Black Maternal Health Momnibus Act of 2021

Representative Lauren Underwood (IL-14)

Senator Cory Booker (D-NJ)

BACKGROUND

In the richest nation on earth, moms are dying at the highest rate in the developed world – and the rate is rising. For as dire as the situation is overall, the crisis is most severe for Black moms in the U.S., who are dying at 3 to 4 times the rate of their white counterparts, and other women and birthing people of color. To address this crisis, Representatives Lauren Underwood & Alma Adams, Senator Cory Booker, and Members of the Black Maternal Health Caucus are introducing the **Black Maternal Health Momnibus Act of 2021**. The Momnibus builds on existing legislation like 12-month postpartum Medicaid coverage to comprehensively address every dimension of the maternal health crisis in the United States.

BILL SUMMARY

The **Black Maternal Health Momnibus Act of 2021** is composed of twelve individual bills sponsored by Black Maternal Health Caucus Members. The legislation will:

1. Make critical investments in **social determinants of health** that influence maternal health outcomes, like housing, transportation, and nutrition.

2. Provide funding to **community-based organizations** that are working to improve maternal health outcomes and promote equity.

3. Comprehensively study the unique maternal health risks facing **pregnant and postpartum veterans** and support VA maternity care coordination programs.

4. Grow and diversify the **perinatal workforce** to ensure that every mom in America receives culturally congruent maternity care and support.

5. Improve **data collection processes and quality measures** to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.

6. Support moms with **maternal mental health** conditions and substance use disorders.

7. Improve maternal health care and support for **incarcerated moms**.

8. Invest in **digital tools** like telehealth to improve maternal health outcomes in underserved areas.

9. Promote **innovative payment models** to incentivize high-quality maternity care and **continuity of insurance coverage** from pregnancy through labor and delivery and up to 1 year postpartum.

10. Invest in federal programs to address the unique risks for and effects of **COVID-19 during and after pregnancy** and to advance respectful maternity care in future public health emergencies.

11. Invest in community-based initiatives to reduce levels of and exposure to **climate change-related risks for moms and babies**.

12. Promote **maternal vaccinations** to protect the health and safety of moms and babies.

Black Maternal Health Momnibus Act of 2021

Representative Lauren Underwood (IL-14)

Senator Cory Booker (D-NJ)

ORIGINAL COSPONSORS

House of Representatives: Alma S. Adams**;** Ro Khanna**;** Nydia M. Velázquez**;** Lucy McBath**;** Adam Smith; Mary Gay Scanlon; André Carson; Al Lawson; Jahana Hayes; G. K. Butterfield; Joyce Beatty; Gwen Moore; Marilyn Strickland; Mike Doyle; Ilhan Omar; Katherine Clark; Tim Ryan; Sanford D. Bishop, Jr.; Adam B. Schiff; Hank Johnson; Steven Horsford; Terri A. Sewell; Lisa Blunt Rochester; Debbie Wasserman Schultz; Nanette Diaz Barragán; Yvette D. Clarke; Ted Deutch; Donald M. Payne, Jr.; Gregory W. Meeks; Betty McCollum; Eleanor Holmes Norton; Thomas R. Suozzi; Diana DeGette; Earl Blumenauer; Angie Craig; Lois Frankel; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Elaine Luria; John P. Sarbanes; Abigail Davis Spanberger; Jackie Speier; Eddie Bernice Johnson; Cheri Bustos; Danny K. Davis; Jan Schakowsky; Jamaal Bowman; Sharice L. Davids; Kim Schrier, M.D.; Alcee L. Hastings; Karen Bass; Bonnie Watson Coleman; Barbara Lee; Chrissy Houlahan; Ayanna Pressley; Steve Cohen; Colin Allred; Dwight Evans; Cori Bush; Jason Crow; Kathy Castor; Judy Chu; Rashida Tlaib; Gerald E. Connolly; Sara Jacobs; Val Demings; Ami Bera, M.D.; Ann McLane Kuster; Norma J. Torres; Paul Tonko; Lizzie Fletcher; Sheila Jackson Lee; Jerry McNerney; Chellie Pingree; Greg Stanton; Mondaire Jones, Susan Wild; and Jamie Raskin.

Senate: Tammy Duckworth; Kirsten E. Gillibrand; Richard J. Durbin; Tim Kaine; Robert P. Casey, Jr.; Gary C. Peters; and Jeff Merkley.

ENDORSEMENTS

The **Black Maternal Health Momnibus Act of 2021** is endorsed by 191 organizations, listed here. Quotes in support of the Momnibus can be found here.

