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117TH CONGRESS
1ST SESSION

S. 346

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 SENATE OF THE UNITED STATES

FEBRUARY 22, 2021

Mr. BOOKER (for himself, Ms. DUCKWORTH, Mrs. GILLIBRAND, Mr. DURBIN, Mr. KAINE, Mr. CASEY, Mr. PETERS, Ms. BALDWIN, Mr. MERKLEY, Mr. VAN HOLLEN, Ms. STABENOW, Mr. BENNET, Ms. WARREN, Mr. MENENDEZ, Mr. MARKEY, Mr. BLUMENTHAL, Ms. SMITH, Mr. BROWN, Mr. WHITEHOUSE, Ms. KLOBUCHAR, and Mr. WARNOCK) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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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.**

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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-
14 national definition of the midwife and global
15 standards for midwifery education as estab-
16 lished by the International Confederation of
17 Midwives, nurse practitioner, or clinical nurse
18 specialist; and

19 (B) has a focus on maternal or perinatal
20 health.

21 (3) MATERNAL MORTALITY.—The term ''mater-
22 nal mortality'' means a death occurring during or
23 within a one-year period after pregnancy, caused by
24 pregnancy-related or childbirth complications, in-

1 cluding a suicide, overdose, or other death resulting
2 from a mental health or substance use disorder at-
3 tributed to or aggravated by pregnancy-related or
4 childbirth complications.

5 (4) PERINATAL HEALTH WORKER.—The term
6 ''perinatal health worker'' means a doula, commu-
7 nity health worker, peer supporter, breastfeeding
8 and lactation educator or counselor, nutritionist or
9 dietitian, childbirth educator, social worker, home
10 visitor, language interpreter, or navigator.

11 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
12 The terms ''postpartum'' and ''postpartum period''
13 refer to the 1-year period beginning on the last day
14 of the pregnancy of an individual.

15 (6) PREGNANCY-ASSOCIATED DEATH.—The
16 term ''pregnancy-associated death'' means a death of
17 a pregnant or postpartum individual, by any cause,
18 that occurs during, or within 1 year following, the
19 individual's pregnancy, regardless of the outcome,
20 duration, or site of the pregnancy.

21 (7) PREGNANCY-RELATED DEATH.—The term
22 ''pregnancy-related death'' means a death of a preg-
23 nant or postpartum individual that occurs during, or
24 within 1 year following, the individual's pregnancy,
25 from a pregnancy complication, a chain of events

1 initiated by pregnancy, or the aggravation of an un-
2 related condition by the physiologic effects of preg-
3 nancy.

4 (8) RACIAL AND ETHNIC MINORITY GROUP.—
5 The term ''racial and ethnic minority group'' has the
6 meaning given such term in section 1707(g)(1) of
7 the Public Health Service Act (42 U.S.C. 300u–
8 6(g)(1)).

9 (9) SEVERE MATERNAL MORBIDITY.—The term
10 ''severe maternal morbidity'' means a health condi-
11 tion, including mental health conditions and sub-
12 stance use disorders, attributed to or aggravated by
13 pregnancy or childbirth that results in significant
14 short-term or long-term consequences to the health
15 of the individual who was pregnant.

16 (10) SOCIAL DETERMINANTS OF MATERNAL
17 HEALTH.—The term ''social determinants of mater-
18 nal health'' means non-clinical factors that impact
19 maternal health outcomes, including—

20 (A) economic factors, which may include
21 poverty, employment, food security, support for
22 and access to lactation and other infant feeding
23 options, housing stability, and related factors;

24 (B) neighborhood factors, which may in-
25 clude quality of housing, access to transpor-

1 tation, access to child care, availability of
2 healthy foods and nutrition counseling, avail-
3 ability of clean water, air and water quality,
4 ambient temperatures, neighborhood crime and
5 violence, access to broadband, and related fac-
6 tors;
7 (C) social and community factors, which
8 may include systemic racism, gender discrimi-
9 nation or discrimination based on other pro-
10 tected classes, workplace conditions, incarcer-
11 ation, and related factors;
12 (D) household factors, which may include
13 ability to conduct lead testing and abatement,
14 car seat installation, indoor air temperatures,
15 and related factors;
16 (E) education access and quality factors,
17 which may include educational attainment, lan-
18 guage and literacy, and related factors; and
19 (F) health care access factors, including
20 health insurance coverage, access to culturally
21 congruent health care services, providers, and
22 non-clinical support, access to home visiting
23 services, access to wellness and stress manage-
24 ment programs, health literacy, access to tele-

health and items required to receive telehealth services, and related factors.

SEC. 4. SENSE OF CONGRESS.

It is the sense of Congress that—

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

(2) regardless of race, ethnicity, gender identity, sexual orientation, religion, marital status, familial status, socioeconomic status, immigration status, incarceration status, or disability, all deserve dignity.

TITLE I—SOCIAL DETERMINANTS FOR MOMS

SEC. 101. TASK FORCE TO DEVELOP A STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF MATERNAL HEALTH.

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

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

1 (1) The Secretary of Health and Human Serv-
2 ices (or a designee thereof).
3 (2) The Secretary of Housing and Urban Devel-
4 opment (or a designee thereof).
5 (3) The Secretary of Transportation (or a des-
6 ignee thereof).
7 (4) The Secretary of Agriculture (or a designee
8 thereof).
9 (5) The Secretary of Labor (or a designee
10 thereof).
11 (6) The Secretary of Defense (or a designee
12 thereof).
13 (7) The Secretary of Veterans Affairs (or a des-
14 ignee thereof).
15 (8) The Administrator of the Environmental
16 Protection Agency (or a designee thereof).
17 (9) The Assistant Secretary for the Administra-
18 tion for Children and Families (or a designee there-
19 of).
20 (10) The Administrator of the Centers for
21 Medicare & Medicaid Services (or a designee there-
22 of).
23 (11) The Director of the Indian Health Service
24 (or a designee thereof).

1 (12) The Director of the National Institutes of
2 Health (or a designee thereof).
3 (13) The Administrator of the Health Re-
4 sources and Services Administration (or a designee
5 thereof).
6 (14) The Deputy Assistant Secretary for Minor-
7 ity Health of the Department of Health and Human
8 Services (or a designee thereof).
9 (15) The Deputy Assistant Secretary for Wom-
10 en's Health of the Department of Health and
11 Human Services (or a designee thereof).
12 (16) The Director of the Centers for Disease
13 Control and Prevention (or a designee thereof).
14 (17) The Director of the Office on Violence
15 Against Women at the Department of Justice (or a
16 designee thereof).
17 (c) APPOINTED MEMBERS.—In addition to the ex
18 officio members of the Task Force, the Secretary of
19 Health and Human Services shall appoint the following
20 members of the Task Force:
21 (1) At least 2 representatives of patients, to in-
22 clude—
23 (A) a representative of patients who have
24 suffered from severe maternal morbidity; or

1 (B) a representative of patients who is a
2 family member of an individual who suffered a
3 pregnancy-related death.
4 (2) At least 2 leaders of community-based orga-
5 nizations that address maternal mortality and severe
6 maternal morbidity with a specific focus on racial
7 and ethnic disparities. In appointing such leaders
8 under this paragraph, the Secretary of Health and
9 Human Services shall give priority to individuals
10 who are leaders of organizations led by individuals
11 from racial and ethnic minority groups.
12 (3) At least 2 perinatal health workers.
13 (4) A professionally diverse panel of maternity
14 care providers.
15 (d) CHAIR.—The Secretary of Health and Human
16 Services shall select the chair of the Task Force from
17 among the members of the Task Force.
18 (e) REPORT.—Not later than 2 years after the date
19 of enactment of this Act, the Task Force shall submit to
20 Congress a report on—
21 (1) the strategy developed under subsection (a);
22 (2) recommendations on funding amounts with
23 respect to implementing such strategy;
24 (3) recommendations for how to expand cov-
25 erage of social services to address social deter-

1 minants of maternal health under Medicaid managed
2 care organizations and State Medicaid programs.
3 (f) TERMINATION.—Section 14 of the Federal Advi-
4 sory Committee Act (5 U.S.C. App.) shall not apply to
5 the Task Force with respect to termination.

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

7 (a) IN GENERAL.—The Secretary of Housing and
8 Urban Development shall establish a Housing for Moms
9 grant program under this section to make grants to eligi-
10 ble entities to increase access to safe, stable, affordable,
11 and adequate housing for pregnant and postpartum indi-
12 viduals and their families.
13 (b) APPLICATION.—To be eligible to receive a grant
14 under this section, an eligible entity shall submit to the
15 Secretary an application at such time, in such manner,
16 and containing such information as the Secretary may
17 provide.
18 (c) PRIORITY.—In awarding grants under this sec-
19 tion, the Secretary shall give priority to an eligible entity
20 that—
21 (1) is a community-based organization or will
22 partner with a community-based organization to im-
23 plement initiatives to increase access to safe, stable,
24 affordable, and adequate housing for pregnant and
25 postpartum individuals and their families;

1 (2) is operating in an area with high rates of
2 adverse maternal health outcomes or significant ra-
3 cial or ethnic disparities in maternal health out-
4 comes, to the extent such data are available; and
5 (3) is operating in an area with a high poverty
6 rate or significant number of individuals who lack
7 consistent access to safe, stable, affordable, and ade-
8 quate housing.
9 (d) USE OF FUNDS.—An eligible entity that receives
10 a grant under this section shall use funds under the grant
11 for the purposes of—
12 (1) identifying and conducting outreach to
13 pregnant and postpartum individuals who are low-in-
14 come and lack consistent access to safe, stable, af-
15 fordable, and adequate housing;
16 (2) providing safe, stable, affordable, and ade-
17 quate housing options to such individuals;
18 (3) connecting such individuals with local orga-
19 nizations offering safe, stable, affordable, and ade-
20 quate housing options;
21 (4) providing application assistance to such in-
22 dividuals seeking to enroll in programs offering safe,
23 stable, affordable, and adequate housing options;
24 (5) providing direct financial assistance to such
25 individuals for the purposes of maintaining safe, sta-

1 ble, and adequate housing for the duration of the in-
2 dividual's pregnancy and postpartum periods; and
3 (6) working with relevant stakeholders to en-
4 sure that local housing and homeless shelter infra-
5 structure is supportive to pregnant and postpartum
6 individuals, including through—
7 (A) health-promoting housing codes;
8 (B) enforcement of housing codes;
9 (C) proactive rental inspection programs;
10 (D) code enforcement officer training; and
11 (E) partnerships between regional offices
12 of the Department of Housing and Urban De-
13 velopment and community-based organizations
14 to ensure housing laws are understood and vio-
15 lations are discovered.
16 (e) REPORTING.—
17 (1) ELIGIBLE ENTITIES.—The Secretary shall
18 require each eligible entity receiving a grant under
19 this section to annually submit to the Secretary and
20 make publicly available a report on the status of ac-
21 tivities conducted using the grant.
22 (2) SECRETARY.—Not later than the end of
23 each fiscal year in which grants are made under this
24 section, the Secretary shall submit to Congress and
25 make publicly available a report that—

1 (A) summarizes the reports received under
2 paragraph (1);
3 (B) evaluates the effectiveness of grants
4 awarded under this section in increasing access
5 to safe, stable, affordable, and adequate hous-
6 ing for pregnant and postpartum individuals
7 and their families; and
8 (C) makes recommendations with respect
9 to ensuring activities described subsection (d)
10 continue after grant amounts made available
11 under this section are expended.
12 (f) DEFINITIONS.—In this section:
13 (1) ELIGIBLE ENTITY.—The term ''eligible enti-
14 ty'' means—
15 (A) a community-based organization;
16 (B) a State or local governmental entity,
17 including a State or local public health depart-
18 ment;
19 (C) an Indian tribe or tribal organization
20 (as such terms are defined in section 4 of the
21 Indian Self-Determination and Education As-
22 sistance Act (25 U.S.C. 5304)); or
23 (D) an Urban Indian organization (as such
24 term is defined in section 4 of the Indian

Health Care Improvement Act (25 U.S.C. 1603)).

(2) SECRETARY.—The term ''Secretary'' means the Secretary of Housing and Urban Development.

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

SEC. 103. DEPARTMENT OF TRANSPORTATION.

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

(1) an assessment of transportation barriers preventing individuals from attending prenatal and postpartum appointments, accessing maternal health care services, or accessing services and resources related to social determinants of maternal health;

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

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

(4) an assessment of the impact of disabilities, including service-related disabilities, on pregnant

1 and postpartum women's mobility and access to ap-
2 propriate care.
3 (b) CONSIDERATIONS.—In carrying out subsection
4 (a), the Secretary of Transportation shall give special con-
5 sideration to solutions for—
6 (1) pregnant and postpartum individuals living
7 in a health professional shortage area designated
8 under section 332 of the Public Health Service Act
9 (42 U.S.C. 254e);
10 (2) pregnant and postpartum individuals living
11 in areas with high maternal mortality or severe mor-
12 bidity rates or significant racial or ethnic disparities
13 in maternal health outcomes; and
14 (3) pregnant and postpartum individuals with a
15 disability that impacts mobility.
16 **SEC. 104. DEPARTMENT OF AGRICULTURE.**
17 (a) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
18 FOR WOMEN, INFANTS, AND CHILDREN.—
19 (1) BREASTFEEDING WOMEN.—
20 (A) DEFINITION OF BREASTFEEDING
21 WOMAN.—Section 17(b) of the Child Nutrition
22 Act of 1966 (42 U.S.C. 1786(b)) is amended by
23 striking paragraph (1) and inserting the fol-
24 lowing:

1 "(1) BREASTFEEDING WOMAN.—The term
2 'breastfeeding woman' means—
3 "(A) a woman who is not more than 1 year
4 postpartum and is breastfeeding the infant of
5 the woman; and
6 "(B) for purposes of subsection (d), a
7 woman who is not more than 2 years
8 postpartum and is breastfeeding the infant of
9 the woman.".
10 (B) EXTENSION OF BREASTFEEDING PE-
11 RIOD.—Section 17(d)(3)(A)(ii) of the Child Nu-
12 trition Act of 1966 (42 U.S.C.
13 1786(d)(3)(A)(ii)) is amended by striking "1
14 year" and inserting "2 years".
15 (2) POSTPARTUM WOMEN.—
16 (A) DEFINITION OF POSTPARTUM
17 WOMEN.—Section 17(b)(10) of the Child Nutri-
18 tion Act of 1966 (42 U.S.C. 1786(b)(10)) is
19 amended by striking "six months" and insert-
20 ing "2 years".
21 (B) CERTIFICATION.—Section 17(d)(3)(A)
22 of the Child Nutrition Act of 1966 (42 U.S.C.
23 1786(d)(3)(A)) is amended by adding at the
24 end the following:

1 "(iv) POSTPARTUM WOMEN.—A State
2 may elect to certify a postpartum woman
3 for a period of up to 2 years after the ter-
4 mination of pregnancy of the postpartum
5 woman.".

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

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

14 (B) breastfeeding rates among postpartum
15 individuals;

16 (C) qualitative evaluations of family experi-
17 ences under the special supplemental nutrition
18 program for women, infants, and children es-
19 tablished 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 of Agriculture.

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

1 (1) DEFINITIONS.—In this subsection:
2 (A) ELIGIBLE ENTITY.—The term "eligible
3 entity" means—
4 (i) a community-based organization;
5 (ii) a State or local governmental enti-
6 ty, including a State or local public health
7 department;
8 (iii) an Indian tribe or tribal organiza-
9 tion (as those terms are defined in section
10 4 of the Indian Self-Determination and
11 Education Assistance Act (25 U.S.C.
12 5304)); and
13 (iv) an urban Indian organization (as
14 defined in section 4 of the Indian Health
15 Care Improvement Act (25 U.S.C. 1603)).
16 (B) SECRETARY.—The term "Secretary"
17 means the Secretary of Agriculture.
18 (2) ESTABLISHMENT.—The Secretary shall es-
19 tablish a program to award grants, on a competitive
20 basis, to eligible entities to carry out the activities
21 described in paragraph (5).
22 (3) APPLICATION.—To be eligible for a grant
23 under this subsection, an eligible entity shall submit
24 to the Secretary an application at such time, in such

1 manner, and containing such information as the Sec-
2 retary determines appropriate.
3 (4) PRIORITY.—In awarding grants under this
4 subsection, the Secretary shall give priority to an eli-
5 gible entity that—
6 (A) is, or will partner with, a community-
7 based organization; and
8 (B) is operating in an area with high rates
9 of—
10 (i) adverse maternal health outcomes;
11 or
12 (ii) significant racial or ethnic dispari-
13 ties in maternal health outcomes.
14 (5) USE OF FUNDS.—An eligible entity shall
15 use grant funds awarded under this subsection to
16 deliver healthy food, infant formula, clean water, or
17 diapers to pregnant women (as defined in section
18 17(b) of the Child Nutrition Act of 1966 (42 U.S.C.
19 1786(b))) and postpartum individuals located in
20 areas that are food deserts, as determined by the
21 Secretary using data from the Food Access Research
22 Atlas of the Department of Agriculture.
23 (6) REPORTS.—
24 (A) ELIGIBLE ENTITY.—Each eligible enti-
25 ty that receives a grant under this subsection

1 shall, not later than 1 year after receiving the
2 grant, and annually thereafter, submit to the
3 Secretary a report on the status of activities
4 conducted using the grant, which shall contain
5 such information as the Secretary may require.
6 (B) SECRETARY.—
7 (i) IN GENERAL.—Not later than 2
8 years after the date on which the first
9 grant is awarded under this subsection, the
10 Secretary shall submit to Congress a re-
11 port that includes—
12 (I) a summary of the reports
13 submitted by eligible entities under
14 subparagraph (A);
15 (II) an assessment of the extent
16 to which food distributed through the
17 grant program under this subsection
18 was purchased from local and regional
19 food systems;
20 (III) an evaluation of the effect
21 of the grant program under this sub-
22 section on maternal and infant health
23 outcomes, including racial and ethnic
24 disparities and disparities impacting
25 other underserved mothers, such as

1 mothers living in rural areas, with re-
2 spect to those outcomes; and
3 (IV) recommendations with re-
4 spect to ensuring the activities de-
5 scribed in paragraph (5) continue
6 after the grant funding for those ac-
7 tivities expires.
8 (ii) PUBLICATION.—The Secretary
9 shall make the report submitted under
10 clause (i) publicly available on the website
11 of the Department of Agriculture.
12 (7) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to the Sec-
14 retary $5,000,000 to carry out this subsection for
15 the period of fiscal years 2022 through 2024.

16 **SEC. 105. ENVIRONMENTAL STUDY THROUGH NATIONAL**
17 **ACADEMIES.**

18 (a) IN GENERAL.—Not later than 60 days after the
19 date of enactment of this Act, the Administrator of the
20 Environmental Protection Agency shall seek to enter into
21 an agreement with the National Academies of Sciences,
22 Engineering, and Medicine (referred to in this section as
23 the ''National Academies'') under which the National
24 Academies agree to conduct a study on the impacts of
25 water and air quality, exposure to extreme temperatures,

exposure to environmental chemicals, environmental risks in the workplace and the home, and pollution levels on maternal and infant health outcomes.

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

(1) improving the environmental conditions described in that subsection to improve maternal and infant health outcomes; and

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

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

(1) to complete the study described in that subsection; and

(2) not later than 1 year after the date of enactment of this Act, to transmit to Congress and make publicly available a report that—

(A) describes the results of the study; and

(B) includes the recommendations described in subsection (b).

SEC. 106. CHILD CARE ACCESS.

(a) GRANT PROGRAM.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall award grants to eligible organizations to

1 provide pregnant and postpartum individuals with free
2 and accessible drop-in child care services during prenatal
3 and postpartum appointments, including for mental health
4 care, prenatal and childbirth classes, and labor and deliv-
5 ery. The Secretary shall coordinate with the Secretary of
6 Defense to disseminate information regarding such serv-
7 ices and to expand on-installation drop-in child care serv-
8 ices for military parents.

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

14 (c) ELIGIBLE ORGANIZATIONS.—

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

22 (2) PRIORITIZATION.—In selecting grant recipi-
23 ents under this section, the Secretary shall give pri-
24 ority to eligible organizations that operate in an area
25 with high rates of adverse maternal health outcomes

1 or significant racial or ethnic disparities in maternal
2 health outcomes, to the extent such data are avail-
3 able.

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

7 (e) REPORTING.—

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

13 (A) an analysis of the effect of the funded
14 program on prenatal and postpartum appoint-
15 ment attendance rates;

16 (B) summaries of qualitative assessments
17 of the funded program from—

18 (i) pregnant and postpartum individ-
19 uals participating in the program; and

20 (ii) the families of such individuals;
21 and

22 (C) such additional information as the Sec-
23 retary may require.

24 (2) SECRETARY.—Not later than the end of fis-
25 cal year 2024, the Secretary shall submit to Con-

1 gress and make publicly available a report con-
2 taining the following:
3 (A) A summary of the reports under para-
4 graph (1).
5 (B) An assessment of the effects, if any, of
6 the funded programs on maternal health out-
7 comes, with a specific focus on racial and ethnic
8 disparities in such outcomes.
9 (C) A description of actions the Secretary
10 can take to ensure that pregnant and
11 postpartum individuals eligible for medical as-
12 sistance under a State plan under title XIX of
13 the Social Security Act (42 U.S.C. 1936 et
14 seq.) have access to free and accessible drop-in
15 child care services during prenatal and
16 postpartum appointments, including identifica-
17 tion of the funding necessary to carry out such
18 actions.
19 (f) DROP-IN CHILD CARE SERVICES DEFINED.—In
20 this section, the term ''drop-in child care services'' means
21 child care and early childhood education services that
22 are—
23 (1) delivered at a facility that meets the re-
24 quirements of all applicable laws and regulations of
25 the State or local government in which it is located,

including the licensing of the facility as a child care facility; and

(2) provided in single encounters without requiring full-time enrollment of a person in a child care program.

