

117TH CONGRESS
1ST SESSION

H. R. 5163

To facilitate support and services to women who find themselves with an unexpected pregnancy, to meet the emotional, physical, social, financial, and other needs women encounter during pregnancy, childbirth, and child-rearing, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 3, 2021

Mr. FORTENBERRY (for himself, Ms. SALAZAR, Mrs. WAGNER, Ms. STEFANIK, Ms. CHENEY, Ms. TENNEY, Mrs. KIM of California, Mr. MOORE of Utah, Ms. MALLIOTAKIS, and Miss GONZÁLEZ-COLÓN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, Agriculture, the Judiciary, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To facilitate support and services to women who find themselves with an unexpected pregnancy, to meet the emotional, physical, social, financial, and other needs women encounter during pregnancy, childbirth, and child-rearing, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Care for Her Act”.

4 (b) TABLE OF CONTENTS.—The table of contents for
5 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Sense of Congress.
- Sec. 3. Definitions.
- Sec. 4. Applicability of certain provisions.
- Sec. 5. Religious and moral objections.

TITLE I—PREGNANCY AND PARENTING SUPPORT
COLLABORATIVE

- Sec. 101. Establishment.
- Sec. 102. Pregnant and Parenting Women’s Care Information Service.
- Sec. 103. Education and training support.
- Sec. 104. Toll-free number.
- Sec. 105. Annual review of successful models.
- Sec. 106. Recognizing successful workplace policies and practices.
- Sec. 107. Public Health Service Act programs.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Sec. 201. Pregnancy and parenting support and services.
- Sec. 202. Housing.
- Sec. 203. Assessing outcomes and applying optimal incentives to improve maternal and child health outcomes.

TITLE III—INTERNAL REVENUE SERVICE

- Sec. 301. Child tax credit improvements.

6 **SEC. 2. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

- 8 (1) many women find themselves with an unex-
9 pected pregnancy without knowledge of what re-
10 sources might be available to them at the local,
11 State, and Federal levels to support emotional, phys-
12 ical, social, financial, and other needs that they may

1 encounter during pregnancy, childbirth, and child-
2 rearing;

3 (2) gaps exist in support and services provided
4 throughout communities;

5 (3) Federal and State governments, according
6 to the Supreme Court ruling in *Harris v. McRae*,
7 448 U.S. 297 (1980), have a vested interest in as-
8 suring optimal support and outcomes for women and
9 their children, and this ruling supports the decided
10 interest of the United States Government to help a
11 woman through childbirth and child-rearing;

12 (4) women and communities alike have univer-
13 sally voiced the need for safe, affordable, and sup-
14 portive housing for expectant mothers;

15 (5) maternity housing needs in rural and urban
16 communities differ, and, as a result, community
17 needs should be evaluated and gaps filled where lack
18 of housing support and services exist;

19 (6) group housing has been shown to be valu-
20 able to improve health outcomes;

21 (7) institutions of higher education should pro-
22 vide information regarding resources available for
23 parenting and pregnant students;

1 (8) communities should work together to pro-
2 vide support and services, and fulfill unmet needs of
3 pregnant and parenting students;

4 (9) expectant mothers begin to provide for their
5 child as soon as they come to learn of their preg-
6 nancy, and expenses may include clothing, furniture,
7 toys, and food, and, for this reason, a child tax cred-
8 it for women who are pregnant should be applied;

9 (10) information on support and services avail-
10 able should be readily available to women during
11 pregnancy, birth, and child-rearing;

12 (11) health care services are covered through
13 various insurances including the Medicaid program;

14 (12) linking health care services to broader sup-
15 port and services for a mother and her child, includ-
16 ing housing, nutrition, education, job training, job
17 placement, and childcare, is critical to help facilitate
18 a woman through her journey;

19 (13) a committed community of care working
20 with State and Federal governments has an oppor-
21 tunity to build comprehensive support systems that
22 improve pregnancy outcomes significantly;

23 (14) a community of care can help with—
24 (A) health care and material support;

1 (B) mentorship and parenting resources
2 during pregnancy and following the birth of a
3 child;

4 (C) opportunities for completion of edu-
5 cation, employment, and job training;

6 (D) safe, affordable, and supportive hous-
7 ing during pregnancy; and

8 (E) workplace and college campus accom-
9 modation, including child care and lactation
10 support; and

11 (15) to assure consistent access to information
12 about available support and services for a woman
13 with an unexpected pregnancy, to fill additional gaps
14 that exist in support and services, and to support ex-
15 pectant mothers, Congress proposes—

16 (A) a new Federal-State entity to assure
17 all parties are satisfied with the context of sup-
18 port and services;