CONTACT

For more information, contact Jack DiMatteo in Rep. Underwood's office at Jack.DiMatteo@mail.house.gov or Kimberly Miller-Tolbert in Sen. Booker's office at Kimberly_Miller-Tolbert@booker.senate.gov.

Social Determinants for Moms Act

Representative Lucy McBath

BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), social determinants of health are the conditions where people live, learn, work, and play – conditions that affect a wide range of health risks and outcomes.[1] Research from the Robert Wood Johnson Foundation has found that these social determinants "can drive as much as 80 percent of health outcomes."[2] Addressing social determinants is especially important for reducing rates of maternal mortality and severe maternal morbidity for Black birthing people, who are more than three times as likely to die from pregnancy-related causes as their white counterparts.[3] According to the National Perinatal Task Force, "focusing on the social determinants of health is an important step to addressing root causes for these unwavering gaps in maternal and infant health."[4] The **Social Determinants for Moms Act** makes key investments in social determinants to save moms and end disparities in maternal health outcomes.

BILL SUMMARY

The **Social Determinants for Moms Act** will:

1. Establish a **task force across agencies and departments** to coordinate federal efforts to address social determinants of health for pregnant and postpartum people.

2. Provide funding for safe, stable, adequate, quality **housing for pregnant and postpartum people**.

3. Study the **transportation barriers** that prevent pregnant and postpartum people from attending maternity care appointments and accessing important social services.

4. **Extend WIC eligibility periods for new moms** so that new moms can access nutritious foods, information on healthy eating, and health care referrals when they need them most.

5. Provide funding to establish and scale programs that deliver **nutritious food, infant formula, clean water, and diapers** to pregnant and postpartum people in food deserts.

6. Study the effects of **environmental risks** to maternal and infant health outcomes and make recommendations for steps to end racial and ethnic disparities.

7. Provide funding for free, drop-in **child care access** for pregnant and postpartum people.

8. Provide **grants to community-based organizations and public health departments** to address unique social determinants of health needs in their communities.

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[1] Centers for Disease Control and Prevention: Social Determinants of Health
[2] Robert Wood Johnson Foundation: Medicaid's Role in Addressing Social Determinants of Health
[3] Centers for Disease Control and Prevention: Racial/Ethnic Disparities in Pregnancy-Related Deaths
[4] National Perinatal Task Force: Building a Movement to Birth a More Just and Loving World

Social Determinants for Moms Act

Representative Lucy McBath

ORIGINAL COSPONSORS

The **Social Determinants for Moms Act** is cosponsored by Representatives Lauren Underwood; Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Ayanna Pressley; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; and Terri A. Sewell.

ENDORSEMENTS

The **Social Determinants for Moms Act** is endorsed by more than 160 organizations, listed here.

Kira Johnson Act

Representative Alma S. Adams

BACKGROUND

On April 12th, 2016, Kira Johnson checked into a hospital with her husband Charles to give birth to their second child, Langston. Kira – an entrepreneur, world traveler, mother of one healthy boy already, and a Black woman – did not make it out alive. Despite being in excellent health, Kira died from a hemorrhage approximately 12 hours after delivering Langston. Kira deserved better, and so do the Black mothers across the United States who are dying at disproportionately high rates.[1]

Although the maternal mortality crisis for Black moms and other birthing people of color in the United States is disturbing, it is not hopeless: in communities all across the country, there are local organizations working tirelessly to ensure that moms do not lose their lives in an attempt to bring life into the world. The **Kira Johnson Act** makes investments in community-based organizations that are leading the charge to support moms. The bill also supports bias and racism training programs, research, and the establishment of Respectful Maternity Care Compliance Programs to address bias and racism, and to promote accountability in maternity care settings.

BILL SUMMARY

The **Kira Johnson Act** will:

1. Provide funding to **community-based organizations** to improve maternal health outcomes for Black pregnant and postpartum people and Women of Color, as well as birthing people from other underserved communities, including investments in:

   ➢ Support for pregnant and postpartum people with **maternal mental health conditions and substance use disorders**.

   ➢ Addressing **social determinants of health** like housing, transportation, and nutrition.

   ➢ Support for **midwifery practices**.

   ➢ **Doulas and other perinatal health workers** who support pregnant and postpartum people.

2. Provide funding for grant programs to implement and study **consistent bias, racism, and discrimination trainings for all employees in maternity care settings.**

3. Provide funding to **establish Respectful Maternity Care Compliance Programs** within hospitals to provide mechanisms for pregnant and postpartum patients to report instances of disrespect or evidence of racial, ethnic, or other types of bias and promote accountability.

