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(Original Signature of Member)

116TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

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

\_\_\_\_\_  
**IN THE HOUSE OF REPRESENTATIVES**

Ms. UNDERWOOD introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**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 2020”.

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

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

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Sec. 504. Indian Health Service study on maternal mortality.

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- Sec. 801. CMI modeling of integrated telehealth models in maternity care services.  
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Sec. 804. Report on the use of technology to reduce maternal mortality and severe maternal morbidity and to close racial and ethnic disparities in outcomes.

## TITLE IX—IMPACT TO SAVE MOMS

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

**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, and prac-  
7 tices of the health care consumer and other stake-  
8 holders.

9 (2) MATERNAL MORTALITY.—The term “mater-  
10 nal mortality” means a death occurring during or  
11 within a one-year period after pregnancy caused by  
12 pregnancy or childbirth complications.

1 (3) POSTPARTUM.—The term “postpartum”  
2 means the one-year period beginning on the last day  
3 of a woman’s pregnancy.

4 (4) SEVERE MATERNAL MORBIDITY.—The term  
5 “severe maternal morbidity” means an unexpected  
6 outcome caused by labor and delivery of a woman  
7 that results in significant short-term or long-term  
8 consequences to the health of the woman.

9 **TITLE I—SOCIAL**  
10 **DETERMINANTS FOR MOMS**

11 **SEC. 101. TASK FORCE TO COORDINATE EFFORTS TO AD-**  
12 **DRESS SOCIAL DETERMINANTS OF HEALTH**  
13 **FOR WOMEN IN THE PRENATAL AND**  
14 **POSTPARTUM PERIODS.**

15 (a) IN GENERAL.—The Secretary of Health and  
16 Human Services shall convene a task force (in this section  
17 referred to as the “Task Force”) to develop strategies to  
18 coordinate efforts across the Federal Government to ad-  
19 dress social determinants of health for women in the pre-  
20 natal and postpartum periods.

21 (b) MEMBERS.—The members of the Task Force  
22 shall consist of the following:

23 (1) The Secretary of Health and Human Serv-  
24 ices (or the Secretary’s designee).

1           (2) The Secretary of Housing and Urban Devel-  
2           opment (or the Secretary's designee).

3           (3) The Secretary of Transportation (or the  
4           Secretary's designee).

5           (4) The Secretary of Agriculture (or the Sec-  
6           retary's designee).

7           (5) The Administrator of the Environmental  
8           Protection Agency (or the Administrator's designee).

9           (6) The Assistant Secretary for the Administra-  
10          tion for Children and Families (or the Assistant Sec-  
11          retary's designee).

12          (7) The Administrator of the Centers for Medi-  
13          care & Medicaid Services (or the Administrator's  
14          designee).

15          (8) The Director of the Indian Health Service  
16          (or the Director's designee).

17          (9) The Director of the National Institutes of  
18          Health (or the Director's designee).

19          (10) The Administrator of the Health Re-  
20          sources and Services Administration (or the Admin-  
21          istrator's designee).

22          (11) The Deputy Assistant Secretary for Minor-  
23          ity Health of the Department of Health and Human  
24          Services (or the Deputy Assistant Secretary's des-  
25          ignee).

1           (12) The Deputy Assistant Secretary for Wom-  
2       en's Health of the Department of Health and  
3       Human Services (or the Deputy Assistant Sec-  
4       retary's designee).

5           (13) The Director of the Centers for the Dis-  
6       ease Control and Prevention (or the Director's des-  
7       ignee).

8           (14) A woman who has experienced severe ma-  
9       ternal morbidity or a family member of a woman  
10      who has suffered a pregnancy-related death.

11          (15) A leader of a community-based organiza-  
12      tion that addresses maternal mortality and severe  
13      maternal morbidity with a specific focus on racial  
14      and ethnic disparities.

15          (16) A maternal health care provider.

16      (c) CHAIR.—The Secretary of Health and Human  
17      Services shall select the Chair of the Task Force from  
18      among the members of the Task Force.

19      (d) REPORT.—Not later than 2 years after the date  
20      of enactment of this Act, the Task Force shall—

21          (1) finalize strategies to coordinate efforts  
22      across the Federal Government to address social de-  
23      terminants of health for women in the prenatal and  
24      postpartum periods; and

1           (2) submit a report on such strategies to the  
2 Congress, including—

3           (A) plans for implementing such strategies;  
4 and

5           (B) recommendations on the funding  
6 amounts needed by each department and agen-  
7 cy to implement such strategies.

8       (e) TERMINATION.—Termination under section 14 of  
9 the Federal Advisory Committee Act (5 U.S.C. App.) shall  
10 not apply to the Task Force.

11 **SEC. 102. REQUIREMENTS FOR GUIDANCE RELATING TO**  
12 **SOCIAL DETERMINANTS OF HEALTH FOR**  
13 **PREGNANT WOMEN.**

14       (a) IN GENERAL.—Not later than 1 year after the  
15 date of the enactment of this Act, the Secretary of Health  
16 and Human Services shall issue guidance with respect to  
17 how medicaid managed care organizations and State Med-  
18 icaid programs can use payments made pursuant to sec-  
19 tion 1903 of the Social Security Act (42 U.S.C. 1396b)  
20 to address the following issues related to social deter-  
21 minants of health for high-risk mothers during the pre-  
22 sumptive eligibility period for pregnant women:

23           (1) Housing.

24           (2) Transportation.

25           (3) Nutrition.

1 (4) Lactation and other infant feeding options  
2 support.

3 (5) Lead testing and abatement.

4 (6) Air and water quality.

5 (7) Car seat installation.

6 (8) Child care access.

7 (9) Wellness and stress management programs.

8 (10) Other social determinants of health (as de-  
9 termined by the Secretary).

10 (b) DEFINITIONS.—In this section:

11 (1) MEDICAID MANAGED CARE ORGANIZA-  
12 TIONS.—The term “medicaid managed care organi-  
13 zation” has the meaning given such term in section  
14 1903(m)(1)(A) of the Social Security Act (42 U.S.C.  
15 1396b(m)(1)(A)).

16 (2) PRESUMPTIVE ELIGIBILITY PERIOD.—The  
17 term “presumptive eligibility period” has the mean-  
18 ing given such term in section 1920(b)(1) of the So-  
19 cial Security Act (42 U.S.C. 1396r–1(b)(1)).

20 **SEC. 103. DEPARTMENT OF HOUSING AND URBAN DEVEL-**  
21 **OPMENT.**

22 The Secretary of Housing and Urban Development  
23 shall establish a new Housing for Moms task force within  
24 the Department that shall be responsible for ensuring that  
25 women in the prenatal and postpartum periods have safe,



1 stable, affordable, and adequate housing for themselves  
2 and their other children. The task force shall—

3 (1) study how the Department of Housing and  
4 Urban Development can support women in the pre-  
5 natal and postpartum periods and make rec-  
6 ommendations to the Secretary;

7 (2) provide guidance to regional offices of the  
8 Department on measures to ensure that local hous-  
9 ing infrastructure is supportive to women in the pre-  
10 natal and postpartum periods, including providing  
11 information on—

12 (A) health-promoting housing codes;

13 (B) enforcement of housing codes;

14 (C) proactive rental inspection programs;

15 (D) code enforcement officer training; and

16 (E) partnerships between regional offices  
17 of the Department and community organiza-  
18 tions to ensure housing laws are understood  
19 and violations are discovered; and

20 (3) not later than 2 years after the date of en-  
21 actment of this Act, and annually thereafter, submit  
22 to the Congress a report summarizing the activities  
23 of the task force.

1   **SEC. 104. DEPARTMENT OF TRANSPORTATION.**

2           (a) REPORT.—Not later than 1 year after the date  
3 of enactment of this Act, the Secretary of Transportation  
4 shall submit to Congress a report containing—

5               (1) an assessment of transportation barriers  
6 preventing individuals from attending prenatal and  
7 postpartum appointments, accessing maternal health  
8 care services, or accessing services and resources re-  
9 lated to social determinants of health that affect ma-  
10 ternal health outcomes, such as healthy foods;

11              (2) recommendations on how to overcome such  
12 barriers; and

13              (3) an assessment of transportation safety risks  
14 for pregnant individuals and recommendations on  
15 how to mitigate such risks.

16           (b) CONSIDERATIONS.—In carrying out subsection  
17 (a), the Secretary shall give special consideration to solu-  
18 tions for—

19               (1) women living in a health professional short-  
20 age area designated under section 332 of the Public  
21 Health Service Act (42 U.S.C. 254e); and

22               (2) women living in areas with high maternal  
23 mortality or severe morbidity rates and significant  
24 racial or ethnic disparities in maternal health out-  
25 comes.

1 **SEC. 105. DEPARTMENT OF AGRICULTURE.**

2 (a) SPECIAL SUPPLEMENTAL NUTRITION PRO-  
3 GRAM.—

4 (1) EXTENSION OF POSTPARTUM PERIOD.—

5 Section 17(b)(10) of the Child Nutrition Act of  
6 1966 (42 U.S.C. 1786(b)(10)) is amended by strik-  
7 ing “six months” and inserting “24 months”.

8 (2) EXTENSION OF BREASTFEEDING PERIOD.—

9 Section 17(d)(3)(A)(ii) of the Child Nutrition Act of  
10 1966 (7 U.S.C. 1431(d)(3)(A)(ii)) is amended by  
11 striking “1 year” and inserting “24 months”.

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

17 (A) maternal and infant health outcomes,  
18 including racial and ethnic disparities with re-  
19 spect to such outcomes;

20 (B) qualitative evaluations of family expe-  
21 riences under the special supplemental nutrition  
22 program under section 17 of the Child Nutri-  
23 tion Act of 1966 (42 U.S.C. 1786); and

24 (C) the cost effectiveness of such special  
25 supplemental nutrition program.

1 (b) GRANT PROGRAM FOR HEALTHY FOOD AND  
2 CLEAN WATER FOR PREGNANT AND POSTPARTUM  
3 WOMEN.—

4 (1) IN GENERAL.—The Secretary shall carry  
5 out a grant program to make grants on a competi-  
6 tive basis to eligible entities to carry out the nutri-  
7 tional activities described in paragraph (4).

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

13 (3) PRIORITY.—In awarding grants under this  
14 subsection, the Secretary shall give priority to an eli-  
15 gible entity that proposes in an application under  
16 paragraph (2) to use the grant funds to carry out  
17 activities in areas with—

18 (A) high maternal mortality or severe ma-  
19 ternal morbidity rates; and

20 (B) significant racial or ethnic disparities  
21 in maternal health outcomes.

22 (4) USE OF FUNDS.—An eligible entity that re-  
23 ceives a grant under this subsection shall use funds  
24 under the grant to deliver healthy food, infant for-  
25 mula, or clean water to pregnant and postpartum

1 women located in areas that are food deserts, as de-  
2 termined by the Secretary using data from the Food  
3 Access Research Atlas of the Department of Agri-  
4 culture.

5 (5) REPORT.—Not later than 2 years after the  
6 date of the enactment of this section, the Secretary  
7 shall submit to Congress a report that includes—

8 (A) an evaluation of the effect of the grant  
9 program under this subsection on maternal and  
10 infant health outcomes, including racial and  
11 ethnic disparities with respect to such out-  
12 comes; and

13 (B) recommendations with respect to en-  
14 suring the activities described in paragraph (4)  
15 continue after the grant period funding such ac-  
16 tivities expires.

17 (6) AUTHORIZATION OF APPROPRIATIONS.—  
18 There are authorized to be appropriated such sums  
19 as may be necessary to carry out this subsection for  
20 fiscal years 2021 through 2023.

21 (c) DEFINITIONS.—In this section:

22 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
23 ty” includes public entities, private community enti-  
24 ties, community-based organizations, Indian tribes  
25 and tribal organizations (as such terms are defined

1 in section 4 of the Indian Self-Determination and  
2 Education Assistance Act (25 U.S.C. 5304)), and  
3 urban Indian organizations (as such term is defined  
4 in section 4 of the Indian Health Care Improvement  
5 Act (25 U.S.C. 1603)).

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

8 **SEC. 106. ENVIRONMENTAL STUDY THROUGH NATIONAL**  
9 **ACADEMIES.**

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

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

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

24 (2) reducing or eliminating racial and ethnic  
25 disparities in such outcomes.

1 (c) REPORT.—The agreement under subsection (a)  
2 shall direct the National Academies to complete the study  
3 under this section and transmit to the Congress a report  
4 on the results of the study not later than 24 months after  
5 the date of enactment of this Act.

6 **SEC. 107. CHILD CARE ACCESS.**

7 (a) GRANT PROGRAM.—The Secretary of Health and  
8 Human Services (in this section referred to as the “Sec-  
9 retary”) shall award grants to eligible organizations to  
10 provide pregnant and postpartum women with free drop-  
11 in child care services during prenatal and postpartum ap-  
12 pointments.

13 (b) ELIGIBLE ORGANIZATIONS.—To be eligible to re-  
14 ceive a grant under this section, an organization shall—

15 (1) be an organization that carries out pro-  
16 grams providing pregnant and postpartum women  
17 with free and accessible drop-in child care services  
18 during prenatal and postpartum appointments in  
19 areas which the Secretary determines have a high  
20 maternal mortality and severe morbidity rate and  
21 significant racial and ethnic disparities in maternal  
22 health outcomes; and

23 (2) not have previously received a grant under  
24 this section.

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

4 (d) EVALUATION.—The Secretary shall evaluate each  
5 grant awarded under this section to determine the effects  
6 of the grant on—

7 (1) prenatal and postpartum appointment at-  
8 tendance rates;

9 (2) maternal health outcomes with a specific  
10 focus on racial and ethnic disparities in such out-  
11 comes;

12 (3) pregnant and postpartum women partici-  
13 pating in the funded programs, and the families of  
14 such women; and

15 (4) cost effectiveness.

16 (e) REPORT.—Not later than September 30, 2023,  
17 the Secretary shall submit to the Congress a report con-  
18 taining the following:

19 (1) A summary of the evaluations under sub-  
20 section (d).

21 (2) A description of actions the Secretary can  
22 take to ensure that pregnant and postpartum women  
23 eligible for medical assistance under a State plan  
24 under title XIX of the Social Security Act (42  
25 U.S.C. 1936 et seq.) have access to free drop-in



1 child care services during prenatal and postpartum  
2 appointments, including identification of the funding  
3 necessary to carry out such actions.

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

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

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

16 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
17 out this section, there is authorized to be appropriated  
18 \$1,000,000 for each of fiscal years 2021 through 2023.

19 **SEC. 108. GRANTS TO STATE, LOCAL, AND TRIBAL PUBLIC**  
20 **HEALTH DEPARTMENTS ADDRESSING SOCIAL**  
21 **DETERMINANTS OF HEALTH FOR PREGNANT**  
22 **AND POSTPARTUM WOMEN.**

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

1 public health departments to address social determinants  
2 of maternal health in order to reduce or eliminate racial  
3 and ethnic disparities in maternal health outcomes.

