



Maternal Health-Related Bills Introduced in the 117th Congress

Bill	Sponsor	Status	Focus Areas	Description
<u>H.R. 4996, Helping Medicaid Offer Maternity Services Act of 2020 (Helping MOMS Act)</u>	Rep. Robin Kelly (D-IL) 36 Cosponsors (26 Democrats, 10 Republicans)	Passed/agreed to in House on 9/29/2020: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.	<ul style="list-style-type: none"> — Extending Medicaid postpartum coverage — Research on Medicaid coverage of doula care 	<p>Goal: to give states the option to provide and extend Medicaid coverage up to one year postpartum</p> <ul style="list-style-type: none"> — Allows states to extend full coverage for individuals who are or become pregnant from 60 days to 1 year postpartum — Increases Medicaid’s Federal Medical Assistance Percentages (FMAP) by 5% for the first year that a state chooses this option to extend coverage — Requires submission of state reports on Medicaid coverage of doula care by the Medicaid and CHIP Payment and Access Commission (MACPAC)
<u>H.R. 4995, Maternal Health Quality Improvement Act of 2020</u>	Rep. Eliot Engel (D-NY) 31 Cosponsors (22 Democrats, 9 Republicans)	Passed/agreed to in House on 9/21/2020: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.	<ul style="list-style-type: none"> — Supporting healthcare provider training on implicit bias and health equity — Broadening the obstetric workforce in rural communities — Funding for states to enhance data collection and 	<p>Goal: to improve rural obstetric care and maternal health outcomes</p> <ul style="list-style-type: none"> — Provides grants to do the following in rural areas: develop maternal and obstetric care delivery models, establish obstetric networks, provide obstetric training to sites without obstetric units, and increase research on racial/ethnic inequities in birth outcomes — Requires the Office of Research on Women’s Health prioritize multidisciplinary research on obstetric and reproductive health issues

			strengthen perinatal quality collaboratives	<ul style="list-style-type: none"> — Provides grants to increase training of rural healthcare providers and students in health professional programs in the following areas: substance use disorder, maternal mental health, social determinants of health in rural areas, and implicit bias — Requires the Government Accountability Office (GAO) to report on obstetric workforce data in rural communities — Amends the Public Health Service Act (PHSA) to direct the Secretary of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) to focus on improving maternal mortality and morbidity through grants for community centers, funding for perinatal quality collaboratives, and grants for provision of evidence-based care
<p><u>H.R. 3407, Mothers and Offspring Mortality and Morbidity Awareness Act (MOMMA’s Act)</u></p> <p>&</p> <p><u>S. 411, Mothers and Offspring Mortality and Morbidity Awareness Act (MOMMA’s Act)</u></p>	<p>Rep. Robin Kelly (D-IL)</p> <p>36 Cosponsors (36 Democrats)</p> <p>&</p> <p>Sen. Richard Durbin (D-IL)</p> <p>9 Cosponsors (8 Democrats, 1 Independent)</p>	<p>Referred to the House Committees on Energy and Commerce, Ways and Means, and Education and Labor (5/20/21)</p> <p>&</p> <p>Referred to the Senate Committee on Finance (2/24/21)</p>	<ul style="list-style-type: none"> — Supporting training for clinicians on implicit bias and health equity — Extending Medicaid postpartum coverage — Funding for states to enhance data collection and strengthen perinatal quality collaboratives 	<p>Goal: to improve federal efforts to support states in their work to end preventable maternal morbidity and mortality</p> <ul style="list-style-type: none"> — Establishes a grant program at regional Centers of Excellence for implicit bias and cultural competency training — Requires the CDC and HRSA to provide technical assistance to states and report comprehensive maternal mortality data — Requires the CDC director to release best practice information within one year of enactment — Authorizes funding for an Alliance for Innovation