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[1] Centers for Disease Control and Prevention: _Racial/Ethnic Disparities in Pregnancy-Related Deaths_

Kira Johnson Act

Representative Alma S. Adams

The **Kira Johnson Act** is cosponsored by Representatives Lauren Underwood; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Ayanna Pressley; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; and Terri A. Sewell.

ENDORSEMENTS

The **Kira Johnson Act** is endorsed by more than 160 organizations, listed here.

Protecting Moms Who Served Act

Representative Lauren Underwood

Senator Tammy Duckworth

BACKGROUND

There are nearly two million women veterans in the United States, and more than 500,000 of those individuals are under the age of 40.[1] Women are currently the fastest-growing group within the veteran population.[2] At the same time that more American women are serving, more American women are also dying from giving birth: the United States has the highest maternal mortality rate in the developed world, and the only rate that is rising.[3] Yet despite the growing attention that America's maternal health crisis is receiving, little is known about adverse maternal health outcomes among veterans.

The bipartisan **Protecting Moms Who Served Act**, led by Representatives Lauren Underwood (IL-14) and Gus Bilirakis (FL-12) will commission the first-ever comprehensive study of the scope of America's maternal health crisis among veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes. It will also support maternity care coordination programs for veterans at Department of Veterans Affairs (VA) facilities so that moms who served can get the care they have earned.

BILL SUMMARY

The **Protecting Moms Who Served Act** will:

1. Codify **maternity care coordination programs at VA facilities**, which include:

   ➢ Ensuring effective **coordination between VA facilities and non-VA facilities** in the delivery of maternity care and other health care services.

   ➢ Facilitating access to **community resources to address social determinants of health** like housing, nutrition, and employment status.

   ➢ Identifying **mental and behavioral health risk factors** in the prenatal and postpartum periods and ensuring that pregnant and postpartum veterans get the treatments they need.

   ➢ Offering **childbirth preparation classes, parenting classes, nutrition counseling, breastfeeding support, lactation classes, and breast pumps**.

2. Commission a **comprehensive study on maternal mortality and severe maternal morbidity among veterans**, with a particular focus on racial and ethnic disparities in maternal health outcomes. The study will make recommendations for the improvement of maternal health data collection processes and steps to reduce adverse maternal health outcomes among veterans, including those with coverage through VA, their employers or other private insurance plans, Tricare, and Medicaid, as well as uninsured veterans.

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[1] U.S. Department of Veterans Affairs: National Center for Veterans Analysis and Statistics
[2] U.S. Department of Veterans Affairs: Women Veterans Health Care
[3] National Institutes of Health Office of Research on Women's Health: Maternal Morbidity and Mortality

Protecting Moms Who Served Act

Representative Lauren Underwood

Senator Tammy Duckworth

ORIGINAL COSPONSORS

The **Protecting Moms Who Served Act** is co-led by Representatives Lauren Underwood (IL-14), Gus Bilirakis (FL-12), Julia Brownley (CA-26), and Brian K. Fitzpatrick (PA-01). Senator Tammy Duckworth (D-IL) is leading the legislation in the Senate.

ENDORSEMENTS

The **Protecting Moms Who Served Act** is endorsed by the Wounded Warrior Project, Disabled American Veterans (DAV), Women Veterans Interactive, and more than 160 other organizations, listed here.

Perinatal Workforce Act

Representative Gwen Moore
Senator Tammy Baldwin

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BACKGROUND

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In the last 25 years, while pregnancy-related mortality ratios fell 44 percent around the world, the American maternal mortality rate increased: moms are now more likely to die from pregnancy-related causes in the United States than in any other high-income country in the world.[1] The situation is even worse for Black women, who are three to four times more likely to die from giving birth than their white counterparts.[2]

While the causes of the crisis are complex, one driving force is a lack of access to maternity care, and to culturally congruent maternity care and support specifically. More than one-third of U.S. counties are "maternity care deserts," with no hospitals offering obstetric care and zero obstetric providers.[3] Maternity care access is limited in both rural and urban communities: more than one million American women live in maternity care deserts located in large metropolitan areas or urban settings.[4]

One solution to this glaring shortage is to grow and diversify the perinatal health workforce. The **Perinatal Workforce Act**, led by Representative Gwen Moore in the House of Representatives and Senators Tammy Baldwin and Jeff Merkley in the Senate, establishes grant programs to increase the number of maternity care providers and non-clinical perinatal health workers who offer culturally congruent support to women throughout their pregnancies, labor and delivery, and the postpartum period.

