

117TH CONGRESS
1ST SESSION

S. 851

To address social determinants of maternal health.

IN THE SENATE OF THE UNITED STATES

MARCH 18, 2021

Mr. BLUMENTHAL introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address social determinants of maternal 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 “Social Determinants
5 for Moms Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **MATERNITY CARE PROVIDER.**—The term
9 “maternity care provider” means a health care pro-
10 vider who—

11 (A) is a physician, physician assistant,
12 midwife who meets at a minimum the inter-

1 national definition of the midwife and global
2 standards for midwifery education as estab-
3 lished by the International Confederation of
4 Midwives, nurse practitioner, or clinical nurse
5 specialist; and

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

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

16 (3) PERINATAL HEALTH WORKER.—The term
17 “perinatal health worker” means a doula, commu-
18 nity health worker, peer supporter, breastfeeding
19 and lactation educator or counselor, nutritionist or
20 dietitian, childbirth educator, social worker, home
21 visitor, language interpreter, or navigator.

22 (4) POSTPARTUM AND POSTPARTUM PERIOD.—
23 The terms “postpartum” and “postpartum period”
24 refer to the 1-year period beginning on the last day
25 of the pregnancy of an individual.

1 (5) PREGNANCY-RELATED DEATH.—The term
2 “pregnancy-related death” means a death of a preg-
3 nant or postpartum individual that occurs during, or
4 within 1 year following, the individual’s pregnancy,
5 from a pregnancy complication, a chain of events
6 initiated by pregnancy, or the aggravation of an un-
7 related condition by the physiologic effects of preg-
8 nancy.

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

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

21 (8) SOCIAL DETERMINANTS OF MATERNAL
22 HEALTH.—The term “social determinants of mater-
23 nal health” means non-clinical factors that impact
24 maternal health outcomes, including—

1 (A) economic factors, which may include
2 poverty, employment, food security, support for
3 and access to lactation and other infant feeding
4 options, housing stability, and related factors;

5 (B) neighborhood factors, which may in-
6 clude quality of housing, access to transpor-
7 tation, access to child care, availability of
8 healthy foods and nutrition counseling, avail-
9 ability of clean water, air and water quality,
10 ambient temperatures, neighborhood crime and
11 violence, access to broadband, and related fac-
12 tors;

13 (C) social and community factors, which
14 may include systemic racism, gender discrimi-
15 nation or discrimination based on other pro-
16 tected classes, workplace conditions, incarcer-
17 ation, and related factors;

18 (D) household factors, which may include
19 ability to conduct lead testing and abatement,
20 car seat installation, indoor air temperatures,
21 and related factors;

22 (E) education access and quality factors,
23 which may include educational attainment, lan-
24 guage and literacy, and related factors; and

1 (F) health care access factors, including
2 health insurance coverage, access to culturally
3 congruent health care services, providers, and
4 non-clinical support, access to home visiting
5 services, access to wellness and stress manage-
6 ment programs, health literacy, access to tele-
7 health and items required to receive telehealth
8 services, and related factors.

9 **SEC. 3. TASK FORCE TO DEVELOP A STRATEGY TO AD-**
10 **DRESS SOCIAL DETERMINANTS OF MATER-**
11 **NAL HEALTH.**

12 (a) IN GENERAL.—The Secretary of Health and
13 Human Services shall convene a task force (in this section
14 referred to as the “Task Force”) to develop a strategy
15 to coordinate efforts between Federal agencies to address
16 social determinants of maternal health with respect to
17 pregnant and postpartum individuals.

18 (b) EX OFFICIO MEMBERS.—The ex officio members
19 of the Task Force shall consist of the following:

20 (1) The Secretary of Health and Human Serv-
21 ices (or a designee thereof).

22 (2) The Secretary of Housing and Urban Devel-
23 opment (or a designee thereof).

24 (3) The Secretary of Transportation (or a des-
25 ignee thereof).

1 (4) The Secretary of Agriculture (or a designee
2 thereof).

