

118TH CONGRESS  
1ST SESSION

# H. R. 3322

To address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2023

Mrs. HAYES (for herself, Ms. UNDERWOOD, Mr. AGUILAR, Mr. ALLRED, Ms. BARRAGÁN, Mrs. BEATTY, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BROWNLEY, Ms. BUDZINSKI, Ms. BUSH, Ms. CARAVEO, Mr. CARBAJAL, Mr. CARSON, Mr. CARTER of Louisiana, Mrs. CHERFILUS-McCORMICK, Ms. CLARKE of New York, Mr. COHEN, Mr. CLEAVER, Ms. CRAIG, Ms. CROCKETT, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. ESCOBAR, Mr. ESPAILLAT, Mr. EVANS, Mrs. FOUSHEE, Mr. GARAMENDI, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GREEN of Texas, Mr. HORSFORD, Mr. HUFFMAN, Mr. IVEY, Mr. JACKSON of Illinois, Ms. JACKSON LEE, Ms. JACOBS, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. KAMLAGER-DOVE, Mr. KRISHNAMOORTHY, Ms. KUSTER, Ms. LEE of California, Mr. LIEU, Ms. LOFGREN, Mrs. MCBATH, Mrs. McCLELLAN, Ms. McCOLLUM, Mr. MCGOVERN, Mr. MEEKS, Ms. MENG, Mr. MFUME, Mr. MORELLE, Ms. MOORE of Wisconsin, Mr. MOULTON, Mr. MRVAN, Mr. MULLIN, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. OCASIO-CORTEZ, Mr. PAPPAS, Mr. PAYNE, Mr. PHILLIPS, Ms. PORTER, Ms. PRESSLEY, Mr. RUPPERSBERGER, Ms. SALINAS, Ms. SCANLON, Mr. SCHIFF, Mr. SCHNEIDER, Ms. SCHOLTEN, Mr. DAVID SCOTT of Georgia, Ms. SEWELL, Mr. SMITH of Washington, Mr. SOTO, Ms. SPANBERGER, Ms. STANSBURY, Mrs. SYKES, Mr. TAKANO, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Mrs. TORRES of California, Mrs. TRAHAN, Mr. TRONE, Mr. VARGAS, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Ms. WEXTON, Ms. WILLIAMS of Georgia, Mr. PASCRELL, Ms. DELBENE, and Mr. LYNCH) introduced the following bill; which was referred to the Committee on Energy and Commerce

# A BILL

To address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities, 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 “Social Determinants  
5 for Moms Act”.

6 **SEC. 2. TASK FORCE TO ADDRESS THE UNITED STATES MA-**  
7 **TERNAL HEALTH CRISIS.**

8       (a) IN GENERAL.—The Secretary of Health and  
9 Human Services shall convene a task force (in this section  
10 referred to as the “Task Force”) to develop strategies and  
11 coordinate efforts between Federal agencies and other  
12 stakeholders to eliminate preventable maternal mortality,  
13 severe maternal morbidity, and maternal health disparities  
14 in the United States, including actions to address clinical  
15 and nonclinical causes of maternal mortality, severe ma-  
16 ternal morbidity, and maternal health disparities.

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

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

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

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

5           (4) The Secretary of Agriculture (or a designee  
6           thereof).

7           (5) The Secretary of Labor (or a designee  
8           thereof).

9           (6) The Administrator of the Environmental  
10          Protection Agency (or a designee thereof).

11          (7) The Assistant Secretary for the Administra-  
12          tion for Children and Families (or a designee there-  
13          of).

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

16          (9) The Director of the Indian Health Service  
17          (or a designee thereof).

18          (10) The Director of the National Institutes of  
19          Health (or a designee thereof).

20          (11) The Director of the Eunice Kennedy  
21          Shriver National Institute of Child Health and  
22          Human Development (or a designee thereof).

23          (12) The Administrator of the Health Re-  
24          sources and Services Administration (or a designee  
25          thereof).

1           (13) The Deputy Assistant Secretary for Minor-  
2           ity Health of the Department of Health and Human  
3           Services (or a designee thereof).

4           (14) The Deputy Assistant Secretary for Wom-  
5           en’s Health of the Department of Health and  
6           Human Services (or a designee thereof).

7           (15) The Director of the Centers for Disease  
8           Control and Prevention (or a designee thereof).

9           (16) The Director of the Office on Violence  
10          Against Women at the Department of Justice (or a  
11          designee thereof).

12          (c) APPOINTED MEMBERS.—In addition to the ex  
13          officio members of the Task Force, the Secretary of  
14          Health and Human Services may appoint the following  
15          members of the Task Force:

16               (1) Representatives of patients, to include—

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

19                       (B) a representative of patients who is a  
20                       family member of an individual who suffered a  
21                       pregnancy-related death.

