



Black Maternal Health Momnibus Overview

Section 1. Short title.

This Act may be cited as the “Black Maternal Health Momnibus Act of 2020”.

Sec. 2. Table of contents.

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Sec. 3. Definitions.

Culturally congruent: Care that is in agreement with the preferred cultural values, beliefs, worldview, and practices of the health care consumer and other stakeholders.

Maternal mortality: A death occurring during or within a one-year period after pregnancy caused by pregnancy or childbirth complications.

Postpartum: The one-year period beginning on the last day of a woman’s pregnancy.

Severe maternal morbidity: An unexpected outcome caused by labor and delivery that results in significant short-term or long-term consequences to a woman’s health.

Title I. Social Determinants for Moms

Sec. 101. Task force to coordinate efforts to address social determinants of health for women in the prenatal and postpartum periods

Establishes a task force that includes representatives of relevant HHS agencies, other federal departments, and community voices to develop coordinated strategies to address social determinants of health influencing maternal health outcomes.

Sec. 102. Requirements for guidance relating to social determinants of health for pregnant women

Requires guidance from HHS to Medicaid managed care organizations and state Medicaid programs on the use of Medicaid dollars to address social determinants of health needs for women with high-risk pregnancies.

Sec. 103. Department of Housing and Urban Development	Establishes a “Housing for Moms” task force within HUD that is responsible for ensuring that pregnant and postpartum women have access to safe, stable, affordable, and adequate housing for themselves and their children.
Sec. 104. Department of Transportation	Commissions a report from the Department of Transportation that assesses transportation barriers and safety risks that pregnant and postpartum women face in accessing maternal health care services and relevant social services.
Sec. 105. Department of Agriculture	<p>Extends the WIC eligibility periods from 6 to 24 months for the postpartum period and from 12 to 24 months for the breastfeeding period.</p> <p>Establishes a grant program to develop or expand initiatives to deliver healthy food, infant formula, and clean water to pregnant and postpartum women living in food deserts.</p> <p>Supports robust evaluation and reporting for the WIC eligibility extensions and for the grant program, with a particular focus on the impacts of the policies on minority women and their families.</p>
Sec. 106. Environmental study through National Academies	Commissions a study through the National Academies of Sciences, Engineering, and Medicine to assess the impacts of water and air quality, pollution levels, and exposure to extreme temperatures on maternal and infant health outcomes, with a particular focus on minority women and their families.
Sec. 107. Child care access	<p>Establishes a grant program to offer free drop-in child care services for moms to utilize when they have prenatal and postpartum appointments.</p> <p>Supports robust evaluation and reporting for the grant program, with a particular focus on the program’s impact on minority women.</p>
Sec. 108. Grants to state, local, and Tribal public health departments addressing social determinants of health for pregnant and postpartum women	<p>Establishes a grant program to support state, local, and Tribal public health departments in their efforts to address the unique social determinants of health needs of pregnant and postpartum women in their respective communities.</p> <p>Supports robust evaluation and reporting for the grant program, with a particular focus on the program’s impact on minority women.</p>
Title II. Honoring Kira Johnson	
Sec. 201. Investments in community-based organizations to improve Black maternal health outcomes	<p>Establishes a grant program to support community-based organizations committed to preventing adverse maternal health outcomes for Black women through models such as perinatal health worker trainings, services from doulas and other perinatal health workers, social determinants of health investments, and others.</p> <p>Supports robust evaluation and reporting for the grant program to allow community-based organizations to build strong evidence bases</p>

	in support of their models to improve Black maternal health outcomes.
Sec. 202. Training for all employees in maternity care settings	Establishes a grant program to implement trainings on bias, racism, and discrimination in maternity care settings that: <ul style="list-style-type: none"> • Apply to all employees in a birth setting, from health care providers to front desk employees and schedulers. • Offer periodic, instead of one-time, trainings. • Are delivered to everyone from undergraduate college students to current providers seeking continuing education units, to the WIC workforce.
Sec. 203. Study on reducing and preventing bias, racism, and discrimination in maternity care settings	Commissions a study on bias, racism, and discrimination trainings to determine the types of trainings that are most effective in reducing bias.
Sec. 204. Respectful maternity care compliance offices program	Establishes a program to support the establishment of “Respectful Maternity Care Compliance Offices” in hospitals and other birth settings. These offices will give patients and their families a mechanism for reporting cases of disrespect or bias on the basis of race, ethnicity or another protected class. A response mechanism from the hospital to the patient would be institutionalized as well, in addition to reporting to HHS on each case. Requires the Secretary of HHS to conduct a study on reports received from hospitals that have established Respectful Maternity Care Compliance Offices. The study will also include recommendations for the development of accountability mechanisms related to cases of disrespect or bias on the basis of race, ethnicity, or another protected class.
Sec. 205. GAO report	Commissions a GAO report to assess the extent to which hospitals have established Respectful Maternity Care Compliance Offices and evaluates the impact of the offices.
Title III. Protecting Moms Who Served	
Sec. 301. Support for maternity care coordination	Provides funding to the Secretary of Veterans Affairs for maternity care coordination at VA facilities, which includes: <ul style="list-style-type: none"> • Ensuring effective coordination between VA and non-VA facilities in the delivery of maternity care and other health care services. • Facilitating access to community resources to address social determinants of health like housing, nutrition, and employment status. • Identifying mental and behavioral health risk factors in the prenatal and postpartum periods and ensuring that pregnant and postpartum women veterans can get the treatments they need. • Offering childbirth preparation classes, parenting classes, nutrition counseling, breastfeeding support, lactation classes, and breast pumps.