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BILL SUMMARY

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The **Perinatal Workforce Act** will:

1. Require the Secretary of Health and Human Services to (1) provide guidance to states on the promotion of racially, ethnically, and professionally **diverse maternity care teams** and (2) to study how **culturally congruent maternity care** promotes better outcomes for moms, especially in communities of color.

2. Provide funding to **establish and scale programs that will grow and diversify the maternal health workforce**, increasing the number of nurses, physician assistants, and other perinatal health workers who moms can trust throughout their pregnancies, labor and delivery, and the postpartum period.

3. Study the **barriers that prevent women – particularly from underserved communities – from entering maternity care professions** and receiving equitable compensation**.**

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[1] National Institutes of Health Office of Research on Women's Health: Maternal Morbidity and Mortality
[2] Centers for Disease Control and Prevention: Pregnancy Mortality Surveillance System
[3] March of Dimes: Nowhere to Go
[4] March of Dimes: Nowhere to Go

Perinatal Workforce Act

Representative Gwen Moore

Senator Tammy Baldwin

ORIGINAL COSPONSORS

The **Perinatal Workforce Act** is cosponsored by Representatives Lauren Underwood; Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Ayanna Pressley; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; Chrissy Houlahan; and Terri A. Sewell.

ENDORSEMENTS

The **Perinatal Workforce Act** is endorsed by more than 160 organizations, listed here.

Data to Save Moms Act

Representative Sharice Davids
Senator Tina Smith

BACKGROUND

On December 21st, 2018, the Preventing Maternal Deaths Act was signed into law, providing funding to Maternal Mortality Review Committees (MMRCs) in states across the country. The **Data to Save Moms Act** builds on that bipartisan legislation by promoting greater levels of representative community engagement in MMRCs. The bill also promotes improvements in data collection processes, quality measures for maternity care, and maternal health research at Minority-Serving Institutions (MSIs).

Finally, the **Data to Save Moms Act**, led by Representative Sharice Davids (KS-03) and Senator Tina Smith (D-MN), responds to the urgent maternal health crisis among Native Americans.[1] The legislation commissions the first-ever comprehensive study to understand the scope of the Native American maternal health crisis and provides funding to establish the first Tribal MMRC.

BILL SUMMARY

The **Data to Save Moms Act** will:

1. Promote greater diversity and community engagement in state and Tribal **Maternal Mortality Review Committees**.

2. Conduct a comprehensive review of **maternal health data collection process and quality measures** through engagement with key stakeholders to consider issues such as:

   ➢ The extent to which states have implemented systematic processes of listening to the stories of pregnant and postpartum people and their family members.

   ➢ The extent to which Maternal Mortality Review Committee recommendations are leading to meaningful reforms to improve outcomes and achieve equity.

   ➢ The extent to which maternal health quality measures promote safe, culturally congruent, patient-centered maternity care.

3. Commission a **comprehensive study on maternal mortality and severe maternal morbidity among Native American pregnant and postpartum people**.

4. Invest in **maternal health research at Minority-Serving Institutions (MSIs)** like Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic-Serving Institutions (HSIs), and Asian American and Pacific Islander Serving Institutions (AAPISIs).

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[1] Centers for Disease Control and Prevention: Racial/Ethnic Disparities in Pregnancy-Related Deaths

Data to Save Moms Act

Representative Sharice Davids

Senator Tina Smith

ORIGINAL COSPONSORS

The **Data to Save Moms Act** is cosponsored by Representatives Lauren Underwood; Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Ayanna Pressley; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; and Terri A. Sewell.

ENDORSEMENTS

The **Data to Save Moms Act** is endorsed by more than 160 organizations, listed here.

Moms Matter Act

Representative Lisa Blunt Rochester
Senator Kirsten Gillibrand

BACKGROUND

According to maternal mortality review committees (MMRCs) that examine pregnancy-related deaths in their respective states, "mental health conditions are one of the leading causes of pregnancy-related death."[1] MMRCs have also been assessing substance use disorder as a contributing factor in maternal deaths, recognizing the overall national trend of drug overdose deaths *tripling* from 1999-2014.[2]

These challenges are most acute for low-income and minority families: according to the Center for Law and Social Policy (CLASP), more than half of poor infants live with a mother who has some level of depressive symptoms.[3] Research published in November 2020 found that from 2006-2017, suicidal ideation and intentional self-harm increased significantly for Black birthing people during their pregnancies and up to one year postpartum.[4]

The bipartisan **Moms Matter Act**, led by Representatives Lisa Blunt Rochester (D-DE) and John Katko (R-NY) and Senator Kirsten Gillibrand (D-NY), will make investments in programs to support moms with maternal mental health conditions and substance use disorders. It also provides funding to grow and diversify the maternal mental and behavioral health care workforce.

