved forms of contraception and preventive serv-
16 ices that are covered in accordance with section
17 2713 without cost-sharing;

18 “(6) addresses health disparities in preventive
19 care for women;

20 “(7) informs women about what to do if they
21 are denied entitled benefits and services by making
22 them aware of the Office of the Ombudsperson of
23 the Office on Women’s Health under section 3990O;
24 and

1 “(8) provides robust information about access
2 to health care providers through both private and
3 public health insurance programs, including informa-
4 tion regarding an employer’s contraceptive coverage
5 policy.

6 “(c) MEDIA CAMPAIGN.—

7 “(1) IN GENERAL.—Not later than 180 days
8 after the date of enactment of the 21st Century
9 Women’s Health Act of 2015, the Secretary shall es-
10 tablish and implement a national media campaign to
11 disseminate the information described in subsection
12 (b).

13 “(2) REQUIREMENTS.—The campaign described
14 in paragraph (1)—

15 “(A) shall provide information about the
16 updated guidelines for women’s preventive serv-
17 ices described in subsection (b)(1), promote
18 well-woman visits described in subsection
19 (b)(2), and provide information on the preven-
20 tive services for women described in subsection
21 (b)(3); and

22 “(B) may include the use of television,
23 radio, Internet, and other commercial mar-
24 keting venues.

25 “(d) INTERNET WEBSITE.—

1 “(1) IN GENERAL.—The Secretary, in consulta-
2 tion with private sector experts, or through a con-
3 tract with a private entity such as a medical associa-
4 tion or non-profit organization, shall establish an
5 Internet website to—

6 “(A) disseminate information on preventive
7 health services for women and families directly
8 or through health agencies, professional and
9 nonprofit organizations, consumer groups, insti-
10 tutions of higher education, clinics, the media,
11 or Federal, State, and local agencies; and

12 “(B) provide information and resources
13 about the updated guidelines for women’s pre-
14 ventive services, promote well-woman visits, and
15 provide information on women’s preventive serv-
16 ices.

17 “(2) REPORTING TOOL.—The Secretary, acting
18 through the Ombudsperson on Women’s Health ap-
19 pointed under section 3990O, shall develop and op-
20 erate a consumer-focused reporting tool on the
21 Internet website established under paragraph (1)
22 that enables women and families to report instances
23 of being inappropriately charged for, or not being
24 provided, benefits under section 2713.

1 “(b) CONTENTS.—The study and report under sub-
2 section (a) shall include—

3 “(1) identification and analysis of how State
4 laws regarding abortion access, including facility re-
5 quirements including admitting privileges, insurance
6 coverage limitations, mandatory delays, gestational
7 limits, medication restrictions, and parental notifica-
8 tion and consent impact a women’s access to repro-
9 ductive family planning services;

10 “(2) identification of geographic areas in which
11 such State laws and practices have a strong impact
12 on access to family planning services for women and
13 their families;

14 “(3) analysis of factors related to reproductive
15 health services that impact women, children, and
16 families, such as the ability to work, children’s ac-
17 cess to health insurance, access to health coverage,
18 and the State’s role in making these services avail-
19 able to women and families;

20 “(4) analysis of how women’s access to family
21 planning services in such geographic areas correlate
22 with maternity-related health outcomes, including
23 the rates of infant mortality, premature births, birth
24 weight, burden of sexually transmitted infections,
25 and other measures deemed appropriate; and

1 “(5) the recommendations of the Secretary with
2 respect to the necessary coverage of services to en-
3 sure full access to reproductive services and best
4 practices for States.”.

5 **SEC. 10. MATERNAL HEALTH ACCOUNTABILITY.**

6 (a) **PURPOSES.**—The purposes of this section are the
7 following:

8 (1) To establish governmental accountability
9 and a shared responsibility between States and the
10 Federal Government to identify opportunities for im-
11 provement in quality of care and system changes,
12 and to educate and inform health institutions and
13 professionals, women, and families about preventing
14 pregnancy-related deaths and complications and re-
15 ducing disparities.

16 (2) To develop a model for States to operate
17 maternal mortality reviews and assess the various
18 factors that may have contributed to maternal mor-
19 tality, including quality of care, racial disparities,
20 and systemic problems in the delivery of health care,
21 and to develop appropriate interventions to reduce
22 and prevent such deaths.

