

117TH CONGRESS
1ST SESSION

H. R. 957

To direct the Secretary of Health and Human Services to establish a grant program to protect vulnerable mothers and babies from climate change risks, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 8, 2021

Ms. UNDERWOOD (for herself, 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, Ms. PRESSLEY, 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 Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to establish a grant program to protect vulnerable mothers and babies from climate change risks, 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 “Protecting Moms and Babies Against Climate Change
4 Act”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Grant program to protect vulnerable mothers and babies from climate change risks.
- Sec. 3. Grant program for education and training at health profession schools.
- Sec. 4. NIH Consortium on Birth and Climate Change Research.
- Sec. 5. Strategy for identifying climate change risk zones for vulnerable mothers and babies.
- Sec. 6. Definitions.

7 **SEC. 2. GRANT PROGRAM TO PROTECT VULNERABLE**
8 **MOTHERS AND BABIES FROM CLIMATE**
9 **CHANGE RISKS.**

10 (a) **IN GENERAL.**—Not later than 180 days after the
11 date of the enactment of this Act, the Secretary of Health
12 and Human Services shall establish a grant program (in
13 this section referred to as the “Program”) to protect vul-
14 nerable individuals from risks associated with climate
15 change.

16 (b) **GRANT AUTHORITY.**—In carrying out the Pro-
17 gram, the Secretary may award, on a competitive basis,
18 grants to 10 covered entities.

19 (c) **APPLICATIONS.**—To be eligible for a grant under
20 the Program, a covered entity shall submit to the Sec-
21 retary an application at such time, in such form, and con-
22 taining such information as the Secretary may require,

1 which shall include, at a minimum, a description of the
2 following:

3 (1) Plans for the use of grant funds awarded
4 under the Program and how patients and stake-
5 holder organizations were involved in the develop-
6 ment of such plans.

7 (2) How such grant funds will be targeted to
8 geographic areas that have disproportionately high
9 levels of risks associated with climate change for vul-
10 nerable individuals.

11 (3) How such grant funds will be used to ad-
12 dress racial and ethnic disparities in—

13 (A) adverse maternal and infant health
14 outcomes; and

15 (B) exposure to risks associated with cli-
16 mate change for vulnerable individuals.

17 (4) Strategies to prevent an initiative assisted
18 with such grant funds from causing—

19 (A) adverse environmental impacts;

20 (B) displacement of residents and busi-
21 nesses;

22 (C) rent and housing price increases; or

23 (D) disproportionate adverse impacts on
24 racial and ethnic minority groups and other un-
25 derserved populations.

1 (d) SELECTION OF GRANT RECIPIENTS.—

2 (1) TIMING.—Not later than 270 days after the
3 date of the enactment of this Act, the Secretary
4 shall select the recipients of grants under the Pro-
5 gram.

6 (2) CONSULTATION.—In selecting covered enti-
7 ties for grants under the Program, the Secretary
8 shall consult with—

9 (A) representatives of stakeholder organi-
10 zations;

11 (B) the Administrator of the Environ-
12 mental Protection Agency;

13 (C) the Administrator of the National Oce-
14 anic and Atmospheric Administration; and

15 (D) from the Department of Health and
16 Human Services—

17 (i) the Deputy Assistant Secretary for
18 Minority Health;

19 (ii) the Administrator of the Centers
20 for Medicare & Medicaid Services;

21 (iii) the Administrator of the Health
22 Resources and Services Administration;

23 (iv) the Director of the National Insti-
24 tutes of Health; and

1 (v) the Director of the Centers for
2 Disease Control and Prevention.

3 (3) PRIORITY.—In selecting a covered entity to
4 be awarded a grant under the Program, the Sec-
5 retary shall give priority to covered entities that
6 serve a county—

7 (A) designated, or located in an area des-
8 igned, as a nonattainment area pursuant to
9 section 107 of the Clean Air Act (42 U.S.C.
10 7407) for any air pollutant for which air quality
11 criteria have been issued under section 108(a)
12 of such Act (42 U.S.C. 7408(a));

13 (B) with a level of vulnerability of mod-
14 erate-to-high or higher, according to the Social
15 Vulnerability Index of the Centers for Disease
16 Control and Prevention; or

17 (C) with temperatures that pose a risk to
18 human health, as determined by the Secretary,
19 in consultation with the Administrator of the
20 National Oceanic and Atmospheric Administra-
21 tion and the Chair of the United States Global
22 Change Research Program, based on the best
23 available science.