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

SEC. 107. GRANTS TO LOCAL ENTITIES ADDRESSING SOCIAL DETERMINANTS OF MATERNAL HEALTH.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall award grants to eligible entities to—

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

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

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

1 (c) PRIORITIZATION.—In awarding grants under sub-
2 section (a), the Secretary shall give priority to an eligible
3 entity that—
4 (1) is, or will partner with, a community-based
5 organization to carrying out the activities under sub-
6 section (d);
7 (2) is operating in an area with high rates of
8 adverse maternal health outcomes or significant ra-
9 cial or ethnic disparities in maternal health out-
10 comes; and
11 (3) is operating in an area with a high poverty
12 rate.
13 (d) ACTIVITIES.—An eligible entity that receives a
14 grant under this section may—
15 (1) hire and retain staff;
16 (2) develop and distribute a culturally and lin-
17 guistically appropriate list of available resources
18 with respect to social service programs in a commu-
19 nity, including housing supports, child care access,
20 nutrition counseling, and resources for pregnant
21 women facing intimate partner violence;
22 (3) establish a culturally appropriate resource
23 center that provides multiple social service programs
24 in a single location;

(4) offer programs and resources in the communities in which the respective eligible entities are located to address social determinants of health for pregnant and postpartum individuals; and

(5) consult with such pregnant and postpartum individuals, including undocumented pregnant individuals, to conduct an assessment of the activities under this subsection.

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

(f) REPORTING.—

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

(2) SECRETARY.—Not later than the end of fiscal year 2026, the Secretary shall submit to Congress a report that includes—

1 (A) a summary of the reports under para-
2 graph (1); and
3 (B) recommendations for—
4 (i) improving maternal health out-
5 comes; and
6 (ii) reducing or eliminating racial and
7 ethnic disparities in maternal health out-
8 comes.
9 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
10 authorized to be appropriated to carry out this section
11 $15,000,000 for each of fiscal years 2022 through 2026.

12 TITLE II—HONORING KIRA 13 JOHNSON

14 SEC. 201. INVESTMENTS IN COMMUNITY-BASED ORGANIZA- 15 TIONS TO IMPROVE BLACK MATERNAL 16 HEALTH OUTCOMES.

17 (a) AWARDS.—Following the 1-year period beginning
18 on the date of enactment of this Act, the Secretary of
19 Health and Human Services (in this section referred to
20 as the ''Secretary'') shall award grants to eligible entities
21 to establish or expand programs to prevent maternal mor-
22 tality and severe maternal morbidity among Black preg-
23 nant and postpartum individuals.
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 Black 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 Black women; and
22 (C) offer programs and resources that are
23 aligned with evidence-based practices for im-
24 proving maternal health outcomes for Black
25 pregnant and postpartum individuals.

1 (2) AWARDS.—In awarding grants under this
2 section, the Secretary shall give special consideration
3 to eligible entities that—
4 (A) are described in subparagraphs (A),
5 (B), and (C) of paragraph (1);
6 (B) offer programs and resources designed
7 in consultation with and intended for Black
8 pregnant and postpartum individuals; and
9 (C) offer programs and resources in the
10 communities in which the respective eligible en-
11 tities are located that—
12 (i) promote maternal mental health
13 and maternal substance use disorder treat-
14 ments and supports that are aligned with
15 evidence-based practices for improving ma-
16 ternal mental and behavioral health out-
17 comes for Black pregnant and postpartum
18 individuals;
19 (ii) address social determinants of ma-
20 ternal health for pregnant and postpartum
21 individuals;
22 (iii) promote evidence-based health lit-
23 eracy and pregnancy, childbirth, and par-
24 enting education for pregnant and
25 postpartum individuals;

1 (iv) provide support from perinatal
2 health workers to pregnant and
3 postpartum individuals;
4 (v) provide culturally congruent train-
5 ing to perinatal health workers;
6 (vi) conduct or support research on
7 maternal health issues disproportionately
8 impacting Black pregnant and postpartum
9 individuals;
10 (vii) provide support to family mem-
11 bers of individuals who suffered a preg-
12 nancy-associated death or pregnancy-re-
13 lated death;
14 (viii) operate midwifery practices that
15 provide culturally congruent maternal
16 health care and support, including for the
17 purposes of—
18 (I) supporting additional edu-
19 cation, training, and certification pro-
20 grams, including support for distance
21 learning;
22 (II) providing financial support
23 to current and future midwives to ad-
24 dress education costs, debts, and
25 other needs;

1 (III) clinical site investments;
2 (IV) supporting preceptor devel-
3 opment trainings;
4 (V) expanding the midwifery
5 practice; or
6 (VI) related needs identified by
7 the midwifery practice and described
8 in the practice's application; or
9 (ix) have developed other programs
10 and resources that address community-spe-
11 cific needs for pregnant and postpartum
12 individuals and are aligned with evidence-
13 based practices for improving maternal
14 health outcomes for Black pregnant and
15 postpartum individuals.
16 (e) TECHNICAL ASSISTANCE.—The Secretary shall
17 provide to grant recipients under this section technical as-
18 sistance on—
19 (1) capacity building to establish or expand pro-
20 grams to prevent adverse maternal health outcomes
21 among Black pregnant and postpartum individuals;
22 (2) best practices in data collection, measure-
23 ment, evaluation, and reporting; and
24 (3) planning for sustaining programs to prevent
25 maternal mortality and severe maternal morbidity

among Black pregnant and postpartum individuals after the period of the grant.

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

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

(2) makes recommendations for future outreach efforts to diversify the pool of grant recipients for Department of Health and Human Services grant programs and funding opportunities related to maternal health;

(3) assesses the effectiveness of programs funded by grants under this section in improving maternal health outcomes for Black pregnant and postpartum individuals, to the extent practicable; and

(4) makes recommendations for future Department of Health and Human Services grant programs and funding opportunities that deliver funding to community-based organizations that provide programs and resources that are aligned with evidence-based practices for improving maternal health out-

1 comes for Black pregnant and postpartum individ-
2 uals.

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

6 **SEC. 202. INVESTMENTS IN COMMUNITY-BASED ORGANIZA-**
7 **TIONS TO IMPROVE MATERNAL HEALTH OUT-**
8 **COMES IN UNDERSERVED COMMUNITIES.**

9 (a) AWARDS.—Following the 1-year period beginning
10 on the date of enactment of this Act, the Secretary of
11 Health and Human Services (in this section referred to
12 as the "Secretary") shall award grants to eligible entities
13 to establish or expand programs to prevent maternal mor-
14 tality and severe maternal morbidity among underserved
15 groups.

16 (b) ELIGIBILITY.—To be eligible to seek a grant
17 under this section, an entity shall be a community-based
18 organization offering programs and resources aligned with
19 evidence-based practices for improving maternal health
20 outcomes for pregnant and postpartum individuals.

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

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

1 (2) provide technical assistance to eligible enti-
2 ties on best practices for applying for grants under
3 this section.
4 (d) SPECIAL CONSIDERATION.—
5 (1) OUTREACH.—In conducting outreach under
6 subsection (c), the Secretary shall give special con-
7 sideration to eligible entities that—
8 (A) are based in, and provide support for,
9 communities with high rates of adverse mater-
10 nal health outcomes or significant racial and
11 ethnic disparities in maternal health outcomes,
12 to the extent such data are available;
13 (B) are led by individuals from racially,
14 ethnically, and geographically diverse back-
15 grounds; and
16 (C) offer programs and resources that are
17 aligned with evidence-based practices for im-
18 proving maternal health outcomes for pregnant
19 and postpartum individuals.
20 (2) AWARDS.—In awarding grants under this
21 section, the Secretary shall give special consideration
22 to eligible entities that—
23 (A) are described in subparagraphs (A),
24 (B), and (C) of paragraph (1);

1 (B) offer programs and resources designed
2 in consultation with and intended for pregnant
3 and postpartum individuals from underserved
4 groups; and
5 (C) offer programs and resources in the
6 communities in which the respective eligible en-
7 tities are located that—
8 (i) promote maternal mental health
9 and maternal substance use disorder treat-
10 ments and support that are aligned with
11 evidence-based practices for improving ma-
12 ternal mental and behavioral health out-
13 comes for pregnant and postpartum indi-
14 viduals;
15 (ii) address social determinants of ma-
16 ternal health for pregnant and postpartum
17 individuals;
18 (iii) promote evidence-based health lit-
19 eracy and pregnancy, childbirth, and par-
20 enting education for pregnant and
21 postpartum individuals;
22 (iv) provide support from perinatal
23 health workers to pregnant and
24 postpartum individuals;

(v) provide culturally congruent training to perinatal health workers;

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

(vii) provide support to family members of individuals who suffered a pregnancy-associated death or pregnancy-related death;

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

(I) supporting additional education, training, and certification programs, including support for distance learning;

(II) providing financial support to current and future midwives to address education costs, debts, and other needs;

(III) clinical site investments;

(IV) supporting preceptor development trainings;

(V) expanding the midwifery practice; or

1 (VI) related needs identified by
2 the midwifery practice and described
3 in the practice's application; or
4 (ix) have developed other programs
5 and resources that address community-spe-
6 cific needs for pregnant and postpartum
7 individuals and are aligned with evidence-
8 based practices for improving maternal
9 health outcomes for pregnant and
10 postpartum individuals.
11 (e) TECHNICAL ASSISTANCE.—The Secretary shall
12 provide to grant recipients under this section technical as-
13 sistance on—
14 (1) capacity building to establish or expand pro-
15 grams to prevent adverse maternal health outcomes
16 among pregnant and postpartum individuals from
17 underserved groups;
18 (2) best practices in data collection, measure-
19 ment, evaluation, and reporting; and
20 (3) planning for sustaining programs to prevent
21 maternal mortality and severe maternal morbidity
22 among pregnant and postpartum individuals from
23 underserved groups after the period of the grant.

1 (f) EVALUATION.—Not later than the end of fiscal
2 year 2026, the Secretary shall submit to Congress an eval-
3 uation of the grant program under this section that—
4 (1) assesses the effectiveness of outreach efforts
5 during the application process in diversifying the
6 pool of grant recipients;
7 (2) makes recommendations for future outreach
8 efforts to diversify the pool of grant recipients for
9 Department of Health and Human Services grant
10 programs and funding opportunities related to ma-
11 ternal health;
12 (3) assesses the effectiveness of programs fund-
13 ed by grants under this section in improving mater-
14 nal health outcomes for pregnant and postpartum
15 individuals from underserved groups, to the extent
16 practicable; and
17 (4) makes recommendations for future Depart-
18 ment of Health and Human Services grant programs
19 and funding opportunities that deliver funding to
20 community-based organizations that provide pro-
21 grams and resources that are aligned with evidence-
22 based practices for improving maternal health out-
23 comes for pregnant and postpartum individuals.

1 (g) DEFINITION.—In this section, the term ‘‘under-
2 served groups’’ means to pregnant and postpartum indi-
3 viduals—

4 (1) from racial and ethnic minority groups (as
5 such term is defined in section 1707(g)(1) of the
6 Public Health Service Act (42 U.S.C. 300u–
7 6(g)(1)));

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

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

13 (4) who live in counties with no hospital offer-
14 ing obstetric care, no birth center, and no obstetric
15 provider; or

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

20 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section, there is authorized to be appropriated
22 $10,000,000 for each of fiscal years 2022 through 2026.

1 **SEC. 203. RESPECTFUL MATERNITY CARE TRAINING FOR**
2 **ALL EMPLOYEES IN MATERNITY CARE SET-**
3 **TINGS.**

4 Part B of title VII of the Public Health Service Act
5 (42 U.S.C. 293 et seq.) is amended by adding at the end
6 the following new section:

7 **"SEC. 742. RESPECTFUL MATERNITY CARE TRAINING FOR**
8 **ALL EMPLOYEES IN MATERNITY CARE SET-**
9 **TINGS.**

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

14 "(b) SPECIAL CONSIDERATION.—In awarding grants
15 under subsection (a), the Secretary shall give special con-
16 sideration to applications for programs that would—

17 "(1) apply to all maternity care providers and
18 any employees who interact with pregnant and
19 postpartum individuals in the provider setting, in-
20 cluding front desk employees, sonographers, sched-
21 ulers, health care professionals, hospital or health
22 system administrators, security staff, and other em-
23 ployees;

24 "(2) emphasize periodic, as opposed to one-
25 time, trainings for all birthing professionals and em-
26 ployees described in paragraph (1);

1 “(3) address implicit bias, racism, and cultural
2 humility;
3 “(4) be delivered in ongoing education settings
4 for providers maintaining their licenses, with a pref-
5 erence for trainings that provide continuing edu-
6 cation units;
7 “(5) include trauma-informed care best prac-
8 tices and an emphasis on shared decision making be-
9 tween providers and patients;
10 “(6) include antiracism training and programs;
11 “(7) be delivered in undergraduate programs
12 that funnel into health professions schools;
13 “(8) be delivered in settings that apply to pro-
14 viders of the special supplemental nutrition program
15 for women, infants, and children under section 17 of
16 the Child Nutrition Act of 1966;
17 “(9) integrate bias training in obstetric emer-
18 gency simulation trainings or related trainings;
19 “(10) include training for emergency depart-
20 ment employees and emergency medical technicians
21 on recognizing warning signs for severe pregnancy-
22 related complications;
23 “(11) offer training to all maternity care pro-
24 viders on the value of racially, ethnically, and profes-

1 sionally diverse maternity care teams to provide cul-
2 turally congruent care; or
3 "(12) be based on one or more programs de-
4 signed by a historically Black college or university or
5 other minority-serving institution.
6 "(c) APPLICATION.—An entity desiring a grant under
7 subsection (a), shall submit an application at such time,
8 in such manner, and containing such information as the
9 Secretary may require.
10 "(d) REPORTING.—Each recipient of a grant under
11 this section shall annually submit to the Secretary a report
12 on the status of activities conducted using the grant, in-
13 cluding, as applicable, a description of the impact of train-
14 ing provided through the grant on patient outcomes and
15 patient experience for pregnant and postpartum individ-
16 uals from racial and ethnic minority groups and their fam-
17 ilies.
18 "(e) BEST PRACTICES.—Based on the annual reports
19 submitted pursuant to subsection (d), the Secretary—
20 "(1) shall produce an annual report on the find-
21 ings resulting from programs funded through this
22 section;
23 "(2) shall disseminate such report to all recipi-
24 ents of grants under this section and to the public;
25 and

1 “(3) may include in such report findings on
2 best practices for improving patient outcomes and
3 patient experience for pregnant and postpartum in-
4 dividuals from racial and ethnic minority groups and
5 their families in maternity care settings.
6 “(f) DEFINITIONS.—In this section:
7 “(1) The term ‘postpartum’ means the one-year
8 period beginning on the last day of an individual’s
9 pregnancy.
10 “(2) The term ‘culturally congruent’ means in
11 agreement with the preferred cultural values, beliefs,
12 world view, language, and practices of the health
13 care consumer and other stakeholders.
14 “(3) The term ‘racial and ethnic minority
15 group’ has the meaning given such term in section
16 1707(g)(1).
17 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this section, there is authorized to be appro-
19 priated $5,000,000 for each of fiscal years 2022 through
20 2026.”.
21 **SEC. 204. STUDY ON REDUCING AND PREVENTING BIAS,**
22 **RACISM, AND DISCRIMINATION IN MATER-**
23 **NITY CARE SETTINGS.**
24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services shall seek to enter into an agreement,

1 not later than 90 days after the date of enactment of this
2 Act, with the National Academies of Sciences, Engineer-
3 ing, and Medicine (referred to in this section as the ''Na-
4 tional Academies'') under which the National Academies
5 agree to—

6 (1) conduct a study on the design and imple-
7 mentation of programs to reduce and prevent bias,
8 racism, and discrimination in maternity care settings
9 and to advance respectful, culturally congruent,
10 trauma-informed care; and

11 (2) not later than 2 years after the date of en-
12 actment of this Act—

13 (A) complete the study; and

14 (B) transmit a report on the results of the
15 study to Congress.

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

19 (1) The development of a scorecard or other
20 evaluation standards for programs designed to re-
21 duce and prevent bias, racism, and discrimination in
22 maternity care settings to assess the effectiveness of
23 such programs in improving patient outcomes and
24 patient experience for pregnant and postpartum in-

1 dividuals from racial and ethnic minority groups and
2 their families.
3 (2) Determination of the types and frequency of
4 training to reduce and prevent bias, racism, and dis-
5 crimination in maternity care settings that are dem-
6 onstrated to improve patient outcomes or patient ex-
7 perience for pregnant and postpartum individuals
8 from racial and ethnic minority groups and their
9 families.

10 **SEC. 205. RESPECTFUL MATERNITY CARE COMPLIANCE**
11 **PROGRAM.**

12 (a) IN GENERAL.—The Secretary of Health and
13 Human Services (referred to in this section as the ''Sec-
14 retary'') shall award grants to accredited hospitals, health
15 systems, and other maternity care settings to establish as
16 an integral part of quality implementation initiatives with-
17 in one or more hospitals or other birth settings a respect-
18 ful maternity care compliance program.

19 (b) PROGRAM REQUIREMENTS.—A respectful mater-
20 nity care compliance program funded through a grant
21 under this section shall—
22 (1) institutionalize mechanisms to allow pa-
23 tients receiving maternity care services, the families
24 of such patients, or perinatal health workers sup-
25 porting such patients to report instances of racism

1 or evidence of bias on the basis of race, ethnicity, or
2 another protected class;
3 (2) institutionalize response mechanisms
4 through which representatives of the program can
5 directly follow up with the patient, if possible, and
6 the patient's family in a timely manner;
7 (3) prepare and make publicly available a
8 hospital- or health system-wide strategy to reduce
9 bias on the basis of race, ethnicity, or another pro-
10 tected class in the delivery of maternity care that in-
11 cludes—
12 (A) information on the training programs
13 to reduce and prevent bias, racism, and dis-
14 crimination on the basis of race, ethnicity, or
15 another protected class for all employees in ma-
16 ternity care settings;
17 (B) information on the number of cases re-
18 ported to the compliance program; and
19 (C) the development of methods to rou-
20 tinely assess the extent to which bias, racism,
21 or discrimination on the basis of race, ethnicity,
22 or another protected class are present in the de-
23 livery of maternity care to patients from racial
24 and ethnic minority groups;

1 (4) develop mechanisms to routinely collect and
2 publicly report hospital-level data related to patient-
3 reported experience of care; and
4 (5) provide annual reports to the Secretary with
5 information about each case reported to the compli-
6 ance program over the course of the year containing
7 such information as the Secretary may require, such
8 as—
9 (A) de-identified demographic information
10 on the patient in the case, such as race, eth-
11 nicity, gender identity, and primary language;
12 (B) the content of the report from the pa-
13 tient or the family of the patient to the compli-
14 ance program;
15 (C) the response from the compliance pro-
16 gram; and
17 (D) to the extent applicable, institutional
18 changes made as a result of the case.
19 (c) SECRETARY REQUIREMENTS.—
20 (1) PROCESSES.—Not later than 180 days after
21 the date of enactment of this Act, the Secretary
22 shall establish processes for—
23 (A) disseminating best practices for estab-
24 lishing and implementing a respectful maternity

1 care compliance program within a hospital or
2 other birth setting;
3 (B) promoting coordination and collabora-
4 tion between hospitals, health systems, and
5 other maternity care delivery settings on the es-
6 tablishment and implementation of respectful
7 maternity care compliance programs; and
8 (C) evaluating the effectiveness of respect-
9 ful maternity care compliance programs on ma-
10 ternal health outcomes and patient and family
11 experiences, especially for patients from racial
12 and ethnic minority groups and their families.
13 (2) STUDY.—
14 (A) IN GENERAL.—Not later than 2 years
15 after the date of enactment of this Act, the Sec-
16 retary shall, through a contract with an inde-
17 pendent research organization, conduct a study
18 on strategies to address—
19 (i) racism or bias on the basis of race,
20 ethnicity, or another protected class in the
21 delivery of maternity care services; and
22 (ii) successful implementation of re-
23 spectful care initiatives.

1 (B) COMPONENTS OF STUDY.—The study
2 under this paragraph shall include the fol-
3 lowing:
4 (i) An assessment of the reports sub-
5 mitted to the Secretary from the respectful
6 maternity care compliance programs pur-
7 suant to subsection (b)(5).
8 (ii) Based on the assessment under
9 clause (i), recommendations for potential
10 accountability mechanisms related to cases
11 of racism or bias on the basis of race, eth-
12 nicity, or another protected class in the de-
13 livery of maternity care services at hos-
14 pitals and other birth settings. Such rec-
15 ommendations shall take into consideration
16 medical and non-medical factors that con-
17 tribute to adverse patient experiences and
18 maternal health outcomes.
19 (C) REPORT.—The Secretary shall submit
20 to Congress and make publicly available a re-
21 port on the results of the study under this
22 paragraph.
23 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
24 out this section, there is authorized to be appropriated

1 such sums as may be necessary for fiscal years 2022
2 through 2027.

