

Black Maternal
Health Momnibus
Act of 2021

S.851/H.R.943

BLACK MATERNAL HEALTH MOMNIBUS ACT OF 2021



12 BILLS

The Black Maternal Health Momnibus is a comprehensive package of 12 bills crafted to eliminate racial disparities and improve maternal health across



3x

In the United States, Black women and birthing people are over three times as likely as white women to die from pregnancy-related causes.

The Black Maternal Health Momnibus Act of 2021 is a package of twelve bills addressing the maternal health crisis the United States currently faces. The legislation advances critically important policies that cover various dimensions of maternal health among Black women, and makes robust investments to ensure quality health care and a myriad of social supports pregnant and postpartum women desperately need.

SPONSORS:

Sen. Richard Blumenthal [D-CT] / Rep. Lucy McBath [D-GA-6]

STATUS:

*Referred to the Committee on Health, Education, Labor, and Pensions /
Referred to the Subcommittee on Nutrition, Oversight, and Department Operations*

BIPARTISAN?

SENATE: No / HOUSE: No

RESOURCES:

[Social and Structural Determinants of Health Inequities in Maternal Health\(liebertpub.com\)](https://www.liebertpub.com/healthinequities)

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Energy and Commerce Subcommittee on Health

For more information, visit the full Momnibus Tracker Tool at https://bit.ly/TCF_Momnibus

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S.347/H.R.92

DATA TO SAVE MOMS ACT



RESEARCH!

Gather critical information about the maternal health crisis among Indigenous women, who are at similar risk to Black women, by commissioning a needed study.



Strengthen and diversify Maternal Mortality Review Committees to help us understand the causes and impacts of the maternal health crisis at the community level.

This bill expands data collection and research on maternal morbidity and mortality among minority populations. Specifically, the bill adds requirements to a program within the Centers for Disease Control and Prevention (CDC) that supports maternal mortality review committees. To the extent practicable, the committees must use the most up-to-date indicators of severe maternal morbidity; review deaths caused by suicide, overdose, or other behavioral health conditions attributed to or aggravated by pregnancy or childbirth; and consult with representatives of communities about nonclinical factors that may contribute to adverse maternal outcomes.

SPONSORS:

Sen. Tina Smith [D-MN] / Rep. Sharice Davids [D-KS-3]

STATUS:

*Sections 501 and 505 included in the Build Back Better Act /
Referred to the Senate Committee on Health, Education, Labor, and Pensions /
Forwarded by Subcommittee to Full House Committee (Amended) by Voice Vote,
House Energy and Commerce Subcommittee on Health*

BIPARTISAN?

SENATE: No / HOUSE: No

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Energy and Commerce Subcommittee on Health