3 (5) The Secretary of Labor (or a designee
4 thereof).

5 (6) The Secretary of Defense (or a designee
6 thereof).

7 (7) The Secretary of Veterans Affairs (or a des-
8 ignee thereof).

9 (8) The Administrator of the Environmental
10 Protection Agency (or a designee thereof).

11 (9) The Assistant Secretary for the Administra-
12 tion for Children and Families (or a designee there-
13 of).

14 (10) The Administrator of the Centers for
15 Medicare & Medicaid Services (or a designee there-
16 of).

17 (11) The Director of the Indian Health Service
18 (or a designee thereof).

19 (12) The Director of the National Institutes of
20 Health (or a designee thereof).

21 (13) The Administrator of the Health Re-
22 sources and Services Administration (or a designee
23 thereof).

1 (14) The Deputy Assistant Secretary for Minor-
2 ity Health of the Department of Health and Human
3 Services (or a designee thereof).

4 (15) The Deputy Assistant Secretary for Wom-
5 en's Health of the Department of Health and
6 Human Services (or a designee thereof).

7 (16) The Director of the Centers for Disease
8 Control and Prevention (or a designee thereof).

9 (17) The Director of the Office on Violence
10 Against Women at the Department of Justice (or a
11 designee thereof).

12 (c) APPOINTED MEMBERS.—In addition to the ex
13 officio members of the Task Force, the Secretary of
14 Health and Human Services shall appoint the following
15 members of the Task Force:

16 (1) At least 2 representatives of patients, to in-
17 clude—

18 (A) a representative of patients who have
19 suffered from severe maternal morbidity; or

20 (B) a representative of patients who is a
21 family member of an individual who suffered a
22 pregnancy-related death.

23 (2) At least 2 leaders of community-based orga-
24 nizations that address maternal mortality and severe
25 maternal morbidity with a specific focus on racial

1 and ethnic disparities. In appointing such leaders
2 under this paragraph, the Secretary of Health and
3 Human Services shall give priority to individuals
4 who are leaders of organizations led by individuals
5 from racial and ethnic minority groups.

6 (3) At least 2 perinatal health workers.

7 (4) A professionally diverse panel of maternity
8 care providers.

9 (d) CHAIR.—The Secretary of Health and Human
10 Services shall select the chair of the Task Force from
11 among the members of the Task Force.

12 (e) REPORT.—Not later than 2 years after the date
13 of enactment of this Act, the Task Force shall submit to
14 Congress a report on—

15 (1) the strategy developed under subsection (a);

16 (2) recommendations on funding amounts with
17 respect to implementing such strategy; and

18 (3) recommendations for how to expand cov-
19 erage of social services to address social deter-
20 minants of maternal health under Medicaid managed
21 care organizations and State Medicaid programs.

22 (f) TERMINATION.—Section 14 of the Federal Advi-
23 sory Committee Act (5 U.S.C. App.) shall not apply to
24 the Task Force with respect to termination.

1 **SEC. 4. HOUSING FOR MOMS GRANT PROGRAM.**

2 (a) IN GENERAL.—The Secretary of Housing and
3 Urban Development shall establish a Housing for Moms
4 grant program under this section to make grants to eligi-
5 ble entities to increase access to safe, stable, affordable,
6 and adequate housing for pregnant and postpartum indi-
7 viduals and their families.

8 (b) APPLICATION.—To be eligible to receive a grant
9 under this section, an eligible entity shall submit to the
10 Secretary an application at such time, in such manner,
11 and containing such information as the Secretary may
12 provide.

13 (c) PRIORITY.—In awarding grants under this sec-
14 tion, the Secretary shall give priority to an eligible entity
15 that—

16 (1) is a community-based organization or will
17 partner with a community-based organization to im-
18 plement initiatives to increase access to safe, stable,
19 affordable, and adequate housing for pregnant and
20 postpartum individuals and their families;

21 (2) is operating in an area with high rates of
22 adverse maternal health outcomes or significant ra-
23 cial or ethnic disparities in maternal health out-
24 comes, to the extent such data are available; and

25 (3) is operating in an area with a high poverty
26 rate or significant number of individuals who lack

1 consistent access to safe, stable, affordable, and ade-
2 quate housing.