3 **SEC. 206. GAO REPORT.**

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

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

13 (1) Information regarding the extent to which
14 hospitals, health systems, and other maternity care
15 settings have elected to establish respectful mater-
16 nity care compliance programs, including—

17 (A) which hospitals and other birth set-
18 tings elect to establish compliance programs
19 and when such programs are established;

20 (B) to the extent practicable, impacts of
21 the establishment of such programs on mater-
22 nal health outcomes and patient and family ex-
23 periences in the hospitals and other birth set-
24 tings that have established such programs, es-

1 pecially for patients from racial and ethnic mi-
2 nority groups and their families;
3 (C) information on geographic areas, and
4 types of hospitals or other birth settings, where
5 respectful maternity care compliance programs
6 are not being established and information on
7 factors contributing to decisions to not establish
8 such programs; and
9 (D) recommendations for establishing re-
10 spectful maternity care compliance programs in
11 geographic areas, and types of hospitals or
12 other birth settings, where such programs are
13 not being established.
14 (2) Whether the funding made available to
15 carry out this section has been sufficient and, if ap-
16 plicable, recommendations for additional appropria-
17 tions to carry out this section.
18 (3) Such other information as the Comptroller
19 General determines appropriate.

TITLE III—PROTECTING MOMS WHO SERVED

SEC. 301. CODIFICATION OF MATERNITY COORDINATION PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) PROGRAM ON MATERNITY CARE COORDINATION.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out the maternity care coordination program described in Veterans Health Administration Handbook 1330.03, or successor handbook.

(2) TRAINING AND SUPPORT.—In carrying out the program under paragraph (1), the Secretary shall provide to community maternity care providers training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions relating to the service of the veterans in the Armed Forces.

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated to the Secretary $15,000,000 for fiscal year 2022 for the program under subsection (a)(1).

(2) SUPPLEMENT NOT SUPPLANT.—Amounts authorized under paragraph (1) are authorized in

1 addition to any other amounts authorized for mater-
2 nity health care and coordination for the Depart-
3 ment of Veterans Affairs.
4 (c) DEFINITIONS.—In this section:
5 (1) COMMUNITY MATERNITY CARE PRO-
6 VIDERS.—The term ''community maternity care pro-
7 viders'' means maternity care providers located at
8 non-Department facilities who provide maternity
9 care to veterans under section 1703 of title 38,
10 United States Code, or any other law administered
11 by the Secretary of Veterans Affairs.
12 (2) NON-DEPARTMENT FACILITIES.—The term
13 ''non-Department facilities'' has the meaning given
14 that term in section 1701 of title 38, United States
15 Code.

16 **SEC. 302. REPORT ON MATERNAL MORTALITY AND SEVERE**
17 **MATERNAL MORBIDITY AMONG PREGNANT**
18 **AND POSTPARTUM VETERANS.**

19 (a) GAO REPORT.—Not later than two years after
20 the date of the enactment of this Act, the Comptroller
21 General of the United States shall submit to the Com-
22 mittee on Veterans' Affairs of the Senate and the Com-
23 mittee on Veterans' Affairs of the House of Representa-
24 tives, and make publicly available, a report on maternal
25 mortality and severe maternal morbidity among pregnant

1 and postpartum veterans, with a particular focus on racial
2 and ethnic disparities in maternal health outcomes for vet-
3 erans.

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

6 (1) To the extent practicable—

7 (A) the number of pregnant and
8 postpartum veterans who have experienced a
9 pregnancy-related death or pregnancy-associ-
10 ated death in the most recent 10 years of avail-
11 able data;

12 (B) the rate of pregnancy-related deaths
13 per 100,000 live births for pregnant and
14 postpartum veterans;

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

18 (D) the racial and ethnic disparities in ma-
19 ternal mortality and severe maternal morbidity
20 rates among pregnant and postpartum veterans;

21 (E) identification of the causes of maternal
22 mortality and severe maternal morbidity that
23 are unique to veterans, including post-traumatic
24 stress disorder, military sexual trauma, and in-

1 fertility or miscarriages that may be caused by
2 service in the Armed Forces;
3 (F) identification of the causes of maternal
4 mortality and severe maternal morbidity that
5 are unique to veterans from racial and ethnic
6 minority groups;
7 (G) identification of any correlations be-
8 tween the former rank of veterans and their
9 maternal health outcomes;
10 (H) the number of veterans who have been
11 diagnosed with infertility by a health care pro-
12 vider of the Veterans Health Administration
13 each year in the most recent five years,
14 disaggregated by age, race, ethnicity, sex, mar-
15 ital status, sexual orientation, gender identity,
16 and geographical location;
17 (I) the number of veterans who have re-
18 ceived a clinical diagnosis of unexplained infer-
19 tility by a health care provider of the Veterans
20 Health Administration each year in the most
21 recent five years; and
22 (J) the extent to which the rate of inci-
23 dence of clinically diagnosed infertility among
24 veterans compare or differ to the rate of inci-

1 dence of clinically diagnosed infertility among
2 the civilian population.
3 (2) An assessment of the barriers to deter-
4 mining the information required under paragraph
5 (1) and recommendations for improvements in track-
6 ing maternal health outcomes among pregnant and
7 postpartum veterans—
8 (A) who have health care coverage through
9 the Department;
10 (B) enrolled in the TRICARE program;
11 (C) with employer-based or private insur-
12 ance;
13 (D) enrolled in the Medicaid program; and
14 (E) who are uninsured.
15 (3) Recommendations for legislative and admin-
16 istrative actions to increase access to mental and be-
17 havioral health care for pregnant and postpartum
18 veterans who screen positively for maternal mental
19 or behavioral health conditions.
20 (4) Recommendations to address homelessness,
21 food insecurity, poverty, and related issues among
22 pregnant and postpartum veterans.
23 (5) Recommendations on how to effectively edu-
24 cate maternity care providers on best practices for
25 providing maternity care services to veterans that

addresses the unique maternal health care needs of veteran populations.

(6) Recommendations to reduce maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for each of the groups described in subparagraphs (A) through (E) of paragraph (2).

(7) Recommendations to improve coordination of care between the Department and non-Department facilities for pregnant and postpartum veterans, including recommendations to improve—

(A) health record interoperability; and

(B) training for the directors of the Veterans Integrated Service Networks, directors of medical facilities of the Department, chiefs of staff of such facilities, maternity care coordinators, and staff of relevant non-Department facilities.

(8) An assessment of the authority of the Secretary of Veterans Affairs to access maternal health data collected by the Department of Health and Human Services and, if applicable, recommendations to increase such authority.

1 (9) Any other information the Comptroller Gen-
2 eral determines appropriate with respect to the re-
3 duction of maternal mortality and severe maternal
4 morbidity among pregnant and postpartum veterans
5 and to address racial and ethnic disparities in ma-
6 ternal health outcomes for veterans.

7 TITLE IV—PERINATAL 8 WORKFORCE

9 **SEC. 401. HHS AGENCY DIRECTIVES.**

10 (a) GUIDANCE TO STATES.—

11 (1) IN GENERAL.—Not later than 2 years after
12 the date of enactment of this Act, the Secretary of
13 Health and Human Services (referred to in this sec-
14 tion as the ''Secretary'') shall issue and disseminate
15 guidance to States to educate providers, managed
16 care entities, and other insurers about the value and
17 process of delivering respectful maternal health care
18 through diverse and multidisciplinary care provider
19 models.

20 (2) CONTENTS.—The guidance required by
21 paragraph (1) shall address how States can encour-
22 age and incentivize hospitals, health systems, mid-
23 wifery practices, freestanding birth centers, other
24 maternity care provider groups, managed care enti-
25 ties, and other insurers—

1 (A) to recruit and retain maternity care
2 providers, mental and behavioral health care
3 providers acting in accordance with State law,
4 registered dietitians or nutrition professionals
5 (as such term is defined in section 1861(vv)(2)
6 of the Social Security Act (42 U.S.C.
7 1395x(vv)(2))), and lactation consultants cer-
8 tified by the International Board of Lactation
9 Consultants Examiners—
10 (i) from racially, ethnically, and lin-
11 guistically diverse backgrounds;
12 (ii) with experience practicing in ra-
13 cially and ethnically diverse communities;
14 and
15 (iii) who have undergone training on
16 implicit bias and racism;
17 (B) to incorporate into maternity care
18 teams—
19 (i) midwives who meet at a minimum
20 the international definition of the midwife
21 and global standards for midwifery edu-
22 cation as established by the International
23 Confederation of Midwives; and
24 (ii) perinatal health workers;

1 (C) to provide collaborative, culturally con-
2 gruent care; and
3 (D) to provide opportunities for individuals
4 enrolled in accredited midwifery education pro-
5 grams to participate in job shadowing with ma-
6 ternity care teams in hospitals, health systems,
7 midwifery practices, and freestanding birth cen-
8 ters.
9 (b) STUDY ON RESPECTFUL AND CULTURALLY CON-
10 GRUENT MATERNITY CARE.—
11 (1) STUDY.—The Secretary, acting through the
12 Director of the National Institutes of Health, shall
13 conduct a study on best practices in respectful and
14 culturally congruent maternity care.
15 (2) REPORT.—Not later than 2 years after the
16 date of enactment of this Act, the Secretary shall—
17 (A) complete the study required by para-
18 graph (1);
19 (B) submit to Congress and make publicly
20 available a report on the results of such study;
21 and
22 (C) include in such report—
23 (i) a compendium of examples of hos-
24 pitals, health systems, midwifery practices,
25 freestanding birth centers, other maternity

1 care provider groups, managed care entities, and other insurers that are delivering respectful and culturally congruent maternal health care;

(ii) a compendium of examples of hospitals, health systems, midwifery practices, freestanding birth centers, other maternity care provider groups, managed care entities, and other insurers that have made progress in reducing disparities in maternal health outcomes and improving birthing experiences for pregnant and postpartum individuals from racial and ethnic minority groups; and

(iii) recommendations to hospitals, health systems, midwifery practices, freestanding birth centers, other maternity care provider groups, managed care entities, and other insurers, for best practices in respectful and culturally congruent maternity care.

1 **SEC. 402. GRANTS TO GROW AND DIVERSIFY THE**
2 **PERINATAL WORKFORCE.**

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

6 **"SEC. 758. PERINATAL WORKFORCE GRANTS.**

7 "(a) IN GENERAL.—The Secretary shall award
8 grants to entities to establish or expand programs de-
9 scribed in subsection (b) to grow and diversify the
10 perinatal workforce.

11 "(b) USE OF FUNDS.—Recipients of grants under
12 this section shall use the grants to grow and diversify the
13 perinatal workforce by—

14 "(1) establishing schools or programs that pro-
15 vide education and training to individuals seeking
16 appropriate licensing or certification as—

17 "(A) physician assistants who will complete
18 clinical training in the field of maternal and
19 perinatal health; or

20 "(B) perinatal health workers; and

21 "(2) expanding the capacity of existing schools
22 or programs described in paragraph (1), for the pur-
23 poses of increasing the number of students enrolled
24 in such schools or programs, including by awarding
25 scholarships for students.

1 “(c) PRIORITIZATION.—In awarding grants under
2 this section, the Secretary shall give priority to any entity
3 that—
4 “(1) has demonstrated a commitment to re-
5 cruiting and retaining students and faculty from ra-
6 cial and ethnic minority groups;
7 “(2) has developed a strategy to recruit and re-
8 tain a diverse pool of students into the perinatal
9 workforce program or school supported by funds re-
10 ceived through the grant, particularly from racial
11 and ethnic minority groups and other underserved
12 populations;
13 “(3) has developed a strategy to recruit and re-
14 tain students who plan to practice in a health pro-
15 fessional shortage area designated under section
16 332;
17 “(4) has developed a strategy to recruit and re-
18 tain students who plan to practice in an area with
19 significant racial and ethnic disparities in maternal
20 health outcomes, to the extent practicable; and
21 “(5) includes in the standard curriculum for all
22 students within the perinatal workforce program or
23 school a bias, racism, or discrimination training pro-
24 gram that includes training on implicit bias and rac-
25 ism.

1 "(d) REPORTING.—As a condition on receipt of a
2 grant under this section for a perinatal workforce program
3 or school, an entity shall agree to submit to the Secretary
4 an annual report on the activities conducted through the
5 grant, including—

6 "(1) the number and demographics of students
7 participating in the program or school;

8 "(2) the extent to which students in the pro-
9 gram or school are entering careers in—

10 "(A) health professional shortage areas
11 designated under section 332; and

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

15 "(3) whether the program or school has in-
16 cluded in the standard curriculum for all students a
17 bias, racism, or discrimination training program that
18 includes explicit and implicit bias, and if so the ef-
19 fectiveness of such training program.

20 "(e) PERIOD OF GRANTS.—The period of a grant
21 under this section shall be up to 5 years.

22 "(f) APPLICATION.—To seek a grant under this sec-
23 tion, an entity shall submit to the Secretary an application
24 at such time, in such manner, and containing such infor-

1 mation as the Secretary may require, including any infor-
2 mation necessary for prioritization under subsection (c).
3 "(g) TECHNICAL ASSISTANCE.—The Secretary shall
4 provide, directly or by contract, technical assistance to en-
5 tities seeking or receiving a grant under this section on
6 the development, use, evaluation, and post-grant period
7 sustainability of the perinatal workforce programs or
8 schools proposed to be, or being, established or expanded
9 through the grant.
10 "(h) REPORT BY THE SECRETARY.—Not later than
11 4 years after the date of enactment of this section, the
12 Secretary shall prepare and submit to Congress, and post
13 on the internet website of the Department of Health and
14 Human Services, a report on the effectiveness of the grant
15 program under this section at—
16 "(1) recruiting students from racial and ethnic
17 minority groups;
18 "(2) increasing the number of physician assist-
19 ants who will complete clinical training in the field
20 of maternal and perinatal health, and perinatal
21 health workers, from racial and ethnic minority
22 groups and other underserved populations;
23 "(3) increasing the number of physician assist-
24 ants who will complete clinical training in the field
25 of maternal and perinatal health, and perinatal

health workers, working in health professional shortage areas designated under section 332; and

"(4) increasing the number of physician assistants who will complete clinical training in the field of maternal and perinatal health, and perinatal health workers, working in areas with significant racial and ethnic disparities in maternal health outcomes, to the extent such data are available.

"(i) DEFINITION.—In this section, the term 'racial and ethnic minority group' has the meaning given such term in section 1707(g).

"(j) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $15,000,000 for each of fiscal years 2022 through 2026.".

SEC. 403. GRANTS TO GROW AND DIVERSIFY THE NURSING WORKFORCE IN MATERNAL AND PERINATAL HEALTH.

Title VIII of the Public Health Service Act is amended by inserting after section 811 of that Act (42 U.S.C. 296j) the following:

"SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.

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

1 "(b) USE OF FUNDS.—Recipients of grants under
2 this section shall use the grants to grow and diversify the
3 perinatal nursing workforce by providing scholarships to
4 students seeking to become—

5 "(1) nurse practitioners whose education in-
6 cludes a focus on maternal and perinatal health; or

7 "(2) clinical nurse specialists whose education
8 includes a focus on maternal and perinatal health.

9 "(c) PRIORITIZATION.—In awarding grants under
10 this section, the Secretary shall give priority to any school
11 of nursing that—

12 "(1) has developed a strategy to recruit and re-
13 tain a diverse pool of students seeking to enter ca-
14 reers focused on maternal and perinatal health, par-
15 ticularly students from racial and ethnic minority
16 groups and other underserved populations;

17 "(2) has developed a partnership with a prac-
18 tice setting in a health professional shortage area
19 designated under section 332 for the clinical place-
20 ments of the school's students;

21 "(3) has developed a strategy to recruit and re-
22 tain students who plan to practice in an area with
23 significant racial and ethnic disparities in maternal
24 health outcomes, to the extent practicable; and

1 "(4) includes in the standard curriculum for all
2 students seeking to enter careers focused on mater-
3 nal and perinatal health a bias, racism, or discrimi-
4 nation training program that includes education on
5 implicit bias and racism.

6 "(d) REPORTING.—As a condition on receipt of a
7 grant under this section, a school of nursing shall agree
8 to submit to the Secretary an annual report on the activi-
9 ties conducted through the grant, including, to the extent
10 practicable—

11 "(1) the number and demographics of students
12 in the school of nursing seeking to enter careers fo-
13 cused on maternal and perinatal health;

14 "(2) the extent to which such students are pre-
15 paring to enter careers in—

16 "(A) health professional shortage areas
17 designated under section 332; and

18 "(B) areas with significant racial and eth-
19 nic disparities in maternal health outcomes, to
20 the extent such data are available; and

21 "(3) whether the standard curriculum for all
22 students seeking to enter careers focused on mater-
23 nal and perinatal health includes a bias, racism, or
24 discrimination training program that includes edu-
25 cation on implicit bias and racism.

1 "(e) PERIOD OF GRANTS.—The period of a grant
2 under this section shall be up to 5 years.
3 "(f) APPLICATION.—To seek a grant under this sec-
4 tion, an entity shall submit to the Secretary an applica-
5 tion, at such time, in such manner, and containing such
6 information as the Secretary may require, including any
7 information necessary for prioritization under subsection
8 (c).
9 "(g) TECHNICAL ASSISTANCE.—The Secretary shall
10 provide, directly or by contract, technical assistance to
11 schools of nursing seeking or receiving a grant under this
12 section on the processes of awarding and evaluating schol-
13 arships through the grant.
14 "(h) REPORT BY THE SECRETARY.—Not later than
15 4 years after the date of enactment of this section, the
16 Secretary shall prepare and submit to Congress, and post
17 on the internet website of the Department of Health and
18 Human Services, a report on the effectiveness of the grant
19 program under this section at—
20 "(1) recruiting students from racial and ethnic
21 minority groups and other underserved populations;
22 "(2) increasing the number of nurse practi-
23 tioners and clinical nurse specialists entering careers
24 focused on maternal and perinatal health from racial

1 and ethnic minority groups and other underserved
2 populations;

3 "(3) increasing the number of nurse practi-
4 tioners and clinical nurse specialists entering careers
5 focused on maternal and perinatal health working in
6 health professional shortage areas designated under
7 section 332; and

8 "(4) increasing the number of nurse practi-
9 tioners and clinical nurse specialists entering careers
10 focused on maternal and perinatal health working in
11 areas with significant racial and ethnic disparities in
12 maternal health outcomes, to the extent such data
13 are available.

14 "(i) AUTHORIZATION OF APPROPRIATIONS.—To
15 carry out this section, there is authorized to be appro-
16 priated $15,000,000 for each of fiscal years 2022 through
17 2026.".

18 **SEC. 404. GAO REPORT.**

19 (a) IN GENERAL.—Not later than 2 years after the
20 date of enactment of this Act and every 5 years thereafter,
21 the Comptroller General of the United States shall submit
22 to Congress a report on barriers to maternal health edu-
23 cation and access to care in the United States. Such report
24 shall include the information and recommendations de-
25 scribed in subsection (b).

1 (b) CONTENT OF REPORT.—The report under sub-
2 section (a) shall include—
3 (1) an assessment of current barriers to enter-
4 ing accredited midwifery education programs, and
5 recommendations for addressing such barriers, par-
6 ticularly for low-income women and women from ra-
7 cial and ethnic minority groups;
8 (2) an assessment of current barriers to enter-
9 ing and successfully completing accredited education
10 programs for other health professional careers re-
11 lated to maternity care, including maternity care
12 providers, mental and behavioral health care pro-
13 viders acting in accordance with State law, reg-
14 istered dietitians or nutrition professionals (as such
15 term is defined in section 1861(vv)(2) of the Social
16 Security Act (42 U.S.C. 1395x(vv)(2))), and lacta-
17 tion consultants certified by the International Board
18 of Lactation Consultants Examiners, particularly for
19 low-income women and women from racial and eth-
20 nic minority groups;
21 (3) an assessment of current barriers that pre-
22 vent midwives from meeting the international defini-
23 tion of the midwife and global standards for mid-
24 wifery education as established by the International
25 Confederation of Midwives, and recommendations

1 for addressing such barriers, particularly for low-in-
2 come women and women from racial and ethnic mi-
3 nority groups;

4 (4) an assessment of disparities in access to
5 maternity care providers, mental or behavioral
6 health care providers acting in accordance with
7 State law, registered dietitians or nutrition profes-
8 sionals (as such term is defined in section
9 1861(vv)(2) of the Social Security Act (42 U.S.C.
10 1395x(vv)(2))), lactation consultants certified by the
11 International Board of Lactation Consultants Exam-
12 iners, and perinatal health workers, stratified by
13 race, ethnicity, gender identity, geographic location,
14 and insurance type and recommendations to promote
15 greater access equity; and

16 (5) recommendations to promote greater equity
17 in compensation for perinatal health workers under
18 public and private insurers, particularly for such in-
19 dividuals from racially and ethnically diverse back-
20 grounds.

TITLE V—DATA TO SAVE MOMS

SEC. 501. FUNDING FOR MATERNAL MORTALITY REVIEW COMMITTEES TO PROMOTE REPRESENTATIVE COMMUNITY ENGAGEMENT.

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

"(9) GRANTS TO PROMOTE REPRESENTATIVE COMMUNITY ENGAGEMENT IN MATERNAL MORTALITY REVIEW COMMITTEES.—

"(A) IN GENERAL.—The Secretary may, using funds made available pursuant to subparagraph (C), provide assistance to an applicable maternal mortality review committee of a State, Indian tribe, tribal organization, or urban Indian organization—

"(i) to select for inclusion in the membership of such a committee community members from the State, Indian tribe, tribal organization, or urban Indian organization by—

"(I) prioritizing community members who can increase the diversity of the committee's membership with respect to race and ethnicity, location,

and professional background, including members with non-clinical experiences; and

"(II) to the extent applicable, using funds reserved under subsection (f), to address barriers to maternal mortality review committee participation for community members, including required training, transportation barriers, compensation, and other supports as may be necessary;

"(ii) to establish initiatives to conduct outreach and community engagement efforts within communities throughout the State or Tribe to seek input from community members on the work of such maternal mortality review committee, with a particular focus on outreach to minority women; and

"(iii) to release public reports assessing—

"(I) the pregnancy-related death and pregnancy-associated death review processes of the maternal mortality review committee, with a particular

1 focus on the maternal mortality re-
2 view committee's sensitivity to the
3 unique circumstances of pregnant and
4 postpartum individuals from racial
5 and ethnic minority groups (as such
6 term is defined in section 1707(g)(1))
7 who have suffered pregnancy-related
8 deaths; and

9 "(II) the impact of the use of
10 funds made available pursuant to sub-
11 paragraph (C) on increasing the diver-
12 sity of the maternal mortality review
13 committee membership and promoting
14 community engagement efforts
15 throughout the State or Tribe.