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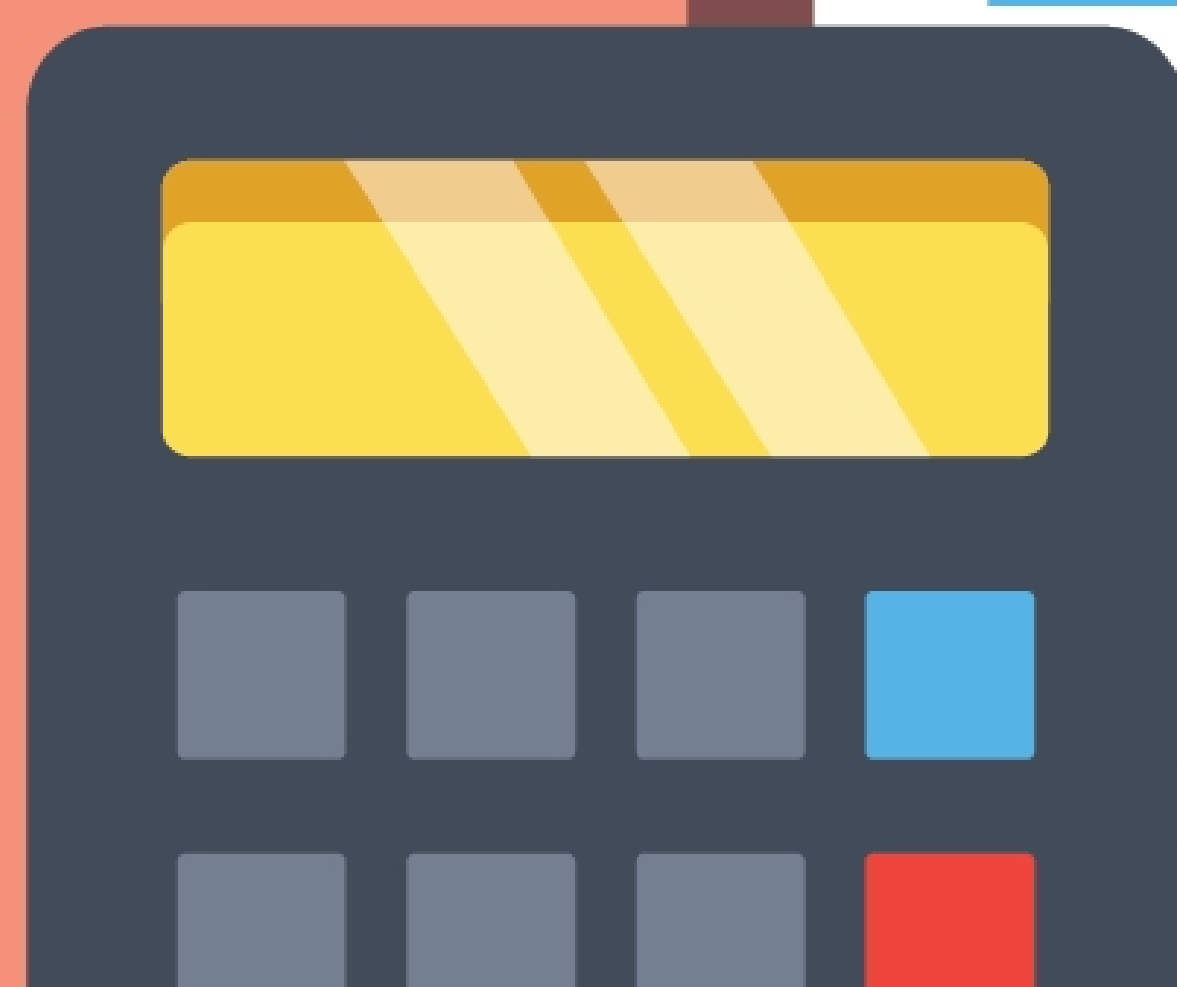
