

117TH CONGRESS  
1ST SESSION

# H. R. 959

To end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in maternal health outcomes, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. UNDERWOOD (for herself, Ms. ADAMS, Mr. KHANNA, Ms. VELÁZQUEZ, Mrs. MCBATH, Mr. SMITH of Washington, Ms. SCANLON, Mr. CARSON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Mrs. BEATTY, Ms. MOORE of Wisconsin, Ms. STRICKLAND, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. OMAR, Ms. CLARK of Massachusetts, Mr. RYAN, Mr. BISHOP of Georgia, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. SEWELL, Ms. BLUNT ROCHESTER, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Ms. CLARKE of New York, Mr. DEUTCH, Mr. PAYNE, Mr. MEEKS, Ms. MCCOLLUM, Ms. NORTON, Mr. SUOZZI, Ms. DEGETTE, Mr. BLUMENAUER, Ms. CRAIG, Ms. LOIS FRANKEL of Florida, Mr. MOULTON, Mr. SOTO, Mr. NADLER, Mr. TRONE, Mrs. LURIA, Mr. SARBANES, Ms. SPANBERGER, Ms. SPEIER, Ms. JOHNSON of Texas, Mrs. BUSTOS, Mr. DANNY K. DAVIS of Illinois, Ms. SCHAKOWSKY, Mr. BOWMAN, Ms. DAVIDS of Kansas, Ms. SCHRIER, Mr. HASTINGS, Ms. BASS, Mrs. WATSON COLEMAN, Ms. LEE of California, Ms. HOULAHAN, Ms. PRESSLEY, Mr. COHEN, Mr. ALLRED, Mr. EVANS, Ms. BUSH, Mr. CROW, Ms. CASTOR of Florida, Ms. CHU, Ms. TLAIB, Mr. CONNOLLY, Ms. JACOBS of California, Mrs. DEMINGS, Mr. BERA, Ms. KUSTER, Mrs. TORRES of California, Mr. TONKO, Mrs. FLETCHER, Ms. JACKSON LEE, Mr. MCNERNEY, Ms. PINGREE, Mr. STANTON, Mr. JONES, Ms. WILD, Mr. RASKIN, Ms. WILLIAMS of Georgia, and Mr. DAVID SCOTT of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Financial Services, Transportation and Infrastructure, Education and Labor, the Judiciary, Natural Resources, Agriculture, and Veterans' Affairs, 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 end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in 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 “Black Maternal Health  
 5        Momnibus Act of 2021”.

6        **SEC. 2. TABLE OF CONTENTS.**

7        The table of contents for this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Definitions.
- Sec. 4. Sense of Congress.

## TITLE I—SOCIAL DETERMINANTS FOR MOMS

- Sec. 101. Task force to develop a strategy to address social determinants of maternal health.
- Sec. 102. Housing for Moms grant program.
- Sec. 103. Department of Transportation.
- Sec. 104. Department of Agriculture.
- Sec. 105. Environmental study through National Academies.
- Sec. 106. Child care access.
- Sec. 107. Grants to local entities addressing social determinants of maternal health.

## TITLE II—HONORING KIRA JOHNSON

- Sec. 201. Investments in community-based organizations to improve Black maternal health outcomes.
- Sec. 202. Investments in community-based organizations to improve maternal health outcomes in underserved communities.
- Sec. 203. Respectful maternity care training for all employees in maternity care settings.
- Sec. 204. Study on reducing and preventing bias, racism, and discrimination in maternity care settings.
- Sec. 205. Respectful maternity care compliance program.
- Sec. 206. GAO report.

## TITLE III—PROTECTING MOMS WHO SERVED

- Sec. 301. Support for maternity care coordination.

- Sec. 302. Report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans.

#### TITLE IV—PERINATAL WORKFORCE

- Sec. 401. HHS agency directives.  
 Sec. 402. Grants to grow and diversify the perinatal workforce.  
 Sec. 403. Grants to grow and diversify the nursing workforce in maternal and perinatal health.  
 Sec. 404. GAO report.

#### TITLE V—DATA TO SAVE MOMS

- Sec. 501. Funding for maternal mortality review committees to promote representative community engagement.  
 Sec. 502. Data collection and review.  
 Sec. 503. Review of maternal health data collection processes and quality measures.  
 Sec. 504. Indian Health Service study on maternal mortality and severe maternal morbidity.  
 Sec. 505. Grants to minority-serving institutions to study maternal mortality, severe maternal morbidity, and other adverse maternal health outcomes.

#### TITLE VI—MOMS MATTER

- Sec. 601. Maternal mental health equity grant program.  
 Sec. 602. Grants to grow and diversify the maternal mental and behavioral health care workforce.

#### TITLE VII—JUSTICE FOR INCARCERATED MOMS

- Sec. 701. Ending the shackling of pregnant individuals.  
 Sec. 702. Creating model programs for the care of incarcerated individuals in the prenatal and postpartum periods.  
 Sec. 703. Grant program to improve maternal health outcomes for individuals in State and local prisons and jails.  
 Sec. 704. GAO report.  
 Sec. 705. MACPAC report.

#### TITLE VIII—TECH TO SAVE MOMS

- Sec. 801. Integrated telehealth models in maternity care services.  
 Sec. 802. Grants to expand the use of technology-enabled collaborative learning and capacity models for pregnant and postpartum individuals.  
 Sec. 803. Grants to promote equity in maternal health outcomes through digital tools.  
 Sec. 804. Report on the use of technology in maternity care.

#### TITLE IX—IMPACT TO SAVE MOMS

- Sec. 901. Perinatal Care Alternative Payment Model Demonstration Project.  
 Sec. 902. MACPAC report.

#### TITLE X—MATERNAL HEALTH PANDEMIC RESPONSE

- Sec. 1001. Definitions.

- Sec. 1002. Funding for data collection, surveillance, and research on maternal health outcomes during the COVID–19 public health emergency.
- Sec. 1003. COVID–19 maternal health data collection and disclosure.
- Sec. 1004. Inclusion of pregnant individuals and lactating individuals in vaccine and therapeutic development for COVID–19.
- Sec. 1005. Public health communication regarding maternal care during COVID–19.
- Sec. 1006. Task force on birthing experience and safe maternity care during a public health emergency.
- Sec. 1007. GAO report on maternal health and public health emergency preparedness.

TITLE XI—PROTECTING MOMS AND BABIES AGAINST CLIMATE CHANGE

- Sec. 1101. Definitions.
- Sec. 1102. Grant program to protect vulnerable mothers and babies from climate change risks.
- Sec. 1103. Grant program for education and training at health profession schools.
- Sec. 1104. NIH Consortium on Birth and Climate Change Research.
- Sec. 1105. Strategy for identifying climate change risk zones for vulnerable mothers and babies.

TITLE XII—MATERNAL VACCINATIONS

- Sec. 1201. Maternal vaccination awareness and equity campaign.

1 **SEC. 3. DEFINITIONS.**

2 In this Act:

3 (1) **CULTURALLY CONGRUENT.**—The term “cul-  
 4 turally congruent”, with respect to care or maternity  
 5 care, means care that is in agreement with the pre-  
 6 ferred cultural values, beliefs, worldview, language,  
 7 and practices of the health care consumer and other  
 8 stakeholders.

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

12 (A) is a physician, physician assistant,  
 13 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 (3) 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 (4) 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 (5) 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           (6) PREGNANCY-ASSOCIATED DEATH.—The  
2 term “pregnancy-associated death” means a death of  
3 a pregnant or postpartum individual, by any cause,  
4 that occurs during, or within 1 year following, the  
5 individual’s pregnancy, regardless of the outcome,  
6 duration, or site of the pregnancy.

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

15           (8) RACIAL AND ETHNIC MINORITY GROUP.—  
16 The term “racial and ethnic minority group” has the  
17 meaning given such term in section 1707(g)(1) of  
18 the Public Health Service Act (42 U.S.C. 300u-  
19 6(g)(1)).

20           (9) SEVERE MATERNAL MORBIDITY.—The term  
21 “severe maternal morbidity” means a health condi-  
22 tion, including mental health conditions and sub-  
23 stance use disorders, attributed to or aggravated by  
24 pregnancy or childbirth that results in significant

1 short-term or long-term consequences to the health  
2 of the individual who was pregnant.

3 (10) SOCIAL DETERMINANTS OF MATERNAL  
4 HEALTH DEFINED.—The term “social determinants  
5 of maternal health” means non-clinical factors that  
6 impact maternal health outcomes, including—

7 (A) economic factors, which may include  
8 poverty, employment, food security, support for  
9 and access to lactation and other infant feeding  
10 options, housing stability, and related factors;

11 (B) neighborhood factors, which may in-  
12 clude quality of housing, access to transpor-  
13 tation, access to child care, availability of  
14 healthy foods and nutrition counseling, avail-  
15 ability of clean water, air and water quality,  
16 ambient temperatures, neighborhood crime and  
17 violence, access to broadband, and related fac-  
18 tors;

19 (C) social and community factors, which  
20 may include systemic racism, gender discrimi-  
21 nation or discrimination based on other pro-  
22 tected classes, workplace conditions, incarcer-  
23 ation, and related factors;

24 (D) household factors, which may include  
25 ability to conduct lead testing and abatement,

1 car seat installation, indoor air temperatures,  
2 and related factors;

3 (E) education access and quality factors,  
4 which may include educational attainment, lan-  
5 guage and literacy, and related factors; and

6 (F) health care access factors, including  
7 health insurance coverage, access to culturally  
8 congruent health care services, providers, and  
9 non-clinical support, access to home visiting  
10 services, access to wellness and stress manage-  
11 ment programs, health literacy, access to tele-  
12 health and items required to receive telehealth  
13 services, and related factors.

14 **SEC. 4. SENSE OF CONGRESS.**

15 It is the sense of Congress that—

16 (1) the respect and proper care that birthing  
17 people deserve is inclusive; and

18 (2) regardless of race, ethnicity, gender iden-  
19 tity, sexual orientation, religion, marital status, fa-  
20 milial status, socioeconomic status, immigration sta-  
21 tus, incarceration status, or disability, all deserve  
22 dignity.



1                                   **TITLE I—SOCIAL**  
2                                   **DETERMINANTS FOR MOMS**

3   **SEC. 101. TASK FORCE TO DEVELOP A STRATEGY TO AD-**  
4                                   **DRESS SOCIAL DETERMINANTS OF MATER-**  
5                                   **NAL HEALTH.**

6           (a) IN GENERAL.—The Secretary of Health and  
7 Human Services shall convene a task force (in this section  
8 referred to as the “Task Force”) to develop a strategy  
9 to coordinate efforts between Federal agencies to address  
10 social determinants of maternal health with respect to  
11 pregnant and postpartum individuals.

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

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

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

18                   (3) The Secretary of Transportation (or a des-  
19 ignee thereof).

20                   (4) The Secretary of Agriculture (or a designee  
21 thereof).

22                   (5) The Secretary of Labor (or a designee  
23 thereof).

24                   (6) The Administrator of the Environmental  
25 Protection Agency (or a designee thereof).

1           (7) The Assistant Secretary for the Administra-  
2           tion for Children and Families (or a designee there-  
3           of).

4           (8) The Administrator of the Centers for Medi-  
5           care & Medicaid Services (or a designee thereof).

6           (9) The Director of the Indian Health Service  
7           (or a designee thereof).

8           (10) The Director of the National Institutes of  
9           Health (or a designee thereof).

10          (11) The Administrator of the Health Re-  
11          sources and Services Administration (or a designee  
12          thereof).

13          (12) The Deputy Assistant Secretary for Minor-  
14          ity Health of the Department of Health and Human  
15          Services (or a designee thereof).

16          (13) The Deputy Assistant Secretary for Wom-  
17          en's Health of the Department of Health and  
18          Human Services (or a designee thereof).

19          (14) The Director of the Centers for Disease  
20          Control and Prevention (or a designee thereof).

21          (15) The Director of the Office on Violence  
22          Against Women at the Department of Justice (or a  
23          designee thereof).

24          (c) APPOINTED MEMBERS.—In addition to the ex  
25          officio members of the Task Force, the Secretary of

1 Health and Human Services shall appoint the following  
2 members of the Task Force:

3 (1) At least two representatives of patients, to  
4 include—

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

7 (B) a representative of patients who is a  
8 family member of an individual who suffered a  
9 pregnancy-related death.

10 (2) At least two leaders of community-based or-  
11 ganizations that address maternal mortality and se-  
12 vere maternal morbidity with a specific focus on ra-  
13 cial and ethnic disparities. In appointing such lead-  
14 ers under this paragraph, the Secretary of Health  
15 and Human Services shall give priority to individ-  
16 uals who are leaders of organizations led by individ-  
17 uals from racial and ethnic minority groups.

18 (3) At least two perinatal health workers.

19 (4) A professionally diverse panel of maternity  
20 care providers.

21 (d) CHAIR.—The Secretary of Health and Human  
22 Services shall select the chair of the Task Force from  
23 among the members of the Task Force.

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

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

5 (2) recommendations on funding amounts with  
6 respect to implementing such strategy;

7 (3) recommendations for how to expand cov-  
8 erage of social services to address social deter-  
9 minants of maternal health under Medicaid managed  
10 care organizations and State Medicaid programs.

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

14 **SEC. 102. HOUSING FOR MOMS GRANT PROGRAM.**

15 (a) IN GENERAL.—The Secretary of Housing and  
16 Urban Development shall establish a Housing for Moms  
17 grant program under this section to make grants to eligi-  
18 ble entities to increase access to safe, stable, affordable,  
19 and adequate housing for pregnant and postpartum indi-  
20 viduals and their families.

21 (b) APPLICATION.—To be eligible to receive a grant  
22 under this section, an eligible entity shall submit to the  
23 Secretary an application at such time, in such manner,  
24 and containing such information as the Secretary may  
25 provide.

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

4 (1) is a community-based organization or will  
5 partner with a community-based organization to im-  
6 plement initiatives to increase access to safe, stable,  
7 affordable, and adequate housing for pregnant and  
8 postpartum individuals and their families;

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

13 (3) is operating in an area with a high poverty  
14 rate or significant number of individuals who lack  
15 consistent access to safe, stable, affordable, and ade-  
16 quate housing.

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

20 (1) identifying and conducting outreach to  
21 pregnant and postpartum individuals who are low-in-  
22 come and lack consistent access to safe, stable, af-  
23 fordable, and adequate housing;

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

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

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

7           (5) providing direct financial assistance to such  
8           individuals for the purposes of maintaining safe, sta-  
9           ble, and adequate housing for the duration of the in-  
10          dividual’s pregnancy and postpartum periods; and

11          (6) working with relevant stakeholders to en-  
12          sure that local housing and homeless shelter infra-  
13          structure is supportive to pregnant and postpartum  
14          individuals, including through—

15                 (A) health-promoting housing codes;

16                 (B) enforcement of housing codes;

17                 (C) proactive rental inspection programs;

18                 (D) code enforcement officer training; and

19                 (E) partnerships between regional offices  
20                 of the Department of Housing and Urban De-  
21                 velopment and community-based organizations  
22                 to ensure housing laws are understood and vio-  
23                 lations are discovered.

24          (e) REPORTING.—

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

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

10                   (A) summarizes the reports received under  
11                   paragraph (1);

12                   (B) evaluates the effectiveness of grants  
13                   awarded under this section in increasing access  
14                   to safe, stable, affordable, and adequate hous-  
15                   ing for pregnant and postpartum individuals  
16                   and their families; and

17                   (C) makes recommendations with respect  
18                   to ensuring activities described subsection (d)  
19                   continue after grant amounts made available  
20                   under this section are expended.

21           (f) DEFINITIONS.—In this section:

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

24                           (A) a community-based organization;

1 (B) a State or local governmental entity,  
2 including a State or local public health depart-  
3 ment;

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

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

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

14 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
15 authorized to be appropriated to carry out this section  
16 \$10,000,000 for fiscal year 2022, which shall remain  
17 available until expended.

18 **SEC. 103. DEPARTMENT OF TRANSPORTATION.**

19 (a) REPORT.—Not later than one year after the date  
20 of enactment of this Act, the Secretary of Transportation  
21 shall submit to Congress and make publicly available a  
22 report containing—

23 (1) an assessment of transportation barriers  
24 preventing individuals from attending prenatal and  
25 postpartum appointments, accessing maternal health



1 care services, or accessing services and resources re-  
2 lated to social determinants maternal of health;

3 (2) recommendations on how to overcome the  
4 barriers assessed under paragraph (1); and

5 (3) an assessment of transportation safety risks  
6 for pregnant individuals and recommendations on  
7 how to mitigate such risks.

8 (b) CONSIDERATIONS.—In carrying out subsection  
9 (a), the Secretary shall give special consideration to solu-  
10 tions for—

11 (1) pregnant and postpartum individuals living  
12 in a health professional shortage area designated  
13 under section 332 of the Public Health Service Act  
14 (42 U.S.C. 254e);

15 (2) pregnant and postpartum individuals living  
16 in areas with high maternal mortality or severe mor-  
17 bidity rates or significant racial or ethnic disparities  
18 in maternal health outcomes; or

19 (3) pregnant and postpartum individuals with a  
20 disability that impacts mobility.

21 **SEC. 104. DEPARTMENT OF AGRICULTURE.**

22 (a) SPECIAL SUPPLEMENTAL NUTRITION PRO-  
23 GRAM.—

24 (1) EXTENSION OF POSTPARTUM PERIOD.—

25 Section 17(b)(10) of the Child Nutrition Act of

1 1966 (42 U.S.C. 1786(b)(10)) is amended by strik-  
2 ing “six months” and inserting “24 months”.

3 (2) EXTENSION OF BREASTFEEDING PERIOD.—  
4 Section 17(d)(3)(A)(ii) of the Child Nutrition Act of  
5 1966 (7 U.S.C. 1431(d)(3)(A)(ii)) is amended by  
6 striking “1 year” and inserting “24 months”.

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

12 (A) maternal and infant health outcomes,  
13 including racial and ethnic disparities with re-  
14 spect to such outcomes;

15 (B) breastfeeding rates among postpartum  
16 individuals;

17 (C) qualitative evaluations of family experi-  
18 ences under the special supplemental nutrition  
19 program under section 17 of the Child Nutri-  
20 tion Act of 1966 (42 U.S.C. 1786); and

21 (D) other relevant information as deter-  
22 mined by the Secretary.

23 (b) GRANT PROGRAM FOR HEALTHY FOOD AND  
24 CLEAN WATER FOR PREGNANT AND POSTPARTUM INDI-  
25 VIDUALS.—

1           (1) IN GENERAL.—The Secretary shall establish  
2 a program to award grants, on a competitive basis,  
3 to eligible entities to carry out the activities de-  
4 scribed in paragraph (4).

5           (2) APPLICATION.—To be eligible for a grant  
6 under this subsection, an eligible entity shall submit  
7 to the Secretary an application at such time, in such  
8 manner, and containing such information as the Sec-  
9 retary determines appropriate.

10           (3) PRIORITY.—In awarding grants under this  
11 subsection, the Secretary shall give priority to an eli-  
12 gible entity that—

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

15                   (B) is operating in an area with high rates  
16 of—

17                           (i) adverse maternal health outcomes;

18                           or

19                           (ii) significant racial or ethnic dispari-  
20 ties in maternal health outcomes.

21           (4) USE OF FUNDS.—An eligible entity shall  
22 use grant funds awarded under this subsection to  
23 deliver healthy food, infant formula, clean water, or  
24 diapers to pregnant and postpartum individuals lo-  
25 cated in areas that are food deserts, as determined

1 by the Secretary using data from the Food Access  
2 Research Atlas of the Department of Agriculture.

3 (5) REPORTS.—

4 (A) ELIGIBLE ENTITY.—Not later than 1  
5 year after an eligible entity first receives a  
6 grant under this subsection, and annually there-  
7 after, an eligible entity shall submit to the Sec-  
8 retary a report on the status of activities con-  
9 ducted using the grant, which shall contain  
10 such information as the Secretary may require.

11 (B) SECRETARY.—

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

17 (I) a summary of the reports  
18 submitted under subparagraph (A);

19 (II) an assessment of the extent  
20 to which food distributed through the  
21 grant program was purchased from  
22 local and regional food systems;

23 (III) an evaluation of the effect  
24 of the grant program under this sub-  
25 section on maternal and infant health

1 outcomes, including racial and ethnic  
2 disparities with respect to such out-  
3 comes; and

4 (IV) recommendations with re-  
5 spect to ensuring the activities de-  
6 scribed in paragraph (4) continue  
7 after the grant period funding such  
8 activities expires.

9 (ii) PUBLICATION.—The Secretary  
10 shall make the report submitted under  
11 clause (i) publicly available on the website  
12 of the Department of Agriculture.

13 (6) AUTHORIZATION OF APPROPRIATIONS.—  
14 There are authorized to be appropriated \$5,000,000  
15 to carry out this subsection for fiscal years 2022  
16 through 2024.

17 (c) DEFINITIONS.—In this section:

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

20 (A) a community-based organization;

21 (B) a State or local governmental entity,  
22 including a State or local public health depart-  
23 ment;

24 (C) an Indian tribe or tribal organization  
25 (as such terms are defined in section 4 of the

1 Indian Self-Determination and Education As-  
2 sistance Act (25 U.S.C. 5304)); or

3 (D) an Urban Indian organization (as such  
4 term is defined in section 4 of the Indian  
5 Health Care Improvement Act (25 U.S.C.  
6 1603)).

7 (2) SECRETARY.—The term “Secretary” means  
8 the Secretary of Agriculture.

9 **SEC. 105. ENVIRONMENTAL STUDY THROUGH NATIONAL**  
10 **ACADEMIES.**

11 (a) IN GENERAL.—The Administrator of the Envi-  
12 ronmental Protection Agency shall seek to enter an agree-  
13 ment, not later than 60 days after the date of enactment  
14 of this Act, with the National Academies of Sciences, En-  
15 gineering, and Medicine (referred to in this section as the  
16 “National Academies”) under which the National Acad-  
17 emies agree to conduct a study on the impacts of water  
18 and air quality, exposure to extreme temperatures, envi-  
19 ronmental chemicals, environmental risks in the workplace  
20 and the home, and pollution levels, on maternal and infant  
21 health outcomes.

22 (b) STUDY REQUIREMENTS.—The agreement under  
23 subsection (a) shall direct the National Academies to make  
24 recommendations for—

1           (1) improving environmental conditions to im-  
2           prove maternal and infant health outcomes; and

3           (2) reducing or eliminating racial and ethnic  
4           disparities in such outcomes.

5           (c) REPORT.—The agreement under subsection (a)  
6           shall direct the National Academies to complete the study  
7           under this section, and transmit to the Congress and make  
8           publicly available a report on the results of the study, not  
9           later than 12 months after the date of enactment of this  
10          Act.

11          **SEC. 106. CHILD CARE ACCESS.**

12          (a) GRANT PROGRAM.—The Secretary of Health and  
13          Human Services (in this section referred to as the “Sec-  
14          retary”) shall award grants to eligible organizations to  
15          provide pregnant and postpartum individuals with free  
16          and accessible drop-in child care services during prenatal  
17          and postpartum appointments.

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

23          (c) ELIGIBLE ORGANIZATIONS.—

24                  (1) ELIGIBILITY.—To be eligible to receive a  
25                  grant under this section, an organization shall be an

1 organization that provides child care services and  
2 can carry out programs providing pregnant and  
3 postpartum individuals with free and accessible  
4 drop-in child care services during prenatal and  
5 postpartum appointments.

6 (2) PRIORITIZATION.—In selecting grant recipi-  
7 ents under this section, the Secretary shall give pri-  
8 ority to eligible organizations that operate in an area  
9 with high rates of adverse maternal health outcomes  
10 or significant racial or ethnic disparities in maternal  
11 health outcomes, to the extent such data are avail-  
12 able.