BILL SUMMARY

The **Moms Matter Act** will:

1. Invest in **community-based programs that provide mental and behavioral health treatments and suppo**rt to moms with maternal mental health conditions or substance use disorder, including:

    ➢ Group prenatal and postpartum care models;

    ➢ Collaborative maternity care models;

    ➢ Initiatives to address stigma and raise awareness about warning signs for maternal mental and behavioral health conditions;

    ➢ Programs at freestanding birth centers; and

    ➢ Suicide prevention programs.

2. Provide funding for programs to **grow and diversify the maternal mental and behavioral health care workforce** to expand access to culturally congruent care and support for pregnant and postpartum people with maternal mental health conditions and substance use disorders.

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[1] CDC Foundation: Report from Nine Maternal Mortality Review Committees
[2] CDC Foundation: Report from Nine Maternal Mortality Review Committees
[3] CLASP: Maternal Depression and Young Adult Mental Health
[4] Admon, Dalton, & Kolenic: Trends in Suicidality 1 Year Before and After Birth Among Commercially Insured Childbearing Individuals in the United States, 2006-2017.

Moms Matter Act

Representative Lisa Blunt Rochester

Senator Kirsten Gillibrand

ORIGINAL COSPONSORS

The **Mom Matter Act** is led by Representative Lisa Blunt Rochester (DE-At Large) and co-led by Representatives John Katko (NY-24), Lauren Underwood (IL-14), and Brian K. Fitzpatrick (PA-01). Senator Kirsten E. Gillibrand (D-NY) is leading the legislation in the Senate.

ENDORSEMENTS

The **Moms Matter Act** is endorsed by the National Alliance on Mental Illness; The Kennedy Forum; American Foundation for Suicide Prevention; Maternal Mental Health Leadership Alliance; Anxiety and Depression Association of America; National Association for Rural Mental Health; National Association of County Behavioral Health & Developmental Disability Directors; American Association of Suicidology; National Register of Health Service Psychologists; International OCD Foundation; NAADAC, the Association for Addiction Professionals; American Association for Psychoanalysis in Clinical Social Work; and more than 150 other organizations, listed here.

Justice for Incarcerated Moms Act

Representative Ayanna Pressley

Senator Cory Booker

BACKGROUND

From 1980 to 2016, the number of women in prisons across the United States increased 742 percent: there are now more than 100,000 incarcerated women, and three-quarters of them are of childbearing age.[1] Women in prison are at a heightened risk for maternal mortality and severe maternal morbidity: "Incarcerated pregnant women are more likely to have…risk factors for poor perinatal outcomes than are nonincarcerated pregnant women."[1] The threat is particularly acute for Black women, who are imprisoned at twice the rate of white women.[2]

The **Justice for Incarcerated Moms Act**, led by Representative Ayanna Pressley (MA-07) and Senators Cory Booker (D-NJ), Mazie K. Hirono (D-HI), and Richard J. Durbin (D-IL), provides funding to promote exemplary care for pregnant and postpartum people who are incarcerated. The bill also commissions a comprehensive study to understand the scope of the maternal health crisis among incarcerated people and to make recommendations to prevent maternal mortality and severe maternal morbidity in American prisons and jails. Finally, the bill ties federal funding for state and local prisons and jails to prohibitions on the use of restraints for incarcerated pregnant people to end the practice of shackling.

BILL SUMMARY

The **Justice for Incarcerated Moms Act** will:

1. Use financial incentives for all state and local prisons and jails **to end the practice of shackling pregnant people**.

2. Provide funding for federal, state, and local prisons and jails to establish programs for pregnant and postpartum women in their facilities, including access to support for **doulas and other perinatal health workers, counseling, reentry assistance, maternal-infant bonding opportunities, and diversionary programs to prevent incarceration for pregnant and postpartum people.**

3. Commission a **comprehensive study on maternal mortality and severe maternal morbidity among incarcerated people**, with a particular focus on racial and ethnic disparities in maternal health outcomes.

