

119TH CONGRESS  
2D SESSION

# H. R. 8317

To amend the Public Health Service Act to authorize grants to evaluate, develop, and expand the use of technology-enabled collaborative learning and capacity building models to improve maternal health outcomes, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 15, 2026

Ms. WILLIAMS of Georgia (for herself, Ms. UNDERWOOD, Mrs. HINSON, Mr. JOYCE of Ohio, Ms. ADAMS, Mr. KRISHNAMOORTHY, Ms. JOHNSON of Texas, Ms. CLARKE of New York, Mr. MOULTON, Mr. COHEN, Ms. NORTON, Mrs. HAYES, Mr. FIGURES, and Ms. SEWELL) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to authorize grants to evaluate, develop, and expand the use of technology-enabled collaborative learning and capacity building models to improve maternal health outcomes, 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 “Tech to Save Moms  
5       Act”.

1 **SEC. 2. INTEGRATED TELEHEALTH MODELS IN MATERNITY**  
2 **CARE SERVICES.**

3 (a) IN GENERAL.—Section 1115A(b)(2)(B) of the  
4 Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amend-  
5 ed by adding at the end the following:

6 “(xxviii) Focusing on title XIX, pro-  
7 viding for the adoption of and use of tele-  
8 health tools that allow for screening, moni-  
9 toring, and management of common health  
10 complications with respect to an individual  
11 receiving medical assistance during such  
12 individual’s pregnancy and for not more  
13 than a 1-year period beginning on the last  
14 day of the pregnancy.”.

15 (b) EFFECTIVE DATE.—The amendment made by  
16 subsection (a) shall take effect 1 year after the date of  
17 the enactment of this Act.

18 **SEC. 3. GRANTS TO EXPAND THE USE OF TECHNOLOGY-EN-**  
19 **ABLED COLLABORATIVE LEARNING AND CA-**  
20 **PACITY MODELS FOR PREGNANT AND**  
21 **POSTPARTUM INDIVIDUALS.**

22 Title III of the Public Health Service Act is amended  
23 by inserting after section 330P (42 U.S.C. 254e–22) the  
24 following:

1 **“SEC. 330Q. EXPANDING CAPACITY FOR MATERNAL**  
2 **HEALTH OUTCOMES.**

3 “(a) ESTABLISHMENT.—Beginning not later than 1  
4 year after the date of enactment of this Act, the Secretary  
5 shall award grants to eligible entities to evaluate, develop,  
6 and expand the use of technology-enabled collaborative  
7 learning and capacity building models and improve mater-  
8 nal health outcomes—

9 “(1) in health professional shortage areas;

10 “(2) in areas with high rates of maternal mor-  
11 tality and severe maternal morbidity;

12 “(3) in rural and underserved areas;

13 “(4) in areas with significant maternal health  
14 disparities; and

15 “(5) for medically underserved populations and  
16 American Indians and Alaska Natives, including In-  
17 dian Tribes, Tribal organizations, and Urban Indian  
18 organizations.

19 “(b) USE OF FUNDS.—

20 “(1) REQUIRED USES.—Recipients of grants  
21 under this section shall use the grants to—

22 “(A) train maternal health care providers,  
23 students, and other similar professionals  
24 through models that include—

25 “(i) methods to increase safety and  
26 health care quality;

1 “(ii) implicit bias, racism, and dis-  
2 crimination;

3 “(iii) best practices in screening for  
4 and, as needed, evaluating and treating  
5 maternal mental health conditions and  
6 substance use disorders;

7 “(iv) training on best practices in ma-  
8 ternity care for pregnant and postpartum  
9 individuals during public health emer-  
10 gencies;

11 “(v) methods to screen for social de-  
12 terminants of maternal health risks in the  
13 prenatal and postpartum; and

14 “(vi) the use of remote patient moni-  
15 toring tools for pregnancy-related com-  
16 plications described in section  
17 1115A(b)(2)(B)(xxviii);

18 “(B) evaluate and collect information on  
19 the effect of such models on—

20 “(i) access to and quality of care;

21 “(ii) outcomes with respect to the  
22 health of an individual; and

23 “(iii) the experience of individuals who  
24 receive pregnancy-related health care;

1 “(C) develop qualitative and quantitative  
2 measures to identify best practices for the ex-  
3 pansion and use of such models;

4 “(D) study the effect of such models on  
5 patient outcomes and maternity care providers;  
6 and

7 “(E) conduct any other activity determined  
8 by the Secretary.

