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(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mrs. HAYES introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To address social determinants of maternal health to eliminate maternal mortality, severe maternal morbidity, and maternal health disparities, 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 “Social Determinants  
5 for Moms Act”.

1 **SEC. 2. TASK FORCE TO ADDRESS THE UNITED STATES MA-**  
2 **TERNAL HEALTH CRISIS.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services shall convene a task force (in this section  
5 referred to as the “Task Force”) to develop strategies and  
6 coordinate efforts between Federal agencies and other  
7 stakeholders to eliminate preventable maternal mortality,  
8 severe maternal morbidity, and maternal health disparities  
9 in the United States, including actions to address clinical  
10 and nonclinical causes of maternal mortality, severe ma-  
11 ternal morbidity, and maternal health disparities.

12 (b) EX OFFICIO MEMBERS.—The ex officio members  
13 of the Task Force shall consist of the following:

14 (1) The Secretary of Health and Human Serv-  
15 ices (or a designee thereof).

16 (2) The Secretary of Housing and Urban Devel-  
17 opment (or a designee thereof).

18 (3) The Secretary of Transportation (or a des-  
19 ignee thereof).

20 (4) The Secretary of Agriculture (or a designee  
21 thereof).

22 (5) The Secretary of Labor (or a designee  
23 thereof).

24 (6) The Administrator of the Environmental  
25 Protection Agency (or a designee thereof).

1           (7) The Assistant Secretary for the Administra-  
2           tion for Children and Families (or a designee there-  
3           of).

4           (8) The Administrator of the Centers for Medi-  
5           care & Medicaid Services (or a designee thereof).

6           (9) The Director of the Indian Health Service  
7           (or a designee thereof).

8           (10) The Director of the National Institutes of  
9           Health (or a designee thereof).

10          (11) The Director of the Eunice Kennedy  
11          Shriver National Institute of Child Health and  
12          Human Development (or a designee thereof).

13          (12) The Administrator of the Health Re-  
14          sources and Services Administration (or a designee  
15          thereof).

16          (13) The Deputy Assistant Secretary for Minor-  
17          ity Health of the Department of Health and Human  
18          Services (or a designee thereof).

19          (14) The Deputy Assistant Secretary for Wom-  
20          en's Health of the Department of Health and  
21          Human Services (or a designee thereof).

22          (15) The Director of the Centers for Disease  
23          Control and Prevention (or a designee thereof).

1           (16) The Director of the Office on Violence  
2           Against Women at the Department of Justice (or a  
3           designee thereof).

4           (c) APPOINTED MEMBERS.—In addition to the ex  
5           officio members of the Task Force, the Secretary of  
6           Health and Human Services may appoint the following  
7           members of the Task Force:

8           (1) Representatives of patients, to include—

9                   (A) a representative of patients who have  
10           suffered from severe maternal morbidity; or

11                   (B) a representative of patients who is a  
12           family member of an individual who suffered a  
13           pregnancy-related death.

14           (2) Leaders of community-based organizations  
15           that address maternal mortality, severe maternal  
16           morbidity, and maternal health with a specific focus  
17           on racial and ethnic disparities. In appointing such  
18           leaders under this paragraph, the Secretary of  
19           Health and Human Services shall give priority to in-  
20           dividuals who are leaders of organizations led by in-  
21           dividuals from demographic groups with elevated  
22           rates of maternal mortality, severe maternal mor-  
23           bidity, maternal health disparities, or other adverse  
24           perinatal or childbirth outcomes.

25           (3) Perinatal health workers.

1           (4) A professionally and geographically diverse  
2 panel of maternity care providers.

3           (5) Other maternal health stakeholders outside  
4 of the Federal Government with expertise in mater-  
5 nal health, including social determinants of maternal  
6 health.

7           (d) CHAIR.—The Secretary of Health and Human  
8 Services shall select the chair of the Task Force from  
9 among the members of the Task Force.