19 (B) a clearinghouse with geographically
20 relevant programs for women seeking support
21 during pregnancy;

22 (C) an assessment of gaps within support
23 and services;

1 (D) an assessment and sharing of success-
2 ful models in local, State, and Federal pro-
3 grams;

4 (E) provision of grants to support certain
5 services such as maternity housing, mentorship
6 programs, job-training programs, and childcare;

7 (F) engagement with women who have ex-
8 perience available support and services to un-
9 derstand what services are useful and gaps that
10 exist in services and support;

11 (G) an annual report from the Department
12 of Health and Human Services on successes
13 and opportunities for improvement;

14 (H) a pregnancy child tax credit; and

15 (I) establishing new incentives structures
16 to improve maternal and child outcomes.

17 **SEC. 3. DEFINITIONS.**

18 In this Act:

19 (1) The terms “Collaborative” and “State Preg-
20 nancy Collaborative” mean the Pregnancy Support
21 Collaborative established under section 101.

22 (2) The terms “pregnancy and parenting sup-
23 port and services” and “pregnancy or parenting sup-
24 port or services” refer to support or services, as ap-
25 plicable, offered during or after pregnancy to preg-

1 nant women or new mothers in order to help such
2 women to alleviate the physical, financial, social,
3 emotional, and other difficulties that may be encoun-
4 tered during or after pregnancy, including the fol-
5 lowing:

6 (A) Material assistance, including mater-
7 nity and baby clothing, diapers and wipes, food
8 supporting a child's nutrition, baby furniture,
9 and car seats.

10 (B) Housing for women and children.

11 (C) Provision of information on available
12 resources regarding pregnancy and childbirth,
13 infant feeding, time management, parenting
14 special needs children, and nutrition during and
15 after pregnancy.

16 (D) Referrals for secondary and postsec-
17 ondary education, including with respect to vo-
18 cational training and community college, job
19 training and placement, housing, personal safe-
20 ty, food stamps, adoption, and other govern-
21 mental assistance.

22 (E) Wrap-around health care and social
23 support services for a woman carrying a child
24 to term, and neonatal care services.

1 (F) Access to nutrition programs for preg-
2 nant women and mothers, including the pro-
3 gram under section 17 of the Child Nutrition
4 Act of 1966 (42 U.S.C. 1786; commonly known
5 as “WIC”), the program under section 4 of the
6 Food and Nutrition Act of 2008 (7 U.S.C.
7 2013; commonly known as “SNAP”), the con-
8 solidated block grants for Puerto Rico and
9 American Samoa under section 19 of the Food
10 and Nutrition Act of 2008 (7 U.S.C. 2028),
11 and similar programs for the Commonwealth of
12 the Northern Mariana Islands.

13 (G) Legal services, including pro bono, to
14 assist women who wish to give birth and par-
15 ents with newborn children.

16 (H) Childcare services.

17 (I) Pursuing collection of child support and
18 alimony from uncooperative parents.

19 (J) Services to assist parents—

20 (i) to care for, and prepare to care
21 for, a newborn, including a newborn with
22 Down syndrome or another prenatally di-
23 agnosed condition or disability; and

1 (ii) to facilitate the adoption of such
2 children according to the desire of the
3 mother.

4 (K) Life-skills mentoring, including to en-
5 hance the following competencies:

6 (i) Strengthening capacities for fos-
7 tering long-term relationships with others.

8 (ii) Communication and conflict man-
9 agement.

10 (iii) Decision-making and relationship-
11 building skills prior to marriage.

12 (iv) High-risk behavior awareness.

13 (L) Life-skills counseling.

14 (M) Mammograms and services for
15 postpartum depression treatment.

16 (N) Provision of any of the services identi-
17 fied in subparagraphs (A) through (M) through
18 pregnancy support centers.

19 (3) The term “Secretary” means the Secretary
20 of Health and Human Services.

21 (4) The term “State” includes, in addition to
22 the several States, the District of Columbia, and
23 each territory or possession of the United States.

1 **SEC. 4. APPLICABILITY OF CERTAIN PROVISIONS.**

2 Sections 506 and 507 of division A of the Further
3 Consolidated Appropriations Act, 2020 (Public Law 116–
4 94; 133 Stat. 2534, 2606–2607) apply with respect to any
5 funds made available to carry out this Act to the same
6 extent and in the same manner as such sections apply with
7 respect to funds appropriated to carry out such division
8 A.