24 (4) LIMITATION.—A recipient of grant funds
25 under the Program may not use such grant funds to

1 serve a county that is served by any other recipient
2 of a grant under the Program.

3 (e) USE OF FUNDS.—A covered entity awarded grant
4 funds under the Program may only use such grant funds
5 for the following:

6 (1) Initiatives to identify risks associated with
7 climate change for vulnerable individuals and to pro-
8 vide services and support to such individuals that
9 address such risks, which may include—

10 (A) training for health care providers,
11 doulas, and other employees in hospitals, birth
12 centers, midwifery practices, and other health
13 care practices that provide prenatal or labor
14 and delivery services to vulnerable individuals
15 on the identification of, and patient counseling
16 relating to, risks associated with climate change
17 for vulnerable individuals;

18 (B) hiring, training, or providing resources
19 to community health workers and perinatal
20 health workers who can help identify risks asso-
21 ciated with climate change for vulnerable indi-
22 viduals, provide patient counseling about such
23 risks, and carry out the distribution of relevant
24 services and support;

1 (C) enhancing the monitoring of risks as-
2 sociated with climate change for vulnerable in-
3 dividuals, including by—

4 (i) collecting data on such risks in
5 specific census tracts, neighborhoods, or
6 other geographic areas; and

7 (ii) sharing such data with local
8 health care providers, doulas, and other
9 employees in hospitals, birth centers, mid-
10 wifery practices, and other health care
11 practices that provide prenatal or labor
12 and delivery services to local vulnerable in-
13 dividuals; and

14 (D) providing vulnerable individuals—

15 (i) air conditioning units, residential
16 weatherization support, filtration systems,
17 household appliances, or related items;

18 (ii) direct financial assistance; and

19 (iii) services and support, including
20 housing and transportation assistance, to
21 prepare for or recover from extreme weath-
22 er events, which may include floods, hurri-
23 canes, wildfires, droughts, and related
24 events.

1 (2) Initiatives to mitigate levels of and exposure
2 to risks associated with climate change for vulner-
3 able individuals, which shall be based on the best
4 available science and which may include initiatives
5 to—

6 (A) develop, maintain, or expand urban or
7 community forestry initiatives and tree canopy
8 coverage initiatives;

9 (B) improve infrastructure, including
10 buildings and paved surfaces;

11 (C) develop or improve community out-
12 reach networks to provide culturally and lin-
13 guistically appropriate information and notifica-
14 tions about risks associated with climate change
15 for vulnerable individuals; and

16 (D) provide enhanced services to racial and
17 ethnic minority groups and other underserved
18 populations.

19 (f) LENGTH OF AWARD.—A grant under this section
20 shall be disbursed over 4 fiscal years.

21 (g) TECHNICAL ASSISTANCE.—The Secretary shall
22 provide technical assistance to a covered entity awarded
23 a grant under the Program to support the development,
24 implementation, and evaluation of activities funded with
25 such grant.

1 (h) REPORTS TO SECRETARY.—

2 (1) ANNUAL REPORT.—For each fiscal year
3 during which a covered entity is disbursed grant
4 funds under the Program, such covered entity shall
5 submit to the Secretary a report that summarizes
6 the activities carried out by such covered entity with
7 such grant funds during such fiscal year, which shall
8 include a description of the following:

9 (A) The involvement of stakeholder organi-
10 zations in the implementation of initiatives as-
11 sisted with such grant funds.

12 (B) Relevant health and environmental
13 data, disaggregated, to the extent practicable,
14 by race, ethnicity, gender, and pregnancy sta-
15 tus.

16 (C) Qualitative feedback received from vul-
17 nerable individuals with respect to initiatives
18 assisted with such grant funds.

19 (D) Criteria used in selecting the geo-
20 graphic areas assisted with such grant funds.

21 (E) Efforts to address racial and ethnic
22 disparities in adverse maternal and infant
23 health outcomes and in exposure to risks associ-
24 ated with climate change for vulnerable individ-
25 uals.

1 (F) Any negative and unintended impacts
2 of initiatives assisted with such grant funds, in-
3 cluding—

4 (i) adverse environmental impacts;

5 (ii) displacement of residents and
6 businesses;

7 (iii) rent and housing price increases;

8 and

9 (iv) disproportionate adverse impacts
10 on racial and ethnic minority groups and
11 other underserved populations.

