

119TH CONGRESS
1ST SESSION

S. 380

To improve obstetric emergency care.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 4, 2025

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 330O of the Public Health Service Act (42
8 U.S.C. 254c–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 2026
 18 through 2028”.

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 titities 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 2026
 19 through 2029.”.

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.), is amended by inserting after
 23 section 330A–3, as added by section 3, the following:

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 to support the provision of urgent maternal health care
 11 in rural facilities without a dedicated obstetric unit, in-
 12 cluding 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 2026
 12 through 2029.”.

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 Workforce of

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