9 **SEC. 5. RELIGIOUS AND MORAL OBJECTIONS.**

10 A provider, including a faith-based provider, that is
11 otherwise eligible to be listed in the clearinghouse under
12 section 102, or to receive assistance under this Act—

13 (1) shall not be required, as a condition of such
14 listing or receiving such assistance, to endorse, uti-
15 lize, make a referral to, become integrated with, or
16 otherwise participate in any program or activity to
17 which the provider has a religious or moral objec-
18 tion; and

19 (2) shall not be discriminated against in the so-
20 licitation or issuance of grants, contracts, or cooper-
21 ative agreements under this Act for refusing to meet
22 any requirement described in paragraph (1).

1 **TITLE I—PREGNANCY AND PAR-**
2 **ENTING SUPPORT COLLABO-**
3 **RATIVE**

4 **SEC. 101. ESTABLISHMENT.**

5 (a) IN GENERAL.—The Secretary shall establish
6 within the Department of Health and Human Services a
7 Federal-State collaborative, to be known as the Pregnancy
8 Support Collaborative.

9 (b) MEMBERSHIP.—The members of the Collabo-
10 rative shall consist of the following:

11 (1) The Secretary (or the Secretary's designee),
12 who shall serve as the chair of the Collaborative.

13 (2) The chief executive officer of each State
14 that chooses to participate in the Collaborative (or
15 the chief executive officer's designee).

16 (c) STAFF; SINGLE POINT OF CONTACT; FEDERAL
17 EXPERTS.—The Secretary—

18 (1) shall assign to the Collaborative such per-
19 sonnel as the Secretary determines appropriate to
20 assist the Collaborative in carrying out its duties
21 under this Act;

22 (2) from among the personnel assigned pursu-
23 ant to paragraph (1), shall designate an Executive
24 Director of the Collaborative;

1 (3) may request that Federal departments and
2 agencies detail relevant experts to the Collaborative
3 to assist the Collaborative in carrying out its duties
4 under this Act; and

5 (4) on an annual basis, shall publish a list of
6 the members of the Collaborative.

7 (d) TWO-THIRDS VOTE REQUIRED.—The Collabo-
8 rative may not take any action or make any recommenda-
9 tion or decision unless such action, decision, or rec-
10 ommendation is authorized by a vote of at least two-thirds
11 of the members of the Collaborative.

12 (e) RESPONSIBILITIES.—The Collaborative shall—

13 (1) work with States and localities to learn
14 about existing successful models for pregnancy and
15 parenting support and services;

16 (2) on an annual basis, submit a report to the
17 Congress—

18 (A) describing the activities of the Collabo-
19 rative, the funds expended on such activities,
20 and the results achieved through such activities;
21 and

22 (B) recommending—

23 (i) how to fill gaps experienced by
24 women who have benefited from pregnancy
25 and parenting support and services; and

1 (ii) how to maintain and expand Fed-
2 eral funding levels for pregnancy and par-
3 enting support and services;

4 (3) develop and maintain the Pregnant and
5 Parenting Women’s Care Information Service, in ac-
6 cordance with section 102;

7 (4) provide educational support in accordance
8 with section 103;

9 (5) provide for a toll-free number in accordance
10 with section 104;

11 (6) conduct an annual review of nationwide suc-
12 cessful models in accordance with section 105; and

13 (7) recognize successful workplace policies and
14 practices in accordance with section 106.

15 (f) AVOIDING DUPLICATION OF EFFORT.—The Col-
16 laborative shall, where possible, avoid duplicating the pro-
17 grams and activities of other entities.

18 **SEC. 102. PREGNANT AND PARENTING WOMEN’S CARE IN-**
19 **FORMATION SERVICE.**

20 (a) IN GENERAL.—The Collaborative shall develop
21 and maintain a comprehensive, publicly accessible, and
22 user-friendly clearinghouse to be known as the Pregnant
23 and Parenting Women’s Care Information Service (in this
24 section referred to as the “clearinghouse”) to serve as a
25 consolidated source of information on qualified public and

1 private service providers that provide pregnancy and par-
2 enting support and services, including in low-income,
3 urban, suburban, and rural areas.

4 (b) IDENTIFICATION OF PROVIDERS, SUPPORT, AND
5 SERVICES.—The Collaborative—

6 (1) shall request that each State identify, and
7 enter into a template provided by the Collaborative,
8 each provider, support, and service in the State to
9 be included in the clearinghouse; and

10 (2) shall not include in the clearinghouse any
11 provider, support, or service in a State unless the
12 State involved has requested pursuant to paragraph
13 (1) (and not withdrawn its request) to include such
14 provider, support, or service in the clearinghouse.