12 (G) How the covered entity will address
13 and prevent any impacts described in subpara-
14 graph (F).

15 (2) PUBLICATION.—Not later than 30 days
16 after the date on which a report is submitted under
17 paragraph (1), the Secretary shall publish such re-
18 port on a public website of the Department of
19 Health and Human Services.

20 (i) REPORT TO CONGRESS.—Not later than the date
21 that is 5 years after the date on which the Program is
22 established, the Secretary shall submit to Congress and
23 publish on a public website of the Department of Health
24 and Human Services a report on the results of the Pro-
25 gram, including the following:

1 (1) Summaries of the annual reports submitted
2 under subsection (h).

3 (2) Evaluations of the initiatives assisted with
4 grant funds under the Program.

5 (3) An assessment of the effectiveness of the
6 Program in—

7 (A) identifying risks associated with cli-
8 mate change for vulnerable individuals;

9 (B) providing services and support to such
10 individuals;

11 (C) mitigating levels of and exposure to
12 such risks; and

13 (D) addressing racial and ethnic disparities
14 in adverse maternal and infant health outcomes
15 and in exposure to such risks.

16 (4) A description of how the Program could be
17 expanded, including—

18 (A) monitoring efforts or data collection
19 that would be required to identify areas with
20 high levels of risks associated with climate
21 change for vulnerable individuals;

22 (B) how such areas could be identified
23 using the strategy developed under section 5;
24 and

1 (C) recommendations for additional fund-
2 ing.

3 (j) COVERED ENTITY DEFINED.—In this section, the
4 term “covered entity” means a consortium of organiza-
5 tions serving a county that—

6 (1) shall include a community-based organiza-
7 tion; and

8 (2) may include—

9 (A) another stakeholder organization;

10 (B) the government of such county;

11 (C) the governments of one or more mu-
12 nicipalities within such county;

13 (D) a State or local public health depart-
14 ment or emergency management agency;

15 (E) a local health care practice, which may
16 include a licensed and accredited hospital, birth
17 center, midwifery practice, or other health care
18 practice that provides prenatal or labor and de-
19 livery services to vulnerable individuals;

20 (F) an Indian tribe or tribal organization
21 (as such terms are defined in section 4 of the
22 Indian Self-Determination and Education As-
23 sistance Act (25 U.S.C. 5304));

1 (G) an Urban Indian organization (as de-
2 fined in section 4 of the Indian Health Care
3 Improvement Act (25 U.S.C. 1603)); and

4 (H) an institution of higher education.

5 (k) AUTHORIZATION OF APPROPRIATIONS.—There is
6 authorized to be appropriated to carry out this section
7 \$100,000,000 for fiscal years 2022 through 2025.

8 **SEC. 3. GRANT PROGRAM FOR EDUCATION AND TRAINING**
9 **AT HEALTH PROFESSION SCHOOLS.**

10 (a) IN GENERAL.—Not later than 1 year after the
11 date of the enactment of this Act, the Secretary of Health
12 and Human Services shall establish a grant program (in
13 this section referred to as the “Program”) to provide
14 funds to health profession schools to support the develop-
15 ment and integration of education and training programs
16 for identifying and addressing risks associated with cli-
17 mate change for vulnerable individuals.

18 (b) GRANT AUTHORITY.—In carrying out the Pro-
19 gram, the Secretary may award, on a competitive basis,
20 grants to health profession schools.

21 (c) APPLICATION.—To be eligible for a grant under
22 the Program, a health profession school shall submit to
23 the Secretary an application at such time, in such form,
24 and containing such information as the Secretary may re-

1 quire, which shall include, at a minimum, a description
2 of the following:

3 (1) How such health profession school will en-
4 gage with vulnerable individuals, and stakeholder or-
5 ganizations representing such individuals, in devel-
6 oping and implementing the education and training
7 programs supported by grant funds awarded under
8 the Program.

9 (2) How such health profession school will en-
10 sure that such education and training programs will
11 address racial and ethnic disparities in exposure to,
12 and the effects of, risks associated with climate
13 change for vulnerable individuals.

14 (d) USE OF FUNDS.—A health profession school
15 awarded a grant under the Program shall use the grant
16 funds to develop, and integrate into the curriculum and
17 continuing education of such health profession school, edu-
18 cation and training on each of the following:

19 (1) Identifying risks associated with climate
20 change for vulnerable individuals and individuals
21 with the intent to become pregnant.