16 "(B) TECHNICAL ASSISTANCE.—The Sec-
17 retary shall provide (either directly through the
18 Department of Health and Human Services or
19 by contract) technical assistance to any mater-
20 nal mortality review committee receiving a
21 grant under this paragraph on best practices
22 for increasing the diversity of the maternal
23 mortality review committee's membership and
24 for conducting effective community engagement
25 throughout the State or Tribe.

1 "(C) AUTHORIZATION OF APPROPRIA-
2 TIONS.—In addition to any funds made avail-
3 able under subsection (f), there are authorized
4 to be appropriated to carry out this paragraph
5 $10,000,000 for each of fiscal years 2022
6 through 2026.".
7 (b) DEFINITIONS.—Section 317K(e) of the Public
8 Health Service Act (42 U.S.C. 247b–12(e)) is amended—
9 (1) in paragraph (2), by striking "and" at the
10 end;
11 (2) in paragraph (3)(B), by striking the period
12 and inserting "; and"; and
13 (3) by adding at the end the following:
14 "(4) the term 'urban Indian organization' has
15 the meaning given such term in section 4 of the In-
16 dian Health Care Improvement Act.".
17 (c) RESERVATION OF FUNDS.—Section 317K(f) of
18 the Public Health Service Act (42 U.S.C. 247b–12(f)) is
19 amended by adding at the end the following: "Of the
20 amount made available under the preceding sentence for
21 a fiscal year, not less than $1,500,000 shall be reserved
22 for grants to Indian tribes, tribal organizations, or urban
23 Indian organizations.".

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

2 Section 317K(d)(3)(A)(i) of the Public Health Serv-
3 ice Act (42 U.S.C. 247b–12(d)(3)(A)(i)) is amended—
4 (1) by redesignating subclauses (II) and (III)
5 as subclauses (V) and (VI), respectively; and
6 (2) by inserting after subclause (I) the fol-
7 lowing:
8 "(II) to the extent practicable,
9 reviewing cases of severe maternal
10 morbidity, according to the most up-
11 to-date indicators;
12 "(III) to the extent practicable,
13 reviewing deaths during pregnancy or
14 up to 1 year after the end of a preg-
15 nancy from suicide, overdose, or other
16 death from a mental health condition
17 or substance use disorder attributed
18 to or aggravated by pregnancy or
19 childbirth complications;
20 "(IV) to the extent practicable,
21 consulting with local community-based
22 organizations representing pregnant
23 and postpartum individuals from de-
24 mographic groups disproportionately
25 impacted by poor maternal health out-
26 comes to ensure that, in addition to

clinical factors, non-clinical factors that might have contributed to a pregnancy-related death are appropriately considered;''.

SEC. 503. REVIEW OF MATERNAL HEALTH DATA COLLECTION PROCESSES AND QUALITY MEASURES.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Administrator for Centers for Medicare & Medicaid Services and the Director of the Agency for Healthcare Research and Quality, shall consult with relevant stakeholders—

(1) to review existing maternal health data collection processes and quality measures; and

(2) make recommendations to improve such processes and measures, including topics described in subsection (c).

(b) COLLABORATION.—In carrying out this section, the Secretary shall consult with a diverse group of maternal health stakeholders, which may include—

(1) pregnant and postpartum individuals and their family members, and nonprofit organizations representing such individuals, with a particular focus on patients from racial and ethnic minority groups;

(2) community-based organizations that provide support for pregnant and postpartum individuals,

1 with a particular focus on patients from racial and
2 ethnic minority groups;
3 (3) membership organizations for maternity
4 care providers;
5 (4) organizations representing perinatal health
6 workers;
7 (5) organizations that focus on maternal mental
8 or behavioral health;
9 (6) organizations that focus on intimate partner
10 violence;
11 (7) institutions of higher education, with a par-
12 ticular focus on minority-serving institutions;
13 (8) licensed and accredited hospitals, birth cen-
14 ters, midwifery practices, or other medical practices
15 that provide maternal health care services to preg-
16 nant and postpartum patients;
17 (9) relevant State and local public agencies, in-
18 cluding State maternal mortality review committees;
19 and
20 (10) the National Quality Forum, or such other
21 standard-setting organizations specified by the Sec-
22 retary.
23 (c) TOPICS.—The review of maternal health data col-
24 lection processes and recommendations to improve such
25 processes and measures required under subsection (a)

1 shall assess all available relevant information, including
2 information from State-level sources, and shall consider at
3 least the following:

4 (1) Current State and Tribal practices for ma-
5 ternal health, maternal mortality, and severe mater-
6 nal morbidity data collection and dissemination, in-
7 cluding consideration of—

8 (A) the timeliness of processes for amend-
9 ing a death certificate when new information
10 pertaining to the death becomes available to re-
11 flect whether the death was a pregnancy-related
12 death;

13 (B) relevant data collected with electronic
14 health records, including data on race, eth-
15 nicity, socioeconomic status, insurance type,
16 and other relevant demographic information;

17 (C) maternal health data collected and
18 publicly reported by hospitals, health systems,
19 midwifery practices, and birth centers;

20 (D) the barriers preventing States from
21 correlating maternal outcome data with race
22 and ethnicity data;

23 (E) processes for determining the cause of
24 a pregnancy-associated death in States that do

1 not have a maternal mortality review com-
2 mittee;
3 (F) whether maternal mortality review
4 committees include multidisciplinary and di-
5 verse membership (as described in section
6 317K(d)(1)(A) of the Public Health Service Act
7 (42 U.S.C. 247b–12(d)(1)(A)));
8 (G) whether members of maternal mor-
9 tality review committees participate in trainings
10 on bias, racism, or discrimination, and the qual-
11 ity of such trainings;
12 (H) the extent to which States have imple-
13 mented systematic processes of listening to the
14 stories of pregnant and postpartum individuals
15 and their family members, with a particular
16 focus on pregnant and postpartum individuals
17 from racial and ethnic minority groups (as such
18 term is defined in section 1707(g)(1) of the
19 Public Health Service Act (42 U.S.C. 300u–
20 6(g)(1))) and their family members, to fully un-
21 derstand the causes of, and inform potential so-
22 lutions to, the maternal mortality and severe
23 maternal morbidity crisis within their respective
24 States;

1 (I) the extent to which maternal mortality
2 review committees are considering social deter-
3 minants of maternal health when examining the
4 causes of pregnancy-associated and pregnancy-
5 related deaths;
6 (J) the extent to which maternal mortality
7 review committees are making actionable rec-
8 ommendations based on their reviews of adverse
9 maternal health outcomes and the extent to
10 which such recommendations are being imple-
11 mented by appropriate stakeholders;
12 (K) the legal and administrative barriers
13 preventing the collection, collation, and dissemi-
14 nation of State maternity care data;
15 (L) the effectiveness of data collection and
16 reporting processes in separating pregnancy-as-
17 sociated deaths from pregnancy-related deaths;
18 and
19 (M) the current Federal, State, local, and
20 Tribal funding support for the activities re-
21 ferred to in subparagraphs (A) through (L).
22 (2) Whether the funding support referred to in
23 paragraph (1)(M) is adequate for States to carry out
24 optimal data collection and dissemination processes

1 with respect to maternal health, maternal mortality,
2 and severe maternal morbidity.
3 (3) Current quality measures for maternity
4 care, including prenatal measures, labor and delivery
5 measures, and postpartum measures, including top-
6 ics such as—
7 (A) effective quality measures for mater-
8 nity care used by hospitals, health systems,
9 midwifery practices, birth centers, health plans,
10 and other relevant entities;
11 (B) the sufficiency of current outcome
12 measures used to evaluate maternity care for
13 driving improved care, experiences, and out-
14 comes in maternity care payment and delivery
15 system models;
16 (C) maternal health quality measures that
17 other countries effectively use;
18 (D) validated measures that have been
19 used for research purposes that could be tested,
20 refined, and submitted for national endorse-
21 ment;
22 (E) barriers preventing maternity care pro-
23 viders and insurers from implementing quality
24 measures that are aligned with best practices;

1 (F) the frequency with which maternity
2 care quality measures are reviewed and revised;
3 (G) the strengths and weaknesses of the
4 Prenatal and Postpartum Care measures of the
5 Health Plan Employer Data and Information
6 Set measures established by the National Com-
7 mittee for Quality Assurance;
8 (H) the strengths and weaknesses of ma-
9 ternity care quality measures under the Med-
10 icaid program under title XIX of the Social Se-
11 curity Act (42 U.S.C. 1396 et seq.) and the
12 Children's Health Insurance Program under
13 title XXI of such Act (42 U.S.C. 1397 et seq.),
14 including the extent to which States voluntarily
15 report relevant measures;
16 (I) the extent to which maternity care
17 quality measures are informed by patient expe-
18 riences that include measures of patient-re-
19 ported experience of care;
20 (J) the current processes for collecting
21 stratified data on the race and ethnicity of
22 pregnant and postpartum individuals in hos-
23 pitals, health systems, midwifery practices, and
24 birth centers, and for incorporating such ra-

1 cially and ethnically stratified data in maternity
2 care quality measures;
3 (K) the extent to which maternity care
4 quality measures account for the unique experi-
5 ences of pregnant and postpartum individuals
6 from racial and ethnic minority groups (as such
7 term is defined in section 1707(g)(1) of the
8 Public Health Service Act (42 U.S.C. 300u–
9 6(g)(1))); and
10 (L) the extent to which hospitals, health
11 systems, midwifery practices, and birth centers
12 are implementing existing maternity care qual-
13 ity measures.
14 (4) Recommendations on authorizing additional
15 funds and providing additional technical assistance
16 to improve maternal mortality review committees
17 and State and Tribal maternal health data collection
18 and reporting processes.
19 (5) Recommendations for new authorities that
20 may be granted to maternal mortality review com-
21 mittees to be able to—
22 (A) access records from other Federal and
23 State agencies and departments that may be
24 necessary to identify causes of pregnancy-asso-
25 ciated and pregnancy-related deaths that are

1 unique to pregnant and postpartum individuals
2 from specific populations, such as veterans and
3 individuals who are incarcerated; and
4 (B) work with relevant experts who are not
5 members of the maternal mortality review com-
6 mittee to assist in the review of pregnancy-asso-
7 ciated deaths of pregnant and postpartum indi-
8 viduals from specific populations, such as vet-
9 erans and individuals who are incarcerated.
10 (6) Recommendations to improve and stand-
11 ardize current quality measures for maternity care,
12 with a particular focus on racial and ethnic dispari-
13 ties in maternal health outcomes.
14 (7) Recommendations to improve the coordina-
15 tion by the Department of Health and Human Serv-
16 ices of the efforts undertaken by the agencies and
17 organizations within the Department related to ma-
18 ternal health data and quality measures.
19 (d) REPORT.—Not later than 1 year after the date
20 of enactment of this Act, the Secretary shall submit to
21 Congress and make publicly available a report on the re-
22 sults of the review of maternal health data collection proc-
23 esses and quality measures and recommendations to im-
24 prove such processes and measures required under sub-
25 section (a).

1 (e) DEFINITIONS.—In this section:
2 (1) MATERNAL MORTALITY REVIEW COM-
3 MITTEE.—The term ''maternal mortality review
4 committee'' means a maternal mortality review com-
5 mittee duly authorized by a State and receiving
6 funding under section 317K(a)(2)(D) of the Public
7 Health Service Act (42 U.S.C. 247b–12(a)(2)(D)).
8 (2) PREGNANCY-ASSOCIATED DEATH.—The
9 term ''pregnancy-associated'', with respect to a
10 death, means a death of a pregnant or postpartum
11 individual, by any cause, that occurs during, or with-
12 in 1 year following, the individual's pregnancy, re-
13 gardless of the outcome, duration, or site of the
14 pregnancy.
15 (3) PREGNANCY-RELATED DEATH.—The term
16 ''pregnancy-related'', with respect to a death, means
17 a death of a pregnant or postpartum individual that
18 occurs during, or within 1 year following, the indi-
19 vidual's pregnancy, from a pregnancy complication,
20 a chain of events initiated by pregnancy, or the ag-
21 gravation of an unrelated condition by the physio-
22 logic effects of pregnancy.
23 (f) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated such sums as may be

1 necessary to carry out this section for fiscal years 2022
2 through 2025.

3 **SEC. 504. INDIAN HEALTH SERVICE STUDY AND REPORT ON**
4 **MATERNAL MORTALITY AND SEVERE MATER-**
5 **NAL MORBIDITY.**

6 (a) DEFINITIONS.—In this section:
7 (1) DIRECTOR.—The term ''Director'' means
8 the Director of the Indian Health Service.
9 (2) INDIAN TRIBE.—The term ''Indian Tribe''
10 has the meaning given the term in section 4 of the
11 Indian Self-Determination and Education Assistance
12 Act (25 U.S.C. 5304).
13 (3) MATERNAL MORTALITY REVIEW COM-
14 MITTEE.—The term ''maternal mortality review
15 committee'' means a maternal mortality review com-
16 mittee duly authorized by a State and receiving
17 funding under section 317k(a)(2)(D) of the Public
18 Health Service Act (42 U.S.C. 247b–12(a)(2)(D)).
19 (4) TRIBAL EPIDEMIOLOGY CENTER.—The term
20 ''Tribal epidemiology center'' means a Tribal epide-
21 miology center established under section 214 of the
22 Indian Health Care Improvement Act (25 U.S.C.
23 1621m).
24 (5) TRIBAL ORGANIZATION.—The term ''tribal
25 organization'' has the meaning given the term in

1 section 4 of the Indian Self-Determination and Edu-
2 cation Assistance Act (25 U.S.C. 5304).
3 (6) URBAN INDIAN ORGANIZATION.—The term
4 ''urban Indian organization'' has the meaning given
5 the term in section 4 of the Indian Health Care Im-
6 provement Act (25 U.S.C. 1603).
7 (b) STUDY AND REPORT.—
8 (1) STUDY.—
9 (A) IN GENERAL.—Not later than 90 days
10 after the date of enactment of this Act, the Di-
11 rector, in coordination with the individuals se-
12 lected under subsection (c), shall enter into an
13 agreement with an independent research organi-
14 zation or a Tribal epidemiology center to con-
15 duct a comprehensive study on maternal mor-
16 tality and severe maternal morbidity in Indian
17 and Alaska Native populations.
18 (B) REPORT.—The agreement entered into
19 under subparagraph (A) shall require that the
20 independent research organization or Tribal ep-
21 idemiology center submit to the Director a re-
22 port describing the results of the study con-
23 ducted pursuant to that agreement by not later
24 than 2 years after the date of enactment of this
25 Act.

1 (2) CONTENTS OF STUDY.—The study con-
2 ducted under paragraph (1) shall—
3 (A) examine the causes of maternal mor-
4 tality and severe maternal morbidity that are
5 unique to Indians and Alaska Natives;
6 (B) include a systematic process of listen-
7 ing to the stories of pregnant and postpartum
8 Indians and Alaska Natives to fully understand
9 the causes of, and inform potential solutions to,
10 the maternal mortality and severe maternal
11 morbidity crisis within the Indian and Alaska
12 Native communities;
13 (C) identify the different settings in which
14 pregnant and postpartum Indians and Alaska
15 Natives receive maternity care, such as—
16 (i) facilities operated by the Indian
17 Health Service;
18 (ii) an Indian health program oper-
19 ated by an Indian Tribe or tribal organiza-
20 tion pursuant to a grant from, or contract,
21 cooperative agreement, or compact with,
22 the Indian Health Service pursuant to the
23 Indian Self-Determination and Education
24 Assistance Act (25 U.S.C. 5301 et seq.);
25 and

1 (iii) an urban Indian health program
2 operated by an urban Indian organization
3 pursuant to a grant from or contract with
4 the Indian Health Service pursuant to title
5 V of the Indian Health Care Improvement
6 Act (25 U.S.C. 1651 et seq.);
7 (D) determine the different landscapes of
8 maternity care received by pregnant and
9 postpartum Indians and Alaska Natives at the
10 different settings identified under subparagraph
11 (C);
12 (E) review processes for coordinating pro-
13 grams of the Indian Health Service with social
14 services provided through other programs ad-
15 ministered by the Secretary of Health and
16 Human Services (other than the Medicare pro-
17 gram under title XVIII of the Social Security
18 Act (42 U.S.C. 1395 et seq.), the Medicaid pro-
19 gram under title XIX of that Act (42 U.S.C.
20 1396 et seq.), and the State Children's Health
21 Insurance Program established under title XXI
22 of that Act (42 U.S.C. 1397aa et seq.));
23 (F) review current data collection and
24 quality measurement processes and practices

1 with respect to pregnant and postpartum Indi-
2 ans and Alaska Natives;
3 (G) assess causes and frequency of mater-
4 nal mental health conditions and substance use
5 disorders with respect to Indians and Alaska
6 Natives;
7 (H) consider social determinants of health,
8 including poverty, lack of health insurance, un-
9 employment, sexual violence, and environmental
10 conditions in Tribal areas;
11 (I) consider the role that historical mis-
12 treatment of Indian and Alaska Native women
13 has played in causing currently high rates of
14 maternal mortality and severe maternal mor-
15 bidity;
16 (J) consider how current funding of the
17 Indian Health Service affects the ability of the
18 Indian Health Service to deliver quality mater-
19 nity care; and
20 (K) consider the extent to which the deliv-
21 ery of maternity care services is culturally ap-
22 propriate for pregnant and postpartum Indians
23 and Alaska Natives.
24 (3) REPORT.—Not later than 3 years after the
25 date of enactment of this Act, the Director shall

1 submit to Congress a report describing the results of
2 the study conducted under paragraph (1), including
3 recommendations for policies and practices that can
4 be adopted to improve maternal health outcomes for
5 pregnant and postpartum Indians and Alaska Na-
6 tives, including recommendations—

7 (A) on how to improve maternal health
8 outcomes for Indians and Alaska Natives re-
9 ceiving care at the different settings identified
10 under paragraph (2)(C);

11 (B) on how to reduce misclassification of
12 pregnant and postpartum Indians and Alaska
13 Natives, including consideration of best prac-
14 tices in training for members of maternal mor-
15 tality review committees to be able to correctly
16 classify Indians and Alaska Natives; and

17 (C) informed by the stories shared by preg-
18 nant and postpartum Indians and Alaska Na-
19 tives under paragraph (2)(B) to improve mater-
20 nal health outcomes for those individuals.

21 (c) PARTICIPATING INDIVIDUALS.—

22 (1) IN GENERAL.—The Director shall select
23 from among individuals nominated by Indian Tribes,
24 tribal organizations, and urban Indian organizations

1 12 individuals for participation in the study con-
2 ducted under subsection (b)(1).

3 (2) REQUIREMENT.—In selecting members
4 under paragraph (1), the Director shall ensure that
5 each of the 12 service areas of the Indian Health
6 Service is represented.

7 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
8 authorized to be appropriated to carry out this section
9 $2,000,000 for each of fiscal years 2022 through 2024.

10 **SEC. 505. GRANTS TO MINORITY-SERVING INSTITUTIONS TO**
11 **STUDY MATERNAL MORTALITY, SEVERE MA-**
12 **TERNAL MORBIDITY, AND OTHER ADVERSE**
13 **MATERNAL HEALTH OUTCOMES.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services shall establish a program under which
16 the Secretary shall award grants to research centers,
17 health professions schools and programs, and other enti-
18 ties at minority-serving institutions to study specific as-
19 pects of the maternal health crisis among pregnant and
20 postpartum individuals from racial and ethnic minority
21 groups. Such research may—

22 (1) include the development and implementation
23 of systematic processes of listening to the stories of
24 pregnant and postpartum individuals from racial
25 and ethnic minority groups, and perinatal health

1 workers supporting such individuals, to fully under-
2 stand the causes of, and inform potential solutions
3 to, the maternal mortality and severe maternal mor-
4 bidity crisis within their respective communities;
5 (2) assess the potential causes of relatively low
6 rates of maternal mortality among Hispanic individ-
7 uals, including potential racial misclassification and
8 other data collection and reporting issues that might
9 be misrepresenting maternal mortality rates among
10 Hispanic individuals in the United States; and
11 (3) assess differences in rates of adverse mater-
12 nal health outcomes among subgroups identifying as
13 Hispanic.
14 (b) APPLICATION.—To be eligible to receive a grant
15 under subsection (a), an entity described in such sub-
16 section shall submit to the Secretary an application at
17 such time, in such manner, and containing such informa-
18 tion as the Secretary may require.
19 (c) TECHNICAL ASSISTANCE.—The Secretary may
20 use not more than 10 percent of the funds made available
21 under subsection (g)—
22 (1) to conduct outreach to minority-serving in-
23 stitutions to raise awareness of the availability of
24 grants under this subsection (a);

1 (2) to provide technical assistance in the appli-
2 cation process for such a grant; and
3 (3) to promote capacity building as needed to
4 enable entities described in such subsection to sub-
5 mit such an application.
6 (d) REPORTING REQUIREMENT.—Each entity award-
7 ed a grant under this section shall periodically submit to
8 the Secretary a report on the status of activities conducted
9 using the grant.
10 (e) EVALUATION.—Beginning one year after the date
11 on which the first grant is awarded under this section,
12 the Secretary shall submit to Congress an annual report
13 summarizing the findings of research conducted using
14 funds made available under this section.
15 (f) MINORITY-SERVING INSTITUTIONS DEFINED.—In
16 this section, the term ''minority-serving institution'' has
17 the meaning given the term in section 371(a) of the High-
18 er Education Act of 1965 (20 U.S.C. 1067q(a)).
19 (g) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section
21 $10,000,000 for each of fiscal years 2022 through 2026.