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

16 (e) REPORTING.—

17 (1) GRANTEES.—Each recipient of a grant  
18 under this section shall annually submit to the Sec-  
19 retary and make publicly available a report on the  
20 status of activities conducted using the grant. Each  
21 such report shall include—

22 (A) an analysis of the effect of the funded  
23 program on prenatal and postpartum appoint-  
24 ment attendance rates;



1 (B) summaries of qualitative assessments  
2 of the funded program from—

3 (i) pregnant and postpartum individ-  
4 uals participating in the program; and

5 (ii) the families of such individuals;  
6 and

7 (C) such additional information as the Sec-  
8 retary may require.

9 (2) SECRETARY.—Not later than the end of fis-  
10 cal year 2024, the Secretary shall submit to the  
11 Congress and make publicly available a report con-  
12 taining the following:

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

15 (B) An assessment of the effects, if any, of  
16 the funded programs on maternal health out-  
17 comes, with a specific focus on racial and ethnic  
18 disparities in such outcomes.

19 (C) A description of actions the Secretary  
20 can take to ensure that pregnant and  
21 postpartum individuals eligible for medical as-  
22 sistance under a State plan under title XIX of  
23 the Social Security Act (42 U.S.C. 1936 et  
24 seq.) have access to free and accessible drop-in  
25 child care services during prenatal and

1 postpartum appointments, including identifica-  
2 tion of the funding necessary to carry out such  
3 actions.

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

8 (1) delivered at a facility that meets the re-  
9 quirements of all applicable laws and regulations of  
10 the State or local government in which it is located,  
11 including the licensing of the facility as a child care  
12 facility; and

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

16 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
17 out this section, there is authorized to be appropriated  
18 \$5,000,000 for the period of fiscal years 2022 through  
19 2024.

20 **SEC. 107. GRANTS TO LOCAL ENTITIES ADDRESSING SO-**  
21 **CIAL DETERMINANTS OF MATERNAL**  
22 **HEALTH.**

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

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

3           (2) eliminate racial and ethnic disparities in  
4 maternal health outcomes.

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

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

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

16           (2) is operating in an area with high rates of  
17 adverse maternal health outcomes or significant ra-  
18 cial or ethnic disparities in maternal health out-  
19 comes; and

20           (3) is operating in an area with a high poverty  
21 rate.

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

24           (1) hire and retain staff;

1           (2) develop and distribute a list of available re-  
2           sources with respect to social service programs in a  
3           community;

4           (3) establish a resource center that provides  
5           multiple social service programs in a single location;

6           (4) offer programs and resources in the commu-  
7           nities in which the respective eligible entities are lo-  
8           cated to address social determinants of health for  
9           pregnant and postpartum individuals; and

10          (5) consult with such pregnant and postpartum  
11          individuals to conduct an assessment of the activities  
12          under this subsection.

13          (e) TECHNICAL ASSISTANCE.—The Secretary shall  
14          provide to grant recipients under this section technical as-  
15          sistance to plan for sustaining programs to address social  
16          determinants of maternal health among pregnant and  
17          postpartum individuals after the period of the grant.

18          (f) REPORTING.—

19                 (1) GRANTEES.—Not later than 1 year after an  
20                 eligible entity first receives a grant under this sec-  
21                 tion, and annually thereafter, an eligible entity shall  
22                 submit to the Secretary, and make publicly available,  
23                 a report on the status of activities conducted using  
24                 the grant. Each such report shall include data on

1 the effects of such activities, disaggregated by race,  
2 ethnicity, gender, and other relevant factors.

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

6 (A) a summary of the reports under para-  
7 graph (1); and

8 (B) recommendations for—

9 (i) improving maternal health out-  
10 comes; and

11 (ii) reducing or eliminating racial and  
12 ethnic disparities in maternal health out-  
13 comes.

14 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
15 authorized to be appropriated to carry out this section  
16 \$15,000,000 for each of fiscal years 2022 through 2026.

17 **TITLE II—HONORING KIRA**  
18 **JOHNSON**

19 **SEC. 201. INVESTMENTS IN COMMUNITY-BASED ORGANIZA-**  
20 **TIONS TO IMPROVE BLACK MATERNAL**  
21 **HEALTH OUTCOMES.**

22 (a) AWARDS.—Following the 1-year period described  
23 in subsection (c), the Secretary of Health and Human  
24 Services (in this section referred to as the “Secretary”)  
25 shall award grants to eligible entities to establish or ex-

1 pand programs to prevent maternal mortality and severe  
2 maternal morbidity among Black pregnant and  
3 postpartum individuals.

4 (b) ELIGIBILITY.—To be eligible to seek a grant  
5 under this section, an entity shall be a community-based  
6 organization offering programs and resources aligned with  
7 evidence-based practices for improving maternal health  
8 outcomes for Black pregnant and postpartum individuals.

9 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-  
10 RIOD.—During the 1-year period beginning on the date  
11 of enactment of this Act, the Secretary shall—

12 (1) conduct outreach to encourage eligible enti-  
13 ties to apply for grants under this section; and

14 (2) provide technical assistance to eligible enti-  
15 ties on best practices for applying for grants under  
16 this section.

17 (d) SPECIAL CONSIDERATION.—

18 (1) OUTREACH.—In conducting outreach under  
19 subsection (c), the Secretary shall give special con-  
20 sideration to eligible entities that—

21 (A) are based in, and provide support for,  
22 communities with high rates of adverse mater-  
23 nal health outcomes or significant racial and  
24 ethnic disparities in maternal health outcomes,  
25 to the extent such data are available;

1 (B) are led by Black women; and

2 (C) offer programs and resources that are  
3 aligned with evidence-based practices for im-  
4 proving maternal health outcomes for Black  
5 pregnant and postpartum individuals.

6 (2) AWARDS.—In awarding grants under this  
7 section, the Secretary shall give special consideration  
8 to eligible entities that—

9 (A) are described in subparagraphs (A),  
10 (B), and (C) of paragraph (1);

11 (B) offer programs and resources designed  
12 in consultation with and intended for Black  
13 pregnant and postpartum individuals; and

14 (C) offer programs and resources in the  
15 communities in which the respective eligible en-  
16 tities are located that—

17 (i) promote maternal mental health  
18 and maternal substance use disorder treat-  
19 ments and supports that are aligned with  
20 evidence-based practices for improving ma-  
21 ternal mental and behavioral health out-  
22 comes for Black pregnant and postpartum  
23 individuals;

- 1           (ii) address social determinants of ma-  
2           ternal health for pregnant and postpartum  
3           individuals;
- 4           (iii) promote evidence-based health lit-  
5           eracy and pregnancy, childbirth, and par-  
6           enting education for pregnant and  
7           postpartum individuals;
- 8           (iv) provide support from perinatal  
9           health workers to pregnant and  
10          postpartum individuals;
- 11          (v) provide culturally congruent train-  
12          ing to perinatal health workers;
- 13          (vi) conduct or support research on  
14          maternal health issues disproportionately  
15          impacting Black pregnant and postpartum  
16          individuals;
- 17          (vii) provide support to family mem-  
18          bers of individuals who suffered a preg-  
19          nancy-associated death or pregnancy-re-  
20          lated death;
- 21          (viii) operate midwifery practices that  
22          provide culturally congruent maternal  
23          health care and support, including for the  
24          purposes of—



- 1 (I) supporting additional edu-  
2 cation, training, and certification pro-  
3 grams, including support for distance  
4 learning;
- 5 (II) providing financial support  
6 to current and future midwives to ad-  
7 dress education costs, debts, and  
8 other needs;
- 9 (III) clinical site investments;
- 10 (IV) supporting preceptor devel-  
11 opment trainings;
- 12 (V) expanding the midwifery  
13 practice; or
- 14 (VI) related needs identified by  
15 the midwifery practice and described  
16 in the practice's application; or
- 17 (ix) have developed other programs  
18 and resources that address community-spe-  
19 cific needs for pregnant and postpartum  
20 individuals and are aligned with evidence-  
21 based practices for improving maternal  
22 health outcomes for Black pregnant and  
23 postpartum individuals.

1 (e) TECHNICAL ASSISTANCE.—The Secretary shall  
2 provide to grant recipients under this section technical as-  
3 sistance on—

4 (1) capacity building to establish or expand pro-  
5 grams to prevent adverse maternal health outcomes  
6 among Black pregnant and postpartum individuals;

7 (2) best practices in data collection, measure-  
8 ment, evaluation, and reporting; and

9 (3) planning for sustaining programs to prevent  
10 maternal mortality and severe maternal morbidity  
11 among Black pregnant and postpartum individuals  
12 after the period of the grant.

13 (f) EVALUATION.—Not later than the end of fiscal  
14 year 2026, the Secretary shall submit to the Congress an  
15 evaluation of the grant program under this section that—

16 (1) assesses the effectiveness of outreach efforts  
17 during the application process in diversifying the  
18 pool of grant recipients;

19 (2) makes recommendations for future outreach  
20 efforts to diversify the pool of grant recipients for  
21 Department of Health and Human Services grant  
22 programs and funding opportunities related to ma-  
23 ternal health;

24 (3) assesses the effectiveness of programs fund-  
25 ed by grants under this section in improving mater-

1       nal health outcomes for Black pregnant and  
2       postpartum individuals, to the extent practicable;  
3       and

4               (4) makes recommendations for future Depart-  
5       ment of Health and Human Services grant programs  
6       and funding opportunities that deliver funding to  
7       community-based organizations that provide pro-  
8       grams and resources that are aligned with evidence-  
9       based practices for improving maternal health out-  
10      comes for Black pregnant and postpartum individ-  
11      uals.

12      (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
13      out this section, there is authorized to be appropriated  
14      \$10,000,000 for each of fiscal years 2022 through 2026.

15      **SEC. 202. INVESTMENTS IN COMMUNITY-BASED ORGANIZA-**  
16                               **TIONS TO IMPROVE MATERNAL HEALTH OUT-**  
17                               **COMES IN UNDERSERVED COMMUNITIES.**

18      (a) AWARDS.—Following the 1-year period described  
19      in subsection (c), the Secretary of Health and Human  
20      Services (in this section referred to as the “Secretary”)  
21      shall award grants to eligible entities to establish or ex-  
22      pand programs to prevent maternal mortality and severe  
23      maternal morbidity among underserved groups.

24      (b) ELIGIBILITY.—To be eligible to seek a grant  
25      under this section, an entity shall be a community-based

1 organization offering programs and resources aligned with  
2 evidence-based practices for improving maternal health  
3 outcomes for pregnant and postpartum individuals.

4 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-  
5 RIOD.—During the 1-year period beginning on the date  
6 of enactment of this Act, the Secretary shall—

7 (1) conduct outreach to encourage eligible enti-  
8 ties to apply for grants under this section; and

9 (2) provide technical assistance to eligible enti-  
10 ties on best practices for applying for grants under  
11 this section.

12 (d) SPECIAL CONSIDERATION.—

13 (1) OUTREACH.—In conducting outreach under  
14 subsection (c), the Secretary shall give special con-  
15 sideration to eligible entities that—

16 (A) are based in, and provide support for,  
17 communities with high rates of adverse mater-  
18 nal health outcomes or significant racial and  
19 ethnic disparities in maternal health outcomes,  
20 to the extent such data are available;

21 (B) are led by individuals from racially,  
22 ethnically, and geographically diverse back-  
23 grounds; and

24 (C) offer programs and resources that are  
25 aligned with evidence-based practices for im-

1           proving maternal health outcomes for pregnant  
2           and postpartum individuals.

3           (2) AWARDS.—In awarding grants under this  
4           section, the Secretary shall give special consideration  
5           to eligible entities that—

6                   (A) are described in subparagraphs (A),  
7                   (B), and (C) of paragraph (1);

8                   (B) offer programs and resources designed  
9                   in consultation with and intended for pregnant  
10                   and postpartum individuals from underserved  
11                   groups; and

12                   (C) offer programs and resources in the  
13                   communities in which the respective eligible en-  
14                   tities are located that—

15                           (i) promote maternal mental health  
16                           and maternal substance use disorder treat-  
17                           ments and support that are aligned with  
18                           evidence-based practices for improving ma-  
19                           ternal mental and behavioral health out-  
20                           comes for pregnant and postpartum indi-  
21                           viduals;

22                           (ii) address social determinants of ma-  
23                           ternal health for pregnant and postpartum  
24                           individuals;

1 (iii) promote evidence-based health lit-  
2 eracy and pregnancy, childbirth, and par-  
3 enting education for pregnant and  
4 postpartum individuals;

5 (iv) provide support from perinatal  
6 health workers to pregnant and  
7 postpartum individuals;

8 (v) provide culturally congruent train-  
9 ing to perinatal health workers;

10 (vi) conduct or support research on  
11 maternal health outcomes and disparities;

12 (vii) provide support to family mem-  
13 bers of individuals who suffered a preg-  
14 nancy-associated death or pregnancy-re-  
15 lated death;

16 (viii) operate midwifery practices that  
17 provide culturally congruent maternal  
18 health care and support, including for the  
19 purposes of—

20 (I) supporting additional edu-  
21 cation, training, and certification pro-  
22 grams, including support for distance  
23 learning;

24 (II) providing financial support  
25 to current and future midwives to ad-

1 dress education costs, debts, and  
2 other needs;

3 (III) clinical site investments;

4 (IV) supporting preceptor devel-  
5 opment trainings;

6 (V) expanding the midwifery  
7 practice; or

8 (VI) related needs identified by  
9 the midwifery practice and described  
10 in the practice's application; or

11 (ix) have developed other programs  
12 and resources that address community-spe-  
13 cific needs for pregnant and postpartum  
14 individuals and are aligned with evidence-  
15 based practices for improving maternal  
16 health outcomes for pregnant and  
17 postpartum individuals.

18 (e) TECHNICAL ASSISTANCE.—The Secretary shall  
19 provide to grant recipients under this section technical as-  
20 sistance on—

21 (1) capacity building to establish or expand pro-  
22 grams to prevent adverse maternal health outcomes  
23 among pregnant and postpartum individuals from  
24 underserved groups;

1           (2) best practices in data collection, measure-  
2           ment, evaluation, and reporting; and

3           (3) planning for sustaining programs to prevent  
4           maternal mortality and severe maternal morbidity  
5           among pregnant and postpartum individuals from  
6           underserved groups after the period of the grant.

7           (f) EVALUATION.—Not later than the end of fiscal  
8           year 2026, the Secretary shall submit to the Congress an  
9           evaluation of the grant program under this section that—

10           (1) assesses the effectiveness of outreach efforts  
11           during the application process in diversifying the  
12           pool of grant recipients;

13           (2) makes recommendations for future outreach  
14           efforts to diversify the pool of grant recipients for  
15           Department of Health and Human Services grant  
16           programs and funding opportunities related to ma-  
17           ternal health;

18           (3) assesses the effectiveness of programs fund-  
19           ed by grants under this section in improving mater-  
20           nal health outcomes for pregnant and postpartum  
21           individuals from underserved groups, to the extent  
22           practicable; and

23           (4) makes recommendations for future Depart-  
24           ment of Health and Human Services grant programs  
25           and funding opportunities that deliver funding to



1 community-based organizations that provide pro-  
2 grams and resources that are aligned with evidence-  
3 based practices for improving maternal health out-  
4 comes for pregnant and postpartum individuals.

5 (g) DEFINITION.—In this section, the term “under-  
6 served groups” refers to pregnant and postpartum individ-  
7 uals—

8 (1) from racial and ethnic minority groups (as  
9 such term is defined in section 1707(g)(1) of the  
10 Public Health Service Act (42 U.S.C. 300u-  
11 6(g)(1)));

12 (2) whose household income is equal to or less  
13 than 150 percent of the Federal poverty line;

14 (3) who live in health professional shortage  
15 areas (as such term is defined in section 332 of the  
16 Public Health Service Act (42 U.S.C. 254e(a)(1)));

17 (4) who live in counties with no hospital offer-  
18 ing obstetric care, no birth center, and no obstetric  
19 provider; or

20 (5) who live in counties with a level of vulner-  
21 ability of moderate-to-high or higher, according to  
22 the Social Vulnerability Index of the Centers for  
23 Disease Control and Prevention.

1 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry  
2 out this section, there is authorized to be appropriated  
3 \$10,000,000 for each of fiscal years 2022 through 2026.

4 **SEC. 203. RESPECTFUL MATERNITY CARE TRAINING FOR**  
5 **ALL EMPLOYEES IN MATERNITY CARE SET-**  
6 **TINGS.**

7 Part B of title VII of the Public Health Service Act  
8 (42 U.S.C. 293 et seq.) is amended by adding at the end  
9 the following new section:

10 **“SEC. 742. RESPECTFUL MATERNITY CARE TRAINING FOR**  
11 **ALL EMPLOYEES IN MATERNITY CARE SET-**  
12 **TINGS.**

13 “(a) GRANTS.—The Secretary shall award grants for  
14 programs to reduce and prevent bias, racism, and dis-  
15 crimination in maternity care settings and to advance re-  
16 spectful, culturally congruent, trauma-informed care.

17 “(b) SPECIAL CONSIDERATION.—In awarding grants  
18 under subsection (a), the Secretary shall give special con-  
19 sideration to applications for programs that would—

20 “(1) apply to all maternity care providers and  
21 any employees who interact with pregnant and  
22 postpartum individuals in the provider setting, in-  
23 cluding front desk employees, sonographers, sched-  
24 ulers, health care professionals, hospital or health

1 system administrators, security staff, and other em-  
2 ployees;

3 “(2) emphasize periodic, as opposed to one-  
4 time, trainings for all birthing professionals and em-  
5 ployees described in paragraph (1);

6 “(3) address implicit bias, racism, and cultural  
7 humility;

8 “(4) be delivered in ongoing education settings  
9 for providers maintaining their licenses, with a pref-  
10 erence for trainings that provide continuing edu-  
11 cation units;

12 “(5) include trauma-informed care best prac-  
13 tices and an emphasis on shared decision making be-  
14 tween providers and patients;

15 “(6) include antiracism training and programs;

16 “(7) be delivered in undergraduate programs  
17 that funnel into health professions schools;

18 “(8) be delivered in settings that apply to pro-  
19 viders of the special supplemental nutrition program  
20 for women, infants, and children under section 17 of  
21 the Child Nutrition Act of 1966;

22 “(9) integrate bias training in obstetric emer-  
23 gency simulation trainings or related trainings;

24 “(10) include training for emergency depart-  
25 ment employees and emergency medical technicians

1 on recognizing warning signs for severe pregnancy-  
2 related complications;

3 “(11) offer training to all maternity care pro-  
4 viders on the value of racially, ethnically, and profes-  
5 sionally diverse maternity care teams to provide cul-  
6 turally congruent care; or

7 “(12) be based on one or more programs de-  
8 signed by a historically Black college or university or  
9 other minority-serving institution.

10 “(c) APPLICATION.—To seek a grant under sub-  
11 section (a), an entity shall submit an application at such  
12 time, in such manner, and containing such information as  
13 the Secretary may require.

14 “(d) REPORTING.—Each recipient of a grant under  
15 this section shall annually submit to the Secretary a report  
16 on the status of activities conducted using the grant, in-  
17 cluding, as applicable, a description of the impact of train-  
18 ing provided through the grant on patient outcomes and  
19 patient experience for pregnant and postpartum individ-  
20 uals from racial and ethnic minority groups and their fam-  
21 ilies.

22 “(e) BEST PRACTICES.—Based on the annual reports  
23 submitted pursuant to subsection (d), the Secretary—

1           “(1) shall produce an annual report on the find-  
2           ings resulting from programs funded through this  
3           section;

4           “(2) shall disseminate such report to all recipi-  
5           ents of grants under this section and to the public;  
6           and

7           “(3) may include in such report findings on  
8           best practices for improving patient outcomes and  
9           patient experience for pregnant and postpartum in-  
10          dividuals from racial and ethnic minority groups and  
11          their families in maternity care settings.

12          “(f) DEFINITIONS.—In this section:

13           “(1) The term ‘postpartum’ means the one-year  
14           period beginning on the last day of an individual’s  
15           pregnancy.

16           “(2) The term ‘culturally congruent’ means in  
17           agreement with the preferred cultural values, beliefs,  
18           world view, language, and practices of the health  
19           care consumer and other stakeholders.

20           “(3) The term ‘racial and ethnic minority  
21           group’ has the meaning given such term in section  
22           1707(g)(1).

23          “(g) AUTHORIZATION OF APPROPRIATIONS.—To  
24          carry out this section, there is authorized to be appro-

1 priated \$5,000,000 for each of fiscal years 2022 through  
2 2026.”.

3 **SEC. 204. STUDY ON REDUCING AND PREVENTING BIAS,**  
4 **RACISM, AND DISCRIMINATION IN MATER-**  
5 **NITY CARE SETTINGS.**

6 (a) IN GENERAL.—The Secretary of Health and  
7 Human Services shall seek to enter into an agreement,  
8 not later than 90 days after the date of enactment of this  
9 Act, with the National Academies of Sciences, Engineer-  
10 ing, and Medicine (referred to in this section as the “Na-  
11 tional Academies”) under which the National Academies  
12 agree to—

13 (1) conduct a study on the design and imple-  
14 mentation of programs to reduce and prevent bias,  
15 racism, and discrimination in maternity care settings  
16 and to advance respectful, culturally congruent,  
17 trauma-informed care; and

18 (2) not later than 24 months after the date of  
19 enactment of this Act—

20 (A) complete the study; and

21 (B) transmit a report on the results of the  
22 study to the Congress.

23 (b) POSSIBLE TOPICS.—The agreement entered into  
24 pursuant to subsection (a) may provide for the study of  
25 any of the following:

1           (1) The development of a scorecard or other  
2           evaluation standards for programs designed to re-  
3           duce and prevent bias, racism, and discrimination in  
4           maternity care settings to assess the effectiveness of  
5           such programs in improving patient outcomes and  
6           patient experience for pregnant and postpartum in-  
7           dividuals from racial and ethnic minority groups and  
8           their families.

9           (2) Determination of the types and frequency of  
10          training to reduce and prevent bias, racism, and dis-  
11          crimination in maternity care settings that are dem-  
12          onstrated to improve patient outcomes or patient ex-  
13          perience for pregnant and postpartum individuals  
14          from racial and ethnic minority groups and their  
15          families.

16 **SEC. 205. RESPECTFUL MATERNITY CARE COMPLIANCE**  
17 **PROGRAM.**

18          (a) IN GENERAL.—The Secretary of Health and  
19          Human Services (referred to in this section as the “Sec-  
20          retary”) shall award grants to accredited hospitals, health  
21          systems, and other maternity care settings to establish as  
22          an integral part of quality implementation initiatives with-  
23          in one or more hospitals or other birth settings a respect-  
24          ful maternity care compliance program.

1 (b) PROGRAM REQUIREMENTS.—A respectful mater-  
2 nity care compliance program funded through a grant  
3 under this section shall—

4 (1) institutionalize mechanisms to allow pa-  
5 tients receiving maternity care services, the families  
6 of such patients, or perinatal health workers sup-  
7 porting such patients to report instances of racism  
8 or evidence of bias on the basis of race, ethnicity, or  
9 another protected class;

10 (2) institutionalize response mechanisms  
11 through which representatives of the program can  
12 directly follow up with the patient, if possible, and  
13 the patient’s family in a timely manner;

14 (3) prepare and make publicly available a  
15 hospital- or health system-wide strategy to reduce  
16 bias on the basis of race, ethnicity, or another pro-  
17 tected class in the delivery of maternity care that in-  
18 cludes—

19 (A) information on the training programs  
20 to reduce and prevent bias, racism, and dis-  
21 crimination on the basis of race, ethnicity, or  
22 another protected class for all employees in ma-  
23 ternity care settings;

24 (B) information on the number of cases re-  
25 ported to the compliance program; and



1 (C) the development of methods to rou-  
2 tinely assess the extent to which bias, racism,  
3 or discrimination on the basis of race, ethnicity,  
4 or another protected class are present in the de-  
5 livery of maternity care to patients from racial  
6 and ethnic minority groups;

7 (4) develop mechanisms to routinely collect and  
8 publicly report hospital-level data related to patient-  
9 reported experience of care; and

10 (5) provide annual reports to the Secretary with  
11 information about each case reported to the compli-  
12 ance program over the course of the year containing  
13 such information as the Secretary may require, such  
14 as—

15 (A) de-identified demographic information  
16 on the patient in the case, such as race, eth-  
17 nicity, gender identity, and primary language;

18 (B) the content of the report from the pa-  
19 tient or the family of the patient to the compli-  
20 ance program;

21 (C) the response from the compliance pro-  
22 gram; and

23 (D) to the extent applicable, institutional  
24 changes made as a result of the case.