15 (c) QUALIFIED PROVIDERS.—For a provider to be
16 qualified to be listed in the clearinghouse—

17 (1) the provider shall have been engaged in pro-
18 viding pregnancy or parenting support or services
19 for mothers and infants for a minimum of 3 con-
20 secutive years; and

21 (2) pregnancy support or services for mothers
22 and infants shall be the primary focus of the pro-
23 vider's work.

24 (d) INPUT.—In developing and maintaining the clear-
25 ingshouse, the Collaborative shall seek the input of—

1 (1) qualified experts involved in providing preg-
2 nancy and parenting support and services; and

3 (2) relevant State officials.

4 (e) CONTENTS.—Subject to subsections (b)(2) and
5 (c), the clearinghouse shall include each of the following:

6 (1) A complete list of Federal, State, and local
7 programs that provide pregnancy and parenting sup-
8 port and services.

9 (2) A rating system that allows clients to rate
10 qualified providers of pregnancy and parenting sup-
11 port and services after receiving such services.

12 (3) Information on qualified providers of preg-
13 nancy and parenting resources, including—

14 (A) contact information;

15 (B) years in service;

16 (C) qualifications;

17 (D) references;

18 (E) women’s ratings under the system
19 under paragraph (2); and

20 (F) links to the providers’ websites.

21 (4) Information on the education and training
22 opportunities identified pursuant to section 103.

23 **SEC. 103. EDUCATION AND TRAINING SUPPORT.**

24 (a) IN GENERAL.—The Collaborative, in collabora-
25 tion with State and local governments, shall—

1 (1) identify, assess, and increase understanding
2 and awareness of—

3 (A) appropriate education and training op-
4 portunities to ensure that women have access to
5 all available programs, funding, and support to
6 maximize their employment opportunities; and

7 (B) specific supports and services for
8 women during pregnancy, nursing, and child-
9 rearing; and

10 (2) direct individuals to information on such op-
11 portunities, and such supports and services, in a
12 manner that is geographically relevant.

13 (b) SUPPORT FOR STUDENTS.—The Collaborative
14 shall work with secondary schools, institutions of higher
15 education, and other entities providing education or job
16 training to maximize support within the learning setting,
17 including with respect to—

18 (1) childcare services, family housing, health in-
19 surance (for students and their families), flexible
20 academic scheduling (such as telecommuting pro-
21 grams), parenting classes and programs, and
22 postpartum counseling and support groups;

23 (2) access to locations designated for
24 breastfeeding within the learning setting;

1 (3) identifying scholarships, financial and in-
2 kind resources, grants, and loans for which such stu-
3 dents may be eligible;

4 (4) job placement and apprenticeship;

5 (5) working with employers to optimize work
6 site support for child care and breastfeeding, trans-
7 portation, or other services to assist a mother to
8 achieve successful employment; and

9 (6) options for tele-education.

10 (c) PROVISION OF INFORMATION.—As a condition on
11 receipt of Federal funds for providing education or job
12 training, an entity shall agree to provide to the Collabo-
13 rative such information as the Collaborative may request
14 on education and training opportunities for purposes of
15 carrying out subsections (a) and (b).

16 **SEC. 104. TOLL-FREE NUMBER.**

17 If approved by a vote of at least two-thirds of the
18 members of the Collaborative, as described in section
19 101(d), the Collaborative shall enter into a contract,
20 through the use of competitive procedures, with an entity
21 to establish and operate a toll-free number to provide
22 women with referrals for obtaining pregnancy and par-
23 enting support and services, including services to support
24 mental and emotional health.

1 **SEC. 105. ANNUAL REVIEW OF SUCCESSFUL MODELS.**

2 (a) ANNUAL REVIEW.—The Collaborative shall con-
3 duct an annual review of nationwide successful models in
4 women’s pregnancy and parenting support and services.

5 (b) INPUT.—In conducting each annual review under
6 subsection (a), the Collaborative shall—

7 (1) gather input from qualified providers listed
8 in the clearinghouse under section 102 and qualified
9 experts referred to in section 102(d), including such
10 providers and experts from—

11 (A) State and local governments;

12 (B) the private and faith-based sectors;

13 (C) prenatal and parenting care centers;

14 and

15 (D) other qualified providers; and

16 (2) in gathering such input, encourage such
17 qualified providers and experts—

18 (A) to share information on successful
19 models in pregnancy and parenting support and
20 services; and

21 (B) to identify and address—

22 (i) key burdens or adverse cir-
23 cumstances facing pregnant women; and

24 (ii) the challenges for providers.