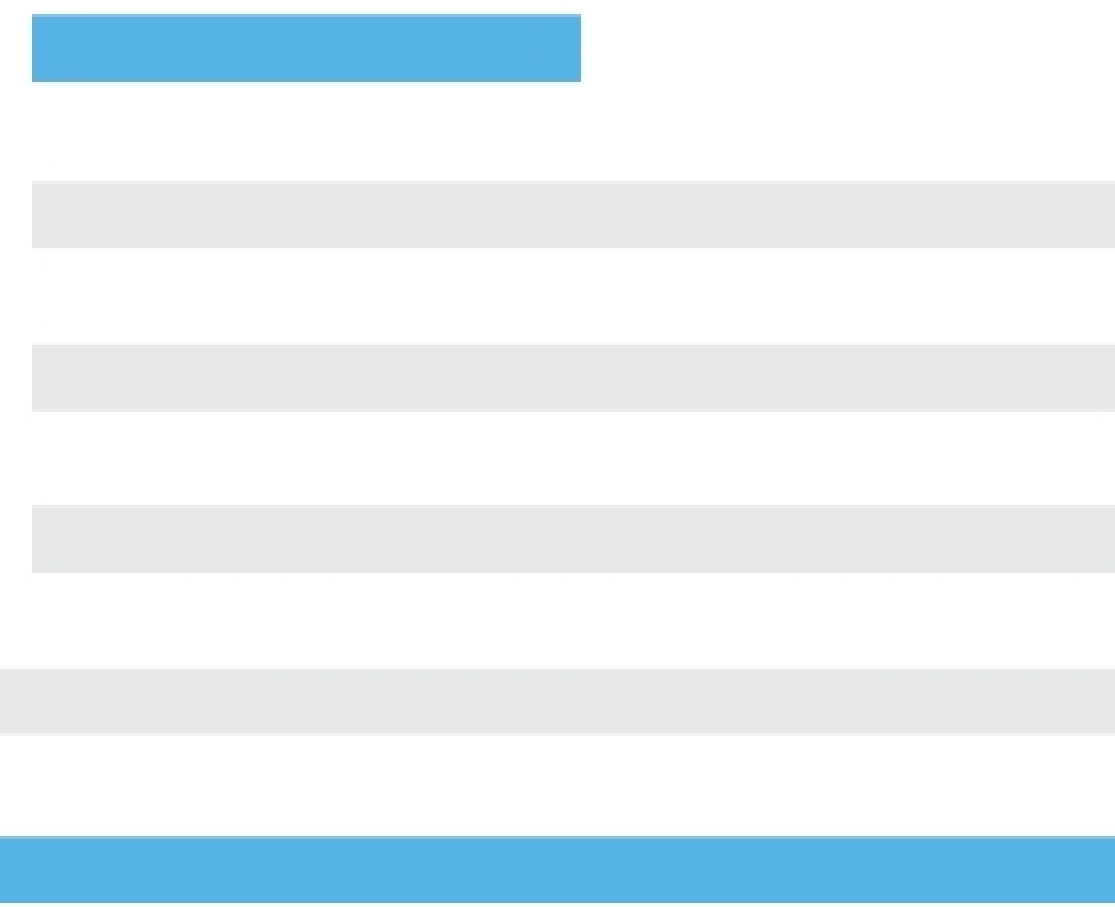
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S.347/H.R.92