25 (c) SECRETARY REQUIREMENTS.—

1           (1) PROCESSES.—Not later than 180 days after  
2 the date of enactment of this Act, the Secretary  
3 shall establish processes for—

4           (A) disseminating best practices for estab-  
5 lishing and implementing a respectful maternity  
6 care compliance program within a hospital or  
7 other birth setting;

8           (B) promoting coordination and collabora-  
9 tion between hospitals, health systems, and  
10 other maternity care delivery settings on the es-  
11 tablishment and implementation of respectful  
12 maternity care compliance programs; and

13           (C) evaluating the effectiveness of respect-  
14 ful maternity care compliance programs on ma-  
15 ternal health outcomes and patient and family  
16 experiences, especially for patients from racial  
17 and ethnic minority groups and their families.

18           (2) STUDY.—

19           (A) IN GENERAL.—Not later than 2 years  
20 after the date of enactment of this Act, the Sec-  
21 retary shall, through a contract with an inde-  
22 pendent research organization, conduct a study  
23 on strategies to address—

1 (i) racism or bias on the basis of race,  
2 ethnicity, or another protected class in the  
3 delivery of maternity care services; and

4 (ii) successful implementation of re-  
5 spectful care initiatives.

6 (B) COMPONENTS OF STUDY.—The study  
7 shall include the following:

8 (i) An assessment of the reports sub-  
9 mitted to the Secretary from the respectful  
10 maternity care compliance programs pur-  
11 suant to subsection (b)(5).

12 (ii) Based on such assessment, rec-  
13 ommendations for potential accountability  
14 mechanisms related to cases of racism or  
15 bias on the basis of race, ethnicity, or an-  
16 other protected class in the delivery of ma-  
17 ternity care services at hospitals and other  
18 birth settings. Such recommendations shall  
19 take into consideration medical and non-  
20 medical factors that contribute to adverse  
21 patient experiences and maternal health  
22 outcomes.

23 (C) REPORT.—The Secretary shall submit  
24 to the Congress and make publicly available a

1 report on the results of the study under this  
2 paragraph.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
4 out this section, there is authorized to be appropriated  
5 such sums as may be necessary for fiscal years 2022  
6 through 2027.

7 **SEC. 206. GAO REPORT.**

8 (a) IN GENERAL.—Not later than 2 years after the  
9 date of enactment of this Act and annually thereafter, the  
10 Comptroller General of the United States shall submit to  
11 the Congress and make publicly available a report on the  
12 establishment of respectful maternity care compliance pro-  
13 grams within hospitals, health systems, and other mater-  
14 nity care settings.

15 (b) MATTERS INCLUDED.—The report under para-  
16 graph (1) shall include the following:

17 (1) Information regarding the extent to which  
18 hospitals, health systems, and other maternity care  
19 settings have elected to establish respectful mater-  
20 nity care compliance programs, including—

21 (A) which hospitals and other birth set-  
22 tings elect to establish compliance programs  
23 and when such programs are established;

24 (B) to the extent practicable, impacts of  
25 the establishment of such programs on mater-

1           nal health outcomes and patient and family ex-  
2           periences in the hospitals and other birth set-  
3           tings that have established such programs, es-  
4           pecially for patients from racial and ethnic mi-  
5           nority groups and their families;

6           (C) information on geographic areas, and  
7           types of hospitals or other birth settings, where  
8           respectful maternity care compliance programs  
9           are not being established and information on  
10          factors contributing to decisions to not establish  
11          such programs; and

12          (D) recommendations for establishing re-  
13          spectful maternity care compliance programs in  
14          geographic areas, and types of hospitals or  
15          other birth settings, where such programs are  
16          not being established.

17          (2) Whether the funding made available to  
18          carry out this section has been sufficient and, if ap-  
19          plicable, recommendations for additional appropria-  
20          tions to carry out this section.

21          (3) Such other information as the Comptroller  
22          General determines appropriate.

1     **TITLE III—PROTECTING MOMS**  
2                     **WHO SERVED**

3     **SEC. 301. SUPPORT FOR MATERNITY CARE COORDINATION.**

4             (a) PROGRAM ON MATERNITY CARE COORDINA-  
5     TION.—

6                     (1) IN GENERAL.—The Secretary of Veterans  
7     Affairs shall carry out the maternity care coordina-  
8     tion program described in Veterans Health Adminis-  
9     tration Handbook 1330.03, or any successor hand-  
10    book.

11                    (2) TRAINING AND SUPPORT.—In carrying out  
12    the program under paragraph (1), the Secretary  
13    shall provide to community maternity care providers  
14    training and support with respect to the unique  
15    needs of pregnant and postpartum veterans, particu-  
16    larly regarding mental and behavioral health condi-  
17    tions relating to the service of the veterans in the  
18    Armed Forces.

19             (b) AUTHORIZATION OF APPROPRIATIONS.—There is  
20    authorized to be appropriated to the Secretary  
21    \$15,000,000 for fiscal year 2022 for the maternity care  
22    coordination program. Such amounts are authorized in ad-  
23    dition to any other amounts authorized for such purpose.

24             (c) DEFINITIONS.—In this section:

1           (1) The term “community maternity care pro-  
2           viders” means maternity care providers located at  
3           non-Department facilities who provide maternity  
4           care to veterans under section 1703 of title 38,  
5           United States Code, or other provisions of law ad-  
6           ministered by the Secretary of Veterans Affairs.

7           (2) The term “non-Department facilities” has  
8           the meaning given that term in section 1701 of title  
9           38, United States Code.

10 **SEC. 302. REPORT ON MATERNAL MORTALITY AND SEVERE**  
11 **MATERNAL MORBIDITY AMONG PREGNANT**  
12 **AND POSTPARTUM VETERANS.**

13           (a) GAO REPORT.—Not later than two years after  
14 the date of the enactment of this Act, the Comptroller  
15 General of the United States shall submit to the Commit-  
16 tees on Veterans’ Affairs of the Senate and the House of  
17 Representatives, and make publicly available, a report on  
18 maternal mortality and severe maternal morbidity among  
19 pregnant and postpartum veterans, with a particular focus  
20 on racial and ethnic disparities in maternal health out-  
21 comes for veterans.

22           (b) MATTERS INCLUDED.—The report under sub-  
23 section (a) shall include the following:

24           (1) To the extent practicable—

1 (A) the number of pregnant and  
2 postpartum veterans who have experienced a  
3 pregnancy-related death or pregnancy-associ-  
4 ated death in the most recent 10 years of avail-  
5 able data;

6 (B) the rate of pregnancy-related deaths  
7 per 100,000 live births for pregnant and  
8 postpartum veterans;

9 (C) the number of cases of severe maternal  
10 morbidity among pregnant and postpartum vet-  
11 erans in the most recent year of available data;

12 (D) the racial and ethnic disparities in ma-  
13 ternal mortality and severe maternal morbidity  
14 rates among pregnant and postpartum veterans;

15 (E) identification of the causes of maternal  
16 mortality and severe maternal morbidity that  
17 are unique to veterans, including post-traumatic  
18 stress disorder, military sexual trauma, and in-  
19 fertility or miscarriages that may be caused by  
20 such service;

21 (F) identification of the causes of maternal  
22 mortality and severe maternal morbidity that  
23 are unique to veterans from racial and ethnic  
24 minority groups;



1 (G) identification of any correlations be-  
2 tween the former rank of veterans and their  
3 maternal health outcomes;

4 (H) the number of veterans who have been  
5 diagnosed with infertility by Veterans Health  
6 Administration providers each year in the most  
7 recent five years, disaggregated by age, race,  
8 ethnicity, sex, marital status, sexual orientation,  
9 gender identity, and geographical location;

10 (I) the number of veterans who receive a  
11 clinical diagnosis of unexplained infertility by  
12 Veterans Health Administration providers each  
13 year in the most recent five years; and

14 (J) the extent to which the rate of inci-  
15 dence of clinically diagnosed infertility among  
16 veterans compare or differ to the rate of inci-  
17 dence of clinically diagnosed infertility among  
18 the civilian population.

19 (2) An assessment of the barriers to deter-  
20 mining the information required under paragraph  
21 (1) and recommendations for improvements in track-  
22 ing maternal health outcomes among pregnant and  
23 postpartum veterans—

24 (A) who have health care coverage through  
25 the Department;

1 (B) enrolled in the TRICARE program;

2 (C) with employer-based or private insur-  
3 ance;

4 (D) enrolled in the Medicaid program; and

5 (E) who are uninsured.

6 (3) Recommendations for legislative and admin-  
7 istrative actions to increase access to mental and be-  
8 havioral health care for pregnant and postpartum  
9 veterans who screen positively for maternal mental  
10 or behavioral health conditions.

11 (4) Recommendations to address homelessness,  
12 food insecurity, poverty, and related issues among  
13 pregnant and postpartum veterans.

14 (5) Recommendations on how to effectively edu-  
15 cate maternity care providers on best practices for  
16 providing maternity care services to veterans that  
17 addresses the unique maternal health care needs of  
18 veteran populations.

19 (6) Recommendations to reduce maternal mor-  
20 tality and severe maternal morbidity among preg-  
21 nant and postpartum veterans and to address racial  
22 and ethnic disparities in maternal health outcomes  
23 for each of the groups described in subparagraphs  
24 (A) through (E) of paragraph (2).

1           (7) Recommendations to improve coordination  
2 of care between the Department and non-Depart-  
3 ment facilities for pregnant and postpartum vet-  
4 erans, including recommendations to improve—

5                   (A) health record interoperability; and

6                   (B) training for the directors of the Vet-  
7 erans Integrated Service Networks, directors of  
8 medical facilities of the Department, chiefs of  
9 staff of such facilities, maternity care coordina-  
10 tors, and staff of relevant non-Department fa-  
11 cilities.

12           (8) An assessment of the authority of the Sec-  
13 retary of Veterans Affairs to access maternal health  
14 data collected by the Department of Health and  
15 Human Services and, if applicable, recommendations  
16 to increase such authority.

17           (9) Any other information the Comptroller Gen-  
18 eral determines appropriate with respect to the re-  
19 duction of maternal mortality and severe maternal  
20 morbidity among pregnant and postpartum veterans  
21 and to address racial and ethnic disparities in ma-  
22 ternal health outcomes for veterans.

# TITLE IV—PERINATAL WORKFORCE

## 3 SEC. 401. HHS AGENCY DIRECTIVES.

### 4 (a) GUIDANCE TO STATES.—

5 (1) IN GENERAL.—Not later than 2 years after  
6 the date of enactment of this Act, the Secretary of  
7 Health and Human Services shall issue and dissemi-  
8 nate guidance to States to educate providers, man-  
9 aged care entities, and other insurers about the  
10 value and process of delivering respectful maternal  
11 health care through diverse and multidisciplinary  
12 care provider models.

13 (2) CONTENTS.—The guidance required by  
14 paragraph (1) shall address how States can encour-  
15 age and incentivize hospitals, health systems, mid-  
16 wifery practices, freestanding birth centers, other  
17 maternity care provider groups, managed care enti-  
18 ties, and other insurers—

19 (A) to recruit and retain maternity care  
20 providers, mental and behavioral health care  
21 providers acting in accordance with State law,  
22 registered dietitians or nutrition professionals  
23 (as such term is defined in section 1861(vv)(2)  
24 of the Social Security Act (42 U.S.C.  
25 1395x(vv)(2))), and lactation consultants cer-

1           tified by the International Board of Lactation  
2           Consultants Examiners—

3                   (i) from racially, ethnically, and lin-  
4                   guistically diverse backgrounds;

5                   (ii) with experience practicing in ra-  
6                   cially and ethnically diverse communities;

7                   and

8                   (iii) who have undergone training on  
9                   implicit bias and racism;

10           (B) to incorporate into maternity care  
11           teams—

12                   (i) midwives who meet at a minimum  
13                   the international definition of the midwife  
14                   and global standards for midwifery edu-  
15                   cation as established by the International  
16                   Confederation of Midwives; and

17                   (ii) perinatal health workers;

18           (C) to provide collaborative, culturally con-  
19           gruent care; and

20           (D) to provide opportunities for individuals  
21           enrolled in accredited midwifery education pro-  
22           grams to participate in job shadowing with ma-  
23           ternity care teams in hospitals, health systems,  
24           midwifery practices, and freestanding birth cen-  
25           ters.

1 (b) STUDY ON RESPECTFUL AND CULTURALLY CON-  
2 GRUENT MATERNITY CARE.—

3 (1) STUDY.—The Secretary of Health and  
4 Human Services acting through the Director of the  
5 National Institutes of Health (in this subsection re-  
6 ferred to as the “Secretary”) shall conduct a study  
7 on best practices in respectful and culturally con-  
8 gruent maternity care.

9 (2) REPORT.—Not later than 2 years after the  
10 date of enactment of this Act, the Secretary shall—

11 (A) complete the study required by para-  
12 graph (1);

13 (B) submit to the Congress and make pub-  
14 licly available a report on the results of such  
15 study; and

16 (C) include in such report—

17 (i) a compendium of examples of hos-  
18 pitals, health systems, midwifery practices,  
19 freestanding birth centers, other maternity  
20 care provider groups, managed care enti-  
21 ties, and other insurers that are delivering  
22 respectful and culturally congruent mater-  
23 nal health care;

24 (ii) a compendium of examples of hos-  
25 pitals, health systems, midwifery practices,

1 freestanding birth centers, other maternity  
2 care provider groups, managed care enti-  
3 ties, and other insurers that have made  
4 progress in reducing disparities in mater-  
5 nal health outcomes and improving birth-  
6 ing experiences for pregnant and  
7 postpartum individuals from racial and  
8 ethnic minority groups; and

9 (iii) recommendations to hospitals,  
10 health systems, midwifery practices, free-  
11 standing birth centers, other maternity  
12 care provider groups, managed care enti-  
13 ties, and other insurers, for best practices  
14 in respectful and culturally congruent ma-  
15 ternity care.

16 **SEC. 402. GRANTS TO GROW AND DIVERSIFY THE**  
17 **PERINATAL WORKFORCE.**

18 Title VII of the Public Health Service Act is amended  
19 by inserting after section 757 (42 U.S.C. 294f) the fol-  
20 lowing new section:

21 **“SEC. 758. PERINATAL WORKFORCE GRANTS.**

22 “(a) IN GENERAL.—The Secretary shall award  
23 grants to entities to establish or expand programs de-  
24 scribed in subsection (b) to grow and diversify the  
25 perinatal workforce.

1       “(b) USE OF FUNDS.—Recipients of grants under  
2 this section shall use the grants to grow and diversify the  
3 perinatal workforce by—

4               “(1) establishing schools or programs that pro-  
5 vide education and training to individuals seeking  
6 appropriate licensing or certification as—

7                       “(A) physician assistants who will complete  
8 clinical training in the field of maternal and  
9 perinatal health; or

10                      “(B) perinatal health workers; and

11               “(2) expanding the capacity of existing schools  
12 or programs described in paragraph (1), for the pur-  
13 poses of increasing the number of students enrolled  
14 in such schools or programs, including by awarding  
15 scholarships for students.

16       “(c) PRIORITIZATION.—In awarding grants under  
17 this section, the Secretary shall give priority to any entity  
18 that—

19               “(1) has demonstrated a commitment to re-  
20 cruiting and retaining students and faculty from ra-  
21 cial and ethnic minority groups;

22               “(2) has developed a strategy to recruit and re-  
23 tain a diverse pool of students into the perinatal  
24 workforce program or school supported by funds re-  
25 ceived through the grant, particularly from racial



1 and ethnic minority groups and other underserved  
2 populations;

3 “(3) has developed a strategy to recruit and re-  
4 tain students who plan to practice in a health pro-  
5 fessional shortage area designated under section  
6 332;

7 “(4) has developed a strategy to recruit and re-  
8 tain students who plan to practice in an area with  
9 significant racial and ethnic disparities in maternal  
10 health outcomes, to the extent practicable; and

11 “(5) includes in the standard curriculum for all  
12 students within the perinatal workforce program or  
13 school a bias, racism, or discrimination training pro-  
14 gram that includes training on implicit bias and rac-  
15 ism.

16 “(d) REPORTING.—As a condition on receipt of a  
17 grant under this section for a perinatal workforce program  
18 or school, an entity shall agree to submit to the Secretary  
19 an annual report on the activities conducted through the  
20 grant, including—

21 “(1) the number and demographics of students  
22 participating in the program or school;

23 “(2) the extent to which students in the pro-  
24 gram or school are entering careers in—

1           “(A) health professional shortage areas  
2           designated under section 332; and

3           “(B) areas with significant racial and eth-  
4           nic disparities in maternal health outcomes, to  
5           the extent such data are available; and

6           “(3) whether the program or school has in-  
7           cluded in the standard curriculum for all students a  
8           bias, racism, or discrimination training program that  
9           includes explicit and implicit bias, and if so the ef-  
10          fectiveness of such training program.

11          “(e) PERIOD OF GRANTS.—The period of a grant  
12          under this section shall be up to 5 years.

13          “(f) APPLICATION.—To seek a grant under this sec-  
14          tion, an entity shall submit to the Secretary an application  
15          at such time, in such manner, and containing such infor-  
16          mation as the Secretary may require, including any infor-  
17          mation necessary for prioritization under subsection (c).

18          “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
19          provide, directly or by contract, technical assistance to en-  
20          tities seeking or receiving a grant under this section on  
21          the development, use, evaluation, and post-grant period  
22          sustainability of the perinatal workforce programs or  
23          schools proposed to be, or being, established or expanded  
24          through the grant.

1       “(h) REPORT BY THE SECRETARY.—Not later than  
2 4 years after the date of enactment of this section, the  
3 Secretary shall prepare and submit to the Congress, and  
4 post on the internet website of the Department of Health  
5 and Human Services, a report on the effectiveness of the  
6 grant program under this section at—

7               “(1) recruiting students from racial and ethnic  
8 minority groups;

9               “(2) increasing the number of physician assist-  
10 ants who will complete clinical training in the field  
11 of maternal and perinatal health, and perinatal  
12 health workers, from racial and ethnic minority  
13 groups and other underserved populations;

14               “(3) increasing the number of physician assist-  
15 ants who will complete clinical training in the field  
16 of maternal and perinatal health, and perinatal  
17 health workers, working in health professional short-  
18 age areas designated under section 332; and

19               “(4) increasing the number of physician assist-  
20 ants who will complete clinical training in the field  
21 of maternal and perinatal health, and perinatal  
22 health workers, working in areas with significant ra-  
23 cial and ethnic disparities in maternal health out-  
24 comes, to the extent such data are available.

1 “(i) DEFINITION.—In this section, the term ‘racial  
2 and ethnic minority group’ has the meaning given such  
3 term in section 1707(g).

4 “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
5 carry out this section, there is authorized to be appro-  
6 priated \$15,000,000 for each of fiscal years 2022 through  
7 2026.”.

8 **SEC. 403. GRANTS TO GROW AND DIVERSIFY THE NURSING**  
9 **WORKFORCE IN MATERNAL AND PERINATAL**  
10 **HEALTH.**

11 Title VIII of the Public Health Service Act is amend-  
12 ed by inserting after section 811 of that Act (42 U.S.C.  
13 296j) the following:

14 **“SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

15 “(a) IN GENERAL.—The Secretary shall award  
16 grants to schools of nursing to grow and diversify the  
17 perinatal nursing workforce.

18 “(b) USE OF FUNDS.—Recipients of grants under  
19 this section shall use the grants to grow and diversify the  
20 perinatal nursing workforce by providing scholarships to  
21 students seeking to become—

22 “(1) nurse practitioners whose education in-  
23 cludes a focus on maternal and perinatal health; or

24 “(2) clinical nurse specialists whose education  
25 includes a focus on maternal and perinatal health.

1       “(c) PRIORITIZATION.—In awarding grants under  
2 this section, the Secretary shall give priority to any school  
3 of nursing that—

4           “(1) has developed a strategy to recruit and re-  
5 tain a diverse pool of students seeking to enter ca-  
6 reers focused on maternal and perinatal health, par-  
7 ticularly students from racial and ethnic minority  
8 groups and other underserved populations;

9           “(2) has developed a partnership with a prac-  
10 tice setting in a health professional shortage area  
11 designated under section 332 for the clinical place-  
12 ments of the school’s students;

13           “(3) has developed a strategy to recruit and re-  
14 tain students who plan to practice in an area with  
15 significant racial and ethnic disparities in maternal  
16 health outcomes, to the extent practicable; and

17           “(4) includes in the standard curriculum for all  
18 students seeking to enter careers focused on mater-  
19 nal and perinatal health a bias, racism, or discrimi-  
20 nation training program that includes education on  
21 implicit bias and racism.

22       “(d) REPORTING.—As a condition on receipt of a  
23 grant under this section, a school of nursing shall agree  
24 to submit to the Secretary an annual report on the activi-

1 ties conducted through the grant, including, to the extent  
2 practicable—

3 “(1) the number and demographics of students  
4 in the school of nursing seeking to enter careers fo-  
5 cused on maternal and perinatal health;

6 “(2) the extent to which such students are pre-  
7 paring to enter careers in—

8 “(A) health professional shortage areas  
9 designated under section 332; and

10 “(B) areas with significant racial and eth-  
11 nic disparities in maternal health outcomes, to  
12 the extent such data are available; and

13 “(3) whether the standard curriculum for all  
14 students seeking to enter careers focused on mater-  
15 nal and perinatal health includes a bias, racism, or  
16 discrimination training program that includes edu-  
17 cation on implicit bias and racism.

18 “(e) PERIOD OF GRANTS.—The period of a grant  
19 under this section shall be up to 5 years.

20 “(f) APPLICATION.—To seek a grant under this sec-  
21 tion, an entity shall submit to the Secretary an applica-  
22 tion, at such time, in such manner, and containing such  
23 information as the Secretary may require, including any  
24 information necessary for prioritization under subsection  
25 (c).

1       “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
2 provide, directly or by contract, technical assistance to  
3 schools of nursing seeking or receiving a grant under this  
4 section on the processes of awarding and evaluating schol-  
5 arships through the grant.

6       “(h) REPORT BY THE SECRETARY.—Not later than  
7 4 years after the date of enactment of this section, the  
8 Secretary shall prepare and submit to the Congress, and  
9 post on the internet website of the Department of Health  
10 and Human Services, a report on the effectiveness of the  
11 grant program under this section at—

12               “(1) recruiting students from racial and ethnic  
13 minority groups and other underserved populations;

14               “(2) increasing the number of nurse practi-  
15 tioners and clinical nurse specialists entering careers  
16 focused on maternal and perinatal health from racial  
17 and ethnic minority groups and other underserved  
18 populations;

19               “(3) increasing the number of nurse practi-  
20 tioners and clinical nurse specialists entering careers  
21 focused on maternal and perinatal health working in  
22 health professional shortage areas designated under  
23 section 332; and

24               “(4) increasing the number of nurse practi-  
25 tioners and clinical nurse specialists entering careers

1 focused on maternal and perinatal health working in  
2 areas with significant racial and ethnic disparities in  
3 maternal health outcomes, to the extent such data  
4 are available.

5 “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
6 carry out this section, there is authorized to be appro-  
7 priated \$15,000,000 for each of fiscal years 2022 through  
8 2026.”.

9 **SEC. 404. GAO REPORT.**

10 (a) IN GENERAL.—Not later than two years after the  
11 date of enactment of this Act and every five years there-  
12 after, the Comptroller General of the United States shall  
13 submit to Congress a report on barriers to maternal health  
14 education and access to care in the United States. Such  
15 report shall include the information and recommendations  
16 described in subsection (b).