22               (2) Leaders of community-based organizations  
23               that address maternal mortality, severe maternal  
24               morbidity, and maternal health with a specific focus  
25               on racial and ethnic disparities. In appointing such

1 leaders under this paragraph, the Secretary of  
2 Health and Human Services shall give priority to in-  
3 dividuals who are leaders of organizations led by in-  
4 dividuals from demographic groups with elevated  
5 rates of maternal mortality, severe maternal mor-  
6 bidity, maternal health disparities, or other adverse  
7 perinatal or childbirth outcomes.

8 (3) Perinatal health workers.

9 (4) A professionally and geographically diverse  
10 panel of maternity care providers.

11 (5) Other maternal health stakeholders outside  
12 of the Federal Government with expertise in mater-  
13 nal health, including social determinants of maternal  
14 health.

15 (d) CHAIR.—The Secretary of Health and Human  
16 Services shall select the chair of the Task Force from  
17 among the members of the Task Force.

18 (e) TOPICS.—In developing strategies coordinating  
19 efforts between Federal agencies and other stakeholders  
20 to eliminate preventable maternal mortality, severe mater-  
21 nal morbidity, and maternal health disparities in the  
22 United States under this section, the Task Force may ad-  
23 dress topics such as—

24 (1) addressing barriers that prevent individuals  
25 from attending prenatal and postpartum appoint-

1       ments, accessing maternal health care services, or  
2       accessing services and resources related to social de-  
3       terminants of maternal health;

4           (2) increasing access to safe, stable, affordable,  
5       and adequate housing for pregnant and postpartum  
6       individuals and their families;

7           (3) delivering healthy food, infant formula,  
8       clean water, diapers, or other perinatal necessities to  
9       pregnant and postpartum individuals located in  
10      areas that are food deserts;

11          (4) addressing the impacts of water and air  
12      quality, exposure to extreme temperatures, environ-  
13      mental chemicals, environmental risks in the work-  
14      place and the home, and pollution levels, on mater-  
15      nal and infant health outcomes;

16          (5) offering free and accessible drop-in  
17      childcare services during prenatal and postpartum  
18      appointments;

19          (6) addressing the clinical and nonclinical needs  
20      of postpartum individuals and their families for the  
21      duration of the postpartum period;

22          (7) engaging with nongovernmental entities to  
23      address social determinants of maternal health, in-  
24      cluding through public-private partnerships;

1           (8) addressing the impact of domestic or inti-  
2           mate partner violence on maternal health outcomes;  
3           and

4           (9) other topics determined by the chair of the  
5           Task Force.

6           (f) REPORT.—Not later than 2 years after the date  
7 of enactment of this Act, and every year thereafter, the  
8 Task Force shall submit to Congress and make publicly  
9 available on the website of the Department of Health and  
10 Human Services a report—

11           (1) describing the Task Force’s efforts to de-  
12           velop strategies and coordinate efforts between Fed-  
13           eral agencies and other stakeholders to eliminate  
14           preventable maternal mortality, severe maternal  
15           morbidity, and maternal health disparities in the  
16           United States;

17           (2) providing an overview of actions taken by  
18           each member of the Task Force listed under sub-  
19           section (b) to eliminate preventable maternal mor-  
20           tality, severe maternal morbidity, and maternal  
21           health disparities in the United States;

22           (3) providing recommendations on Federal  
23           funding amounts and authorities needed to imple-  
24           ment strategies developed by the Task Force to  
25           eliminate preventable maternal mortality, severe ma-

1 ternal morbidity, and maternal health disparities in  
2 the United States;

3 (4) providing recommendations on actions that  
4 stakeholders outside of the Federal Government can  
5 take to eliminate preventable maternal mortality, se-  
6 vere maternal morbidity, and maternal health dis-  
7 parities in the United States; and

8 (5) addressing other topics as determined by  
9 the chair of the Task Force.

10 (g) TERMINATION.—Section 1013 of title 5, United  
11 States Code, shall not apply to the Task Force with re-  
12 spect to termination.

13 **SEC. 3. SUSTAINED FUNDING TO ADDRESS SOCIAL DETER-**  
14 **MINANTS OF MATERNAL HEALTH.**

15 (a) IN GENERAL.—The Secretary of Health and  
16 Human Services (in this section referred to as the “Sec-  
17 retary”) shall award grants to eligible entities to address  
18 social determinants of maternal health to eliminate mater-  
19 nal mortality, severe maternal morbidity, and maternal  
20 health disparities.

21 (b) ELIGIBLE ENTITIES.—In this section, the term  
22 “eligible entity” means—

23 (1) a community-based organization, Indian  
24 Tribe or Tribal organization, or Urban Indian orga-  
25 nization;



1           (2) a public health department or nonprofit or-  
2           ganization working with an entity listed in para-  
3           graph (1); or

4           (3) a consortium of entities listed in paragraph  
5           (1) or (2) that includes at minimum one entity listed  
6           in paragraph (1).

