

117TH CONGRESS
1ST SESSION

H. R. 948

To improve maternal health outcomes for incarcerated individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. PRESSLEY (for herself, Ms. UNDERWOOD, Ms. ADAMS, Mr. KHANNA, Ms. VELÁZQUEZ, Mrs. MCBATH, Mr. SMITH of Washington, Ms. SCANLON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Ms. MOORE of Wisconsin, Ms. STRICKLAND, Mr. RYAN, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Mr. DEUTCH, Mr. PAYNE, Mr. BLUMENAUER, Mr. MOULTON, Mr. SOTO, Mr. NADLER, Mr. TRONE, Ms. CLARKE of New York, Ms. SCHAKOWSKY, Ms. BASS, Mr. EVANS, Ms. BLUNT ROCHESTER, Ms. CASTOR of Florida, Ms. SEWELL, and Ms. WILLIAMS of Georgia) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, 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 improve maternal health outcomes for incarcerated individuals, 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 “Justice for Incarcer-
5 ated Moms Act of 2021”.

1 **SEC. 2. SENSE OF CONGRESS.**

2 It is the sense of Congress that—

3 (1) the respect and proper care that birthing
4 people deserve is inclusive; and

5 (2) regardless of race, ethnicity, gender iden-
6 tity, sexual orientation, religion, marital status, fa-
7 miliary status, socioeconomic status, immigration sta-
8 tus, incarceration status, or disability, all deserve
9 dignity.

10 **SEC. 3. ENDING THE SHACKLING OF PREGNANT INDIVID-**
11 **UALS.**

12 (a) IN GENERAL.—Beginning on the date that is 6
13 months after the date of enactment of this Act, and annu-
14 ally thereafter, in each State that receives a grant under
15 subpart 1 of part E of title I of the Omnibus Crime Con-
16 trol and Safe Streets Act of 1968 (34 U.S.C. 10151 et
17 seq.) (commonly referred to as the “Edward Byrne Memo-
18 rial Justice Grant Program”) and that does not have in
19 effect throughout the State for such fiscal year laws re-
20 stricting the use of restraints on pregnant individuals in
21 prison that are substantially similar to the rights, proce-
22 dures, requirements, effects, and penalties set forth in sec-
23 tion 4322 of title 18, United States Code, the amount of
24 such grant that would otherwise be allocated to such State
25 under such subpart for the fiscal year shall be decreased
26 by 25 percent.

1 (b) REALLOCATION.—Amounts not allocated to a
2 State for failure to comply with subsection (a) shall be
3 reallocated in accordance with subpart 1 of part E of title
4 I of the Omnibus Crime Control and Safe Streets Act of
5 1968 (34 U.S.C. 10151 et seq.) to States that have com-
6 plied with such subsection.

7 **SEC. 4. CREATING MODEL PROGRAMS FOR THE CARE OF**
8 **INCARCERATED INDIVIDUALS IN THE PRE-**
9 **NATAL AND POSTPARTUM PERIODS.**

10 (a) IN GENERAL.—Not later than 1 year after the
11 date of enactment of this Act, the Attorney General, act-
12 ing through the Director of the Bureau of Prisons, shall
13 establish, in not fewer than 6 Bureau of Prisons facilities,
14 programs to optimize maternal health outcomes for preg-
15 nant and postpartum individuals incarcerated in such fa-
16 cilities. The Attorney General shall establish such pro-
17 grams in consultation with stakeholders such as—

18 (1) relevant community-based organizations,
19 particularly organizations that represent incarcer-
20 ated and formerly incarcerated individuals and orga-
21 nizations that seek to improve maternal health out-
22 comes for pregnant and postpartum individuals from
23 racial and ethnic minority groups;

1 (2) relevant organizations representing patients,
2 with a particular focus on patients from racial and
3 ethnic minority groups;

4 (3) organizations representing maternity care
5 providers and maternal health care education pro-
6 grams;

7 (4) perinatal health workers; and

8 (5) researchers and policy experts in fields re-
9 lated to maternal health care for incarcerated indi-
10 viduals.

11 (b) **START DATE.**—Each selected facility shall begin
12 facility programs not later than 18 months after the date
13 of enactment of this Act.