17 (b) CONTENT OF REPORT.—The report under sub-  
18 section (a) shall include—

19 (1) an assessment of current barriers to enter-  
20 ing accredited midwifery education programs, and  
21 recommendations for addressing such barriers, par-  
22 ticularly for low-income women and women from ra-  
23 cial and ethnic minority groups;

24 (2) an assessment of current barriers to enter-  
25 ing and successfully completing accredited education



1 programs for other health professional careers re-  
2 lated to maternity care, including maternity care  
3 providers, mental and behavioral health care pro-  
4 viders acting in accordance with State law, reg-  
5 istered dietitians or nutrition professionals (as such  
6 term is defined in section 1861(vv)(2) of the Social  
7 Security Act (42 U.S.C. 1395x(vv)(2))), and lacta-  
8 tion consultants certified by the International Board  
9 of Lactation Consultants Examiners, particularly for  
10 low-income women and women from racial and eth-  
11 nic minority groups;

12 (3) an assessment of current barriers that pre-  
13 vent midwives from meeting the international defini-  
14 tion of the midwife and global standards for mid-  
15 wifery education as established by the International  
16 Confederation of Midwives, and recommendations  
17 for addressing such barriers, particularly for low-in-  
18 come women and women from racial and ethnic mi-  
19 nority groups;

20 (4) an assessment of disparities in access to  
21 maternity care providers, mental or behavioral  
22 health care providers acting in accordance with  
23 State law, registered dietitians or nutrition profes-  
24 sionals (as such term is defined in section  
25 1861(vv)(2) of the Social Security Act (42 U.S.C.

1 1395x(vv)(2))), lactation consultants certified by the  
 2 International Board of Lactation Consultants Exam-  
 3 iners, and perinatal health workers, stratified by  
 4 race, ethnicity, gender identity, geographic location,  
 5 and insurance type and recommendations to promote  
 6 greater access equity; and

7 (5) recommendations to promote greater equity  
 8 in compensation for perinatal health workers under  
 9 public and private insurers, particularly for such in-  
 10 dividuals from racially and ethnically diverse back-  
 11 grounds.

## 12 **TITLE V—DATA TO SAVE MOMS**

### 13 **SEC. 501. FUNDING FOR MATERNAL MORTALITY REVIEW**

#### 14 **COMMITTEES TO PROMOTE REPRESENTA-** 15 **TIVE COMMUNITY ENGAGEMENT.**

16 (a) IN GENERAL.—Section 317K(d) of the Public  
 17 Health Service Act (42 U.S.C. 247b–12(d)) is amended  
 18 by adding at the end the following:

19 “(9) GRANTS TO PROMOTE REPRESENTATIVE  
 20 COMMUNITY ENGAGEMENT IN MATERNAL MOR-  
 21 TALITY REVIEW COMMITTEES.—

22 “(A) IN GENERAL.—The Secretary may,  
 23 using funds made available pursuant to sub-  
 24 paragraph (C), provide assistance to an applica-  
 25 ble maternal mortality review committee of a

1 State, Indian tribe, tribal organization, or  
2 urban Indian organization (as such term is de-  
3 fined in section 4 of the Indian Health Care  
4 Improvement Act (25 U.S.C. 1603))—

5 “(i) to select for inclusion in the mem-  
6 bership of such a committee community  
7 members from the State, Indian tribe, trib-  
8 al organization, or urban Indian organiza-  
9 tion by—

10 “(I) prioritizing community mem-  
11 bers who can increase the diversity of  
12 the committee’s membership with re-  
13 spect to race and ethnicity, location,  
14 and professional background, includ-  
15 ing members with non-clinical experi-  
16 ences; and

17 “(II) to the extent applicable,  
18 using funds reserved under subsection  
19 (f), to address barriers to maternal  
20 mortality review committee participa-  
21 tion for community members, includ-  
22 ing required training, transportation  
23 barriers, compensation, and other sup-  
24 ports as may be necessary;

1           “(ii) to establish initiatives to conduct  
2           outreach and community engagement ef-  
3           forts within communities throughout the  
4           State or Tribe to seek input from commu-  
5           nity members on the work of such mater-  
6           nal mortality review committee, with a par-  
7           ticular focus on outreach to minority  
8           women; and

9           “(iii) to release public reports assess-  
10          ing—

11                   “(I) the pregnancy-related death  
12                   and pregnancy-associated death review  
13                   processes of the maternal mortality  
14                   review committee, with a particular  
15                   focus on the maternal mortality re-  
16                   view committee’s sensitivity to the  
17                   unique circumstances of pregnant and  
18                   postpartum individuals from racial  
19                   and ethnic minority groups (as such  
20                   term is defined in section 1707(g)(1))  
21                   who have suffered pregnancy-related  
22                   deaths; and

23                   “(II) the impact of the use of  
24                   funds made available pursuant to  
25                   paragraph (C) on increasing the diver-

1                   sity of the maternal mortality review  
2                   committee membership and promoting  
3                   community engagement efforts  
4                   throughout the State or Tribe.

5                   “(B) TECHNICAL ASSISTANCE.—The Sec-  
6                   retary shall provide (either directly through the  
7                   Department of Health and Human Services or  
8                   by contract) technical assistance to any mater-  
9                   nal mortality review committee receiving a  
10                  grant under this paragraph on best practices  
11                  for increasing the diversity of the maternal  
12                  mortality review committee’s membership and  
13                  for conducting effective community engagement  
14                  throughout the State or Tribe.

15                  “(C) AUTHORIZATION OF APPROPRIA-  
16                  TIONS.—In addition to any funds made avail-  
17                  able under subsection (f), there are authorized  
18                  to be appropriated to carry out this paragraph  
19                  \$10,000,000 for each of fiscal years 2022  
20                  through 2026.”.

21                  (b) RESERVATION OF FUNDS.—Section 317K(f) of  
22                  the Public Health Service Act (42 U.S.C. 247b–12(f)) is  
23                  amended by adding at the end the following: “Of the  
24                  amount made available under the preceding sentence for  
25                  a fiscal year, not less than \$1,500,000 shall be reserved

1 for grants to Indian tribes, tribal organizations, or urban  
2 Indian organizations (as those terms are defined in section  
3 4 of the Indian Health Care Improvement Act (25 U.S.C.  
4 1603))”.

5 **SEC. 502. DATA COLLECTION AND REVIEW.**

6 Section 317K(d)(3)(A)(i) of the Public Health Serv-  
7 ice Act (42 U.S.C. 247b–12(d)(3)(A)(i)) is amended—

8 (1) by redesignating subclauses (II) and (III)  
9 as subclauses (V) and (VI), respectively; and

10 (2) by inserting after subclause (I) the fol-  
11 lowing:

12 “(II) to the extent practicable,  
13 reviewing cases of severe maternal  
14 morbidity, according to the most up-  
15 to-date indicators;

16 “(III) to the extent practicable,  
17 reviewing deaths during pregnancy or  
18 up to 1 year after the end of a preg-  
19 nancy from suicide, overdose, or other  
20 death from a mental health condition  
21 or substance use disorder attributed  
22 to or aggravated by pregnancy or  
23 childbirth complications;

24 “(IV) to the extent practicable,  
25 consulting with local community-based

1 organizations representing pregnant  
2 and postpartum individuals from de-  
3 mographic groups disproportionately  
4 impacted by poor maternal health out-  
5 comes to ensure that, in addition to  
6 clinical factors, non-clinical factors  
7 that might have contributed to a preg-  
8 nancy-related death are appropriately  
9 considered;”.

10 **SEC. 503. REVIEW OF MATERNAL HEALTH DATA COLLEC-**  
11 **TION PROCESSES AND QUALITY MEASURES.**

12 (a) IN GENERAL.—The Secretary of Health and  
13 Human Services, acting through the Administrator for  
14 Centers for Medicare & Medicaid Services and the Direc-  
15 tor of the Agency for Healthcare Research and Quality,  
16 shall consult with relevant stakeholders—

17 (1) to review existing maternal health data col-  
18 lection processes and quality measures; and

19 (2) make recommendations to improve such  
20 processes and measures, including topics described  
21 under subsection (c).

22 (b) COLLABORATION.—In carrying out this section,  
23 the Secretary shall consult with a diverse group of mater-  
24 nal health stakeholders, which may include—

- 1           (1) pregnant and postpartum individuals and  
2           their family members, and nonprofit organizations  
3           representing such individuals, with a particular focus  
4           on patients from racial and ethnic minority groups;
- 5           (2) community-based organizations that provide  
6           support for pregnant and postpartum individuals,  
7           with a particular focus on patients from racial and  
8           ethnic minority groups;
- 9           (3) membership organizations for maternity  
10          care providers;
- 11          (4) organizations representing perinatal health  
12          workers;
- 13          (5) organizations that focus on maternal mental  
14          or behavioral health;
- 15          (6) organizations that focus on intimate partner  
16          violence;
- 17          (7) institutions of higher education, with a par-  
18          ticular focus on minority-serving institutions;
- 19          (8) licensed and accredited hospitals, birth cen-  
20          ters, midwifery practices, or other medical practices  
21          that provide maternal health care services to preg-  
22          nant and postpartum patients;
- 23          (9) relevant State and local public agencies, in-  
24          cluding State maternal mortality review committees;  
25          and



1           (10) the National Quality Forum, or such other  
2           standard-setting organizations specified by the Sec-  
3           retary.

4           (c) TOPICS.—The review of maternal health data col-  
5           lection processes and recommendations to improve such  
6           processes and measures required under subsection (a)  
7           shall assess all available relevant information, including  
8           information from State-level sources, and shall consider at  
9           least the following:

10           (1) Current State and Tribal practices for ma-  
11           ternal health, maternal mortality, and severe mater-  
12           nal morbidity data collection and dissemination, in-  
13           cluding consideration of—

14                   (A) the timeliness of processes for amend-  
15                   ing a death certificate when new information  
16                   pertaining to the death becomes available to re-  
17                   flect whether the death was a pregnancy-related  
18                   death;

19                   (B) relevant data collected with electronic  
20                   health records, including data on race, eth-  
21                   nicity, socioeconomic status, insurance type,  
22                   and other relevant demographic information;

23                   (C) maternal health data collected and  
24                   publicly reported by hospitals, health systems,  
25                   midwifery practices, and birth centers;

1 (D) the barriers preventing States from  
2 correlating maternal outcome data with race  
3 and ethnicity data;

4 (E) processes for determining the cause of  
5 a pregnancy-associated death in States that do  
6 not have a maternal mortality review com-  
7 mittee;

8 (F) whether maternal mortality review  
9 committees include multidisciplinary and di-  
10 verse membership (as described in section  
11 317K(d)(1)(A) of the Public Health Service Act  
12 (42 U.S.C. 247b–12(d)(1)(A)));

13 (G) whether members of maternal mor-  
14 tality review committees participate in trainings  
15 on bias, racism, or discrimination, and the qual-  
16 ity of such trainings;

17 (H) the extent to which States have imple-  
18 mented systematic processes of listening to the  
19 stories of pregnant and postpartum individuals  
20 and their family members, with a particular  
21 focus on pregnant and postpartum individuals  
22 from racial and ethnic minority groups (as such  
23 term is defined in section 1707(g)(1) of the  
24 Public Health Service Act (42 U.S.C. 300u–  
25 6(g)(1))) and their family members, to fully un-

1           derstand the causes of, and inform potential so-  
2           lutions to, the maternal mortality and severe  
3           maternal morbidity crisis within their respective  
4           States;

5           (I) the extent to which maternal mortality  
6           review committees are considering social deter-  
7           minants of maternal health when examining the  
8           causes of pregnancy-associated and pregnancy-  
9           related deaths;

10          (J) the extent to which maternal mortality  
11          review committees are making actionable rec-  
12          ommendations based on their reviews of adverse  
13          maternal health outcomes and the extent to  
14          which such recommendations are being imple-  
15          mented by appropriate stakeholders;

16          (K) the legal and administrative barriers  
17          preventing the collection, collation, and dissemi-  
18          nation of State maternity care data;

19          (L) the effectiveness of data collection and  
20          reporting processes in separating pregnancy-as-  
21          sociated deaths from pregnancy-related deaths;  
22          and

23          (M) the current Federal, State, local, and  
24          Tribal funding support for the activities re-  
25          ferred to in subparagraphs (A) through (L).

1           (2) Whether the funding support referred to in  
2 paragraph (1)(M) is adequate for States to carry out  
3 optimal data collection and dissemination processes  
4 with respect to maternal health, maternal mortality,  
5 and severe maternal morbidity.

6           (3) Current quality measures for maternity  
7 care, including prenatal measures, labor and delivery  
8 measures, and postpartum measures, including top-  
9 ics such as—

10           (A) effective quality measures for mater-  
11 nity care used by hospitals, health systems,  
12 midwifery practices, birth centers, health plans,  
13 and other relevant entities;

14           (B) the sufficiency of current outcome  
15 measures used to evaluate maternity care for  
16 driving improved care, experiences, and out-  
17 comes in maternity care payment and delivery  
18 system models;

19           (C) maternal health quality measures that  
20 other countries effectively use;

21           (D) validated measures that have been  
22 used for research purposes that could be tested,  
23 refined, and submitted for national endorse-  
24 ment;

1 (E) barriers preventing maternity care pro-  
2 viders and insurers from implementing quality  
3 measures that are aligned with best practices;

4 (F) the frequency with which maternity  
5 care quality measures are reviewed and revised;

6 (G) the strengths and weaknesses of the  
7 Prenatal and Postpartum Care measures of the  
8 Health Plan Employer Data and Information  
9 Set measures established by the National Com-  
10 mittee for Quality Assurance;

11 (H) the strengths and weaknesses of ma-  
12 ternity care quality measures under the Med-  
13 icaid program under title XIX of the Social Se-  
14 curity Act (42 U.S.C. 1396 et seq.) and the  
15 Children's Health Insurance Program under  
16 title XXI of such Act (42 U.S.C. 1397 et seq.),  
17 including the extent to which States voluntarily  
18 report relevant measures;

19 (I) the extent to which maternity care  
20 quality measures are informed by patient expe-  
21 riences that include measures of patient-re-  
22 ported experience of care;

23 (J) the current processes for collecting  
24 stratified data on the race and ethnicity of  
25 pregnant and postpartum individuals in hos-

1           pitals, health systems, midwifery practices, and  
2           birth centers, and for incorporating such ra-  
3           cially and ethnically stratified data in maternity  
4           care quality measures;

5           (K) the extent to which maternity care  
6           quality measures account for the unique experi-  
7           ences of pregnant and postpartum individuals  
8           from racial and ethnic minority groups (as such  
9           term is defined in section 1707(g)(1) of the  
10          Public Health Service Act (42 U.S.C. 300u-  
11          6(g)(1))); and

12          (L) the extent to which hospitals, health  
13          systems, midwifery practices, and birth centers  
14          are implementing existing maternity care qual-  
15          ity measures.

16          (4) Recommendations on authorizing additional  
17          funds and providing additional technical assistance  
18          to improve maternal mortality review committees  
19          and State and Tribal maternal health data collection  
20          and reporting processes.

21          (5) Recommendations for new authorities that  
22          may be granted to maternal mortality review com-  
23          mittees to be able to—

24                  (A) access records from other Federal and  
25                  State agencies and departments that may be

1           necessary to identify causes of pregnancy-asso-  
2           ciated and pregnancy-related deaths that are  
3           unique to pregnant and postpartum individuals  
4           from specific populations, such as veterans and  
5           individuals who are incarcerated; and

6                   (B) work with relevant experts who are not  
7           members of the maternal mortality review com-  
8           mittee to assist in the review of pregnancy-asso-  
9           ciated deaths of pregnant and postpartum indi-  
10          viduals from specific populations, such as vet-  
11          erans and individuals who are incarcerated.

12           (6) Recommendations to improve and stand-  
13          ardize current quality measures for maternity care,  
14          with a particular focus on racial and ethnic dispari-  
15          ties in maternal health outcomes.

16           (7) Recommendations to improve the coordina-  
17          tion by the Department of Health and Human Serv-  
18          ices of the efforts undertaken by the agencies and  
19          organizations within the Department related to ma-  
20          ternal health data and quality measures.

21          (d) REPORT.—Not later than 1 year after the enact-  
22          ment of this Act, the Secretary shall submit to the Con-  
23          gress and make publicly available a report on the results  
24          of the review of maternal health data collection processes  
25          and quality measures and recommendations to improve

1 such processes and measures required under subsection  
2 (a).

3 (e) DEFINITIONS.—In this section:

4 (1) MATERNAL MORTALITY REVIEW COM-  
5 MITTEE.—The term “maternal mortality review  
6 committee” means a maternal mortality review com-  
7 mittee duly authorized by a State and receiving  
8 funding under section 317k(a)(2)(D) of the Public  
9 Health Service Act (42 U.S.C. 247b–12(a)(2)(D)).

10 (2) PREGNANCY-ASSOCIATED DEATH.—The  
11 term “pregnancy-associated”, with respect to a  
12 death, means a death of a pregnant or postpartum  
13 individual, by any cause, that occurs during, or with-  
14 in 1 year following, the individual’s pregnancy, re-  
15 gardless of the outcome, duration, or site of the  
16 pregnancy.

17 (3) PREGNANCY-RELATED DEATH.—The term  
18 “pregnancy-related”, with respect to a death, means  
19 a death of a pregnant or postpartum individual that  
20 occurs during, or within 1 year following, the indi-  
21 vidual’s pregnancy, from a pregnancy complication,  
22 a chain of events initiated by pregnancy, or the ag-  
23 gravation of an unrelated condition by the physio-  
24 logic effects of pregnancy.



1 (f) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated such sums as may be  
3 necessary to carry out this section for fiscal years 2022  
4 through 2025.

5 **SEC. 504. INDIAN HEALTH SERVICE STUDY ON MATERNAL**  
6 **MORTALITY AND SEVERE MATERNAL MOR-**  
7 **BIDITY.**

8 (a) IN GENERAL.—The Director of the Indian Health  
9 Service (referred to in this section as the “Director”)  
10 shall, in coordination with entities described in subsection  
11 (b)—

12 (1) not later than 90 days after the enactment  
13 of this Act, enter into a contract with an inde-  
14 pendent research organization or Tribal Epidemi-  
15 ology Center to conduct a comprehensive study on  
16 maternal mortality and severe maternal morbidity in  
17 the populations of American Indian and Alaska Na-  
18 tive individuals; and

19 (2) not later than 3 years after the date of the  
20 enactment of this Act, submit to Congress a report  
21 on such study that contains recommendations for  
22 policies and practices that can be adopted to im-  
23 prove maternal health outcomes for pregnant and  
24 postpartum American Indian and Alaska Native in-  
25 dividuals.

1           (b) PARTICIPATING ENTITIES.—The entities de-  
2 scribed in this subsection shall consist of 12 members, se-  
3 lected by the Director from among individuals nominated  
4 by Indian tribes and tribal organizations (as such terms  
5 are defined in section 4 of the Indian Self-Determination  
6 and Education Assistance Act (25 U.S.C. 5304)), and  
7 urban Indian organizations (as such term is defined in  
8 section 4 of the Indian Health Care Improvement Act (25  
9 U.S.C. 1603)). In selecting such members, the Director  
10 shall ensure that each of the 12 service areas of the Indian  
11 Health Service is represented.

12           (c) CONTENTS OF STUDY.—The study conducted  
13 pursuant to subsection (a) shall—

14                 (1) examine the causes of maternal mortality  
15                 and severe maternal morbidity that are unique to  
16                 American Indian and Alaska Native individuals;

17                 (2) include a systematic process of listening to  
18                 the stories of American Indian and Alaska Native  
19                 pregnant and postpartum individuals to fully under-  
20                 stand the causes of, and inform potential solutions  
21                 to, the maternal mortality and severe maternal mor-  
22                 bidity crisis within their respective communities;

23                 (3) distinguish between the causes of, landscape  
24                 of maternity care at, and recommendations to im-  
25                 prove maternal health outcomes within, the different

1 settings in which American Indian and Alaska Na-  
2 tive pregnant and postpartum individuals receive  
3 maternity care, such as—

4 (A) facilities operated by the Indian  
5 Health Service;

6 (B) an Indian health program operated by  
7 an Indian tribe or tribal organization pursuant  
8 to a contract, grant, cooperative agreement, or  
9 compact with the Indian Health Service pursu-  
10 ant to the Indian Self-Determination Act; and

11 (C) an urban Indian health program oper-  
12 ated by an urban Indian organization pursuant  
13 to a grant or contract with the Indian Health  
14 Service pursuant to title V of the Indian Health  
15 Care Improvement Act;

16 (4) review processes for coordinating programs  
17 of the Indian Health Service with social services pro-  
18 vided through other programs administered by the  
19 Secretary of Health and Human Services (other  
20 than the Medicare program under title XVIII of the  
21 Social Security Act, the Medicaid program under  
22 title XIX of such Act, and the Children's Health In-  
23 surance Program under title XXI of such Act), in-  
24 cluding coordination with the efforts of the Task  
25 Force established under section 503;

1           (5) review current data collection and quality  
2 measurement processes and practices;

3           (6) assess causes and frequency of maternal  
4 mental health conditions and substance use dis-  
5 orders;

6           (7) consider social determinants of health, in-  
7 cluding poverty, lack of health insurance, unemploy-  
8 ment, sexual violence, and environmental conditions  
9 in Tribal areas;

10          (8) consider the role that historical mistreat-  
11 ment of American Indian and Alaska Native women  
12 has played in causing currently high rates of mater-  
13 nal mortality and severe maternal morbidity;

14          (9) consider how current funding of the Indian  
15 Health Service affects the ability of the Service to  
16 deliver quality maternity care;

17          (10) consider the extent to which the delivery of  
18 maternity care services is culturally appropriate for  
19 American Indian and Alaska Native pregnant and  
20 postpartum individuals;

21          (11) make recommendations to reduce  
22 misclassification of American Indian and Alaska Na-  
23 tive pregnant and postpartum individuals, including  
24 consideration of best practices in training for mater-  
25 nal mortality review committee members to be able

1 to correctly classify American Indian and Alaska  
2 Native individuals; and

3 (12) make recommendations informed by the  
4 stories shared by American Indian and Alaska Na-  
5 tive pregnant and postpartum individuals in para-  
6 graph (2) to improve maternal health outcomes for  
7 such individuals.

8 (d) REPORT.—The agreement entered into under  
9 subsection (a) with an independent research organization  
10 or Tribal Epidemiology Center shall require that the orga-  
11 nization or center transmit to Congress a report on the  
12 results of the study conducted pursuant to that agreement  
13 not later than 36 months after the date of the enactment  
14 of this Act.

15 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
16 authorized to be appropriated to carry out this section  
17 \$2,000,000 for each of fiscal years 2022 through 2024.

18 **SEC. 505. GRANTS TO MINORITY-SERVING INSTITUTIONS TO**  
19 **STUDY MATERNAL MORTALITY, SEVERE MA-**  
20 **TERNAL MORBIDITY, AND OTHER ADVERSE**  
21 **MATERNAL HEALTH OUTCOMES.**

22 (a) IN GENERAL.—The Secretary of Health and  
23 Human Services shall establish a program under which  
24 the Secretary shall award grants to research centers,  
25 health professions schools and programs, and other enti-

1 ties at minority-serving institutions to study specific as-  
2 pects of the maternal health crisis among pregnant and  
3 postpartum individuals from racial and ethnic minority  
4 groups. Such research may—

5           (1) include the development and implementation  
6           of systematic processes of listening to the stories of  
7           pregnant and postpartum individuals from racial  
8           and ethnic minority groups, and perinatal health  
9           workers supporting such individuals, to fully under-  
10          stand the causes of, and inform potential solutions  
11          to, the maternal mortality and severe maternal mor-  
12          bidity crisis within their respective communities;

13          (2) assess the potential causes of relatively low  
14          rates of maternal mortality among Hispanic individ-  
15          uals, including potential racial misclassification and  
16          other data collection and reporting issues that might  
17          be misrepresenting maternal mortality rates among  
18          Hispanic individuals in the United States; and

19          (3) assess differences in rates of adverse mater-  
20          nal health outcomes among subgroups identifying as  
21          Hispanic.