9 “(2) PERMISSIBLE USES.—Recipients of grants  
10 under this section may use grants to support—

11 “(A) the use and expansion of technology-  
12 enabled collaborative learning and capacity  
13 building models, including hardware and soft-  
14 ware that—

15 “(i) enables distance learning and  
16 technical support; and

17 “(ii) supports the secure exchange of  
18 electronic health information; and

19 “(B) maternity care providers, students,  
20 and other similar professionals in the provision  
21 of maternity care through such models.

22 “(c) APPLICATION.—

23 “(1) IN GENERAL.—An eligible entity seeking a  
24 grant under subsection (a) shall submit to the Sec-  
25 retary an application, at such time, in such manner,

1 and containing such information as the Secretary  
2 may require.

3 “(2) ASSURANCE.—An application under para-  
4 graph (1) shall include an assurance that such entity  
5 shall collect information on and assess the effect of  
6 the use of technology-enabled collaborative learning  
7 and capacity building models, including with respect  
8 to—

9 “(A) maternal health outcomes;

10 “(B) access to maternal health care serv-  
11 ices;

12 “(C) quality of maternal health care; and

13 “(D) retention of maternity care providers  
14 serving areas and populations described in sub-  
15 section (a).

16 “(d) LIMITATIONS.—

17 “(1) NUMBER.—The Secretary may not award  
18 more than 1 grant under this section.

19 “(2) DURATION.—A grant awarded under this  
20 section shall be for a 5-year period.

21 “(e) ACCESS TO BROADBAND.—In administering  
22 grants under this section, the Secretary may coordinate  
23 with other agencies to ensure that funding opportunities  
24 are available to support access to reliable, high-speed  
25 internet for grantees.

1       “(f) TECHNICAL ASSISTANCE.—The Secretary shall  
2 provide (either directly or by contract) technical assistance  
3 to eligible entities, including recipients of grants under  
4 subsection (a), on the development, use, and sustainability  
5 of technology-enabled collaborative learning and capacity  
6 building models to expand access to maternal health care  
7 services provided by such entities, including—

8               “(1) in health professional shortage areas;

9               “(2) in areas with high rates of maternal mor-  
10 tality and severe maternal morbidity or significant  
11 maternal health disparities;

12               “(3) in rural and underserved areas; and

13               “(4) for medically underserved populations or  
14 American Indians and Alaska Natives.

15       “(g) RESEARCH AND EVALUATION.—The Secretary,  
16 in consultation with experts, shall develop a strategic plan  
17 to research and evaluate the evidence for technology-en-  
18 abled collaborative learning and capacity building models.

19       “(h) REPORTING.—

20               “(1) ELIGIBLE ENTITIES.—An eligible entity  
21 that receives a grant under subsection (a) shall sub-  
22 mit to the Secretary a report, at such time, in such  
23 manner, and containing such information as the Sec-  
24 retary may require.

1           “(2) SECRETARY.—Not later than 4 years after  
2           the date of enactment of this section, the Secretary  
3           shall submit to the Congress, and make available on  
4           the website of the Department of Health and  
5           Human Services, a report that includes—

6                   “(A) a description of grants awarded  
7                   under subsection (a) and the purpose and  
8                   amounts of such grants;

9                   “(B) a summary of—

10                          “(i) the evaluations conducted under  
11                          subsection (b)(1)(B);

12                          “(ii) any technical assistance provided  
13                          under subsection (f); and

14                          “(iii) the activities conducted under  
15                          subsection (a); and

16                   “(C) a description of any significant find-  
17                   ings with respect to—

18                          “(i) patient outcomes; and

19                          “(ii) best practices for expanding,  
20                          using, or evaluating technology-enabled col-  
21                          laborative learning and capacity building  
22                          models.