Sec. 302. Sense of Congress on veteran status requirements	Provides a Sense of Congress that each state should list the veteran status of a mother in fetal death records and maternal mortality review committee (MMRC) reviews.
Sec. 303. Report on maternal mortality and severe maternal morbidity among women veterans	Commissions a comprehensive study on the scope of the maternal health crisis among women veterans, with a particular focus on minority women veterans. The study makes recommendations for the improvement of maternal health data collection processes and steps to reduce adverse maternal health outcomes among women veterans. This includes women veterans who have coverage through VA, their employers or other private insurance plans, Tricare, and Medicaid.
Title IV. Perinatal Workforce	
Sec. 401. HHS agency directives	Requires the Secretary of HHS to issue guidance to states on recruiting and retaining racially, ethnically, and professionally diverse maternity care teams that deliver culturally congruent care. Commissions a study on ways in which culturally congruent maternity care can improve maternal health outcomes for minority women.
Sec. 402. Grants to grow and diversify the perinatal workforce	Establishes a grant program to start or expand schools or programs that provide education and training to individuals seeking appropriate licensing or certification as physician assistants or perinatal health workers like doulas, community health workers, peer supporters, certified lactation consultants, nutritionists and dietitians, social workers, home visitors, and navigators. Supports robust evaluation and reporting for the grant program, with a particular focus on the program’s impact on increasing the number and diversity of perinatal health workers in areas with poor maternal health outcomes and in health professional shortage areas.
Sec. 403. Grants to grow and diversify the nursing workforce in maternal and perinatal health	Establishes a grant program to provide funding to accredited schools of nursing for the purposes of growing and diversifying the workforce of nurse practitioners and clinical nurse specialists focusing on maternal and perinatal health. Supports robust evaluation and reporting for the grant program, with a particular focus on the program’s impact on increasing the number and diversity of nurse practitioners and clinical nurse specialists in areas with poor maternal health outcomes and in health professional shortage areas.
Sec. 404. GAO report on barriers to maternity care	Commissions a GAO report to assess the barriers that prevent individuals – and low-income and minority women in particular – from pursuing careers as maternity care providers.
Title V. Data to Save Moms	
Sec. 501. Funding for maternal mortality review committees to promote representative community engagement	Provides additional funding to MMRCs for the purposes of: <ul style="list-style-type: none"> • Including racially, ethnically, geographically, and professionally diverse members in the MMRC, including people with non-clinical experiences.

	<ul style="list-style-type: none"> • Conducting outreach and community engagement efforts to seek input from people throughout the state or Tribe, with a particular focus on outreach to minority women. • Establishing the first Tribal MMRC.
Sec. 502. Data collection and review	Promotes MMRC reviews of cases of severe maternal morbidity and consultation with community-based organizations to consider both clinical and non-clinical factors in reviews of pregnancy-associated deaths.
Sec. 503. Task force on maternal health data and quality measures	<p>Establishes a “Task Force on Maternal Health Data and Quality Measures” to evaluate maternal health data collection and reporting processes, and maternity care quality measures, including consideration of:</p> <ul style="list-style-type: none"> • MMRC members’ participation in trainings on bias, racism, or discrimination. • The extent to which states have implemented systematic processes of listening to the stories of pregnant and postpartum women and their family members, with a particular focus on minority women and their families. • Legal barriers preventing the collation of State maternity care data. • The extent to which data are sufficiently stratified by race and ethnicity in the context of maternity care quality measures. • The extent to which quality measures consider subjective measures of patient-reported experience of care. • Recommendations to improve maternal health data collection and reporting processes, and maternity care quality measures.
Sec. 504. Indian Health Service study on maternal mortality	<p>Commissions a comprehensive study on the scope of the maternal health crisis among American Indian and Alaska Native women. The study includes:</p> <ul style="list-style-type: none"> • A systematic process of listening to the stories of American Indian and Alaska Native women to fully understand the causes of, and inform potential solutions to, the maternal health crisis in their communities. • Consideration of the role of social determinants of health, historical mistreatment of American Indian and Alaska Native women, and IHS funding levels in influencing maternal health outcomes. • Recommendations for the improvement of maternal health data collection processes and steps to reduce adverse maternal health outcomes among American Indian and Alaska Native women.
Sec. 505. Grants to minority-serving institutions to study maternal mortality, severe maternal morbidity, and other adverse maternal health outcomes	<p>Establishes a grant program to support maternal health research at Minority-Serving Institutions (MSIs) like HBCUs, TCUs, and HSIs. Potential applications include:</p> <ul style="list-style-type: none"> • The development and implementation of systematic processes of listening to the stories of minority women to fully