22          (b) APPLICATION.—To be eligible to receive a grant  
23          under subsection (a), an entity described in such sub-  
24          section shall submit to the Secretary an application at

1 such time, in such manner, and containing such informa-  
2 tion as the Secretary may require.

3 (c) TECHNICAL ASSISTANCE.—The Secretary may  
4 use not more than 10 percent of the funds made available  
5 under subsection (f)—

6 (1) to conduct outreach to Minority-Serving In-  
7 stitutions to raise awareness of the availability of  
8 grants under this subsection (a);

9 (2) to provide technical assistance in the appli-  
10 cation process for such a grant; and

11 (3) to promote capacity building as needed to  
12 enable entities described in such subsection to sub-  
13 mit such an application.

14 (d) REPORTING REQUIREMENT.—Each entity award-  
15 ed a grant under this section shall periodically submit to  
16 the Secretary a report on the status of activities conducted  
17 using the grant.

18 (e) EVALUATION.—Beginning one year after the date  
19 on which the first grant is awarded under this section,  
20 the Secretary shall submit to Congress an annual report  
21 summarizing the findings of research conducted using  
22 funds made available under this section.

23 (f) MINORITY-SERVING INSTITUTIONS DEFINED.—In  
24 this section, the term “minority-serving institution” has

1 the meaning given the term in section 371(a) of the High-  
 2 er Education Act of 1965 (20 U.S.C. 1067q(a)).

3 (g) AUTHORIZATION OF APPROPRIATIONS.—There  
 4 are authorized to be appropriated to carry out this section  
 5 \$10,000,000 for each of fiscal years 2022 through 2026.

## 6 **TITLE VI—MOMS MATTER**

### 7 **SEC. 601. MATERNAL MENTAL HEALTH EQUITY GRANT** 8 **PROGRAM.**

9 (a) IN GENERAL.—The Secretary of Health and  
 10 Human Services, acting through the Assistant Secretary  
 11 for Mental Health and Substance Use, shall establish a  
 12 program to award grants to eligible entities to address ma-  
 13 ternal mental health conditions and substance use dis-  
 14 orders with respect to pregnant and postpartum individ-  
 15 uals, with a focus on racial and ethnic minority groups.

16 (b) APPLICATION.—To be eligible to receive a grant  
 17 under this section an eligible entity shall submit to the  
 18 Secretary an application at such time, in such manner,  
 19 and containing such information as the Secretary may  
 20 provide, including how such entity will use funds for activi-  
 21 ties described in subsection (d) that are culturally con-  
 22 gruent.

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



1           (1) is, or will partner with, a community-based  
2 organization to address maternal mental health con-  
3 ditions and substance use disorders described in sub-  
4 section (a);

5           (2) is operating in an area with high rates of—

6                   (A) adverse maternal health outcomes; or

7                   (B) significant racial or ethnic disparities  
8 in maternal health outcomes; and

9           (3) is operating in a health professional short-  
10 age area designated under section 332 of the Public  
11 Health Service Act (42 U.S.C. 254e).

12       (d) USE OF FUNDS.—An eligible entity that receives  
13 a grant under this section shall use funds for the fol-  
14 lowing:

15           (1) Establishing or expanding maternity care  
16 programs to improve the integration of maternal  
17 health and behavioral health care services into pri-  
18 mary care settings where pregnant individuals regu-  
19 larly receive health care services.

20           (2) Establishing or expanding group prenatal  
21 care programs or postpartum care programs.

22           (3) Expanding existing programs that improve  
23 maternal mental and behavioral health during the  
24 prenatal and postpartum periods, with a focus on in-  
25 dividuals from racial and ethnic minority groups.

1           (4) Providing services and support for pregnant  
2           and postpartum individuals with maternal mental  
3           health conditions and substance use disorders, in-  
4           cluding referrals to addiction treatment centers that  
5           offer evidence-based treatment options.

6           (5) Addressing stigma associated with maternal  
7           mental health conditions and substance use dis-  
8           orders, with a focus on racial and ethnic minority  
9           groups.

10          (6) Raising awareness of warning signs of ma-  
11          ternal mental health conditions and substance use  
12          disorders, with a focus on pregnant and postpartum  
13          individuals from racial and ethnic minority groups.

14          (7) Establishing or expanding programs to pre-  
15          vent suicide or self-harm among pregnant and  
16          postpartum individuals.

17          (8) Offering evidence-aligned programs at free-  
18          standing birth centers that provide maternal mental  
19          and behavioral health care education, treatments,  
20          and services, and other services for individuals  
21          throughout the prenatal and postpartum period.

22          (9) Establishing or expanding programs to pro-  
23          vide education and training to maternity care pro-  
24          viders with respect to—

1 (A) identifying potential warning signs for  
2 maternal mental health conditions or substance  
3 use disorders in pregnant and postpartum indi-  
4 viduals, with a focus on individuals from racial  
5 and ethnic minority groups; and

6 (B) in the case where such providers iden-  
7 tify such warning signs, offering referrals to  
8 mental and behavioral health care professionals.

9 (10) Developing a website, or other source, that  
10 includes information on health care providers who  
11 treat maternal mental health conditions and sub-  
12 stance use disorders.

13 (11) Establishing or expanding programs in  
14 communities to improve coordination between mater-  
15 nity care providers and mental and behavioral health  
16 care providers who treat maternal mental health  
17 conditions and substance use disorders, including  
18 through the use of toll-free hotlines.

19 (12) Carrying out other programs aligned with  
20 evidence-based practices for addressing maternal  
21 mental health conditions and substance use dis-  
22 orders for pregnant and postpartum individuals from  
23 racial and ethnic minority groups.

24 (e) REPORTING.—

1           (1) ELIGIBLE ENTITIES.—An eligible entity  
2           that receives a grant under subsection (a) shall sub-  
3           mit annually to the Secretary, and make publicly  
4           available, a report on the activities conducted using  
5           funds received through a grant under this section.  
6           Such reports shall include quantitative and quali-  
7           tative evaluations of such activities, including the ex-  
8           perience of individuals who received health care  
9           through such grant.

10           (2) SECRETARY.—Not later than the end of fis-  
11           cal year 2024, the Secretary shall submit to Con-  
12           gress a report that includes—

13                   (A) a summary of the reports received  
14                   under paragraph (1);

15                   (B) an evaluation of the effectiveness of  
16                   grants awarded under this section;

17                   (C) recommendations with respect to ex-  
18                   panding coverage of evidence-based screenings  
19                   and treatments for maternal mental health con-  
20                   ditions and substance use disorders; and

21                   (D) recommendations with respect to en-  
22                   suring activities described under subsection (d)  
23                   continue after the end of a grant period.

24           (f) DEFINITIONS.—In this section:

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

3 (A) a community-based organization serv-  
4 ing pregnant and postpartum individuals, in-  
5 cluding such organizations serving individuals  
6 from racial and ethnic minority groups and  
7 other underserved populations;

8 (B) a nonprofit or patient advocacy organi-  
9 zation with expertise in maternal mental and  
10 behavioral health;

11 (C) a maternity care provider;

12 (D) a mental or behavioral health care pro-  
13 vider who treats maternal mental health condi-  
14 tions or substance use disorders;

15 (E) a State or local governmental entity,  
16 including a State or local public health depart-  
17 ment;

18 (F) an Indian Tribe or Tribal organization  
19 (as such terms are defined in section 4 of the  
20 Indian Self-Determination and Education As-  
21 sistance Act (25 U.S.C. 5304)); and

22 (G) an Urban Indian organization (as such  
23 term is defined in section 4 of the Indian  
24 Health Care Improvement Act (25 U.S.C.  
25 1603)).

1           (2) FREESTANDING BIRTH CENTER.—The term  
2           “freestanding birth center” has the meaning given  
3           that term under section 1905(l) of the Social Secu-  
4           rity Act (42 U.S.C. 1396d(1)).

5           (3) SECRETARY.—The term “Secretary” means  
6           the Secretary of Health and Human Services.

7           (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
8           out this section, there is authorized to be appropriated  
9           \$25,000,000 for each of fiscal years 2022 through 2025.

10 **SEC. 602. GRANTS TO GROW AND DIVERSIFY THE MATER-**  
11 **NAL MENTAL AND BEHAVIORAL HEALTH**  
12 **CARE WORKFORCE.**

13           Title VII of the Public Health Service Act is amended  
14           by inserting after section 758 of such Act (42 U.S.C.  
15           294f), as added by section 402 of this Act, the following  
16           new section:

17 **“SEC. 758A. MATERNAL MENTAL AND BEHAVIORAL HEALTH**  
18 **CARE WORKFORCE GRANTS.**

19           “(a) IN GENERAL.—The Secretary may award grants  
20           to entities to establish or expand programs described in  
21           subsection (b) to grow and diversify the maternal mental  
22           and behavioral health care workforce.

23           “(b) USE OF FUNDS.—Recipients of grants under  
24           this section shall use the grants to grow and diversify the

1 maternal mental and behavioral health care workforce  
2 by—

3 “(1) establishing schools or programs that pro-  
4 vide education and training to individuals seeking  
5 appropriate licensing or certification as mental or  
6 behavioral health care providers who will specialize  
7 in maternal mental health conditions or substance  
8 use disorders; or

9 “(2) expanding the capacity of existing schools  
10 or programs described in paragraph (1), for the pur-  
11 poses of increasing the number of students enrolled  
12 in such schools or programs, including by awarding  
13 scholarships for students.

14 “(c) PRIORITIZATION.—In awarding grants under  
15 this section, the Secretary shall give priority to any entity  
16 that—

17 “(1) has demonstrated a commitment to re-  
18 cruiting and retaining students and faculty from ra-  
19 cial and ethnic minority groups;

20 “(2) has developed a strategy to recruit and re-  
21 tain a diverse pool of students into the maternal  
22 mental or behavioral health care workforce program  
23 or school supported by funds received through the  
24 grant, particularly from racial and ethnic minority  
25 groups and other underserved populations;

1           “(3) has developed a strategy to recruit and re-  
2           tain students who plan to practice in a health pro-  
3           fessional shortage area designated under section  
4           332;

5           “(4) has developed a strategy to recruit and re-  
6           tain students who plan to practice in an area with  
7           significant racial and ethnic disparities in maternal  
8           health outcomes, to the extent practicable; and

9           “(5) includes in the standard curriculum for all  
10          students within the maternal mental or behavioral  
11          health care workforce program or school a bias, rac-  
12          ism, or discrimination training program that in-  
13          cludes training on implicit bias and racism.

14          “(d) REPORTING.—As a condition on receipt of a  
15          grant under this section for a maternal mental or behav-  
16          ioral health care workforce program or school, an entity  
17          shall agree to submit to the Secretary an annual report  
18          on the activities conducted through the grant, including—

19                 “(1) the number and demographics of students  
20                 participating in the program or school;

21                 “(2) the extent to which students in the pro-  
22                 gram or school are entering careers in—

23                         “(A) health professional shortage areas  
24                         designated under section 332; and



1           “(B) areas with significant racial and eth-  
2           nic disparities in maternal health outcomes, to  
3           the extent such data are available; and

4           “(3) whether the program or school has in-  
5           cluded in the standard curriculum for all students a  
6           bias, racism, or discrimination training program that  
7           includes training on implicit bias and racism, and if  
8           so the effectiveness of such training program.

9           “(e) PERIOD OF GRANTS.—The period of a grant  
10          under this section shall be up to 5 years.

11          “(f) APPLICATION.—To seek a grant under this sec-  
12          tion, an entity shall submit to the Secretary an application  
13          at such time, in such manner, and containing such infor-  
14          mation as the Secretary may require, including any infor-  
15          mation necessary for prioritization under subsection (e).

16          “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
17          provide, directly or by contract, technical assistance to en-  
18          tities seeking or receiving a grant under this section on  
19          the development, use, evaluation, and post-grant period  
20          sustainability of the maternal mental or behavioral health  
21          care workforce programs or schools proposed to be, or  
22          being, established or expanded through the grant.

23          “(h) REPORT BY THE SECRETARY.—Not later than  
24          4 years after the date of enactment of this section, the  
25          Secretary shall prepare and submit to the Congress, and

1 post on the internet website of the Department of Health  
2 and Human Services, a report on the effectiveness of the  
3 grant program under this section at—

4 “(1) recruiting students from racial and ethnic  
5 minority groups and other underserved populations;

6 “(2) increasing the number of mental or behav-  
7 ioral health care providers specializing in maternal  
8 mental health conditions or substance use disorders  
9 from racial and ethnic minority groups and other  
10 underserved populations;

11 “(3) increasing the number of mental or behav-  
12 ioral health care providers specializing in maternal  
13 mental health conditions or substance use disorders  
14 working in health professional shortage areas des-  
15 igned under section 332; and

16 “(4) increasing the number of mental or behav-  
17 ioral health care providers specializing in maternal  
18 mental health conditions or substance use disorders  
19 working in areas with significant racial and ethnic  
20 disparities in maternal health outcomes, to the ex-  
21 tent such data are available.

22 “(i) DEFINITIONS.—In this section:

23 “(1) RACIAL AND ETHNIC MINORITY GROUP.—  
24 The term ‘racial and ethnic minority group’ has the  
25 meaning given such term in section 1707(g)(1).

1           “(2) MENTAL OR BEHAVIORAL HEALTH CARE  
 2 PROVIDER.—The term ‘mental or behavioral health  
 3 care provider’ refers to a health care provider in the  
 4 field of mental and behavioral health, including sub-  
 5 stance use disorders, acting in accordance with State  
 6 law.

7           “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
 8 carry out this section, there is authorized to be appro-  
 9 priated \$15,000,000 for each of fiscal years 2022 through  
 10 2026.”.

## 11           **TITLE VII—JUSTICE FOR** 12           **INCARCERATED MOMS**

### 13           **SEC. 701. ENDING THE SHACKLING OF PREGNANT INDIVID-** 14           **UALS.**

15           (a) IN GENERAL.—Beginning on the date that is 6  
 16 months after the date of enactment of this Act, and annu-  
 17 ally thereafter, in each State that receives a grant under  
 18 subpart 1 of part E of title I of the Omnibus Crime Con-  
 19 trol and Safe Streets Act of 1968 (34 U.S.C. 10151 et  
 20 seq.) (commonly referred to as the “Edward Byrne Memo-  
 21 rial Justice Grant Program”) and that does not have in  
 22 effect throughout the State for such fiscal year laws re-  
 23 stricting the use of restraints on pregnant individuals in  
 24 prison that are substantially similar to the rights, proce-  
 25 dures, requirements, effects, and penalties set forth in sec-

1 tion 4322 of title 18, United States Code, the amount of  
2 such grant that would otherwise be allocated to such State  
3 under such subpart for the fiscal year shall be decreased  
4 by 25 percent.

5 (b) REALLOCATION.—Amounts not allocated to a  
6 State for failure to comply with subsection (a) shall be  
7 reallocated in accordance with subpart 1 of part E of title  
8 I of the Omnibus Crime Control and Safe Streets Act of  
9 1968 (34 U.S.C. 10151 et seq.) to States that have com-  
10 plied with such subsection.

11 **SEC. 702. CREATING MODEL PROGRAMS FOR THE CARE OF**  
12 **INCARCERATED INDIVIDUALS IN THE PRE-**  
13 **NATAL AND POSTPARTUM PERIODS.**

14 (a) IN GENERAL.—Not later than 1 year after the  
15 date of enactment of this Act, the Attorney General, act-  
16 ing through the Director of the Bureau of Prisons, shall  
17 establish, in not fewer than 6 Bureau of Prisons facilities,  
18 programs to optimize maternal health outcomes for preg-  
19 nant and postpartum individuals incarcerated in such fa-  
20 cilities. The Attorney General shall establish such pro-  
21 grams in consultation with stakeholders such as—

22 (1) relevant community-based organizations,  
23 particularly organizations that represent incarcer-  
24 ated and formerly incarcerated individuals and orga-  
25 nizations that seek to improve maternal health out-

1 comes for pregnant and postpartum individuals from  
2 racial and ethnic minority groups;

3 (2) relevant organizations representing patients,  
4 with a particular focus on patients from racial and  
5 ethnic minority groups;

6 (3) organizations representing maternity care  
7 providers and maternal health care education pro-  
8 grams;

9 (4) perinatal health workers; and

10 (5) researchers and policy experts in fields re-  
11 lated to maternal health care for incarcerated indi-  
12 viduals.

13 (b) **START DATE.**—Each selected facility shall begin  
14 facility programs not later than 18 months after the date  
15 of enactment of this Act.

16 (c) **FACILITY PRIORITY.**—In carrying out subsection  
17 (a), the Director shall give priority to a facility based on—

18 (1) the number of pregnant and postpartum in-  
19 dividuals incarcerated in such facility and, among  
20 such individuals, the number of pregnant and  
21 postpartum individuals from racial and ethnic mi-  
22 nority groups; and

23 (2) the extent to which the leaders of such facil-  
24 ity have demonstrated a commitment to developing

1 exemplary programs for pregnant and postpartum  
2 individuals incarcerated in such facility.

3 (d) PROGRAM DURATION.—The programs established  
4 under this section shall be for a 5-year period.

5 (e) PROGRAMS.—Bureau of Prisons facilities selected  
6 by the Director shall establish programs for pregnant and  
7 postpartum incarcerated individuals, and such programs  
8 may—

9 (1) provide access to perinatal health workers  
10 from pregnancy through the postpartum period;

11 (2) provide access to healthy foods and coun-  
12 seling on nutrition, recommended activity levels, and  
13 safety measures throughout pregnancy;

14 (3) train correctional officers to ensure that  
15 pregnant incarcerated individuals receive safe and  
16 respectful treatment;

17 (4) train medical personnel to ensure that preg-  
18 nant incarcerated individuals receive trauma-in-  
19 formed, culturally congruent care that promotes the  
20 health and safety of the pregnant individuals;

21 (5) provide counseling and treatment for indi-  
22 viduals who have suffered from—

23 (A) diagnosed mental or behavioral health  
24 conditions, including trauma and substance use  
25 disorders;

1 (B) trauma or violence, including domestic  
2 violence;

3 (C) human immunodeficiency virus;

4 (D) sexual abuse;

5 (E) pregnancy or infant loss; or

6 (F) chronic conditions;

7 (6) provide evidence-based pregnancy and child-  
8 birth education, parenting support, and other rel-  
9 evant forms of health literacy;

10 (7) provide clinical education opportunities to  
11 maternity care providers in training to expand path-  
12 ways into maternal health care careers serving incar-  
13 cerated individuals;

14 (8) offer opportunities for postpartum individ-  
15 uals to maintain contact with the individual's new-  
16 born child to promote bonding, including enhanced  
17 visitation policies, access to prison nursery pro-  
18 grams, or breastfeeding support;

19 (9) provide reentry assistance, particularly to—

20 (A) ensure access to health insurance cov-  
21 erage and transfer of health records to commu-  
22 nity providers if an incarcerated individual exits  
23 the criminal justice system during such individ-  
24 ual's pregnancy or in the postpartum period;  
25 and

1 (B) connect individuals exiting the criminal  
2 justice system during pregnancy or in the  
3 postpartum period to community-based re-  
4 sources, such as referrals to health care pro-  
5 viders, substance use disorder treatments, and  
6 social services that address social determinants  
7 maternal of health; or

8 (10) establish partnerships with local public en-  
9 tities, private community entities, community-based  
10 organizations, Indian Tribes and tribal organizations  
11 (as such terms are defined in section 4 of the Indian  
12 Self-Determination and Education Assistance Act  
13 (25 U.S.C. 5304)), and urban Indian organizations  
14 (as such term is defined in section 4 of the Indian  
15 Health Care Improvement Act (25 U.S.C. 1603)) to  
16 establish or expand pretrial diversion programs as  
17 an alternative to incarceration for pregnant and  
18 postpartum individuals. Such programs may in-  
19 clude—

20 (A) evidence-based childbirth education or  
21 parenting classes;

22 (B) prenatal health coordination;

23 (C) family and individual counseling;

24 (D) evidence-based screenings, education,  
25 and, as needed, treatment for mental and be-



1           havioral health conditions, including drug and  
2           alcohol treatments;

3           (E) family case management services;

4           (F) domestic violence education and pre-  
5           vention;

6           (G) physical and sexual abuse counseling;  
7           and

8           (H) programs to address social deter-  
9           minants of health such as employment, housing,  
10          education, transportation, and nutrition.

11         (f) IMPLEMENTATION AND REPORTING.—A selected  
12         facility shall be responsible for—

13                 (1) implementing programs, which may include  
14                 the programs described in subsection (e); and

15                 (2) not later than 3 years after the date of en-  
16                 actment of this Act, and 6 years after the date of  
17                 enactment of this Act, reporting results of the pro-  
18                 grams to the Director, including information de-  
19                 scribing—

20                         (A) relevant quantitative indicators of suc-  
21                         cess in improving the standard of care and  
22                         health outcomes for pregnant and postpartum  
23                         incarcerated individuals in the facility, including  
24                         data stratified by race, ethnicity, sex, gender,  
25                         age, geography, disability status, the category

1 of the criminal charge against such individual,  
2 rates of pregnancy-related deaths, pregnancy-  
3 associated deaths, cases of infant mortality and  
4 morbidity, rates of preterm births and low-  
5 birthweight births, cases of severe maternal  
6 morbidity, cases of violence against pregnant or  
7 postpartum individuals, diagnoses of maternal  
8 mental or behavioral health conditions, and  
9 other such information as appropriate;

10 (B) relevant qualitative and quantitative  
11 evaluations from pregnant and postpartum in-  
12 carcerated individuals who participated in such  
13 programs, including measures of patient-re-  
14 ported experience of care; and

15 (C) strategies to sustain such programs  
16 after fiscal year 2026 and expand such pro-  
17 grams to other facilities.

18 (g) REPORT.—Not later than 6 years after the date  
19 of enactment of this Act, the Director shall submit to the  
20 Attorney General and to the Congress a report describing  
21 the results of the programs funded under this section.

22 (h) OVERSIGHT.—Not later than 1 year after the  
23 date of enactment of this Act, the Attorney General shall  
24 award a contract to an independent organization or inde-

1 pendent organizations to conduct oversight of the pro-  
2 grams described in subsection (e).

3 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
4 authorized to be appropriated to carry out this section  
5 \$10,000,000 for each of fiscal years 2022 through 2026.

6 **SEC. 703. GRANT PROGRAM TO IMPROVE MATERNAL**  
7 **HEALTH OUTCOMES FOR INDIVIDUALS IN**  
8 **STATE AND LOCAL PRISONS AND JAILS.**

9 (a) ESTABLISHMENT.—Not later than 1 year after  
10 the date of enactment of this Act, the Attorney General,  
11 acting through the Director of the Bureau of Justice As-  
12 sistance, shall award Justice for Incarcerated Moms  
13 grants to States to establish or expand programs in State  
14 and local prisons and jails for pregnant and postpartum  
15 incarcerated individuals. The Attorney General shall  
16 award such grants in consultation with stakeholders such  
17 as—

18 (1) relevant community-based organizations,  
19 particularly organizations that represent incarcer-  
20 ated and formerly incarcerated individuals and orga-  
21 nizations that seek to improve maternal health out-  
22 comes for pregnant and postpartum individuals from  
23 racial and ethnic minority groups;

1           (2) relevant organizations representing patients,  
2           with a particular focus on patients from racial and  
3           ethnic minority groups;

4           (3) organizations representing maternity care  
5           providers and maternal health care education pro-  
6           grams;

7           (4) perinatal health workers; and

8           (5) researchers and policy experts in fields re-  
9           lated to maternal health care for incarcerated indi-  
10          viduals.

11          (b) APPLICATIONS.—Each applicant for a grant  
12          under this section shall submit to the Director of the Bu-  
13          reau of Justice Assistance an application at such time, in  
14          such manner, and containing such information as the Di-  
15          rector may require.

