

*B. N. Cassady M.D.*

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—119th Cong., 2d Sess.

**S. 380**

To improve obstetric emergency care.

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended  
to be proposed by \_\_\_\_\_

Viz:

1 Strike all after the enacting clause and insert the fol-  
2 lowing:

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Rural Obstetrics Read-  
5 iness Act".

6 **SEC. 2. RURAL OBSTETRIC MEDICAL EMERGENCY TRAIN-**  
7 **ING.**

8 Section 330A-2 of the Public Health Service Act (42  
9 U.S.C. 254c-1b) is amended—  
10 (1) in subsection (b)—  
11 (A) by amending paragraph (3) to read as  
12 follows:

1           “(3) develop a model for maternal health care  
2           collaboration between health care settings to improve  
3           access to care, including stabilizing prenatal care,  
4           labor care, birthing, and postpartum care services  
5           during obstetric emergencies, in areas described in  
6           subsection (a) that do not have specialty maternity  
7           care or dedicated obstetric units, which may include  
8           the use of telehealth;”; and

9                       (B) by amending paragraph (4) to read as  
10           follows:

11           “(4) provide training for professionals in areas  
12           described in subsection (a) that do not have spe-  
13           cialty maternity care or dedicated obstetric units, in-  
14           cluding providing training in stabilizing prenatal  
15           care, labor care, birthing, and postpartum care dur-  
16           ing obstetric emergencies;”;

17                       (C) in paragraph (5), by striking “; and”  
18           and inserting a semicolon;

19                       (D) in paragraph (6), by striking the pe-  
20           riod and inserting “; and”; and

21                       (E) by adding at the end the following:

22           “(7) develop obstetric readiness programs, in  
23           areas described in subsection (a) that do not have  
24           specialty maternity care or dedicated obstetric units,  
25           that provide technical assistance necessary to pro-

1       vide stabilizing prenatal care, labor care, birthing,  
2       and postpartum care services during obstetric emer-  
3       gencies.”;

4       (2) in subsection (d)—

5           (A) in the subsection heading, by striking  
6       “REPORT” and inserting “REPORTS”;

7           (B) in the matter preceding paragraph (1),  
8       by striking “2026,” and inserting “2028, and  
9       every 2 years thereafter,”;

10       (C) in paragraph (1)—

11           (i) by striking “(6)” and inserting  
12       “(7)”; and

13           (ii) by striking “; and” and inserting  
14       a semicolon;

15       (D) in paragraph (2), by striking the pe-  
16       riod at the end and inserting “; and”; and

17       (E) by adding at the end the following:

18       “(3) a study that maps maternity ward closures  
19       and regional patterns of patient transport and exam-  
20       ines models for regional partnerships for rural ob-  
21       stetric care.”;

22       (3) by redesignating subsection (e) as sub-  
23       section (f);

24       (4) by inserting after subsection (d) the fol-  
25       lowing:

1 “(e) ALLOCATION.—

2 “(1) IN GENERAL.—Subject to the availability  
3 of appropriations, the Secretary shall award a total  
4 of not less than \$2,000,000 per fiscal year in grants  
5 or cooperative agreements under this section to eligi-  
6 ble entities for purposes of carrying out activities de-  
7 scribed in paragraph (3), (4), or (7) of subsection  
8 (b).

9 “(2) LIMITATION.—Paragraph (1) shall not  
10 apply to a fiscal year unless the amount made avail-  
11 able to carry out this section for such fiscal year ex-  
12 ceeds the amount appropriated to carry out this sec-  
13 tion for fiscal year 2026.”; and

14 (5) in subsection (f), as so redesignated, by in-  
15 serting “, and \$15,000,000 for each of fiscal years  
16 2028 through 2032” before the period at the end.

17 **SEC. 3. SUPPORT OF EMERGENCY OBSTETRIC MEDICAL**  
18 **SERVICES.**

19 Section 330O of the Public Health Service Act (42  
20 U.S.C. 254c–21) is amended—

21 (1) in subsection (a)—

22 (A) in paragraph (1)—

23 (i) in the matter preceding subpara-  
24 graph (A) by inserting “and training”  
25 after “best practices”;

1 (ii) in subparagraph (B)—

2 (I) by inserting “evidence-based”  
3 before “best practices”; and

4 (II) by striking “; and” and in-  
5 serting a semicolon;

6 (iii) in subparagraph (C), by adding  
7 “and” after the semicolon at the end; and

8 (iv) by adding at the end the fol-  
9 lowing:

10 “(D) evidence-based best practices for  
11 health care professionals in rural health care  
12 settings that do not have specialty maternity  
13 care or dedicated obstetric units to provide sta-  
14 bilizing prenatal care, labor care, birthing, and  
15 postpartum care services during obstetric emer-  
16 gencies;”; and

17 (B) in paragraph (3), by inserting “, in-  
18 cluding in rural health care settings that do not  
19 have specialty maternity care or dedicated ob-  
20 stetric units” before the semicolon; and

21 (2) in subsection (d), by inserting “, and  
22 \$17,300,000 for each of fiscal years 2028 through  
23 2032” before the period at the end.

1 **SEC. 4. TELEHEALTH NETWORK; TELEHEALTH RESOURCE**  
2 **CENTERS GRANT PROGRAM; EXPANDING CA-**  
3 **PACITY FOR HEALTH OUTCOMES.**

4 (a) TELEHEALTH NETWORK; TELEHEALTH RE-  
5 SOURCE CENTERS GRANT PROGRAM.—Section 330I of the  
6 Public Health Service Act (42 U.S.C. 254c–14) is amend-  
7 ed—

8 (1) in subsection (h)(1), by amending subpara-  
9 graph (B) to read as follows:

10 “(B) SERVICES.—The eligible entity pro-  
11 poses to use Federal funds made available  
12 through such a grant to develop plans for, or to  
13 establish, telehealth networks that provide men-  
14 tal health care, public health services, long-term  
15 care, home care, preventive care, case manage-  
16 ment services, urgent care, prenatal care, labor  
17 care, birthing care, or postpartum care.”; and

18 (2) in subsection (q), by striking “2021 through  
19 2025” and inserting “2027 through 2031”.

20 (b) EXPANDING CAPACITY FOR HEALTH OUT-  
21 COMES.—Section 330N(k) of the Public Health Service  
22 Act (42 U.S.C. 254c–20(k)) is amended by striking “2022  
23 through 2026” and inserting “2027 through 2031”.