3 (d) USE OF FUNDS.—An eligible entity that receives
4 a grant under this section shall use funds under the grant
5 for the purposes of—

6 (1) identifying and conducting outreach to
7 pregnant and postpartum individuals who are low in-
8 come and lack consistent access to safe, stable, af-
9 fordable, and adequate housing;

10 (2) providing safe, stable, affordable, and ade-
11 quate housing options to such individuals;

12 (3) connecting such individuals with local orga-
13 nizations offering safe, stable, affordable, and ade-
14 quate housing options;

15 (4) providing application assistance to such in-
16 dividuals seeking to enroll in programs offering safe,
17 stable, affordable, and adequate housing options;

18 (5) providing direct financial assistance to such
19 individuals for the purposes of maintaining safe, sta-
20 ble, and adequate housing for the duration of the in-
21 dividual's pregnancy and postpartum periods; and

22 (6) working with relevant stakeholders to en-
23 sure that local housing and homeless shelter infra-
24 structure is supportive to pregnant and postpartum
25 individuals, including through—

- 1 (A) health-promoting housing codes;
2 (B) enforcement of housing codes;
3 (C) proactive rental inspection programs;
4 (D) code enforcement officer training; and
5 (E) partnerships between regional offices
6 of the Department of Housing and Urban De-
7 velopment and community-based organizations
8 to ensure housing laws are understood and vio-
9 lations are discovered.

10 (e) REPORTING.—

11 (1) ELIGIBLE ENTITIES.—The Secretary shall
12 require each eligible entity receiving a grant under
13 this section to annually submit to the Secretary and
14 make publicly available a report on the status of ac-
15 tivities conducted using the grant.

16 (2) SECRETARY.—Not later than the end of
17 each fiscal year in which grants are made under this
18 section, the Secretary shall submit to Congress and
19 make publicly available a report that—

20 (A) summarizes the reports received under
21 paragraph (1);

22 (B) evaluates the effectiveness of grants
23 awarded under this section in increasing access
24 to safe, stable, affordable, and adequate hous-

1 ing for pregnant and postpartum individuals
2 and their families; and

3 (C) makes recommendations with respect
4 to ensuring activities described in subsection (d)
5 continue after grant amounts made available
6 under this section are expended.

7 (f) DEFINITIONS.—In this section:

8 (1) ELIGIBLE ENTITY.—The term “eligible enti-
9 ty” means—

10 (A) a community-based organization;

11 (B) a State or local governmental entity,
12 including a State or local public health depart-
13 ment;

14 (C) an Indian tribe or tribal organization
15 (as such terms are defined in section 4 of the
16 Indian Self-Determination and Education As-
17 sistance Act (25 U.S.C. 5304)); or

18 (D) an Urban Indian organization (as such
19 term is defined in section 4 of the Indian
20 Health Care Improvement Act (25 U.S.C.
21 1603)).

22 (2) SECRETARY.—The term “Secretary” means
23 the Secretary of Housing and Urban Development.

24 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
25 authorized to be appropriated to carry out this section

1 \$10,000,000 for fiscal year 2022, which shall remain
2 available until expended.

3 **SEC. 5. DEPARTMENT OF TRANSPORTATION.**

4 (a) REPORT.—Not later than 1 year after the date
5 of enactment of this Act, the Secretary of Transportation
6 shall submit to Congress and make publicly available a
7 report that contains—

8 (1) an assessment of transportation barriers
9 preventing individuals from attending prenatal and
10 postpartum appointments, accessing maternal health
11 care services, or accessing services and resources re-
12 lated to social determinants of maternal health;

13 (2) recommendations on how to overcome the
14 barriers described in paragraph (1);

15 (3) an assessment of transportation safety risks
16 for pregnant individuals and recommendations on
17 how to mitigate those risks; and

18 (4) an assessment of the impact of disabilities,
19 including service-related disabilities, on pregnant
20 and postpartum women’s mobility and access to ap-
21 propriate care.