23 (b) **UNIFORM STATE MATERNAL MORTALITY RE-**
24 **VIEW COMMITTEES ON PREGNANCY-RELATED DEATHS.**—

1 (1) CONDITION OF RECEIPT OF PAYMENTS
2 FROM ALLOTMENT UNDER MATERNAL AND CHILD
3 HEALTH SERVICE BLOCK GRANT.—Title III of the
4 Public Health Service Act (42 U.S.C. 241g et seq.),
5 as amended by section 9, is further amended by add-
6 ing at the end the following:

7 **“SEC. 3990O-3. UNIFORM STATE MATERNAL MORTALITY**
8 **REVIEW COMMITTEES ON PREGNANCY-RE-**
9 **LATED DEATHS.**

10 “(a) GRANTS.—

11 “(1) IN GENERAL.—For each of fiscal years
12 2016 through 2022, the Secretary shall, subject to
13 paragraph (3) and in accordance with the criteria
14 established under paragraph (2), award grants to
15 States to—

16 “(A) carry out the activities described in
17 subsection (b)(1);

18 “(B) establish a State maternal mortality
19 review committee, in accordance with subsection
20 (b)(2), to carry out the activities described in
21 subsection (b)(2)(A), and to establish the proc-
22 esses described in subsection (b)(1);

23 “(C) ensure the State department of
24 health carries out the applicable activities de-
25 scribed in subsection (b)(3), with respect to

1 pregnancy-related deaths occurring within the
2 State during such fiscal year;

3 “(D) provide for public disclosure of infor-
4 mation, in accordance with subsection (c); and

5 “(E) collect, analyze, and report to the
6 Secretary cases of maternal morbidity, includ-
7 ing reports of maternal morbidity data on ad-
8 missions to an intensive care unit or the trans-
9 fusion of more than three units of blood prod-
10 ucts.

11 “(2) CRITERIA.—The Secretary shall establish
12 criteria for determining eligibility for and the
13 amount of a grant awarded to a State under para-
14 graph (1). Such criteria shall provide that in the
15 case of a State that receives such a grant for a fiscal
16 year and is determined by the Secretary to have not
17 used such grant in accordance with this section,
18 such State shall not be eligible for such a grant for
19 any subsequent fiscal year.

20 “(3) AUTHORIZATION OF APPROPRIATIONS.—
21 For purposes of carrying out the grant program
22 under this section, including for administrative pur-
23 poses, there is authorized to be appropriated
24 \$10,000,000 for each of fiscal years 2016 through
25 2022.

1 “(b) PREGNANCY-RELATED DEATH REVIEW.—

2 “(1) REVIEW OF PREGNANCY-RELATED DEATH
3 AND PREGNANCY-ASSOCIATED DEATH CASES.—For
4 purposes of subsection (a), with respect to a State
5 that receives a grant under subsection (a), the fol-
6 lowing shall apply:

7 “(A) MANDATORY REPORTING OF PREG-
8 NANCY-RELATED DEATHS.—

9 “(i) IN GENERAL.—The State shall,
10 through the State maternal mortality re-
11 view committee, develop a process, sepa-
12 rate from any reporting process established
13 by the State department of health prior to
14 the date of the enactment of this section,
15 that provides for mandatory and confiden-
16 tial case reporting by individuals and enti-
17 ties described in clause (ii) of pregnancy-
18 related deaths to the State department of
19 health.

20 “(ii) INDIVIDUALS AND ENTITIES DE-
21 SCRIBED.—Individuals and entities de-
22 scribed in this clause include each of the
23 following:

24 “(I) Health care providers.

25 “(II) Medical examiners.

1 “(III) Medical coroners.

2 “(IV) Hospitals.

3 “(V) Free-standing birth centers.

4 “(VI) Other health care facilities.

5 “(VII) Any other individuals re-
6 sponsible for completing death certifi-
7 cates.

8 “(VIII) Any other appropriate in-
9 dividuals or entities specified by the
10 Secretary.