TITLE VI—MOMS MATTER

SEC. 601. MATERNAL MENTAL HEALTH EQUITY GRANT PROGRAM.

(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall establish a program to award grants to eligible entities to address maternal mental health conditions and substance use disorders with respect to pregnant and postpartum individuals, with a focus on racial and ethnic minority groups.

(b) APPLICATION.—To be eligible to receive a grant under this section an eligible entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may provide, including how such entity will use funds for activities described in subsection (d) that are culturally congruent.

(c) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to an eligible entity that—

(1) is, or will partner with, a community-based organization to address maternal mental health conditions and substance use disorders described in subsection (a);

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

1 (A) adverse maternal health outcomes; or
2 (B) significant racial or ethnic disparities
3 in maternal health outcomes; and
4 (3) is operating in a health professional short-
5 age area designated under section 332 of the Public
6 Health Service Act (42 U.S.C. 254e).
7 (d) USE OF FUNDS.—An eligible entity that receives
8 a grant under this section shall use funds for the fol-
9 lowing:
10 (1) Establishing or expanding maternity care
11 programs to improve the integration of maternal
12 health and behavioral health care services into pri-
13 mary care settings where pregnant individuals regu-
14 larly receive health care services.
15 (2) Establishing or expanding group prenatal
16 care programs or postpartum care programs.
17 (3) Expanding existing programs that improve
18 maternal mental and behavioral health during the
19 prenatal and postpartum periods, with a focus on in-
20 dividuals from racial and ethnic minority groups.
21 (4) Providing services and support for pregnant
22 and postpartum individuals with maternal mental
23 health conditions and substance use disorders, in-
24 cluding referrals to addiction treatment centers that
25 offer evidence-based treatment options.

1 (5) Addressing stigma associated with maternal
2 mental health conditions and substance use dis-
3 orders, with a focus on racial and ethnic minority
4 groups.
5 (6) Raising awareness of warning signs of ma-
6 ternal mental health conditions and substance use
7 disorders, with a focus on pregnant and postpartum
8 individuals from racial and ethnic minority groups.
9 (7) Establishing or expanding programs to pre-
10 vent suicide or self-harm among pregnant and
11 postpartum individuals.
12 (8) Offering evidence-aligned programs at free-
13 standing birth centers that provide maternal mental
14 and behavioral health care education, treatments,
15 and services, and other services for individuals
16 throughout the prenatal and postpartum period.
17 (9) Establishing or expanding programs to pro-
18 vide education and training to maternity care pro-
19 viders with respect to—
20 (A) identifying potential warning signs for
21 maternal mental health conditions or substance
22 use disorders in pregnant and postpartum indi-
23 viduals, with a focus on individuals from racial
24 and ethnic minority groups; and

1 (B) in the case where such providers iden-
2 tify such warning signs, offering referrals to
3 mental and behavioral health care professionals.
4 (10) Developing a website, or other source, that
5 includes information on health care providers who
6 treat maternal mental health conditions and sub-
7 stance use disorders.
8 (11) Establishing or expanding programs in
9 communities to improve coordination between mater-
10 nity care providers and mental and behavioral health
11 care providers who treat maternal mental health
12 conditions and substance use disorders, including
13 through the use of toll-free hotlines.
14 (12) Carrying out other programs aligned with
15 evidence-based practices for addressing maternal
16 mental health conditions and substance use dis-
17 orders for pregnant and postpartum individuals from
18 racial and ethnic minority groups.
19 (e) REPORTING.—
20 (1) ELIGIBLE ENTITIES.—An eligible entity
21 that receives a grant under subsection (a) shall sub-
22 mit annually to the Secretary, and make publicly
23 available, a report on the activities conducted using
24 funds received through a grant under this section.
25 Such reports shall include quantitative and quali-

1 tative evaluations of such activities, including the ex-
2 perience of individuals who received health care
3 through such grant.
4 (2) SECRETARY.—Not later than the end of fis-
5 cal year 2024, the Secretary shall submit to Con-
6 gress a report that includes—
7 (A) a summary of the reports received
8 under paragraph (1);
9 (B) an evaluation of the effectiveness of
10 grants awarded under this section;
11 (C) recommendations with respect to ex-
12 panding coverage of evidence-based screenings
13 and treatments for maternal mental health con-
14 ditions and substance use disorders; and
15 (D) recommendations with respect to en-
16 suring activities described under subsection (d)
17 continue after the end of a grant period.
18 (f) DEFINITIONS.—In this section:
19 (1) ELIGIBLE ENTITY.—The term ''eligible enti-
20 ty'' means—
21 (A) a community-based organization serv-
22 ing pregnant and postpartum individuals, in-
23 cluding such organizations serving individuals
24 from racial and ethnic minority groups and
25 other underserved populations;

1 (B) a nonprofit or patient advocacy organi-
2 zation with expertise in maternal mental and
3 behavioral health;
4 (C) a maternity care provider;
5 (D) a mental or behavioral health care pro-
6 vider who treats maternal mental health condi-
7 tions or substance use disorders;
8 (E) a State or local governmental entity,
9 including a State or local public health depart-
10 ment;
11 (F) an Indian Tribe or Tribal organization
12 (as such terms are defined in section 4 of the
13 Indian Self-Determination and Education As-
14 sistance Act (25 U.S.C. 5304)); and
15 (G) an Urban Indian organization (as such
16 term is defined in section 4 of the Indian
17 Health Care Improvement Act (25 U.S.C.
18 1603)).
19 (2) FREESTANDING BIRTH CENTER.—The term
20 "freestanding birth center" has the meaning given
21 that term under section 1905(l) of the Social Secu-
22 rity Act (42 U.S.C. 1396d(1)).
23 (3) SECRETARY.—The term "Secretary" means
24 the Secretary of Health and Human Services.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 $25,000,000 for each of fiscal years 2022 through 2025.

4 **SEC. 602. GRANTS TO GROW AND DIVERSIFY THE MATER-**
5 **NAL MENTAL AND BEHAVIORAL HEALTH**
6 **CARE WORKFORCE.**

7 Title VII of the Public Health Service Act (42 U.S.C.
8 292 et seq.) is amended by inserting after section 758 of
9 such Act, as added by section 402 of this Act, the fol-
10 lowing new section:

11 **"SEC. 758A. MATERNAL MENTAL AND BEHAVIORAL HEALTH**
12 **CARE WORKFORCE GRANTS.**

13 "(a) IN GENERAL.—The Secretary may award grants
14 to entities to establish or expand programs described in
15 subsection (b) to grow and diversify the maternal mental
16 and behavioral health care workforce.

17 "(b) USE OF FUNDS.—Recipients of grants under
18 this section shall use the grants to grow and diversify the
19 maternal mental and behavioral health care workforce
20 by—

21 "(1) establishing schools or programs that pro-
22 vide education and training to individuals seeking
23 appropriate licensing or certification as mental or
24 behavioral health care providers who will specialize

1 in maternal mental health conditions or substance
2 use disorders; or
3 ‘‘(2) expanding the capacity of existing schools
4 or programs described in paragraph (1), for the pur-
5 poses of increasing the number of students enrolled
6 in such schools or programs, including by awarding
7 scholarships for students.
8 ‘‘(c) PRIORITIZATION.—In awarding grants under
9 this section, the Secretary shall give priority to any entity
10 that—
11 ‘‘(1) has demonstrated a commitment to re-
12 cruiting and retaining students and faculty from ra-
13 cial and ethnic minority groups;
14 ‘‘(2) has developed a strategy to recruit and re-
15 tain a diverse pool of students into the maternal
16 mental or behavioral health care workforce program
17 or school supported by funds received through the
18 grant, particularly from racial and ethnic minority
19 groups and other underserved populations;
20 ‘‘(3) has developed a strategy to recruit and re-
21 tain students who plan to practice in a health pro-
22 fessional shortage area designated under section
23 332;
24 ‘‘(4) has developed a strategy to recruit and re-
25 tain students who plan to practice in an area with

1 significant racial and ethnic disparities in maternal
2 health outcomes, to the extent practicable; and
3 ''(5) includes in the standard curriculum for all
4 students within the maternal mental or behavioral
5 health care workforce program or school a bias, rac-
6 ism, or discrimination training program that in-
7 cludes training on implicit bias and racism.
8 ''(d) REPORTING.—As a condition on receipt of a
9 grant under this section for a maternal mental or behav-
10 ioral health care workforce program or school, an entity
11 shall agree to submit to the Secretary an annual report
12 on the activities conducted through the grant, including—
13 ''(1) the number and demographics of students
14 participating in the program or school;
15 ''(2) the extent to which students in the pro-
16 gram or school are entering careers in—
17 ''(A) health professional shortage areas
18 designated under section 332; and
19 ''(B) areas with significant racial and eth-
20 nic disparities in maternal health outcomes, to
21 the extent such data are available; and
22 ''(3) whether the program or school has in-
23 cluded in the standard curriculum for all students a
24 bias, racism, or discrimination training program that

includes training on implicit bias and racism, and if so the effectiveness of such training program.

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

"(f) APPLICATION.—To seek a grant under this section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including any information necessary for prioritization under subsection (c).

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

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

"(1) recruiting students from racial and ethnic minority groups and other underserved populations;

1 "(2) increasing the number of mental or behav-
2 ioral health care providers specializing in maternal
3 mental health conditions or substance use disorders
4 from racial and ethnic minority groups and other
5 underserved populations;

6 "(3) increasing the number of mental or behav-
7 ioral health care providers specializing in maternal
8 mental health conditions or substance use disorders
9 working in health professional shortage areas des-
10 ignated under section 332; and

11 "(4) 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 areas with significant racial and ethnic
15 disparities in maternal health outcomes, to the ex-
16 tent such data are available.

17 "(i) DEFINITIONS.—In this section:

18 "(1) RACIAL AND ETHNIC MINORITY GROUP.—
19 The term 'racial and ethnic minority group' has the
20 meaning given such term in section 1707(g)(1).

21 "(2) MENTAL OR BEHAVIORAL HEALTH CARE
22 PROVIDER.—The term 'mental or behavioral health
23 care provider' refers to a health care provider in the
24 field of mental and behavioral health, including sub-

stance use disorders, acting in accordance with State law.

"(j) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $15,000,000 for each of fiscal years 2022 through 2026.".

TITLE VII—JUSTICE FOR INCARCERATED MOMS

SEC. 701. ENDING THE SHACKLING OF PREGNANT INDIVIDUALS.

(a) IN GENERAL.—Beginning on the date that is 6 months after the date of enactment of this Act, and annually thereafter, in each State that receives a grant under subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10151 et seq.) (commonly referred to as the "Edward Byrne Memorial Justice Grant Program") and that does not have in effect throughout the State for such fiscal year laws restricting the use of restraints on pregnant individuals in prison that are substantially similar to the rights, procedures, requirements, effects, and penalties set forth in section 4322 of title 18, United States Code, the amount of such grant that would otherwise be allocated to such State under such subpart for the fiscal year shall be decreased by 25 percent.

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

7 **SEC. 702. CREATING MODEL PROGRAMS FOR THE CARE OF**
8 **INCARCERATED INDIVIDUALS IN THE PRE-**
9 **NATAL AND POSTPARTUM PERIODS.**

10 (a) ESTABLISHMENT.—
11 (1) IN GENERAL.—Not later than 1 year after
12 the date of enactment of this Act, the Attorney Gen-
13 eral, acting through the Director of the Bureau of
14 Prisons, shall establish, in not fewer than 6 Bureau
15 of Prisons facilities, programs to optimize maternal
16 health outcomes for pregnant and postpartum indi-
17 viduals incarcerated in such facilities.
18 (2) REQUIRED CONSULTATION.—The Attorney
19 General shall establish the programs authorized
20 under paragraph (1) in consultation with stake-
21 holders such as—
22 (A) relevant community-based organiza-
23 tions, particularly organizations that represent
24 incarcerated and formerly incarcerated individ-
25 uals and organizations that seek to improve ma-

1 ternal health outcomes for pregnant and
2 postpartum individuals from racial and ethnic
3 minority groups;
4 (B) relevant organizations representing pa-
5 tients, with a particular focus on patients from
6 racial and ethnic minority groups;
7 (C) organizations representing maternity
8 care providers and maternal health care edu-
9 cation programs;
10 (D) perinatal health workers; and
11 (E) researchers and policy experts in fields
12 related to maternal health care for incarcerated
13 individuals.
14 (b) START DATE.—Each facility selected under sub-
15 section (a) shall begin facility programs not later than 18
16 months after the date of enactment of this Act.
17 (c) FACILITY PRIORITY.—In carrying out subsection
18 (a), the Director shall give priority to a facility based on—
19 (1) the number of pregnant and postpartum in-
20 dividuals incarcerated in such facility and, among
21 such individuals, the number of pregnant and
22 postpartum individuals from racial and ethnic mi-
23 nority groups; and
24 (2) the extent to which the leaders of such facil-
25 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 pro-
8 grams—
9 (1) may—
10 (A) provide access to perinatal health
11 workers from pregnancy through the
12 postpartum period;
13 (B) provide access to healthy foods and
14 counseling on nutrition, recommended activity
15 levels, and safety measures throughout preg-
16 nancy;
17 (C) train correctional officers to ensure
18 that pregnant incarcerated individuals receive
19 safe and respectful treatment;
20 (D) train medical personnel to ensure that
21 pregnant incarcerated individuals receive trau-
22 ma-informed, culturally congruent care that
23 promotes the health and safety of the pregnant
24 individuals;

1 (E) provide counseling and treatment for
2 individuals who have suffered from—
3 (i) diagnosed mental or behavioral
4 health conditions, including trauma and
5 substance use disorders;
6 (ii) trauma or violence, including do-
7 mestic violence;
8 (iii) human immunodeficiency virus;
9 (iv) sexual abuse;
10 (v) pregnancy or infant loss; or
11 (vi) chronic conditions;
12 (F) provide evidence-based pregnancy and
13 childbirth education, parenting support, and
14 other relevant forms of health literacy;
15 (G) provide clinical education opportunities
16 to maternity care providers in training to ex-
17 pand pathways into maternal health care ca-
18 reers serving incarcerated individuals;
19 (H) offer opportunities for postpartum in-
20 dividuals to maintain contact with the individ-
21 ual's newborn child to promote bonding, includ-
22 ing enhanced visitation policies, access to prison
23 nursery programs, or breastfeeding support;
24 (I) provide reentry assistance, particularly
25 to—

(i) ensure access to health insurance coverage and transfer of health records to community providers if an incarcerated individual exits the criminal justice system during such individual's pregnancy or in the postpartum period; and

(ii) connect individuals exiting the criminal justice system during pregnancy or in the postpartum period to community-based resources, such as referrals to health care providers, substance use disorder treatments, and social services that address social determinants maternal of health; or

(J) establish partnerships with local public entities, private community entities, community-based organizations, Indian Tribes and tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)), and urban Indian organizations (as such term is defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)) to establish or expand pretrial diversion programs as

1 an alternative to incarceration for pregnant and
2 postpartum individuals; and
3 (2) may include—
4 (A) evidence-based childbirth education or
5 parenting classes;
6 (B) prenatal health coordination;
7 (C) family and individual counseling;
8 (D) evidence-based screenings, education,
9 and, as needed, treatment for mental and be-
10 havioral health conditions, including drug and
11 alcohol treatments;
12 (E) family case management services;
13 (F) domestic violence education and pre-
14 vention;
15 (G) physical and sexual abuse counseling;
16 and
17 (H) programs to address social deter-
18 minants of health such as employment, housing,
19 education, transportation, and nutrition.
20 (f) IMPLEMENTATION AND REPORTING.—A selected
21 facility shall be responsible for—
22 (1) implementing programs, which may include
23 the programs described in subsection (e); and
24 (2) not later than 3 years after the date of en-
25 actment of this Act, and 6 years after the date of

1 enactment of this Act, reporting results of the pro-
2 grams to the Director, including information de-
3 scribing—
4 (A) relevant quantitative indicators of suc-
5 cess in improving the standard of care and
6 health outcomes for pregnant and postpartum
7 incarcerated individuals in the facility, including
8 data stratified by race, ethnicity, sex, gender,
9 age, geography, disability status, the category
10 of the criminal charge against such individual,
11 rates of pregnancy-related deaths, pregnancy-
12 associated deaths, cases of infant mortality and
13 morbidity, rates of preterm births and low-
14 birthweight births, cases of severe maternal
15 morbidity, cases of violence against pregnant or
16 postpartum individuals, diagnoses of maternal
17 mental or behavioral health conditions, and
18 other such information as appropriate;
19 (B) relevant qualitative and quantitative
20 evaluations from pregnant and postpartum in-
21 carcerated individuals who participated in such
22 programs, including measures of patient-re-
23 ported experience of care; and

1 (C) strategies to sustain such programs
2 after fiscal year 2026 and expand such pro-
3 grams to other facilities.

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

8 (h) OVERSIGHT.—Not later than 1 year after the
9 date of enactment of this Act, the Attorney General shall
10 award a contract to an independent organization or inde-
11 pendent organizations to conduct oversight of the pro-
12 grams described in subsection (e).

13 (i) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section
15 $10,000,000 for each of fiscal years 2022 through 2026.

16 **SEC. 703. GRANT PROGRAM TO IMPROVE MATERNAL**
17 **HEALTH OUTCOMES FOR INDIVIDUALS IN**
18 **STATE AND LOCAL PRISONS AND JAILS.**

19 (a) ESTABLISHMENT.—

20 (1) IN GENERAL.—Not later than 1 year after
21 the date of enactment of this Act, the Attorney Gen-
22 eral, acting through the Director of the Bureau of
23 Justice Assistance, shall award Justice for Incarcer-
24 ated Moms grants to States to establish or expand

1 programs in State and local prisons and jails for
2 pregnant and postpartum incarcerated individuals.
3 (2) REQUIRED CONSULTATION.—The Attorney
4 General shall award the grants authorized under
5 paragraph (1) in consultation with stakeholders such
6 as—
7 (A) relevant community-based organiza-
8 tions, particularly organizations that represent
9 incarcerated and formerly incarcerated individ-
10 uals and organizations that seek to improve ma-
11 ternal health outcomes for pregnant and
12 postpartum individuals from racial and ethnic
13 minority groups;
14 (B) relevant organizations representing pa-
15 tients, with a particular focus on patients from
16 racial and ethnic minority groups;
17 (C) organizations representing maternity
18 care providers and maternal health care edu-
19 cation programs;
20 (D) perinatal health workers; and
21 (E) researchers and policy experts in fields
22 related to maternal health care for incarcerated
23 individuals.
24 (b) APPLICATIONS.—Each applicant for a grant
25 under this section shall submit to the Director of the Bu-

reau of Justice Assistance an application at such time, in such manner, and containing such information as the Director may require.

(c) USE OF FUNDS.—A State that is awarded a grant under this section shall use such grant to establish or expand programs for pregnant and postpartum incarcerated individuals, and such programs—

(1) may—

(A) provide access to perinatal health workers from pregnancy through the postpartum period;

(B) provide access to healthy foods and counseling on nutrition, recommended activity levels, and safety measures throughout pregnancy;

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

(D) train medical personnel to ensure that pregnant incarcerated individuals receive trauma-informed, culturally congruent care that promotes the health and safety of the pregnant individuals;

(E) provide counseling and treatment for individuals who have suffered from—

1 (i) diagnosed mental or behavioral
2 health conditions, including trauma and
3 substance use disorders;
4 (ii) trauma or violence, including do-
5 mestic violence;
6 (iii) human immunodeficiency virus;
7 (iv) sexual abuse;
8 (v) pregnancy or infant loss; or
9 (vi) chronic conditions;
10 (F) provide evidence-based pregnancy and
11 childbirth education, parenting support, and
12 other relevant forms of health literacy;
13 (G) provide clinical education opportunities
14 to maternity care providers in training to ex-
15 pand pathways into maternal health care ca-
16 reers serving incarcerated individuals;
17 (H) offer opportunities for postpartum in-
18 dividuals to maintain contact with the individ-
19 ual's newborn child to promote bonding, includ-
20 ing enhanced visitation policies, access to prison
21 nursery programs, or breastfeeding support;
22 (I) provide reentry assistance, particularly
23 to—
24 (i) ensure access to health insurance
25 coverage and transfer of health records to

1 community providers if an incarcerated in-
2 dividual exits the criminal justice system
3 during such individual's pregnancy or in
4 the postpartum period; and
5 (ii) connect individuals exiting the
6 criminal justice system during pregnancy
7 or in the postpartum period to community-
8 based resources, such as referrals to health
9 care providers, substance use disorder
10 treatments, and social services that ad-
11 dress social determinants of maternal
12 health; or
13 (J) establish partnerships with local public
14 entities, private community entities, community-
15 based organizations, Indian Tribes and tribal
16 organizations (as such terms are defined in sec-
17 tion 4 of the Indian Self-Determination and
18 Education Assistance Act (25 U.S.C. 5304)),
19 and urban Indian organizations (as such term
20 is defined in section 4 of the Indian Health
21 Care Improvement Act (25 U.S.C. 1603)) to es-
22 tablish or expand pretrial diversion programs as
23 an alternative to incarceration for pregnant and
24 postpartum individuals; and
25 (2) may include—

1 (A) evidence-based childbirth education or
2 parenting classes;
3 (B) prenatal health coordination;
4 (C) family and individual counseling;
5 (D) evidence-based screenings, education,
6 and, as needed, treatment for mental and be-
7 havioral health conditions, including drug and
8 alcohol treatments;
9 (E) family case management services;
10 (F) domestic violence education and pre-
11 vention;
12 (G) physical and sexual abuse counseling;
13 and
14 (H) programs to address social deter-
15 minants of health such as employment, housing,
16 education, transportation, and nutrition.
17 (d) PRIORITY.—In awarding grants under this sec-
18 tion, the Director of the Bureau of Justice Assistance
19 shall give priority to applicants based on—
20 (1) the number of pregnant and postpartum in-
21 dividuals incarcerated in the State and, among such
22 individuals, the number of pregnant and postpartum
23 individuals from racial and ethnic minority groups;
24 and

1 (2) the extent to which the State has dem-
2 onstrated a commitment to developing exemplary
3 programs for pregnant and postpartum individuals
4 incarcerated in the prisons and jails in the State.

