

117TH CONGRESS
1ST SESSION

H. R. 909

To direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to establish a program to award grants to eligible entities to address maternal mental health conditions and substance use disorders with respect to pregnant and postpartum individuals, with a focus on racial and ethnic minority groups, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. BLUNT ROCHESTER (for herself, Mr. KATKO, Ms. UNDERWOOD, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to establish a program to award grants to eligible entities to address maternal mental health conditions and substance use disorders with respect to pregnant and postpartum individuals, with a focus on racial and ethnic minority groups, 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.**

2 This Act may be cited as the “Moms Matter Act”.

3 **SEC. 2. MATERNAL MENTAL HEALTH EQUITY GRANT PRO-**
4 **GRAM.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services, acting through the Assistant Secretary
7 for Mental Health and Substance Use, shall establish a
8 program to award grants to eligible entities to address ma-
9 ternal mental health conditions and substance use dis-
10 orders with respect to pregnant and postpartum individ-
11 uals, with a focus on racial and ethnic minority groups.

12 (b) APPLICATION.—To be eligible to receive a grant
13 under this section an eligible entity shall submit to the
14 Secretary an application at such time, in such manner,
15 and containing such information as the Secretary may
16 provide, including how such entity will use funds for activi-
17 ties described in subsection (d) that are culturally con-
18 gruent.

19 (c) PRIORITY.—In awarding grants under this sec-
20 tion, the Secretary shall give priority to an eligible entity
21 that—

22 (1) is, or will partner with, a community-based
23 organization to address maternal mental health con-
24 ditions and substance use disorders described in sub-
25 section (a);

26 (2) is operating in an area with high rates of—

1 (A) adverse maternal health outcomes; or
2 (B) significant racial or ethnic disparities
3 in maternal health outcomes; and
4 (3) is operating in a health professional short-
5 age area designated under section 332 of the Public
6 Health Service Act (42 U.S.C. 254e).

7 (d) USE OF FUNDS.—An eligible entity that receives
8 a grant under this section shall use funds for the fol-
9 lowing:

10 (1) Establishing or expanding maternity care
11 programs to improve the integration of maternal
12 health and behavioral health care services into pri-
13 mary care settings where pregnant individuals regu-
14 larly receive health care services.

15 (2) Establishing or expanding group prenatal
16 care programs or postpartum care programs.

17 (3) Expanding existing programs that improve
18 maternal mental and behavioral health during the
19 prenatal and postpartum periods, with a focus on in-
20 dividuals from racial and ethnic minority groups.

21 (4) Providing services and support for pregnant
22 and postpartum individuals with maternal mental
23 health conditions and substance use disorders, in-
24 cluding referrals to addiction treatment centers that
25 offer evidence-based treatment options.

1 (5) Addressing stigma associated with maternal
2 mental health conditions and substance use dis-
3 orders, with a focus on racial and ethnic minority
4 groups.

5 (6) Raising awareness of warning signs of ma-
6 ternal mental health conditions and substance use
7 disorders, with a focus on pregnant and postpartum
8 individuals from racial and ethnic minority groups.

9 (7) Establishing or expanding programs to pre-
10 vent suicide or self-harm among pregnant and
11 postpartum individuals.

12 (8) Offering evidence-aligned programs at free-
13 standing birth centers that provide maternal mental
14 and behavioral health care education, treatments,
15 and services, and other services for individuals
16 throughout the prenatal and postpartum period.

17 (9) Establishing or expanding programs to pro-
18 vide education and training to maternity care pro-
19 viders with respect to—

20 (A) identifying potential warning signs for
21 maternal mental health conditions or substance
22 use disorders in pregnant and postpartum indi-
23 viduals, with a focus on individuals from racial
24 and ethnic minority groups; and

1 (B) in the case where such providers iden-
2 tify such warning signs, offering referrals to
3 mental and behavioral health care professionals.

4 (10) Developing a website, or other source, that
5 includes information on health care providers who
6 treat maternal mental health conditions and sub-
7 stance use disorders.

8 (11) Establishing or expanding programs in
9 communities to improve coordination between mater-
10 nity care providers and mental and behavioral health
11 care providers who treat maternal mental health
12 conditions and substance use disorders, including
13 through the use of toll-free hotlines.

14 (12) Carrying out other programs aligned with
15 evidence-based practices for addressing maternal
16 mental health conditions and substance use dis-
17 orders for pregnant and postpartum individuals from
18 racial and ethnic minority groups.