22 (2) How risks associated with climate change
23 affect vulnerable individuals and individuals with the
24 intent to become pregnant.

1 (3) Racial and ethnic disparities in exposure to,
2 and the effects of, risks associated with climate
3 change for vulnerable individuals and individuals
4 with the intent to become pregnant.

5 (4) Patient counseling and mitigation strategies
6 relating to risks associated with climate change for
7 vulnerable individuals.

8 (5) Relevant services and support for vulnerable
9 individuals relating to risks associated with climate
10 change and strategies for ensuring vulnerable indi-
11 viduals have access to such services and support.

12 (6) Implicit and explicit bias, racism, and dis-
13 crimination.

14 (7) Related topics identified by such health pro-
15 fession school based on the engagement of such
16 health profession school with vulnerable individuals
17 and stakeholder organizations representing such in-
18 dividuals.

19 (e) PARTNERSHIPS.—In carrying out activities with
20 grant funds, a health profession school awarded a grant
21 under the Program may partner with one or more of the
22 following:

23 (1) A State or local public health department.

24 (2) A health care professional membership or-
25 ganization.

1 (3) A stakeholder organization.

2 (4) A health profession school.

3 (5) An institution of higher education.

4 (f) REPORTS TO SECRETARY.—

5 (1) ANNUAL REPORT.—For each fiscal year
6 during which a health profession school is disbursed
7 grant funds under the Program, such health profes-
8 sion school shall submit to the Secretary a report
9 that describes the activities carried out with such
10 grant funds during such fiscal year.

11 (2) FINAL REPORT.—Not later than the date
12 that is 1 year after the end of the last fiscal year
13 during which a health profession school is disbursed
14 grant funds under the Program, the health profes-
15 sion school shall submit to the Secretary a final re-
16 port that summarizes the activities carried out with
17 such grant funds.

18 (g) REPORT TO CONGRESS.—Not later than the date
19 that is 6 years after the date on which the Program is
20 established, the Secretary shall submit to Congress and
21 publish on a public website of the Department of Health
22 and Human Services a report that includes the following:

23 (1) A summary of the reports submitted under
24 subsection (f).

1 (2) Recommendations to improve education and
2 training programs at health profession schools with
3 respect to identifying and addressing risks associ-
4 ated with climate change for vulnerable individuals.

5 (h) HEALTH PROFESSION SCHOOL DEFINED.—In
6 this section, the term “health profession school” means
7 an accredited—

8 (1) medical school;

9 (2) school of nursing;

10 (3) midwifery program;

11 (4) physician assistant education program;

12 (5) teaching hospital;

13 (6) residency or fellowship program; or

14 (7) other school or program determined appro-
15 priate by the Secretary.

16 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section
18 \$5,000,000 for fiscal years 2022 through 2025.

19 **SEC. 4. NIH CONSORTIUM ON BIRTH AND CLIMATE CHANGE**
20 **RESEARCH.**

21 (a) ESTABLISHMENT.—Not later than 1 year after
22 the date of the enactment of this Act, the Director of the
23 National Institutes of Health shall establish the Consor-
24 tium on Birth and Climate Change Research (in this sec-
25 tion referred to as the “Consortium”).

1 (b) DUTIES.—

2 (1) IN GENERAL.—The Consortium shall co-
3 ordinate, across the institutes, centers, and offices of
4 the National Institutes of Health, research on the
5 risks associated with climate change for vulnerable
6 individuals.

7 (2) REQUIRED ACTIVITIES.—In carrying out
8 paragraph (1), the Consortium shall—

9 (A) establish research priorities, including
10 by prioritizing research that—

11 (i) identifies the risks associated with
12 climate change for vulnerable individuals
13 with a particular focus on disparities in
14 such risks among racial and ethnic minor-
15 ity groups and other underserved popu-
16 lations; and

17 (ii) identifies strategies to reduce lev-
18 els of, and exposure to, such risks, with a
19 particular focus on risks among racial and
20 ethnic minority groups and other under-
21 served populations;

22 (B) identify gaps in available data related
23 to such risks;

24 (C) identify gaps in, and opportunities for,
25 research collaborations;

1 (D) identify funding opportunities for com-
2 munity-based organizations and researchers
3 from racially, ethnically, and geographically di-
4 verse backgrounds; and

5 (E) publish annual reports on the work
6 and findings of the Consortium on a public
7 website of the National Institutes of Health.