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

7 (f) IMPLEMENTING AND REPORTING.—A State that
8 receives a grant under this section shall be responsible
9 for—

10 (1) implementing the program funded by the
11 grant; and

12 (2) not later than 3 years after the date of en-
13 actment of this Act, and 6 years after the date of
14 enactment of this Act, reporting results of such pro-
15 gram to the Attorney General, including information
16 describing—

17 (A) relevant quantitative indicators of the
18 program's success in improving the standard of
19 care and health outcomes for pregnant and
20 postpartum incarcerated individuals in the facil-
21 ity, including data stratified by race, ethnicity,
22 sex, gender, age, geography, disability status,
23 category of the criminal charge against such in-
24 dividual, incidence rates of pregnancy-related
25 deaths, pregnancy-associated deaths, cases of

1 infant mortality and morbidity, rates of preterm
2 births and low-birthweight births, cases of se-
3 vere maternal morbidity, cases of violence
4 against pregnant or postpartum individuals, di-
5 agnoses of maternal mental or behavioral health
6 conditions, and other such information as ap-
7 propriate;
8 (B) relevant qualitative and quantitative
9 evaluations from pregnant and postpartum in-
10 carcerated individuals who participated in such
11 programs, including measures of patient-re-
12 ported experience of care; and
13 (C) strategies to sustain such programs be-
14 yond the duration of the grant and expand such
15 programs to other facilities.
16 (g) REPORT.—Not later than 6 years after the date
17 of enactment of this Act, the Attorney General shall sub-
18 mit to the Congress a report describing the results of such
19 grant programs.
20 (h) OVERSIGHT.—Not later than 1 year after the
21 date of enactment of this Act, the Attorney General shall
22 award a contract to an independent organization or inde-
23 pendent organizations to conduct oversight of the pro-
24 grams described in subsection (c).

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

SEC. 704. GAO REPORT.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on adverse maternal and infant health outcomes among incarcerated individuals and infants born to such individuals, with a particular focus on racial and ethnic disparities in maternal and infant health outcomes for incarcerated individuals.

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

(1) to the extent practicable—

(A) the number of pregnant individuals who are incarcerated in Bureau of Prisons facilities;

(B) the number of incarcerated individuals, including those incarcerated in Federal, State, and local correctional facilities, who have experienced a pregnancy-related death, pregnancy-associated death, or the death of an infant in the most recent 10 years of available data;

1 (C) the number of cases of severe maternal
2 morbidity among incarcerated individuals, in-
3 cluding those incarcerated in Federal, State,
4 and local detention facilities, in the most recent
5 10 years of available data;
6 (D) the number of preterm and low-birth-
7 weight births of infants born to incarcerated in-
8 dividuals, including those incarcerated in Fed-
9 eral, State, and local correctional facilities, in
10 the most recent 10 years of available data; and
11 (E) statistics on the racial and ethnic dis-
12 parities in maternal and infant health outcomes
13 and severe maternal morbidity rates among in-
14 carcerated individuals, including those incarcer-
15 ated in Federal, State, and local detention fa-
16 cilities;
17 (2) in the case that the Comptroller General of
18 the United States is unable determine the informa-
19 tion required in subparagraphs (A) through (C) of
20 paragraph (1), an assessment of the barriers to de-
21 termining such information and recommendations
22 for improvements in tracking maternal health out-
23 comes among incarcerated individuals, including
24 those incarcerated in Federal, State, and local deten-
25 tion facilities;

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

5 (4) causes of adverse maternal health outcomes
6 and severe maternal morbidity that are unique to in-
7 carcerated individuals from racial and ethnic minor-
8 ity groups;

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

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

20 **SEC. 705. MACPAC REPORT.**

21 (a) IN GENERAL.—Not later than 2 years after the
22 date of enactment of this Act, the Medicaid and CHIP
23 Payment and Access Commission (referred to in this sec-
24 tion as ''MACPAC'') shall publish a report on the implica-
25 tions of pregnant and postpartum incarcerated individuals

1 being ineligible for medical assistance under a State plan
2 under title XIX of the Social Security Act (42 U.S.C.
3 1396 et seq.) that contains the information described in
4 subsection (b).

5 (b) INFORMATION DESCRIBED.—The information de-
6 scribed in this subsection includes—

7 (1) information on the effect of ineligibility for
8 medical assistance under a State plan under title
9 XIX of the Social Security Act (42 U.S.C. 1396 et
10 seq.) on maternal health outcomes for pregnant and
11 postpartum incarcerated individuals, concentrating
12 on the effects of such ineligibility for pregnant and
13 postpartum individuals from racial and ethnic mi-
14 nority groups; and

15 (2) the potential implications on maternal
16 health outcomes resulting from suspending eligibility
17 for medical assistance under a State plan under
18 such title when a pregnant or postpartum individual
19 is incarcerated.

TITLE VIII—TECH TO SAVE MOMS

SEC. 801. INTEGRATED TELEHEALTH MODELS IN MATERNITY CARE SERVICES.

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

"(xxviii) Focusing on title XIX, providing for the adoption of and use of telehealth tools that allow for screening, monitoring, and management of common health complications with respect to an individual receiving medical assistance during such individual's pregnancy and for not more than a 1-year period beginning on the last day of the pregnancy.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect 1 year after the date of 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 330N (42 U.S.C. 254c–19) the
7 following:

8 **"SEC. 330O. EXPANDING CAPACITY FOR MATERNAL**
9 **HEALTH OUTCOMES.**

10 "(a) ESTABLISHMENT.—Beginning not later than 1
11 year after the date of enactment of this section, the Sec-
12 retary shall award grants to eligible entities to evaluate,
13 develop, and expand the use of technology-enabled collabo-
14 rative learning and capacity building models and improve
15 maternal 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) methods to address implicit bias,
9 racism, and discrimination;
10 "(iii) best practices in screening for
11 maternal mental health conditions and
12 substance use disorders and, as needed,
13 evaluating and treating such conditions
14 and disorders;
15 "(iv) training on best practices in ma-
16 ternity care for pregnant and postpartum
17 individuals during the COVID–19 public
18 health emergency or future public health
19 emergencies;
20 "(v) methods to screen for social de-
21 terminants of maternal health risks in the
22 prenatal and postpartum; and
23 "(vi) the use of remote patient moni-
24 toring tools for pregnancy-related com-

1 plications described in section
2 1115A(b)(2)(B)(xxviii);
3 "(B) evaluate and collect information on
4 the affect of such models on—
5 "(i) access to and quality of care;
6 "(ii) outcomes with respect to the
7 health of an individual; and
8 "(iii) the experience of individuals who
9 receive pregnancy-related health care;
10 "(C) develop qualitative and quantitative
11 measures to identify best practices for the ex-
12 pansion and use of such models;
13 "(D) study the effect of such models on
14 patient outcomes and maternity care providers;
15 and
16 "(E) conduct any other activity, as deter-
17 mined by the Secretary.
18 "(2) PERMISSIBLE USES.—Recipients of grants
19 under this section may use grants to support—
20 "(A) the use and expansion of technology-
21 enabled collaborative learning and capacity
22 building models, including hardware and soft-
23 ware that—
24 "(i) enables distance learning and
25 technical support; and

1 "(ii) supports the secure exchange of
2 electronic health information; and
3 "(B) maternity care providers, students,
4 and other similar professionals in the provision
5 of maternity care through such models.
6 "(c) APPLICATION.—
7 "(1) IN GENERAL.—An eligible entity seeking a
8 grant under subsection (a) shall submit to the Sec-
9 retary an application, at such time, in such manner,
10 and containing such information as the Secretary
11 may require.
12 "(2) ASSURANCE.—An application under para-
13 graph (1) shall include an assurance that such entity
14 shall collect information on, and assess the affect of,
15 the use of technology-enabled collaborative learning
16 and capacity building models, including with respect
17 to—
18 "(A) maternal health outcomes;
19 "(B) access to maternal health care serv-
20 ices;
21 "(C) quality of maternal health care; and
22 "(D) retention of maternity care providers
23 serving areas and populations described in sub-
24 section (a).
25 "(d) LIMITATIONS.—

1 "(1) NUMBER.—Each entity receiving a grant
2 under this section may receive not more than 1 such
3 grant.
4 "(2) DURATION.—A grant awarded under this
5 section shall be for a 5-year period.
6 "(e) ACCESS TO BROADBAND.—In administering
7 grants under this section, the Secretary may coordinate
8 with other agencies to ensure that funding opportunities
9 are available to support access to reliable, high-speed
10 internet for grantees.
11 "(f) TECHNICAL ASSISTANCE.—The Secretary shall
12 provide (either directly or by contract) technical assistance
13 to eligible entities, including recipients of grants under
14 subsection (a), on the development, use, and sustainability
15 of technology-enabled collaborative learning and capacity
16 building models to expand access to maternal health care
17 services provided by such entities, including—
18 "(1) in health professional shortage areas;
19 "(2) in areas with high rates of maternal mor-
20 tality and severe maternal morbidity or significant
21 racial and ethnic disparities in maternal health out-
22 comes; and
23 "(3) for medically underserved populations or
24 American Indians and Alaska Natives.

1 “(g) RESEARCH AND EVALUATION.—The Secretary,
2 in consultation with experts, shall develop a strategic plan
3 to research and evaluate the evidence for such models.

4 “(h) REPORTING.—

5 “(1) ELIGIBLE ENTITIES.—An eligible entity
6 that receives a grant under subsection (a) shall sub-
7 mit to the Secretary a report, at such time, in such
8 manner, and containing such information as the Sec-
9 retary may require.

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

15 “(A) a description of grants awarded
16 under subsection (a) and the purpose and
17 amounts of such grants;

18 “(B) a summary of—

19 “(i) the evaluations conducted under
20 subsection (b)(1)(B);

21 “(ii) any technical assistance provided
22 under subsection (f); and

23 “(iii) the activities conducted under a
24 grant awarded under subsection (a); and

1 "(C) a description of any significant findings with respect to—
3 "(i) patient outcomes; and
4 "(ii) best practices for expanding, using, or evaluating technology-enabled collaborative learning and capacity building models.
8 "(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $6,000,000 for each of fiscal years 2022 through 2026.
11 "(j) DEFINITIONS.—In this section:
12 "(1) ELIGIBLE ENTITY.—
13 "(A) IN GENERAL.—The term 'eligible entity' means an entity that provides, or supports the provision of, maternal health care services or other evidence-based services for pregnant and postpartum individuals—
18 "(i) in health professional shortage areas;
20 "(ii) in areas with high rates of adverse maternal health outcomes or significant racial and ethnic disparities in maternal health outcomes; and
24 "(iii) who are—

1 "(I) members of medically under-
2 served populations; or
3 "(II) American Indians and Alas-
4 ka Natives, including Indian Tribes,
5 Tribal organizations, and urban In-
6 dian organizations.
7 "(B) INCLUSIONS.—An eligible entity may
8 include entities that lead, or are capable of
9 leading, a technology-enabled collaborative
10 learning and capacity building model.
11 "(2) HEALTH PROFESSIONAL SHORTAGE
12 AREA.—The term 'health professional shortage area'
13 means a health professional shortage area des-
14 ignated under section 332.
15 "(3) INDIAN TRIBE.—The term 'Indian Tribe'
16 has the meaning given such term in section 4 of the
17 Indian Self-Determination and Education Assistance
18 Act.
19 "(4) MATERNAL MORTALITY.—The term 'ma-
20 ternal mortality' means a death occurring during or
21 within 1-year period after pregnancy caused by preg-
22 nancy-related or childbirth complications, including a
23 suicide, overdose, or other death resulting from a
24 mental health or substance use disorder attributed

1 to or aggravated by pregnancy or childbirth com-
2 plications.

3 "(5) MEDICALLY UNDERSERVED POPU-
4 LATION.—The term 'medically underserved popu-
5 lation' has the meaning given such term in section
6 330(b)(3).

7 "(6) POSTPARTUM.—The term 'postpartum'
8 means the 1-year period beginning on the last date
9 of an individual's pregnancy.

10 "(7) SEVERE MATERNAL MORBIDITY.—The
11 term 'severe maternal morbidity' means a health
12 condition, including a mental health or substance
13 use disorder, attributed to or aggravated by preg-
14 nancy or childbirth that results in significant short-
15 term or long-term consequences to the health of the
16 individual who was pregnant.

17 "(8) TECHNOLOGY-ENABLED COLLABORATIVE
18 LEARNING AND CAPACITY BUILDING MODEL.—The
19 term 'technology-enabled collaborative learning and
20 capacity building model' means a distance health
21 education model that connects health care profes-
22 sionals, and other specialists, through simultaneous
23 interactive videoconferencing for the purpose of fa-
24 cilitating case-based learning, disseminating best

1 practices, and evaluating outcomes in the context of
2 maternal health care.

3 "(9) TRIBAL ORGANIZATION.—The term 'Tribal
4 organization' has the meaning given such term in
5 section 4 of the Indian Self-Determination and Edu-
6 cation Assistance Act.

7 "(10) URBAN INDIAN ORGANIZATION.—The
8 term 'urban Indian organization' has the meaning
9 given such term in section 4 of the Indian Health
10 Care Improvement Act.".

11 **SEC. 803. GRANTS TO PROMOTE EQUITY IN MATERNAL**
12 **HEALTH OUTCOMES THROUGH DIGITAL**
13 **TOOLS.**

14 (a) IN GENERAL.—Beginning not later than 1 year
15 after the date of the enactment of this Act, the Secretary
16 of Health and Human Services shall award grants to eligi-
17 ble entities to reduce racial and ethnic disparities in ma-
18 ternal health outcomes by increasing access to digital tools
19 related to maternal health care.

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

1 (c) PRIORITIZATION.—In awarding grants under this
2 section, the Secretary shall prioritize an eligible entity—
3 (1) in an area with high rates of adverse mater-
4 nal health outcomes or significant racial and ethnic
5 disparities in maternal health outcomes;
6 (2) in a health professional shortage area des-
7 ignated under section 332 of the Public Health Serv-
8 ice Act (42 U.S.C. 254e); and
9 (3) that promotes technology that addresses ra-
10 cial and ethnic disparities in maternal health out-
11 comes.
12 (d) LIMITATIONS.—
13 (1) NUMBER.—Each entity receiving a grant
14 under this section may receive not more than 1 such
15 grant.
16 (2) DURATION.—A grant awarded under this
17 section shall be for a 5-year period.
18 (e) TECHNICAL ASSISTANCE.—The Secretary shall
19 provide technical assistance to an eligible entity on the de-
20 velopment, use, evaluation, and post-grant sustainability
21 of digital tools for purposes of promoting equity in mater-
22 nal health outcomes.
23 (f) REPORTING.—
24 (1) ELIGIBLE ENTITIES.—An eligible entity
25 that receives a grant under subsection (a) shall sub-

1 mit to the Secretary a report, at such time, in such
2 manner, and containing such information as the Sec-
3 retary may require.
4 (2) SECRETARY.—Not later than 4 years after
5 the date of the enactment of this Act, the Secretary
6 shall submit to Congress a report that includes—
7 (A) an evaluation on the effectiveness of
8 grants awarded under this section to improve
9 health outcomes for pregnant and postpartum
10 individuals from racial and ethnic minority
11 groups;
12 (B) recommendations on new grant pro-
13 grams that promote the use of technology to
14 improve such maternal health outcomes; and
15 (C) recommendations with respect to—
16 (i) technology-based privacy and secu-
17 rity safeguards in maternal health care;
18 (ii) reimbursement rates for maternal
19 telehealth services;
20 (iii) the use of digital tools to analyze
21 large data sets to identify potential preg-
22 nancy-related complications;
23 (iv) barriers that prevent maternity
24 care providers from providing telehealth
25 services across States;

1 (v) the use of consumer digital tools
2 such as mobile phone applications, patient
3 portals, and wearable technologies to im-
4 prove maternal health outcomes;
5 (vi) barriers that prevent access to
6 telehealth services, including a lack of ac-
7 cess to reliable, high-speed internet or elec-
8 tronic devices;
9 (vii) barriers to data sharing between
10 the Special Supplemental Nutrition Pro-
11 gram for Women, Infants, and Children
12 program and maternity care providers, and
13 recommendations for addressing such bar-
14 riers; and
15 (viii) lessons learned from expanded
16 access to telehealth related to maternity
17 care during the COVID–19 public health
18 emergency.
19 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section
21 $6,000,000 for each of fiscal years 2022 through 2026.

22 **SEC. 804. REPORT ON THE USE OF TECHNOLOGY IN MATER-**
23 **NITY CARE.**

24 (a) IN GENERAL.—Not later than 60 days after the
25 date of enactment of this Act, the Secretary of Health and

1 Human Services shall seek to enter an agreement with the
2 National Academies of Sciences, Engineering, and Medi-
3 cine (referred to in this Act as the ''National Academies'')
4 under which the National Academies shall conduct a study
5 on the use of technology and patient monitoring devices
6 in maternity care.

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

10 (1) The use of innovative technology (including
11 artificial intelligence) in maternal health care, in-
12 cluding the extent to which such technology has af-
13 fected racial or ethnic biases in maternal health
14 care.

15 (2) The use of patient monitoring devices (in-
16 cluding pulse oximeter devices) in maternal health
17 care, including the extent to which such devices have
18 affected racial or ethnic biases in maternal health
19 care.

20 (3) Best practices for reducing and preventing
21 racial or ethnic biases in the use of innovative tech-
22 nology and patient monitoring devices in maternity
23 care.

24 (4) Best practices in the use of innovative tech-
25 nology and patient monitoring devices for pregnant

1 and postpartum individuals from racial and ethnic
2 minority groups.

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

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 Congress a report on
8 the results of the study, not later than 2 years after the
9 date of enactment of this Act.

10 TITLE IX—IMPACT TO SAVE 11 MOMS

12 SEC. 901. PERINATAL CARE ALTERNATIVE PAYMENT 13 MODEL DEMONSTRATION PROJECT.

14 (a) IN GENERAL.—For the period of fiscal years
15 2022 through 2026, the Secretary of Health and Human
16 Services (referred to in this section as the ''Secretary''),
17 acting through the Administrator of the Centers for Medi-
18 care & Medicaid Services, shall establish and implement,
19 in accordance with the requirements of this section, a
20 demonstration project, to be known as the Perinatal Care
21 Alternative Payment Model Demonstration Project (re-
22 ferred to in this section as the ''Demonstration Project''),
23 for purposes of allowing States to test payment models
24 under their State plans under title XIX of the Social Secu-
25 rity Act (42 U.S.C. 1396 et seq.) and State child health

1 plans under title XXI of such Act (42 U.S.C. 1397aa et
2 seq.) with respect to maternity care provided to pregnant
3 and postpartum individuals enrolled in such State plans
4 and State child health plans.