4. Study the **negative health implications of Medicaid coverage termination** for incarcerated mothers.

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[1] Sufrin, Beal, Clarke, Jones, & Mosher: Pregnancy Outcomes in US Prisons, 2016-2017
[2] Ibid.

Justice for Incarcerated Moms Act

Representative Ayanna Pressley

Senator Cory Booker

ORIGINAL COSPONSORS

The **Justice for Incarcerated Moms Act** is cosponsored by Representatives Lauren Underwood; Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; and Terri A. Sewell.

ENDORSEMENTS

The **Justice for Incarcerated Moms Act** is endorsed by more than 160 organizations, listed here.

Tech to Save Moms Act

Representative Eddie Bernice Johnson
Senator Bob Menendez

BACKGROUND

The Centers for Medicare and Medicaid Services (CMS) has offered several recommendations to leverage the use of telehealth to improve maternal health outcomes, including expanding remote patient monitoring and promoting virtual training and capacity building models.[1] Digital tools are not the only solution to America's maternal health crisis, but they can play an important role in addressing specific challenges facing patients and providers, particularly in underserved areas.

The **Tech to Save Moms Act**, led by Representative Eddie Bernice Johnson (TX-32) and Senator Bob Menendez (D-NJ), makes investments to promote the integration and development of telehealth and other digital tools to reduce maternal mortality and severe maternal morbidity, and close racial and ethnic gaps in maternal health outcomes.

BILL SUMMARY

The **Tech to Save Moms Act** will:

1. Require the Center for Medicare & Medicaid Innovation to consider models that improve the **integration of telehealth services in maternal health care**.

2. Provide funding for **technology-enabled collaborative learning and capacity building models** that will develop and disseminate instructional programming and training for maternity care providers in underserved areas. Grants can be used to ensure access to high-speed, reliable internet for grantees. The models will cover topics such as:

   ➢ Safety and quality improvement.

   ➢ Trainings on implicit bias and racism.

   ➢ Best practices in screening for and treating maternal mental health conditions and substance use disorders.

   ➢ Identifying social determinants of health risks in the prenatal and postpartum periods.

   ➢ The use of remote patient monitoring tools for common complications in pregnancy and after delivery.

3. Establish a grant program to promote **digital tools designed to address racial and ethnic disparities in maternal health outcomes,** particularly in underserved communities.

4. Study the use of **new technologies, like artificial intelligence,** in maternal health care to prevent racial and ethnic biases from being built into maternity care innovations.

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[1] Centers for Medicare and Medicaid Services: Improving Access to Maternal Health Care in Rural Communities

Tech to Save Moms Act

Representative Eddie Bernice Johnson

Senator Bob Menendez

ORIGINAL COSPONSORS

The **Tech to Save Moms Act** is cosponsored by Representatives Lauren Underwood; Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; and Terri A. Sewell.

ENDORSEMENTS

The **Tech to Save Moms Act** is endorsed by more than 160 organizations, listed here.

IMPACT to Save Moms Act

Representative Jan Schakowsky

Senator Bob Casey

BACKGROUND

Maternity care payment models can significantly impact outcomes for moms and babies. Recognizing the potential for innovative payment models in improving outcomes, the Centers for Medicare & Medicaid Services (CMS) announced the Strong Start for Mothers and Newborn Initiative in 2012[1] and the Maternal Opioid Misuse (MOM) Model in 2018.[2] States have also taken steps towards alternative maternity care payment models that promote optimal and equitable birth outcomes. The **IMPACT to Save Moms Act**, led by Representative Jan Schakowsky (IL-09) and Senator Bob Casey (D-PA) establishes a new CMS Innovation Center demonstration project to promote equity and quality in maternal health outcomes for moms covered by Medicaid.

The bill also promotes continuity of health insurance coverage for moms from the start of their pregnancies through the entire yearlong postpartum period and beyond. Leading maternal health care researchers have written that "continuous insurance coverage is critical for ensuring that women have access to timely diagnosis, monitoring, and treatment before, during, and after pregnancy."[3] The **IMPACT to Save Moms Act** recognizes that the way we pay for maternity care will affect maternal health outcomes: we must promote equity and demand excellent results on behalf of every mom.

BILL SUMMARY

The **IMPACT to Save Moms Act** will:

1. Create an innovative **perinatal care alternative payment model demonstration project** to address clinical and non-clinical factors in payments for maternity care. The project will be developed in coordination with a diverse group of stakeholders and will focus on directly addressing racial and ethnic disparities in maternal health outcomes.