16          (c) USE OF FUNDS.—A State that is awarded a grant  
17          under this section shall use such grant to establish or ex-  
18          pand programs for pregnant and postpartum incarcerated  
19          individuals, and such programs may—

20                 (1) provide access to perinatal health workers  
21                 from pregnancy through the postpartum period;

22                 (2) provide access to healthy foods and coun-  
23                 seling on nutrition, recommended activity levels, and  
24                 safety measures throughout pregnancy;

1           (3) train correctional officers to ensure that  
2 pregnant incarcerated individuals receive safe and  
3 respectful treatment;

4           (4) train medical personnel to ensure that preg-  
5 nant incarcerated individuals receive trauma-in-  
6 formed, culturally congruent care that promotes the  
7 health and safety of the pregnant individuals;

8           (5) provide counseling and treatment for indi-  
9 viduals who have suffered from—

10           (A) diagnosed mental or behavioral health  
11 conditions, including trauma and substance use  
12 disorders;

13           (B) trauma or violence, including domestic  
14 violence;

15           (C) human immunodeficiency virus;

16           (D) sexual abuse;

17           (E) pregnancy or infant loss; or

18           (F) chronic conditions;

19           (6) provide evidence-based pregnancy and child-  
20 birth education, parenting support, and other rel-  
21 evant forms of health literacy;

22           (7) provide clinical education opportunities to  
23 maternity care providers in training to expand path-  
24 ways into maternal health care careers serving incar-  
25 cerated individuals;

1           (8) offer opportunities for postpartum individ-  
2 uals to maintain contact with the individual's new-  
3 born child to promote bonding, including enhanced  
4 visitation policies, access to prison nursery pro-  
5 grams, or breastfeeding support;

6           (9) provide reentry assistance, particularly to—

7               (A) ensure access to health insurance cov-  
8 erage and transfer of health records to commu-  
9 nity providers if an incarcerated individual exits  
10 the criminal justice system during such individ-  
11 ual's pregnancy or in the postpartum period;  
12 and

13               (B) connect individuals exiting the criminal  
14 justice system during pregnancy or in the  
15 postpartum period to community-based re-  
16 sources, such as referrals to health care pro-  
17 viders, substance use disorder treatments, and  
18 social services that address social determinants  
19 of maternal health; or

20           (10) establish partnerships with local public en-  
21 tities, private community entities, community-based  
22 organizations, Indian Tribes and tribal organizations  
23 (as such terms are defined in section 4 of the Indian  
24 Self-Determination and Education Assistance Act  
25 (25 U.S.C. 5304)), and urban Indian organizations

1 (as such term is defined in section 4 of the Indian  
2 Health Care Improvement Act (25 U.S.C. 1603)) to  
3 establish or expand pretrial diversion programs as  
4 an alternative to incarceration for pregnant and  
5 postpartum individuals. Such programs may in-  
6 clude—

7 (A) evidence-based childbirth education or  
8 parenting classes;

9 (B) prenatal health coordination;

10 (C) family and individual counseling;

11 (D) evidence-based screenings, education,  
12 and, as needed, treatment for mental and be-  
13 havioral health conditions, including drug and  
14 alcohol treatments;

15 (E) family case management services;

16 (F) domestic violence education and pre-  
17 vention;

18 (G) physical and sexual abuse counseling;

19 and

20 (H) programs to address social deter-  
21 minants of health such as employment, housing,  
22 education, transportation, and nutrition.

23 (d) PRIORITY.—In awarding grants under this sec-  
24 tion, the Director of the Bureau of Justice Assistance  
25 shall give priority to applicants based on—

1           (1) the number of pregnant and postpartum in-  
2           dividuals incarcerated in the State and, among such  
3           individuals, the number of pregnant and postpartum  
4           individuals from racial and ethnic minority groups;  
5           and

6           (2) the extent to which the State has dem-  
7           onstrated a commitment to developing exemplary  
8           programs for pregnant and postpartum individuals  
9           incarcerated in the prisons and jails in the State.

10          (e) GRANT DURATION.—A grant awarded under this  
11          section shall be for a 5-year period.

12          (f) IMPLEMENTING AND REPORTING.—A State that  
13          receives a grant under this section shall be responsible  
14          for—

15                (1) implementing the program funded by the  
16                grant; and

17                (2) not later than 3 years after the date of en-  
18                actment of this Act, and 6 years after the date of  
19                enactment of this Act, reporting results of such pro-  
20                gram to the Attorney General, including information  
21                describing—

22                        (A) relevant quantitative indicators of the  
23                        program’s success in improving the standard of  
24                        care and health outcomes for pregnant and  
25                        postpartum incarcerated individuals in the facil-



1           ity, including data stratified by race, ethnicity,  
2           sex, gender, age, geography, disability status,  
3           category of the criminal charge against such in-  
4           dividual, incidence rates of pregnancy-related  
5           deaths, pregnancy-associated deaths, cases of  
6           infant mortality and morbidity, rates of preterm  
7           births and low-birthweight births, cases of se-  
8           vere maternal morbidity, cases of violence  
9           against pregnant or postpartum individuals, di-  
10          agnoses of maternal mental or behavioral health  
11          conditions, and other such information as ap-  
12          propriate;

13                 (B) relevant qualitative and quantitative  
14                 evaluations from pregnant and postpartum in-  
15                 carcerated individuals who participated in such  
16                 programs, including measures of patient-re-  
17                 ported experience of care; and

18                 (C) strategies to sustain such programs be-  
19                 yond the duration of the grant and expand such  
20                 programs to other facilities.

21           (g) REPORT.—Not later than 6 years after the date  
22           of enactment of this Act, the Attorney General shall sub-  
23           mit to the Congress a report describing the results of such  
24           grant programs.

1 (h) OVERSIGHT.—Not later than 1 year after the  
2 date of enactment of this Act, the Attorney General shall  
3 award a contract to an independent organization or inde-  
4 pendent organizations to conduct oversight of the pro-  
5 grams described in subsection (c).

6 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
7 authorized to be appropriated to carry out this section  
8 \$10,000,000 for each of fiscal years 2022 through 2026.

9 **SEC. 704. GAO REPORT.**

10 (a) IN GENERAL.—Not later than 2 years after the  
11 date of enactment of this Act, the Comptroller General  
12 of the United States shall submit to Congress a report  
13 on adverse maternal and infant health outcomes among  
14 incarcerated individuals and infants born to such individ-  
15 uals, with a particular focus on racial and ethnic dispari-  
16 ties in maternal and infant health outcomes for incarcer-  
17 ated individuals.

18 (b) CONTENTS OF REPORT.—The report described in  
19 this section shall include—

20 (1) to the extent practicable—

21 (A) the number of pregnant individuals  
22 who are incarcerated in Bureau of Prisons fa-  
23 cilities;

24 (B) the number of incarcerated individuals,  
25 including those incarcerated in Federal, State,

1 and local correctional facilities, who have expe-  
2 rienced a pregnancy-related death, pregnancy-  
3 associated death, or the death of an infant in  
4 the most recent 10 years of available data;

5 (C) the number of cases of severe maternal  
6 morbidity among incarcerated individuals, in-  
7 cluding those incarcerated in Federal, State,  
8 and local detention facilities, in the most recent  
9 10 years of available data;

10 (D) the number of preterm and low-birth-  
11 weight births of infants born to incarcerated in-  
12 dividuals, including those incarcerated in Fed-  
13 eral, State, and local correctional facilities, in  
14 the most recent 10 years of available data; and

15 (E) statistics on the racial and ethnic dis-  
16 parities in maternal and infant health outcomes  
17 and severe maternal morbidity rates among in-  
18 carcerated individuals, including those incarcer-  
19 ated in Federal, State, and local detention fa-  
20 cilities;

21 (2) in the case that the Comptroller General of  
22 the United States is unable determine the informa-  
23 tion required in subparagraphs (A) through (C) of  
24 paragraph (1), an assessment of the barriers to de-  
25 termining such information and recommendations

1 for improvements in tracking maternal health out-  
2 comes among incarcerated individuals, including  
3 those incarcerated in Federal, State, and local deten-  
4 tion facilities;

5 (3) causes of adverse maternal health outcomes  
6 that are unique to incarcerated individuals, including  
7 those incarcerated in Federal, State, and local deten-  
8 tion facilities;

9 (4) causes of adverse maternal health outcomes  
10 and severe maternal morbidity that are unique to in-  
11 carcerated individuals from racial and ethnic minor-  
12 ity groups;

13 (5) recommendations to reduce maternal mor-  
14 tality and severe maternal morbidity among incar-  
15 cerated individuals and to address racial and ethnic  
16 disparities in maternal health outcomes for incarcer-  
17 ated individuals in Bureau of Prisons facilities and  
18 State and local prisons and jails; and

19 (6) such other information as may be appro-  
20 priate to reduce the occurrence of adverse maternal  
21 health outcomes among incarcerated individuals and  
22 to address racial and ethnic disparities in maternal  
23 health outcomes for such individuals.

1 **SEC. 705. MACPAC REPORT.**

2 (a) IN GENERAL.—Not later than 2 years after the  
3 date of enactment of this Act, the Medicaid and CHIP  
4 Payment and Access Commission (referred to in this sec-  
5 tion as “MACPAC”) shall publish a report on the implica-  
6 tions of pregnant and postpartum incarcerated individuals  
7 being ineligible for medical assistance under a State plan  
8 under title XIX of the Social Security Act (42 U.S.C.  
9 1396 et seq.) that contains the information described in  
10 subsection.

11 (b) INFORMATION DESCRIBED.—For purposes of  
12 subsection (a), the information described in this sub-  
13 section includes—

14 (1) information on the effect of ineligibility for  
15 medical assistance under a State plan under title  
16 XIX of the Social Security Act (42 U.S.C. 1396 et  
17 seq.) on maternal health outcomes for pregnant and  
18 postpartum incarcerated individuals, concentrating  
19 on the effects of such ineligibility for pregnant and  
20 postpartum individuals from racial and ethnic mi-  
21 nority groups; and

22 (2) the potential implications on maternal  
23 health outcomes resulting from suspending eligibility  
24 for medical assistance under a State plan under  
25 such title of such Act when a pregnant or  
26 postpartum individual is incarcerated.

1           **TITLE VIII—TECH TO SAVE**  
2                           **MOMS**

3   **SEC. 801. INTEGRATED TELEHEALTH MODELS IN MATER-**  
4                           **NITY CARE SERVICES.**

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

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

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

1 **SEC. 802. GRANTS TO EXPAND THE USE OF TECHNOLOGY-**  
2 **ENABLED COLLABORATIVE LEARNING AND**  
3 **CAPACITY MODELS FOR PREGNANT AND**  
4 **POSTPARTUM INDIVIDUALS.**

5 Title III of the Public Health Service Act is amended  
6 by inserting after section 330M (42 U.S.C. 254c-19) the  
7 following:

8 **“SEC. 330N. EXPANDING CAPACITY FOR MATERNAL**  
9 **HEALTH OUTCOMES.**

10 “(a) **ESTABLISHMENT.**—Beginning not later than 1  
11 year after the date of enactment of this Act, the Secretary  
12 shall award grants to eligible entities to evaluate, develop,  
13 and expand the use of technology-enabled collaborative  
14 learning and capacity building models and improve mater-  
15 nal health outcomes—

16 “(1) in health professional shortage areas;

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

19 “(3) in areas with significant racial and ethnic  
20 disparities in maternal health outcomes; and

21 “(4) for medically underserved populations and  
22 American Indians and Alaska Natives, including In-  
23 dian Tribes, Tribal organizations, and Urban Indian  
24 organizations.

25 “(b) **USE OF FUNDS.**—

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

3           “(A) train maternal health care providers,  
4 students, and other similar professionals  
5 through models that include—

6           “(i) methods to increase safety and  
7 health care quality;

8           “(ii) implicit bias, racism, and dis-  
9 crimination;

10           “(iii) best practices in screening for  
11 and, as needed, evaluating and treating  
12 maternal mental health conditions and  
13 substance use disorders;

14           “(iv) training on best practices in ma-  
15 ternity care for pregnant and postpartum  
16 individuals during the COVID–19 public  
17 health emergency or future public health  
18 emergencies;

19           “(v) methods to screen for social de-  
20 terminants of maternal health risks in the  
21 prenatal and postpartum; and

22           “(vi) the use of remote patient moni-  
23 toring tools for pregnancy-related com-  
24 plications described in section  
25 1115A(b)(2)(B)(xxviii);



1           “(B) evaluate and collect information on  
2 the effect of such models on—

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

4                   “(ii) outcomes with respect to the  
5 health of an individual; and

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

8           “(C) develop qualitative and quantitative  
9 measures to identify best practices for the ex-  
10 pansion and use of such models;

11           “(D) study the effect of such models on  
12 patient outcomes and maternity care providers;  
13 and

14           “(E) conduct any other activity determined  
15 by the Secretary.

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

18                   “(A) the use and expansion of technology-  
19 enabled collaborative learning and capacity  
20 building models, including hardware and soft-  
21 ware that—

22                   “(i) enables distance learning and  
23 technical support; and

24                   “(ii) supports the secure exchange of  
25 electronic health information; and

1           “(B) maternity care providers, students,  
2           and other similar professionals in the provision  
3           of maternity care through such models.

4           “(c) APPLICATION.—

5           “(1) IN GENERAL.—An eligible entity seeking a  
6           grant under subsection (a) shall submit to the Sec-  
7           retary an application, at such time, in such manner,  
8           and containing such information as the Secretary  
9           may require.

10          “(2) ASSURANCE.—An application under para-  
11          graph (1) shall include an assurance that such entity  
12          shall collect information on and assess the effect of  
13          the use of technology-enabled collaborative learning  
14          and capacity building models, including with respect  
15          to—

16                 “(A) maternal health outcomes;

17                 “(B) access to maternal health care serv-  
18                 ices;

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

20                 “(D) retention of maternity care providers  
21                 serving areas and populations described in sub-  
22                 section (a).

23          “(d) LIMITATIONS.—

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

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

3           “(e) ACCESS TO BROADBAND.—In administering  
4 grants under this section, the Secretary may coordinate  
5 with other agencies to ensure that funding opportunities  
6 are available to support access to reliable, high-speed  
7 internet for grantees.

8           “(f) TECHNICAL ASSISTANCE.—The Secretary shall  
9 provide (either directly or by contract) technical assistance  
10 to eligible entities, including recipients of grants under  
11 subsection (a), on the development, use, and sustainability  
12 of technology-enabled collaborative learning and capacity  
13 building models to expand access to maternal health care  
14 services provided by such entities, including—

15           “(1) in health professional shortage areas;

16           “(2) in areas with high rates of maternal mor-  
17 tality and severe maternal morbidity or significant  
18 racial and ethnic disparities in maternal health out-  
19 comes; and

20           “(3) for medically underserved populations or  
21 American Indians and Alaska Natives.

22           “(g) RESEARCH AND EVALUATION.—The Secretary,  
23 in consultation with experts, shall develop a strategic plan  
24 to research and evaluate the evidence for such models.

25           “(h) REPORTING.—

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

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

11                   “(A) a description of grants awarded  
12 under subsection (a) and the purpose and  
13 amounts of such grants;

14                   “(B) a summary of—

15                           “(i) the evaluations conducted under  
16 subsection (b)(B);

17                           “(ii) any technical assistance provided  
18 under subsection (g); and

19                           “(iii) the activities conducted under  
20 subsection (a); and

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

23                           “(i) patient outcomes; and

24                           “(ii) best practices for expanding,  
25 using, or evaluating technology-enabled col-

1 laborative learning and capacity building  
2 models.

3 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
4 authorized to be appropriated to carry out this section,  
5 \$6,000,000 for each of fiscal years 2022 through 2026.

6 “(j) DEFINITIONS.—In this section:

7 “(1) ELIGIBLE ENTITY.—

8 “(A) IN GENERAL.—The term ‘eligible en-  
9 tity’ means an entity that provides, or supports  
10 the provision of, maternal health care services  
11 or other evidence-based services for pregnant  
12 and postpartum individuals—

13 “(i) in health professional shortage  
14 areas;

15 “(ii) in areas with high rates of ad-  
16 verse maternal health outcomes or signifi-  
17 cant racial and ethnic disparities in mater-  
18 nal health outcomes; and

19 “(iii) who are—

20 “(I) members of medically under-  
21 served populations; or

22 “(II) American Indians and Alas-  
23 ka Natives, including Indian Tribes,  
24 Tribal organizations, and urban In-  
25 dian organizations.

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

5           “(2) HEALTH PROFESSIONAL SHORTAGE  
6           AREA.—The term ‘health professional shortage area’  
7           means a health professional shortage area des-  
8           ignated under section 332.

9           “(3) INDIAN TRIBE.—The term ‘Indian Tribe’  
10          has the meaning given such term in section 4 of the  
11          Indian Self-Determination and Education Assistance  
12          Act.

13          “(4) MATERNAL MORTALITY.—The term ‘ma-  
14          ternal mortality’ means a death occurring during or  
15          within 1-year period after pregnancy caused by preg-  
16          nancy-related or childbirth complications, including a  
17          suicide, overdose, or other death resulting from a  
18          mental health or substance use disorder attributed  
19          to or aggravated by pregnancy or childbirth com-  
20          plications.

21          “(5) MEDICALLY UNDERSERVED POPU-  
22          LATION.—The term ‘medically underserved popu-  
23          lation’ has the meaning given such term in section  
24          330(b)(3).

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

4           “(7) SEVERE MATERNAL MORBIDITY.—The  
5 term ‘severe maternal morbidity’ means a health  
6 condition, including a mental health or substance  
7 use disorder, attributed to or aggravated by preg-  
8 nancy or childbirth that results in significant short-  
9 term or long-term consequences to the health of the  
10 individual who was pregnant.

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

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

1           “(10) URBAN INDIAN ORGANIZATION.—The  
2           term ‘urban Indian organization’ has the meaning  
3           given such term in section 4 of the Indian Health  
4           Care Improvement Act.”.

5 **SEC. 803. GRANTS TO PROMOTE EQUITY IN MATERNAL**  
6                   **HEALTH OUTCOMES THROUGH DIGITAL**  
7                   **TOOLS.**

8           (a) IN GENERAL.—Beginning not later than 1 year  
9           after the date of the enactment of this Act, the Secretary  
10          of Health and Human Services shall make grants to eligi-  
11          ble entities to reduce racial and ethnic disparities in ma-  
12          ternal health outcomes by increasing access to digital tools  
13          related to maternal health care.

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

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

21                  (1) in an area with high rates of adverse mater-  
22                  nal health outcomes or significant racial and ethnic  
23                  disparities in maternal health outcomes;



1           (2) in a health professional shortage area des-  
2           ignated under section 332 of the Public Health Serv-  
3           ice Act (42 U.S.C. 254e); and

4           (3) that promotes technology that addresses ra-  
5           cial and ethnic disparities in maternal health out-  
6           comes.

7           (d) LIMITATIONS.—

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

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

12          (e) TECHNICAL ASSISTANCE.—The Secretary shall  
13          provide technical assistance to an eligible entity on the de-  
14          velopment, use, evaluation, and post-grant sustainability  
15          of digital tools for purposes of promoting equity in mater-  
16          nal health outcomes.

17          (f) REPORTING.—

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

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

1 (A) an evaluation on the effectiveness of  
2 grants awarded under this section to improve  
3 health outcomes for pregnant and postpartum  
4 individuals from racial and ethnic minority  
5 groups;

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

9 (C) recommendations with respect to—

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

12 (ii) reimbursement rates for maternal  
13 telehealth services;

14 (iii) the use of digital tools to analyze  
15 large data sets to identify potential preg-  
16 nancy-related complications;

17 (iv) barriers that prevent maternity  
18 care providers from providing telehealth  
19 services across States;

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

24 (vi) barriers that prevent access to  
25 telehealth services, including a lack of ac-

1           cess to reliable, high-speed internet or elec-  
2           tronic devices;

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

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

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

16          **SEC. 804. REPORT ON THE USE OF TECHNOLOGY IN MATER-**  
17          **NITY CARE.**

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

6 **SEC. 901. PERINATAL CARE ALTERNATIVE PAYMENT**  
7                   **MODEL DEMONSTRATION PROJECT.**

8       (a) IN GENERAL.—For the period of fiscal years  
9 2022 through 2026, the Secretary of Health and Human  
10 Services (referred to in this section as the “Secretary”),  
11 acting through the Administrator of the Centers for Medi-  
12 care & Medicaid Services, shall establish and implement,  
13 in accordance with the requirements of this section, a  
14 demonstration project, to be known as the Perinatal Care  
15 Alternative Payment Model Demonstration Project (re-  
16 ferred to in this section as the “Demonstration Project”),  
17 for purposes of allowing States to test payment models  
18 under their State plans under title XIX of the Social Secu-  
19 rity Act (42 U.S.C. 1396 et seq.) and State child health  
20 plans under title XXI of such Act (42 U.S.C. 1397aa et  
21 seq.) with respect to maternity care provided to pregnant  
22 and postpartum individuals enrolled in such State plans  
23 and State child health plans.

1 (b) COORDINATION.—In establishing the Demonstra-  
2 tion Project, the Secretary shall coordinate with stake-  
3 holders such as—

4 (1) State Medicaid programs;

5 (2) maternity care providers and organizations  
6 representing maternity care providers;

7 (3) relevant organizations representing patients,  
8 with a particular focus on patients from racial and  
9 ethnic minority groups;

10 (4) relevant community-based organizations,  
11 particularly organizations that seek to improve ma-  
12 ternal health outcomes for pregnant and postpartum  
13 individuals from racial and ethnic minority groups;

14 (5) perinatal health workers;

15 (6) relevant health insurance issuers;

16 (7) hospitals, health systems, midwifery prac-  
17 tices, freestanding birth centers (as such term is de-  
18 fined in paragraph (3)(B) of section 1905(l) of the  
19 Social Security Act (42 U.S.C. 1396d(l))), Feder-  
20 ally-qualified health centers (as such term is defined  
21 in paragraph (2)(B) of such section), and rural  
22 health clinics (as such term is defined in section  
23 1861(aa) of such Act (42 U.S.C. 1395x(aa)));

24 (8) researchers and policy experts in fields re-  
25 lated to maternity care payment models; and

1           (9) any other stakeholders as the Secretary de-  
2           termines appropriate, with a particular focus on  
3           stakeholders from racial and ethnic minority groups.

4           (c) CONSIDERATIONS.—In establishing the Dem-  
5           onstrator Project, the Secretary shall consider any alter-  
6           native payment model that—

7           (1) is designed to improve maternal health out-  
8           comes for racial and ethnic groups with dispropor-  
9           tionate rates of adverse maternal health outcomes;

10          (2) includes methods for stratifying patients by  
11          pregnancy risk level and, as appropriate, adjusting  
12          payments under such model to take into account  
13          pregnancy risk level;

14          (3) establishes evidence-based quality metrics  
15          for such payments;

16          (4) includes consideration of non-hospital birth  
17          settings such as freestanding birth centers (as so de-  
18          fined);

19          (5) includes consideration of social deter-  
20          minants of maternal health; or

21          (6) includes diverse maternity care teams that  
22          include—

23                 (A) maternity care providers, mental and  
24                 behavioral health care providers acting in ac-  
25                 cordance with State law, registered dietitians or

1 nutrition professionals (as such term is defined  
2 in 42 U.S.C. 1395x(vv)(2)), and International  
3 Board Certified Lactation Consultants—

4 (i) from racially, ethnically, and pro-  
5 fessionally diverse backgrounds;

6 (ii) with experience practicing in ra-  
7 cially and ethnically diverse communities;

8 or

9 (iii) who have undergone training on  
10 implicit bias and racism; and

11 (B) perinatal health workers.

12 (d) ELIGIBILITY.—To be eligible to participate in the  
13 Demonstration Project, a State shall submit an applica-  
14 tion to the Secretary at such time, in such manner, and  
15 containing such information as the Secretary may require.

16 (e) EVALUATION.—The Secretary shall conduct an  
17 evaluation of the Demonstration Project to determine the  
18 impact of the Demonstration Project on—

19 (1) maternal health outcomes, with data strati-  
20 fied by race, ethnicity, socioeconomic indicators, and  
21 any other factors as the Secretary determines appro-  
22 priate;

23 (2) spending on maternity care by States par-  
24 ticipating in the Demonstration Project;



1           (3) to the extent practicable, qualitative and  
2           quantitative measures of patient experience; and

3           (4) any other areas of assessment that the Sec-  
4           retary determines relevant.