4 (b) USE OF FUNDS.—A public health department re-  
5 ceiving a grant under this section may use funds received  
6 through the grant to—

7 (1) build capacity and hire staff to coordinate  
8 efforts of the public health department to address  
9 social determinants of maternal health;

10 (2) develop, and provide for distribution of, re-  
11 source lists of available social services for women in  
12 the prenatal and postpartum periods, which social  
13 services may include—

14 (A) transportation vouchers;

15 (B) housing supports;

16 (C) child care access;

17 (D) healthy food access;

18 (E) nutrition counseling;

19 (F) lactation supports;

20 (G) lead testing and abatement;

21 (H) clean water;

22 (I) infant formula;

23 (J) maternal mental and behavioral health  
24 care services;

1 (K) wellness and stress management pro-  
2 grams; and

3 (L) other social services as determined by  
4 the public health department;

5 (3) in consultation with local stakeholders, es-  
6 tablish or designate a “one-stop” resource center  
7 that provides coordinated social services in a single  
8 location for women in the prenatal or postpartum  
9 period; or

10 (4) directly address specific social determinant  
11 needs for the community that are related to mater-  
12 nal health as identified by the public health depart-  
13 ment, such as—

14 (A) transportation;

15 (B) housing;

16 (C) child care;

17 (D) healthy foods;

18 (E) infant formula;

19 (F) nutrition counseling;

20 (G) lactation supports;

21 (H) lead testing and abatement;

22 (I) air and water quality;

23 (J) wellness and stress management pro-  
24 grams; and

1 (K) other social determinants as deter-  
2 mined by the public health department.

3 (c) SPECIAL CONSIDERATION.—In awarding grants  
4 under subsection (a), the Secretary shall give special con-  
5 sideration to State, local, and Tribal public health depart-  
6 ments that—

7 (1) propose to use the grants to reduce or end  
8 racial and ethnic disparities in maternal mortality  
9 and severe morbidity rates; and

10 (2) operate in areas with high rates of—

11 (A) maternal mortality and severe mor-  
12 bidity; or

13 (B) significant racial and ethnic disparities  
14 in maternal mortality and severe morbidity  
15 rates.

16 (d) GUIDANCE ON STRATEGIES.—In carrying out this  
17 section, the Secretary shall provide guidance to grantees  
18 on strategies for long-term viability of programs funded  
19 through this section after such funding ends.

20 (e) REPORTING.—

21 (1) BY GRANTEES.—As a condition on receipt  
22 of a grant under this section, a grantee shall agree  
23 to—

24 (A) evaluate the activities funded through  
25 the grant with respect to—

1 (i) maternal health outcomes with a  
2 specific focus on racial and ethnic dispari-  
3 ties;

4 (ii) the subjective assessment of such  
5 activities by the beneficiaries of such ac-  
6 tivities, including mothers and their fami-  
7 lies; and

8 (iii) cost effectiveness and return on  
9 investment; and

10 (B) not later than 180 days after the end  
11 of the period of the grant, submit a report on  
12 the results of such evaluation to the Secretary.

13 (2) BY SECRETARY.—Not later than the end of  
14 fiscal year 2026, the Secretary shall submit a report  
15 to the Congress—

16 (A) summarizing the evaluations submitted  
17 under paragraph (1); and

18 (B) making recommendations for improv-  
19 ing maternal health and reducing or eliminating  
20 racial and ethnic disparities in maternal health  
21 outcomes, based on the results of grants under  
22 this section.

23 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
24 authorized to be appropriated to carry out this section  
25 \$15,000,000 for each of fiscal years 2021 through 2025.

1           **TITLE II—HONORING KIRA**  
2                           **JOHNSON**

3   **SEC. 201. INVESTMENTS IN COMMUNITY-BASED ORGANIZA-**  
4                   **TIONS TO IMPROVE BLACK MATERNAL**  
5                   **HEALTH OUTCOMES.**

6           (a) AWARDS.—Following the 1-year period described  
7 in subsection (c), the Secretary of Health and Human  
8 Services (in this section referred to as the “Secretary”),  
9 acting through the Administrator of the Health Resources  
10 and Services Administration, shall award grants to eligible  
11 entities to establish or expand programs to prevent mater-  
12 nal mortality and severe maternal morbidity among Black  
13 women.

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

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

22                   (1) conduct outreach to encourage eligible enti-  
23 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—

10                         (i) high rates of adverse maternal  
11                         health outcomes; and

12                         (ii) significant racial and ethnic dis-  
13                         parities in maternal health outcomes;

14                 (B) are led by Black women; and

15                 (C) offer programs and resources that are  
16                 aligned with evidence-based practices for im-  
17                 proving maternal health outcomes for Black  
18                 women.

19           (2) AWARDS.—In awarding grants under this  
20           section, the Secretary shall give special consideration  
21           to eligible entities that—

22                 (A) are described in subparagraphs (A),  
23                 (B), and (C) of paragraph (1);

1 (B) offer programs and resources designed  
2 in consultation with and intended for Black  
3 women; and

4 (C) offer programs and resources in the  
5 communities in which the respective eligible en-  
6 tities are located that—

7 (i) promote maternal mental health  
8 and maternal substance use disorder treat-  
9 ments that are aligned with evidence-based  
10 practices for improving maternal mental  
11 health outcomes for Black women;

12 (ii) address social determinants of  
13 health for women in the prenatal and  
14 postpartum periods, including—

15 (I) housing;

16 (II) transportation;

17 (III) nutrition counseling;

18 (IV) healthy foods;

19 (V) lactation support;

20 (VI) lead abatement and other  
21 efforts to improve air and water qual-  
22 ity;

23 (VII) child care access;

24 (VIII) car seat installation;



1 (IX) wellness and stress manage-  
2 ment programs; or

3 (X) coordination across safety-  
4 net and social support services and  
5 programs;

6 (iii) promote evidence-based health lit-  
7 eracy and pregnancy, childbirth, and par-  
8 enting education for women in the prenatal  
9 and postpartum periods;

10 (iv) provide support from doulas and  
11 other perinatal health workers to women  
12 from pregnancy through the postpartum  
13 period;

14 (v) provide culturally congruent train-  
15 ing to perinatal health workers such as  
16 doulas, community health workers, peer  
17 supporters, certified lactation consultants,  
18 nutritionists and dietitians, social workers,  
19 home visitors, and navigators;

20 (vi) conduct or support research on  
21 Black maternal health issues; or

22 (vii) have developed other programs  
23 and resources that address community-spe-  
24 cific needs for women in the prenatal and  
25 postpartum periods and are aligned with

1 evidence-based practices for improving ma-  
2 ternal health outcomes for Black women.

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

6 (1) capacity building to establish or expand pro-  
7 grams to prevent adverse maternal health outcomes  
8 among Black women;

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

11 (3) planning for sustaining programs to prevent  
12 maternal mortality and severe maternal morbidity  
13 among Black women after the period of the grant.

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

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

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

1           (3) assesses the effectiveness of programs fund-  
2           ed by grants under this section in improving mater-  
3           nal health outcomes for Black women; and

4           (4) makes recommendations for future Depart-  
5           ment of Health and Human Services grant programs  
6           and funding opportunities that deliver funding to  
7           community-based organizations to improve Black  
8           maternal health outcomes through programs and re-  
9           sources that are aligned with evidence-based prac-  
10          tices for improving maternal health outcomes for  
11          Black women.

12          (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
13          out this section, there is authorized to be appropriated  
14          \$5,000,000 for each of fiscal years 2021 through 2025.

15       **SEC. 202. TRAINING FOR ALL EMPLOYEES IN MATERNITY**  
16                               **CARE SETTINGS.**

17          Part B of title VII of the Public Health Service Act  
18          (42 U.S.C. 293 et seq.) is amended by adding at the end  
19          the following new section:

20       **“SEC. 742. TRAINING FOR ALL EMPLOYEES IN MATERNITY**  
21                               **CARE SETTINGS.**

22          “(a) GRANTS.—The Secretary shall award grants for  
23          programs to reduce and prevent bias, racism, and dis-  
24          crimination in maternity care settings.

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

4           “(1) apply to all birthing professionals and any  
5 employees who interact with pregnant and  
6 postpartum women in the provider setting, including  
7 front desk employees, sonographers, schedulers,  
8 health care professionals, hospital or health system  
9 administrators, and security staff;

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

13          “(3) address implicit bias and explicit bias;

14          “(4) be delivered in ongoing education settings  
15 for providers maintaining their licenses, with a pref-  
16 erence for trainings that provide continuing edu-  
17 cation units and continuing medical education;

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

21          “(6) include a service-learning component that  
22 sends providers to work in underserved communities  
23 to better understand patients’ lived experiences;

1 “(7) be delivered in undergraduate programs  
2 that funnel into medical schools, like biology and  
3 pre-medicine majors;

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

8 “(9) integrate bias training in obstetric emer-  
9 gency simulation trainings;

10 “(10) offer training to all maternity care pro-  
11 viders on the value of racially, ethnically, and profes-  
12 sionally diverse maternity care teams to provide cul-  
13 turally congruent care, including doulas, community  
14 health workers, peer supporters, certified lactation  
15 consultants, nutritionists and dietitians, social work-  
16 ers, home visitors, and navigators; or

17 “(11) be based on one or more programs de-  
18 signed by a historically Black college or university.

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

23 “(d) REPORTING.—Each recipient of a grant under  
24 this section shall annually submit to the Secretary a report  
25 on the status of activities conducted using the grant, in-

cluding, as applicable, a description of the impact of training provided through the grant on patient outcomes and patient experience for women of color and their families.

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

“(1) shall produce an annual report on the findings resulting from programs funded through this section;

“(2) shall disseminate such report to all recipients of grants under this section and to the public; and

“(3) may include in such report findings on best practices for improving patient outcomes and patient experience for women of color and their families in maternity care settings.

“(f) DEFINITIONS.—In this section:

“(1) The term ‘postpartum’ means the one-year period beginning on the last day of a woman’s pregnancy.

“(2) The term ‘culturally congruent’ means in agreement with the preferred cultural values, beliefs, worldview, and practices of the health care consumer and other stakeholders.

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

1 priated \$5,000,000 for each of fiscal years 2021 through  
2 2025.”.

3 **SEC. 203. STUDY ON REDUCING AND PREVENTING BIAS,**  
4 **RACISM, AND DISCRIMINATION IN MATER-**  
5 **NITY CARE SETTINGS.**

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

13 (1) conduct a study on the design and imple-  
14 mentation of programs to reduce and prevent bias,  
15 racism, and discrimination in maternity care set-  
16 tings; and

17 (2) not later than 24 months after the date of  
18 enactment of this Act, complete the study and trans-  
19 mit a report on the results of the study to the Con-  
20 gress.

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

24 (1) The development of a scorecard for pro-  
25 grams designed to reduce and prevent bias, racism,

1 and discrimination in maternity care settings to as-  
2 sess the effectiveness of such programs in improving  
3 patient outcomes and patient experience for women  
4 of color and their families.

5 (2) Determination of the types of training to re-  
6 duce and prevent bias, racism, and discrimination in  
7 maternity care settings that are demonstrated to im-  
8 prove patient outcomes or patient experience for  
9 women of color and their families.

10 **SEC. 204. 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 delivery settings to es-  
16 tablish within one or more hospitals or other birth settings  
17 a respectful maternity care compliance office.

18 (b) OFFICE REQUIREMENTS.—A respectful maternity  
19 care compliance office funded through a grant under this  
20 section shall—

21 (1) institutionalize mechanisms to allow pa-  
22 tients receiving maternity care services, the families  
23 of such patients, or doulas or other perinatal work-  
24 ers supporting such patients to report instances of



1       disrespect or evidence of bias on the basis of race,  
2       ethnicity, or another protected class;

3           (2)   institutionalize   response   mechanisms  
4       through which representatives of the office can di-  
5       rectly follow up with the patient, if possible, and the  
6       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; and

17           (B) the development of methods to rou-  
18      tinely assess the extent to which bias, racism,  
19      or discrimination on the basis of race, ethnicity,  
20      or another protected class are present in the de-  
21      livery of maternity care to minority patients;  
22      and

23           (4) provide annual reports to the Secretary with  
24      information about each case reported to the compli-  
25      ance office over the course of the year containing

1       such information as the Secretary may require, such  
2       as—

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

6               (B) the content of the report from the pa-  
7               tient or the family of the patient to the compli-  
8               ance office; and

9               (C) the response from the compliance of-  
10              fice.

11       (c) SECRETARY REQUIREMENTS.—

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

15              (A) disseminating best practices for estab-  
16              lishing and implementing a respectful maternity  
17              care compliance office within a hospital or other  
18              birth setting;

19              (B) promoting coordination and collabora-  
20              tion between hospitals, health systems, and  
21              other maternity care delivery settings on the es-  
22              tablishment and implementation of respectful  
23              maternity care compliance offices; and

24              (C) evaluating the effectiveness of respect-  
25              ful maternity care compliance offices on mater-

1           nal health outcomes and patient and family ex-  
2           periences, especially for minority patients and  
3           their families.

4           (2) STUDY.—

5                 (A) IN GENERAL.—Not later than 2 years  
6           after the date of enactment of this Act, the Sec-  
7           retary shall, through a contract with an inde-  
8           pendent research organization, conduct a study  
9           on strategies to address disrespect or bias on  
10          the basis of race, ethnicity, or another protected  
11          class in the delivery of maternity care services.

12                (B) COMPONENTS OF STUDY.—The study  
13          shall include the following:

14                   (i) An assessment of the reports sub-  
15                  mitted to the Secretary from the respectful  
16                  maternity care compliance offices pursuant  
17                  to subsection (b)(4); and

18                   (ii) Based on such assessment, rec-  
19                  ommendations for potential accountability  
20                  mechanisms related to cases of disrespect  
21                  or bias on the basis of race, ethnicity, or  
22                  another protected class in the delivery of  
23                  maternity care services at hospitals and  
24                  other birth settings. Such recommenda-  
25                  tions shall take into consideration medical

1 and non-medical factors that contribute to  
2 adverse patient experiences and maternal  
3 health outcomes.

4 (C) REPORT.—The Secretary shall submit  
5 to the Congress and make publicly available a  
6 report on the results of the study under this  
7 paragraph.

8 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
9 out this section, there is authorized to be appropriated  
10 such sums as may be necessary for fiscal years 2021  
11 through 2026.

12 **SEC. 205. GAO REPORT.**

13 (a) IN GENERAL.—Not later than 2 years after date  
14 of enactment of this Act and every 2 years thereafter, the  
15 Comptroller General of the United States shall submit to  
16 the Congress and make publicly available a report on the  
17 establishment of respectful maternity care compliance of-  
18 fices within hospitals, health systems, and other maternity  
19 care settings.

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

22 (1) Information regarding the extent to which  
23 hospitals, health systems, and other maternity care  
24 settings have elected to establish respectful mater-  
25 nity care compliance offices, including—

1 (A) which hospitals and other birth set-  
2 tings elect to establish compliance offices and  
3 when such offices are established;

4 (B) to the extent practicable, impacts of  
5 the establishment of such offices on maternal  
6 health outcomes and patient and family experi-  
7 ences in the hospitals and other birth settings  
8 that have established such offices, especially for  
9 minority women and their families;

10 (C) information on geographic areas, and  
11 types of hospitals or other birth settings, where  
12 respectful maternity care compliance offices are  
13 not being established and information on fac-  
14 tors contributing to decisions to not establish  
15 such offices; and

16 (D) recommendations for establishing re-  
17 spectful maternity care compliance offices in ge-  
18 ographic areas, and types of hospitals or other  
19 birth settings, where such offices are not being  
20 established.

21 (2) Whether the funding made available to  
22 carry out this section has been sufficient and, if ap-  
23 plicable, recommendations for additional appropria-  
24 tions to carry out this section.

1           (3) Such other information as the Comptroller  
2       General determines appropriate.

3       **TITLE III—PROTECTING MOMS**  
4                   **WHO SERVED**

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

6           (a) AUTHORIZATION OF APPROPRIATIONS.—There is  
7       authorized to be appropriated to the Secretary of Veterans  
8       Affairs \$15,000,000 for fiscal year 2022 to improve ma-  
9       ternity care coordination for women veterans throughout  
10      pregnancy and the one-year postpartum period beginning  
11      on the last day of the pregnancy. Such amounts are au-  
12      thorized in addition to any other amounts authorized for  
13      such purpose.