5 (b) COORDINATION.—In establishing the Demonstra-
6 tion Project, the Secretary shall coordinate with stake-
7 holders such as—

8 (1) State Medicaid programs;

9 (2) maternity care providers and organizations
10 representing maternity care providers;

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

14 (4) relevant community-based organizations,
15 particularly organizations that seek to improve ma-
16 ternal health outcomes for pregnant and postpartum
17 individuals from racial and ethnic minority groups;

18 (5) perinatal health workers;

19 (6) relevant health insurance issuers;

20 (7) hospitals, health systems, midwifery prac-
21 tices, freestanding birth centers (as such term is de-
22 fined in paragraph (3)(B) of section 1905(l) of the
23 Social Security Act (42 U.S.C. 1396d(l))), Feder-
24 ally-qualified health centers (as such term is defined
25 in paragraph (2)(B) of such section), and rural

1 health clinics (as such term is defined in section
2 1861(aa) of such Act (42 U.S.C. 1395x(aa)));
3 (8) researchers and policy experts in fields re-
4 lated to maternity care payment models; and
5 (9) any other stakeholders as the Secretary de-
6 termines appropriate, with a particular focus on
7 stakeholders from racial and ethnic minority groups.
8 (c) CONSIDERATIONS.—In establishing the Dem-
9 onstration Project, the Secretary shall consider any alter-
10 native payment model that—
11 (1) is designed to improve maternal health out-
12 comes for racial and ethnic groups with dispropor-
13 tionate rates of adverse maternal health outcomes;
14 (2) includes methods for stratifying patients by
15 pregnancy risk level and, as appropriate, adjusting
16 payments under such model to take into account
17 pregnancy risk level;
18 (3) establishes evidence-based quality metrics
19 for such payments;
20 (4) includes consideration of non-hospital birth
21 settings such as freestanding birth centers (as so de-
22 fined);
23 (5) includes consideration of social deter-
24 minants of maternal health; or

1 (6) includes diverse maternity care teams that
2 include—
3 (A) maternity care providers, mental and
4 behavioral health care providers acting in ac-
5 cordance with State law, registered dietitians or
6 nutrition professionals (as such term is defined
7 in section 1861(vv)(2) of the Social Security
8 Act (42 U.S.C. 1395x(vv)(2))), and Inter-
9 national Board Certified Lactation Consult-
10 ants—
11 (i) from racially, ethnically, and pro-
12 fessionally diverse backgrounds;
13 (ii) with experience practicing in ra-
14 cially and ethnically diverse communities;
15 or
16 (iii) who have undergone training on
17 implicit bias and racism; and
18 (B) perinatal health workers.
19 (d) ELIGIBILITY.—To be eligible to participate in the
20 Demonstration Project, a State shall submit an applica-
21 tion to the Secretary at such time, in such manner, and
22 containing such information as the Secretary may require.
23 (e) EVALUATION.—The Secretary shall conduct an
24 evaluation of the Demonstration Project to determine the
25 impact of the Demonstration Project on—

1 (1) maternal health outcomes, with data strati-
2 fied by race, ethnicity, socioeconomic indicators, and
3 any other factors as the Secretary determines appro-
4 priate;
5 (2) spending on maternity care by States par-
6 ticipating in the Demonstration Project;
7 (3) to the extent practicable, qualitative and
8 quantitative measures of patient experience; and
9 (4) any other areas of assessment that the Sec-
10 retary determines relevant.
11 (f) REPORT.—Not later than 1 year after the comple-
12 tion or termination date of the Demonstration Project, the
13 Secretary shall submit to the Congress, and make publicly
14 available, a report containing—
15 (1) the results of any evaluation conducted
16 under subsection (e); and
17 (2) a recommendation regarding whether the
18 Demonstration Project should be continued after fis-
19 cal year 2026 and expanded on a national basis.
20 (g) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated such sums as are nec-
22 essary to carry out this section.
23 (h) DEFINITIONS.—In this section:
24 (1) ALTERNATIVE PAYMENT MODEL.—The
25 term ''alternative payment model'' has the meaning

1 given such term in section 1833(z)(3)(C) of the So-
2 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).
3 (2) PERINATAL.—The term ''perinatal'' means
4 the period beginning on the day an individual be-
5 comes pregnant and ending on the last day of the
6 1-year period beginning on the last day of such indi-
7 vidual's pregnancy.
8 (3) RACIAL AND ETHNIC MINORITY GROUP.—
9 The term ''racial and ethnic minority group'' has the
10 meaning given such term in section 1707(g)(1) of
11 the Public Health Service Act (42 U.S.C. 300u–
12 6(g)(1)).

13 **SEC. 902. MACPAC REPORT.**

14 Not later than 2 years after the date of the enact-
15 ment of this Act, the Medicaid and CHIP Payment and
16 Access Commission shall publish a report on issues relat-
17 ing to the continuity of coverage under State plans under
18 title XIX of the Social Security Act (42 U.S.C. 1396 et
19 seq.) and State child health plans under title XXI of such
20 Act (42 U.S.C. 1397aa et seq.) for pregnant and
21 postpartum individuals. Such report shall, at a minimum,
22 include the following:
23 (1) An assessment of any existing policies
24 under such State plans and such State child health
25 plans regarding presumptive eligibility for pregnant

individuals while their application for enrollment in such a State plan or such a State child health plan is being processed.

(2) An assessment of any existing policies under such State plans and such State child health plans regarding measures to ensure continuity of coverage under such a State plan or such a State child health plan for pregnant and postpartum individuals, including such individuals who need to change their health insurance coverage during their pregnancy or the postpartum period following their pregnancy.

(3) An assessment of any existing policies under such State plans and such State child health plans regarding measures to automatically reenroll individuals who are eligible to enroll under such a State plan or such a State child health plan as a parent.

(4) If determined appropriate by the Commission, any recommendations for the Department of Health and Human Services, or such State plans and such State child health plans, to ensure continuity of coverage under such a State plan or such a State child health plan for pregnant and postpartum individuals.

1 # TITLE X—MATERNAL HEALTH
2 # PANDEMIC RESPONSE

3 **SEC. 1001. DEFINITIONS.**

4 In this title:

5 (1) COVID–19 PUBLIC HEALTH EMERGENCY.—
6 The term ‘‘COVID–19 public health emergency’’
7 means the period—

8 (A) beginning on the date that the Sec-
9 retary of Health and Human Services declared
10 a public health emergency under section 319 of
11 the Public Health Service Act (42 U.S.C.
12 247d), with respect to COVID–19; and

13 (B) ending on the later of the end of such
14 public health emergency, or January 1, 2023.

15 (2) RESPECTFUL MATERNITY CARE.—The term
16 ‘‘respectful maternity care’’ refers to care organized
17 for, and provided to, pregnant and postpartum indi-
18 viduals in a manner that—

19 (A) is culturally congruent;

20 (B) maintains their dignity, privacy, and
21 confidentiality;

22 (C) ensures freedom from harm and mis-
23 treatment; and

24 (D) enables informed choice and contin-
25 uous support.

1 (3) SECRETARY.—The term ''Secretary'' means
2 the Secretary of Health and Human Services.

3 **SEC. 1002. FUNDING FOR DATA COLLECTION, SURVEIL-**
4 **LANCE, AND RESEARCH ON MATERNAL**
5 **HEALTH OUTCOMES DURING THE COVID–19**
6 **PUBLIC HEALTH EMERGENCY.**

7 To conduct or support data collection, surveillance,
8 and research on maternal health as a result of the
9 COVID–19 public health emergency, including support to
10 assist in the capacity building for State, Tribal, territorial,
11 and local public health departments to collect and trans-
12 mit racial, ethnic, and other demographic data related to
13 maternal health, there are authorized to be appro-
14 priated—
15 (1) $100,000,000 for the Surveillance for
16 Emerging Threats to Mothers and Babies program
17 of the Centers for Disease Control and Prevention,
18 to support the Centers for Disease Control and Pre-
19 vention in its efforts to—
20 (A) work with public health, clinical, and
21 community-based organizations to provide time-
22 ly, continually updated guidance to families and
23 health care providers on ways to reduce risk to
24 pregnant and postpartum individuals and their

1 newborns and tailor interventions to improve
2 their long-term health;
3 (B) partner with more State, Tribal, terri-
4 torial, and local public health programs in the
5 collection and analysis of clinical data on the
6 impact of COVID–19 on pregnant and
7 postpartum patients and their newborns, par-
8 ticularly among patients from racial and ethnic
9 minority groups; and
10 (C) establish regionally based centers of
11 excellence to offer medical, public health, and
12 other knowledge to ensure communities, espe-
13 cially communities with large populations of in-
14 dividuals from racial and ethnic minority
15 groups, can help pregnant and postpartum indi-
16 viduals and newborns get the care and support
17 they need;
18 (2) $30,000,000 for the Enhancing Reviews
19 and Surveillance to Eliminate Maternal Mortality
20 program (commonly known as the ''ERASE MM
21 program'') of the Centers for Disease Control and
22 Prevention, to support the Centers for Disease Con-
23 trol and Prevention in expanding its partnerships
24 with States and Indian Tribes and provide technical

1 assistance to existing Maternal Mortality Review
2 Committees;
3 (3) $45,000,000 for the Pregnancy Risk As-
4 sessment Monitoring System (commonly known as
5 the ''PRAMS'') of the Centers for Disease Control
6 and Prevention, to support the Centers for Disease
7 Control and Prevention in its efforts to—
8 (A) create a COVID–19 supplement to its
9 PRAMS questionnaire;
10 (B) add questions around experiences of
11 respectful maternity care in prenatal,
12 intrapartum, and postpartum care;
13 (C) conduct a rapid assessment of
14 COVID–19 awareness, impact on care and ex-
15 periences, and use of preventive measures
16 among pregnant, laboring and birthing, and
17 postpartum individuals during the COVID–19
18 public health emergency; and
19 (D) work to transition the survey to an
20 electronic platform and expand the survey to a
21 larger population, with a special focus on reach-
22 ing underrepresented communities; and
23 (4) $15,000,000 for the National Institute of
24 Child Health and Human Development, to conduct
25 or support research for interventions to mitigate the

1 effects of the COVID–19 public health emergency on
2 pregnant and postpartum individuals, with a par-
3 ticular focus on individuals from racial and ethnic
4 minority groups.

5 **SEC. 1003. COVID–19 MATERNAL HEALTH DATA COLLEC-**
6 **TION AND DISCLOSURE.**

7 (a) AVAILABILITY OF COLLECTED DATA.—The Sec-
8 retary, acting through the Director of the Centers for Dis-
9 ease Control and Prevention and the Administrator of the
10 Centers for Medicare & Medicaid Services, shall make pub-
11 licly available on the website of the Centers for Disease
12 Control and Prevention data described in subsection (b).

13 (b) DATA DESCRIBED.—The data under subsection
14 (a) means data collected through Federal surveillance sys-
15 tems under the Centers for Disease Control and Preven-
16 tion with respect to COVID–19 and individuals who are
17 pregnant or in a postpartum period. Such data shall in-
18 clude the following:

19 (1) Diagnostic testing, including the number of
20 pregnant and postpartum individuals who are tested
21 for COVID–19 and the number of positive cases.

22 (2) Suspected cases of COVID–19 in pregnant
23 and birthing individuals and individuals in a
24 postpartum period.

1 (3) Serologic testing, including the number of
2 pregnant and postpartum individuals tested and the
3 number of such serologic tests that were positive.
4 (4) Health care treatment for individuals who
5 were infected with the virus, including hospitaliza-
6 tions, emergency room visits, and intensive care unit
7 admissions.
8 (5) Health outcomes for pregnant individuals
9 and infants confirmed or suspected of being infected
10 with the virus, including—
11 (A) the number of fatalities and case fa-
12 talities (expressed as the proportion of individ-
13 uals who were infected with the virus to individ-
14 uals who died from the virus); and
15 (B) the number of stillbirths, infant mor-
16 tality, pre-term births, infants born with a low-
17 birth weight, and cesarean section births.
18 (c) INDIAN HEALTH SERVICE.—In carrying out sub-
19 section (a), the Secretary shall consult with Indian Tribes
20 and confer with urban Indian organizations.
21 (d) DISAGGREGATED INFORMATION.—In carrying
22 out subsection (a), the Secretary shall disaggregate data
23 by race, ethnicity, and location.

1 (e) UPDATE.—During the COVID–19 public health
2 emergency, the Secretary shall update the data made
3 available under this section—
4 (1) at least on a monthly basis; and
5 (2) not less than one month after the end of
6 such public health emergency.
7 (f) PRIVACY.—In carrying out subsection (a), the
8 Secretary shall take steps to protect the privacy of individ-
9 uals pursuant to regulations promulgated under section
10 264(c) of the Health Insurance Portability and Account-
11 ability Act of 1996 (42 U.S.C. 1320d–2 note).
12 (g) GUIDANCE.—
13 (1) IN GENERAL.—Not later than 30 days after
14 the date of enactment of this Act, the Secretary
15 shall issue guidance to States and local public health
16 departments to ensure that—
17 (A) laboratories that test specimens for
18 COVID–19 receive all relevant demographic
19 data on race, ethnicity, pregnancy status, and
20 other demographic data as determined by the
21 Secretary; and
22 (B) data described in subsection (b) is
23 disaggregated by race, ethnicity, and location.

1 (2) CONSULTATION.—In carrying out para-
2 graph (1), the Secretary shall consult with Indian
3 Tribes—
4 (A) to ensure that such guidance includes
5 Tribally developed best practices; and
6 (B) to reduce misclassification of American
7 Indians and Alaska Natives.

8 **SEC. 1004. INCLUSION OF PREGNANT INDIVIDUALS AND**
9 **LACTATING INDIVIDUALS IN VACCINE AND**
10 **THERAPEUTIC DEVELOPMENT FOR COVID–19.**

11 The Director of the National Institutes of Health
12 shall, when safe and appropriate, support and advance the
13 inclusion of pregnant and lactating individuals in thera-
14 peutic and vaccine clinical trials with respect to the treat-
15 ment or prevention of COVID–19, including prioritizing
16 recommendations made by the Task Force on Research
17 Specific to Pregnant Women and Lactating Women estab-
18 lished under section 2041 of the 21st Century Cures Act
19 (42 U.S.C. 289a–2 note) with respect to including such
20 individuals in such clinical trials.

21 **SEC. 1005. PUBLIC HEALTH COMMUNICATION REGARDING**
22 **MATERNAL CARE DURING COVID–19.**

23 The Director of the Centers for Disease Control and
24 Prevention shall conduct a public health education cam-
25 paign to increase access by pregnant individuals, their em-

1 ployers, and their health care providers to accurate, evi-
2 dence-based information on COVID–19 and pregnancy
3 risks, with a particular focus pregnant individuals in un-
4 derserved communities.

5 **SEC. 1006. TASK FORCE ON BIRTHING EXPERIENCE AND**
6 **SAFE MATERNITY CARE DURING A PUBLIC**
7 **HEALTH EMERGENCY.**

8 (a) ESTABLISHMENT.—The Secretary, in consulta-
9 tion with the Director of the Centers for Disease Control
10 and Prevention and the Administrator of the Health Re-
11 sources and Services Administration, shall convene a task
12 force (in this subsection referred to as the "Task Force")
13 to develop recommendations, and make such recommenda-
14 tions publicly available in multiple languages, on respect-
15 ful maternity care during the COVID–19 public health
16 emergency and other public health emergencies, with a
17 particular focus on outcomes for individuals from racial
18 and ethnic minority groups and other underserved commu-
19 nities.

20 (b) CONTENT.—In developing recommendations
21 under paragraph (1), the Task Force shall address the
22 following:

23 (1) Measures to facilitate respectful maternity
24 care.

1 (2) Strategies to increase access to specialized
2 care for individuals with high-risk pregnancies.
3 (3) COVID–19 diagnostic testing for pregnant
4 individuals and individuals in labor.
5 (4) The designation of a companion during
6 birthing.
7 (5) The ability to communicate using an elec-
8 tronic mobile device during birthing.
9 (6) With respect to an individual who has the
10 virus that causes COVID–19—
11 (A) separation from a newborn after birth;
12 and
13 (B) ensuring safety while breastfeeding.
14 (7) Licensing, training, and reimbursement for
15 midwives from racial and ethnic minority groups and
16 underserved communities.
17 (8) Financial support for perinatal health work-
18 ers who provide nonclinical support to pregnant indi-
19 viduals and postpartum individuals from under-
20 served communities.
21 (9) The identification and treatment of prenatal
22 and postpartum mental and behavioral health condi-
23 tions that may have developed during, or worsened
24 because of, the COVID–19 public health emergency

1 or future public health emergencies, including anx-
2 iety, substance use disorder, and depression.
3 (10) Strategies to address hospital capacity
4 issues in communities with an increase in COVID–
5 19 cases, or cases of other infectious diseases.
6 (11) Options for maternal care that reduce
7 cross-contamination and maintain safety and quality
8 of care, including auxiliary maternity units and free-
9 standing birth centers.
10 (12) Methods to identify and address racism,
11 bias, and discrimination in treatment, and to provide
12 support to pregnant and postpartum individuals, in-
13 cluding—
14 (A) evaluating the training of hospital staff
15 on implicit bias and racism and respectful ma-
16 ternity care; and
17 (B) the collection of demographic data.
18 (13) Other matters the Task Force determines
19 appropriate.
20 (c) MEMBERSHIP.—
21 (1) CHAIR.—The Secretary shall select the
22 chair of the Task Force from among the members
23 of the Task Force.
24 (2) COMPOSITION.—The Task Force shall be
25 composed of—

1 (A) representatives of Federal agencies, in-
2 cluding the agencies listed in paragraph (3);
3 (B) 3 or more representatives of State,
4 local, or territorial public health departments
5 from different areas in the United States that
6 have a large historically marginalized popu-
7 lation;
8 (C) one or more representatives of Tribal
9 public health departments;
10 (D) one or more obstetrician-gynecologists
11 or other physicians who provide obstetric care,
12 with consideration for physicians who are from,
13 or work in, communities experiencing a high
14 rate of mortality and morbidity from COVID–
15 19;
16 (E) one or more nurses who provide ob-
17 stetric care, with consideration for physicians
18 who are from, or work in, communities experi-
19 encing a high rate of mortality and morbidity
20 from COVID–19;
21 (F) one or more perinatal health workers;
22 (G) one or more individuals who were
23 pregnant or gave birth during the COVID–19
24 public health emergency;

1 (H) one or more individuals who had the
2 virus that causes COVID–19 and later gave
3 birth;
4 (I) one or more individuals who have re-
5 ceived support from a perinatal health; and
6 (J) 3 or more independent experts who are
7 racially and ethnically diverse with knowledge
8 on racial and ethnic disparities in—
9 (i) public health;
10 (ii) maternal health; or
11 (iii) maternal mortality and severe
12 maternal morbidity.
13 (3) FEDERAL AGENCIES.—The agencies rep-
14 resented under paragraph (2)(A) shall include the
15 following:
16 (A) The Department of Health and
17 Human Services.
18 (B) The Centers for Disease Control and
19 Prevention.
20 (C) The Centers for Medicare & Medicaid
21 Services.
22 (D) The Health Resources and Services
23 Administration.
24 (E) The Indian Health Service.
25 (F) The National Institutes of Health.

1 **SEC. 1007. GAO REPORT ON MATERNAL HEALTH AND PUB-**
2 **LIC HEALTH EMERGENCY PREPAREDNESS.**

3 (a) IN GENERAL.—Not later than one year after the
4 date of enactment of this Act, the Comptroller General
5 of the United States shall submit to Congress a report
6 on maternal health and public health emergency prepared-
7 ness. Such report shall include the information and rec-
8 ommendations described in subsection (b).

9 (b) CONTENT OF REPORT.—The report under sub-
10 section (b) shall include the following:

11 (1) A review of prenatal, labor and delivery,
12 and postpartum experiences of individuals during
13 such public health emergency, including—

14 (A) barriers to accessing pregnancy, birth,
15 and postpartum care during a pandemic;

16 (B) public and private insurance coverage
17 with respect to maternal health care, including
18 telehealth services;

19 (C) to the extent practicable, maternal and
20 infant health outcomes by race and ethnicity
21 (including quality of care, mortality, morbidity,
22 cesarean section rates, preterm birth, preva-
23 lence of prenatal and postpartum mental health
24 conditions and substance use disorders);

1 (D) with respect to such health outcomes,
2 the impact of Federal and State policy changes
3 during such public health emergency;
4 (E) contributing factors to population-
5 based disparities in health outcomes, including
6 bias and discrimination toward individuals from
7 racial and ethnic minority groups; and
8 (F) the effect of increased unemployment,
9 paid family leave, changes in health care cov-
10 erage, and other social determinants of health
11 for pregnant and postpartum individuals during
12 the public health emergency.
13 (2) Recommendations on improving the public
14 health emergency response and preparedness efforts
15 of the Federal Government with respect to maternal
16 health, with a focus on outcomes for pregnant and
17 postpartum individuals from racial and ethnic mi-
18 nority groups, including—
19 (A) improving research, surveillance, and
20 data collection with respect to maternal health;
21 (B) factoring maternal health outcomes
22 and disparities into decisions regarding dis-
23 tribution of resources;
24 (C) improving the distribution of public
25 health funds, data, and information to Indian

Tribes and Tribal organizations with regard to maternal health during a public health emergency; and

(D) improving communications during a public health emergency with—

(i) maternity care providers;

(ii) maternal mental and behavioral health care providers;

(iii) researchers who specialize in maternal health, maternal mortality, or severe maternal morbidity;

(iv) individuals who experienced pregnancy or childbirth during the COVID–19 public health emergency;

(v) representatives from community-based organizations that address maternal health; and

(vi) perinatal health workers.

TITLE XI—PROTECTING MOMS AND BABIES AGAINST CLIMATE CHANGE

SEC. 1101. DEFINITIONS.

In this title, the following definitions apply:

(1) ADVERSE MATERNAL AND INFANT HEALTH OUTCOMES.—The term "adverse maternal and in-

1 fant health outcomes'' includes the outcomes of
2 preterm birth, low birth weight, stillbirth, infant or
3 maternal mortality, and severe maternal morbidity.
4 (2) INSTITUTION OF HIGHER EDUCATION.—The
5 term ''institution of higher education'' has the
6 meaning given such term in section 101 of the High-
7 er Education Act of 1965 (20 U.S.C. 1001).
8 (3) MINORITY-SERVING INSTITUTION.—The
9 term ''minority-serving institution'' means an entity
10 specified in any of paragraphs (1) through (7) of
11 section 371(a) of the Higher Education Act of 1965
12 (20 U.S.C. 1067q(a)).
13 (4) RISKS ASSOCIATED WITH CLIMATE
14 CHANGE.—The term ''risks associated with climate
15 change'' includes risks associated with extreme heat,
16 air pollution, extreme weather events, and other en-
17 vironmental issues associated with climate change
18 that can result in adverse maternal and infant
19 health outcomes.
20 (5) SECRETARY.—The term ''Secretary'' means
21 the Secretary of Health and Human Services.
22 (6) STAKEHOLDER ORGANIZATION.—The term
23 ''stakeholder organization'' means—

1 (A) a community-based organization with
2 expertise in providing assistance to vulnerable
3 individuals;
4 (B) a nonprofit organization with expertise
5 in maternal or infant health or environmental
6 justice; and
7 (C) a patient advocacy organization rep-
8 resenting vulnerable individuals.
9 (7) VULNERABLE INDIVIDUAL.—The term ''vul-
10 nerable individual'' means—
11 (A) an individual who is pregnant;
12 (B) an individual who was pregnant during
13 any portion of the preceding 1-year period; and
14 (C) an individual under 3 years of age.