22 (b) CONSIDERATIONS.—In carrying out subsection
23 (a), the Secretary of Transportation shall give special con-
24 sideration to solutions for—

1 (1) pregnant and postpartum individuals living
2 in a health professional shortage area designated
3 under section 332 of the Public Health Service Act
4 (42 U.S.C. 254e);

5 (2) pregnant and postpartum individuals living
6 in areas with high maternal mortality or severe mor-
7 bidity rates or significant racial or ethnic disparities
8 in maternal health outcomes; and

9 (3) pregnant and postpartum individuals with a
10 disability that impacts mobility.

11 **SEC. 6. DEPARTMENT OF AGRICULTURE.**

12 (a) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
13 FOR WOMEN, INFANTS, AND CHILDREN.—

14 (1) BREASTFEEDING WOMEN.—

15 (A) DEFINITION OF BREASTFEEDING
16 WOMAN.—Section 17(b) of the Child Nutrition
17 Act of 1966 (42 U.S.C. 1786(b)) is amended by
18 striking paragraph (1) and inserting the fol-
19 lowing:

20 “(1) BREASTFEEDING WOMAN.—The term
21 ‘breastfeeding woman’ means—

22 “(A) a woman who is not more than 1 year
23 postpartum and is breastfeeding the infant of
24 the woman; and

1 “(B) for purposes of subsection (d), a
2 woman who is not more than 2 years
3 postpartum and is breastfeeding the infant of
4 the woman.”.

5 (B) EXTENSION OF BREASTFEEDING PE-
6 RIOD.—Section 17(d)(3)(A)(ii) of the Child Nu-
7 trition Act of 1966 (42 U.S.C.
8 1786(d)(3)(A)(ii)) is amended by striking “1
9 year” and inserting “2 years”.

10 (2) POSTPARTUM WOMEN.—

11 (A) DEFINITION OF POSTPARTUM
12 WOMEN.—Section 17(b)(10) of the Child Nutri-
13 tion Act of 1966 (42 U.S.C. 1786(b)(10)) is
14 amended by striking “six months” and insert-
15 ing “2 years”.

16 (B) CERTIFICATION.—Section 17(d)(3)(A)
17 of the Child Nutrition Act of 1966 (42 U.S.C.
18 1786(d)(3)(A)) is amended by adding at the
19 end the following:

20 “(iv) POSTPARTUM WOMEN.—A State
21 may elect to certify a postpartum woman
22 for a period of up to 2 years after the ter-
23 mination of pregnancy of the postpartum
24 woman.”.

1 (3) REPORT.—Not later than 2 years after the
 2 date of enactment of this section, the Secretary of
 3 Agriculture shall submit to Congress a report that
 4 includes an evaluation of the effect of each of the
 5 amendments made by this subsection on—

6 (A) maternal and infant health outcomes,
 7 including racial and ethnic disparities with re-
 8 spect to those outcomes;

9 (B) breastfeeding rates among postpartum
 10 individuals;

11 (C) qualitative evaluations of family experi-
 12 ences under the special supplemental nutrition
 13 program for women, infants, and children es-
 14 tablished under section 17 of the Child Nutri-
 15 tion Act of 1966 (42 U.S.C. 1786); and

16 (D) other relevant information as deter-
 17 mined by the Secretary of Agriculture.