14          (b) PLAN.—

15               (1) IN GENERAL.—Not later than one year  
16      after the date of the enactment of this Act, the Sec-  
17      retary shall submit to the Committees on Veterans'  
18      Affairs of the Senate and the House of Representa-  
19      tives a plan to improve maternity care coordination  
20      to fulfill the responsibilities and requirements de-  
21      scribed in the Veterans Health Administration  
22      Handbook 1330.03, or any successor handbook.

23               (2) ELEMENTS.— The plan under paragraph  
24      (1) shall include the following:

1 (A) With respect to the amounts author-  
2 ized to be appropriated by subsection (a), a de-  
3 scription of how the Secretary will ensure such  
4 amounts are used to—

5 (i) hire full-time maternity care coor-  
6 dinators;

7 (ii) train maternity care coordinators;  
8 and

9 (iii) improve support programs led by  
10 maternity care coordinators.

11 (B) Recommendations for the amount of  
12 funding the Secretary determines appropriate to  
13 improve maternity care coordination as de-  
14 scribed in paragraph (1) for each of the five fis-  
15 cal years following the date of the plan.

16 (3) CONSULTATION.—The Secretary shall de-  
17 velop the plan under paragraph (1) in consultation  
18 with veterans service organizations, military service  
19 organizations, women’s health care providers, and  
20 community-based organizations representing women  
21 from demographic groups disproportionately im-  
22 pacted by poor maternal health outcomes, that the  
23 Secretary determines appropriate.

1 **SEC. 302. SENSE OF CONGRESS ON VETERAN STATUS RE-**  
2 **QUIREMENTS.**

3 It is the sense of Congress that each State should  
4 list the veteran status of a mother—

5 (1) in fetal death records; and

6 (2) in maternal mortality review committee re-  
7 views of pregnancy-related deaths and pregnancy-as-  
8 sociated deaths.

9 **SEC. 303. REPORT ON MATERNAL MORTALITY AND SEVERE**  
10 **MATERNAL MORBIDITY AMONG WOMEN VET-**  
11 **ERANS.**

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

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

23 (1) To the extent practicable—

24 (A) the number of women veterans who  
25 have experienced a pregnancy-related death or



1 pregnancy-associated death in the most recent  
2 10 years of available data;

3 (B) the rate of pregnancy-related deaths  
4 per 100,000 live births for women veterans;

5 (C) the number of cases of severe maternal  
6 morbidity among women veterans in the most  
7 recent year of available data;

8 (D) the racial and ethnic disparities in ma-  
9 ternal mortality and severe maternal morbidity  
10 rates among women veterans;

11 (E) identification of the causes of maternal  
12 mortality and severe maternal morbidity that  
13 are unique to women who have served in the  
14 military, including post-traumatic stress dis-  
15 order, military sexual trauma, and infertility or  
16 miscarriages that may be caused by such serv-  
17 ice;

18 (F) identification of the causes of maternal  
19 mortality and severe maternal morbidity that  
20 are unique to women veterans of color; and

21 (G) identification of any correlations be-  
22 tween the former rank of women veterans and  
23 their maternal health outcomes.

24 (2) An assessment of the barriers to deter-  
25 mining the information required under paragraph

1 (1) and recommendations for improvements in track-  
2 ing maternal health outcomes among—

3 (A) women veterans who have health care  
4 coverage through the Department;

5 (B) women veterans enrolled in the  
6 TRICARE program;

7 (C) women veterans with employer-based  
8 or private insurance; and

9 (D) women veterans enrolled in the Med-  
10 icaid program.

11 (3) Recommendations for legislative and admin-  
12 istrative actions to increase access to mental and be-  
13 havioral health care for women veterans who screen  
14 positively for postpartum mental or behavioral  
15 health conditions.

16 (4) Recommendations to address homelessness  
17 among pregnant and postpartum women veterans.

18 (5) Recommendations on how to effectively edu-  
19 cate maternity care providers on best practices for  
20 providing maternity care services to women veterans  
21 that addresses the unique maternal health care  
22 needs of veteran populations.

23 (6) Recommendations to reduce maternal mor-  
24 tality and severe maternal morbidity among women  
25 veterans and to address racial and ethnic disparities

1 in maternal health outcomes for each of the groups  
2 described in subparagraphs (A) through (D) of para-  
3 graph (2).

4 (7) Recommendations to improve coordination  
5 of care between the Department and non-Depart-  
6 ment facilities for pregnant and postpartum women  
7 veterans, including recommendations to improve  
8 training for the directors of the Veterans Integrated  
9 Service Networks, directors of medical facilities of  
10 the Department, chiefs of staff of such facilities, ma-  
11 ternity care coordinators, and relevant non-Depart-  
12 ment facilities.

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

18 (9) Any other information the Comptroller Gen-  
19 eral determines appropriate with respect to the re-  
20 duction of maternal mortality and severe maternal  
21 morbidity among women veterans and to address ra-  
22 cial and ethnic disparities in maternal health out-  
23 comes for women veterans.

1                   **TITLE IV—PERINATAL**  
2                   **WORKFORCE**

3   **SEC. 401. HHS AGENCY DIRECTIVES.**

4       (a) GUIDANCE TO STATES.—

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

12          (2) CONTENTS.—The guidance required by  
13      paragraph (1) shall address how States can encour-  
14      age and incentivize hospitals, health systems, free-  
15      standing birth centers, other maternity care provider  
16      groups, and managed care entities—

17           (A) to recruit and retain maternity care  
18      providers, such as obstetrician-gynecologists,  
19      family physicians, physician assistants, mid-  
20      wives who meet at a minimum the international  
21      definition of the midwife and global standards  
22      for midwifery education as established by the  
23      International Confederation of Midwives, nurse  
24      practitioners, and clinical nurse specialists—

1 (i) from racially and ethnically diverse  
2 backgrounds;

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

6 (iii) who have undergone trainings on  
7 implicit and explicit bias and racism;

8 (B) to incorporate into maternity care  
9 teams midwives who meet at a minimum the  
10 international definition of the midwife and glob-  
11 al standards for midwifery education as estab-  
12 lished by the International Confederation of  
13 Midwives, doulas, community health workers,  
14 peer supporters, certified lactation consultants,  
15 nutritionists and dietitians, social workers,  
16 home visitors, and navigators;

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

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

24 (b) STUDY ON CULTURALLY CONGRUENT MATER-  
25 NITY CARE.—

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

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

9                   (A) complete the study required by para-  
10                  graph (1);

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

14                   (C) include in such report—

15                           (i) a compendium of examples of hos-  
16                          pitals, health systems, freestanding birth  
17                          centers, other maternity care provider  
18                          groups, and managed care entities that are  
19                          delivering culturally congruent maternal  
20                          health care;

21                           (ii) a compendium of examples of hos-  
22                          pitals, health systems, freestanding birth  
23                          centers, other maternity care provider  
24                          groups, and managed care entities that

1           have low levels of racial and ethnic dispari-  
2           ties in maternal health outcomes; and  
3                   (iii) recommendations to hospitals,  
4           health systems, freestanding birth centers,  
5           other maternity care provider groups, and  
6           managed care entities for best practices in  
7           culturally congruent maternity care.

8   **SEC. 402. GRANTS TO GROW AND DIVERSIFY THE**  
9           **PERINATAL WORKFORCE.**

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

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

14       “(a) IN GENERAL.—The Secretary may award grants  
15   to entities to establish or expand programs described in  
16   subsection (b) to grow and diversify the perinatal work-  
17   force.

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

21           “(1) establishing schools or programs that pro-  
22       vide education and training to individuals seeking  
23       appropriate licensing or certification as—

1                   “(A) physician assistants who will complete  
2                   clinical training in the field of maternal and  
3                   perinatal health; and

4                   “(B) other perinatal health workers such  
5                   as doulas, community health workers, peer sup-  
6                   porters, certified lactation consultants, nutri-  
7                   tionists and dietitians, social workers, home  
8                   visitors, and navigators; and

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

14                  “(c) PRIORITIZATION.—In awarding grants under  
15                  this section, the Secretary shall give priority to any insti-  
16                  tution of higher education that—

17                  “(1) has demonstrated a commitment to re-  
18                  cruiting and retaining minority students, particu-  
19                  larly from demographic groups experiencing high  
20                  rates of maternal mortality and severe maternal  
21                  morbidity;

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



1 graphic groups experiencing high rates of maternal  
2 mortality and severe maternal morbidity;

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

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

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

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

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

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

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

3                   “(B) areas with significant racial and eth-  
4                   nic disparities in maternal health outcomes; and

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

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

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

17                  “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
18                  provide, directly or by contract, technical assistance to in-  
19                  stitutions of higher education seeking or receiving a grant  
20                  under this section on the development, use, evaluation,  
21                  and post-grant period sustainability of the perinatal work-  
22                  force programs or schools proposed to be, or being, estab-  
23                  lished or expanded through the grant.

24                  “(h) REPORT BY SECRETARY.—Not later than 4  
25                  years after the date of enactment of this section, the Sec-

1   retary shall prepare and submit to the Congress, and post  
2   on the internet website of the Department of Health and  
3   Human Services, a report on the effectiveness of the grant  
4   program under this section at—

5           “(1) recruiting minority students, particularly  
6           from demographic groups experiencing high rates of  
7           maternal mortality and severe maternal morbidity;

8           “(2) increasing the number of physician assist-  
9           ants who will complete clinical training in the field  
10          of maternal and perinatal health, and other  
11          perinatal health workers, from demographic groups  
12          experiencing high rates of maternal mortality and  
13          severe maternal morbidity;

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

20          “(4) increasing the number of physician assist-  
21          ants who will complete clinical training in the field  
22          of maternal and perinatal health, and other  
23          perinatal health workers, working in areas with sig-  
24          nificant racial and ethnic disparities in maternal  
25          health outcomes.

1       “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there is authorized to be appro-  
3 priated \$15,000,000 for each of fiscal years 2021 through  
4 2025.”.

5   **SEC. 403. GRANTS TO GROW AND DIVERSIFY THE NURSING**  
6                   **WORKFORCE IN MATERNAL AND PERINATAL**  
7                   **HEALTH.**

8       Title VIII of the Public Health Service Act is amend-  
9 ed by inserting after section 811 of that Act (42 U.S.C.  
10 296j) the following:

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

12       “(a) IN GENERAL.—The Secretary may award grants  
13 to schools of nursing to grow and diversify the perinatal  
14 nursing workforce.

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

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

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

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

1           “(1) has developed a strategy to recruit and re-  
2       tain a diverse pool of students seeking to enter ca-  
3       reers focused on maternal and perinatal health;

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

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

12          “(4) includes in the standard curriculum for all  
13      students seeking to enter careers focused on mater-  
14      nal and perinatal health a bias, racism, or discrimi-  
15      nation training program that includes education on  
16      explicit and implicit bias.

17      “(d) REPORTING.—As a condition on receipt of a  
18   grant under this section, a school of nursing shall agree  
19   to submit to the Secretary an annual report on the activi-  
20   ties conducted through the grant, including, to the extent  
21   practicable—

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

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

3           “(A) health professional shortage areas  
4       designated under section 332; and

5           “(B) areas with significant racial and eth-  
6       nic disparities in maternal health outcomes; and

7           “(3) whether the standard curriculum for all  
8       students seeking to enter careers focused on mater-  
9       nal and perinatal health includes a bias, racism, or  
10      discrimination training program that includes edu-  
11      cation on explicit and implicit bias.

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

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

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

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

7           “(1) recruiting minority students, particularly  
8 from demographic groups experiencing high rates of  
9 maternal mortality and severe maternal morbidity;

10          “(2) increasing the number of nurse practi-  
11 tioners and clinical nurse specialists entering careers  
12 focused on maternal and perinatal health from de-  
13 mographic groups experiencing high rates of mater-  
14 nal mortality and severe maternal morbidity;

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

20          “(4) increasing the number of nurse practi-  
21 tioners and clinical nurse specialists entering careers  
22 focused on maternal and perinatal health working in  
23 areas with significant racial and ethnic disparities in  
24 maternal health outcomes.

1       “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there is authorized to be appro-  
3 priated \$15,000,000 for each of fiscal years 2021 through  
4 2025.”.

5 **SEC. 404. GAO REPORT ON BARRIERS TO MATERNITY CARE.**

6       (a) IN GENERAL.—Not later than two years after the  
7 date of the enactment of this Act and every five years  
8 thereafter, the Comptroller General of the United States  
9 shall submit to Congress a report on barriers to maternity  
10 care in the United States. Such report shall include the  
11 information and recommendations described in subsection  
12 (b).

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

15           (1) an assessment of current barriers to enter-  
16 ing accredited midwifery education programs, and  
17 recommendations for addressing such barriers, par-  
18 ticularly for low-income and minority women;

19           (2) an assessment of current barriers to enter-  
20 ing accredited education programs for other mater-  
21 nity care professional careers, including obstetrician-  
22 gynecologists, family physicians, physician assist-  
23 ants, nurse practitioners, and clinical nurse special-  
24 ists, particularly for low-income and minority  
25 women;



1           (3) an assessment of current barriers that pre-  
2       vent midwives from meeting the international defini-  
3       tion of the midwife and global standards for mid-  
4       wifery education as established by the International  
5       Confederation of Midwives, and recommendations  
6       for addressing such barriers, particularly for low-in-  
7       come and minority women; and

8           (4) recommendations to promote greater equity  
9       in compensation for perinatal health workers, par-  
10      ticularly for such individuals from racially and eth-  
11      nically diverse backgrounds.

## 12   **TITLE V—DATA TO SAVE MOMS**

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

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

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

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

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

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

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

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

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

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

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

11 “(I) the pregnancy-related death  
12 and pregnancy-associated death review  
13 processes of the maternal mortality  
14 review committee, with a particular  
15 focus on the maternal mortality re-  
16 view committee’s sensitivity to the  
17 unique circumstances of minority  
18 women who have suffered pregnancy-  
19 related deaths; and

20 “(II) the impact of the use of  
21 funds made available pursuant to  
22 paragraph (C) on increasing the diver-  
23 sity of the maternal mortality review  
24 committee membership and promoting

1 community engagement efforts  
2 throughout the State or Tribe.

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

13 “(C) AUTHORIZATION OF APPROPRIA-  
14 TIONS.—In addition to any funds made avail-  
15 able under subsection (f), there are authorized  
16 to be appropriated to carry out this paragraph  
17 \$10,000,000 for each of fiscal years 2021  
18 through 2025.”.

19 (b) RESERVATION OF FUNDS.—Section 317K(f) of  
20 the Public Health Service Act (42 U.S.C. 247b–12(f)) is  
21 amended by adding at the end the following: “Of the  
22 amount made available under the preceding sentence for  
23 a fiscal year, not less than \$1,500,000 shall be reserved  
24 for grants to Indian tribes, tribal organizations, or urban  
25 Indian organizations (as such term is defined in section

1 4 of the Indian Health Care Improvement Act (25 U.S.C.  
2 1603))”.

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

4 (a) IN GENERAL.—Section 317K(d)(3)(A)(i) of the  
5 Public Health Service Act (42 U.S.C. 247b–  
6 12(d)(3)(A)(i)) is amended—

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

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

11 “(II) to the extent practicable,  
12 reviewing cases of severe maternal  
13 morbidity in which the patient re-  
14 ceived a transfusion of four or more  
15 units of blood and was admitted to an  
16 intensive care unit;

17 “(III) to the extent practicable,  
18 consulting with local community-based  
19 organizations representing women  
20 from demographic groups dispropor-  
21 tionately impacted by poor maternal  
22 health outcomes to ensure that, in ad-  
23 dition to clinical factors, non-clinical  
24 factors that might have contributed to

1 a pregnancy-related death are appro-  
2 priately considered;”.