11 “(B) VOLUNTARY REPORTING OF PREG-
12 NANCY-RELATED AND PREGNANCY-ASSOCIATED
13 DEATHS.—

14 “(i) The State shall, through the
15 State maternal mortality review committee,
16 develop a process for and encourage, sepa-
17 rate from any reporting process established
18 by the State department of health prior to
19 the date of the enactment of this section,
20 voluntary and confidential case reporting
21 by individuals described in clause (ii) of
22 pregnancy-associated deaths to the State
23 department of health.

24 “(ii) The State shall, through the
25 State maternal mortality review committee,

1 develop a process for voluntary and con-
2 fidential reporting by family members of
3 the deceased and by other individuals on
4 possible pregnancy-related and pregnancy-
5 associated deaths to the State department
6 of health. Such process shall include—

7 “(I) making publicly available on
8 the Internet website of the State de-
9 partment of health a telephone num-
10 ber, Internet Web link, and email ad-
11 dress for such reporting; and

12 “(II) publicizing to local profes-
13 sional organizations, community orga-
14 nizations, and social services agencies
15 the availability of the telephone num-
16 ber, Internet Web link, and email ad-
17 dress made available under subclause
18 (I).

19 “(C) DEVELOPMENT OF CASE-FINDING.—

20 The State, through the vital statistics unit of
21 the State, shall annually identify pregnancy-re-
22 lated and pregnancy-associated deaths occur-
23 ring in such State during the year involved
24 by—

1 “(i) matching all death records, with
2 respect to such year, for women of child-
3 bearing age to live birth certificates and in-
4 fant death certificates to identify deaths of
5 women that occurred during pregnancy
6 and within one year after the end of a
7 pregnancy;

8 “(ii) identifying deaths reported dur-
9 ing such year as having an underlying or
10 contributing cause of death related to
11 pregnancy, regardless of the time that has
12 passed between the end of the pregnancy
13 and the death;

14 “(iii) collecting data from medical ex-
15 aminer and coroner reports; and

16 “(iv) any other methods the States
17 may devise to identify maternal deaths,
18 such as through review of a random sam-
19 ple of reported deaths of women of child-
20 bearing age to ascertain cases of preg-
21 nancy-related and pregnancy-associated
22 deaths that are not discernable from a re-
23 view of death certificates alone.

24 When feasible and for purposes of effectively
25 collecting and obtaining data on pregnancy-re-

1 lated and pregnancy-associated deaths, the
2 State shall adopt the most recent standardized
3 birth and death certificates, as issued by the
4 National Center for Vital Health Statistics, in-
5 cluding the recommended checkbox section for
6 pregnancy on the death certificates.

7 “(D) CASE INVESTIGATION AND DEVELOP-
8 MENT OF CASE SUMMARIES.—Following receipt
9 of reports by the State department of health
10 pursuant to subparagraph (A) or (B) and col-
11 lection by the vital statistics unit of the State
12 of possible cases of pregnancy-related and preg-
13 nancy-associated deaths pursuant to subpara-
14 graph (C), the State, through the State mater-
15 nal mortality review committee established
16 under subsection (a), shall investigate each
17 case, utilizing the case abstraction form de-
18 scribed in subsection (c), and prepare de-identi-
19 fied case summaries, which shall be reviewed by
20 the committee and included in applicable re-
21 ports. For purposes of subsection (a), under the
22 processes established under subparagraphs (A),
23 (B), and (C), a State department of health or
24 vital statistics unit of a State shall provide to
25 the State maternal mortality review committee

1 access to information collected pursuant to such
2 subparagraphs as necessary to carry out this
3 subparagraph. Data and information collected
4 for the case summary and review are for pur-
5 poses of public health activities, in accordance
6 with HIPAA privacy and security law (as de-
7 fined in section 3009(a)(2)). Such case inves-
8 tigations shall include data and information ob-
9 tained through—

10 “(i) medical examiner and autopsy re-
11 ports of the woman involved;

12 “(ii) medical records of the woman,
13 including such records related to health
14 care prior to pregnancy, prenatal and post-
15 natal care, labor and delivery care, emer-
16 gency room care, hospital discharge
17 records, and any care delivered up until
18 the time of death of the woman for pur-
19 poses of public health activities, in accord-
20 ance with HIPAA privacy and security law
21 (as defined in section 3009(a)(2));

22 “(iii) oral and written interviews of in-
23 dividuals directly involved in the maternal
24 care of the woman during and immediately
25 following the pregnancy of the woman, in-

1 including health care, mental health, and so-
2 cial service providers, as applicable;

3 “(iv) optional oral or written inter-
4 views of the family of the woman;

5 “(v) socioeconomic and other relevant
6 background information about the woman;

7 “(vi) information collected in subpara-
8 graph (C)(i); and

9 “(vii) other information on the cause
10 of death of the woman, such as social serv-
11 ices and child welfare reports.