2. Develop strategies for ensuring **continuity of health insurance coverage** for pregnant and postpartum people, including consideration of:

   ➢ **Presumptive eligibility** for Medicaid/CHIP when a pregnant person's application for such programs is being processed.

   ➢ **Automatic reenrollment** in Medicaid/CHIP for birthing people who remain eligible for coverage after pregnancy.

   ➢ Measures to **prevent any disruptions in coverage** during pregnancy, labor and delivery, and up to one year postpartum.

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[1] CMS: Strong Start for Mothers and Newborns Initiative
[2] CMS: CMS model addresses opioid misuse among expectant and new mothers
[3] Daw, Kozhimannil, & Admon: High Rates of Perinatal Insurance Churn Persist After The ACA

IMPACT to Save Moms Act

Representative Jan Schakowsky

Senator Bob Casey

ORIGINAL COSPONSORS

The **IMPACT to Save Moms Act** is cosponsored by Representatives Lauren Underwood; Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Karen Bass; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; and Terri A. Sewell.

ENDORSEMENTS

The **IMPACT to Save Moms Act** is endorsed by more than 160 organizations, listed here.

Maternal Health Pandemic Response Act

Senator Elizabeth Warren

Representative Lauren Underwood

BACKGROUND

Even before COVID-19, the United States had the highest maternal mortality rate in the developed world and significant racial and ethnic disparities in outcomes.[1] The pandemic threatens to worsen this crisis and exacerbate these disparities, underscoring the need for policies to directly address the unique risks for and effects of coronavirus infection during and after pregnancy. Recent data from the Centers for Disease Control and Prevention show "pregnant women were at significantly higher risk for severe [COVID-19-associated] outcomes compared with nonpregnant women" and "Black women experienced a disproportionate number of deaths."[2]

The **Maternal Health Pandemic Response Act**, led by Senator Elizabeth Warren (D-MA) and Representative Lauren Underwood (IL-14) makes targeted investments to advance safe and respectful maternity care and improve data collection, surveillance, and research on maternal health outcomes during the COVID-19 pandemic and beyond.

BILL SUMMARY

The **Maternal Health Pandemic Response Act** will:

1. Authorize robust funding for existing federal programs that support **maternal and infant health surveillance, data collection, and research during public health emergencies like COVID-19**: the Surveillance for Emerging Threats to Mothers and Babies Program, ERASE MM Program, PRAMS, and National Institute of Child Health and Human Development.

2. **Require COVID-19 data collection to be disaggregated by pregnancy status** to ensure that we have the data necessary to fully understand the risks for and effects of COVID-19 in pregnant and postpartum people.

3. Ensure **COVID-19 treatments and vaccines are safe and effective for pregnant people** and lactating people.

4. Launch a **public health education effort** to share important COVID-19 information for pregnant people, their employers, and their health care providers.

5. Establish a **task force on birthing experiences and safe, respectful maternity care** during the COVID-19 public health emergency and future infectious disease outbreaks.

6. Commission a comprehensive study on **maternal health and public health emergency preparedness.**

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[1] https://orwh.od.nih.gov/sites/orwh/files/docs/ORWH_MMM_Booklet_508C.pdf
[2] https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm?s_cid=mm6944e3_w

Maternal Health Pandemic Response Act

Senator Elizabeth Warren

Representative Lauren Underwood

ORIGINAL COSPONSORS

The **Maternal Health Pandemic Response Act** is cosponsored by Representatives Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; Chrissy Houlahan; and Terri A. Sewell.

ENDORSEMENTS

The **Maternal Health Pandemic Response Act** is endorsed by more than 160 organizations, listed here.

Protecting Moms and Babies Against Climate Change Act
Representative Lauren Underwood
Senator Ed Markey

BACKGROUND

Research assessing more than 32 million births in the U.S. found that "exacerbation of air pollution and heat exposure related to climate change may be significantly associated with risk to pregnancy outcomes in the US" and the "subpopulations at highest risk were…minority groups, especially [Black] mothers."[1] The **Protecting Moms and Babies Against Climate Change Act**, led by Representative Lauren Underwood (IL-14) & Senator Ed Markey (D-MA) will address these climate change-related risks, making robust investments in initiatives to reduce levels of and exposure to extreme heat, air pollution, and other environmental threats to pregnant people, new moms, and their infants.