IMPACT TO SAVE MOMS ACT



INNOVATION

This bill seeks to transform the delivery of care through the creation of a new CMS



How maternity care is paid for can influence outcomes for pregnant people and infants.

This bill requires the Centers for Medicare and Medicaid Services (CMS) to establish the Perinatal Care Alternative Payment Model Demonstration Project to allow states to test payment models for maternity care, including postpartum care, under Medicaid and the Children's Health Insurance Program (CHIP).

SPONSORS:

Sen. Robert P. Casey Jr. [D-PA] / Rep. Janice D. Schakowsky [D-IL-9]

STATUS:

*Referred to the Senate Committee on Finance /
Referred to the Subcommittee on Health, House Committee on Energy and Commerce*

BIPARTISAN?

SENATE: No / HOUSE: No

RESOURCES:

[Promoting Better Maternal Health Outcomes by Closing the Medicare Postpartum Coverage Gap\(tcf.org\)](https://www.tcf.org/issue/promoting-better-maternal-health-outcomes-by-closing-the-medicare-postpartum-coverage-gap)

COMMITTEE(S) OF JURISDICTION:

Senate Finance / House Energy and Commerce Subcommittee on Health

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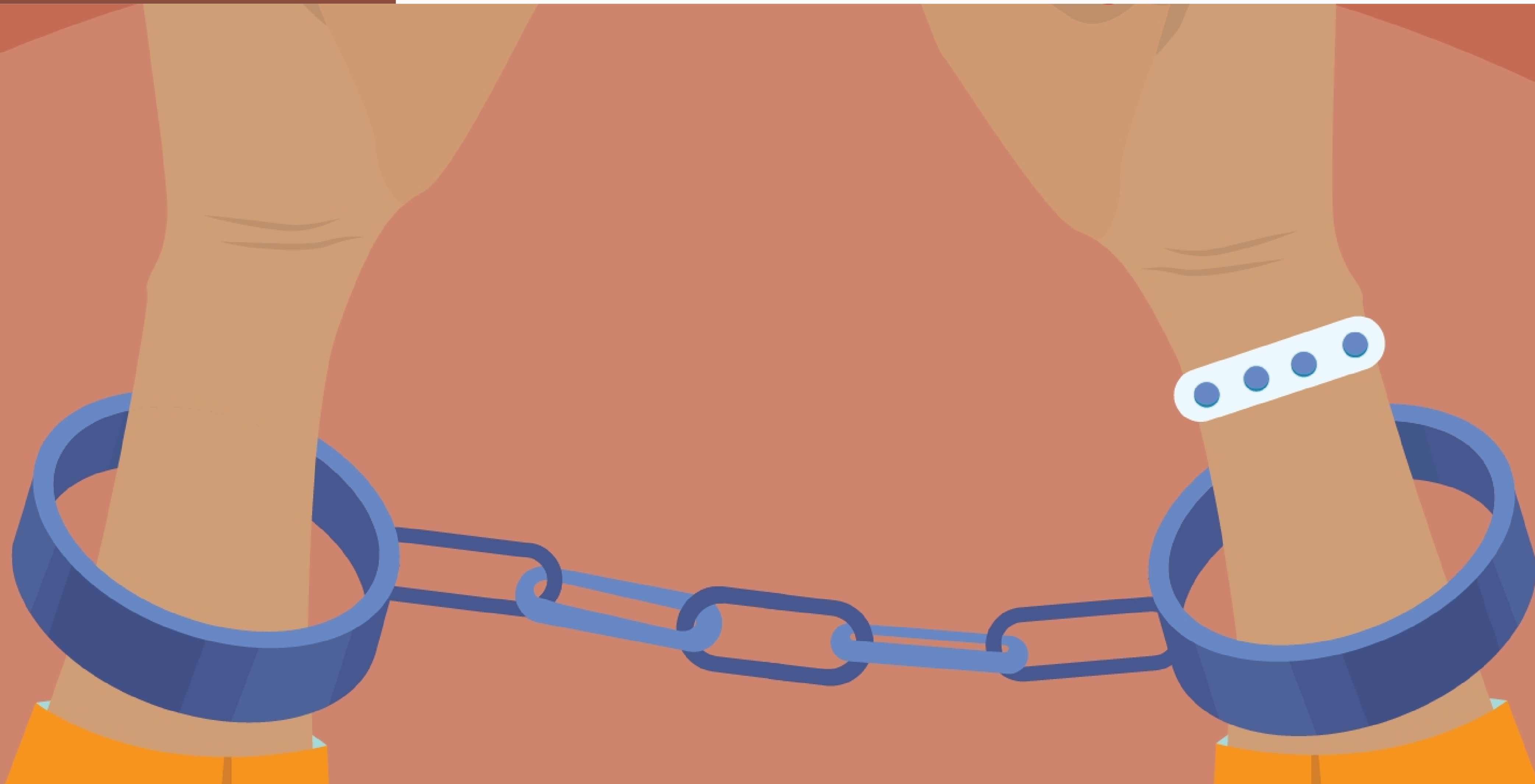
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JUSTICE FOR INCARCERATED MOMS ACT



UNFAIR

Incarceration heightens risks to pregnant individuals while also creating barriers to receiving pregnancy-related care.



UNSAFE

This act promotes exemplary care for incarcerated pregnant people, calls for a comprehensive study on the scope of this crisis, and addresses the dangerous practice of shackling pregnant people in state and local prisons.

This bill provides funding to promote exemplary care for pregnant and postpartum people who are incarcerated. The bill also commissions a comprehensive study to understand the scope of the maternal health crisis among incarcerated people and to make recommendations to prevent maternal mortality and severe maternal morbidity in American prisons and jails. Finally, the bill ties federal funding for state and local prisons and jails to prohibitions on the use of restraints for incarcerated pregnant people to end the practice of shackling.

SPONSORS:

Sen. Cory A. Booker [D-NJ] / Rep. Ayanna Pressley [D-MA-7]

STATUS:

*Referred to the Senate Committee on the Judiciary /
Referred to the Subcommittee on Crime, Terrorism,
and Homeland Security, House Committee on the Judiciary*

BIPARTISAN?

SENATE: No / HOUSE: Yes

COMMITTEE(S) OF JURISDICTION:

Senate Judiciary / House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security

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KIRA JOHNSON ACT



COMMUNITY

Community-based organizations serving women and birthing people of color are already doing work to address disparities in maternal health outcomes, but lack sufficient funding.



WORKFORCE DEVELOPMENT

This bill would invest in local organizations to train providers like doulas and midwives, address discrimination in health care, provide mental health treatment, and more.

