

119TH CONGRESS
2^D SESSION

H. R. 7830

To amend title XVIII of the Social Security Act to require hospitals to develop discharge plans for pregnant individuals as a condition of participation under Medicare, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 5, 2026

Ms. KELLY of Illinois (for herself, Mrs. WATSON COLEMAN, Ms. CLARKE of New York, Mrs. MCIVER, Ms. NORTON, Ms. SEWELL, Ms. BROWN, Ms. MOORE of Wisconsin, Mrs. FOUSHEE, Ms. WILSON of Florida, Ms. TLAIB, Ms. ANSARI, Mr. TONKO, Mr. FIELDS, Mrs. CHERFILUS-McCORMICK, and Mr. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to require hospitals to develop discharge plans for pregnant individuals as a condition of participation under Medicare, and for other purposes.

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 “Women Expansion of
5 Learning and Labor Safety Act” or the “WELLS Act”.

1 **SEC. 2. REQUIRING HOSPITALS PARTICIPATING IN MEDI-**
2 **CARE TO DEVELOP DISCHARGE PLANS FOR**
3 **PREGNANT INDIVIDUALS.**

4 Section 1866 of the Social Security Act (42 U.S.C.
5 1395cc) is amended—

6 (1) in subsection (a)(1)—

7 (A) in subparagraph (X), by striking
8 “and” at the end;

9 (B) in subparagraph (Y), by striking the
10 period at the end and inserting “, and”; and

11 (C) by adding at the end the following new
12 subparagraph:

13 “(Z) beginning January 1, 2027, in the
14 case of a hospital, critical access hospital, or
15 rural emergency hospital, to comply with the re-
16 quirements described in subsection (1)(1).”; and

17 (2) by adding at the end the following new sub-
18 section:

19 “(1) DISCHARGE PLAN REQUIREMENTS FOR PREG-
20 NANT INDIVIDUALS.—

21 “(1) IN GENERAL.—For purposes of subsection
22 (a)(1)(Z), the requirements described in this para-
23 graph are, with respect to a hospital, critical access
24 hospital, or rural emergency hospital, that the hos-
25 pital—

1 “(A) provides for the development and im-
2 plementation of a discharge plan meeting the
3 standards under paragraph (2) with respect to
4 any individual (whether or not eligible for bene-
5 fits under this title) admitted to the hospital
6 who—

7 “(i) is identified as pregnant;

8 “(ii) is experiencing signs or symp-
9 toms consistent with labor, which may in-
10 clude contractions; and

11 “(iii) is expected to be discharged
12 from the hospital, critical access hospital,
13 or rural emergency hospital prior to deliv-
14 ery, as determined based on the docu-
15 mented clinical judgment of the treating
16 physician or practitioner at the time that
17 such discharge is contemplated;

18 “(B) includes such discharge plan in the
19 individual’s medical record; and

20 “(C) provides for such discharge plan to be
21 discussed with the individual (or the individ-
22 ual’s representative) prior to discharge.

23 “(2) DISCHARGE PLAN STANDARDS.—A dis-
24 charge plan for an individual described in paragraph

1 (1)(A) meets the standards under this paragraph if
2 such plan includes at least the following information:

3 “(A) A clinical justification for the dis-
4 charge.

5 “(B) An assessment of travel distance and
6 time between the primary residence of the indi-
7 vidual and the hospital, critical access hospital,
8 or rural emergency hospital.

9 “(C) Verification of reliable transportation
10 between the primary residence of the individual
11 and the hospital, critical access hospital, or
12 rural emergency hospital.

13 “(D) Identification of a back-up hospital
14 or facility at which such individual may obtain
15 labor and delivery services.

16 “(E) Confirmation that the plan was re-
17 viewed and approved by a qualified medical pro-
18 fessional (as defined by the Secretary through
19 regulations).

20 “(F) Confirmation that the individual (or
21 the individual’s representative) has received the
22 information described in subparagraphs (A)
23 through (D), that such information was pro-
24 vided in the primary language of such indi-
25 vidual (or representative), and that such indi-

1 vidual (or representative) confirmed their un-
2 derstanding of such information.

3 “(3) RULE OF CONSTRUCTION.—Nothing in
4 this subsection shall be construed as limiting or oth-
5 erwise affecting the discharge planning requirements
6 otherwise applicable to a hospital, critical access hos-
7 pital, or rural emergency hospital under this title.”.