12 “(2) STATE MATERNAL MORTALITY REVIEW
13 COMMITTEES.—

14 “(A) DUTIES.—

15 “(i) REQUIRED COMMITTEE ACTIVI-
16 TIES.—For purposes of subsection (a), a
17 maternal mortality review committee estab-
18 lished by a State pursuant to a grant
19 under such subsection shall carry out the
20 following pregnancy-related death and
21 pregnancy-associated death review activi-
22 ties:

23 “(I) With respect to a case of
24 pregnancy-related or pregnancy-asso-
25 ciated death of a woman, review the

1 case summaries prepared under sub-
2 paragraphs (A), (B), (C), and (D) of
3 paragraph (1).

4 “(II) Review aggregate statistical
5 reports developed by the vital statis-
6 tics unit of the State under paragraph
7 (1)(C) regarding pregnancy-related
8 and pregnancy-associated deaths to
9 identify trends, patterns, and dispari-
10 ties in adverse outcomes and address
11 medical, non-medical, and system-re-
12 lated factors that may have contrib-
13 uted to such pregnancy-related and
14 pregnancy-associated deaths and dis-
15 parities.

16 “(III) Develop recommendations,
17 based on the review of the case sum-
18 maries under paragraph (1)(D) and
19 aggregate statistical reports under
20 subclause (II), to improve maternal
21 care, social and health services, and
22 public health policy and institutions,
23 including with respect to improving
24 access to maternal care, improving the
25 availability of social services, and

1 eliminating disparities in maternal
2 care and outcomes.

3 “(ii) OPTIONAL COMMITTEE ACTIVITIES.—For purposes of subsection (a), a
4 maternal mortality review committee estab-
5 lished by a State under such subsection
6 may present findings and recommendations
7 regarding a specific case or set of cir-
8 cumstances directly to a health care facil-
9 ity or its local or State professional organi-
10 zation for the purpose of instituting policy
11 changes, educational activities, or other-
12 wise improving the quality of care provided
13 by the facilities.

14 “(B) COMPOSITION OF MATERNAL MOR-
15 TALITY REVIEW COMMITTEES.—

16 “(i) IN GENERAL.—Each State mater-
17 nal mortality review committee established
18 pursuant to a grant under subsection (a)
19 shall be multi-disciplinary, consisting of
20 health care and social service providers,
21 public health officials, other persons with
22 professional expertise on maternal health
23 and mortality, and patient and community
24 advocates who represent those communities
25

1 within such State that are the most af-
2 fected by maternal mortality. Membership
3 on such a committee of a State shall be re-
4 viewed annually by the State department
5 of health to ensure that membership rep-
6 resentation requirements are being fulfilled
7 in accordance with this paragraph.

8 “(ii) REQUIRED MEMBERSHIP.—Each
9 such review committee shall include—

10 “(I) representatives from medical
11 specialties providing care to pregnant
12 and postpartum patients, including
13 obstetricians (including generalists
14 and maternal fetal medicine special-
15 ists), and family practice physicians;

16 “(II) certified nurse midwives,
17 certified midwives, and advanced prac-
18 tice nurses;

19 “(III) hospital-based registered
20 nurses;

21 “(IV) representatives of the State
22 department of health maternal and
23 child health department;

24 “(V) social service providers or
25 social workers;

1 “(VI) the chief medical exam-
2 iners or designees;

3 “(VII) facility representatives,
4 such as from hospitals or free-stand-
5 ing birth centers; and

6 “(VIII) community or patient ad-
7 vocates who represent those commu-
8 nities within the State that are the
9 most affected by maternal mortality.