14 (c) **FACILITY PRIORITY.**—In carrying out subsection
15 (a), the Director shall give priority to a facility based on—

16 (1) the number of pregnant and postpartum in-
17 dividuals incarcerated in such facility and, among
18 such individuals, the number of pregnant and
19 postpartum individuals from racial and ethnic mi-
20 nority groups; and

21 (2) the extent to which the leaders of such facil-
22 ity have demonstrated a commitment to developing
23 exemplary programs for pregnant and postpartum
24 individuals incarcerated in such facility.

1 (d) PROGRAM DURATION.—The programs established
2 under this section shall be for a 5-year period.

3 (e) PROGRAMS.—Bureau of Prisons facilities selected
4 by the Director shall establish programs for pregnant and
5 postpartum incarcerated individuals, and such programs
6 may—

7 (1) provide access to perinatal health workers
8 from pregnancy through the postpartum period;

9 (2) provide access to healthy foods and coun-
10 seling on nutrition, recommended activity levels, and
11 safety measures throughout pregnancy;

12 (3) train correctional officers to ensure that
13 pregnant incarcerated individuals receive safe and
14 respectful treatment;

15 (4) train medical personnel to ensure that preg-
16 nant incarcerated individuals receive trauma-in-
17 formed, culturally congruent care that promotes the
18 health and safety of the pregnant individuals;

19 (5) provide counseling and treatment for indi-
20 viduals who have suffered from—

21 (A) diagnosed mental or behavioral health
22 conditions, including trauma and substance use
23 disorders;

24 (B) trauma or violence, including domestic
25 violence;

1 (C) human immunodeficiency virus;

2 (D) sexual abuse;

3 (E) pregnancy or infant loss; or

4 (F) chronic conditions;

5 (6) provide evidence-based pregnancy and child-
6 birth education, parenting support, and other rel-
7 evant forms of health literacy;

8 (7) provide clinical education opportunities to
9 maternity care providers in training to expand path-
10 ways into maternal health care careers serving incar-
11 cerated individuals;

12 (8) offer opportunities for postpartum individ-
13 uals to maintain contact with the individual's new-
14 born child to promote bonding, including enhanced
15 visitation policies, access to prison nursery pro-
16 grams, or breastfeeding support;

17 (9) provide reentry assistance, particularly to—

18 (A) ensure access to health insurance cov-
19 erage and transfer of health records to commu-
20 nity providers if an incarcerated individual exits
21 the criminal justice system during such individ-
22 ual's pregnancy or in the postpartum period;
23 and

24 (B) connect individuals exiting the criminal
25 justice system during pregnancy or in the

1 postpartum period to community-based re-
2 sources, such as referrals to health care pro-
3 viders, substance use disorder treatments, and
4 social services that address social determinants
5 maternal of health; or

6 (10) establish partnerships with local public en-
7 tities, private community entities, community-based
8 organizations, Indian Tribes and tribal organizations
9 (as such terms are defined in section 4 of the Indian
10 Self-Determination and Education Assistance Act
11 (25 U.S.C. 5304)), and urban Indian organizations
12 (as such term is defined in section 4 of the Indian
13 Health Care Improvement Act (25 U.S.C. 1603)) to
14 establish or expand pretrial diversion programs as
15 an alternative to incarceration for pregnant and
16 postpartum individuals, including—

17 (A) evidence-based childbirth education or
18 parenting classes;

19 (B) prenatal health coordination;

20 (C) family and individual counseling;

21 (D) evidence-based screenings, education,
22 and, as needed, treatment for mental and be-
23 havioral health conditions, including drug and
24 alcohol treatments;

25 (E) family case management services;

1 (F) domestic violence education and pre-
2 vention;

3 (G) physical and sexual abuse counseling;
4 and

5 (H) programs to address social deter-
6 minants of health such as employment, housing,
7 education, transportation, and nutrition.