This bill establishes grants to improve maternal health outcomes for racial and ethnic minority groups and other underserved populations. Specifically, the Department of Health and Human Services must award grants for community-based programs to improve maternal health outcomes for Black pregnant and postpartum individuals, as well as individuals in other underserved groups; training for health care providers and others who work in maternity care settings on reducing and preventing racism, bias, and discrimination; and respectful maternity care compliance programs in specified health care facilities.

SPONSORS:

Sen. Raphael G. Warnock [D-GA] / Rep. Alma S. Adams [D-NC-12]

STATUS:

Section 203 included in the Build Back Better Act / Referred to the Senate Committee on Health, Education, Labor, and Pensions / Referred to the Subcommittee on Health, House Committee on Energy and Commerce

BIPARTISAN?

SENATE: No / HOUSE: No

RESOURCES:

[Social and Structural Determinants of Health Inequities in Maternal Health\(liebertpub.com\)](https://www.liebertpub.com/10.1089/2020.0000)

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Energy and Commerce Subcommittee on Health

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MATERNAL HEALTH PANDEMIC RESPONSE ACT OF 2020



HIGH RISK



These increased health risks, along with financial hardship and other inequities highlighted by the pandemic, require a robust response specific to the COVID-19 pandemic.



COVID-19

COVID is particularly dangerous for pregnant and birthing people, with pregnant people of color most at risk.

This bill addresses maternal health during the COVID-19 emergency by supporting data collection, development of COVID-19 therapeutics and workplace protections, and other activities. Specifically, HHS must issue guidance for states and local health departments on collecting data on pregnancy and postpartum status in conjunction with COVID-19 tests. In addition, the bill provides funds for Centers for Disease Control and Prevention (CDC) to expand particular maternal health surveillance programs. In addition, the Department of Labor must implement an emergency temporary standard to protect employees from workplace exposures to the virus that causes COVID-19 that specifically addresses pregnant and postpartum individuals.

SPONSORS:

Sen. Elizabeth Warren [D-MA] / Rep. Lauren Underwood [D-IL-14]

STATUS:

Section 1002 included in the Build Back Better Act / Referred to the Senate Committee on Health, Education, Labor, and Pensions / Referred to the Subcommittee for Indigenous Peoples of the United States, House Committee on Natural Resources

BIPARTISAN?

SENATE: No / HOUSE: No

RESOURCES:

[This Mother's Day, Moms Deserve Solutions to Help Them Recover During the Pandemic and Beyond\(tcf.org\)](https://tcf.org)

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Natural Resources Subcommittee on Indigenous Peoples of the United States

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MATERNAL VACCINATIONS ACT



VACCINATIONS

Maternal vaccinations are critical to the health of pregnant people and infants, yet there are glaring racial disparities in vaccination rates.



This legislation seeks to increase awareness of and access to vaccines during pregnancy, with a focus on culturally-congruent resources.

This bill establishes a national campaign to raise awareness and increase rates of maternal vaccinations. The Centers for Disease Control and Prevention (CDC) must consult with various stakeholders to carry out this campaign. In addition, the CDC must focus on increasing vaccination rates among communities with historically high rates of unvaccinated individuals. The CDC must also make publicly available any materials and resources developed for the campaign.

SPONSORS:

Sen. Tim Kaine [D-VA] / Rep. Terri A. Sewell [D-AL-7]

STATUS:

*Referred to the Senate Committee on Health, Education, Labor, and Pensions /
Ordered to be Reported by Voice Vote, House Committee on Energy and Commerce*

BIPARTISAN?

SENATE: No / HOUSE: No

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Energy and Commerce
Subcommittee on Health