19 (e) REPORTING.—

20 (1) ELIGIBLE ENTITIES.—An eligible entity
21 that receives a grant under subsection (a) shall sub-
22 mit annually to the Secretary, and make publicly
23 available, a report on the activities conducted using
24 funds received through a grant under this section.

25 Such reports shall include quantitative and quali-

1 tative evaluations of such activities, including the ex-
2 perience of individuals who received health care
3 through such grant.

4 (2) SECRETARY.—Not later than the end of fis-
5 cal year 2024, the Secretary shall submit to Con-
6 gress a report that includes—

7 (A) a summary of the reports received
8 under paragraph (1);

9 (B) an evaluation of the effectiveness of
10 grants awarded under this section;

11 (C) recommendations with respect to ex-
12 panding coverage of evidence-based screenings
13 and treatments for maternal mental health con-
14 ditions and substance use disorders; and

15 (D) recommendations with respect to en-
16 suring activities described under subsection (d)
17 continue after the end of a grant period.

18 (f) DEFINITIONS.—In this section:

19 (1) ELIGIBLE ENTITY.—The term “eligible enti-
20 ty” means—

21 (A) a community-based organization serv-
22 ing pregnant and postpartum individuals, in-
23 cluding such organizations serving individuals
24 from racial and ethnic minority groups and
25 other underserved populations;

1 (B) a nonprofit or patient advocacy organi-
2 zation with expertise in maternal mental and
3 behavioral health;

4 (C) a maternity care provider;

5 (D) a mental or behavioral health care pro-
6 vider who treats maternal mental health condi-
7 tions or substance use disorders;

8 (E) a State or local governmental entity,
9 including a State or local public health depart-
10 ment;

11 (F) an Indian Tribe or Tribal organization
12 (as such terms are defined in section 4 of the
13 Indian Self-Determination and Education As-
14 sistance Act (25 U.S.C. 5304)); and

15 (G) an Urban Indian organization (as such
16 term is defined in section 4 of the Indian
17 Health Care Improvement Act (25 U.S.C.
18 1603)).

19 (2) CULTURALLY CONGRUENT.—The term “cul-
20 turally congruent”, with respect to care or maternity
21 care, means care that is in agreement with the pre-
22 ferred cultural values, beliefs, worldview, language,
23 and practices of the health care consumer and other
24 stakeholders.

1 (3) FREESTANDING BIRTH CENTER.—The term
2 “freestanding birth center” has the meaning given
3 that term under section 1905(l) of the Social Secu-
4 rity Act (42 U.S.C. 1396d(1)).

5 (4) MATERNITY CARE PROVIDER.—The term
6 “maternity care provider” means a health care pro-
7 vider who—

8 (A) is a physician, physician assistant,
9 midwife who meets at a minimum the inter-
10 national definition of the midwife and global
11 standards for midwifery education as estab-
12 lished by the International Confederation of
13 Midwives, nurse practitioner, or clinical nurse
14 specialist; and

15 (B) has a focus on maternal or perinatal
16 health.

17 (5) SECRETARY.—The term “Secretary” means
18 the Secretary of Health and Human Services.

19 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there is authorized to be appropriated
21 \$25,000,000 for each of fiscal years 2022 through 2025.

1 **SEC. 3. GRANTS TO GROW AND DIVERSIFY THE MATERNAL**
2 **MENTAL AND BEHAVIORAL HEALTH CARE**
3 **WORKFORCE.**

4 Title VII of the Public Health Service Act is amended
5 by inserting after section 757 of such Act (42 U.S.C.
6 294f) the following new section:

7 **“SEC. 757. MATERNAL MENTAL AND BEHAVIORAL HEALTH**
8 **CARE WORKFORCE GRANTS.**

9 “(a) IN GENERAL.—The Secretary may award grants
10 to entities to establish or expand programs described in
11 subsection (b) to grow and diversify the maternal mental
12 and behavioral health care workforce.

13 “(b) USE OF FUNDS.—Recipients of grants under
14 this section shall use the grants to grow and diversify the
15 maternal mental and behavioral health care workforce
16 by—

17 “(1) establishing schools or programs that pro-
18 vide education and training to individuals seeking
19 appropriate licensing or certification as mental or
20 behavioral health care providers who will specialize
21 in maternal mental health conditions or substance
22 use disorders; or

23 “(2) expanding the capacity of existing schools
24 or programs described in paragraph (1), for the pur-
25 poses of increasing the number of students enrolled

1 in such schools or programs, including by awarding
2 scholarships for students.