3 (b) SEVERE MATERNAL MORBIDITY DEFINED.—Sec-  
4 tion 317K(e) of the Public Health Service Act (42 U.S.C.  
5 247b–12(e)) is amended—

6 (1) in paragraph (2), by striking “and” at the  
7 end;

8 (2) in paragraph (3), by striking the period at  
9 the end and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(4) the term ‘severe maternal morbidity’  
12 means one or more unexpected outcomes of labor  
13 and delivery that result in significant short-term or  
14 long-term consequences to a woman’s health.”.

15 **SEC. 503. TASK FORCE ON MATERNAL HEALTH DATA AND**  
16 **QUALITY MEASURES.**

17 (a) ESTABLISHMENT.—Not later than 180 days after  
18 the date of enactment of this Act, the Secretary of Health  
19 and Human Services shall establish a task force, to be  
20 known as the Task Force on Maternal Health Data and  
21 Quality Measures (in this section referred to as the “Task  
22 Force”).

23 (b) DUTIES OF TASK FORCE.—

24 (1) IN GENERAL.—The Task Force shall use all  
25 available relevant information, including information

1 from State-level sources, to prepare and submit a re-  
2 port containing the following:

3 (A) An evaluation of current State and  
4 Tribal practices for maternal health, maternal  
5 mortality, and severe maternal morbidity data  
6 collection and dissemination, including consider-  
7 ation of—

8 (i) the timeliness of processes for  
9 amending a death certificate when new in-  
10 formation pertaining to the death becomes  
11 available to reflect whether the death was  
12 a pregnancy-related death;

13 (ii) maternal health data collected  
14 with electronic health records, including  
15 data on race and ethnicity;

16 (iii) the barriers preventing States  
17 from correlating maternal outcome data  
18 with race and ethnicity data;

19 (iv) processes for determining the  
20 cause of a pregnancy-associated death in  
21 States that do not have a maternal mor-  
22 tality review committee;

23 (v) whether maternal mortality review  
24 committees include multidisciplinary and  
25 diverse membership (as described in sec-

1                   tion 317K(d)(1)(A) of the Public Health  
2                   Service Act (42 U.S.C. 247b-12(d)(1)(A));

3                   (vi) whether members of maternal  
4                   mortality review committees participate in  
5                   trainings on bias, racism, or discrimina-  
6                   tion, and the quality of such trainings;

7                   (vii) the extent to which States have  
8                   implemented systematic processes of listen-  
9                   ing to the stories of pregnant and  
10                  postpartum women and their family mem-  
11                  bers, with a particular focus on minority  
12                  women and their family members, to fully  
13                  understand the causes of, and inform po-  
14                  tential solutions to, the maternal mortality  
15                  and severe maternal morbidity crisis within  
16                  their respective States;

17                  (viii) the consideration of social deter-  
18                  minants of health by maternal mortality  
19                  review committees when examining the  
20                  causes of pregnancy-associated and preg-  
21                  nancy-related deaths;

22                  (ix) the legal barriers preventing the  
23                  collation of State maternity care data;

24                  (x) the effectiveness of data collection  
25                  and reporting processes in separating preg-



1 nancy-associated deaths from pregnancy-  
2 related deaths; and

3 (xi) the current Federal, State, local,  
4 and Tribal funding support for the activi-  
5 ties referred to in clauses (i) through (x).

6 (B) An assessment of whether the funding  
7 referred to in subparagraph (A)(xi) is adequate  
8 for States to carry out optimal data collection  
9 and dissemination processes with respect to ma-  
10 ternal health, maternal mortality, and severe  
11 maternal morbidity.

12 (C) An evaluation of current quality meas-  
13 ures for maternity care, including prenatal  
14 measures, labor and delivery measures, and  
15 postpartum measures up to one year  
16 postpartum. Such evaluation shall be conducted  
17 in consultation with the National Quality  
18 Forum and shall include consideration of—

19 (i) effective quality measures for ma-  
20 ternity care used by hospitals, health sys-  
21 tems, birth centers, health plans, and other  
22 relevant entities;

23 (ii) the sufficiency of current outcome  
24 measures used to evaluate maternity care  
25 for testing and validating new maternal

1 health care payment and service delivery  
2 models;

3 (iii) quality measures for the child-  
4 birth experiences of women that other  
5 countries effectively use;

6 (iv) current maternity care quality  
7 measures that may be eliminated because  
8 they are not achieving their intended ef-  
9 fect;

10 (v) barriers preventing maternity care  
11 providers from implementing quality meas-  
12 ures that are aligned from best practices;

13 (vi) the frequency with which mater-  
14 nity care quality measures are reviewed  
15 and revised;

16 (vii) the strengths and weaknesses of  
17 the Prenatal and Postpartum Care meas-  
18 ures of the Health Plan Employer Data  
19 and Information Set measures established  
20 by the National Committee for Quality As-  
21 surance;

22 (viii) the strengths and weaknesses of  
23 maternity care quality measures under the  
24 Medicaid program under title XIX of the  
25 Social Security Act (42 U.S.C. 1396 et

1 seq.) and the Children's Health Insurance  
2 Program under title XXI of such Act (42  
3 U.S.C. 1397 et seq.), including the extent  
4 to which States voluntarily report relevant  
5 measures;

6 (ix) the extent to which maternity  
7 care quality measures are informed by pa-  
8 tient experiences that include subjective  
9 measures of patient-reported experience of  
10 care;

11 (x) the current processes for collecting  
12 stratified data on the race and ethnicity of  
13 pregnant and postpartum women in hos-  
14 pitals, health systems, and birth centers,  
15 and for incorporating such racially and  
16 ethnically stratified data in maternity care  
17 quality measures;

18 (xi) the extent to which maternity  
19 care quality measures account for the  
20 unique experiences of minority women and  
21 their families; and

22 (xii) the extent to which hospitals,  
23 health systems, and birth centers are im-  
24 plementing existing maternity care quality  
25 measures.

1 (D) Recommendations on authorizing addi-  
2 tional funds to improve maternal mortality re-  
3 view committees and relevant maternal health  
4 initiatives by the agencies and organizations  
5 within the Department of Health and Human  
6 Services.

7 (E) Recommendations for new authorities  
8 that may be granted to maternal mortality re-  
9 view committees to be able to—

10 (i) access records from other Federal  
11 and State agencies and departments that  
12 may be necessary to identify causes of  
13 pregnancy-associated deaths that are  
14 unique to women from specific populations,  
15 such as women veterans and women who  
16 are incarcerated; and

17 (ii) work with relevant experts who  
18 are not members of the maternal mortality  
19 review committee to assist in the review of  
20 pregnancy-associated deaths of women  
21 from specific populations, such as women  
22 veterans and women who are incarcerated.

23 (F) Recommendations to improve current  
24 quality measures for maternity care, including  
25 recommendations on updating the Pregnancy &

1           Delivery Care measures on the Hospital Com-  
2           pare website of the Centers for Medicare &  
3           Medicaid Services or any successor website,  
4           with a particular focus on racial and ethnic dis-  
5           parities in maternal health outcomes.

6           (G) Recommendations to improve the co-  
7           ordination by the Department of Health and  
8           Human Services of the efforts undertaken by  
9           the agencies and organizations within the De-  
10          partment related to maternal health data and  
11          quality measures.

12          (2) PUBLIC COMMENT.—Not later than 60 days  
13          after the date on which a majority of the members  
14          of the Task Force have been appointed, the Task  
15          Force shall publish in the Federal Register a notice  
16          for public comment period of 90 days, beginning on  
17          the date of publication, on the duties and activities  
18          of the Task Force.

19          (c) MEMBERSHIP.—

20          (1) IN GENERAL.—The Task Force shall be  
21          composed of 18 members appointed by the Secretary  
22          of Health and Human Services. The Secretary shall  
23          give special consideration to individuals who are rep-  
24          resentative of populations most affected by maternal  
25          mortality and severe maternal morbidity.

1           (2) MEMBER CRITERIA.—To be eligible to be  
2           appointed as a member of the Task Force, an indi-  
3           vidual shall be—

4                   (A) a woman who has experienced severe  
5           maternal morbidity;

6                   (B) a family member of a woman who had  
7           a pregnancy-related death;

8                   (C) an individual who provides non-clinical  
9           support to women from pregnancy through the  
10          postpartum period, such as a doula, community  
11          health worker, peer supporter, certified lacta-  
12          tion consultant, nutritionist or dietitian, social  
13          worker, home visitor, or a patient navigator;

14                  (D) a leader of a community-based organi-  
15          zation that addresses adverse maternal health  
16          outcomes with a specific focus on racial and  
17          ethnic disparities;

18                  (E) an academic researcher in a field or  
19          policy area related to the duties of the Task  
20          Force;

21                  (F) a maternal health care provider;

22                  (G) an elected or duly appointed leader  
23          from an Indian Tribe;

24                  (H) an expert in a field or policy area re-  
25          lated to the duties of the Task Force; or

1 (I) an individual who has experience with  
2 Federal or State government programs related  
3 to the duties of the Task Force.

4 (3) APPOINTMENT TIMING.—Appointments to  
5 the Task Force shall be made not later than 180  
6 days after the date of enactment of this Act.

7 (4) DURATION.—Each member shall be ap-  
8 pointed for the life of the Task Force.

9 (5) CO-CHAIR SELECTION.—Not later than 30  
10 days after the date on which a majority of the mem-  
11 bers of the Task Force have been appointed, the  
12 Secretary shall select 2 of the members of the Task  
13 Force to serve as co-chairs of the Task Force.

14 (6) VACANCIES.—

15 (A) IN GENERAL.—A vacancy in the Task  
16 Force—

17 (i) shall not affect the powers of the  
18 Task Force; and

19 (ii) shall be filled in the same manner  
20 as the original appointment.

21 (B) CO-CHAIR VACANCY.—In the event of  
22 a vacancy of a co-chair of the Task Force, a re-  
23 placement co-chair shall be selected in the same  
24 manner as the original selection.

1           (7) COMPENSATION.—Except as provided in  
2       paragraph (8), members of the Task Force shall  
3       serve without pay.

4           (8) TRAVEL EXPENSES.—Members of the Task  
5       Force shall be allowed travel expenses, including per  
6       diem in lieu of subsistence, at rates authorized for  
7       employees of agencies under subchapter I of chapter  
8       57 of title 5, United States Code, while away from  
9       their homes or regular places of business in the per-  
10      formance of service for the Task Force.

11      (d) MEETINGS.—

12           (1) IN GENERAL.—The Task Force shall meet  
13      at the call of the co-chairs of the Task Force.

14           (2) QUORUM.—A majority of the members of  
15      the Task Force shall constitute a quorum.

16           (3) INITIAL MEETING.—The Task Force shall  
17      meet not later than 60 days after the date on which  
18      a majority of the members of the Task Force have  
19      been appointed.

20      (e) STAFF OF TASK FORCE.—

21           (1) ADDITIONAL STAFF.—The co-chairs of the  
22      Task Force may appoint and fix the pay of addi-  
23      tional staff to the Task Force as the co-chairs con-  
24      sider appropriate.



1           (2) APPLICABILITY OF CERTAIN CIVIL SERVICE  
2       LAWS.—The staff of the Task Force may be ap-  
3       pointed without regard to the provisions of title 5,  
4       United States Code, governing appointments in the  
5       competitive service, and may be paid without regard  
6       to the provisions of chapter 51 and subchapter III  
7       of chapter 53 of that title relating to classification  
8       and General Schedule pay rates.

9           (3) DETAILEES.—Any Federal Government em-  
10      ployee may be detailed to the Task Force without re-  
11      imbursement from the Task Force, and the detailee  
12      shall retain the rights, status, and privileges of his  
13      or her regular employment without interruption.

14      (f) POWERS OF TASK FORCE.—

15           (1) TESTIMONY AND EVIDENCE.—The Task  
16      Force may take such testimony and receive such evi-  
17      dence as the Task Force considers advisable to carry  
18      out this section.

19           (2) OBTAINING OFFICIAL DATA.—The Task  
20      Force may secure directly from any Federal depart-  
21      ment or agency information necessary to carry out  
22      its duties under this section. On request of the co-  
23      chairs of the Task Force, the head of that depart-  
24      ment or agency shall furnish such information to the  
25      Task Force.

1           (3) POSTAL SERVICES.—The Task Force may  
2       use the United States mails in the same manner and  
3       under the same conditions as other Federal depart-  
4       ments and agencies.

5       (g) REPORT.—Not later than 2 years after the date  
6       on which the initial 18 members of the Task Force are  
7       appointed under subsection (c)(1), the Task Force shall  
8       submit to the Committee on Energy and Commerce, the  
9       Committee on Education and Labor, and the Committee  
10      on Ways and Means of the House of Representatives and  
11      the Committee on Finance and the Committee on Health,  
12      Education, Labor and Pensions of the Senate, and make  
13      publicly available, a report that—

14           (1) contains the information, evaluations, and  
15      recommendations described in subsection (b); and

16           (2) is signed by more than half of the members  
17      of the Task Force.

18      (h) TERMINATION.—Section 14 of the Federal Advi-  
19      sory Committee Act (5 U.S.C. App.) shall not apply to  
20      the Task Force.

21      (i) DEFINITIONS.—In this section:

22           (1) MATERNAL HEALTH CARE PROVIDER.—The  
23      term “maternal health care provider” means an indi-  
24      vidual who is an obstetrician-gynecologist, family  
25      physician, midwife who meets at a minimum the

1 international definition of the midwife and global  
2 standards for midwifery education as established by  
3 the International Confederation of Midwives, nurse  
4 practitioner, or clinical nurse specialist.

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

11 (3) PREGNANCY-ASSOCIATED DEATH.—The  
12 term “pregnancy-associated death” means a death of  
13 a woman, by any cause, that occurs during, or with-  
14 in 1 year following, her pregnancy, regardless of the  
15 outcome, duration, or site of the pregnancy.

16 (4) PREGNANCY-RELATED DEATH.—The term  
17 “pregnancy-related death” means a death of a  
18 woman that occurs during, or within 1 year fol-  
19 lowing, her pregnancy, regardless of the outcome,  
20 duration, or site of the pregnancy—

21 (A) from any cause related to, or aggra-  
22 vated by, the pregnancy or its management;  
23 and

24 (B) not from accidental or incidental  
25 causes.

1 (j) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated such sums as may be  
3 necessary to carry out this section for fiscal years 2021  
4 through 2024.

5 **SEC. 504. INDIAN HEALTH SERVICE STUDY ON MATERNAL**  
6 **MORTALITY.**

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

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

18 (2) not later than 3 years after the date of the  
19 enactment of this Act, submit to Congress a report  
20 on such study that contains recommendations for  
21 policies and practices that can be adopted to im-  
22 prove maternal health outcomes for such women.

23 (b) PARTICIPATING ENTITIES.—The entities de-  
24 scribed in this subsection shall consist of 12 members, se-  
25 lected by the Director from among individuals nominated

1 by Indian tribes and tribal organizations (as such terms  
2 are defined in section 4 of the Indian Self-Determination  
3 and Education Assistance Act (25 U.S.C. 5304)), and  
4 urban Indian organizations (as such term is defined in  
5 section 4 of the Indian Health Care Improvement Act (25  
6 U.S.C. 1603)). In selecting such members, the Director  
7 shall ensure that each of the 12 service areas of the Indian  
8 Health Service is represented.