BILL SUMMARY

The **Protecting Moms and Babies Against Climate Change Act** will:

1. Invest in **community-based programs to identify climate change-related risks for pregnant and postpartum people and their infants, provide supports to those patients, and mitigate levels of and exposure to those risks**, particularly in communities of color. This funding supports initiatives such as:
    ➢ Providing **training to health care providers** to be able to identify climate change-related risks for patients;
    ➢ **Supporting doulas, community health workers, and other perinatal health workers** who can identify climate change-related risks and support patients;
    ➢ Providing patients with air **conditioning units, appliances, filtration systems, weatherization support, and direct financial assistance**;
    ➢ Providing support, including housing and transportation assistance, for patients who face the risk of **extreme weather events** like hurricanes, wildfires, and droughts;
    ➢ Promoting **community forestry initiatives** and tree canopy covers;
    ➢ Improving **infrastructure and blacktop surfaces**; and
    ➢ Improving **monitoring systems and data sharing** for climate change-related risks.

2. **Provide funding to health professional schools** to prepare future nurses, doctors, and other health care workers to address climate climate-related risks for patients.

3. Establish an **NIH consortium to advance research on climate change and maternal & infant health.**

4. Design a program to **identify and designate climate change risk zones** for pregnant and postpartum people and their babies.

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[1] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2767260

Protecting Moms and Babies Against Climate Change Act

Representative Lauren Underwood

Senator Ed Markey

ORIGINAL COSPONSORS

The **Protecting Moms and Babies Against Climate Change Act** is cosponsored by Representatives Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Dwight Evans; Lisa Blunt Rochester; Kathy Castor; and Terri A. Sewell.

ENDORSEMENTS

The **Protecting Moms and Babies Against Climate Change Act** is endorsed by the Children's Environmental Health Network; Climate Health Now; Environmental Defense Fund; League of Conservation Voters; Moms Clean Air Force; Public Health Advisory Council, Climate Action Campaign; and more than 160 other organizations, listed here.

Maternal Vaccination Act

Representative Terri A. Sewell

Senator Tim Kaine

BACKGROUND

Maternal vaccinations are important for the health of both moms and babies.[1] However, only half of pregnant people get their flu vaccines and less than half get Tdap vaccinations to protect against pertussis.[2] With pertussis on the rise and outbreaks occurring across the United States,[3] we need to invest in initiatives to promote maternal immunizations and address racial and ethnic disparities in maternal vaccination rates. Currently, white adults have higher vaccination coverage than Black, Hispanic, Asian, and Native American adults.[4]

The **Maternal Vaccination Act**, led by Representative Terri A. Sewell (AL-07) and Senator Tim Kaine (D-VA), provides funding for programs to increase maternal vaccination rates, protecting both new moms and their babies.

BILL SUMMARY

The **Maternal Vaccination Act** will:

1. Provide funding for a **national campaign to raise awareness about maternal vaccinations, and increase maternal vaccination rates,** particularly for pregnant people from communities with historically low vaccination rates. This includes funding for:

   ➢ Engaging with birthing people in underserved communities to develop maternal vaccination campaigns and assess their effectiveness;

   ➢ Providing evidence-based, culturally congruent resources; and

   ➢ Building partnerships with community-based organizations, community health centers, maternity care providers, perinatal health workers, and other trusted local leaders.

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[1] https://www.cdc.gov/pertussis/pregnant/hcp/rationale-vacc-pregnant-women.html
[2] https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/maternal-vaccination-coverage.html
[3] https://www.cdc.gov/pertussis/pregnant/hcp/rationale-vacc-pregnant-women.html
[4] https://www.cdc.gov/flu/fluvaxview/coverage-1819estimates.htm

Maternal Vaccination Act

Representative Terri A. Sewell

Senator Tim Kaine

ORIGINAL COSPONSORS

The **Maternal Vaccination Act** is cosponsored by Representatives Lauren Underwood; Alma S. Adams; Ro Khanna; Nydia M. Velázquez; Lucy McBath; Adam Smith; Mary Gay Scanlon; Al Lawson; Jahana Hayes; G. K. Butterfield; Gwen Moore; Marilyn Strickland; Tim Ryan; Adam B. Schiff; Hank Johnson; Steven Horsford; Debbie Wasserman Schultz; Nanette Diaz Barragán; Ted Deutch; Donald M. Payne, Jr.; Earl Blumenauer; Seth Moulton; Darren Soto; Jerrold Nadler; David Trone; Yvette D. Clarke; Jan Schakowsky; Karen Bass; Ayanna Pressley; Dwight Evans; Lisa Blunt Rochester; and Kathy Castor.

ENDORSEMENTS

The **Maternal Vaccination Act** is endorsed by more than 160 organizations, listed here.