8 **SEC. 3. RURAL MATERNAL AND OBSTETRIC CARE TRAIN-**
9 **ING DEMONSTRATION GRANTS.**

10 (a) IN GENERAL.—The first section 764 of the Public
11 Health Service Act (42 U.S.C. 294s; relating to rural ma-
12 ternal and obstetric care training demonstration) is
13 amended—

14 (1) in subsection (c)(1)—

15 (A) in subparagraph (A), by striking
16 “and” at the end;

17 (B) by redesignating subparagraph (B) as
18 subparagraph (C); and

19 (C) by inserting after subparagraph (A)
20 the following:

21 “(B) shall use the grant funds to provide
22 racial bias training as part of such training pro-
23 gram; and”;

24 (2) by redesignating subsections (d) and (e) as
25 subsections (e) and (f), respectively;

1 (3) by inserting after subsection (c) the fol-
2 lowing:

3 “(d) MINIMUM PERFORMANCE MILESTONES.—

4 “(1) ESTABLISHMENT.—Beginning with the
5 grants awarded under this section for fiscal year
6 2027, the Secretary shall establish minimum per-
7 formance milestones that grant recipients must meet
8 during a fiscal year as a condition of remaining eli-
9 gible for funding through such a grant for any sub-
10 sequent fiscal year.

11 “(2) MILESTONES RELATED TO PERCENT OF
12 STAFF TRAINED.—The minimum performance mile-
13 stones referred to in paragraph (1) shall include
14 milestones related to the percent of all staff of the
15 grant recipient that are trained, or that receive re-
16 resher training, with support from a grant under
17 this section.”; and

18 (4) in subsection (e), as so redesignated—

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

21 (B) in paragraph (1)(B), by striking “the
22 report described in paragraph (2)” and insert-
23 ing “the reports described in paragraphs (2)
24 and (3)”;

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

1 “(3) SUBSEQUENT REPORTS.—Not later than
2 January 1, 2027, and annually thereafter, the Sec-
3 retary shall submit to Congress, and make publicly
4 available, a report that includes—

5 “(A) updates to the information described
6 in subparagraphs (A) through (C) of paragraph
7 (2); and

8 “(B) additional information regarding the
9 grants under this section, including—

10 “(i) a list of the entities receiving
11 such grants;

12 “(ii) the number and amount of such
13 grants;

14 “(iii) whether training supported by
15 such grants was delivered in-person, vir-
16 tually, asynchronously, or through some
17 other format; and

18 “(iv) descriptions of the geographical
19 coverage of such grants, the number of
20 providers trained under such grants, and
21 patient-level metrics linked to such train-
22 ing (such as changes in clinical outcomes,
23 patient experience, and racial dispari-
24 ties).”.

1 (b) TECHNICAL AMENDMENT.—The second section
2 764 of the Public Health Service Act (42 U.S.C. 294t;
3 relating to programs to promote mental health among the
4 health professional workforce) is redesignated as section
5 764A.

6 **SEC. 4. MULTI-CENTER IMPLEMENTATION SCIENCE INITIA-**
7 **TIVE FOR MATERNAL HEALTH.**

8 The Secretary of Health and Human Services, in con-
9 sultation with the Director of the Agency for Healthcare
10 Research and Quality and the Director of the National
11 Institutes of Health, shall establish a multi-center imple-
12 mentation science initiative for maternal health to rigor-
13 ously evaluate different training models for health care
14 professionals (including in-person, virtual, simulation, and
15 cohort-based) and the impact of such models on provider
16 behavior, patient outcomes, and maternal health dispari-
17 ties.

18 **SEC. 5. MATERNAL HEALTH DASHBOARD.**

19 The Secretary of Health and Human Services shall
20 develop, maintain, and make publicly available on the
21 websites of the Department of Health and Human Serv-
22 ices an interagency maternal health dashboard, which
23 shall include maternal health outcome metrics from agen-
24 cies within the Department of Health and Human Services
25 and the data collected as part of the initiative under sec-

1 tion 4, such as data related to maternal mortality and se-
2 vere maternal morbidity, the number and outcomes of dis-
3 charges of pregnant individuals prior to delivery from in-
4 stitutions, and data on Federal investments in maternal
5 health research.

○