8 (f) IMPLEMENTATION AND REPORTING.—A selected
9 facility shall be responsible for—

10 (1) implementing programs, which may include
11 the programs described in subsection (e); and

12 (2) not later than 3 years after the date of en-
13 actment of this Act, and 6 years after the date of
14 enactment of this Act, reporting results of the pro-
15 grams to the Director, including information de-
16 scribing—

17 (A) relevant quantitative indicators of suc-
18 cess in improving the standard of care and
19 health outcomes for pregnant and postpartum
20 incarcerated individuals in the facility, including
21 data stratified by race, ethnicity, sex, gender,
22 age, geography, disability status, the category
23 of the criminal charge against such individual,
24 rates of pregnancy-related deaths, pregnancy-
25 associated deaths, cases of infant mortality and

1 morbidity, rates of preterm births and low-
2 birthweight births, cases of severe maternal
3 morbidity, cases of violence against pregnant or
4 postpartum individuals, diagnoses of maternal
5 mental or behavioral health conditions, and
6 other such information as appropriate;

7 (B) relevant qualitative and quantitative
8 evaluations from pregnant and postpartum in-
9 carcerated individuals who participated in such
10 programs, including measures of patient-re-
11 ported experience of care; and

12 (C) strategies to sustain such programs
13 after fiscal year 2026 and expand such pro-
14 grams to other facilities.

15 (g) REPORT.—Not later than 6 years after the date
16 of enactment of this Act, the Director shall submit to the
17 Attorney General and to the Congress a report describing
18 the results of the programs funded under this section.

19 (h) OVERSIGHT.—Not later than 1 year after the
20 date of enactment of this Act, the Attorney General shall
21 award a contract to an independent organization or inde-
22 pendent organizations to conduct oversight of the pro-
23 grams described in subsection (e).

1 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section
3 \$10,000,000 for each of fiscal years 2022 through 2026.

4 **SEC. 5. GRANT PROGRAM TO IMPROVE MATERNAL HEALTH**
5 **OUTCOMES FOR INDIVIDUALS IN STATE AND**
6 **LOCAL PRISONS AND JAILS.**

7 (a) ESTABLISHMENT.—Not later than 1 year after
8 the date of enactment of this Act, the Attorney General,
9 acting through the Director of the Bureau of Justice As-
10 sistance, shall award Justice for Incarcerated Moms
11 grants to States to establish or expand programs in State
12 and local prisons and jails for pregnant and postpartum
13 incarcerated individuals. The Attorney General shall
14 award such grants in consultation with stakeholders such
15 as—

16 (1) relevant community-based organizations,
17 particularly organizations that represent incarcer-
18 ated and formerly incarcerated individuals and orga-
19 nizations that seek to improve maternal health out-
20 comes for pregnant and postpartum individuals from
21 racial and ethnic minority groups;

22 (2) relevant organizations representing patients,
23 with a particular focus on patients from racial and
24 ethnic minority groups;

1 (3) organizations representing maternity care
2 providers and maternal health care education pro-
3 grams;

4 (4) perinatal health workers; and

5 (5) researchers and policy experts in fields re-
6 lated to maternal health care for incarcerated indi-
7 viduals.

8 (b) APPLICATIONS.—Each applicant for a grant
9 under this section shall submit to the Director of the Bu-
10 reau of Justice Assistance an application at such time, in
11 such manner, and containing such information as the Di-
12 rector may require.

13 (c) USE OF FUNDS.—A State that is awarded a grant
14 under this section shall use such grant to establish or ex-
15 pand programs for pregnant and postpartum incarcerated
16 individuals, and such programs may—

17 (1) provide access to perinatal health workers
18 from pregnancy through the postpartum period;

19 (2) provide access to healthy foods and coun-
20 seling on nutrition, recommended activity levels, and
21 safety measures throughout pregnancy;

22 (3) train correctional officers to ensure that
23 pregnant incarcerated individuals receive safe and
24 respectful treatment;

1 (4) train medical personnel to ensure that preg-
2 nant incarcerated individuals receive trauma-in-
3 formed, culturally congruent care that promotes the
4 health and safety of the pregnant individuals;

5 (5) provide counseling and treatment for indi-
6 viduals who have suffered from—

7 (A) diagnosed mental or behavioral health
8 conditions, including trauma and substance use
9 disorders;

10 (B) trauma or violence, including domestic
11 violence;

12 (C) human immunodeficiency virus;

13 (D) sexual abuse;

14 (E) pregnancy or infant loss; or

15 (F) chronic conditions;