18 (b) GRANT PROGRAM FOR HEALTHY FOOD AND
 19 CLEAN WATER FOR PREGNANT AND POSTPARTUM INDI-
 20 VIDUALS.—

21 (1) DEFINITIONS.—In this subsection:

22 (A) ELIGIBLE ENTITY.—The term “eligible
 23 entity” means—

24 (i) a community-based organization;

1 (ii) a State or local governmental enti-
2 ty, including a State or local public health
3 department;

4 (iii) an Indian tribe or tribal organiza-
5 tion (as those terms are defined in section
6 4 of the Indian Self-Determination and
7 Education Assistance Act (25 U.S.C.
8 5304)); and

9 (iv) an Urban Indian organization (as
10 defined in section 4 of the Indian Health
11 Care Improvement Act (25 U.S.C. 1603)).

12 (B) SECRETARY.—The term “Secretary”
13 means the Secretary of Agriculture.

14 (2) ESTABLISHMENT.—The Secretary shall es-
15 tablish a program to award grants, on a competitive
16 basis, to eligible entities to carry out the activities
17 described in paragraph (5).

18 (3) APPLICATION.—To be eligible for a grant
19 under this subsection, an eligible entity shall submit
20 to the Secretary an application at such time, in such
21 manner, and containing such information as the Sec-
22 retary determines appropriate.

23 (4) PRIORITY.—In awarding grants under this
24 subsection, the Secretary shall give priority to an eli-
25 gible entity that—

1 (A) is, or will partner with, a community-
2 based organization; and

3 (B) is operating in an area with high rates
4 of—

5 (i) adverse maternal health outcomes;

6 or

7 (ii) significant racial or ethnic dispari-
8 ties in maternal health outcomes.

9 (5) USE OF FUNDS.—An eligible entity shall
10 use grant funds awarded under this subsection to
11 deliver healthy food, infant formula, clean water, or
12 diapers to pregnant women (as defined in section
13 17(b) of the Child Nutrition Act of 1966 (42 U.S.C.
14 1786(b))) and postpartum individuals located in
15 areas that are food deserts, as determined by the
16 Secretary using data from the Food Access Research
17 Atlas of the Department of Agriculture.

18 (6) REPORTS.—

19 (A) ELIGIBLE ENTITY.—Each eligible enti-
20 ty that receives a grant under this subsection
21 shall, not later than 1 year after receiving the
22 grant, and annually thereafter, submit to the
23 Secretary a report on the status of activities
24 conducted using the grant, which shall contain
25 such information as the Secretary may require.

1 (B) SECRETARY.—

2 (i) IN GENERAL.—Not later than 2
3 years after the date on which the first
4 grant is awarded under this subsection, the
5 Secretary shall submit to Congress a re-
6 port that includes—

7 (I) a summary of the reports
8 submitted by eligible entities under
9 subparagraph (A);

10 (II) an assessment of the extent
11 to which food distributed through the
12 grant program under this subsection
13 was purchased from local and regional
14 food systems;

15 (III) an evaluation of the effect
16 of the grant program under this sub-
17 section on maternal and infant health
18 outcomes, including racial and ethnic
19 disparities and disparities impacting
20 other underserved mothers, such as
21 mothers living in rural areas, with re-
22 spect to those outcomes; and

23 (IV) recommendations with re-
24 spect to ensuring the activities de-
25 scribed in paragraph (5) continue

1 after the grant funding for those ac-
2 tivities expires.

3 (ii) PUBLICATION.—The Secretary
4 shall make the report submitted under
5 clause (i) publicly available on the website
6 of the Department of Agriculture.

7 (7) AUTHORIZATION OF APPROPRIATIONS.—
8 There is authorized to be appropriated to the Sec-
9 retary \$5,000,000 to carry out this subsection for
10 the period of fiscal years 2022 through 2024.

11 **SEC. 7. ENVIRONMENTAL STUDY THROUGH NATIONAL**
12 **ACADEMIES.**

13 (a) IN GENERAL.—Not later than 60 days after the
14 date of enactment of this Act, the Administrator of the
15 Environmental Protection Agency shall seek to enter into
16 an agreement with the National Academies of Sciences,
17 Engineering, and Medicine (referred to in this section as
18 the “National Academies”) under which the National
19 Academies agree to conduct a study on the impacts of
20 water and air quality, exposure to extreme temperatures,
21 exposure to environmental chemicals, environmental risks
22 in the workplace and the home, and pollution levels on
23 maternal and infant health outcomes.