23           “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
24           authorized to be appropriated to carry out this section,  
25           \$6,000,000 for each of fiscal years 2027 through 2031.



1 “(j) DEFINITIONS.—In this section:

2 “(1) ELIGIBLE ENTITY.—

3 “(A) IN GENERAL.—The term ‘eligible en-  
4 tity’ means an entity that provides, or supports  
5 the provision of, maternal health care services  
6 or other evidence-based services for pregnant  
7 and postpartum individuals—

8 “(i) in health professional shortage  
9 areas;

10 “(ii) in rural or underserved areas;

11 “(iii) in areas with high rates of ad-  
12 verse maternal health outcomes or signifi-  
13 cant racial and ethnic disparities in mater-  
14 nal health outcomes; and

15 “(iv) who are—

16 “(I) members of medically under-  
17 served populations; or

18 “(II) American Indians and Alas-  
19 ka Natives, including Indian Tribes,  
20 Tribal organizations, and Urban In-  
21 dian organizations.

22 “(B) INCLUSIONS.—An eligible entity may  
23 include entities that lead, or are capable of  
24 leading a technology-enabled collaborative learn-  
25 ing and capacity building model.

1           “(2) HEALTH PROFESSIONAL SHORTAGE  
2 AREA.—The term ‘health professional shortage area’  
3 means a health professional shortage area des-  
4 ignated under section 332.

5           “(3) INDIAN TRIBE.—The term ‘Indian Tribe’  
6 has the meaning given such term in section 4 of the  
7 Indian Self-Determination and Education Assistance  
8 Act.

9           “(4) MATERNAL MORTALITY.—The term ‘ma-  
10 ternal mortality’ means a death occurring during or  
11 within the 1-year period after pregnancy caused by  
12 pregnancy-related or childbirth complications, in-  
13 cluding a suicide, overdose, or other death resulting  
14 from a mental health or substance use disorder at-  
15 tributed to or aggravated by pregnancy or childbirth  
16 complications.

17           “(5) MEDICALLY UNDERSERVED POPU-  
18 LATION.—The term ‘medically underserved popu-  
19 lation’ has the meaning given such term in section  
20 330(b)(3).

21           “(6) POSTPARTUM.—The term ‘postpartum’  
22 means the 1-year period beginning on the last date  
23 of an individual’s pregnancy.

24           “(7) SEVERE MATERNAL MORBIDITY.—The  
25 term ‘severe maternal morbidity’ means a health

1 condition, including a mental health or substance  
2 use disorder, attributed to or aggravated by preg-  
3 nancy or childbirth that results in significant short-  
4 term or long-term consequences to the health of the  
5 individual who was pregnant.

6 “(8) TECHNOLOGY-ENABLED COLLABORATIVE  
7 LEARNING AND CAPACITY BUILDING MODEL.—The  
8 term ‘technology-enabled collaborative learning and  
9 capacity building model’ means a distance health  
10 education model that connects health care profes-  
11 sionals, and other specialists, through simultaneous  
12 interactive video conferencing for the purpose of fa-  
13 cilitating case-based learning, disseminating best  
14 practices, and evaluating outcomes in the context of  
15 maternal health care.

16 “(9) TRIBAL ORGANIZATION.—The term ‘Tribal  
17 organization’ has the meaning given such term in  
18 section 4 of the Indian Self-Determination and Edu-  
19 cation Assistance Act.

20 “(10) URBAN INDIAN ORGANIZATION.—The  
21 term ‘Urban Indian organization’ has the meaning  
22 given such term in section 4 of the Indian Health  
23 Care Improvement Act.”.