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

11 (1) examine the causes of maternal mortality  
12 and severe maternal morbidity that are unique to  
13 American Indian and Alaska Native women;

14 (2) include a systematic process of listening to  
15 the stories of American Indian and Alaska Native  
16 women to fully understand the causes of, and inform  
17 potential solutions to, the maternal mortality and se-  
18 vere maternal morbidity crisis within their respective  
19 communities;

20 (3) distinguish between the causes of, landscape  
21 of maternity care at, and recommendations to im-  
22 prove maternal health outcomes within, the different  
23 settings in which American Indian and Alaska Na-  
24 tive women receive maternity care, such as—

1 (A) facilities operated by the Indian  
2 Health Service;

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

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

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

23 (5) review current data collection and quality  
24 measurement processes and practices;

1           (6) consider social determinants of health, in-  
2           cluding poverty, lack of health insurance, unemploy-  
3           ment, sexual violence, and environmental conditions  
4           in Tribal areas;

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

9           (8) consider how current funding of the Indian  
10          Health Service affects the ability of the Service to  
11          deliver quality maternity care;

12          (9) consider the extent to which the delivery of  
13          maternity care services is culturally appropriate for  
14          American Indian and Alaska Native women;

15          (10) make recommendations to reduce racial  
16          misclassification of American Indian and Alaska Na-  
17          tive women, including consideration of—

18                (A) processes to correctly classify Amer-  
19                ican Indian and Alaska Native women who are  
20                also members of another race or ethnicity; and

21                (B) best practices in training for maternal  
22                mortality review committee members to be able  
23                to correctly classify American Indian and Alas-  
24                ka Native women; and

1           (11) make recommendations informed by the  
2       stories shared by American Indian and Alaska Na-  
3       tive women in paragraph (2) to improve maternal  
4       health outcomes for such women.

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

12      (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
13      authorized to be appropriated to carry out this section  
14      \$2,000,000 for each of fiscal years 2021 through 2023.

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

19      (a) IN GENERAL.—The Secretary of Health and  
20      Human Services shall establish a program under which  
21      the Secretary shall award grants to research centers and  
22      other entities at minority-serving institutions to study spe-  
23      cific aspects of the maternal health crisis among minority  
24      women. Such research may—



1           (1) include the development and implementation  
2       of systematic processes of listening to the stories of  
3       minority women to fully understand the causes of,  
4       and inform potential solutions to, the maternal mor-  
5       tality and severe maternal morbidity crisis within  
6       their respective communities; and

7           (2) assess the potential causes of low rates of  
8       maternal mortality among Hispanic women, includ-  
9       ing potential racial misclassification and other data  
10      collection and reporting issues that might be mis-  
11      representing maternal mortality rates among His-  
12      panic women in the United States.

13      (b) APPLICATION.—To be eligible to receive a grant  
14      under subsection (a), an entity described in such sub-  
15      section shall submit to the Secretary an application at  
16      such time, in such manner, and containing such informa-  
17      tion as the Secretary may require.

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

21           (1) to conduct outreach to Minority-Serving In-  
22      stitutions to raise awareness of the availability of  
23      grants under this subsection (a);

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

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

4 (d) REPORTING REQUIREMENT.—Each entity award-  
5 ed a grant under this section shall periodically submit to  
6 the Secretary a report on the status of activities conducted  
7 using the grant.

8 (e) EVALUATION.—Beginning one year after the date  
9 on which the first grant is awarded under this section,  
10 the Secretary shall submit to Congress an annual report  
11 summarizing the findings of research conducted using  
12 funds made available under this section.

13 (f) AUTHORIZATION OF APPROPRIATIONS.—There  
14 are authorized to be appropriated to carry out this section  
15 \$10,000,000 for each of fiscal years 2021 through 2025.

16 (g) MINORITY-SERVING INSTITUTIONS DEFINED.—  
17 In this section, the term “minority-serving institution”  
18 has the meaning given the term in section 371(a) of the  
19 Higher Education Act of 1965 (20 U.S.C. 1067q(a)).

## 20 **TITLE VI—MOMS MATTER**

### 21 **SEC. 601. INNOVATIVE MODELS TO REDUCE MATERNAL** 22 **MORTALITY.**

23 Title III of the Public Health Service Act (42 U.S.C.  
24 241 et seq.) is amended by adding at the end the following  
25 new part:

1 **“PART W—INNOVATIVE MODELS TO REDUCE MA-**  
2 **TERNAL MORTALITY AND SEVERE MATER-**  
3 **NAL MORBIDITY**

4 **“SEC. 39900. DEFINITIONS.**

5 “In this part:

6 “(1) The terms ‘postpartum’ and ‘postpartum  
7 period’ refer to the 1-year period beginning on the  
8 last day of the pregnancy.

9 “(2) The term ‘Secretary’ means the Secretary  
10 of Health and Human Services.

11 “(3) The term ‘Task Force’ means the Mater-  
12 nal Mental and Behavioral Health Task Force estab-  
13 lished pursuant to section 39900–1.

14 “(4) The term ‘behavioral health’ includes sub-  
15 stance use disorder and other behavioral health con-  
16 ditions.

17 **“SEC. 39900–1. MATERNAL MENTAL AND BEHAVIORAL**  
18 **HEALTH TASK FORCE.**

19 “(a) ESTABLISHMENT.—The Secretary shall estab-  
20 lish a task force, to be known as the Maternal Mental and  
21 Behavioral Health Task Force, to improve maternal men-  
22 tal and behavioral health outcomes with a particular focus  
23 on outcomes for minority women.

24 “(b) MEMBERSHIP.—

1           “(1) COMPOSITION.—The Task Force shall be  
2       composed of no fewer than 20 members, to be ap-  
3       pointed by the Secretary.

4           “(2) CO-CHAIRS.—The Secretary shall des-  
5       ignate 2 members of the Task Force to serve as the  
6       Co-Chairs of the Task Force.

7           “(3) MEMBERS.— The Task Force shall include  
8       the following:

9           “(A) Maternal mental and behavioral  
10       health care specialists; maternity care providers;  
11       and researchers, government officials, and pol-  
12       icy experts who specialize in women’s health,  
13       maternal mental and behavioral health, mater-  
14       nal substance use disorder, or maternal mor-  
15       tality and severe maternal morbidity. In select-  
16       ing such members of the Task Force, the Sec-  
17       retary shall give special consideration to individ-  
18       uals from diverse racial and ethnic backgrounds  
19       or individuals with experience providing cul-  
20       turally congruent maternity care in diverse  
21       communities.

22           “(B) One or more patients who have suf-  
23       fered from a diagnosed mental or behavioral  
24       health condition during the prenatal or

1 postpartum period, or a spouse or family mem-  
2 ber of such patient.

3 “(C) One or more representatives of a  
4 community-based organization that addresses  
5 adverse maternal health outcomes with a spe-  
6 cific focus on racial and ethnic disparities in  
7 maternal health outcomes. In selecting such  
8 representatives, the Secretary shall give special  
9 consideration to organizations from commu-  
10 nities with significant minority populations.

11 “(D) One or more perinatal health workers  
12 who provide non-clinical support to pregnant  
13 and postpartum women, such as a doula, com-  
14 munity health worker, peer supporter, certified  
15 lactation consultant, nutritionist or dietitian,  
16 social worker, home visitor, or navigator. In se-  
17 lecting such perinatal health workers, the Sec-  
18 retary shall give special consideration to individ-  
19 uals with experience working in communities  
20 with significant minority populations.

21 “(E) One or more representatives of rel-  
22 evant patient advocacy organizations, with a  
23 particular focus on organizations that address  
24 racial and ethnic disparities in maternal health  
25 outcomes.

1           “(F) One or more representatives of rel-  
2           evant health care provider organizations, with a  
3           particular focus on organizations that address  
4           racial and ethnic disparities in maternal health  
5           outcomes.

6           “(G) One or more leaders of a Federally-  
7           qualified health center or rural health clinic (as  
8           such terms are defined in section 1861 of the  
9           Social Security Act).

10           “(H) One or more representatives of health  
11           insurers.

12           “(4) TIMING OF APPOINTMENTS.—Not later  
13           than 180 days after the date of enactment of this  
14           part, the Secretary shall appoint all members of the  
15           Task Force.

16           “(5) PERIOD OF APPOINTMENT; VACANCIES.—

17           “(A) IN GENERAL.—Each member of the  
18           Task Force shall be appointed for the life of the  
19           Task Force.

20           “(B) VACANCIES.—Any vacancy in the  
21           Task Force—

22           “(i) shall not affect the powers of the  
23           Task Force; and

24           “(ii) shall be filled in the same man-  
25           ner as the original appointment.

1           “(6) NO PAY.—Members of the Task Force  
2           (other than officers or employees of the United  
3           States) shall serve without pay. Members of the  
4           Task Force who are full-time officers or employees  
5           of the United States may not receive additional pay,  
6           allowances, or benefits by reason of their service on  
7           the Task Force.

8           “(7) TRAVEL EXPENSES.—Members of the  
9           Task Force may be allowed travel expenses, includ-  
10          ing per diem in lieu of subsistence, at rates author-  
11          ized for employees of agencies under subchapter I of  
12          chapter 57 of title 5, United States Code, while  
13          away from their homes or regular places of business  
14          in the performance of services for the Task Force.

15          “(c) STAFF.—The Co-Chairs of the Task Force may  
16          appoint and fix the pay of staff to the Task Force.

17          “(d) DETAILEES.—Any Federal Government em-  
18          ployee may be detailed to the Task Force without reim-  
19          bursement from the Task Force, and the detailee shall re-  
20          tain the rights, status, and privileges of his or her regular  
21          employment without interruption.

22          “(e) MEETINGS.—

23                 “(1) IN GENERAL.—Subject to paragraph (2),  
24                 the Task Force shall meet at the call of the Co-  
25                 Chairs of the Task Force.

1           “(2) INITIAL MEETING.—The Task Force shall  
2           meet not later than 30 days after the date on which  
3           all members of the Task Force have been appointed.

4           “(3) QUORUM.—A majority of the members of  
5           the Task Force shall constitute a quorum.

6           “(f) INFORMATION FROM FEDERAL AGENCIES.—

7           “(1) IN GENERAL.—The Task Force may se-  
8           cure directly from any Federal department or agency  
9           such information as may be relevant to carrying out  
10          this part.

11          “(2) FURNISHING INFORMATION.—On request  
12          of the Co-Chairs of the Task Force pursuant to  
13          paragraph (1), the head of a Federal department or  
14          agency shall, not later than 60 days after the date  
15          of receiving such request, furnish to the Task Force  
16          the information so requested.

17          “(g) TERMINATION.—Termination under section 14  
18          of the Federal Advisory Committee Act (5 U.S.C. App.)  
19          shall not apply to the Task Force.

20          “(h) DUTIES.—

21          “(1) NATIONAL STRATEGY.—The Task Force  
22          shall make recommendations for a national strategy  
23          to improve maternal mental and behavioral health  
24          outcomes with a particular focus on outcomes for  
25          minority women. Such strategy shall—



1 “(A) define collaborative maternity care;

2 “(B) make recommendations to the Sec-  
3 retary and the Assistant Secretary for Mental  
4 Health and Substance Use on how to imple-  
5 ment collaborative maternity care models to im-  
6 prove maternal mental and behavioral health  
7 with a particular focus on such outcomes for  
8 minority women;

9 “(C) identify barriers to the implementa-  
10 tion of collaborative maternity care models to  
11 improve maternal mental and behavioral health  
12 with a particular focus on such outcomes for  
13 minority women, and make recommendations to  
14 address such barriers;

15 “(D) take into consideration as models ex-  
16 isting State and other programs that have dem-  
17 onstrated effectiveness in improving maternal  
18 mental and behavioral health during the pre-  
19 natal and postpartum periods;

20 “(E) promote treatment options and re-  
21 duce stigma for pregnant and postpartum  
22 women with a substance use disorder;

23 “(F) assess the extent to which insurers  
24 are providing coverage for evidence-based men-  
25 tal and behavioral health screenings and serv-

1           ices that adhere to existing prenatal and  
2           postpartum guidelines;

3           “(G) assess the extent to which existing  
4           guidelines and processes are culturally con-  
5           gruent for minority women, specifically—

6           “(i) guidelines for identifying mater-  
7           nal mental and behavioral health condi-  
8           tions, including substance use disorders;

9           “(ii) guidelines for screening and, as  
10          needed, follow-up referrals, evaluations,  
11          and treatments after positive screens for—

12               “(I) depression;

13               “(II) anxiety;

14               “(III) trauma;

15               “(IV) substance use disorders;

16               and

17               “(V) other mental or behavioral  
18               health conditions at the discretion of  
19               the Task Force;

20           “(iii) processes for incorporating men-  
21           tal and behavioral health screenings into  
22           the current timeline of standard screening  
23           practices for pregnant and postpartum  
24           women, with distinctions for postpartum

1 screening timelines for uncomplicated and  
2 complicated births; and

3 “(iv) processes for referring women  
4 with positive screens for substance use dis-  
5 order to addiction treatment centers offer-  
6 ing—

7 “(I) on-site wraparound treat-  
8 ment or networks for referrals;

9 “(II) multidisciplinary staff;

10 “(III) psychotherapy;

11 “(IV) contingency management;

12 “(V) access to all evidence-based  
13 medication-assisted treatment; and

14 “(VI) evidence-based recovery  
15 supports;

16 “(H) propose to the Secretary a multi-  
17 lingual public awareness campaign for maternal  
18 mental health and substance use disorder, with  
19 a particular focus on minority women, that in-  
20 cludes information on—

21 “(i) symptoms, triggers, risk factors,  
22 and treatment options for maternal mental  
23 and behavioral health conditions;

24 “(ii) using the website developed  
25 under paragraph (3);

1 “(iii) the physiological process of re-  
2 covery after birth;

3 “(iv) the frequency of occurrences for  
4 common conditions such as postpartum  
5 hemorrhage, preeclampsia and eclampsia,  
6 infection, and thromboembolism;

7 “(v) best practices in patient report-  
8 ing of health concerns to their maternity  
9 care providers in the prenatal and  
10 postpartum periods;

11 “(vi) addressing stigma around mater-  
12 nal mental and behavioral health condi-  
13 tions;

14 “(vii) how to seek treatment for sub-  
15 stance use disorder during pregnancy and  
16 in the postpartum period; and

17 “(viii) infant feeding options; and

18 “(I) disseminate to all State Medicaid pro-  
19 grams under title XIX of the Social Security  
20 Act and State child health plans under title  
21 XXI of the Social Security Act an assessment  
22 of the extent to which States are providing cov-  
23 erage of evidence-based prenatal and  
24 postpartum mental and behavioral health  
25 screenings through such programs and plans,

1           and an assessment of the benefits of such cov-  
2           erage.

3           “(2) GRANT PROGRAMS.—The Task Force shall  
4           evaluate and advise on the grant programs under  
5           section 39900–2.

6           “(3) CENTRALIZED WEBSITE.—The Task Force  
7           shall facilitate a coordinated effort between the Sub-  
8           stance Abuse and Mental Health Services Adminis-  
9           tration and State departments of health to develop,  
10          either directly or through a contract, a centralized  
11          website with information on finding local mental and  
12          behavioral health providers who treat prenatal and  
13          postpartum mental and behavioral health conditions,  
14          including substance use disorder.

15          “(4) REPORT.—Not later than 18 months after  
16          the date of enactment of the Black Maternal Health  
17          Mommibus Act of 2020, and every year thereafter,  
18          the Task Force shall submit to the Congress and  
19          make publicly available a report that—

20                 “(A) describes the activities of the Task  
21                 Force and the results of such activities, with  
22                 data in such results stratified racially, eth-  
23                 nically, and geographically; and

24                 “(B) includes the strategy developed under  
25                 paragraph (1).

