

117TH CONGRESS
1ST SESSION

H. R. 4916

To study the extent to which individuals are more at risk of maternal mortality or severe maternal morbidity as a result of being a victim of intimate partner violence, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 3, 2021

Ms. MOORE of Wisconsin (for herself, Ms. UNDERWOOD, Ms. ADAMS, and Ms. KUSTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To study the extent to which individuals are more at risk of maternal mortality or severe maternal morbidity as a result of being a victim of intimate partner violence, 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 “Protect Moms From
5 Domestic Violence Act”.

1 **SEC. 2. STUDY BY DEPARTMENT OF HEALTH AND HUMAN**
2 **SERVICES.**

3 (a) **STUDY.**—The Secretary, in collaboration with the
4 Health Resources and Services Administration, the Sub-
5 stance Abuse and Mental Health Services Administration,
6 and the Administration for Children and Families, and in
7 consultation with the Attorney General of the United
8 States, the Director of the Indian Health Service, and
9 stakeholders (including community-based organizations,
10 culturally specific organizations, and Tribal public health
11 authorities), shall conduct a study on the extent to which
12 individuals are more at risk of maternal mortality or se-
13 vere maternal morbidity as a result of being a victim of
14 domestic violence, dating violence, sexual assault, stalking,
15 human trafficking, sex trafficking, child sexual abuse, or
16 forced marriage.

17 (b) **REPORTS.**—Not later than 2 years after the date
18 of enactment of this Act, the Secretary shall complete the
19 study under subsection (a) and submit a report to the
20 Congress on the results of such study. Such report shall
21 include—

22 (1) an analysis of the extent to which domestic
23 violence, dating violence, sexual assault, stalking,
24 human trafficking, sex trafficking, child sexual
25 abuse, and forced marriage contribute to, or result
26 in, maternal mortality;

1 (2) an analysis of the impact of domestic vio-
2 lence, dating violence, sexual assault, stalking,
3 human trafficking, sex trafficking, child sexual
4 abuse, and forced marriage on access to health care
5 (including mental health care) and substance use
6 disorder treatment and recovery support;

7 (3) a breakdown (including by race and eth-
8 nicity) of categories of individuals who are dis-
9 proportionately victims of domestic violence, dating
10 violence, sexual assault, stalking, human trafficking,
11 sex trafficking, child sexual abuse, or forced mar-
12 riage that contributes to, or results in, pregnancy-re-
13 lated death;

14 (4) an analysis of the impact on health, mental
15 health, and substance use resulting from domestic
16 violence, dating violence, sexual assault, stalking,
17 human trafficking, sex trafficking, child sexual
18 abuse, and forced marriage among Alaskan Natives,
19 Native Hawaiians, and American Indians during the
20 prenatal and postpartum period;

21 (5) an assessment of the factors that increase
22 or decrease risks for maternal mortality or severe
23 maternal morbidity among victims of domestic vio-
24 lence, dating violence, sexual assault, stalking,

1 human trafficking, sex trafficking, child sexual
2 abuse, or forced marriage;

3 (6) an assessment of increased risk of maternal
4 mortality or severe maternal morbidity stemming
5 from suicide, substance use disorders, or drug over-
6 dose due to domestic violence, dating violence, sexual
7 assault, stalking, human trafficking, sex trafficking,
8 child sexual abuse, or forced marriage;

9 (7) recommendations for legislative or policy
10 changes—

11 (A) to reduce maternal mortality rates;

12 and

13 (B) to address health inequities that con-
14 tribute to disparities in such rates and deaths;

15 (8) best practices to reduce maternal mortality
16 and severe maternal morbidity among victims of do-
17 mestic violence, dating violence, sexual assault,
18 stalking, human trafficking, sex trafficking, child
19 sexual abuse, and forced marriage, including—

20 (A) reducing reproductive coercion, mental
21 health conditions, and substance use coercion;

22 and

23 (B) routinely assessing pregnant people for
24 domestic violence and other forms of reproduc-
25 tive violence; and

1 (9) any other information on maternal mor-
2 tality or severe maternal morbidity the Secretary de-
3 termines appropriate to include in the report.

4 **SEC. 3. STUDY BY NATIONAL ACADEMY OF MEDICINE.**

5 (a) IN GENERAL.—The Secretary shall seek to enter
6 into an arrangement with the National Academy of Medi-
7 cine (or, if the Academy declines to enter into such ar-
8 rangement, another appropriate entity) to study—

9 (1) the impact of domestic violence, dating vio-
10 lence, sexual assault, stalking, human trafficking,
11 sex trafficking, child sexual abuse, and forced mar-
12 riage on an individual’s health; relative to

13 (2) maternal mortality and severe maternal
14 morbidity.

15 (b) TOPICS.—The study under subsection (a) shall—

16 (1) examine—

17 (A) whether domestic violence, dating vio-
18 lence, sexual assault, stalking, human traf-
19 ficking, sex trafficking, child sexual abuse, or
20 forced marriage, or generational intimate part-
21 ner violence, trauma, and psychiatric disorders,
22 increase the risk of suicide, substance use, and
23 drug overdose among pregnant and postpartum
24 persons; and

1 (B) the intersection of domestic violence,
2 dating violence, sexual assault, stalking, human
3 trafficking, sex trafficking, child sexual abuse,
4 and forced marriage as a social determinant of
5 health; and

6 (2) give particular focus to impacts among Afri-
7 can American, American Indian, Native Hawaiian,
8 Alaskan Native, and LGBTQ birthing persons.