3 “(c) PRIORITIZATION.—In awarding grants under
4 this section, the Secretary shall give priority to any entity
5 that—

6 “(1) has demonstrated a commitment to re-
7 cruiting and retaining students and faculty from ra-
8 cial and ethnic minority groups;

9 “(2) has developed a strategy to recruit and re-
10 tain a diverse pool of students into the maternal
11 mental or behavioral health care workforce program
12 or school supported by funds received through the
13 grant, particularly from racial and ethnic minority
14 groups and other underserved populations;

15 “(3) has developed a strategy to recruit and re-
16 tain students who plan to practice in a health pro-
17 fessional shortage area designated under section
18 332;

19 “(4) has developed a strategy to recruit and re-
20 tain students who plan to practice in an area with
21 significant racial and ethnic disparities in maternal
22 health outcomes, to the extent practicable; and

23 “(5) includes in the standard curriculum for all
24 students within the maternal mental or behavioral
25 health care workforce program or school a bias, rac-

1 ism, or discrimination training program that in-
2 cludes training on implicit bias and racism.

3 “(d) REPORTING.—As a condition on receipt of a
4 grant under this section for a maternal mental or behav-
5 ioral health care workforce program or school, an entity
6 shall agree to submit to the Secretary an annual report
7 on the activities conducted through the grant, including—

8 “(1) the number and demographics of students
9 participating in the program or school;

10 “(2) the extent to which students in the pro-
11 gram or school are entering careers in—

12 “(A) health professional shortage areas
13 designated under section 332; and

14 “(B) areas with significant racial and eth-
15 nic disparities in maternal health outcomes, to
16 the extent such data are available; and

17 “(3) whether the program or school has in-
18 cluded in the standard curriculum for all students a
19 bias, racism, or discrimination training program that
20 includes training on implicit bias and racism, and if
21 so the effectiveness of such training program.

22 “(e) PERIOD OF GRANTS.—The period of a grant
23 under this section shall be up to 5 years.

24 “(f) APPLICATION.—To seek a grant under this sec-
25 tion, an entity shall submit to the Secretary an application

1 at such time, in such manner, and containing such infor-
2 mation as the Secretary may require, including any infor-
3 mation necessary for prioritization under subsection (c).

4 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
5 provide, directly or by contract, technical assistance to en-
6 tities seeking or receiving a grant under this section on
7 the development, use, evaluation, and post-grant period
8 sustainability of the maternal mental or behavioral health
9 care workforce programs or schools proposed to be, or
10 being, established or expanded through the grant.

11 “(h) REPORT BY THE SECRETARY.—Not later than
12 4 years after the date of enactment of this section, the
13 Secretary shall prepare and submit to the Congress, and
14 post on the internet website of the Department of Health
15 and Human Services, a report on the effectiveness of the
16 grant program under this section at—

17 “(1) recruiting students from racial and ethnic
18 minority groups and other underserved populations;

19 “(2) increasing the number of mental or behav-
20 ioral health care providers specializing in maternal
21 mental health conditions or substance use disorders
22 from racial and ethnic minority groups and other
23 underserved populations;

24 “(3) increasing the number of mental or behav-
25 ioral health care providers specializing in maternal

1 mental health conditions or substance use disorders
2 working in health professional shortage areas des-
3 ignated under section 332; and

4 “(4) increasing the number of mental or behav-
5 ioral health care providers specializing in maternal
6 mental health conditions or substance use disorders
7 working in areas with significant racial and ethnic
8 disparities in maternal health outcomes, to the ex-
9 tent such data are available.

10 “(i) DEFINITIONS.—In this section:

11 “(1) RACIAL AND ETHNIC MINORITY GROUP.—
12 The term ‘racial and ethnic minority group’ has the
13 meaning given such term in section 1707(g)(1).

14 “(2) MENTAL OR BEHAVIORAL HEALTH CARE
15 PROVIDER.—The term ‘mental or behavioral health
16 care provider’ refers to a health care provider in the
17 field of mental and behavioral health, including sub-
18 stance use disorders, acting in accordance with State
19 law.

20 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
21 carry out this section, there is authorized to be appro-
22 priated \$15,000,000 for each of fiscal years 2022 through
23 2026.”.

○