10 “(iii) ADDITIONAL MEMBERS.—Each
11 such review committee may also include
12 representatives from other relevant aca-
13 demic, health, social service, or policy pro-
14 fessions, or community organizations, on
15 an ongoing basis, or as needed, as deter-
16 mined beneficial by the review committee,
17 including—

18 “(I) anesthesiologists;

19 “(II) emergency physicians;

20 “(III) pathologists;

21 “(IV) epidemiologists or biostat-
22 isticians;

23 “(V) intensivists;

24 “(VI) vital statistics officers;

25 “(VII) nutritionists;

1 “(VIII) mental health profes-
2 sionals;

3 “(IX) substance abuse treatment
4 specialists;

5 “(X) representatives of relevant
6 advocacy groups;

7 “(XI) academics;

8 “(XII) representatives of bene-
9 ficiaries of the State plan under the
10 Medicaid program under title XIX;

11 “(XIII) paramedics;

12 “(XIV) lawyers;

13 “(XV) risk management special-
14 ists;

15 “(XVI) representatives of the de-
16 partments of health or public health
17 of major cities in the State involved;
18 and

19 “(XVII) policymakers.

20 “(iv) DIVERSE COMMUNITY MEMBER-
21 SHIP.—The composition of such a com-
22 mittee, with respect to a State, shall in-
23 clude—

24 “(I) representatives from diverse
25 communities, particularly those com-

1 communities within such State most se-
2 verely affected by pregnancy-related
3 deaths or pregnancy-associated deaths
4 and by a lack of access to relevant
5 maternal care services, from commu-
6 nity maternal child health organiza-
7 tions, and from minority advocacy
8 groups;

9 “(II) members, including health
10 care providers, from different geo-
11 graphic regions in the State, including
12 any rural, urban, and tribal areas;
13 and

14 “(III) health care and social serv-
15 ice providers who work in commu-
16 nities that are diverse with regard to
17 race, ethnicity, immigration status,
18 Indigenous status, and English pro-
19 ficiency.

20 “(v) MATERNAL MORTALITY REVIEW
21 STAFF.—Staff of each such review com-
22 mittee shall include—

23 “(I) vital health statisticians, ma-
24 ternal child health statisticians, or
25 epidemiologists;

1 “(II) a coordinator of the State
2 maternal mortality review committee,
3 to be designated by the State; and

4 “(III) administrative staff.

5 “(C) OPTION FOR STATES TO FORM RE-
6 GIONAL MATERNAL MORTALITY REVIEWS.—

7 States with a low rate of occurrence of preg-
8 nancy-associated or pregnancy-related deaths
9 may choose to partner with one or more neigh-
10 boring States to fulfill the activities described in
11 paragraph (1)(C). In such a case, with respect
12 to States in such a partnership, any require-
13 ment under this section relating to the report-
14 ing of information related to such activities
15 shall be deemed to be fulfilled by each such
16 State if a single such report is submitted for
17 the partnership.

18 “(3) STATE DEPARTMENT OF HEALTH ACTIVI-
19 TIES.—For purposes of subsection (a), a State de-
20 partment of health of a State receiving a grant
21 under such subsection shall—

22 “(A) in consultation with the maternal
23 mortality review committee of the State and in
24 conjunction with relevant professional organiza-
25 tions, develop a plan for ongoing health care

1 provider education, based on the findings and
2 recommendations of the committee, in order to
3 improve the quality of maternal care; and

4 “(B) take steps to widely disseminate the
5 findings and recommendations of the State ma-
6 ternal mortality review committees of the State
7 and to implement the recommendations of such
8 committee.

9 “(c) PUBLIC DISCLOSURE OF INFORMATION.—

10 “(1) IN GENERAL.—For fiscal year 2016 or a
11 subsequent fiscal year, each State receiving a grant
12 under this section for such year shall, subject to
13 paragraph (3), provide for the public disclosure, and
14 submission to the information clearinghouse estab-
15 lished under paragraph (2), of the information relat-
16 ing to the findings for such year of the State mater-
17 nal mortality review committee established by the
18 State under this section.