1 **SEC. 106. RECOGNIZING SUCCESSFUL WORKPLACE POLI-**
2 **CIES AND PRACTICES.**

3 (a) IN GENERAL.—The Collaborative shall—

4 (1) recognize employers that successfully imple-
5 ment innovative policies and practices to meet the
6 needs of pregnant and parenting employees with re-
7 spect to children below school age;

8 (2) make recommendations regarding such in-
9 novative policies and practices; and

10 (3) publicize such policies and practices that
11 prove to be successful.

12 (b) POLICIES AND PRACTICES.—The innovative poli-
13 cies and practices referred to in subsection (a) may in-
14 clude—

15 (1) family friendly policies proposed by both
16 employees and the employer;

17 (2) childcare facilities;

18 (3) family cafeterias and separate areas for
19 those who do not have children and may prefer not
20 to eat with other families;

21 (4) small employer family leave policies not cov-
22 ered by the Family and Medical Leave Act of 1993
23 (29 U.S.C. 2601 et seq.);

24 (5) paid family leave policies for larger employ-
25 ers with a sliding scale for medium-sized companies;

1 (6) rooms set aside for mothers to breastfeed in
2 comfort, with refrigerators for the storage of breast
3 milk;

4 (7) telecommuting and flexible work schedules
5 for jobs that do not require being on-site, and meet-
6 ing times set for the convenience of caregivers, im-
7 plemented in a manner that is not at the expense of
8 traditional full-time employees; and

9 (8) establishment of a committee comprised of
10 employers, human resource staff, and employees at
11 all levels to discuss matters related to employer sup-
12 port for employees who are pregnant or parenting.

13 **SEC. 107. PUBLIC HEALTH SERVICE ACT PROGRAMS.**

14 (a) SAFE MOTHERHOOD.—Section 317K of the Pub-
15 lic Health Service Act (42 U.S.C. 247b–12) is amended—

16 (1) in subsection (a)(2), by adding at the end
17 the following:

18 “(E) Assessment of the role of the State
19 Pregnancy Collaborative in—

20 “(i) improving perinatal outcomes, in-
21 cluding maternal and infant morbidity and
22 mortality; and

23 “(ii) data collection for the community
24 shared savings accounts under section
25 203(c) of the Care for Her Act.”;

1 (2) in subsection (b)(2)—

2 (A) in subparagraph (L), by striking
3 “and” at the end;

4 (B) in subparagraph (M), by striking the
5 period at the end and inserting “; and”; and

6 (C) by adding at the end the following:

7 “(N) the prevention role of the State Preg-
8 nancy Collaborative for mothers and children
9 based on the support of the whole community.”;

10 (3) by amending subsection (c)(3) to read as
11 follows:

12 “(3) activities to promote community support
13 services for pregnant women, including providers
14 listed in the clearinghouse of the State Pregnancy
15 Collaborative under section 102 of the Care for Her
16 Act; and”; and

17 (4) in subsection (e), by adding at the end the
18 following:

19 “(4) The term ‘State Pregnancy Collaborative’
20 has the meaning given to that term in section 3 of
21 the Care for Her Act.”.

22 (b) INFANT MORTALITY GRANTS.—Section 330(f) of
23 the Public Health Service Act (42 U.S.C. 254b(f)) is
24 amended—

1 (1) in the matter before subparagraph (A) in
2 paragraph (1), by striking “health centers” each
3 place it appears and inserting “health centers and
4 providers listed in the clearinghouse of the State
5 Pregnancy Collaborative under section 102 of the
6 Care for Her Act (in this subsection referred to as
7 ‘listed providers’)”;

8 (2) except in the matter before subparagraph
9 (A) in paragraph (1), by striking “health centers”
10 each place it appears and inserting “health centers
11 and listed providers”;

12 (3) by striking “such centers” each place it ap-
13 pears and inserting “such centers and providers”;

14 (4) by striking “the health center” each place
15 it appears and inserting “the health center or listed
16 provider”;

17 (5) by striking “the center” each place it ap-
18 pears and inserting “the center or listed provider”;

19 and

20 (6) in paragraph (2)—

21 (A) by striking “shall give priority to
22 health centers” and inserting “shall give pri-
23 ority to—

24 “(A) health centers”;

1 (B) by striking the period at the end and
2 inserting “; and”; and

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

4 “(B) listed providers that offer support
5 services for a mother and infant as a known
6 benefit for improving pregnancy outcomes.”.

7 (c) CERTAIN SERVICES FOR PREGNANT WOMEN.—
8 Section 330F(a)(1) of the Public Health Service Act (42
9 U.S.C. 254c–6(a)(1)) is amended by striking “to train the
10 designated staff of eligible health centers” and inserting
11 “to train the designated staff of eligible health centers and
12 providers listed in the clearinghouse of the State Preg-
13 nancy Collaborative under section 102 of the Care for Her
14 Act”.