10          (e) TOPICS.—In developing strategies coordinating  
11 efforts between Federal agencies and other stakeholders  
12 to eliminate preventable maternal mortality, severe mater-  
13 nal morbidity, and maternal health disparities in the  
14 United States under this section, the Task Force may ad-  
15 dress topics such as—

16           (1) addressing barriers that prevent individuals  
17 from attending prenatal and postpartum appoint-  
18 ments, accessing maternal health care services, or  
19 accessing services and resources related to social de-  
20 terminants of maternal health;

21           (2) increasing access to safe, stable, affordable,  
22 and adequate housing for pregnant and postpartum  
23 individuals and their families;

24           (3) delivering healthy food, infant formula,  
25 clean water, diapers, or other perinatal necessities to

1 pregnant and postpartum individuals located in  
2 areas that are food deserts;

3 (4) addressing the impacts of water and air  
4 quality, exposure to extreme temperatures, environ-  
5 mental chemicals, environmental risks in the work-  
6 place and the home, and pollution levels, on mater-  
7 nal and infant health outcomes;

8 (5) offering free and accessible drop-in  
9 childcare services during prenatal and postpartum  
10 appointments;

11 (6) addressing the clinical and nonclinical needs  
12 of postpartum individuals and their families for the  
13 duration of the postpartum period;

14 (7) engaging with nongovernmental entities to  
15 address social determinants of maternal health, in-  
16 cluding through public-private partnerships;

17 (8) addressing the impact of domestic or inti-  
18 mate partner violence on maternal health outcomes;  
19 and

20 (9) other topics determined by the chair of the  
21 Task Force.

22 (f) REPORT.—Not later than 2 years after the date  
23 of enactment of this Act, and every year thereafter, the  
24 Task Force shall submit to Congress and make publicly

1 available on the website of the Department of Health and  
2 Human Services a report—

3 (1) describing the Task Force’s efforts to de-  
4 velop strategies and coordinate efforts between Fed-  
5 eral agencies and other stakeholders to eliminate  
6 preventable maternal mortality, severe maternal  
7 morbidity, and maternal health disparities in the  
8 United States;

9 (2) providing an overview of actions taken by  
10 each member of the Task Force listed under sub-  
11 section (b) to eliminate preventable maternal mor-  
12 tality, severe maternal morbidity, and maternal  
13 health disparities in the United States;

14 (3) providing recommendations on Federal  
15 funding amounts and authorities needed to imple-  
16 ment strategies developed by the Task Force to  
17 eliminate preventable maternal mortality, severe ma-  
18 ternal morbidity, and maternal health disparities in  
19 the United States;

20 (4) providing recommendations on actions that  
21 stakeholders outside of the Federal Government can  
22 take to eliminate preventable maternal mortality, se-  
23 vere maternal morbidity, and maternal health dis-  
24 parities in the United States; and

1           (5) addressing other topics as determined by  
2           the chair of the Task Force.

3           (g) **TERMINATION.**—Section 1013 of title 5, United  
4 States Code, shall not apply to the Task Force with re-  
5 spect to termination.

6 **SEC. 3. SUSTAINED FUNDING TO ADDRESS SOCIAL DETER-**  
7 **MINANTS OF MATERNAL HEALTH.**

8           (a) **IN GENERAL.**—The Secretary of Health and  
9 Human Services (in this section referred to as the “Sec-  
10 retary”) shall award grants to eligible entities to address  
11 social determinants of maternal health to eliminate mater-  
12 nal mortality, severe maternal morbidity, and maternal  
13 health disparities.

14           (b) **ELIGIBLE ENTITIES.**—In this section, the term  
15 “eligible entity” means—

16           (1) a community-based organization, Indian  
17 Tribe or Tribal organization, or Urban Indian orga-  
18 nization;

19           (2) a public health department or nonprofit or-  
20 ganization working with an entity listed in para-  
21 graph (1); or

22           (3) a consortium of entities listed in paragraph  
23 (1) or (2) that includes at minimum one entity listed  
24 in paragraph (1).



1 (c) APPLICATION.—To be eligible to receive a grant  
2 under this section, an eligible entity shall submit to the  
3 Secretary an application at such time, in such manner,  
4 and containing such information as the Secretary may  
5 provide.

6 (d) PRIORITIZATION.—In awarding grants under  
7 subsection (a), the Secretary shall give priority to an eligi-  
8 ble entity that is operating in an area with—

9 (1) high rates of maternal mortality, severe ma-  
10 ternal morbidity, maternal health disparities, or  
11 other adverse perinatal or childbirth outcomes; and

12 (2) a high poverty rate.