1 (b) STUDY REQUIREMENTS.—The agreement under
2 subsection (a) shall direct the National Academies to make
3 recommendations for—

4 (1) improving the environmental conditions de-
5 scribed in that subsection to improve maternal and
6 infant health outcomes; and

7 (2) reducing or eliminating racial and ethnic
8 disparities in those outcomes.

9 (c) REPORT.—The agreement under subsection (a)
10 shall require the National Academies—

11 (1) to complete the study described in that sub-
12 section; and

13 (2) not later than 1 year after the date of en-
14 actment of this Act, to transmit to Congress and
15 make publicly available a report that—

16 (A) describes the results of the study; and

17 (B) includes the recommendations de-
18 scribed in subsection (b).

19 **SEC. 8. CHILD CARE ACCESS.**

20 (a) GRANT PROGRAM.—The Secretary of Health and
21 Human Services (in this section referred to as the “Sec-
22 retary”) shall award grants to eligible organizations to
23 provide pregnant and postpartum individuals with free
24 and accessible drop-in child care services during prenatal
25 and postpartum appointments, including for mental health

1 care, prenatal and childbirth classes, and labor and deliv-
2 ery. The Secretary shall coordinate with the Secretary of
3 Defense to disseminate information regarding such serv-
4 ices and to expand on-installation drop-in child care serv-
5 ices for military parents.

6 (b) APPLICATION.—To be eligible to receive a grant
7 under this section, an eligible entity shall submit to the
8 Secretary an application at such time, in such manner,
9 and containing such information as the Secretary may re-
10 quire.

11 (c) ELIGIBLE ORGANIZATIONS.—

12 (1) ELIGIBILITY.—To be eligible to receive a
13 grant under this section, an organization shall be an
14 organization that provides child care services and
15 can carry out programs providing pregnant and
16 postpartum individuals with free and accessible
17 drop-in child care services during prenatal and
18 postpartum appointments.

19 (2) PRIORITIZATION.—In selecting grant recipi-
20 ents under this section, the Secretary shall give pri-
21 ority to eligible organizations that operate in an area
22 with high rates of adverse maternal health outcomes
23 or significant racial or ethnic disparities in maternal
24 health outcomes, to the extent such data are avail-
25 able.

1 (d) TIMING.—The Secretary shall commence the
2 grant program under subsection (a) not later than 1 year
3 after the date of enactment of this Act.

4 (e) REPORTING.—

5 (1) GRANTEES.—Each recipient of a grant
6 under this section shall annually submit to the Sec-
7 retary and make publicly available a report on the
8 status of activities conducted using the grant. Each
9 such report shall include—

10 (A) an analysis of the effect of the funded
11 program on prenatal and postpartum appoint-
12 ment attendance rates;

13 (B) summaries of qualitative assessments
14 of the funded program from—

15 (i) pregnant and postpartum individ-
16 uals participating in the program; and

17 (ii) the families of such individuals;
18 and

19 (C) such additional information as the Sec-
20 retary may require.

21 (2) SECRETARY.—Not later than the end of fis-
22 cal year 2024, the Secretary shall submit to Con-
23 gress and make publicly available a report con-
24 taining the following:

1 (A) A summary of the reports under para-
2 graph (1).

3 (B) An assessment of the effects, if any, of
4 the funded programs on maternal health out-
5 comes, with a specific focus on racial and ethnic
6 disparities in such outcomes.

7 (C) A description of actions the Secretary
8 can take to ensure that pregnant and
9 postpartum individuals eligible for medical as-
10 sistance under a State plan under title XIX of
11 the Social Security Act (42 U.S.C. 1936 et
12 seq.) have access to free and accessible drop-in
13 child care services during prenatal and
14 postpartum appointments, including identifica-
15 tion of the funding necessary to carry out such
16 actions.