15 (d) PROJECTS TO IMPROVE MATERNAL, INFANT,
16 AND CHILD HEALTH.—

17 (1) IN GENERAL.—Section 399(a)(1) of the
18 Public Health Service Act (42 U.S.C. 280c–6(a)(1))
19 is amended by striking “shall make grants to eligible
20 entities to pay the Federal share of the cost of pro-
21 viding” and inserting “shall make grants to eligible
22 entities, including providers listed in the clearing-
23 house of the State Pregnancy Collaborative under
24 section 102 of the Care for Her Act, to pay the Fed-
25 eral share of the cost of providing”.

1 (2) REQUIREMENT OF STATUS AS MEDICAID
2 PROVIDER.—Section 399(a)(3) of the Public Health
3 Service Act (42 U.S.C. 280e–6(a)(3)) is amended by
4 inserting after “only if, in the case of any service
5 under such paragraph that is covered in the State
6 plan approved under title XIX of the Social Security
7 Act for the State involved” the following: “, the
8 State plan includes providers listed in the clearing-
9 house of the State Pregnancy Collaborative under
10 section 102 of the Care for Her Act, and”.

11 (3) HOME VISITING SERVICES FOR ELIGIBLE
12 FAMILIES.—The matter before paragraph (1) is sec-
13 tion 399(b) of the Public Health Service Act (42
14 U.S.C. 280e–6(b)) is amended by inserting after
15 “directly or through arrangement with other public
16 or nonprofit private entities,” the following: “includ-
17 ing providers listed in the clearinghouse of the State
18 Pregnancy Collaborative under section 102 of the
19 Care for Her Act,”.

20 **TITLE II—DEPARTMENT OF**
21 **HEALTH AND HUMAN SERVICES**

22 **SEC. 201. PREGNANCY AND PARENTING SUPPORT AND**
23 **SERVICES.**

24 (a) HEALTHY BIRTH AND HEALTHY LIFE
25 GRANTS.—

1 (1) IN GENERAL.—The Secretary, with the ap-
2 proval of the Collaborative, may award grants to
3 qualified providers listed in the clearinghouse under
4 section 102 to provide pregnancy and parenting sup-
5 port and services.

6 (2) SUPPLEMENT, NOT SUPPLANT.—The Sec-
7 retary may award a grant to a qualified provider
8 under this subsection only if the qualified provider
9 agrees that the grant will be used to supplement,
10 and not supplant, pregnancy and parenting support
11 and services.

12 (b) MENTORSHIP AND JOB TRAINING GRANTS.—The
13 Secretary, with the approval of the Collaborative, shall
14 award grants to qualified providers listed in the clearing-
15 house under section 102 for the exclusive purpose of pro-
16 viding mentorships or job training to pregnant women and
17 new mothers.

18 **SEC. 202. HOUSING.**

19 (a) IDENTIFICATION OF GAPS.—The Secretary, with
20 the approval of the Collaborative, shall identify gaps in
21 maternity housing within rural and urban communities.

22 (b) GRANTS.—The Secretary, with approval of the
23 Collaborative, shall award grants to qualified public and
24 private service providers listed in the clearinghouse under

1 section 102 for addressing gaps in maternity housing iden-
2 tified pursuant to subsection (a).

3 **SEC. 203. ASSESSING OUTCOMES AND APPLYING OPTIMAL**
4 **INCENTIVES TO IMPROVE MATERNAL AND**
5 **CHILD HEALTH OUTCOMES.**

6 (a) MAKING EPIDEMIOLOGY AND HEALTH ENCOUN-
7 TER DATA RELEVANT TO MATERNAL CHILD HEALTH IM-
8 PROVEMENT.—Beginning not later than April 1, 2022, the
9 Secretary, acting through the Director of the Centers for
10 Disease Control and Prevention in collaboration with the
11 Administrator of the Centers for Medicare & Medicaid
12 Services, in conjunction with local programs supporting
13 pregnant women, shall provide for the maintenance of a
14 database of deidentified epidemiological and claims health
15 information for the purpose of making such information
16 available in a useful and informative manner to partici-
17 pating communities in participating States to assess the
18 outcome impact of maternity homes in improving preg-
19 nancy outcomes and reducing maternal mortality; and im-
20 proving infant mortality including reduction of preterm
21 deliveries, and low-birth-rate incidence. In carrying out
22 this subsection, the Secretary shall provide—

23 (1) for a mechanism that enables the integra-
24 tion of such epidemiological and claims health infor-