16 (6) provide evidence-based pregnancy and child-
17 birth education, parenting support, and other rel-
18 evant forms of health literacy;

19 (7) provide clinical education opportunities to
20 maternity care providers in training to expand path-
21 ways into maternal health care careers serving incar-
22 cerated individuals;

23 (8) offer opportunities for postpartum individ-
24 uals to maintain contact with the individual's new-
25 born child to promote bonding, including enhanced

1 visitation policies, access to prison nursery pro-
2 grams, or breastfeeding support;

3 (9) provide reentry assistance, particularly to—

4 (A) ensure access to health insurance cov-
5 erage and transfer of health records to commu-
6 nity providers if an incarcerated individual exits
7 the criminal justice system during such individ-
8 ual’s pregnancy or in the postpartum period;
9 and

10 (B) connect individuals exiting the criminal
11 justice system during pregnancy or in the
12 postpartum period to community-based re-
13 sources, such as referrals to health care pro-
14 viders, substance use disorder treatments, and
15 social services that address social determinants
16 of maternal health; or

17 (10) establish partnerships with local public en-
18 tities, private community entities, community-based
19 organizations, Indian Tribes and tribal organizations
20 (as such terms are defined in section 4 of the Indian
21 Self-Determination and Education Assistance Act
22 (25 U.S.C. 5304)), and urban Indian organizations
23 (as such term is defined in section 4 of the Indian
24 Health Care Improvement Act (25 U.S.C. 1603)) to
25 establish or expand pretrial diversion programs as

1 an alternative to incarceration for pregnant and
2 postpartum individuals, including—

3 (A) evidence-based childbirth education or
4 parenting classes;

5 (B) prenatal health coordination;

6 (C) family and individual counseling;

7 (D) evidence-based screenings, education,
8 and, as needed, treatment for mental and be-
9 havioral health conditions, including drug and
10 alcohol treatments;

11 (E) family case management services;

12 (F) domestic violence education and pre-
13 vention;

14 (G) physical and sexual abuse counseling;
15 and

16 (H) programs to address social deter-
17 minants of health such as employment, housing,
18 education, transportation, and nutrition.

19 (d) PRIORITY.—In awarding grants under this sec-
20 tion, the Director of the Bureau of Justice Assistance
21 shall give priority to applicants based on—

22 (1) the number of pregnant and postpartum in-
23 dividuals incarcerated in the State and, among such
24 individuals, the number of pregnant and postpartum

1 individuals from racial and ethnic minority groups;
2 and

3 (2) the extent to which the State has dem-
4 onstrated a commitment to developing exemplary
5 programs for pregnant and postpartum individuals
6 incarcerated in the prisons and jails in the State.

7 (e) GRANT DURATION.—A grant awarded under this
8 section shall be for a 5-year period.

9 (f) IMPLEMENTING AND REPORTING.—A State that
10 receives a grant under this section shall be responsible
11 for—

12 (1) implementing the program funded by the
13 grant; and

14 (2) not later than 3 years after the date of en-
15 actment of this Act, and 6 years after the date of
16 enactment of this Act, reporting results of such pro-
17 gram to the Attorney General, including information
18 describing—

19 (A) relevant quantitative indicators of the
20 program's success in improving the standard of
21 care and health outcomes for pregnant and
22 postpartum incarcerated individuals in the facil-
23 ity, including data stratified by race, ethnicity,
24 sex, gender, age, geography, disability status,
25 category of the criminal charge against such in-

1 individual, incidence rates of pregnancy-related
2 deaths, pregnancy-associated deaths, cases of
3 infant mortality and morbidity, rates of preterm
4 births and low-birthweight births, cases of se-
5 vere maternal morbidity, cases of violence
6 against pregnant or postpartum individuals, di-
7 agnoses of maternal mental or behavioral health
8 conditions, and other such information as ap-
9 propriate;

10 (B) relevant qualitative and quantitative
11 evaluations from pregnant and postpartum in-
12 carcerated individuals who participated in such
13 programs, including measures of patient-re-
14 ported experience of care; and

15 (C) strategies to sustain such programs be-
16 yond the duration of the grant and expand such
17 programs to other facilities.