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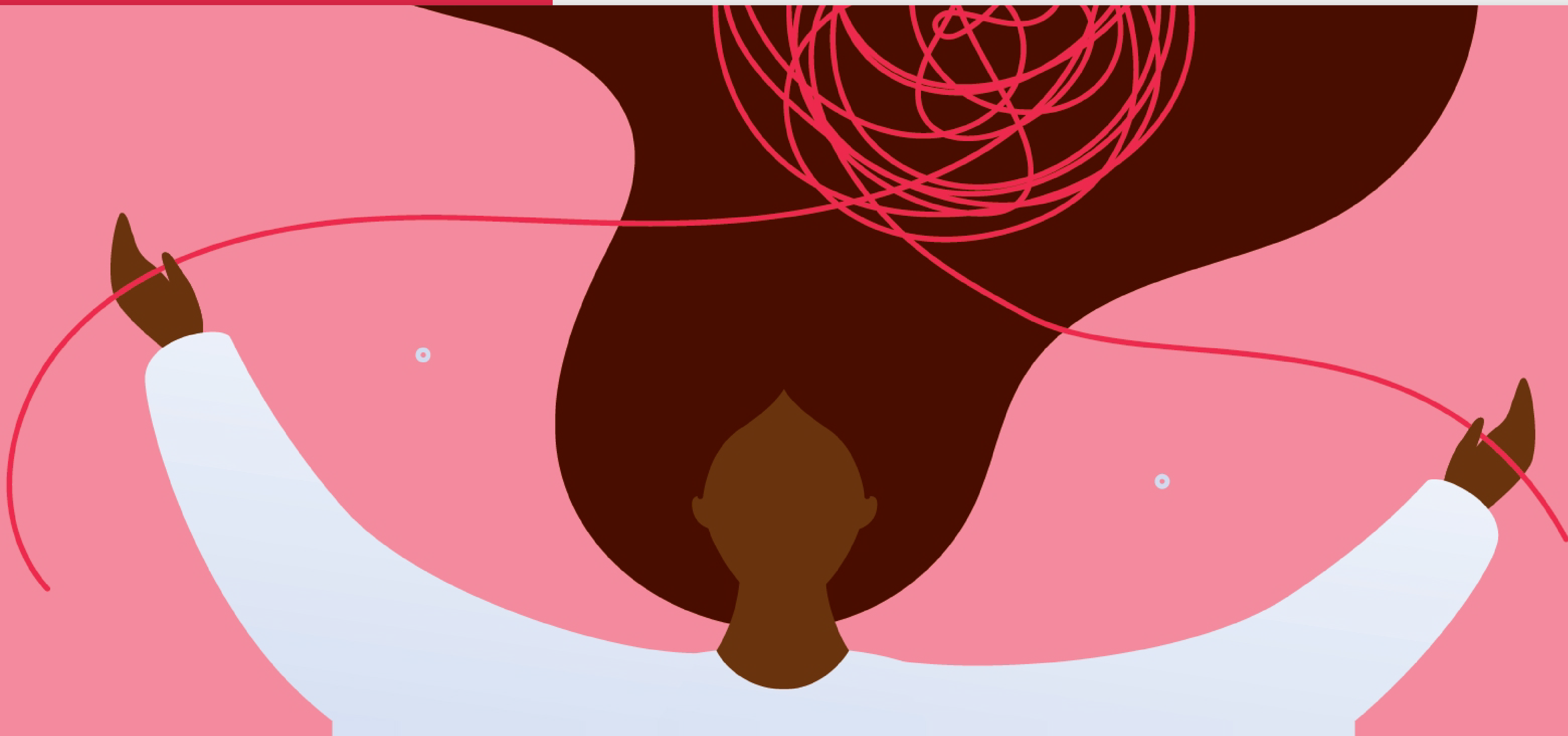
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MOMS MATTER ACT



HEALTH

Maternal health includes mental health and substance use treatment.



50%

Nearly 50 percent of pregnant women with depression go without treatment—and Black women are at particular risk for maternal mental health disorders.



This bill expands data collection and research on maternal morbidity and mortality among minority populations. Specifically, the bill adds requirements to a program within the Centers for Disease Control and Prevention (CDC) that supports maternal mortality review committees. To the extent practicable, the committees must use the most up-to-date indicators of severe maternal morbidity; review deaths caused by suicide, overdose, or other behavioral health conditions attributed to or aggravated by pregnancy or childbirth; and consult with representatives of communities about nonclinical factors that may contribute to adverse maternal outcomes.

SPONSORS:

Sen. Kirsten E. Gillibrand [D-NY] / Rep. Lisa Blunt Rochester [D-DE-At Large]

STATUS:

*Referred to the Committee on Health, Education, Labor, and Pensions /
Referred to the Subcommittee on Health*

BIPARTISAN?