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

3 (2) that pregnancy and newborns will be as-
4 sessed based on clinical outcomes and costs related
5 to the Medicaid program under title XIX of the So-
6 cial Security Act (42 U.S.C. 1396 et seq.);

7 (3) that such epidemiological and claims health
8 information is made available to participating States
9 in a manner that enables participating communities
10 within such States to access such information that
11 is relevant to improving maternal child health out-
12 comes in such communities; and

13 (4) for a mechanism by which the Secretary,
14 working in collaboration with the Governor of the re-
15 spective State of each participating community,
16 may—

17 (A) update such information specific to
18 each participating community, to the extent
19 practicable, in real-time or near real-time and
20 as specified by the Secretary;

21 (B) verify the validity of such information
22 and the validity of the changes in such informa-
23 tion for each such participating community over
24 a specified period; and

1 (C) assess and measure the extent of such
2 changes for each participating community, in-
3 cluding—

4 (i) the amount of any reductions in
5 expenditures under the State plan under
6 the Medicaid program under title XIX of
7 the Social Security Act (42 U.S.C. 1396 et
8 seq.); and

9 (ii) the extent to which such reduc-
10 tions are attributable to such changes with
11 respect to each participating community.

12 (b) LOCALIZED COMMUNITY HEALTH IMPROVEMENT
13 PROGRAM GRANTS.—

14 (1) IN GENERAL.—The Collaborative shall
15 award grants to States for purposes of carrying out
16 localized community health improvement programs
17 described in paragraph (3).

18 (2) APPLICATION.—To be eligible for a grant
19 under this subsection, a State shall—

20 (A) submit to the Collaborative an applica-
21 tion in such manner, at such time, and con-
22 taining such information as specified by the
23 Collaborative; and

24 (B) enter into an arrangement with the
25 Collaborative under which—

1 (i) the State agrees to establish and
2 maintain a localized community health im-
3 provement program described in paragraph
4 (3);

5 (ii) the Collaborative agrees to provide
6 the State with integrated epidemiological
7 and claims health information maintained
8 in the database established under sub-
9 section (a) specific to each participating
10 community within the State;

11 (iii) the State and each participating
12 community in the State will assess the im-
13 pact of the localized community health im-
14 provement program on outcomes, including
15 reductions in cost to the Medicaid program
16 under title XIX of the Social Security Act
17 (42 U.S.C. 1396 et seq.);

18 (iv) each participating community in
19 the State has a community shared savings
20 board that will establish and maintain a
21 community shared savings account in ac-
22 cordance with subsection (c), including the
23 terms listed in subsection (c)(2);

24 (v) 70 percent of savings from health
25 improvements and cost reductions will be

1 verified by the Collaborative and trans-
2 ferred to the community shared savings ac-
3 count of the respective participating com-
4 munities in accordance with subsection
5 (c)(2)(A); and

6 (vi) savings in a community shared
7 savings account will be used for pregnancy
8 and parenting support and services.

9 (3) LOCALIZED COMMUNITY HEALTH IMPROVE-
10 MENT PROGRAM.—For purposes of this section, a lo-
11 calized community health improvement program of a
12 State is a program under which the State—

13 (A) maintains the integrated health infor-
14 mation provided to the State by the Collabo-
15 rative pursuant to the arrangement described in
16 paragraph (2)(B);

17 (B) makes such information available to
18 qualifying communities (as defined in para-
19 graph (4)) within such State which request
20 such information and agree to the terms de-
21 scribed in subsection (c), in a secure manner
22 and format that is most informative to such
23 communities in assisting such communities in
24 analyzing and applying such data to the specific
25 needs of such communities to reduce the rates

1 of illness and reduce the costs of health care
2 within such communities;

3 (C) submits such data as is required by
4 the Collaborative to assess the extent to which
5 the health care interventions implemented to
6 address needs of such communities identified
7 through the program are affecting the rates of
8 illness and costs of health care within the State
9 and communities within the State; and

10 (D) requires that in order for communities
11 to participate in such program, the communities
12 agree—

13 (i) to provide for a secure method to
14 make such information available to health
15 care and other relevant community work-
16 ers, including through an interactive dash-
17 board system; and

18 (ii) to submit such data as is required
19 by the State or Collaborative to assess the
20 extent to which health care interventions
21 implemented to address needs of such com-
22 munities identified through the program
23 are affecting the rates of illness and costs
24 of health care within the communities.