1 **SEC. 4. GRANTS TO PROMOTE EQUITY IN MATERNAL**  
2 **HEALTH OUTCOMES THROUGH DIGITAL**  
3 **TOOLS.**

4 (a) IN GENERAL.—Beginning not later than 1 year  
5 after the date of the enactment of this Act, the Secretary  
6 of Health and Human Services (in this section referred  
7 to as the “Secretary”) shall make grants to eligible enti-  
8 ties to reduce maternal health disparities by increasing ac-  
9 cess to digital tools related to maternal health care, includ-  
10 ing provider-facing technologies, such as early warning  
11 systems and clinical decision support mechanisms.

12 (b) APPLICATIONS.—To be eligible to receive a grant  
13 under this section, an eligible entity shall submit to the  
14 Secretary an application at such time, in such manner,  
15 and containing such information as the Secretary may re-  
16 quire.

17 (c) PRIORITIZATION.—In awarding grants under this  
18 section, the Secretary shall prioritize an eligible entity—

19 (1) in an area with elevated rates of maternal  
20 mortality, severe maternal morbidity, maternal  
21 health disparities, or other adverse perinatal or  
22 childbirth outcomes;

23 (2) in a health professional shortage area des-  
24 ignated under section 332 of the Public Health Serv-  
25 ice Act (42 U.S.C. 254e) or a rural or underserved  
26 area; and

1           (3) that promotes technology that addresses  
2       maternal health disparities.

3       (d) LIMITATIONS.—

4           (1) NUMBER.—The Secretary may award not  
5       more than 1 grant under this section.

6           (2) DURATION.—A grant awarded under this  
7       section shall be for a 5-year period.

8       (e) TECHNICAL ASSISTANCE.—The Secretary shall  
9       provide technical assistance to an eligible entity on the de-  
10      velopment, use, evaluation, and postgrant sustainability of  
11      digital tools for purposes of promoting equity in maternal  
12      health outcomes.

13      (f) REPORTING.—

14           (1) ELIGIBLE ENTITIES.—An eligible entity  
15      that receives a grant under subsection (a) shall sub-  
16      mit to the Secretary a report, at such time, in such  
17      manner, and containing such information as the Sec-  
18      retary may require.

19           (2) SECRETARY.—Not later than 4 years after  
20      the date of the enactment of this Act, the Secretary  
21      shall submit to Congress a report that includes—

22           (A) an evaluation on the effectiveness of  
23      grants awarded under this section to improve  
24      maternal health outcomes, particularly for preg-

1           nant and postpartum individuals from racial  
2           and ethnic minority groups;

3           (B) recommendations on new grant pro-  
4           grams that promote the use of technology to  
5           improve such maternal health outcomes; and

6           (C) recommendations with respect to—

7                 (i) technology-based privacy and secu-  
8                 rity safeguards in maternal health care;

9                 (ii) reimbursement rates for maternal  
10                telehealth services;

11               (iii) the use of digital tools to analyze  
12               large data sets to identify potential preg-  
13               nancy-related complications;

14               (iv) barriers that prevent maternity  
15               care providers from providing telehealth  
16               services across States;

17               (v) the use of consumer digital tools  
18               such as mobile phone applications, patient  
19               portals, and wearable technologies to im-  
20               prove maternal health outcomes;

21               (vi) barriers that prevent access to  
22               telehealth services, including a lack of ac-  
23               cess to reliable, high-speed internet or elec-  
24               tronic devices;

1 (vii) barriers to data sharing between  
2 the Special Supplemental Nutrition Pro-  
3 gram for Women, Infants, and Children  
4 program and maternity care providers, and  
5 recommendations for addressing such bar-  
6 riers; and

7 (viii) lessons learned from expanded  
8 access to telehealth related to maternity  
9 care during the COVID–19 public health  
10 emergency.