17 (f) DROP-IN CHILD CARE SERVICES DEFINED.—In
18 this section, the term “drop-in child care services” means
19 child care and early childhood education services that
20 are—

21 (1) delivered at a facility that meets the re-
22 quirements of all applicable laws and regulations of
23 the State or local government in which it is located,
24 including the licensing of the facility as a child care
25 facility; and

1 (2) provided in single encounters without re-
2 quiring full-time enrollment of a person in a child
3 care program.

4 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
5 out this section, there is authorized to be appropriated
6 \$5,000,000 for the period of fiscal years 2022 through
7 2024.

8 **SEC. 9. GRANTS TO LOCAL ENTITIES ADDRESSING SOCIAL**
9 **DETERMINANTS OF MATERNAL HEALTH.**

10 (a) IN GENERAL.—The Secretary of Health and
11 Human Services (in this section referred to as the “Sec-
12 retary”) shall award grants to eligible entities to—

13 (1) address social determinants of maternal
14 health for pregnant and postpartum individuals; and

15 (2) eliminate racial and ethnic disparities in
16 maternal health outcomes.

17 (b) APPLICATION.—To be eligible to receive a grant
18 under this subsection an eligible entity shall submit to the
19 Secretary an application at such time, in such manner,
20 and containing such information as the Secretary may
21 provide.

22 (c) PRIORITIZATION.—In awarding grants under sub-
23 section (a), the Secretary shall give priority to an eligible
24 entity that—

1 (1) is, or will partner with, a community-based
2 organization to carrying out the activities under sub-
3 section (d);

4 (2) is operating in an area with high rates of
5 adverse maternal health outcomes or significant ra-
6 cial or ethnic disparities in maternal health out-
7 comes; and

8 (3) is operating in an area with a high poverty
9 rate.

10 (d) ACTIVITIES.—An eligible entity that receives a
11 grant under this section may—

12 (1) hire and retain staff;

13 (2) develop and distribute a culturally and lin-
14 guistically appropriate list of available resources
15 with respect to social service programs in a commu-
16 nity, including housing supports, child care access,
17 nutrition counseling, and resources for pregnant
18 women facing intimate partner violence;

19 (3) establish a culturally appropriate resource
20 center that provides multiple social service programs
21 in a single location;

22 (4) offer programs and resources in the commu-
23 nities in which the respective eligible entities are lo-
24 cated to address social determinants of health for
25 pregnant and postpartum individuals; and

1 (5) consult with such pregnant and postpartum
2 individuals, pregnant women who are unauthorized
3 aliens, to conduct an assessment of the activities
4 under this subsection.

5 (e) TECHNICAL ASSISTANCE.—The Secretary shall
6 provide to grant recipients under this section technical as-
7 sistance to plan for sustaining programs to address social
8 determinants of maternal health among pregnant and
9 postpartum individuals after the period of the grant.

10 (f) REPORTING.—

11 (1) GRANTEES.—Not later than 1 year after an
12 eligible entity first receives a grant under this sec-
13 tion, and annually thereafter, an eligible entity shall
14 submit to the Secretary, and make publicly available,
15 a report on the status of activities conducted using
16 the grant. Each such report shall include data on
17 the effects of such activities, disaggregated by race,
18 ethnicity, gender, and other relevant factors.

19 (2) SECRETARY.—Not later than the end of fis-
20 cal year 2026, the Secretary shall submit to Con-
21 gress a report that includes—

22 (A) a summary of the reports under para-
23 graph (1); and

24 (B) recommendations for—

- 1 (i) improving maternal health out-
- 2 comes; and
- 3 (ii) reducing or eliminating racial and
- 4 ethnic disparities in maternal health out-
- 5 comes.

6 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
7 authorized to be appropriated to carry out this section
8 \$15,000,000 for each of fiscal years 2022 through 2026.