SENATE: No / HOUSE: No

RESOURCES:

[What States Can Do to Improve Black Maternal Mental Health \(tcf.org\)](https://tcf.org/what-states-can-do-to-improve-black-maternal-mental-health)

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Energy and Commerce Subcommittee on Health

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PERINATAL WORKFORCE ACT OF 2020



OVER 1/3



Over a third of U.S. counties
lack maternity health services
—over five million women
nationwide live in these areas.



This act would expand and
diversify the perinatal
workforce, including clinicians
as well as support workers like
doulas, lactation consultants,
community health workers,
and social workers.

This bill establishes grants for eligible education programs to grow and diversify the perinatal workforce with respect to nurses, physician assistants, and other specified health workers, and otherwise addresses issues related to the maternal health workforce and care delivery models. The Department of Health and Human Services must disseminate guidance on respectful maternal care delivery that covers, among other topics, recruiting and retaining maternity care providers from diverse backgrounds and incorporating trained midwives, doulas, and others in maternity care teams.

SPONSORS:

Rep. Gwen Moore [D-WI-4]

STATUS:

*Sections 402 and 403 included in the Build Back Better Act /
Referred to the House Committee on Energy and Commerce*

BIPARTISAN?

SENATE: N/A / HOUSE: No

RESOURCES:

[The Importance of Respectful Maternity Care for Women of Color\(aft.org\)](https://aft.org)

COMMITTEE(S) OF JURISDICTION:

House Committee on Energy and Commerce

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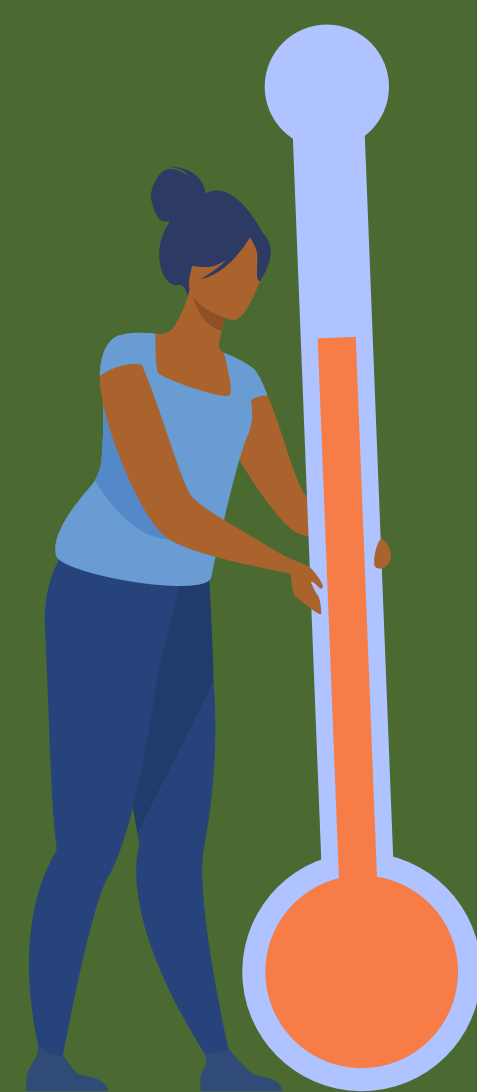
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S.851/H.R.943

PROTECTING MOMS AND BABIES AGAINST CLIMATE CHANGE ACT



CLIMATE CHANGE



Climate change has direct negative effects on maternal health: extreme heat, air pollution, and natural disasters all increase the risk of poor maternal health outcomes.



This legislation seeks to end the racial disparities in adverse maternal health outcomes caused by climate change.

This bill establishes grants and directs other activities to address health risks associated with climate change, particularly for members of racial and ethnic minority groups, pregnant or postpartum individuals, and children younger than age three. Specifically, the Department of Health and Human Services must establish a program to award grants to partnerships of community-based organizations and other entities to identify and address climate-change-related risks to these individuals at a county level. In addition, the NIH must establish the Consortium on Birth and Climate Change Research. The Centers for Disease Control and Prevention (CDC) must also develop a strategy to identify areas where there is a high risk of adverse maternal and infant health outcomes due to climate change.