9 **SEC. 4. GRANTS FOR INNOVATIVE APPROACHES.**

10 (a) IN GENERAL.—The Secretary, acting through the
11 Administrator of the Health Resources and Services Ad-
12 ministration, and in collaboration with the Administration
13 for Children and Families, the Indian Health Service, and
14 the Substance Abuse and Mental Health Services Admin-
15 istration, shall award grants to eligible entities for devel-
16 oping and implementing innovative approaches to improve
17 maternal and child health outcomes of victims of domestic
18 violence, dating violence, sexual assault, stalking, human
19 trafficking, sex trafficking, child sexual abuse, or forced
20 marriage.

21 (b) ELIGIBLE ENTITY.—To seek a grant under this
22 section, an entity shall be—

23 (1) a State, local, or federally recognized Tribal
24 government;

1 (2) a nonprofit organization or community-
2 based organization that provides prevention or inter-
3 vention services related to domestic violence, dating
4 violence, sexual assault, stalking, human trafficking,
5 sex trafficking, child sexual abuse, or forced mar-
6 riage;

7 (3) a tribal organization or Urban Indian orga-
8 nization (as such terms are defined in section 4 of
9 the Indian Health Care Improvement Act (25 U.S.C.
10 1603));

11 (4) an entity, the principal purpose of which is
12 to provide health care, such as a hospital, clinic,
13 health department, freestanding birthing center,
14 perinatal health worker, or maternity care provider;

15 (5) an institution of higher education; or

16 (6) a comprehensive substance use disorder par-
17 enting program.

18 (c) PRIORITY.—In awarding grants under this sec-
19 tion, the Secretary of Health and Human Services shall
20 give priority to applicants proposing to address—

21 (1) mental health and substance use disorders
22 among pregnant persons; or

23 (2) pregnant and postpartum persons experi-
24 encing intimate partner violence.

1 (d) FREESTANDING BIRTH CENTER DEFINED.—In
2 this section, the term “freestanding birth center” has the
3 meaning given that term in section 1905(l) of the Social
4 Security Act (42 U.S.C. 1396d(1)).

5 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
6 out this section, there is authorized to be appropriated
7 \$25,000,000 for the period of fiscal years 2022 through
8 2024.

9 **SEC. 5. GUIDANCE.**

10 Not later than 2 years after the date of enactment
11 of this Act, the Secretary shall issue and disseminate guid-
12 ance to States, Tribes, Territories, maternity care pro-
13 viders, and managed care entities on—

14 (1) providing universal education on healthy re-
15 lationships and intimate partner violence;

16 (2) developing protocols on—

17 (A) routine assessment of intimate partner
18 violence; and

19 (B) health promotion and strategies for
20 trauma-informed care plans; and

21 (3) creating sustainable partnerships with com-
22 munity-based organizations that address domestic vi-
23 olence, dating violence, sexual assault, stalking,
24 human trafficking, sex trafficking, child sexual
25 abuse, or forced marriage.

1 **SEC. 6. DEFINITIONS.**

2 In this Act:

3 (1) The term “maternal mortality”—

4 (A) means death that—

5 (i) occurs during, or within the 1-year
6 period after, pregnancy; and

7 (ii) is attributed to or aggravated by
8 pregnancy-related or childbirth complica-
9 tions; and

10 (B) includes a suicide, drug overdose
11 death, homicide (including a domestic violence-
12 related homicide), or other death resulting from
13 a mental health or substance use disorder at-
14 tributed to or aggravated by pregnancy-related
15 or childbirth complications.

16 (2) The term “maternity care provider” means
17 a health care provider who—

18 (A) is a physician, physician assistant,
19 nurse, midwife who meets at a minimum the
20 international definition of the midwife and glob-
21 al standards for midwifery education as estab-
22 lished by the International Confederation of
23 Midwives, nurse practitioner, or clinical nurse
24 specialist; and

25 (B) has a focus on maternal or perinatal
26 health.

1 (3) The term “perinatal health worker” means
2 a worker who—

3 (A) is a doula, community health worker,
4 peer supporter, breastfeeding and lactation edu-
5 cator or counselor, nutritionist or dietitian,
6 childbirth educator, social worker, home visitor,
7 language interpreter, or navigator; and

8 (B) provides assistance with perinatal
9 health.

10 (4) The term “postpartum” refers to the 12-
11 month period following childbirth.

12 (5) The term “Secretary” means the Secretary
13 of Health and Human Services.

14 (6) The term “severe maternal morbidity”
15 means a health condition, including a mental health
16 condition or substance use disorder, that—

17 (A) is attributed to or aggravated by preg-
18 nancy or childbirth; and

19 (B) results in significant short-term or
20 long-term consequences to the health of the in-
21 dividual who was pregnant.

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