5           (f) REPORT.—Not later than one year after the com-  
6           pletion or termination date of the Demonstration Project,  
7           the Secretary shall submit to the Congress, and make pub-  
8           licly available, a report containing—

9           (1) the results of any evaluation conducted  
10           under subsection (e); and

11           (2) a recommendation regarding whether the  
12           Demonstration Project should be continued after fis-  
13           cal year 2026 and expanded on a national basis.

14           (g) AUTHORIZATION OF APPROPRIATIONS.—There  
15           are authorized to be appropriated such sums as are nec-  
16           essary to carry out this section.

17           (h) DEFINITIONS.—In this section:

18           (1) ALTERNATIVE PAYMENT MODEL.—The  
19           term “alternative payment model” has the meaning  
20           given such term in section 1833(z)(3)(C) of the So-  
21           cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

22           (2) PERINATAL.—The term “perinatal” means  
23           the period beginning on the day an individual be-  
24           comes pregnant and ending on the last day of the

1 1-year period beginning on the last day of such indi-  
2 vidual's pregnancy.

3 (3) RACIAL AND ETHNIC MINORITY GROUP.—

4 The term “racial and ethnic minority group” has the  
5 meaning given such term in section 1707(g)(1) of  
6 the Public Health Service Act (42 U.S.C. 300u–  
7 6(g)(1)).

8 **SEC. 902. MACPAC REPORT.**

9 Not later than two years after the date of the enact-  
10 ment of this Act, the Medicaid and CHIP Payment and  
11 Access Commission shall publish a report on issues relat-  
12 ing to the continuity of coverage under State plans under  
13 title XIX of the Social Security Act (42 U.S.C. 1396 et  
14 seq.) and State child health plans under title XXI of such  
15 Act (42 U.S.C. 1397aa et seq.) for pregnant and  
16 postpartum individuals. Such report shall, at a minimum,  
17 include the following:

18 (1) An assessment of any existing policies  
19 under such State plans and such State child health  
20 plans regarding presumptive eligibility for pregnant  
21 individuals while their application for enrollment in  
22 such a State plan or such a State child health plan  
23 is being processed.

24 (2) An assessment of any existing policies  
25 under such State plans and such State child health

1 plans regarding measures to ensure continuity of  
2 coverage under such a State plan or such a State  
3 child health plan for pregnant and postpartum indi-  
4 viduals, including such individuals who need to  
5 change their health insurance coverage during their  
6 pregnancy or the postpartum period following their  
7 pregnancy.

8 (3) An assessment of any existing policies  
9 under such State plans and such State child health  
10 plans regarding measures to automatically reenroll  
11 individuals who are eligible to enroll under such a  
12 State plan or such a State child health plan as a  
13 parent.

14 (4) If determined appropriate by the Commis-  
15 sion, any recommendations for the Department of  
16 Health and Human Services, or such State plans  
17 and such State child health plans, to ensure con-  
18 tinuity of coverage under such a State plan or such  
19 a State child health plan for pregnant and  
20 postpartum individuals.

## 21 **TITLE X—MATERNAL HEALTH** 22 **PANDEMIC RESPONSE**

### 23 **SEC. 1001. DEFINITIONS.**

24 In this title:

1           (1) COVID–19 PUBLIC HEALTH EMERGENCY.—  
2           The term “COVID–19 public health emergency”  
3           means the period—

4                   (A) beginning on the date that the Sec-  
5                   retary of Health and Human Services declared  
6                   a public health emergency under section 319 of  
7                   the Public Health Service Act (42 U.S.C.  
8                   247d), with respect to COVID–19; and

9                   (B) ending on the later of the end of such  
10                  public health emergency, or January 1, 2023.

11           (2) RESPECTFUL MATERNITY CARE.—The term  
12           “respectful maternity care” refers to care organized  
13           for, and provided to, pregnant and postpartum indi-  
14           viduals in a manner that—

15                   (A) is culturally congruent;

16                   (B) maintains their dignity, privacy, and  
17                   confidentiality;

18                   (C) ensures freedom from harm and mis-  
19                   treatment; and

20                   (D) enables informed choice and contin-  
21                   uous support.

22           (3) SECRETARY.—The term “Secretary” means  
23           the Secretary of Health and Human Services.

1 **SEC. 1002. FUNDING FOR DATA COLLECTION, SURVEIL-**  
2 **LANCE, AND RESEARCH ON MATERNAL**  
3 **HEALTH OUTCOMES DURING THE COVID-19**  
4 **PUBLIC HEALTH EMERGENCY.**

5 To conduct or support data collection, surveillance,  
6 and research on maternal health as a result of the  
7 COVID-19 public health emergency, including support to  
8 assist in the capacity building for State, Tribal, territorial,  
9 and local public health departments to collect and trans-  
10 mit racial, ethnic, and other demographic data related to  
11 maternal health, there are authorized to be appro-  
12 priated—

13 (1) \$100,000,000 for the Surveillance for  
14 Emerging Threats to Mothers and Babies program  
15 of the Centers for Disease Control and Prevention,  
16 to support the Centers for Disease Control and Pre-  
17 vention in its efforts to—

18 (A) work with public health, clinical, and  
19 community-based organizations to provide time-  
20 ly, continually updated guidance to families and  
21 health care providers on ways to reduce risk to  
22 pregnant and postpartum individuals and their  
23 newborns and tailor interventions to improve  
24 their long-term health;

25 (B) partner with more State, Tribal, terri-  
26 torial, and local public health programs in the

1 collection and analysis of clinical data on the  
2 impact of COVID–19 on pregnant and  
3 postpartum patients and their newborns, par-  
4 ticularly among patients from racial and ethnic  
5 minority groups; and

6 (C) establish regionally based centers of  
7 excellence to offer medical, public health, and  
8 other knowledge to ensure communities, espe-  
9 cially communities with large populations of in-  
10 dividuals from racial and ethnic minority  
11 groups, can help pregnant and postpartum indi-  
12 viduals and newborns get the care and support  
13 they need;

14 (2) \$30,000,000 for the Enhancing Reviews  
15 and Surveillance to Eliminate Maternal Mortality  
16 program (commonly known as the “ERASE MM  
17 program”) of the Centers for Disease Control and  
18 Prevention, to support the Centers for Disease Con-  
19 trol and Prevention in expanding its partnerships  
20 with States and Indian Tribes and provide technical  
21 assistance to existing Maternal Mortality Review  
22 Committees;

23 (3) \$45,000,000 for the Pregnancy Risk As-  
24 sessment Monitoring System (commonly known as  
25 the “PRAMS”) of the Centers for Disease Control

1 and Prevention, to support the Centers for Disease  
2 Control and Prevention in its efforts to—

3 (A) create a COVID–19 supplement to its  
4 PRAMS questionnaire;

5 (B) add questions around experiences of  
6 respectful maternity care in prenatal,  
7 intrapartum, and postpartum care;

8 (C) conduct a rapid assessment of  
9 COVID–19 awareness, impact on care and ex-  
10 periences, and use of preventive measures  
11 among pregnant, laboring and birthing, and  
12 postpartum individuals during the COVID–19  
13 public health emergency; and

14 (D) work to transition the survey to an  
15 electronic platform and expand the survey to a  
16 larger population, with a special focus on reach-  
17 ing underrepresented communities; and

18 (4) \$15,000,000 for the National Institute of  
19 Child Health and Human Development, to conduct  
20 or support research for interventions to mitigate the  
21 effects of the COVID–19 public health emergency on  
22 pregnant and postpartum individuals, with a par-  
23 ticular focus on individuals from racial and ethnic  
24 minority groups.

1 **SEC. 1003. COVID-19 MATERNAL HEALTH DATA COLLEC-**  
2 **TION AND DISCLOSURE.**

3 (a) AVAILABILITY OF COLLECTED DATA.—The Sec-  
4 retary, acting through the Director of the Centers for Dis-  
5 ease Control and Prevention and the Administrator of the  
6 Centers for Medicare & Medicaid Services, shall make pub-  
7 licly available on the website of the Centers for Disease  
8 Control and Prevention data described in subsection (b).

9 (b) DATA DESCRIBED.—The data under subsection  
10 (a) means data collected through Federal surveillance sys-  
11 tems under the Centers for Disease Control and Preven-  
12 tion with respect to COVID-19 and individuals who are  
13 pregnant or in a postpartum period. Such data shall in-  
14 clude the following:

15 (1) Diagnostic testing, including the number of  
16 pregnant and postpartum individuals who are tested  
17 for COVID-19 and the number of positive cases.

18 (2) Suspected cases of COVID-19 in pregnant  
19 and birthing individuals and individuals in a  
20 postpartum period.

21 (3) Serologic testing, including the number of  
22 pregnant and postpartum individuals tested and the  
23 number of such serologic tests that were positive.

24 (4) Health care treatment for individuals who  
25 were infected with the virus, including hospitaliza-



1 tions, emergency room visits, and intensive care unit  
2 admissions.

3 (5) Health outcomes for pregnant individuals  
4 and infants confirmed or suspected of being infected  
5 with the virus, including—

6 (A) the number of fatalities and case fa-  
7 talities (expressed as the proportion of individ-  
8 uals who were infected with the virus to individ-  
9 uals who died from the virus); and

10 (B) the number of stillbirths, infant mor-  
11 tality, pre-term births, infants born with a low-  
12 birth weight, and cesarean section births.

13 (c) INDIAN HEALTH SERVICE.—In carrying out sub-  
14 section (a), the Secretary shall consult with Indian Tribes  
15 and confer with urban Indian organizations.

16 (d) DISAGGREGATED INFORMATION.—In carrying  
17 out subsection (a), the Secretary shall disaggregate data  
18 by race, ethnicity, and location.

19 (e) UPDATE.—During the COVID–19 public health  
20 emergency, the Secretary shall update the data made  
21 available under this section—

22 (1) at least on a monthly basis; and

23 (2) not less than one month after the end of  
24 such public health emergency.

1 (f) PRIVACY.—In carrying out subsection (a), the  
2 Secretary shall take steps to protect the privacy of individ-  
3 uals pursuant to regulations promulgated under section  
4 264(c) of the Health Insurance Portability and Account-  
5 ability Act of 1996 (42 U.S.C. 1320d–2 note).

6 (g) GUIDANCE.—

7 (1) IN GENERAL.—Not later than 30 days after  
8 the date of enactment of this Act, the Secretary  
9 shall issue guidance to States and local public health  
10 departments to ensure that—

11 (A) laboratories that test specimens for  
12 COVID–19 receive all relevant demographic  
13 data on race, ethnicity, pregnancy status, and  
14 other demographic data as determined by the  
15 Secretary; and

16 (B) data described in subsection (b) is  
17 disaggregated by race, ethnicity, and location.

18 (2) CONSULTATION.—In carrying out para-  
19 graph (1), the Secretary shall consult with Indian  
20 Tribes—

21 (A) to ensure that such guidance includes  
22 Tribally developed best practices; and

23 (B) to reduce misclassification of American  
24 Indians and Alaska Natives.

1 **SEC. 1004. INCLUSION OF PREGNANT INDIVIDUALS AND**  
2 **LACTATING INDIVIDUALS IN VACCINE AND**  
3 **THERAPEUTIC DEVELOPMENT FOR COVID-19.**

4 The Director of the National Institutes of Health  
5 shall when safe and appropriate, support and advance the  
6 inclusion of pregnant and lactating individuals in thera-  
7 peutic and vaccine clinical trials with respect to the treat-  
8 ment or prevention of COVID-19, including prioritizing  
9 recommendations made by the Task Force on Research  
10 Specific to Pregnant Women and Lactating Women estab-  
11 lished under section 2041 of the 21st Century Cures Act  
12 (42 U.S.C. 289a-2 note) with respect to including such  
13 individuals in such clinical trials.

14 **SEC. 1005. PUBLIC HEALTH COMMUNICATION REGARDING**  
15 **MATERNAL CARE DURING COVID-19.**

16 The Director of the Centers for Disease Control and  
17 Prevention shall conduct a public health education cam-  
18 paign to increase access by pregnant individuals, their em-  
19 ployers, and their health care providers to accurate, evi-  
20 dence-based information on COVID-19 and pregnancy  
21 risks, with a particular focus pregnant individuals in un-  
22 derserved communities.

1 **SEC. 1006. TASK FORCE ON BIRTHING EXPERIENCE AND**  
2 **SAFE MATERNITY CARE DURING A PUBLIC**  
3 **HEALTH EMERGENCY.**

4 (a) **ESTABLISHMENT.**—The Secretary, in consulta-  
5 tion with the Director of the Centers for Disease Control  
6 and Prevention and the Administrator of the Health Re-  
7 sources and Services Administration, shall convene a task  
8 force (in this subsection referred to as the “Task Force”)  
9 to develop recommendations, and make such recommenda-  
10 tions publicly available in multiple languages, on respect-  
11 ful maternity care during the COVID–19 public health  
12 emergency and other public health emergencies, with a  
13 particular focus on outcomes for individuals from racial  
14 and ethnic minority groups and other underserved commu-  
15 nities.

16 (b) **CONTENT.**—In developing recommendations  
17 under paragraph (1), the Task Force shall address the  
18 following:

19 (1) Measures to facilitate respectful maternity  
20 care.

21 (2) Strategies to increase access to specialized  
22 care for individuals with high-risk pregnancies.

23 (3) COVID–19 diagnostic testing for pregnant  
24 individuals and individuals in labor.

25 (4) The designation of a companion during  
26 birthing.

1           (5) The ability to communicate using an elec-  
2           tronic mobile device during birthing.

3           (6) With respect to an individual who has the  
4           virus that causes COVID–19—

5                   (A) separation from a newborn after birth;  
6           and

7                   (B) ensuring safety while breastfeeding.

8           (7) Licensing, training, and reimbursement for  
9           midwives from racial and ethnic minority groups and  
10          underserved communities.

11          (8) Financial support for perinatal health work-  
12          ers who provide nonclinical support to pregnant indi-  
13          viduals and postpartum individuals from under-  
14          served communities.

15          (9) The identification and treatment of prenatal  
16          and postpartum mental and behavioral health condi-  
17          tions may have developed during or worsened be-  
18          cause of the COVID–19 public health emergency or  
19          future public health emergencies, including anxiety,  
20          substance use disorder, and depression.

21          (10) Strategies to address hospital capacity  
22          issues in communities with an increase in COVID–  
23          19 cases, or cases of other infectious diseases.

24          (11) Options for maternal care that reduce  
25          cross-contamination and maintain safety and quality

1 of care, including auxiliary maternity units and free-  
2 standing birth centers.

3 (12) Methods to identify and address racism,  
4 bias, and discrimination in treatment and support to  
5 pregnant and postpartum individuals, including—

6 (A) evaluating the training of hospital staff  
7 on implicit bias and racism and respectful ma-  
8 ternity care; and

9 (B) the collection of demographic data.

10 (13) Other matters the Task Force determines  
11 appropriate.

12 (c) MEMBERSHIP.—

13 (1) CHAIR.—The Secretary shall select the  
14 chair of the Task Force from among the members  
15 of the Task Force.

16 (2) COMPOSITION.—The Task Force shall be  
17 composed of—

18 (A) representatives of Federal agencies, in-  
19 cluding the agencies listed in paragraph (3);

20 (B) three or more representatives of State,  
21 local, or territorial public health departments  
22 from different areas in the United States that  
23 have a large historically marginalized popu-  
24 lation;

1 (C) one or more representatives of Tribal  
2 public health departments;

3 (D) one or more obstetrician-gynecologists  
4 or other physicians who provide obstetric care,  
5 with consideration for physicians who are from,  
6 or work in, communities experiencing a high  
7 rate of mortality and morbidity from COVID–  
8 19;

9 (E) one or more nurses who provide ob-  
10 stetric care, with consideration for physicians  
11 who are from, or work in, communities experi-  
12 encing a high rate of mortality and morbidity  
13 from COVID–19;

14 (F) one or more perinatal health workers;

15 (G) one or more individuals who were  
16 pregnant or gave birth during the COVID–19  
17 public health emergency;

18 (H) one or more individuals who had the  
19 virus that causes COVID–19 and later gave  
20 birth;

21 (I) one or more individuals who have re-  
22 ceived support from a perinatal health; and

23 (J) three or more independent experts who  
24 are racially and ethnically diverse with knowl-  
25 edge on racial and ethnic disparities in—

- 1 (i) public health;
- 2 (ii) maternal health; or
- 3 (iii) maternal mortality and severe
- 4 maternal morbidity.

5 (3) FEDERAL AGENCIES.—The agencies rep-

6 resented under paragraph (2)(A) shall include the

7 following:

8 (A) The Department of Health and

9 Human Services.

10 (B) The Centers for Disease Control and

11 Prevention.

12 (C) The Centers for Medicare & Medicaid

13 Services.

14 (D) The Health Resources and Services

15 Administration.

16 (E) The Indian Health Service.

17 (F) The National Institutes of Health.

18 **SEC. 1007. GAO REPORT ON MATERNAL HEALTH AND PUB-**

19 **LIC HEALTH EMERGENCY PREPAREDNESS.**

20 (a) IN GENERAL.—Not later than one year after date

21 of the enactment of this Act, the Comptroller General of

22 the United States shall submit to Congress a report on

23 maternal health and public health emergency prepared-

24 ness. Such report shall include the information and rec-

25 ommendations described in subsection (b).



1 (b) CONTENT OF REPORT.—The report under sub-  
2 section (b) shall include the following:

3 (1) A review of prenatal, labor and delivery,  
4 and postpartum experiences of individuals during  
5 such public health emergency, including—

6 (A) barriers to accessing pregnancy, birth,  
7 and postpartum care during a pandemic;

8 (B) public and private insurance coverage  
9 with respect to maternal health care, including  
10 telehealth services;

11 (C) to the extent practicable, maternal and  
12 infant health outcomes by race and ethnicity  
13 (including quality of care, mortality, morbidity,  
14 cesarean section rates, preterm birth, preva-  
15 lence of prenatal and postpartum mental health  
16 conditions and substance use disorders);

17 (D) with respect to such health outcomes,  
18 the impact of Federal and State policy changes  
19 during such public health emergency;

20 (E) contributing factors to population-  
21 based disparities in health outcomes, including  
22 bias and discrimination toward individuals from  
23 racial and ethnic minority groups; and

24 (F) the effect of increased unemployment,  
25 paid family leave, changes in health care cov-

1 erage, and other social determinants of health  
2 for pregnant and postpartum individuals during  
3 the public health emergency.

4 (2) Recommendations on improving the public  
5 health emergency response and preparedness efforts  
6 of the Federal Government with respect to maternal  
7 health, with a focus on outcomes for pregnant and  
8 postpartum individuals from racial and ethnic mi-  
9 nority groups, including—

10 (A) improving research, surveillance, and  
11 data collection with respect to maternal health;

12 (B) factoring maternal health outcomes  
13 and disparities into decisions regarding dis-  
14 tribution of resources;

15 (C) improving the distribution of public  
16 health funds, data, and information to Indian  
17 Tribes and Tribal organizations with regard to  
18 maternal health during a public health emer-  
19 gency; and

20 (D) improving communications during a  
21 public health emergency with—

22 (i) maternity care providers;

23 (ii) maternal mental and behavioral  
24 health care providers;

1 (iii) researchers who specialize in ma-  
2 ternal health, maternal mortality, or severe  
3 maternal morbidity;

4 (iv) individuals who experienced preg-  
5 nancy or childbirth during the COVID-19  
6 public health emergency;

7 (v) representatives from community-  
8 based organizations that address maternal  
9 health; and

10 (vi) perinatal health workers.

11 **TITLE XI—PROTECTING MOMS**  
12 **AND BABIES AGAINST CLI-**  
13 **MATE CHANGE**

14 **SEC. 1101. DEFINITIONS.**

15 In this title, the following definitions apply:

16 (1) ADVERSE MATERNAL AND INFANT HEALTH  
17 OUTCOMES.—The term “adverse maternal and in-  
18 fant health outcomes” includes the outcomes of  
19 preterm birth, low birth weight, stillbirth, infant or  
20 maternal mortality, and severe maternal morbidity.

21 (2) INSTITUTION OF HIGHER EDUCATION.—The  
22 term “institution of higher education” has the  
23 meaning given such term in section 101 of the High-  
24 er Education Act of 1965 (20 U.S.C. 1001).

1           (3) MINORITY-SERVING INSTITUTION.—The  
2 term “minority-serving institution” means an entity  
3 specified in any of paragraphs (1) through (7) of  
4 section 371(a) of the Higher Education Act of 1965  
5 (20 U.S.C. 1067q(a)).

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

10          (5) RISKS ASSOCIATED WITH CLIMATE  
11 CHANGE.—The term “risks associated with climate  
12 change” includes risks associated with extreme heat,  
13 air pollution, extreme weather events, and other en-  
14 vironmental issues associated with climate change  
15 that can result in adverse maternal and infant  
16 health outcomes.

17          (6) STAKEHOLDER ORGANIZATION.—The term  
18 “stakeholder organization” means—

19               (A) a community-based organization with  
20 expertise in providing assistance to vulnerable  
21 individuals;

22               (B) a nonprofit organization with expertise  
23 in maternal or infant health or environmental  
24 justice; and

1 (C) a patient advocacy organization rep-  
2 resenting vulnerable individuals.

3 (7) VULNERABLE INDIVIDUAL.—The term “vul-  
4 nerable individual” means—

5 (A) an individual who is pregnant;

6 (B) an individual who was pregnant during  
7 any portion of the preceding 1-year period; and

8 (C) an individual under 3 years of age.

9 **SEC. 1102. GRANT PROGRAM TO PROTECT VULNERABLE**  
10 **MOTHERS AND BABIES FROM CLIMATE**  
11 **CHANGE RISKS.**

12 (a) IN GENERAL.—Not later than 180 days after the  
13 date of the enactment of this Act, the Secretary of Health  
14 and Human Services shall establish a grant program (in  
15 this section referred to as the “Program”) to protect vul-  
16 nerable individuals from risks associated with climate  
17 change.

18 (b) GRANT AUTHORITY.—In carrying out the Pro-  
19 gram, the Secretary may award, on a competitive basis,  
20 grants to 10 covered entities.

21 (c) APPLICATIONS.—To be eligible for a grant under  
22 the Program, a covered entity shall submit to the Sec-  
23 retary an application at such time, in such form, and con-  
24 taining such information as the Secretary may require,

1 which shall include, at a minimum, a description of the  
2 following:

3 (1) Plans for the use of grant funds awarded  
4 under the Program and how patients and stake-  
5 holder organizations were involved in the develop-  
6 ment of such plans.

7 (2) How such grant funds will be targeted to  
8 geographic areas that have disproportionately high  
9 levels of risks associated with climate change for vul-  
10 nerable individuals.

11 (3) How such grant funds will be used to ad-  
12 dress racial and ethnic disparities in—

13 (A) adverse maternal and infant health  
14 outcomes; and

15 (B) exposure to risks associated with cli-  
16 mate change for vulnerable individuals.

17 (4) Strategies to prevent an initiative assisted  
18 with such grant funds from causing—

19 (A) adverse environmental impacts;

20 (B) displacement of residents and busi-  
21 nesses;

22 (C) rent and housing price increases; or

23 (D) disproportionate adverse impacts on  
24 racial and ethnic minority groups and other un-  
25 derserved populations.

1 (d) SELECTION OF GRANT RECIPIENTS.—

2 (1) TIMING.—Not later than 270 days after the  
3 date of the enactment of this Act, the Secretary  
4 shall select the recipients of grants under the Pro-  
5 gram.