1       “(i) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there are authorized to be appro-  
3 priated such sums as may be necessary for fiscal years  
4 2021 through 2025.

5       **“SEC. 3990O–2. INNOVATION IN MATERNITY CARE TO**  
6                   **CLOSE RACIAL AND ETHNIC MATERNAL**  
7                   **HEALTH DISPARITIES GRANTS.**

8       “(a) IN GENERAL.—The Secretary shall award  
9 grants to eligible entities to establish, implement, evaluate,  
10 or expand innovative models in maternity care that are  
11 designed to reduce racial and ethnic disparities in mater-  
12 nal health outcomes.

13       “(b) USE OF FUNDS.—An eligible entity receiving a  
14 grant under this section may use the grant to establish,  
15 implement, evaluate, or expand innovative models de-  
16 scribed in subsection (a) including—

17               “(1) collaborative maternity care models to im-  
18 prove maternal mental health, treat maternal sub-  
19 stance use disorders, and reduce maternal mortality  
20 and severe maternal morbidity, especially for minor-  
21 ity women, consistent with the national strategy de-  
22 veloped by the Task Force under section 3990–  
23 1(h)(1) and other recommendations of the Task  
24 Force;

1           “(2) evidence-based programming at clinics  
2       that—

3           “(A) provide wraparound services for  
4       women with substance use disorders in the pre-  
5       natal and postpartum periods that may include  
6       multidisciplinary staff, access to all evidence-  
7       based medication-assisted treatment, psycho-  
8       therapy, contingency management, and recovery  
9       supports; or

10           “(B) make referrals for any such services  
11       that are not provided within the clinic;

12           “(3) evidence-based programs at freestanding  
13       birth centers that provide culturally congruent ma-  
14       ternal mental and behavioral health care education,  
15       treatments, and services, and other wraparound sup-  
16       ports for women throughout the prenatal and  
17       postpartum period; and

18           “(4) the development and implementation of  
19       evidence-based programs, including toll-free tele-  
20       phone hotlines, that connect maternity care pro-  
21       viders with women’s mental health clinicians to pro-  
22       vide maternity care providers with guidance on ad-  
23       dressing maternal mental and behavioral health con-  
24       ditions identified in patients.

1       “(c) SPECIAL CONSIDERATION.—In awarding grants  
2 under this section, the Secretary shall give special consid-  
3 eration to applications for models that will—

4           “(1) operate in—

5               “(A) areas with high rates of adverse ma-  
6 ternal health outcomes;

7               “(B) areas with significant racial and eth-  
8 nic disparities in maternal health outcomes; or

9               “(C) health professional shortage areas  
10 designated under section 332;

11           “(2) be led by minority women from demo-  
12 graphic groups with disproportionate rates of ad-  
13 verse maternal health outcomes; or

14           “(3) be implemented with a culturally con-  
15 gruent approach that is focused on improving out-  
16 comes for demographic groups experiencing dis-  
17 proportionate rates of adverse maternal health out-  
18 comes.

19       “(d) EVALUATION.—As a condition on receipt of a  
20 grant under this section, an eligible entity shall agree to  
21 provide annual evaluations of the activities funded through  
22 the grant to the Secretary and the Task Force. Such eval-  
23 uations may address—

24           “(1) the effects of such activities on maternal  
25 health outcomes and subjective assessments of pa-



1       tient and family experiences, especially for minority  
2       women from demographic groups with dispropor-  
3       tionate rates of adverse maternal health outcomes;  
4       and

5               “(2) the cost-effectiveness of such activities.

6       “(e) DEFINITIONS.—In this section:

7               “(1) The term ‘eligible entity’ means any public  
8       or private entity.

9               “(2) The term ‘collaborative maternity care’  
10       means an integrated care model that includes the  
11       delivery of maternal mental and behavioral health  
12       care services in primary clinics or other care settings  
13       familiar to pregnant and postpartum patients.

14               “(3) The term ‘culturally congruent’ means  
15       care that is in agreement with the preferred cultural  
16       values, beliefs, worldview, language, and practices of  
17       the health care consumer and other stakeholders.

18               “(4) The term ‘freestanding birth center’ has  
19       the meaning given that term under section  
20       1905(l)(3)(A) of the Social Security Act.

21       “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
22       carry out this section, there is authorized to be appro-  
23       priated \$15,000,000 for each of fiscal years 2021 through  
24       2025.

1   **“SEC. 39900–3. GROUP PRENATAL AND POSTPARTUM CARE**  
2                   **MODELS.**

3           “(a) IN GENERAL.—The Secretary shall award  
4   grants to eligible entities to establish, implement, evaluate,  
5   or expand culturally congruent group prenatal care models  
6   or group postpartum care models that are designed to re-  
7   duce racial and ethnic disparities in maternal and infant  
8   health outcomes.

9           “(b) USE OF FUNDS.—An eligible entity receiving a  
10   grant under this section may use the grant for—

11               “(1) programming;

12               “(2) capital investments required to improve ex-  
13   isting physical infrastructure for group prenatal care  
14   and group postpartum care programming, such as  
15   building space needed to implement such models;  
16   and

17               “(3) evaluations of group prenatal care and  
18   group postpartum care programming, with a par-  
19   ticular focus on the impacts of such programming on  
20   minority women.

21           “(c) SPECIAL CONSIDERATION.—In awarding grants  
22   under this section, the Secretary shall give special consid-  
23   eration to applicants that will—

24               “(1) operate in—

25                       “(A) areas with high rates of adverse ma-  
26   ternal health outcomes;

1           “(B) areas with significant racial and eth-  
2           nic disparities in maternal health outcomes; or

3           “(C) health professional shortage areas  
4           designated under section 332;

5           “(2) be led by minority women from demo-  
6           graphic groups with disproportionate rates of ad-  
7           verse maternal health outcomes; or

8           “(3) be implemented with a culturally con-  
9           gruent approach that is focused on improving out-  
10          comes for demographic groups experiencing dis-  
11          proportionate rates of adverse maternal health out-  
12          comes.

13          “(d) EVALUATION.—As a condition on receipt of a  
14          grant under this section, an eligible entity shall agree to  
15          provide annual evaluations of the activities funded through  
16          the grant to the Secretary and the Task Force and ad-  
17          dress in each such evaluation—

18               “(1) the effects of such activities on maternal  
19               health outcomes with a particular focus on the ef-  
20               fects of such activities on minority women, including  
21               measures such as—

22                       “(A) avoidable emergency room visits;

23                       “(B) postpartum care visits after delivery;

24                       “(C) rates of preterm birth;

25                       “(D) rates of breastfeeding initiation;

1                   “(F) psychological outcomes; and  
2                   “(G) subjective measures of patient-re-  
3                   ported experience of care; and  
4                   “(2) the cost-effectiveness of such activities.

5           “(e) DEFINITIONS.—In this section:

6                   “(1) The term ‘eligible entity’ means any public  
7                   or private entity.

8                   “(2) The term ‘culturally congruent’ means  
9                   care that is in agreement with the preferred cultural  
10                  values, beliefs, worldview, language, and practices of  
11                  the health care consumer and other stakeholders.

12          “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
13          carry out this section, there is authorized to be appro-  
14          priated \$10,000,000 for each of fiscal years 2021 through  
15          2025.”.

## 16                   **TITLE VII—JUSTICE FOR** 17                   **INCARCERATED MOMS**

### 18   **SEC. 701. SENSE OF CONGRESS.**

19           It is the sense of Congress that the respect and prop-  
20           er care that mothers deserve is inclusive, and whether the  
21           mothers are transgender, cisgender, or gender noncon-  
22           forming, all deserve dignity.

1   **SEC. 702. ENDING THE SHACKLING OF PREGNANT INDIVID-**  
2                                   **UALS.**

3           (a) IN GENERAL.—Beginning on the date that is 6  
4   months after the date of enactment of this Act, and annu-  
5   ally thereafter, in each State that received a grant under  
6   subpart 1 of part E of title I of the Omnibus Crime Con-  
7   trol and Safe Streets Act of 1968 (34 U.S.C. 10151 et  
8   seq.) (commonly referred to as the “Edward Byrne Memo-  
9   rial Justice Grant Program”) and that does not have in  
10  effect throughout the State for such fiscal year laws re-  
11  stricting the use of restraints on pregnant individuals in  
12  prison that are substantially similar to the rights, proce-  
13  dures, requirements, effects, and penalties set forth in sec-  
14  tion 4322 of title 18, United States Code, the amount of  
15  such grant that would otherwise be allocated to such State  
16  under such subpart for the fiscal year shall be decreased  
17  by 25 percent.

18          (b) REALLOCATION.—Amounts not allocated to a  
19  State for failure to comply with subsection (a) shall be  
20  reallocated in accordance with subpart 1 of part E of title  
21  I of the Omnibus Crime Control and Safe Streets Act of  
22  1968 (34 U.S.C. 10151 et seq.) to States that have com-  
23  plied with such subsection.

1   **SEC. 703. CREATING MODEL PROGRAMS FOR THE CARE OF**  
2                   **INCARCERATED INDIVIDUALS IN THE PRE-**  
3                   **NATAL AND POSTPARTUM PERIODS.**

4       (a) IN GENERAL.—Not later than 1 year after the  
5 date of enactment of this Act, the Attorney General, act-  
6 ing through the Director of the Bureau of Prisons, shall  
7 establish, in not more than 6 Bureau of Prisons facilities,  
8 programs to optimize maternal health outcomes for preg-  
9 nant and postpartum individuals incarcerated in such fa-  
10 cilities. The Attorney General shall establish such pro-  
11 grams in consultation with stakeholders such as—

12           (1) relevant community-based organizations,  
13       particularly organizations that represent incarcer-  
14       ated and formerly incarcerated individuals and orga-  
15       nizations that seek to improve maternal health out-  
16       comes for minority women;

17           (2) relevant organizations representing patients,  
18       with a particular focus on minority patients;

19           (3) relevant organizations representing mater-  
20       nal health care providers;

21           (4) nonclinical perinatal health workers such as  
22       doulas, community health workers, peer supporters,  
23       certified lactation consultants, nutritionists and di-  
24       eticians, social workers, home visitors, and naviga-  
25       tors; and

1           (5) researchers and policy experts in fields re-  
2       lated to women's health care for incarcerated indi-  
3       viduals.

4       (b) START DATE.—Each selected facility shall begin  
5       facility programs not later than 18 months after the date  
6       of enactment of this Act.

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

9           (1) the number of pregnant and postpartum in-  
10      dividuals incarcerated in such facility and, among  
11      such individuals, the number of pregnant and  
12      postpartum minority individuals; and

13          (2) the extent to which the leaders of such facil-  
14      ity have demonstrated a commitment to developing  
15      exemplary programs for pregnant and postpartum  
16      individuals incarcerated in such facility.

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

19      (e) PROGRAMS.—Bureau of Prisons facilities selected  
20      by the Director shall establish programs for pregnant and  
21      postpartum incarcerated individuals, and such programs  
22      may—

23          (1) provide access to doulas and other perinatal  
24      health workers from pregnancy through the  
25      postpartum period;

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

4           (3) train correctional officers and medical per-  
5           sonnel to ensure that pregnant incarcerated individ-  
6           uals receive trauma-informed, culturally congruent  
7           care that promotes the health and safety of the  
8           pregnant individuals;

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

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

14               (B) domestic violence;

15               (C) human immunodeficiency virus;

16               (D) sexual abuse;

17               (E) pregnancy or infant loss; or

18               (F) chronic conditions, including heart dis-  
19               ease, diabetes, osteoporosis and osteopenia, hy-  
20               pertension, asthma, liver disease, and bleeding  
21               disorders;

22           (5) provide pregnancy and childbirth education,  
23           parenting support, and other relevant forms of  
24           health literacy;



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

6           (7) provide reentry assistance, particularly to—

7                   (A) ensure continuity of health insurance  
8                   coverage if an incarcerated individual exits the  
9                   criminal justice system during such individual's  
10                  pregnancy or in the postpartum period; and

11                  (B) connect individuals exiting the criminal  
12                  justice system during pregnancy or in the  
13                  postpartum period to community-based re-  
14                  sources, such as referrals to health care pro-  
15                  viders and social services that address social de-  
16                  terminants of health like housing, employment  
17                  opportunities, transportation, and nutrition; or

18           (8) establish partnerships with local public enti-  
19           ties, private community entities, community-based  
20           organizations, Indian Tribes and tribal organizations  
21           (as such terms are defined in section 4 of the Indian  
22           Self-Determination and Education Assistance Act  
23           (25 U.S.C. 5304)), and urban Indian organizations  
24           (as such term is defined in section 4 of the Indian  
25           Health Care Improvement Act (25 U.S.C. 1603)) to

1 establish or expand pretrial diversion programs as  
2 an alternative to incarceration for pregnant and  
3 postpartum individuals. Such programs may in-  
4 clude—

5 (A) 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 not 6 years after the date

1 of enactment of this Act, reporting results of the  
2 programs 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 who participated in  
8 such programs, including data stratified by  
9 race, ethnicity, sex, age, geography, disability  
10 status, the category of the criminal charge  
11 against such individual, rates of pregnancy-re-  
12 lated deaths, pregnancy-associated deaths, cases  
13 of infant mortality, cases of severe maternal  
14 morbidity, cases of violence against pregnant or  
15 postpartum individuals, diagnoses of maternal  
16 mental or behavioral health conditions, and  
17 other such information as appropriate;

18 (B) relevant qualitative evaluations from  
19 pregnant and postpartum incarcerated individ-  
20 uals who participated in such programs, includ-  
21 ing subjective measures of patient-reported ex-  
22 perience of care;

23 (C) evaluations of cost effectiveness; and

24 (D) strategies to sustain such programs  
25 beyond 2026.

1 (g) REPORT.—Not later than 7 years after the date  
2 of enactment of this Act, the Director shall submit to the  
3 Attorney General and to the Committee on the Judiciary  
4 of the House of Representatives and the Senate a report  
5 describing the results of the programs funded under this  
6 section.

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

12 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
13 authorized to be appropriated to carry out this section  
14 \$10,000,000 for each of fiscal years 2021 through 2025.

15 **SEC. 704. GRANT PROGRAM TO IMPROVE MATERNAL**  
16 **HEALTH OUTCOMES FOR INDIVIDUALS IN**  
17 **STATE AND LOCAL PRISONS AND JAILS.**

18 (a) ESTABLISHMENT.—Not later than 1 year after  
19 the date of enactment of this Act, the Attorney General,  
20 acting through the Director of the Bureau of Justice As-  
21 sistance, shall award Justice for Incarcerated Moms  
22 grants to States to establish or expand programs in State  
23 and local prisons and jails for pregnant and postpartum  
24 incarcerated individuals. The Attorney General shall

1 award such grants in consultation with stakeholders such  
2 as—

3 (1) relevant community-based organizations,  
4 particularly organizations that represent incarcer-  
5 ated and formerly incarcerated individuals and orga-  
6 nizations that seek to improve maternal health out-  
7 comes for minority women;

8 (2) relevant organizations representing patients,  
9 with a particular focus on minority patients;

10 (3) relevant organizations representing mater-  
11 nal health care providers;

12 (4) nonclinical perinatal health workers such as  
13 doulas, community health workers, peer supporters,  
14 certified lactation consultants, nutritionists and di-  
15 etitians, social workers, home visitors, and naviga-  
16 tors; and

17 (5) researchers and policy experts in fields re-  
18 lated to women's health care for incarcerated indi-  
19 viduals.