SPONSORS:

Sen. Edward J. Markey [D-MA] / Rep. Lauren Underwood [D-IL-14]

STATUS:

Section 1103 included in the Build Back Better Act / Referred to the Senate Committee on Health, Education, Labor, and Pensions / eferred to the Subcommittee for Indigenous Peoples of the United States, House Committee on Natural Resources

BIPARTISAN?

SENATE: No / HOUSE: No

RESOURCES:

[Social and Structural Determinants of Health Inequities in Maternal Health\(liebertpub.com\)](https://doi.org/10.1186/s12916-021-02000-0)

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Energy and Commerce Subcommittee on Health

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PROTECTING MOMS WHO SERVED ACT OF 2021



VETERANS

Servicewomen and veterans face increased risk of poor maternal health outcomes— Black veterans experience severe complications much more often than white veterans.



This law will support maternal care coordination at Veterans Affairs facilities and invest in a comprehensive study to investigate the scope of this crisis among veterans.

This bill requires the Department of Veterans Affairs (VA) to implement the maternity care coordination program. The VA must provide community maternity care providers (that is, non-VA maternity care providers) with training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions in relation to the service of the veterans in the Armed Forces. Additionally, the Government Accountability Office must report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a focus on racial and ethnic disparities in maternal health outcomes for veterans.

SPONSORS:

Sen. Tammy Duckworth [D-IL] / Rep. Lauren Underwood [D-IL-14]

STATUS:

Passed in the Senate / Passed in the House of Representatives

BIPARTISAN?

SENATE: Yes / HOUSE: No

COMMITTEES) OF JURISDICTION:

Senate Veterans' Affairs / House Veterans' Affairs

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SOCIAL DETERMINANTS FOR MOMS ACT



SOCIAL

This act addresses many of the social determinants of health that impact maternal health, including housing, nutrition, transportation, and environmental justice.



Structural racism and discrimination make addressing these determinants even more important for Black women and birthing people.

This bill directs various federal departments to address social determinants of maternal health. These are nonclinical factors, such as economic or social factors, that impact maternal health outcomes. HHS must convene a task force to coordinate federal efforts on social determinants of maternal health. HUD must award grants to community-based organizations and government entities to assist pregnant and postpartum individuals with affordable housing. DOT must report on transportation barriers that prevent pregnant and postpartum individuals from accessing health care and other services. The bill extends to twenty-four months the postpartum eligibility period for the SNAP and WIC.

SPONSORS:

Sen. Richard Blumenthal [D-CT] / Rep. Lucy McBath [D-GA-6]

STATUS:

*Referred to the Committee on Health, Education, Labor, and Pensions /
Referred to the Subcommittee on Nutrition, Oversight, and Department Operations*

BIPARTISAN?

SENATE: No / HOUSE: No

RESOURCES:

[Social and Structural Determinants of Health Inequities in Maternal Health](#)

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Energy and Commerce Subcommittee on Health

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TECH TO SAVE MOMS ACT



TECHNOLOGY

Telehealth and digital tools are a key component to address the maternal health crisis, particularly in underserved areas.



Remote patient monitoring can help reduce complications from hypertension—a condition that disproportionately affects Black individuals during pregnancy.

This bill supports the use of technology to improve, and address disparities in, maternal health outcomes. Specifically, the Center for Medicare and Medicaid Innovation may test telehealth models to screen and treat common pregnancy-related complications for Medicaid enrollees. In addition, the Department of Health and Human Services must award grants to evaluate and expand the use of technology-enabled collaborative learning models by entities that provide services to pregnant and postpartum individuals in medically underserved areas or from certain populations, and reduce racial and ethnic disparities in maternal health outcomes by increasing access to digital tools.

SPONSORS:

Sen. Robert Menendez [D-NJ] / Rep. Johnson, Eddie Bernice [D-TX-30]

STATUS:

*Sections 802 and 803 included in the Build Back Better Act /
Referred to the Senate Committee on Health, Education, Labor, and Pensions /
Referred to the Subcommittee on Health, House Committee on Energy and Commerce*

BIPARTISAN?

SENATE: Yes / HOUSE: No

COMMITTEE(S) OF JURISDICTION:

Senate Health, Education, Labor, and Pensions / House Energy and Commerce Subcommittee on Health

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