	<p>understand the causes of, and inform potential solutions to, the maternal health crisis in their respective communities.</p> <ul style="list-style-type: none"> • An assessment of the potential causes of low rates of maternal mortality among Hispanic women, including racial misclassification and other data collection and reporting issues.
Title VI. Moms MATTER	
Sec. 601. Innovative models to reduce maternal mortality	<p>Establishes a “Maternal Mental and Behavioral Health Task Force” to address issues like prenatal and postpartum depression, anxiety, and substance use disorder, with a particular focus on minority women. The Task Force will address issues such as the promotion of collaborative maternity care models, the cultural congruency of screening tools and follow-up treatments for minority women, and stigma surrounding mental health and substance use disorder, particularly for minority women.</p> <p>Establishes a grant program, informed by recommendations from the Maternal Mental and Behavioral Health Task Force, to support:</p> <ul style="list-style-type: none"> • Collaborative maternity care models. • Clinics offering wraparound services for pregnant and postpartum women with substance use disorder. • Programs at freestanding birth centers. • Programs, such as phone hotlines, to connect maternity care providers with women’s mental health clinicians. <p>Establishes a grant program to support the establishment, expansion, and evaluation of group prenatal and postpartum care models.</p> <p>Supports robust evaluation and reporting for activities funded through the grant program, with a particular focus on impacts on minority women.</p>
Title VII. Justice for Incarcerated Moms	
Sec. 701. Sense of Congress	Provides a Sense of Congress that the proper care that mothers deserve is inclusive: regardless of gender identity, all deserve dignity.
Sec. 702. Ending the shackling of pregnant individuals	Makes federal funding to states through the Edward Byrne Memorial Justice Grant Program conditional on states having laws like the First Step Act for federal prisons that ban the use of restraints on incarcerated pregnant individuals (“shackling”) in their respective state’s detention facilities.
Sec. 703. Creating model programs for the care of incarcerated individuals in the prenatal and postpartum periods	<p>Provides funding to federal Bureau of Prisons facilities to establish programs for pregnant and postpartum incarcerated individuals that include access to:</p> <ul style="list-style-type: none"> • Doula services and support from other perinatal health workers. • Healthy foods and nutrition counseling.

	<ul style="list-style-type: none"> • Trainings for correctional officers and medical personnel to ensure that pregnant incarcerated individuals receive care that promotes their health and safety. • Counseling and treatment for pregnant and postpartum individuals with substance use disorders, mental health conditions, and chronic conditions. • Reentry assistance. • Pregnancy and childbirth education and parenting support. • Maternal-infant bonding opportunities. • Diversionary programs that offer parenting classes, counseling, and other critical programs to prevent incarceration for pregnant and postpartum women. <p>Supports robust evaluation and reporting for activities funded through the program.</p>
<p>Sec. 704. Grant program to improve maternal health outcomes for individuals in state and local prisons and jails</p>	<p>Establishes a grant program to optimize standards of care for pregnant and postpartum incarcerated individuals in state and local prisons and jails by providing access to:</p> <ul style="list-style-type: none"> • Doula services and support from other perinatal health workers. • Healthy foods and nutrition counseling. • Trainings for correctional officers and medical personnel to ensure that pregnant incarcerated individuals receive care that promotes their health and safety. • Counseling and treatment for pregnant and postpartum individuals with substance use disorders, mental health conditions, and chronic conditions. • Reentry assistance. • Pregnancy and childbirth education and parenting support. • Maternal-infant bonding opportunities. • Diversionary programs that offer parenting classes, counseling, and other critical programs to prevent incarceration for pregnant and postpartum women. <p>Supports robust evaluation and reporting for activities funded through the grant program.</p>
<p>Sec. 705. GAO report</p>	<p>Commissions a comprehensive study on the scope of the maternal health crisis among incarcerated individuals, with a particular focus on racial and ethnic disparities in outcomes. The study makes recommendations for steps to reduce adverse maternal health outcomes among incarcerated people.</p>
<p>Sec. 706. MACPAC report</p>	<p>Commissions a study on the impacts of Medicaid coverage termination for individuals when they become incarcerated and assesses the potential maternal health implications of suspending, rather than terminating coverage.</p>
<p>Title VIII. Tech to Save Moms</p>	