15 **SEC. 1102. GRANT PROGRAM TO PROTECT VULNERABLE**
16 **MOTHERS AND BABIES FROM CLIMATE**
17 **CHANGE RISKS.**

18 (a) IN GENERAL.—Not later than 180 days after the
19 date of enactment of this Act, the Secretary shall establish
20 a grant program (in this section referred to as the ''Pro-
21 gram'') to protect vulnerable individuals from risks associ-
22 ated with climate change.
23 (b) GRANT AUTHORITY.—In carrying out the Pro-
24 gram, the Secretary may award, on a competitive basis,
25 grants to 10 covered entities.

1 (c) APPLICATIONS.—To be eligible for a grant under
2 the Program, a covered entity shall submit to the Sec-
3 retary an application at such time, in such form, and con-
4 taining such information as the Secretary may require,
5 which shall include, at a minimum, a description of the
6 following:

7 (1) Plans for the use of grant funds awarded
8 under the Program and how patients and stake-
9 holder organizations were involved in the develop-
10 ment of such plans.

11 (2) How such grant funds will be targeted to
12 geographic areas that have disproportionately high
13 levels of risks associated with climate change for vul-
14 nerable individuals.

15 (3) How such grant funds will be used to ad-
16 dress racial and ethnic disparities in—

17 (A) adverse maternal and infant health
18 outcomes; and

19 (B) exposure to risks associated with cli-
20 mate change for vulnerable individuals.

21 (4) Strategies to prevent an initiative assisted
22 with such grant funds from causing—

23 (A) adverse environmental impacts;

24 (B) displacement of residents and busi-
25 nesses;

1 (C) rent and housing price increases; or
2 (D) disproportionate adverse impacts on
3 racial and ethnic minority groups and other un-
4 derserved populations.
5 (d) SELECTION OF GRANT RECIPIENTS.—
6 (1) TIMING.—Not later than 270 days after the
7 date of enactment of this Act, the Secretary shall se-
8 lect the recipients of grants under the Program.
9 (2) CONSULTATION.—In selecting covered enti-
10 ties for grants under the Program, the Secretary
11 shall consult with—
12 (A) representatives of stakeholder organi-
13 zations;
14 (B) the Administrator of the Environ-
15 mental Protection Agency;
16 (C) the Administrator of the National Oce-
17 anic and Atmospheric Administration; and
18 (D) from the Department of Health and
19 Human Services—
20 (i) the Deputy Assistant Secretary for
21 Minority Health;
22 (ii) the Administrator of the Centers
23 for Medicare & Medicaid Services;
24 (iii) the Administrator of the Health
25 Resources and Services Administration;

(iv) the Director of the National Institutes of Health; and

(v) the Director of the Centers for Disease Control and Prevention.

(3) PRIORITY.—In selecting a covered entity to be awarded a grant under the Program, the Secretary shall give priority to covered entities that serve a county—

(A) designated, or located in an area designated, as a nonattainment area pursuant to section 107 of the Clean Air Act (42 U.S.C. 7407) for any air pollutant for which air quality criteria have been issued under section 108(a) of such Act (42 U.S.C. 7408(a));

(B) with a level of vulnerability of moderate-to-high or higher, according to the Social Vulnerability Index of the Centers for Disease Control and Prevention; or

(C) with temperatures that pose a risk to human health, as determined by the Secretary, in consultation with the Administrator of the National Oceanic and Atmospheric Administration and the Chair of the United States Global Change Research Program, based on the best available science.

1 (4) LIMITATION.—A covered entity awarded
2 grant funds under the Program may not use such
3 grant funds to serve a county that is served by any
4 other recipient of a grant under the Program.

5 (e) USE OF FUNDS.—A covered entity awarded grant
6 funds under the Program may only use such grant funds
7 for the following:

8 (1) Initiatives to identify risks associated with
9 climate change for vulnerable individuals and to pro-
10 vide services and support to such individuals that
11 address such risks, including—

12 (A) training for health care providers,
13 doulas, and other employees in hospitals, birth
14 centers, midwifery practices, and other health
15 care practices that provide prenatal or labor
16 and delivery services to vulnerable individuals
17 on the identification of, and patient counseling
18 relating to, risks associated with climate change
19 for vulnerable individuals;

20 (B) hiring, training, or providing resources
21 to community health workers and perinatal
22 health workers who can help identify risks asso-
23 ciated with climate change for vulnerable indi-
24 viduals, provide patient counseling about such

1 risks, and carry out the distribution of relevant
2 services and support;
3 (C) enhancing the monitoring of risks as-
4 sociated with climate change for vulnerable in-
5 dividuals, including by—
6 (i) collecting data on such risks in
7 specific census tracts, neighborhoods, or
8 other geographic areas; and
9 (ii) sharing such data with local
10 health care providers, doulas, and other
11 employees in hospitals, birth centers, mid-
12 wifery practices, and other health care
13 practices that provide prenatal or labor
14 and delivery services to local vulnerable in-
15 dividuals; and
16 (D) providing vulnerable individuals—
17 (i) air conditioning units, residential
18 weatherization support, filtration systems,
19 household appliances, or related items;
20 (ii) direct financial assistance; and
21 (iii) services and support, including
22 housing and transportation assistance, to
23 prepare for or recover from extreme weath-
24 er events, which may include floods, hurri-

canes, wildfires, droughts, and related events.

(2) Initiatives to mitigate levels of and exposure to risks associated with climate change for vulnerable individuals, which shall be based on the best available science and which may include initiatives to—

(A) develop, maintain, or expand urban or community forestry initiatives and tree canopy coverage initiatives;

(B) improve infrastructure, including buildings and paved surfaces;

(C) develop or improve community outreach networks to provide culturally and linguistically appropriate information and notifications about risks associated with climate change for vulnerable individuals; and

(D) provide enhanced services to racial and ethnic minority groups and other underserved populations.

(f) LENGTH OF AWARD.—A grant under this section shall be disbursed over 4 fiscal years.

(g) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to a covered entity awarded a grant under the Program to support the development,

1 implementation, and evaluation of activities funded with
2 such grant.
3 (h) REPORTS TO SECRETARY.—
4 (1) ANNUAL REPORT.—For each fiscal year
5 during which a covered entity is disbursed grant
6 funds under the Program, such covered entity shall
7 submit to the Secretary a report that summarizes
8 the activities carried out by such covered entity with
9 such grant funds during such fiscal year, including
10 a description of the following:
11 (A) The involvement of stakeholder organi-
12 zations in the implementation of initiatives as-
13 sisted with such grant funds.
14 (B) Relevant health and environmental
15 data, disaggregated, to the extent practicable,
16 by race, ethnicity, gender, and pregnancy sta-
17 tus.
18 (C) Qualitative feedback received from vul-
19 nerable individuals with respect to initiatives
20 assisted with such grant funds.
21 (D) Criteria used in selecting the geo-
22 graphic areas assisted with such grant funds.
23 (E) Efforts to address racial and ethnic
24 disparities in adverse maternal and infant
25 health outcomes and in exposure to risks associ-

1 ated with climate change for vulnerable individ-
2 uals.
3 (F) Any negative and unintended impacts
4 of initiatives assisted with such grant funds, in-
5 cluding—
6 (i) adverse environmental impacts;
7 (ii) displacement of residents and
8 businesses;
9 (iii) rent and housing price increases;
10 and
11 (iv) disproportionate adverse impacts
12 on racial and ethnic minority groups and
13 other underserved populations.
14 (G) How the covered entity will address
15 and prevent any impacts described in subpara-
16 graph (F).
17 (2) PUBLICATION.—Not later than 30 days
18 after the date on which a report is submitted under
19 paragraph (1), the Secretary shall publish such re-
20 port on a public website of the Department of
21 Health and Human Services.
22 (i) REPORT TO CONGRESS.—Not later than the date
23 that is 5 years after the date on which the Program is
24 established, the Secretary shall submit to Congress and
25 publish on a public website of the Department of Health

1 and Human Services a report on the results of the Pro-
2 gram, including the following:
3 (1) Summaries of the annual reports submitted
4 under subsection (h).
5 (2) Evaluations of the initiatives assisted with
6 grant funds under the Program.
7 (3) An assessment of the effectiveness of the
8 Program in—
9 (A) identifying risks associated with cli-
10 mate change for vulnerable individuals;
11 (B) providing services and support to such
12 individuals;
13 (C) mitigating levels of and exposure to
14 such risks; and
15 (D) addressing racial and ethnic disparities
16 in adverse maternal and infant health outcomes
17 and in exposure to such risks.
18 (4) A description of how the Program could be
19 expanded, including—
20 (A) monitoring efforts or data collection
21 that would be required to identify areas with
22 high levels of risks associated with climate
23 change for vulnerable individuals;

1 (B) how such areas could be identified
2 using the strategy developed under section 5;
3 and
4 (C) recommendations for additional fund-
5 ing.
6 (j) DEFINITION OF COVERED ENTITY.—In this sec-
7 tion, the term ''covered entity'' means a consortium of or-
8 ganizations serving a county that—
9 (1) shall include a community-based organiza-
10 tion; and
11 (2) may include—
12 (A) another stakeholder organization;
13 (B) the government of such county;
14 (C) the governments of one or more mu-
15 nicipalities within such county;
16 (D) a State or local public health depart-
17 ment or emergency management agency;
18 (E) a local health care practice, which may
19 include a licensed and accredited hospital, birth
20 center, midwifery practice, or other health care
21 practice that provides prenatal or labor and de-
22 livery services to vulnerable individuals;
23 (F) an Indian Tribe or Tribal organization
24 (as such terms are defined in section 4 of the

Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304));

(G) an Urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)); and

(H) an institution of higher education.

(k) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $100,000,000 for the period of fiscal years 2022 through 2025.

SEC. 1103. GRANT PROGRAM FOR EDUCATION AND TRAINING AT HEALTH PROFESSION SCHOOLS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary shall establish a grant program (in this section referred to as the ''Program'') to provide funds to health profession schools to support the development and integration of education and training programs for identifying and addressing risks associated with climate change for vulnerable individuals.

(b) GRANT AUTHORITY.—In carrying out the Program, the Secretary may award, on a competitive basis, grants to health profession schools.

(c) APPLICATION.—To be eligible for a grant under the Program, a health profession school shall submit to the Secretary an application at such time, in such form,

1 and containing such information as the Secretary may re-
2 quire, including a description 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—

22 (1) a State or local public health department;

23 (2) a health care professional membership orga-
24 nization;

25 (3) a stakeholder organization;

1 (4) a health profession school; or
2 (5) an institution of higher education.
3 (f) REPORTS TO SECRETARY.—
4 (1) ANNUAL REPORT.—For each fiscal year
5 during which a health profession school is disbursed
6 grant funds under the Program, such health profes-
7 sion school shall submit to the Secretary a report
8 that describes the activities carried out with such
9 grant funds during such fiscal year.
10 (2) FINAL REPORT.—Not later than the date
11 that is 1 year after the end of the last fiscal year
12 during which a health profession school is disbursed
13 grant funds under the Program, the health profes-
14 sion school shall submit to the Secretary a final re-
15 port that summarizes the activities carried out with
16 such grant funds.
17 (g) REPORT TO CONGRESS.—Not later than the date
18 that is 6 years after the date on which the Program is
19 established, the Secretary shall submit to Congress and
20 publish on a public website of the Department of Health
21 and Human Services a report that includes—
22 (1) a summary of the reports submitted under
23 subsection (f); and
24 (2) recommendations to improve education and
25 training programs at health profession schools with

1 respect to identifying and addressing risks associ-
2 ated with climate change for vulnerable individuals.
3 (h) DEFINITION OF HEALTH PROFESSION
4 SCHOOL.—In this section, the term ''health profession
5 school'' means an accredited—
6 (1) medical school;
7 (2) school of nursing;
8 (3) midwifery program;
9 (4) physician assistant education program;
10 (5) teaching hospital;
11 (6) residency or fellowship program; or
12 (7) other school or program determined appro-
13 priate by the Secretary.
14 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 $5,000,000 for the period of fiscal years 2022 through
17 2025.

18 **SEC. 1104. NIH CONSORTIUM ON BIRTH AND CLIMATE**
19 **CHANGE RESEARCH.**

20 (a) ESTABLISHMENT.—Not later than one year after
21 the date of enactment of this Act, the Director of the Na-
22 tional Institutes of Health shall establish the Consortium
23 on Birth and Climate Change Research (in this section
24 referred to as the ''Consortium'').
25 (b) DUTIES.—

1 (1) IN GENERAL.—The Consortium shall co-
2 ordinate, across the institutes, centers, and offices of
3 the National Institutes of Health, research on the
4 risks associated with climate change for vulnerable
5 individuals.
6 (2) REQUIRED ACTIVITIES.—In carrying out
7 paragraph (1), the Consortium shall—
8 (A) establish research priorities, including
9 by prioritizing research that—
10 (i) identifies the risks associated with
11 climate change for vulnerable individuals
12 with a particular focus on disparities in
13 such risks among racial and ethnic minor-
14 ity groups and other underserved popu-
15 lations; and
16 (ii) identifies strategies to reduce lev-
17 els of, and exposure to, such risks, with a
18 particular focus on risks among racial and
19 ethnic minority groups and other under-
20 served populations;
21 (B) identify gaps in available data related
22 to such risks;
23 (C) identify gaps in, and opportunities for,
24 research collaborations;

1 (D) identify funding opportunities for com-
2 munity-based organizations and researchers
3 from racially, ethnically, and geographically di-
4 verse backgrounds; and
5 (E) publish annual reports on the work
6 and findings of the Consortium on a public
7 website of the National Institutes of Health.
8 (c) MEMBERSHIP.—The Director of the National In-
9 stitutes of Health shall appoint to the Consortium rep-
10 resentatives of such institutes, centers, and offices of the
11 National Institutes of Health as the Director considers ap-
12 propriate, including representatives of—
13 (1) the National Institute of Environmental
14 Health Sciences;
15 (2) the National Institute on Minority Health
16 and Health Disparities;
17 (3) the Eunice Kennedy Shriver National Insti-
18 tute of Child Health and Human Development;
19 (4) the National Institute of Nursing Research;
20 and
21 (5) the Office of Research on Women's Health.
22 (d) CHAIRPERSON.—The Chairperson of the Consor-
23 tium shall be designated by the Director and selected from
24 among the representatives appointed under subsection (c).

1 (e) CONSULTATION.—In carrying out the duties de-
2 scribed in subsection (b), the Consortium shall consult
3 with—
4 (1) the heads of relevant Federal agencies, in-
5 cluding—
6 (A) the Environmental Protection Agency;
7 (B) the National Oceanic and Atmospheric
8 Administration;
9 (C) the Occupational Safety and Health
10 Administration; and
11 (D) from the Department of Health and
12 Human Services—
13 (i) the Office of Minority Health in
14 the Office of the Secretary;
15 (ii) the Centers for Medicare & Med-
16 icaid Services;
17 (iii) the Health Resources and Serv-
18 ices Administration;
19 (iv) the Centers for Disease Control
20 and Prevention;
21 (v) the Indian Health Service; and
22 (vi) the Administration for Children
23 and Families; and
24 (2) representatives of—
25 (A) stakeholder organizations;

1 (B) health care providers and professional
2 membership organizations with expertise in ma-
3 ternal health or environmental justice;
4 (C) State and local public health depart-
5 ments;
6 (D) licensed and accredited hospitals, birth
7 centers, midwifery practices, or other health
8 care practices that provide prenatal or labor
9 and delivery services to vulnerable individuals;
10 and
11 (E) institutions of higher education, in-
12 cluding such institutions that are minority-serv-
13 ing institutions or have expertise in maternal
14 health or environmental justice.

15 **SEC. 1105. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**
16 **RISK ZONES FOR VULNERABLE MOTHERS**
17 **AND BABIES.**

18 (a) IN GENERAL.—The Secretary, acting through the
19 Director of the Centers for Disease Control and Preven-
20 tion, shall develop a strategy (in this section referred to
21 as the "Strategy") for designating areas that the Sec-
22 retary determines to have a high risk of adverse maternal
23 and infant health outcomes among vulnerable individuals
24 as a result of risks associated with climate change.
25 (b) STRATEGY REQUIREMENTS.—

1 (1) IN GENERAL.—In developing the Strategy,
2 the Secretary shall establish a process to identify
3 areas where vulnerable individuals are exposed to a
4 high risk of adverse maternal and infant health out-
5 comes as a result of risks associated with climate
6 change in conjunction with other factors that can
7 impact such health outcomes, including—
8 (A) the incidence of diseases associated
9 with air pollution, extreme heat, and other envi-
10 ronmental factors;
11 (B) the availability and accessibility of ma-
12 ternal and infant health care providers;
13 (C) English-language proficiency among
14 women of reproductive age;
15 (D) the health insurance status of women
16 of reproductive age;
17 (E) the number of women of reproductive
18 age who are members of racial or ethnic groups
19 with disproportionately high rates of adverse
20 maternal and infant health outcomes;
21 (F) the socioeconomic status of women of
22 reproductive age, including with respect to—
23 (i) poverty;
24 (ii) unemployment;
25 (iii) household income; and

1 (iv) educational attainment; and
2 (G) access to quality housing, transpor-
3 tation, and nutrition.
4 (2) RESOURCES.—In developing the Strategy,
5 the Secretary shall identify, and incorporate a de-
6 scription of, the following:
7 (A) Existing mapping tools or Federal pro-
8 grams that identify—
9 (i) risks associated with climate
10 change for vulnerable individuals; and
11 (ii) other factors that can influence
12 maternal and infant health outcomes, in-
13 cluding the factors described in paragraph
14 (1).
15 (B) Environmental, health, socioeconomic,
16 and demographic data relevant to identifying
17 risks associated with climate change for vulner-
18 able individuals.
19 (C) Existing monitoring networks that col-
20 lect data described in subparagraph (B), and
21 any gaps in such networks.
22 (D) Federal, State, and local stakeholders
23 involved in maintaining monitoring networks
24 identified under subparagraph (C), and how

such stakeholders are coordinating their monitoring efforts.

(E) Additional monitoring networks, and enhancements to existing monitoring networks, that would be required to address gaps identified under subparagraph (C), including at the subcounty and census tract level.

(F) Funding amounts required to establish the monitoring networks identified under subparagraph (E) and recommendations for Federal, State, and local coordination with respect to such networks.

(G) Potential uses for data collected and generated as a result of the Strategy, including how such data may be used in determining recipients of grants under the program established by section 2 or other similar programs.

(H) Other information the Secretary considers relevant for the development of the Strategy.

(c) COORDINATION AND CONSULTATION.—In developing the Strategy, the Secretary shall—

(1) coordinate with the Administrator of the Environmental Protection Agency and the Adminis-

1 trator of the National Oceanic and Atmospheric Ad-
2 ministration; and
3 (2) consult with—
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 providers 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 (d) NOTICE AND COMMENT.—At least 240 days be-
20 fore the date on which the Strategy is published in accord-
21 ance with subsection (e), the Secretary shall provide—
22 (1) notice of the Strategy on a public website
23 of the Department of Health and Human Services;
24 and

1 (2) an opportunity for public comment of at
2 least 90 days.
3 (e) PUBLICATION.—Not later than 18 months after
4 the date of enactment of this Act, the Secretary shall pub-
5 lish on a public website of the Department of Health and
6 Human Services—
7 (1) the Strategy;
8 (2) the public comments received under sub-
9 section (d); and
10 (3) the responses of the Secretary to such pub-
11 lic comments.

12 TITLE XII—MATERNAL
13 VACCINATIONS

14 SEC. 1201. MATERNAL VACCINATION AWARENESS AND EQ-
15 UITY CAMPAIGN.

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services (in this section referred to as the ''Sec-
18 retary''), acting through the Director of the Centers for
19 Disease Control and Prevention, shall carry out a national
20 campaign to—
21 (1) increase awareness of the importance of ma-
22 ternal vaccinations for the health of pregnant and
23 postpartum individuals and their children; and

1 (2) increase maternal vaccination rates, with a
2 focus on communities with historically high rates of
3 unvaccinated individuals.

4 (b) CONSULTATION.—In carrying out the campaign
5 under this section, the Secretary shall consult with rel-
6 evant community-based organizations, health care profes-
7 sional associations and public health associations, State
8 public health departments and local public health depart-
9 ments, Tribal-serving organizations, nonprofit organiza-
10 tions, and nationally recognized private entities.

11 (c) ACTIVITIES.—The campaign under this section
12 shall—

13 (1) focus on increasing maternal vaccination
14 rates in communities with historically high rates of
15 unvaccinated individuals, including for pregnant and
16 postpartum individuals from racial and ethnic mi-
17 nority groups;

18 (2) include efforts to engage with pregnant and
19 postpartum individuals in communities with histori-
20 cally high rates of unvaccinated individuals to seek
21 input on the development and effectiveness of the
22 campaign;

23 (3) provide evidence-based, culturally congruent
24 resources and communications efforts; and

1 (4) be carried out in partnership with trusted
2 individuals and entities in communities with histori-
3 cally high rates of unvaccinated individuals, includ-
4 ing community-based organizations, community
5 health centers, perinatal health workers, and mater-
6 nity care providers.

7 (d) COLLABORATION.—The Secretary shall ensure
8 that the information and resources developed for the cam-
9 paign under this section are made publicly available and
10 shared with relevant Federal, State, and local entities.

11 (e) EVALUATION.—Not later than the end of fiscal
12 year 2025, the Secretary shall—

13 (1) establish quantitative and qualitative
14 metrics to evaluate the campaign under this section;
15 and

16 (2) submit a report detailing the impact of the
17 campaign under this section to Congress.

18 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
19 out this section, there is authorized to be appropriated
20 $2,000,000 for each of fiscal years 2022 through 2026.

○