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 for all women, the crisis is most severe for Black moms, who are dying at 3 to 4 times the rate of their white counterparts. To address the maternal health crisis in America, Congressional leaders have been fighting for critically important policies like 12-month postpartum Medicaid coverage, investments in rural maternal health, promotion of midwifery, and the implementation of implicit bias trainings for maternity care providers.

To build on this work, Congresswoman Lauren Underwood, Congresswoman Alma Adams, and members of the Black Maternal Health Caucus are introducing the Black Maternal Health Momnibus. The Black Maternal Health Momnibus will fill gaps in existing legislation to comprehensively address every dimension of the Black maternal health crisis in America. The time to end preventable maternal mortality and close racial and ethnic disparities in outcomes is long overdue. Join us in taking urgent action to save our moms.

The Black Maternal Health Momnibus is composed of nine individual bills sponsored by BMHC 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 for Black women.
3. Comprehensively study the unique maternal health risks facing women veterans and invest in VA maternity care coordination.
4. Grow and diversify the perinatal workforce to ensure that every mom in America receives maternity care and support from people she can trust.
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. Invest in maternal mental health care and substance use disorder treatments.
7. Improve maternal health care and support for incarcerated women.
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 health insurance coverage from pregnancy through labor and delivery and up to 1 year postpartum.

For more information, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov.
Social Determinants for Moms Act

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 women, who are more than three times as likely to die from pregnancy-related causes than 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 and advances critical research on 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 women.
2. Provide federal guidance on the use of Medicaid funding to address social determinants of health for pregnant and postpartum women.
3. Establish a Housing for Moms task force at the Department of Housing and Urban Development to ensure that pregnant and postpartum women have access to safe, stable, affordable, and adequate housing.
4. Study the transportation barriers that prevent women from attending prenatal and postpartum appointments and accessing important social services.
5. Extend WIC eligibility periods for new moms so that women can continue to access nutritious foods, information on healthy eating, and health care referrals when they need them most.
6. Provide funding to establish and scale programs that deliver nutritious food, infant formula, and clean water to pregnant and postpartum women in food deserts.
7. Study the effects of air and water pollution on maternal and infant health outcomes and make recommendations for steps to end racial and ethnic disparities.
8. Develop strategies and provide funding to support free, drop-in child care access for women who need it when they have to attend prenatal and postpartum appointments.
9. Provide grants to state, local, and tribal public health departments to address unique social determinants of health needs in their communities.

CONTACT

For more information or to cosponsor the bill, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov or Michael Williams in Rep. McBath’s office at Michael.Williams3@mail.house.gov.

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
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 women in the United States is disturbing, it is not hopeless: in communities all across the country, there are Black women-led 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 the Black community by funding community-based organizations that are leading the charge to protect moms. The bill also supports bias and racism training programs, research, and the establishment of Respectful Maternity Care Compliance Offices to address bias and racism, and to promote accountability in maternity care settings.

The Kira Johnson Act will:

1. Provide funding for community-based organizations – particularly organizations led by Black women – to improve Black maternal health outcomes through programs that:

   ➢ Support women with maternal mental health conditions and substance use disorders.
   ➢ Address social determinants of health like housing, transportation, and nutrition.
   ➢ Promote health literacy and education in the prenatal and postpartum periods.
   ➢ Provide support from doulas and other perinatal health workers throughout pregnancy and up to one year after birth.

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 Offices 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.

For more information or to cosponsor the bill, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov or Kichelle Webster in Rep. Adams’ office at Kichelle.Webster@mail.house.gov.

1 Centers for Disease Control and Prevention: Racial/Ethnic Disparities in Pregnancy-Related Deaths
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. Women are currently the fastest-growing group within the veteran population. 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. Yet despite the growing attention that America’s maternal health crisis is receiving, little is known about adverse maternal health outcomes among women veterans.

The Protecting Moms Who Served Act will commission the first-ever comprehensive study of the scope of America’s maternal health crisis among women veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes. It will also make critical investments in maternity care coordination for women veterans at Department of Veterans Affairs (VA) facilities so that moms who served can get the care they have earned.

1. Invest in maternity care coordination at VA facilities, including:
   - 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 women 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 women 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 women veterans. This includes women veterans who have coverage through VA, their employers or other private insurance plans, Tricare, and Medicaid.

For more information or to cosponsor the bill, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov.

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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
In the last 25 years, while pregnancy-related mortality ratios fell 44 percent around the world, the American maternal mortality rate actually 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. 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.

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 specifically. More than one-third of U.S. counties are “maternity care deserts,” with no hospitals offering obstetric care and zero obstetric providers. 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.

One solution to this glaring shortage is to grow and diversify the perinatal health workforce. The Perinatal Workforce Act establishes grant programs to increase the number of maternity care providers and other perinatal health workers who offer culturally congruent support to women throughout their pregnancies, labor and delivery, and the postpartum period. We must ensure that no matter where a mom lives, she can receive quality care and support from people she trusts.

The Perinatal Workforce Act will:

1. Call on the Secretary of Health and Human Services to (1) provide guidance to states on the promotion of diverse maternity care teams and (2) to study how culturally congruent maternity care promotes better outcomes for moms, especially minority women.

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 like doulas, community health workers, and peer supporters who moms can trust throughout their pregnancies, labor and delivery, and the postpartum period.

3. Study the barriers that prevent women – particularly low-income and minority women – from entering maternity care professions.