19 “(2) INFORMATION CLEARINGHOUSE.—The
20 Secretary shall establish an information clearing-
21 house, that shall be administered by the Director of
22 the Centers for Disease Control and Prevention, that
23 will maintain findings and recommendations sub-
24 mitted pursuant to paragraph (1) and provide such
25 findings and recommendations for public review and

1 research purposes by State health departments, ma-
2 ternal mortality review committees, and health pro-
3 viders and institutions.

4 “(3) CONFIDENTIALITY OF INFORMATION.—In
5 no case shall any individually identifiable health in-
6 formation be provided to the public, or submitted to
7 the information clearinghouse, under paragraph (1).

8 “(d) CONFIDENTIALITY OF REVIEW COMMITTEE
9 PROCEEDINGS.—

10 “(1) IN GENERAL.—All proceedings and activi-
11 ties of a State maternal mortality review committee
12 under this section, opinions of members of such a
13 committee formed as a result of such proceedings
14 and activities, and records obtained, created, or
15 maintained pursuant to this section, including
16 records of interviews, written reports, and state-
17 ments procured by the Department of Health and
18 Human Services or by any other person, agency, or
19 organization acting jointly with the Department, in
20 connection with morbidity and mortality reviews
21 under this section, shall be confidential, and not sub-
22 ject to discovery, subpoena, or introduction into evi-
23 dence in any civil, criminal, legislative, or other pro-
24 ceeding. Such records shall not be open to public in-
25 spection.

1 “(2) TESTIMONY OF MEMBERS OF COM-
2 MITTEE.—

3 “(A) IN GENERAL.—Members of a State
4 maternal mortality review committee under this
5 section may not be questioned in any civil,
6 criminal, legislative, or other proceeding regard-
7 ing information presented in, or opinions
8 formed as a result of, a meeting or communica-
9 tion of the committee.

10 “(B) CLARIFICATION.—Nothing in this
11 subsection shall be construed to prevent a mem-
12 ber of such a committee from testifying regard-
13 ing information that was obtained independent
14 of such member’s participation on the com-
15 mittee, or that is public information.

16 “(3) AVAILABILITY OF INFORMATION FOR RE-
17 SEARCH PURPOSES.—Nothing in this subsection
18 shall prohibit the publishing by such a committee or
19 the Department of Health and Human Services of
20 statistical compilations and research reports that—

21 “(A) are based on confidential information,
22 relating to morbidity and mortality review; and

23 “(B) do not contain identifying informa-
24 tion or any other information that could be

1 used to ultimately identify the individuals con-
2 cerned.

3 “(e) DEFINITIONS.—For purposes of this section:

4 “(1) PREGNANCY-ASSOCIATED DEATH.—The
5 term ‘pregnancy-associated death’ means the death
6 of a woman while pregnant or during the one-year
7 period following the date of the end of pregnancy, ir-
8 respective of the cause of such death.

9 “(2) PREGNANCY-RELATED DEATH.—The term
10 ‘pregnancy-related death’ means the death of a
11 woman while pregnant or during the one-year period
12 following the date of the end of pregnancy, irrespec-
13 tive of the duration or site of the pregnancy, from
14 any cause related to or aggravated by the pregnancy
15 or its management, but not from any accidental or
16 incidental cause.

17 “(3) WOMAN OF CHILDBEARING AGE.—The
18 term ‘woman of childbearing age’ means a woman
19 who is at least 10 years of age and not more than
20 54 years of age.”.

21 (c) NIH WORKSHOP AND RESEARCH PLAN DEVEL-
22 OPMENT ON SEVERE MATERNAL MORBIDITY.—

23 (1) WORKSHOP.—The Secretary of Health and
24 Human Services, acting through the Director of
25 NIH and in consultation with the Administrator of

1 the Health Resources and Services Administration,
2 the Director of the Centers for Disease Control and
3 Prevention, the heads of other Federal agencies that
4 administer Federal health programs, and relevant
5 national professional organizations dealing with ma-
6 ternal morbidity, shall organize a national workshop
7 to identify definitions for severe maternal morbidity
8 and make recommendations for a research plan to
9 identify and monitor severe maternal morbidity in
10 the United States.

11 (2) RESEARCH PLAN AND DATA COLLECTION
12 PROTOCOLS.—The Secretary, taking into account
13 the findings of the workshop under paragraph (1),
14 shall develop uniform definitions of severe maternal
15 morbidity, a research plan on severe maternal mor-
16 bidity, and possible data collection protocols to assist
17 States in identifying and monitoring cases of severe
18 maternal morbidity and to develop recommendations
19 on addressing such cases.