6 (2) CONSULTATION.—In selecting covered enti-  
7 ties for grants under the Program, the Secretary  
8 shall consult with—

9 (A) representatives of stakeholder organi-  
10 zations;

11 (B) the Administrator of the Environ-  
12 mental Protection Agency;

13 (C) the Administrator of the National Oce-  
14 anic and Atmospheric Administration; and

15 (D) from the Department of Health and  
16 Human Services—

17 (i) the Deputy Assistant Secretary for  
18 Minority Health;

19 (ii) the Administrator of the Centers  
20 for Medicare & Medicaid Services;

21 (iii) the Administrator of the Health  
22 Resources and Services Administration;

23 (iv) the Director of the National Insti-  
24 tutes of Health; and

1 (v) the Director of the Centers for  
2 Disease Control and Prevention.

3 (3) PRIORITY.—In selecting a covered entity to  
4 be awarded a grant under the Program, the Sec-  
5 retary shall give priority to covered entities that  
6 serve a county—

7 (A) designated, or located in an area des-  
8 igned, as a nonattainment area pursuant to  
9 section 107 of the Clean Air Act (42 U.S.C.  
10 7407) for any air pollutant for which air quality  
11 criteria have been issued under section 108(a)  
12 of such Act (42 U.S.C. 7408(a));

13 (B) with a level of vulnerability of mod-  
14 erate-to-high or higher, according to the Social  
15 Vulnerability Index of the Centers for Disease  
16 Control and Prevention; or

17 (C) with temperatures that pose a risk to  
18 human health, as determined by the Secretary,  
19 in consultation with the Administrator of the  
20 National Oceanic and Atmospheric Administra-  
21 tion and the Chair of the United States Global  
22 Change Research Program, based on the best  
23 available science.

24 (4) LIMITATION.—A recipient of grant funds  
25 under the Program may not use such grant funds to



1       serve a county that is served by any other recipient  
2       of a grant under the Program.

3       (e) USE OF FUNDS.—A covered entity awarded grant  
4 funds under the Program may only use such grant funds  
5 for the following:

6           (1) Initiatives to identify risks associated with  
7 climate change for vulnerable individuals and to pro-  
8 vide services and support to such individuals that  
9 address such risks, which may include—

10           (A) training for health care providers,  
11 doulas, and other employees in hospitals, birth  
12 centers, midwifery practices, and other health  
13 care practices that provide prenatal or labor  
14 and delivery services to vulnerable individuals  
15 on the identification of, and patient counseling  
16 relating to, risks associated with climate change  
17 for vulnerable individuals;

18           (B) hiring, training, or providing resources  
19 to community health workers and perinatal  
20 health workers who can help identify risks asso-  
21 ciated with climate change for vulnerable indi-  
22 viduals, provide patient counseling about such  
23 risks, and carry out the distribution of relevant  
24 services and support;

1 (C) enhancing the monitoring of risks as-  
2 sociated with climate change for vulnerable in-  
3 dividuals, including by—

4 (i) collecting data on such risks in  
5 specific census tracts, neighborhoods, or  
6 other geographic areas; and

7 (ii) sharing such data with local  
8 health care providers, doulas, and other  
9 employees in hospitals, birth centers, mid-  
10 wifery practices, and other health care  
11 practices that provide prenatal or labor  
12 and delivery services to local vulnerable in-  
13 dividuals; and

14 (D) providing vulnerable individuals—

15 (i) air conditioning units, residential  
16 weatherization support, filtration systems,  
17 household appliances, or related items;

18 (ii) direct financial assistance; and

19 (iii) services and support, including  
20 housing and transportation assistance, to  
21 prepare for or recover from extreme weath-  
22 er events, which may include floods, hurri-  
23 canes, wildfires, droughts, and related  
24 events.

1           (2) Initiatives to mitigate levels of and exposure  
2           to risks associated with climate change for vulner-  
3           able individuals, which shall be based on the best  
4           available science and which may include initiatives  
5           to—

6                   (A) develop, maintain, or expand urban or  
7                   community forestry initiatives and tree canopy  
8                   coverage initiatives;

9                   (B) improve infrastructure, including  
10                  buildings and paved surfaces;

11                  (C) develop or improve community out-  
12                  reach networks to provide culturally and lin-  
13                  guistically appropriate information and notifica-  
14                  tions about risks associated with climate change  
15                  for vulnerable individuals; and

16                  (D) provide enhanced services to racial and  
17                  ethnic minority groups and other underserved  
18                  populations.

19           (f) LENGTH OF AWARD.—A grant under this section  
20           shall be disbursed over 4 fiscal years.

21           (g) TECHNICAL ASSISTANCE.—The Secretary shall  
22           provide technical assistance to a covered entity awarded  
23           a grant under the Program to support the development,  
24           implementation, and evaluation of activities funded with  
25           such grant.

1 (h) REPORTS TO SECRETARY.—

2 (1) ANNUAL REPORT.—For each fiscal year  
3 during which a covered entity is disbursed grant  
4 funds under the Program, such covered entity shall  
5 submit to the Secretary a report that summarizes  
6 the activities carried out by such covered entity with  
7 such grant funds during such fiscal year, which shall  
8 include a description of the following:

9 (A) The involvement of stakeholder organi-  
10 zations in the implementation of initiatives as-  
11 sisted with such grant funds.

12 (B) Relevant health and environmental  
13 data, disaggregated, to the extent practicable,  
14 by race, ethnicity, gender, and pregnancy sta-  
15 tus.

16 (C) Qualitative feedback received from vul-  
17 nerable individuals with respect to initiatives  
18 assisted with such grant funds.

19 (D) Criteria used in selecting the geo-  
20 graphic areas assisted with such grant funds.

21 (E) Efforts to address racial and ethnic  
22 disparities in adverse maternal and infant  
23 health outcomes and in exposure to risks associ-  
24 ated with climate change for vulnerable individ-  
25 uals.

1 (F) Any negative and unintended impacts  
2 of initiatives assisted with such grant funds, in-  
3 cluding—

4 (i) adverse environmental impacts;

5 (ii) displacement of residents and  
6 businesses;

7 (iii) rent and housing price increases;

8 and

9 (iv) disproportionate adverse impacts  
10 on racial and ethnic minority groups and  
11 other underserved populations.

12 (G) How the covered entity will address  
13 and prevent any impacts described in subpara-  
14 graph (F).

15 (2) PUBLICATION.—Not later than 30 days  
16 after the date on which a report is submitted under  
17 paragraph (1), the Secretary shall publish such re-  
18 port on a public website of the Department of  
19 Health and Human Services.

20 (i) REPORT TO CONGRESS.—Not later than the date  
21 that is 5 years after the date on which the Program is  
22 established, the Secretary shall submit to Congress and  
23 publish on a public website of the Department of Health  
24 and Human Services a report on the results of the Pro-  
25 gram, including the following:

1           (1) Summaries of the annual reports submitted  
2 under subsection (h).

3           (2) Evaluations of the initiatives assisted with  
4 grant funds under the Program.

5           (3) An assessment of the effectiveness of the  
6 Program in—

7                 (A) identifying risks associated with cli-  
8 mate change for vulnerable individuals;

9                 (B) providing services and support to such  
10 individuals;

11                (C) mitigating levels of and exposure to  
12 such risks; and

13                (D) addressing racial and ethnic disparities  
14 in adverse maternal and infant health outcomes  
15 and in exposure to such risks.

16           (4) A description of how the Program could be  
17 expanded, including—

18                 (A) monitoring efforts or data collection  
19 that would be required to identify areas with  
20 high levels of risks associated with climate  
21 change for vulnerable individuals;

22                 (B) how such areas could be identified  
23 using the strategy developed under section 5;  
24 and

1 (C) recommendations for additional fund-  
2 ing.

3 (j) COVERED ENTITY DEFINED.—In this section, the  
4 term “covered entity” means a consortium of organiza-  
5 tions serving a county that—

6 (1) shall include a community-based organiza-  
7 tion; and

8 (2) may include—

9 (A) another stakeholder organization;

10 (B) the government of such county;

11 (C) the governments of one or more mu-  
12 nicipalities within such county;

13 (D) a State or local public health depart-  
14 ment or emergency management agency;

15 (E) a local health care practice, which may  
16 include a licensed and accredited hospital, birth  
17 center, midwifery practice, or other health care  
18 practice that provides prenatal or labor and de-  
19 livery services to vulnerable individuals;

20 (F) an Indian tribe or tribal organization  
21 (as such terms are defined in section 4 of the  
22 Indian Self-Determination and Education As-  
23 sistance Act (25 U.S.C. 5304));

1 (G) an Urban Indian organization (as de-  
2 fined in section 4 of the Indian Health Care  
3 Improvement Act (25 U.S.C. 1603)); and

4 (H) an institution of higher education.

5 (k) AUTHORIZATION OF APPROPRIATIONS.—There is  
6 authorized to be appropriated to carry out this section  
7 \$100,000,000 for the period of fiscal years 2022 through  
8 2025.

9 **SEC. 1103. GRANT PROGRAM FOR EDUCATION AND TRAIN-**  
10 **ING AT HEALTH PROFESSION SCHOOLS.**

11 (a) IN GENERAL.—Not later than 1 year after the  
12 date of the enactment of this Act, the Secretary of Health  
13 and Human Services shall establish a grant program (in  
14 this section referred to as the “Program”) to provide  
15 funds to health profession schools to support the develop-  
16 ment and integration of education and training programs  
17 for identifying and addressing risks associated with cli-  
18 mate change for vulnerable individuals.

19 (b) GRANT AUTHORITY.—In carrying out the Pro-  
20 gram, the Secretary may award, on a competitive basis,  
21 grants to health profession schools.

22 (c) APPLICATION.—To be eligible for a grant under  
23 the Program, a health profession school shall submit to  
24 the Secretary an application at such time, in such form,  
25 and containing such information as the Secretary may re-



1 quire, which shall include, at a minimum, a description  
2 of the following:

3           (1) How such health profession school will en-  
4           gage with vulnerable individuals, and stakeholder or-  
5           ganizations representing such individuals, in devel-  
6           oping and implementing the education and training  
7           programs supported by grant funds awarded under  
8           the Program.

9           (2) How such health profession school will en-  
10          sure that such education and training programs will  
11          address racial and ethnic disparities in exposure to,  
12          and the effects of, risks associated with climate  
13          change for vulnerable individuals.

14          (d) USE OF FUNDS.—A health profession school  
15          awarded a grant under the Program shall use the grant  
16          funds to develop, and integrate into the curriculum and  
17          continuing education of such health profession school, edu-  
18          cation and training on each of the following:

19               (1) Identifying risks associated with climate  
20               change for vulnerable individuals and individuals  
21               with the intent to become pregnant.

22               (2) How risks associated with climate change  
23               affect vulnerable individuals and individuals with the  
24               intent to become pregnant.

1           (3) Racial and ethnic disparities in exposure to,  
2           and the effects of, risks associated with climate  
3           change for vulnerable individuals and individuals  
4           with the intent to become pregnant.

5           (4) Patient counseling and mitigation strategies  
6           relating to risks associated with climate change for  
7           vulnerable individuals.

8           (5) Relevant services and support for vulnerable  
9           individuals relating to risks associated with climate  
10          change and strategies for ensuring vulnerable indi-  
11          viduals have access to such services and support.

12          (6) Implicit and explicit bias, racism, and dis-  
13          crimination.

14          (7) Related topics identified by such health pro-  
15          fession school based on the engagement of such  
16          health profession school with vulnerable individuals  
17          and stakeholder organizations representing such in-  
18          dividuals.

19          (e) PARTNERSHIPS.—In carrying out activities with  
20          grant funds, a health profession school awarded a grant  
21          under the Program may partner with one or more of the  
22          following:

23                 (1) A State or local public health department.

24                 (2) A health care professional membership or-  
25          ganization.

1 (3) A stakeholder organization.

2 (4) A health profession school.

3 (5) An institution of higher education.

4 (f) REPORTS TO SECRETARY.—

5 (1) ANNUAL REPORT.—For each fiscal year  
6 during which a health profession school is disbursed  
7 grant funds under the Program, such health profes-  
8 sion school shall submit to the Secretary a report  
9 that describes the activities carried out with such  
10 grant funds during such fiscal year.

11 (2) FINAL REPORT.—Not later than the date  
12 that is 1 year after the end of the last fiscal year  
13 during which a health profession school is disbursed  
14 grant funds under the Program, the health profes-  
15 sion school shall submit to the Secretary a final re-  
16 port that summarizes the activities carried out with  
17 such grant funds.

18 (g) REPORT TO CONGRESS.—Not later than the date  
19 that is 6 years after the date on which the Program is  
20 established, the Secretary shall submit to Congress and  
21 publish on a public website of the Department of Health  
22 and Human Services a report that includes the following:

23 (1) A summary of the reports submitted under  
24 subsection (f).

1           (2) Recommendations to improve education and  
2           training programs at health profession schools with  
3           respect to identifying and addressing risks associ-  
4           ated with climate change for vulnerable individuals.

5           (h) HEALTH PROFESSION SCHOOL DEFINED.—In  
6           this section, the term “health profession school” means  
7           an accredited—

8                   (1) medical school;

9                   (2) school of nursing;

10                  (3) midwifery program;

11                  (4) physician assistant education program;

12                  (5) teaching hospital;

13                  (6) residency or fellowship program; or

14                  (7) other school or program determined appro-  
15           priate by the Secretary.

16           (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
17           authorized to be appropriated to carry out this section  
18           \$5,000,000 for the period of fiscal years 2022 through  
19           2025.

20           **SEC. 1104. NIH CONSORTIUM ON BIRTH AND CLIMATE**  
21   **CHANGE RESEARCH.**

22           (a) ESTABLISHMENT.—Not later than one year after  
23           the date of the enactment of this Act, the Director of the  
24           National Institutes of Health shall establish the Consor-

1 tium on Birth and Climate Change Research (in this sec-  
2 tion referred to as the “Consortium”).

3 (b) DUTIES.—

4 (1) IN GENERAL.—The Consortium shall co-  
5 ordinate, across the institutes, centers, and offices of  
6 the National Institutes of Health, research on the  
7 risks associated with climate change for vulnerable  
8 individuals.

9 (2) REQUIRED ACTIVITIES.—In carrying out  
10 paragraph (1), the Consortium shall—

11 (A) establish research priorities, including  
12 by prioritizing research that—

13 (i) identifies the risks associated with  
14 climate change for vulnerable individuals  
15 with a particular focus on disparities in  
16 such risks among racial and ethnic minor-  
17 ity groups and other underserved popu-  
18 lations; and

19 (ii) identifies strategies to reduce lev-  
20 els of, and exposure to, such risks, with a  
21 particular focus on risks among racial and  
22 ethnic minority groups and other under-  
23 served populations;

24 (B) identify gaps in available data related  
25 to such risks;

1 (C) identify gaps in, and opportunities for,  
2 research collaborations;

3 (D) identify funding opportunities for com-  
4 munity-based organizations and researchers  
5 from racially, ethnically, and geographically di-  
6 verse backgrounds; and

7 (E) publish annual reports on the work  
8 and findings of the Consortium on a public  
9 website of the National Institutes of Health.

10 (c) MEMBERSHIP.—The Director shall appoint to the  
11 Consortium representatives of such institutes, centers, and  
12 offices of the National Institutes of Health as the Director  
13 considers appropriate, including, at a minimum, rep-  
14 resentatives of—

15 (1) the National Institute of Environmental  
16 Health Sciences;

17 (2) the National Institute on Minority Health  
18 and Health Disparities;

19 (3) the Eunice Kennedy Shriver National Insti-  
20 tute of Child Health and Human Development;

21 (4) the National Institute of Nursing Research;  
22 and

23 (5) the Office of Research on Women’s Health.

1 (d) CHAIRPERSON.—The Chairperson of the Consor-  
2 tium shall be designated by the Director and selected from  
3 among the representatives appointed under subsection (c).

4 (e) CONSULTATION.—In carrying out the duties de-  
5 scribed in subsection (b), the Consortium shall consult  
6 with—

7 (1) the heads of relevant Federal agencies, in-  
8 cluding—

9 (A) the Environmental Protection Agency;

10 (B) the National Oceanic and Atmospheric  
11 Administration;

12 (C) the Occupational Safety and Health  
13 Administration; and

14 (D) from the Department of Health and  
15 Human Services—

16 (i) the Office of Minority Health in  
17 the Office of the Secretary;

18 (ii) the Centers for Medicare & Med-  
19 icaid Services;

20 (iii) the Health Resources and Serv-  
21 ices Administration;

22 (iv) the Centers for Disease Control  
23 and Prevention;

24 (v) the Indian Health Service; and

- 1 (vi) the Administration for Children  
2 and Families; and  
3 (2) representatives of—  
4 (A) stakeholder organizations;  
5 (B) health care providers and professional  
6 membership organizations with expertise in ma-  
7 ternal health or environmental justice;  
8 (C) State and local public health depart-  
9 ments;  
10 (D) licensed and accredited hospitals, birth  
11 centers, midwifery practices, or other health  
12 care practices that provide prenatal or labor  
13 and delivery services to vulnerable individuals;  
14 and  
15 (E) institutions of higher education, in-  
16 cluding such institutions that are minority-serv-  
17 ing institutions or have expertise in maternal  
18 health or environmental justice.

19 **SEC. 1105. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**  
20 **RISK ZONES FOR VULNERABLE MOTHERS**  
21 **AND BABIES.**

22 (a) IN GENERAL.—The Secretary of Health and  
23 Human Services, acting through the Director of the Cen-  
24 ters for Disease Control and Prevention, shall develop a  
25 strategy (in this section referred to as the “Strategy”) for



1 designating areas that the Secretary determines to have  
2 a high risk of adverse maternal and infant health out-  
3 comes among vulnerable individuals as a result of risks  
4 associated with climate change.

5 (b) STRATEGY REQUIREMENTS.—

6 (1) IN GENERAL.—In developing the Strategy,  
7 the Secretary shall establish a process to identify  
8 areas where vulnerable individuals are exposed to a  
9 high risk of adverse maternal and infant health out-  
10 comes as a result of risks associated with climate  
11 change in conjunction with other factors that can  
12 impact such health outcomes, including—

13 (A) the incidence of diseases associated  
14 with air pollution, extreme heat, and other envi-  
15 ronmental factors;

16 (B) the availability and accessibility of ma-  
17 ternal and infant health care providers;

18 (C) English-language proficiency among  
19 women of reproductive age;

20 (D) the health insurance status of women  
21 of reproductive age;

22 (E) the number of women of reproductive  
23 age who are members of racial or ethnic groups  
24 with disproportionately high rates of adverse  
25 maternal and infant health outcomes;

1 (F) the socioeconomic status of women of  
2 reproductive age, including with respect to—

3 (i) poverty;

4 (ii) unemployment;

5 (iii) household income; and

6 (iv) educational attainment; and

7 (G) access to quality housing, transpor-  
8 tation, and nutrition.

9 (2) RESOURCES.—In developing the Strategy,  
10 the Secretary shall identify, and incorporate a de-  
11 scription of, the following:

12 (A) Existing mapping tools or Federal pro-  
13 grams that identify—

14 (i) risks associated with climate  
15 change for vulnerable individuals; and

16 (ii) other factors that can influence  
17 maternal and infant health outcomes, in-  
18 cluding the factors described in paragraph  
19 (1).

20 (B) Environmental, health, socioeconomic,  
21 and demographic data relevant to identifying  
22 risks associated with climate change for vulner-  
23 able individuals.

1           (C) Existing monitoring networks that col-  
2 lect data described in subparagraph (B), and  
3 any gaps in such networks.

4           (D) Federal, State, and local stakeholders  
5 involved in maintaining monitoring networks  
6 identified under subparagraph (C), and how  
7 such stakeholders are coordinating their moni-  
8 toring efforts.

9           (E) Additional monitoring networks, and  
10 enhancements to existing monitoring networks,  
11 that would be required to address gaps identi-  
12 fied under subparagraph (C), including at the  
13 subcounty and census tract level.

14           (F) Funding amounts required to establish  
15 the monitoring networks identified under sub-  
16 paragraph (E) and recommendations for Fed-  
17 eral, State, and local coordination with respect  
18 to such networks.

19           (G) Potential uses for data collected and  
20 generated as a result of the Strategy, including  
21 how such data may be used in determining re-  
22 cipients of grants under the program estab-  
23 lished by section 2 or other similar programs.

1           (H) Other information the Secretary con-  
2           siders relevant for the development of the Strat-  
3           egy.

4           (c) COORDINATION AND CONSULTATION.—In devel-  
5           oping the Strategy, the Secretary shall—

6           (1) coordinate with the Administrator of the  
7           Environmental Protection Agency and the Adminis-  
8           trator of the National Oceanic and Atmospheric Ad-  
9           ministration; and

10          (2) consult with—

11           (A) stakeholder organizations;

12           (B) health care providers and professional  
13           membership organizations with expertise in ma-  
14           ternal health or environmental justice;

15           (C) State and local public health depart-  
16           ments;

17           (D) licensed and accredited hospitals, birth  
18           centers, midwifery practices, or other health  
19           care providers that provide prenatal or labor  
20           and delivery services to vulnerable individuals;  
21           and

22           (E) institutions of higher education, in-  
23           cluding such institutions that are minority-serv-  
24           ing institutions or have expertise in maternal  
25           health or environmental justice.

1 (d) NOTICE AND COMMENT.—At least 240 days be-  
2 fore the date on which the Strategy is published in accord-  
3 ance with subsection (e), the Secretary shall provide—

4 (1) notice of the Strategy on a public website  
5 of the Department of Health and Human Services;  
6 and

7 (2) an opportunity for public comment of at  
8 least 90 days.

9 (e) PUBLICATION.—Not later than 18 months after  
10 the date of the enactment of this Act, the Secretary shall  
11 publish on a public website of the Department of Health  
12 and Human Services—

13 (1) the Strategy;

14 (2) the public comments received under sub-  
15 section (d); and

16 (3) the responses of the Secretary to such pub-  
17 lic comments.

## 18 **TITLE XII—MATERNAL**

## 19 **VACCINATIONS**

20 **SEC. 1201. MATERNAL VACCINATION AWARENESS AND EQ-**  
21 **UITY CAMPAIGN.**

22 (a) IN GENERAL.—The Secretary of Health and  
23 Human Services (in this section referred to as the “Sec-  
24 retary”), acting through the Director of the Centers for

1 Disease Control and Prevention, shall carry out a national  
2 campaign to—

3           (1) increase awareness of the importance of ma-  
4           ternal vaccinations for the health of pregnant and  
5           postpartum individuals and their children; and

6           (2) increase maternal vaccination rates, with a  
7           focus on communities with historically high rates of  
8           unvaccinated individuals.

9           (b) CONSULTATION.—In carrying out the campaign  
10 under this title, the Secretary shall consult with relevant  
11 community-based organizations, health care professional  
12 associations and public health associations, State public  
13 health departments and local public health departments,  
14 Tribal-serving organizations, nonprofit organizations, and  
15 nationally recognized private entities.

16           (c) ACTIVITIES.—The campaign under this section  
17 shall—

18           (1) focus on increasing maternal vaccination  
19           rates in communities with historically high rates of  
20           unvaccinated individuals, including for pregnant and  
21           postpartum individuals from racial and ethnic mi-  
22           nority groups;

23           (2) include efforts to engage with pregnant and  
24           postpartum individuals in communities with histori-  
25           cally high rates of unvaccinated individuals to seek

1 input on the development and effectiveness of the  
2 campaign;

3 (3) provide evidence-based, culturally congruent  
4 resources and communications efforts; and

5 (4) be carried out in partnership with trusted  
6 individuals and entities in communities with histori-  
7 cally high rates of unvaccinated individuals, includ-  
8 ing community-based organizations, community  
9 health centers, perinatal health workers, and mater-  
10 nity care providers.

11 (d) COLLABORATION.—The Secretary shall ensure  
12 that the information and resources developed for the cam-  
13 paign under this section are made publicly available and  
14 shared with relevant Federal, State, and local entities.

15 (e) EVALUATION.—Not later than the end of fiscal  
16 year 2025, the Secretary shall—

17 (1) establish quantitative and qualitative  
18 metrics to evaluate the campaign under this section;  
19 and

20 (2) submit a report detailing the campaign’s  
21 impact to the Congress.

22 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry  
23 out this section, there is authorized to be appropriated  
24 \$2,000,000 for each of fiscal years 2022 through 2026.

○