18 (g) REPORT.—Not later than 6 years after the date
19 of enactment of this Act, the Attorney General shall sub-
20 mit to the Congress a report describing the results of such
21 grant programs.

22 (h) OVERSIGHT.—Not later than 1 year after the
23 date of enactment of this Act, the Attorney General shall
24 award a contract to an independent organization or inde-

1 pendent organizations to conduct oversight of the pro-
2 grams described in subsection (c).

3 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to carry out this section
5 \$10,000,000 for each of fiscal years 2022 through 2026.

6 **SEC. 6. GAO REPORT.**

7 (a) IN GENERAL.—Not later than 2 years after the
8 date of enactment of this Act, the Comptroller General
9 of the United States shall submit to Congress a report
10 on adverse maternal and infant health outcomes among
11 incarcerated individuals and infants born to such individ-
12 uals, with a particular focus on racial and ethnic dispari-
13 ties in maternal and infant health outcomes for incarcer-
14 ated individuals.

15 (b) CONTENTS OF REPORT.—The report described in
16 this section shall include—

17 (1) to the extent practicable—

18 (A) the number of pregnant individuals
19 who are incarcerated in Bureau of Prisons fa-
20 cilities;

21 (B) the number of incarcerated individuals,
22 including those incarcerated in Federal, State,
23 and local correctional facilities, who have expe-
24 rienced a pregnancy-related death, pregnancy-

1 associated death, or the death of an infant in
2 the most recent 10 years of available data;

3 (C) the number of cases of severe maternal
4 morbidity among incarcerated individuals, in-
5 cluding those incarcerated in Federal, State,
6 and local detention facilities, in the most recent
7 10 years of available data;

8 (D) the number of preterm and low-birth-
9 weight births of infants born to incarcerated in-
10 dividuals, including those incarcerated in Fed-
11 eral, State, and local correctional facilities, in
12 the most recent 10 years of available data; and

13 (E) statistics on the racial and ethnic dis-
14 parities in maternal and infant health outcomes
15 and severe maternal morbidity rates among in-
16 carcerated individuals, including those incarcer-
17 ated in Federal, State, and local detention fa-
18 cilities;

19 (2) in the case that the Comptroller General of
20 the United States is unable determine the informa-
21 tion required in subparagraphs (A) through (C) of
22 paragraph (1), an assessment of the barriers to de-
23 termining such information and recommendations
24 for improvements in tracking maternal health out-
25 comes among incarcerated individuals, including

1 those incarcerated in Federal, State, and local deten-
2 tion facilities;

3 (3) causes of adverse maternal health outcomes
4 that are unique to incarcerated individuals, including
5 those incarcerated in Federal, State, and local deten-
6 tion facilities;

7 (4) causes of adverse maternal health outcomes
8 and severe maternal morbidity that are unique to in-
9 carcerated individuals from racial and ethnic minor-
10 ity groups;

11 (5) recommendations to reduce maternal mor-
12 tality and severe maternal morbidity among incar-
13 cerated individuals and to address racial and ethnic
14 disparities in maternal health outcomes for incarcer-
15 ated individuals in Bureau of Prisons facilities and
16 State and local prisons and jails; and

17 (6) such other information as may be appro-
18 priate to reduce the occurrence of adverse maternal
19 health outcomes among incarcerated individuals and
20 to address racial and ethnic disparities in maternal
21 health outcomes for such individuals.

22 **SEC. 7. MACPAC REPORT.**

23 (a) IN GENERAL.—Not later than 2 years after the
24 date of enactment of this Act, the Medicaid and CHIP
25 Payment and Access Commission (referred to in this sec-

1 tion as “MACPAC”) shall publish a report on the implica-
2 tions of pregnant and postpartum incarcerated individuals
3 being ineligible for medical assistance under a State plan
4 under title XIX of the Social Security Act (42 U.S.C.
5 1396 et seq.) that contains the information described in
6 subsection.