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

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

5           (1) provide access to doulas and other perinatal  
6 health workers from pregnancy through the  
7 postpartum period;

8           (2) provide access to healthy foods and coun-  
9 seling on nutrition, recommended activity levels, and  
10 safety measures throughout pregnancy;

11          (3) train correctional officers and medical per-  
12 sonnel to ensure that pregnant incarcerated individ-  
13 uals receive trauma-informed, culturally congruent  
14 care that promotes the health and safety of the  
15 pregnant individuals;

16          (4) provide counseling and treatment for indi-  
17 viduals who have suffered from—

18           (A) diagnosed mental or behavioral health  
19 conditions, including trauma and substance use  
20 disorders;

21           (B) domestic violence;

22           (C) human immunodeficiency virus;

23           (D) sexual abuse;

24           (E) pregnancy or infant loss; or

1 (F) chronic conditions, including heart dis-  
2 ease, diabetes, osteoporosis and osteopenia, hy-  
3 pertension, asthma, liver disease, and bleeding  
4 disorders;

5 (5) provide pregnancy and childbirth education,  
6 parenting support, and other relevant forms of  
7 health literacy;

8 (6) offer opportunities for postpartum individ-  
9 uals to maintain contact with the individual's new-  
10 born child to promote bonding, including enhanced  
11 visitation policies, access to prison nursery pro-  
12 grams, or breastfeeding support;

13 (7) provide reentry assistance, particularly to—

14 (A) ensure continuity of health insurance  
15 coverage if an incarcerated individual exits the  
16 criminal justice system during such individual's  
17 pregnancy or in the postpartum period; and

18 (B) connect individuals exiting the criminal  
19 justice system during pregnancy or in the  
20 postpartum period to community-based re-  
21 sources, such as referrals to health care pro-  
22 viders and social services that address social de-  
23 terminants of health like housing, employment  
24 opportunities, transportation, and nutrition; or

1           (8) establish partnerships with local public enti-  
2       ties, private community entities, community-based  
3       organizations, Indian Tribes and tribal organizations  
4       (as such terms are defined in section 4 of the Indian  
5       Self-Determination and Education Assistance Act  
6       (25 U.S.C. 5304)), and urban Indian organizations  
7       (as such term is defined in section 4 of the Indian  
8       Health Care Improvement Act (25 U.S.C. 1603)) to  
9       establish or expand pretrial diversion programs as  
10      an alternative to incarceration for pregnant and  
11      postpartum individuals. Such programs may in-  
12      clude—

- 13           (A) parenting classes;
- 14           (B) prenatal health coordination;
- 15           (C) family and individual counseling;
- 16           (D) evidence-based screenings, education,  
17      and, as needed, treatment for mental and be-  
18      havioral health conditions, including drug and  
19      alcohol treatments;
- 20           (E) family case management services;
- 21           (F) domestic violence education and pre-  
22      vention;
- 23           (G) physical and sexual abuse counseling;
- 24      and



1 (H) programs to address social deter-  
2 minants of health such as employment, housing,  
3 education, transportation, and nutrition.

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

7 (1) the number of pregnant and postpartum in-  
8 dividuals incarcerated in the State and, among such  
9 individuals, the number of pregnant and postpartum  
10 minority individuals; and

11 (2) the extent to which the State has dem-  
12 onstrated a commitment to developing exemplary  
13 programs for pregnant and postpartum individuals  
14 incarcerated the prisons and jails in the State.

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

17 (f) IMPLEMENTING AND REPORTING.—A State that  
18 receives a grant under this section shall be responsible  
19 for—

20 (1) implementing the program funded by the  
21 grant; and

22 (2) not later than 3 years after the date of en-  
23 actment of this Act, and 6 years after the date of  
24 enactment of this Act, reporting results of such pro-

1       gram to the Attorney General, including information  
2       describing—

3               (A) relevant quantitative indicators of the  
4               program's success in improving the standard of  
5               care and health outcomes for pregnant and  
6               postpartum incarcerated individuals who par-  
7               ticipated in such program, including data strati-  
8               fied by race, ethnicity, sex, age, geography, dis-  
9               ability status, category of the criminal charge  
10              against such individual, incidence rates of preg-  
11              nancy-related deaths, pregnancy-associated  
12              deaths, cases of infant mortality, cases of severe  
13              maternal morbidity, cases of violence against  
14              pregnant or postpartum individuals, diagnoses  
15              of maternal mental or behavioral health condi-  
16              tions, and other such information as appro-  
17              priate;

18              (B) relevant qualitative evaluations from  
19              pregnant and postpartum incarcerated individ-  
20              uals who participated in such programs, includ-  
21              ing subjective measures of patient-reported ex-  
22              perience of care;

23              (C) evaluations of cost effectiveness; and

24              (D) strategies to sustain such programs  
25              beyond the duration of the grant.

1 (g) REPORT.—Not later than 7 years after the date  
2 of enactment of this Act, the Attorney General shall sub-  
3 mit to the Committee on the Judiciary of the House of  
4 Representatives and the Senate a report describing the re-  
5 sults of such grant programs.

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

11 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
12 authorized to be appropriated to carry out this section  
13 \$10,000,000 for each of fiscal years 2021 through 2025.

14 **SEC. 705. GAO REPORT.**

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

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

24 (1) to the extent practicable—

1 (A) the number of incarcerated individuals,  
2 including those incarcerated in Federal, State,  
3 and local correctional facilities, who have expe-  
4 rienced a pregnancy-related death or preg-  
5 nancy-associated death in the most recent 10  
6 years of available data;

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

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

18 (2) in the case that the Comptroller General of  
19 the United States is unable determine the informa-  
20 tion required in paragraphs (1) through (4), an as-  
21 sessment of the barriers to determining such infor-  
22 mation and recommendations for improvements in  
23 tracking maternal health outcomes among incarcer-  
24 ated individuals, including those incarcerated in  
25 Federal, State, and local detention 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 of color;

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

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

19 **SEC. 706. MACPAC REPORT.**

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

1 under title XIX of the Social Security Act (42 U.S.C.  
2 1396 et seq.).

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

5 (1) information on the effect of ineligibility for  
6 medical assistance under a State plan under title  
7 XIX of the Social Security Act (42 U.S.C. 1396 et  
8 seq.) on maternal health outcomes for pregnant and  
9 postpartum incarcerated individuals, concentrating  
10 on the effects of such ineligibility for pregnant and  
11 postpartum individuals of color; and

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

17 **TITLE VIII—TECH TO SAVE**  
18 **MOMS**

19 **SEC. 801. CMI MODELING OF INTEGRATED TELEHEALTH**  
20 **MODELS IN MATERNITY CARE SERVICES.**

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

24 “(xxviii) Focusing on title XIX, pro-  
25 viding for the adoption of and use of tele-

1 health tools that allow for screening and  
2 treatment of common pregnancy-related  
3 complications (including anxiety and de-  
4 pression, substance use disorder, hemor-  
5 rhage, infection, amniotic fluid embolism,  
6 thrombotic pulmonary or other embolism,  
7 hypertensive disorders of pregnancy, cere-  
8 brovascular accidents, cardiomyopathy, and  
9 other cardiovascular conditions) for a preg-  
10 nant woman receiving medical assistance  
11 under such title during her pregnancy and  
12 for not more than a 1-year period begin-  
13 ning on the last day of her pregnancy.”.

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

17 **SEC. 802. GRANTS TO EXPAND THE USE OF TECHNOLOGY-**  
18 **ENABLED COLLABORATIVE LEARNING AND**  
19 **CAPACITY MODELS THAT PROVIDE CARE TO**  
20 **PREGNANT AND POSTPARTUM WOMEN.**

21 Title III of the Public Health Service Act is amended  
22 by inserting after section 330M (42 U.S.C. 254c—19) the  
23 following::

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

3 “(a) PROGRAM ESTABLISHED.—Beginning not later  
4 than 1 year after the date of enactment of this Act, the  
5 Secretary of Health and Human Services shall, as appro-  
6 priate, award grants to eligible entities to evaluate, de-  
7 velop, and, as appropriate, expand the use of technology-  
8 enabled collaborative learning and capacity building mod-  
9 els, to improve maternal health outcomes in health profes-  
10 sional shortage areas; areas with high rates of maternal  
11 mortality and severe maternal morbidity, and significant  
12 racial and ethnic disparities in maternal health outcomes;  
13 and for medically underserved populations or American  
14 Indians and Alaska Natives, including Indian tribes, tribal  
15 organizations, and urban Indian organizations.

16 “(b) USE OF FUNDS.—

17 “(1) REQUIRED USES.—Grants awarded under  
18 subsection (a) shall be used for—

19 “(A) the development and acquisition of  
20 instructional programming, and the training of  
21 maternal health care providers and other pro-  
22 fessionals that provide or assist in the provision  
23 of services through models such as—

24 “(i) training on adopting and effec-  
25 tively implementing Alliance for Innovation  
26 on Maternal Health (referred to in this



1 section as ‘AIM’) safety and quality im-  
2 provement bundles;

3 “(ii) training on implicit and explicit  
4 bias, racism, and discrimination for pro-  
5 viders of maternity care;

6 “(iii) training on best practices in  
7 screening for and, as needed, evaluating  
8 and treating maternal mental health condi-  
9 tions and substance use disorders;

10 “(iv) training on how to screen for so-  
11 cial determinants of health risks in the  
12 prenatal and postpartum periods such as  
13 inadequate housing, lack of access to nutri-  
14 tion, environmental risks, and transpor-  
15 tation barriers; and

16 “(v) training on the use of remote pa-  
17 tient monitoring tools for pregnancy-re-  
18 lated complications described in section  
19 1115A(b)(2)(B)(xxviii);

20 “(B) information collection and evaluation  
21 activities to—

22 “(i) study the impact of such models  
23 on—

24 “(I) access to and quality of care;

25 “(II) patient outcomes;

1 “(III) subjective measures of pa-  
2 tient experience; and

3 “(IV) cost-effectiveness; and

4 “(ii) identify best practices for the ex-  
5 pansion and use of such models;

6 “(C) information collection and evaluation  
7 activities to study the impact of such models on  
8 patient outcomes and maternal health care pro-  
9 viders, and to identify best practices the expan-  
10 sion and use of such models; and

11 “(D) any other activity consistent with  
12 achieving the objectives of grants awarded  
13 under this section, as determined by the Sec-  
14 retary.

15 “(2) PERMISSIBLE USES.—In addition to any of  
16 the uses under paragraph (1), grants awarded under  
17 subsection (a) may be used for—

18 “(A) equipment to support the use and ex-  
19 pansion of technology-enabled collaborative  
20 learning and capacity building models, including  
21 for hardware and software that enables distance  
22 learning, maternal health care provider support,  
23 and the secure exchange of electronic health in-  
24 formation; and

1                   “(B) support for maternal health care pro-  
2                   viders and other professionals that provide or  
3                   assist in the provision of maternity care services  
4                   through such models.

5           “(c) LIMITATIONS.—

6                   “(1) NUMBER.—The Secretary may not award  
7                   more than 1 grant under this section to an eligible  
8                   entity.

9                   “(2) DURATION.—Each grant under this sec-  
10                  tion shall be made for a period of up to 5 years.

11                  “(3) AMOUNT.—The Secretary shall determine  
12                  the maximum amount of each grant under this sec-  
13                  tion.

14           “(d) GRANT REQUIREMENTS.—The Secretary shall  
15           require entities awarded a grant under this section to col-  
16           lect information on the effect of the use of technology-  
17           enabled collaborative learning and capacity building mod-  
18           els, such as on maternal health outcomes, access to mater-  
19           nal health care services, quality of maternal health care,  
20           and maternal health care provider retention in areas and  
21           populations described in subsection (a). The Secretary  
22           may award a grant or contract to assist in the coordina-  
23           tion of such models, including to assess outcomes associ-  
24           ated with the use of such models in grants awarded under

1 subsection (a), including for the purpose described in sub-  
2 section (b)(1)(B).

3 “(e) APPLICATION.—

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

9 “(2) MATTERS TO BE INCLUDED.—Such appli-  
10 cation shall include plans to assess the effect of  
11 technology-enabled collaborative learning and capac-  
12 ity building models on indicators, including access to  
13 and quality of care, patient outcomes, subjective  
14 measures of patient experience, and cost-effective-  
15 ness. Such indicators may focus on—

16 “(A) health professional shortage areas;

17 “(B) areas with high rates of maternal  
18 mortality and severe maternal morbidity, and  
19 significant racial and ethnic disparities in ma-  
20 ternal health outcomes; and

21 “(C) medically underserved populations or  
22 American Indians and Alaska Natives, includ-  
23 ing Indian tribes, tribal organizations, and  
24 urban Indian organizations.

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

6       “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
7 provide (either directly through the Department of Health  
8 and Human Services or by contract) technical assistance  
9 to eligible entities, including recipients of grants under  
10 subsection (a), on the development, use, and post-grant  
11 sustainability of technology-enabled collaborative learning  
12 and capacity building models in order to expand access  
13 to maternal health care services provided by such entities,  
14 including for health professional shortage areas and areas  
15 with high rates of maternal mortality and severe maternal  
16 morbidity, and significant racial and ethnic disparities in  
17 maternal health outcomes, and to medically underserved  
18 populations or American Indians and Alaska Natives, in-  
19 cluding Indian tribes, tribal organizations, and urban In-  
20 dian organizations.

21       “(h) RESEARCH AND EVALUATION.—The Secretary,  
22 in consultation with stakeholders with appropriate exper-  
23 tise in such models, shall develop a strategic plan to re-  
24 search and evaluate the evidence for such models. The

1 Secretary shall use such plan to inform the activities car-  
2 ried out under this section.

3 “(i) REPORTING.—

4 “(1) BY ELIGIBLE ENTITIES.—An eligible enti-  
5 ty that receives a grant under subsection (a) shall  
6 submit to the Secretary a report, at such time, in  
7 such manner, and containing such information as  
8 the Secretary may require.

9 “(2) BY THE SECRETARY.—Not later than 4  
10 years after the date of enactment of this section, the  
11 Secretary shall prepare and submit to the Congress,  
12 and post on the internet website of the Department  
13 of Health and Human Services, a report including,  
14 at minimum—

15 “(A) a description of any new and con-  
16 tinuing grants awarded under subsection (a)  
17 and the specific purpose and amounts of such  
18 grants;

19 “(B) an overview of—

20 “(i) the evaluations conducted under  
21 subsection (b);

22 “(ii) technical assistance provided  
23 under subsection (g); and

24 “(iii) activities conducted by entities  
25 awarded grants under subsection (a); and

1           “(C) a description of any significant find-  
2           ings related to patient outcomes or maternal  
3           health care providers and best practices for eli-  
4           gible entities expanding, using, or evaluating  
5           technology-enabled collaborative learning and  
6           capacity building models.

7           “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
8           is authorized to be appropriated to carry out this section,  
9           \$6,000,000 for each of fiscal years 2021 through 2025.

10          “(k) DEFINITIONS.—In this section:

11           “(1) ELIGIBLE ENTITY.—

12           “(A) IN GENERAL.—The term ‘eligible en-  
13           tity’ means an entity that provides, or supports  
14           the provision of, maternal health care services  
15           or other evidence-based services for pregnant  
16           and postpartum women—

17           “(i) in health professional shortage  
18           areas;

19           “(ii) in areas with high rates of ad-  
20           verse maternal health outcomes and sig-  
21           nificant racial and ethnic disparities in ma-  
22           ternal health outcomes; or

23           “(iii) medically underserved popu-  
24           lations or American Indians and Alaska  
25           Natives, including Indian tribes, tribal or-

1                   ganizations, and urban Indian organiza-  
2                   tions.