25 (c) COMMUNITY SHARED SAVINGS ACCOUNTS.—

1 (1) IN GENERAL.—For purposes of this section,
2 a community shared savings account shall, with re-
3 spect to a participating community within a partici-
4 pating State, be a trust created or organized in the
5 United States for the exclusive benefit of the com-
6 munity, as defined by the community shared savings
7 board for such participating community, but only if
8 the written governing instrument creating the trust
9 meets the following requirements:

10 (A) The trustee is—

11 (i) a bank (as defined in section
12 408(n) of the Internal Revenue Code of
13 1986 (26 U.S.C. 408(n)); or

14 (ii) a person who demonstrates to the
15 satisfaction of the State that the manner
16 in which such person will administer the
17 trust will be consistent with the require-
18 ments of this section.

19 (B) Withdrawals may only be made by the
20 fiduciary agent referred to in paragraph (3)(C)
21 pursuant to a plan—

22 (i) developed by the community; and

23 (ii) approved by the State and local
24 governments.

1 (2) TERMS.—For purposes of subsection
2 (b)(2)(B)(iv), the terms described in this subsection,
3 with respect to the Collaborative, a participating
4 State, and participating communities within such
5 State, are the following:

6 (A) In the case that the database main-
7 tained under subsection (a), through the mecha-
8 nism provided for under subsection (a)(4), dem-
9 onstrates for any specified period (as deter-
10 mined by the Collaborative) that there are
11 verified reductions in expenditures under the
12 State plan under title XIX of the Social Secu-
13 rity Act (42 U.S.C. 1396 et seq.), which results
14 in reductions in expenditures by the Federal
15 Government under such title, and attributes
16 such reductions to one or more of the partici-
17 pating communities within such State, the Col-
18 laborative shall transfer to the community
19 shared savings account established pursuant to
20 subparagraph (B) an amount equal to 70 per-
21 cent of the amount of such reduction so dem-
22 onstrated for such specified period.

23 (B) The respective community shared sav-
24 ings board establishes such a community shared
25 savings account in accordance with paragraph

1 (1) for receipt of amounts transferred pursuant
2 to subparagraph (A).

3 (C) Each participating community in such
4 State shall—

5 (i) establish a community shared sav-
6 ings board described in paragraph (3) that
7 determines how funds transferred to such
8 community under subparagraph (A) are to
9 be used for purposes of promoting the
10 health and wellness of pregnant women,
11 new mothers, and their children of such
12 community; and

13 (ii) uses such funds only for such pur-
14 poses and in accordance with the uses de-
15 termined by such board.

16 (3) COMMUNITY SHARED SAVINGS BOARD.—For
17 purposes of this section, a community shared savings
18 board, with respect to a participating community
19 within a participating State, shall be a board—

20 (A) consisting of at least 7 members, ap-
21 pointed by the governing officials of the com-
22 munity through a process that is specified by
23 the community (and approved by the State), in-
24 cluding—

1 (i) at least 1 member with public
2 health experience; and

3 (ii) members with business, civic, edu-
4 cational, or faith-based experience;

5 (B) that is representative of the geographic
6 components that are included in the commu-
7 nity; and

8 (C) that hires a fiduciary agent to manage
9 a community shared savings account on behalf
10 of the board.

11 (d) DEFINITIONS.—In this section:

12 (1) The term “community shared savings ac-
13 count” means a community shared savings account
14 meeting the criteria in subsection (c)(1).

15 (2) The term “community shared savings
16 board” means a community shared savings board
17 meeting the criteria of subsection (c)(4).

18 (3) The term “participating community” means
19 a qualifying community that enters into an agree-
20 ment with a participating State as described in sub-
21 section (b)(3)(B).

22 (4) The term “participating State” means a
23 State receiving a grant under subsection (b)(1).

24 (5) The term “qualifying community” means a
25 local community—

1 (A) that has the capacity to assess health
2 data, including epidemiology and health encoun-
3 ter data, for a census tract or block that can
4 be extrapolated into a geographic information
5 system to support analysis of health outcomes;
6 and

7 (B) whose geographic boundary cor-
8 responds to the boundary of—

9 (i) a municipality;

10 (ii) a county; or

11 (iii) a high school feeder pattern.

12 **TITLE III—INTERNAL REVENUE**
13 **SERVICE**

14 **SEC. 301. CHILD TAX CREDIT IMPROVEMENTS.**

15 (a) IN GENERAL.—Section 24(c)(1) of the Internal
16 Revenue Code of 1986 is amended by adding at the end
17 the following new sentence: “Such term shall include a
18 child of an eligible taxpayer for the taxable year imme-
19 diately preceding the year in which such child is born, if
20 such child is born alive on or before the due date of the
21 return of tax for such taxable year (not including exten-
22 sions)”.

1 (b) EFFECTIVE DATE.—The amendment made by
2 this section shall apply to taxable years beginning after
3 December 31, 2020.

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