7 (b) INFORMATION DESCRIBED.—For purposes of
8 subsection (a), the information described in this sub-
9 section includes—

10 (1) information on the effect of ineligibility for
11 medical assistance under a State plan under title
12 XIX of the Social Security Act (42 U.S.C. 1396 et
13 seq.) on maternal health outcomes for pregnant and
14 postpartum incarcerated individuals, concentrating
15 on the effects of such ineligibility for pregnant and
16 postpartum individuals from racial and ethnic mi-
17 nority groups; and

18 (2) the potential implications on maternal
19 health outcomes resulting from suspending eligibility
20 for medical assistance under a State plan under
21 such title of such Act when a pregnant or postpar-
22 tum individual is incarcerated.

23 **SEC. 8. DEFINITIONS.**

24 In this Act:

1 (1) CULTURALLY CONGRUENT.—The term “cul-
2 turally congruent”, with respect to care or maternity
3 care, means care that is in agreement with the pre-
4 ferred cultural values, beliefs, worldview, language,
5 and practices of the health care consumer and other
6 stakeholders.

7 (2) MATERNITY CARE PROVIDER.—The term
8 “maternity care provider” means a health care pro-
9 vider who—

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

17 (B) has a focus on maternal or perinatal
18 health.

19 (3) MATERNAL MORTALITY.—The term “mater-
20 nal mortality” means a death occurring during or
21 within a one-year period after pregnancy, caused by
22 pregnancy-related or childbirth complications, in-
23 cluding a suicide, overdose, or other death resulting
24 from a mental health or substance use disorder at-

1 tributed to or aggravated by pregnancy-related or
2 childbirth complications.

3 (4) PERINATAL HEALTH WORKER.—The term
4 “perinatal health worker” means a doula, commu-
5 nity health worker, peer supporter, breastfeeding
6 and lactation educator or counselor, nutritionist or
7 dietitian, childbirth educator, social worker, home
8 visitor, language interpreter, or navigator.

9 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
10 The terms “postpartum” and “postpartum period”
11 refer to the 1-year period beginning on the last day
12 of the pregnancy of an individual.

13 (6) PREGNANCY-ASSOCIATED DEATH.—The
14 term “pregnancy-associated death” means a death of
15 a pregnant or postpartum individual, by any cause,
16 that occurs during, or within 1 year following, the
17 individual’s pregnancy, regardless of the outcome,
18 duration, or site of the pregnancy.

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

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

3 (8) RACIAL AND ETHNIC MINORITY GROUP.—

4 The term “racial and ethnic minority group” has the
5 meaning given such term in section 1707(g)(1) of
6 the Public Health Service Act (42 U.S.C. 300u-
7 6(g)(1)).

8 (9) SEVERE MATERNAL MORBIDITY.—The term

9 “severe maternal morbidity” means a health condi-
10 tion, including mental health conditions and sub-
11 stance use disorders, attributed to or aggravated by
12 pregnancy or childbirth that results in significant
13 short-term or long-term consequences to the health
14 of the individual who was pregnant.

15 (10) SOCIAL DETERMINANTS OF MATERNAL

16 HEALTH DEFINED.—The term “social determinants
17 of maternal health” means non-clinical factors that
18 impact maternal health outcomes, including—

19 (A) economic factors, which may include
20 poverty, employment, food security, support for
21 and access to lactation and other infant feeding
22 options, housing stability, and related factors;

23 (B) neighborhood factors, which may in-
24 clude quality of housing, access to transpor-
25 tation, access to child care, availability of

1 healthy foods and nutrition counseling, avail-
2 ability of clean water, air and water quality,
3 ambient temperatures, neighborhood crime and
4 violence, access to broadband, and related fac-
5 tors;

6 (C) social and community factors, which
7 may include systemic racism, gender discrimi-
8 nation or discrimination based on other pro-
9 tected classes, workplace conditions, incarcer-
10 ation, and related factors;

11 (D) household factors, which may include
12 ability to conduct lead testing and abatement,
13 car seat installation, indoor air temperatures,
14 and related factors;

15 (E) education access and quality factors,
16 which may include educational attainment, lan-
17 guage and literacy, and related factors; and

18 (F) health care access factors, including
19 health insurance coverage, access to culturally
20 congruent health care services, providers, and
21 non-clinical support, access to home visiting
22 services, access to wellness and stress manage-
23 ment programs, health literacy, access to tele-

- 1 health and items required to receive telehealth
- 2 services, and related factors.