11 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
12 authorized to be appropriated to carry out this section  
13 \$6,000,000 for each of fiscal years 2027 through 2031.

14 **SEC. 5. REPORT ON THE USE OF TECHNOLOGY IN MATER-**  
15 **NITY CARE.**

16 (a) IN GENERAL.—Not later than 60 days after the  
17 date of enactment of this Act, the Secretary of Health and  
18 Human Services shall seek to enter an agreement with the  
19 National Academies of Sciences, Engineering, and Medi-  
20 cine (referred to in this Act as the “National Academies”)  
21 under which the National Academies shall conduct a study  
22 on the use of technology and patient monitoring devices  
23 in maternity care.

1 (b) CONTENT.—The agreement entered into pursu-  
2 ant to subsection (a) shall provide for the study of the  
3 following:

4 (1) The use of innovative technology (including  
5 artificial intelligence) in maternal health care, in-  
6 cluding the extent to which such technology has af-  
7 fected racial or ethnic biases in maternal health  
8 care.

9 (2) The use of patient monitoring devices (in-  
10 cluding pulse oximeter devices) in maternal health  
11 care, including the extent to which such devices have  
12 affected racial or ethnic biases in maternal health  
13 care.

14 (3) Best practices for reducing and preventing  
15 racial or ethnic biases in the use of innovative tech-  
16 nology and patient monitoring devices in maternity  
17 care.

18 (4) Best practices in the use of innovative tech-  
19 nology and patient monitoring devices for pregnant  
20 and postpartum individuals from racial and ethnic  
21 minority groups.

22 (5) Best practices with respect to privacy and  
23 security safeguards in such use.

24 (c) REPORT.—The agreement under subsection (a)  
25 shall direct the National Academies to complete the study



1 under this section, and transmit to Congress a report on  
2 the results of the study, not later than 24 months after  
3 the date of enactment of this Act.

4 **SEC. 6. DEFINITIONS.**

5 In this Act:

6 (1) **MATERNAL MORTALITY.**—The term “mater-  
7 nal mortality” means a death occurring during or  
8 within a 1-year period after pregnancy, caused by  
9 pregnancy-related or childbirth complications, in-  
10 cluding a suicide, overdose, or other death resulting  
11 from a mental health or substance use disorder at-  
12 tributed to or aggravated by pregnancy-related or  
13 childbirth complications.

14 (2) **MATERNITY CARE PROVIDER.**—The term  
15 “maternity care provider” means a health care pro-  
16 vider who—

17 (A) is a physician, a physician assistant, a  
18 midwife who meets, at a minimum, the inter-  
19 national definition of a midwife and global  
20 standards for midwifery education as estab-  
21 lished by the International Confederation of  
22 Midwives, an advanced practice registered  
23 nurse, a doula accredited by a State to receive  
24 reimbursement for doula services under a State  
25 plan (or a waiver of such plan) under title XIX

1 of the Social Security Act (42 U.S.C. 1396 et  
2 seq.), or a lactation consultant certified by the  
3 International Board of Lactation Consultant  
4 Examiners; and

5 (B) has a focus on maternal or perinatal  
6 health.

7 (3) POSTPARTUM.—The term “postpartum” re-  
8 fers to the 1-year period beginning on the last day  
9 of the pregnancy of an individual.

10 (4) RACIAL AND ETHNIC MINORITY GROUP.—  
11 The term “racial and ethnic minority group” has the  
12 meaning given such term in section 1707(g)(1) of  
13 the Public Health Service Act (42 U.S.C. 300u-  
14 6(g)(1)).

15 (5) SEVERE MATERNAL MORBIDITY.—The term  
16 “severe maternal morbidity” means a health condi-  
17 tion, including mental health conditions and sub-  
18 stance use disorders, attributed to or aggravated by  
19 pregnancy or childbirth that results in significant  
20 short-term or long-term consequences to the health  
21 of the individual who was pregnant.

○