For more information or to cosponsor the bill, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov or Talia Rosen in Rep. Moore’s office at Talia.Rosen@mail.house.gov.

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
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 responds to the urgent maternal health crisis among Native American women, the only racial or ethnic group with a disparity in outcomes that is comparable to Black women. 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.

The Data to Save Moms Act will:

1. Promote greater diversity and community engagement in state and Tribal maternal mortality review committees.

2. Establish a Task Force on Maternal Health Data and Quality Measures, which will consider issues such as:
   - The extent to which states have implemented systematic processes of listening to the stories of pregnant and postpartum women and their family members.
   - The extent to which data are sufficiently stratified by race and ethnicity in the context of maternity care quality measures.
   - The extent to which quality measures consider subjective measures of patient-reported experience of care.

3. Commission a comprehensive study on maternal mortality and severe maternal morbidity among Native American women.

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

For more information or to cosponsor the bill, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov or Kate Rohr in Rep. Davids’ office at Kate.Rohr@mail.house.gov.

1 Centers for Disease Control and Prevention: Racial/Ethnic Disparities in Pregnancy-Related Deaths
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 from the Center for American Progress found that maternal mental health issues among Black women “are largely underreported and symptoms often go unaddressed.”⁴

The Moms MATTER Act will address critical maternal mental and behavioral health care issues, including substance use disorders, with a particular focus on minority women. The bill also promotes innovative programs that have already developed a strong evidence base in improving outcomes for women throughout their pregnancies and up to one year postpartum.

The Moms MATTER Act will:

1. Establish a Maternal Mental and Behavioral Health Task Force to improve mental and behavioral health outcomes for women throughout pregnancy and up to one year postpartum.

2. Establish grant programs to promote innovative approaches to improving maternal health outcomes with a particular focus on maternal mental health and substance use disorder for minority women, including:
   - Group prenatal and postpartum care models
   - Collaborative maternity care models
   - Clinics offering wraparound services to women with substance use disorders
   - Programs at freestanding birth centers
   - Programs such as phone hotlines to connect maternity care providers with mental and behavioral health specialists.

For more information or to cosponsor the bill, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov or Naomi Plasky in Rep. Kennedy’s office at Naomi.Plasky@mail.house.gov.

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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 Center for American Progress: Exploring African American’ High Maternal and Infant Death Rates
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. 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.” The threat is particularly acute for Black women, who are imprisoned at twice the rate of white women.

The Justice for Incarcerated Moms Act provides funding to promote exemplary care for pregnant and postpartum women who are incarcerated. The bill also commissions a comprehensive study to understand the scope of the maternal health crisis among incarcerated women 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 women while they are pregnant to end the practice of shackling.

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 women.
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 women.
3. Commission a comprehensive study on maternal mortality and severe maternal morbidity among incarcerated women, 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.

For more information or to cosponsor the bill, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov or Lynese Wallace in Rep. Pressley’s office at Lynese.Wallace@mail.house.gov.

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1 Sufrin, Beal, Clarke, Jones, & Mosher: *Pregnancy Outcomes in US Prisons, 2016-2017*
2 Sufrin, Beal, Clarke, Jones, & Mosher: *Pregnancy Outcomes in US Prisons, 2016-2017*
The Centers for Medicare and Medicaid Services (CMS) have 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 a significant role in addressing specific challenges facing patients and providers, particularly in underserved areas. The **Tech to Save Moms Act** 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. These models will cover topics such as:
   - Alliance for Innovation on Maternal Health (AIM) safety and quality improvement bundles.
   - Trainings on implicit and explicit bias, racism, and discrimination.
   - 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 improve maternal health outcomes for minority women**.

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

### Contact

For more information or to cosponsor the bill, contact Jack DiMatteo in Rep. Underwood’s office at Jack.DiMatteo@mail.house.gov or Tonia Wu in Rep. Johnson’s office at Tonia.Wu@mail.house.gov.

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\(^1\) Centers for Medicare and Medicaid Services: [Improving Access to Maternal Health Care in Rural Communities](#)
Maternity care payment models can play an important role in influencing 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 payment models that promote value and optimal birth outcomes in the delivery of maternal health care. The **IMPACT to Save Moms Act** establishes a new CMS Innovation Center demonstration project to transform maternity care delivery.

The bill also promotes continuity of health insurance coverage for moms from the start of their pregnancies through the entire yearlong postpartum period. 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 need to promote value 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 improving maternal health outcomes for minority women.

2. Develop strategies for ensuring continuity of health insurance coverage for women throughout their pregnancies and up to one year postpartum. This includes consideration of:
   - **Presumptive eligibility** for Medicaid/CHIP when a pregnant woman’s application for such programs is being processed.
   - **Automatic reenrollment** in Medicaid/CHIP for women 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.

### CONTACT

To learn more or cosponsor the bill, contact Jack DiMatteo in the office of Rep. Underwood (Jack.DiMatteo@mail.house.gov) or Osaremen Okolo with Rep. Schakowsky’s office at Osaremen.Okolo@mail.house.gov.

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\(^1\) CMS: [Strong Start for Mothers and Newborns Initiative](https://www.cms.gov/Medicaid/)

\(^2\) CMS: [CMS model addresses opioid misuse among expectant and new mothers](https://www.cms.gov/)

\(^3\) Daw, Kozhimannil, & Admon: [High Rates of Perinatal Insurance Churn Persist After The ACA](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7386285/)