8 (c) MEMBERSHIP.—The Director shall appoint to the
9 Consortium representatives of such institutes, centers, and
10 offices of the National Institutes of Health as the Director
11 considers appropriate, including, at a minimum, rep-
12 resentatives of—

13 (1) the National Institute of Environmental
14 Health Sciences;

15 (2) the National Institute on Minority Health
16 and Health Disparities;

17 (3) the Eunice Kennedy Shriver National Insti-
18 tute of Child Health and Human Development;

19 (4) the National Institute of Nursing Research;
20 and

21 (5) the Office of Research on Women’s Health.

22 (d) CHAIRPERSON.—The Chairperson of the Consor-
23 tium shall be designated by the Director and selected from
24 among the representatives appointed under subsection (c).

1 (e) CONSULTATION.—In carrying out the duties de-
2 scribed in subsection (b), the Consortium shall consult
3 with—

4 (1) the heads of relevant Federal agencies, in-
5 cluding—

6 (A) the Environmental Protection Agency;

7 (B) the National Oceanic and Atmospheric
8 Administration;

9 (C) the Occupational Safety and Health
10 Administration; and

11 (D) from the Department of Health and
12 Human Services—

13 (i) the Office of Minority Health in
14 the Office of the Secretary;

15 (ii) the Centers for Medicare & Med-
16 icaid Services;

17 (iii) the Health Resources and Serv-
18 ices Administration;

19 (iv) the Centers for Disease Control
20 and Prevention;

21 (v) the Indian Health Service; and

22 (vi) the Administration for Children
23 and Families; and

24 (2) representatives of—

25 (A) stakeholder organizations;

1 (B) health care providers and professional
2 membership organizations with expertise in ma-
3 ternal health or environmental justice;

4 (C) State and local public health depart-
5 ments;

6 (D) licensed and accredited hospitals, birth
7 centers, midwifery practices, or other health
8 care practices that provide prenatal or labor
9 and delivery services to vulnerable individuals;
10 and

11 (E) institutions of higher education, in-
12 cluding such institutions that are minority-serv-
13 ing institutions or have expertise in maternal
14 health or environmental justice.

15 **SEC. 5. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**
16 **RISK ZONES FOR VULNERABLE MOTHERS**
17 **AND BABIES.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services, acting through the Director of the Cen-
20 ters for Disease Control and Prevention, shall develop a
21 strategy (in this section referred to as the “Strategy”) for
22 designating areas that the Secretary determines to have
23 a high risk of adverse maternal and infant health out-
24 comes among vulnerable individuals as a result of risks
25 associated with climate change.

1 (b) STRATEGY REQUIREMENTS.—

2 (1) IN GENERAL.—In developing the Strategy,
3 the Secretary shall establish a process to identify
4 areas where vulnerable individuals are exposed to a
5 high risk of adverse maternal and infant health out-
6 comes as a result of risks associated with climate
7 change in conjunction with other factors that can
8 impact such health outcomes, including—

9 (A) the incidence of diseases associated
10 with air pollution, extreme heat, and other envi-
11 ronmental factors;

12 (B) the availability and accessibility of ma-
13 ternal and infant health care providers;

14 (C) English-language proficiency among
15 women of reproductive age;

16 (D) the health insurance status of women
17 of reproductive age;

18 (E) the number of women of reproductive
19 age who are members of racial or ethnic groups
20 with disproportionately high rates of adverse
21 maternal and infant health outcomes;

22 (F) the socioeconomic status of women of
23 reproductive age, including with respect to—

24 (i) poverty;

25 (ii) unemployment;

1 (iii) household income; and

2 (iv) educational attainment; and

3 (G) access to quality housing, transpor-
4 tation, and nutrition.

5 (2) RESOURCES.—In developing the Strategy,
6 the Secretary shall identify, and incorporate a de-
7 scription of, the following:

8 (A) Existing mapping tools or Federal pro-
9 grams that identify—

10 (i) risks associated with climate
11 change for vulnerable individuals; and

12 (ii) other factors that can influence
13 maternal and infant health outcomes, in-
14 cluding the factors described in paragraph
15 (1).

16 (B) Environmental, health, socioeconomic,
17 and demographic data relevant to identifying
18 risks associated with climate change for vulner-
19 able individuals.

20 (C) Existing monitoring networks that col-
21 lect data described in subparagraph (B), and
22 any gaps in such networks.