3                   “(B) INCLUSIONS.—An eligible entity may  
4                   include entities leading, or capable of leading, a  
5                   technology-enabled collaborative learning and  
6                   capacity building model or engaging in tech-  
7                   nology-enabled collaborative training of partici-  
8                   pants in such model.

9                   “(2) HEALTH PROFESSIONAL SHORTAGE  
10                  AREA.—The term ‘health professional shortage area’  
11                  means a health professional shortage area des-  
12                  ignated under section 332.

13                  “(3) INDIAN TRIBE.—The term ‘Indian tribe’  
14                  has the meaning given such term in section 4 of the  
15                  Indian Self-Determination and Education Assistance  
16                  Act.

17                  “(4) MATERNAL MORTALITY.—The term ‘ma-  
18                  ternal mortality’ means a death occurring during or  
19                  within 1-year period after pregnancy caused by preg-  
20                  nancy or childbirth complications.

21                  “(5) MEDICALLY UNDERSERVED POPU-  
22                  LATION.—The term ‘medically underserved popu-  
23                  lation’ has the meaning given such term in section  
24                  330(b)(3).



1           “(6) PORTPARTUM.—The term ‘postpartum’  
2       means the 1-year period beginning on the last date  
3       of the pregnancy of a woman.

4           “(7) SEVERE MATERNAL MORTALITY.—The  
5       term ‘severe maternal morbidity’ means an unex-  
6       pected outcome caused by labor and delivery of a  
7       woman that results in a significant short-term or  
8       long-term consequences to the health of the woman.

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

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

24          “(10) URBAN INDIAN ORGANIZATION.—The  
25      term ‘urban Indian organization’ has the meaning

1       given such term in section 4 of the Indian Health  
2       Care Improvement Act.”.

3   **SEC. 803. GRANTS TO PROMOTE EQUITY IN MATERNAL**  
4                   **HEALTH OUTCOMES BY INCREASING ACCESS**  
5                   **TO DIGITAL TOOLS.**

6       (a) IN GENERAL.—Beginning not later than 1 year  
7   after the date of the enactment of this Act, the Secretary  
8   of Health and Human Services shall carry out a program  
9   (in this section referred to as “Investments in Digital  
10   Tools to Promote Equity in Maternal Health Outcomes  
11   Program” or “Program”) under which the Secretary  
12   makes grants to eligible entities reduce racial and ethnic  
13   disparities in maternal health outcomes by increasing ac-  
14   cess to digital tools related to maternal health care.

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

20       (c) LIMITATIONS.—

21           (1) NUMBER.—The Secretary may not award  
22       more than 1 grant under this section to an eligible  
23       entity.

24           (2) DURATION.—Each grant under this section  
25       shall be made for a period of not more than 5 years.

1           (3) AMOUNT.—The Secretary shall determine  
2           the maximum amount of each grant under this sec-  
3           tion.

4           (4) PRIORITIZATION.—In awarding grants  
5           under this section, the Secretary shall prioritize the  
6           selection of an eligible entity that—

7                   (A) operates in an area with high rates of  
8                   adverse maternal health outcomes and signifi-  
9                   cant racial and ethnic disparities in maternal  
10                  health outcomes; and

11                   (B) promotes technology that address ra-  
12                   cial and ethnic disparities in maternal health  
13                   outcomes.

14          (d) TECHNICAL ASSISTANCE.—The Secretary shall  
15          provide technical assistance to an eligible entity on the de-  
16          velopment, use, evaluation, and post-grant sustainability  
17          of digital tools for purposes of promoting equity in mater-  
18          nal health outcomes.

19          (e) REPORTING.—

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

1           (2) BY THE SECRETARY.—Not later than 4  
2       years after the date of the enactment of this Act, the  
3       Secretary shall submit to Congress a report that—

4           (A) evaluates the effectiveness of grants  
5       awarded under this section in improving mater-  
6       nal health outcomes for minority women;

7           (B) makes recommendations for future  
8       grant programs that promote the use of tech-  
9       nology to improve maternal health outcomes for  
10      minority women; and

11          (C) makes recommendations that ad-  
12      dress—

13           (i) privacy and security safeguards  
14      that should implemented in the use of  
15      technology in maternal health care;

16           (ii) reimbursement rates for maternal  
17      telehealth services;

18           (iii) the use of digital tools to analyze  
19      large data sets for the purposes of identi-  
20      fying potential pregnancy-related complica-  
21      tions as early as possible;

22           (iv) barriers that prevent maternal  
23      health care providers from providing tele-  
24      health services across states and rec-  
25      ommendations from the Centers for Medi-

1 care and Medicaid Services for addressing  
2 such barriers in State Medicaid programs;  
3 (v) the use of consumer digital tool  
4 such as mobile phone applications, patient  
5 portals, and wearable technologies to im-  
6 prove maternal health outcomes;  
7 (vi) barriers that prevent consumers  
8 from accessing telehealth services or other  
9 digital technologies to improve maternal  
10 health outcomes, including a lack of access  
11 to reliable, high-speed internet or lack of  
12 access to electronic devices needed to use  
13 such services and technologies; and  
14 (vii) any other related issues as deter-  
15 mined by the Secretary.

16 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
17 authorized to be appropriated to carry out this section,  
18 \$6,000,000 for each of fiscal years 2021 through 2025.

19 (g) ELIGIBLE ENTITY DEFINED.—In this section,  
20 the term “eligible entity” is an entity that is described  
21 in section 51a.3(a) of title 42, Code of Federal Regula-  
22 tions, including domestic faith-based and community-  
23 based organizations.

1   **SEC. 804. REPORT ON THE USE OF TECHNOLOGY TO RE-**  
2                   **DUCE MATERNAL MORTALITY AND SEVERE**  
3                   **MATERNAL MORBIDITY AND TO CLOSE RA-**  
4                   **CIAL AND ETHNIC DISPARITIES IN OUT-**  
5                   **COMES.**

6           (a) IN GENERAL.—Not later than 60 days after the  
7   date of enactment of this Act, the Secretary of Health and  
8   Human Services shall seek to enter an agreement with the  
9   National Academies of Sciences, Engineering, and Medi-  
10   cine (referred to in this Act as the “National Academies”)  
11   under which the National Academies shall conduct a study  
12   on the use of technology to reduce preventable maternal  
13   mortality and severe maternal morbidity, and close racial  
14   and ethnic disparities in maternal health outcomes in the  
15   United States. The study shall assess current and future  
16   uses of artificial intelligence in maternity care, including  
17   issues such as—

18           (1) the extent to which artificial intelligence  
19           technologies are currently being used in maternal  
20           health care;

21           (2) the extent to which artificial intelligence  
22           technologies have exacerbated racial or ethnic biases  
23           in maternal health care;

24           (3) recommendations for reducing racial or eth-  
25           nic biases in artificial intelligence technologies used  
26           in maternal health care;

1 (4) recommendations for potential applications  
2 of artificial intelligence technologies that could im-  
3 prove maternal health outcomes, particularly for mi-  
4 nority women; and

5 (5) recommendations for privacy and security  
6 safeguards that should implemented in the develop-  
7 ment of artificial intelligence technologies in mater-  
8 nal health care.

9 (b) REPORT.—As a condition of any agreement under  
10 subsection (a), the Administrator shall require that the  
11 National Academies transmit to Congress a report on the  
12 results of the study under subsection (a) not later than  
13 24 months after the date of enactment of this Act.

14 **TITLE IX—IMPACT TO SAVE**  
15 **MOMS**

16 **SEC. 901. PERINATAL CARE ALTERNATIVE PAYMENT**  
17 **MODEL DEMONSTRATION PROJECT.**

18 (a) IN GENERAL.—For the period of fiscal years  
19 2022 through 2026, the Secretary of Health and Human  
20 Services (referred to in this section as the “Secretary”),  
21 acting through the Administrator of the Centers for Medi-  
22 care & Medicaid Services, shall establish and implement,  
23 in accordance with the requirements of this section, a  
24 demonstration project, to be known as the Perinatal Care  
25 Alternative Payment Model Demonstration Project (re-

1   ferred to in this section as the “Demonstration Project”),  
2   for purposes of allowing States to test payment models  
3   under their State plans under title XIX of the Social Secu-  
4   rity Act (42 U.S.C. 1396 et seq.) and State child health  
5   plans under title XXI of such Act (42 U.S.C. 1397aa et  
6   seq.) with respect to maternity care provided to pregnant  
7   and postpartum women enrolled in such State plans and  
8   State child health plans.

9       (b) COORDINATION.—In establishing the Demonstra-  
10   tion Project, the Secretary shall coordinate with stake-  
11   holders such as—

12           (1) State Medicaid programs;

13           (2) relevant organizations representing mater-  
14   nal health care providers;

15           (3) relevant organizations representing patients,  
16   with a particular focus on women from demographic  
17   groups with disproportionate rates of adverse mater-  
18   nal health outcomes;

19           (4) relevant community-based organizations,  
20   particularly organizations that seek to improve ma-  
21   ternal health outcomes for women from demographic  
22   groups with disproportionate rates of adverse mater-  
23   nal health outcomes;

24           (5) non-clinical perinatal health workers such as  
25   doulas, community health workers, peer supporters,



1 certified lactation consultants, nutritionists and di-  
2 eticians, social workers, home visitors, and naviga-  
3 tors;

4 (6) relevant health insurance issuers;

5 (7) hospitals, health systems, freestanding birth  
6 centers (as such term is defined in paragraph (3)(B)  
7 of section 1905(l) of the Social Security Act (42  
8 U.S.C. 1396d(l)), Federally-qualified health centers  
9 (as such term is defined in paragraph (2)(B) of such  
10 section), and rural health clinics (as such term is de-  
11 fined in section 1861(aa) of such Act (42 U.S.C.  
12 1395x(aa)));

13 (8) researchers and policy experts in fields re-  
14 lated to maternity care payment models; and

15 (9) any other stakeholders as the Secretary de-  
16 termines appropriate, with a particular focus on  
17 stakeholders from demographic groups with dis-  
18 proportionate rates of adverse maternal health out-  
19 comes.

20 (c) CONSIDERATIONS.—In establishing the Dem-  
21 onstration Project, the Secretary shall consider each of the  
22 following:

23 (1) Findings from any evaluations of the  
24 Strong Start for Mothers and Newborns initiative  
25 carried out by the Centers for Medicare & Medicaid

1 Services, the Health Resources and Services Admin-  
2 istration, and the Administration on Children and  
3 Families.

4 (2) Any alternative payment model that—

5 (A) is designed to improve maternal health  
6 outcomes for racial and ethnic groups with dis-  
7 proportionate rates of adverse maternal health  
8 outcomes;

9 (B) includes methods for stratifying pa-  
10 tients by pregnancy risk level and, as appro-  
11 priate, adjusting payments under such model to  
12 take into account pregnancy risk level;

13 (C) establishes evidence-based quality  
14 metrics for such payments;

15 (D) includes consideration of non-hospital  
16 birth settings such as freestanding birth centers  
17 (as so defined);

18 (E) includes consideration of social deter-  
19 minants of health that are relevant to maternal  
20 health outcomes such as housing, transpor-  
21 tation, nutrition, and other non-clinical factors  
22 that influence maternal health outcomes; or

23 (F) includes diverse maternity care teams  
24 that include—

1 (i) maternity care providers, including  
2 obstetrician-gynecologists, family physi-  
3 cians, physician assistants, midwives who  
4 meet, at a minimum, the international def-  
5 inition of the term “midwife” and global  
6 standards for midwifery education (as es-  
7 tablished by the International Confed-  
8 eration of Midwives), and nurse practi-  
9 tioners—

10 (I) from racially, ethnically, and  
11 professionally diverse backgrounds;

12 (II) with experience practicing in  
13 racially and ethnically diverse commu-  
14 nities; or

15 (III) who have undergone  
16 trainings on racism, implicit bias, and  
17 explicit bias; and

18 (ii) non-clinical perinatal health work-  
19 ers such as doulas, community health  
20 workers, peer supporters, certified lacta-  
21 tion consultants, nutritionists and dieti-  
22 cians, social workers, home visitors, and  
23 navigators.

24 (d) ELIGIBILITY.—To be eligible to participate in the  
25 Demonstration Project, a State shall submit an applica-

1 tion to the Secretary at such time, in such manner, and  
2 containing such information as the Secretary may require.

3 (e) EVALUATION.—The Secretary shall conduct an  
4 evaluation of the Demonstration Project to determine the  
5 impact of the Demonstration Project on—

6 (1) maternal health outcomes, with data strati-  
7 fied by race, ethnicity, socioeconomic indicators, and  
8 any other factors as the Secretary determines appro-  
9 priate;

10 (2) spending on maternity care by States par-  
11 ticipating in the Demonstration Project;

12 (3) to the extent practicable, subjective meas-  
13 ures of patient experience; and

14 (4) any other areas of assessment that the Sec-  
15 retary determines relevant.

16 (f) REPORT.—Not later than one year after the com-  
17 pletion or termination date of the Demonstration Project,  
18 the Secretary shall submit to the Committee on Energy  
19 and Commerce, the Committee on Ways and Means, and  
20 the Committee on Education and Labor of the House of  
21 Representatives and the Committee on Finance and the  
22 Committee on Health, Education, Labor, and Pensions of  
23 the Senate, and make publicly available, a report con-  
24 taining—

1 (1) the results of any evaluation conducted  
2 under subsection (e); and

3 (2) a recommendation regarding whether the  
4 Demonstration Project should be continued after fis-  
5 cal year 2026 and expanded on a national basis.

6 (g) AUTHORIZATION OF APPROPRIATIONS.—There  
7 are authorized to be appropriated such sums as are nec-  
8 essary to carry out this section.

9 (h) DEFINITIONS.—In this section:

10 (1) ALTERNATIVE PAYMENT MODEL.—The  
11 term “alternative payment model” has the meaning  
12 given such term in section 1833(z)(3)(C) of the So-  
13 cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

14 (2) PERINATAL.—The term “perinatal” means  
15 the period beginning on the day a woman becomes  
16 pregnant and ending on the last day of the 1-year  
17 period beginning on the last day of such woman’s  
18 pregnancy.

19 **SEC. 902. MACPAC REPORT.**

20 Not later than two years after the date of the enact-  
21 ment of this Act, the Medicaid and CHIP Payment and  
22 Access Commission shall publish a report on issues relat-  
23 ing to the continuity of coverage under State plans under  
24 title XIX of the Social Security Act (42 U.S.C. 1396 et  
25 seq.) and State child health plans under title XXI of such

1 Act (42 U.S.C. 1397aa et seq.) for pregnant and  
2 postpartum women. Such report shall, at a minimum, in-  
3 clude the following:

4 (1) An assessment of any existing policies  
5 under such State plans and such State child health  
6 plans regarding presumptive eligibility for pregnant  
7 women while their application for enrollment in such  
8 a State plan or such a State child health plan is  
9 being processed.

10 (2) An assessment of any existing policies  
11 under such State plans and such State child health  
12 plans regarding measures to ensure continuity of  
13 coverage under such a State plan or such a State  
14 child health plan for pregnant and postpartum  
15 women, including such women who need to change  
16 their health insurance coverage during their preg-  
17 nancy or the postpartum period following their preg-  
18 nancy.

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

24 (4) If determined appropriate by the Commis-  
25 sion, any recommendations for the Department of

1       Health and Human Services, or such State plans  
2       and such State child health plans, to ensure con-  
3       tinuity of coverage under such a State plan or such  
4       a State child health plan for pregnant and  
5       postpartum women.