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

12          (d) PRIORITIZATION.—In awarding grants under  
13          subsection (a), the Secretary shall give priority to an eligi-  
14          ble entity that is operating in an area with—

15                 (1) high rates of maternal mortality, severe ma-  
16                 ternal morbidity, maternal health disparities, or  
17                 other adverse perinatal or childbirth outcomes; and

18                 (2) a high poverty rate.

19          (e) ACTIVITIES.—An eligible entity that receives a  
20          grant under this section may use the grant to address so-  
21          cial determinants of maternal health such as—

22                 (1) housing;

23                 (2) transportation;

24                 (3) nutrition;

- 1           (4) employment, workplace conditions, and  
2 other economic factors;  
3           (5) environmental conditions;  
4           (6) intimate partner violence; and  
5           (7) other nonclinical factors that impact mater-  
6 nal health outcomes.

7           (f) TECHNICAL ASSISTANCE.—The Secretary shall  
8 provide to grant recipients under this section technical as-  
9 sistance to plan for sustaining programs to address social  
10 determinants of maternal health after the period of the  
11 grant.

12           (g) REPORTING.—

13           (1) GRANTEES.—Not later than 1 year after an  
14 eligible entity first receives a grant under this sec-  
15 tion, and annually thereafter, an eligible entity shall  
16 submit to the Secretary, and make publicly available,  
17 a report on the status of activities conducted using  
18 the grant. Each such report shall include data on  
19 the effects of such activities, disaggregated by race,  
20 ethnicity, gender, primary language, geography, so-  
21 cioeconomic status, and other relevant factors.

22           (2) SECRETARY.—Not later than the end of fis-  
23 cal year 2028, the Secretary shall submit to Con-  
24 gress a report that includes—

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

3 (B) recommendations for future Federal  
4 grant allocations to address social determinants  
5 of maternal health.

6 (h) AUTHORIZATION OF APPROPRIATIONS.—There is  
7 authorized to be appropriated to carry out this section  
8 \$100,000,000 for each of fiscal years 2024 through 2028.

9 **SEC. 4. DEFINITIONS.**

10 In this Act:

11 (1) MATERNAL MORTALITY.—The term “mater-  
12 nal mortality” means a death occurring during or  
13 within a 1-year period after pregnancy, caused by  
14 pregnancy-related or childbirth complications, in-  
15 cluding a suicide, overdose, or other death resulting  
16 from a mental health or substance use disorder at-  
17 tributed to or aggravated by pregnancy-related or  
18 childbirth complications.

19 (2) MATERNITY CARE PROVIDER.—The term  
20 “maternity care provider” means a health care pro-  
21 vider who—

22 (A) is a physician, a physician assistant, a  
23 midwife who meets, at a minimum, the inter-  
24 national definition of a midwife and global  
25 standards for midwifery education as estab-

1 lished by the International Confederation of  
2 Midwives, an advanced practice registered  
3 nurse, or a lactation consultant certified by the  
4 International Board of Lactation Consultant  
5 Examiners; and

6 (B) has a focus on maternal or perinatal  
7 health.

8 (3) PERINATAL HEALTH WORKER.—The term  
9 “perinatal health worker” means a nonclinical health  
10 worker focused on maternal or perinatal health, such  
11 as a doula, community health worker, peer sup-  
12 porter, lactation educator or counselor, nutritionist  
13 or dietitian, childbirth educator, social worker, home  
14 visitor, patient navigator or coordinator, or language  
15 interpreter.

16 (4) POSTPARTUM AND POSTPARTUM PERIOD.—  
17 The terms “postpartum” and “postpartum period”  
18 refer to the 1-year period beginning on the last day  
19 of the pregnancy of an individual.

20 (5) PREGNANCY-RELATED DEATH.—The term  
21 “pregnancy-related death” means a death of a preg-  
22 nant or postpartum individual that occurs during, or  
23 within 1 year following, the individual’s pregnancy,  
24 from a pregnancy complication, a chain of events  
25 initiated by pregnancy, or the aggravation of an un-

1 related condition by the physiologic effects of preg-  
2 nancy.

3 (6) SEVERE MATERNAL MORBIDITY.—The term  
4 “severe maternal morbidity” means a health condi-  
5 tion, including mental health conditions and sub-  
6 stance use disorders, attributed to or aggravated by  
7 pregnancy or childbirth that results in significant  
8 short-term or long-term consequences to the health  
9 of the individual who was pregnant.

10 (7) SOCIAL DETERMINANTS OF MATERNAL  
11 HEALTH DEFINED.—The term “social determinants  
12 of maternal health” means nonclinical factors that  
13 impact maternal health outcomes.

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