23 (D) Federal, State, and local stakeholders
24 involved in maintaining monitoring networks
25 identified under subparagraph (C), and how

1 such stakeholders are coordinating their moni-
2 toring efforts.

3 (E) Additional monitoring networks, and
4 enhancements to existing monitoring networks,
5 that would be required to address gaps identi-
6 fied under subparagraph (C), including at the
7 subcounty and census tract level.

8 (F) Funding amounts required to establish
9 the monitoring networks identified under sub-
10 paragraph (E) and recommendations for Fed-
11 eral, State, and local coordination with respect
12 to such networks.

13 (G) Potential uses for data collected and
14 generated as a result of the Strategy, including
15 how such data may be used in determining re-
16 cipients of grants under the program estab-
17 lished by section 2 or other similar programs.

18 (H) Other information the Secretary con-
19 siders relevant for the development of the Strat-
20 egy.

21 (c) COORDINATION AND CONSULTATION.—In devel-
22 oping the Strategy, the Secretary shall—

23 (1) coordinate with the Administrator of the
24 Environmental Protection Agency and the Adminis-

1 trator of the National Oceanic and Atmospheric Ad-
2 ministration; and

3 (2) consult with—

4 (A) stakeholder organizations;

5 (B) health care providers and professional
6 membership organizations with expertise in ma-
7 ternal health or environmental justice;

8 (C) State and local public health depart-
9 ments;

10 (D) licensed and accredited hospitals, birth
11 centers, midwifery practices, or other health
12 care providers that provide prenatal or labor
13 and delivery services to vulnerable individuals;
14 and

15 (E) institutions of higher education, in-
16 cluding such institutions that are minority-serv-
17 ing institutions or have expertise in maternal
18 health or environmental justice.

19 (d) NOTICE AND COMMENT.—At least 240 days be-
20 fore the date on which the Strategy is published in accord-
21 ance with subsection (e), the Secretary shall provide—

22 (1) notice of the Strategy on a public website
23 of the Department of Health and Human Services;
24 and

1 (2) an opportunity for public comment of at
2 least 90 days.

3 (e) PUBLICATION.—Not later than 18 months after
4 the date of the enactment of this Act, the Secretary shall
5 publish on a public website of the Department of Health
6 and Human Services—

7 (1) the Strategy;

8 (2) the public comments received under sub-
9 section (d); and

10 (3) the responses of the Secretary to such pub-
11 lic comments.

12 **SEC. 6. DEFINITIONS.**

13 In this Act, the following definitions apply:

14 (1) ADVERSE MATERNAL AND INFANT HEALTH
15 OUTCOMES.—The term “adverse maternal and in-
16 fant health outcomes” includes the outcomes of
17 preterm birth, low birth weight, stillbirth, infant or
18 maternal mortality, and severe maternal morbidity.

19 (2) INSTITUTION OF HIGHER EDUCATION.—The
20 term “institution of higher education” has the
21 meaning given such term in section 101 of the High-
22 er Education Act of 1965 (20 U.S.C. 1001).

23 (3) MINORITY-SERVING INSTITUTION.—The
24 term “minority-serving institution” means an entity
25 specified in any of paragraphs (1) through (7) of

1 section 371(a) of the Higher Education Act of 1965
2 (20 U.S.C. 1067q(a)).

3 (4) RACIAL AND ETHNIC MINORITY GROUP.—
4 The term “racial and ethnic minority group” has the
5 meaning given such term in section 1707(g) of the
6 Public Health Service Act (42 U.S.C. 300u–6(g)).

7 (5) RISKS ASSOCIATED WITH CLIMATE
8 CHANGE.—The term “risks associated with climate
9 change” includes risks associated with extreme heat,
10 air pollution, extreme weather events, and other en-
11 vironmental issues associated with climate change
12 that can result in adverse maternal and infant
13 health outcomes.

14 (6) STAKEHOLDER ORGANIZATION.—The term
15 “stakeholder organization” means—

16 (A) a community-based organization with
17 expertise in providing assistance to vulnerable
18 individuals;

19 (B) a nonprofit organization with expertise
20 in maternal or infant health or environmental
21 justice; and

22 (C) a patient advocacy organization rep-
23 resenting vulnerable individuals.

24 (7) VULNERABLE INDIVIDUAL.—The term “vul-
25 nerable individual” means—

- 1 (A) an individual who is pregnant;
- 2 (B) an individual who was pregnant during
- 3 any portion of the preceding 1-year period; and
- 4 (C) an individual under 3 years of age.

○