13 (e) ACTIVITIES.—An eligible entity that receives a  
14 grant under this section may use the grant to address so-  
15 cial determinants of maternal health such as—

16 (1) housing;

17 (2) transportation;

18 (3) nutrition;

19 (4) employment, workplace conditions, and  
20 other economic factors;

21 (5) environmental conditions;

22 (6) intimate partner violence; and

23 (7) other nonclinical factors that impact mater-  
24 nal health outcomes.

1           (f) TECHNICAL ASSISTANCE.—The Secretary shall  
2 provide to grant recipients under this section technical as-  
3 sistance to plan for sustaining programs to address social  
4 determinants of maternal health after the period of the  
5 grant.

6           (g) REPORTING.—

7               (1) GRANTEES.—Not later than 1 year after an  
8 eligible entity first receives a grant under this sec-  
9 tion, and annually thereafter, an eligible entity shall  
10 submit to the Secretary, and make publicly available,  
11 a report on the status of activities conducted using  
12 the grant. Each such report shall include data on  
13 the effects of such activities, disaggregated by race,  
14 ethnicity, gender, primary language, geography, so-  
15 cioeconomic status, and other relevant factors.

16               (2) SECRETARY.—Not later than the end of fis-  
17 cal year 2028, the Secretary shall submit to Con-  
18 gress a report that includes—

19                       (A) a summary of the reports under para-  
20 graph (1); and

21                       (B) recommendations for future Federal  
22 grant allocations to address social determinants  
23 of maternal health.

1 (h) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section  
3 \$100,000,000 for each of fiscal years 2024 through 2028.

4 **SEC. 4. DEFINITIONS.**

5 In this Act:

6 (1) MATERNAL MORTALITY.—The term “mater-  
7 nal mortality” means a death occurring during or  
8 within a 1-year period after pregnancy, caused by  
9 pregnancy-related or childbirth complications, in-  
10 cluding a suicide, overdose, or other death resulting  
11 from a mental health or substance use disorder at-  
12 tributed to or aggravated by pregnancy-related or  
13 childbirth complications.

14 (2) MATERNITY CARE PROVIDER.—The term  
15 “maternity care provider” means a health care pro-  
16 vider who—

17 (A) is a physician, a physician assistant, a  
18 midwife who meets, at a minimum, the inter-  
19 national definition of a midwife and global  
20 standards for midwifery education as estab-  
21 lished by the International Confederation of  
22 Midwives, an advanced practice registered  
23 nurse, or a lactation consultant certified by the  
24 International Board of Lactation Consultant  
25 Examiners; and

1 (B) has a focus on maternal or perinatal  
2 health.

3 (3) PERINATAL HEALTH WORKER.—The term  
4 “perinatal health worker” means a nonclinical health  
5 worker focused on maternal or perinatal health, such  
6 as a doula, community health worker, peer sup-  
7 porter, lactation educator or counselor, nutritionist  
8 or dietitian, childbirth educator, social worker, home  
9 visitor, patient navigator or coordinator, or language  
10 interpreter.

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

15 (5) PREGNANCY-RELATED DEATH.—The term  
16 “pregnancy-related death” means a death of a preg-  
17 nant or postpartum individual that occurs during, or  
18 within 1 year following, the individual’s pregnancy,  
19 from a pregnancy complication, a chain of events  
20 initiated by pregnancy, or the aggravation of an un-  
21 related condition by the physiologic effects of preg-  
22 nancy.

23 (6) SEVERE MATERNAL MORBIDITY.—The term  
24 “severe maternal morbidity” means a health condi-  
25 tion, including mental health conditions and sub-

1        stance use disorders, attributed to or aggravated by  
2        pregnancy or childbirth that results in significant  
3        short-term or long-term consequences to the health  
4        of the individual who was pregnant.

5            (7) SOCIAL DETERMINANTS OF MATERNAL  
6        HEALTH DEFINED.—The term “social determinants  
7        of maternal health” means nonclinical factors that  
8        impact maternal health outcomes.