20 (3) REPORT.—Not later than 2 years after the
21 date of enactment of this Act, the Secretary shall
22 prepare and submit to the appropriate committees of
23 Congress a report concerning the definitions and re-
24 search plan developed under this section.

1 (4) AUTHORIZATION OF APPROPRIATIONS.—
2 There is authorized to be appropriated for fiscal
3 year 2016—

4 (A) \$50,000 to carry out paragraph (1);
5 and

6 (B) \$100,000 to carry out paragraph (2).

7 (d) ELIMINATING DISPARITIES IN MATERNITY
8 HEALTH OUTCOMES.—Part B of title III of the Public
9 Health Service Act is amended by inserting after section
10 317T of such Act (42 U.S.C. 247b–22) the following new
11 section:

12 “**SEC. 317U. ELIMINATING DISPARITIES IN MATERNITY**
13 **HEALTH OUTCOMES.**

14 “(a) IN GENERAL.—The Secretary shall, in consulta-
15 tion with relevant national stakeholder organizations, such
16 as national medical specialty organizations, national ma-
17 ternal child health organizations, and national health dis-
18 parity organizations, carry out the following activities to
19 eliminate disparities in maternal health outcomes:

20 “(1) Conduct research into the determinants
21 and the distribution of disparities in maternal care,
22 health risks, and health outcomes, and improve the
23 capacity of the performance measurement infrastruc-
24 ture to measure such disparities.

1 “(2) Expand access to services that have been
2 demonstrated to improve the quality and outcomes
3 of maternity care for vulnerable populations.

4 “(3) Establish a demonstration project to com-
5 pare the effectiveness of interventions to reduce dis-
6 parities in maternity services and outcomes, and im-
7 plement and assessing effective interventions.

8 “(b) SCOPE AND SELECTION OF STATES FOR DEM-
9 ONSTRATION PROJECT.—The demonstration project
10 under subsection (a)(3) shall be conducted in no more
11 than 8 States, which shall be selected by the Secretary
12 based on—

13 “(1) applications submitted by States, which
14 specify which regions and populations the State in-
15 volved will serve under the demonstration project;

16 “(2) criteria designed by the Secretary to en-
17 sure that, as a whole, the demonstration project is,
18 to the greatest extent possible, representative of the
19 demographic and geographic composition of commu-
20 nities most affected by disparities;

21 “(3) criteria designed by the Secretary to en-
22 sure that a variety of type of models are tested
23 through the demonstration project and that such
24 models include interventions that have an existing
25 evidence base for effectiveness; and

1 “(4) criteria designed by the Secretary to as-
2 sure that the demonstration projects and models will
3 be carried out in consultation with local and regional
4 provider organizations, such as community health
5 centers, hospital systems, and medical societies rep-
6 resenting providers of maternity services.

7 “(c) DURATION OF DEMONSTRATION PROJECT.—
8 The demonstration project under subsection (a)(3) shall
9 begin on January 1, 2015, and end on December 31,
10 2019.

11 “(d) GRANTS FOR EVALUATION AND MONITORING.—
12 The Secretary may make grants to States and health care
13 providers participating in the demonstration project under
14 subsection (a)(3) for the purpose of collecting data nec-
15 essary for the evaluation and monitoring of such project.

16 “(e) REPORTS.—

17 “(1) STATE REPORTS.—Each State that par-
18 ticipates in the demonstration project under sub-
19 section (a)(3) shall report to the Secretary, in a
20 time, form, and manner specified by the Secretary,
21 the data necessary to—

22 “(A) monitor the—

23 “(i) outcomes of the project;

24 “(ii) costs of the project; and

1 “(iii) quality of maternity care pro-
2 vided under the project; and

3 “(B) evaluate the rationale for the selec-
4 tion of the items and services included in any
5 bundled payment made by the State under the
6 project.

7 “(2) FINAL REPORT.—Not later than December
8 31, 2020, the Secretary shall submit to Congress a
9 report on the results of the demonstration project
10 under subsection (a)(3).”.

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