<p>Sec. 801. CMI modeling of integrated telehealth models in maternity care services</p>	<p>Adds a new clause to the list of possible CMMI demonstration project models that would support the adoption and use of telehealth tools to support screening for and treatment of common pregnancy-related complications.</p>
<p>Sec. 802. Grants to expand the use of technology-enabled collaborative learning and capacity models that provide care to pregnant and postpartum women</p>	<p>Establishes a grant program to support technology-enabled collaborative learning and capacity building models to develop and disseminate instructional programming and training for maternity care providers in underserved areas and areas with significant racial and ethnic disparities in maternal health outcomes. The models will cover topics such as:</p> <ul style="list-style-type: none"> • AIM safety and quality improvement bundles. • Trainings on bias, racism, and discrimination. • Best practices in screening for and treating maternal mental health conditions and substance use disorders. • Identifying social determinants of health risks in the prenatal and postpartum periods. • The use of remote patient monitoring tools for common complications in pregnancy and after delivery. <p>Includes consideration of broadband infrastructure that would be required to support reliable, high-speed internet access for grant recipients.</p> <p>Supports robust evaluation and reporting for activities funded through the grant program.</p>
<p>Sec. 803. Grants to promote equity in maternal health outcomes by increasing access to digital tools</p>	<p>Establishes a grant program to promote access to digital tools related to maternal health care for the purposes of reducing racial and ethnic disparities in maternal health outcomes.</p> <p>Supports robust evaluation to assess the effectiveness of the grants in improving maternal health outcomes for minority women.</p> <p>Requires the Secretary of HHS to submit a report to Congress that evaluates the grant program and makes recommendations related to the use of technology to improve maternal health outcomes for minority women, including consideration of issues such as:</p> <ul style="list-style-type: none"> • Privacy and security safeguards that are needed to use technology in maternal health care. • Barriers that prevent telehealth services from being provided across state lines. • Barriers that prevent consumers from accessing technological tools like telehealth, including a lack of access to reliable, high-speed internet or a lack of access to necessary electronic devices.
<p>Sec. 804. Report on the use of technology to reduce maternal mortality and</p>	<p>Commissions a study through the National Academies of Sciences, Engineering, and Medicine to assess current and future uses of</p>

<p>severe maternal morbidity and to close racial and ethnic disparities in outcomes</p>	<p>artificial intelligence in maternal health care to ensure that these technologies do not exacerbate racial or ethnic biases.</p>
<p>Title IX. IMPACT to Save Moms</p>	
<p>Sec. 901. Perinatal Care Alternative Payment Model Demonstration Project</p>	<p>Creates a new CMMI demonstration project to establish a perinatal care alternative payment model (APM) in consultation with a diverse range of stakeholders. In designing the demonstration project, the Secretary of HHS must consider APMs that:</p> <ul style="list-style-type: none"> • Are designed to improve maternal health outcomes for minority women. • Include methods for stratifying patients by pregnancy risk level. • Consider non-hospital birth settings like freestanding birth centers. • Consider social determinants of health like housing, transportation, and nutrition. • Include racially, ethnically, and professionally diverse maternity care teams. <p>Supports robust evaluation and reporting for the demonstration project, with a particular focus on the program’s impact on minority women.</p>
<p>Sec. 902. MACPAC report</p>	<p>Commissions a study on continuity of health insurance coverage for pregnant and postpartum women that includes consideration of:</p> <ul style="list-style-type: none"> • Presumptive eligibility for pregnant women while their Medicaid or CHIP application is being processed. • Measures to prevent disruptions in coverage for a pregnant or postpartum woman who needs to change their health insurance plan. • Measures to ensure that women who qualified for Medicaid or CHIP for their pregnancy and remain eligible for such coverage as a parenting adult are automatically reenrolled. • Recommendations to ensure continuity of coverage from pregnancy through labor and delivery and up to 1 year after the end of the pregnancy.