				<p>and Maternal (AIM) health grant program through which the Secretary of HHS rewards grants to implement and collect data on maternal safety procedures</p> <ul style="list-style-type: none"> — Expands Medicaid and CHIP benefits for pregnant women to include oral health services — Expands postpartum coverage under Medicaid and CHIP from 60 days to 1 year — Requires states to maintain Medicaid eligibility for pregnant women at current levels for five years after enactment — Gives states the option to extend SNAP benefits to women for two years postpartum — Directs HHS to establish Centers of Excellence on cultural competency training for healthcare providers — Establishes funding for state-based perinatal quality collaboratives comprised of multi-disciplinary teams
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<p><u>H.R. 2556, Maternal Care Access and Reducing Emergencies Act (Maternal CARE Act)</u></p> <p>&</p> <p><u>S. 1234, Maternal Care Access and Reducing Emergencies Act (Maternal CARE Act)</u></p>	<p>Rep. Alma Adams (D-NC)</p> <p>&</p> <p>Sen. Kirsten E. Gillibrand (D-NY)</p>	<p>Referred to the House Committee on Energy and Commerce (4/15/21)</p> <p>&</p> <p>Referred to the Senate Committee on Health, Education, Labor, and Pensions (4/20/21)</p>	<p>— Supporting training for clinicians on implicit bias and health equity</p> <p>&</p> <p>— Establishing pregnancy medical homes</p>	<p>Goal: to increase federal efforts to improve maternal mortality and morbidity through the use of evidence-based quality improvement methods</p> <p>— Establishes a grant program to schools of allopathic, osteopathic, nursing, and other health professional fields to implement implicit bias training, with priority given to obstetrics and gynecology curriculums</p> <p>— Appropriates funding to HHS to award grants to as many as 10 states to establish or operate pregnancy medical homes for women who are uninsured or enrolled in Medicaid, with priority given to states with large racial disparities in maternal mortality and morbidity</p> <p>— Arranges for a National Academy of Medicine study and recommendations for bias recognition training in health professional schools</p>
<p><u>H.R. 3063, Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act (MOMMIES Act)</u></p> <p>&</p>	<p>Rep. Ayanna Pressley (D-MA)</p> <p>28 Cosponsors (28 Democrats)</p>	<p>Referred to the House Committee on Energy and Commerce (5/7/21)</p> <p>&</p>	<p>— Extending Medicaid postpartum coverage</p> <p>— Raising payment rates for primary care services under Medicaid to Medicare levels</p> <p>— Research on Medicaid coverage for doula care and telemedicine for maternity care</p>	<p>Goal: to amend the Social Security Act to improve Medicaid and Children’s Health Insurance Program (CHIP) coverage for low-income mothers</p> <p>— Extends continuous Medicaid and CHIP medical and oral health coverage for pregnant and postpartum women until 1 year postpartum</p> <p>— Provides grants for states to implement or expand a maternity care home model, with goals of decreasing severe maternal mortality and morbidity, lowering overall healthcare spending, and increasing access to coordinated, evidence-based maternity care treatment</p> <p>— Requires reports on doula care coverage and guidance on increasing access to doula care for Medicaid beneficiaries, as well as reports on state Medicaid programs’ use of telemedicine in</p>

<p><u>S. 1542, Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services Act (MOMMIES Act)</u></p>	<p>Sen. Cory Booker (D-NJ)</p> <p>6 Cosponsors (5 Democrats, 1 Independent)</p>	<p>Introduced in Senate (5/10/21)</p>		<p>maternity care</p>
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<p><u>H.R. 3126, Healthy Maternity and Obstetric Medicine Act (Healthy MOM Act)</u></p>	<p>Rep. Bonnie Watson Coleman (D-NJ-12)</p> <p>51 Cosponsors (51 Democrats)</p>	<p>Referred to the House Committees on Energy and Commerce, Ways and Means, Oversight and Reform, Education and Labor (5/11/21)</p>	<ul style="list-style-type: none"> — Extending Medicaid postpartum coverage — Creating Special Enrollment Period for Pregnancy — Closing the gap in maternity coverage in private plans for some dependents 	<p>Goal: to amend the Public Health Service Act to provide for a special enrollment period of pregnant women and extend Medicaid coverage for pregnant and postpartum individuals through one year postpartum.</p> <ul style="list-style-type: none"> — Requires most health plans, including most group health plans, and most federal employee health benefit plans, to include a special enrollment period for eligible pregnant individuals, beginning on the date on which the pregnancy is reported to plan or is confirmed by a provider. — Requires coverage of maternity care services in private plans for all enrollees, including adult dependent children. — Requires the continuation of the Medicaid income eligibility standard for pregnant individuals and infants as the State specified in its State plan (whether approved or not) as of January 1, 2014 or by state legislation — Amends the Social Security Act to require 12-month continuous coverage for pregnant individuals on Medicaid, changing from a 60-day to a 1-year postpartum requirement.
<p><u>H.R. 769, Rural Maternal and Obstetric Modernization of Services Act (Rural MOMS)</u></p> <p>&</p> <p><u>S. 1491, Rural Maternal and Obstetric</u></p>	<p>Rep. Dan Newhouse (R-WA-4)</p> <p>13 Cosponsors (7 Democrats, 6 Republicans)</p> <p>Sen. Tina Smith (D-MN)</p> <p>8 Cosponsors</p>	<p>Referred to the Subcommittee on Health (2/4/21)</p> <p>&</p> <p>Placed on Senate Legislative Calendar under General Orders. Calendar No. 70. (6/8/21)</p>	<ul style="list-style-type: none"> — Broadening the obstetric workforce in rural communities — Supporting training for maternity care clinicians on implicit bias, social determinants of health, mental health, and substance use 	<p>Goal: to improve obstetric care in rural areas through improving data, network grants, training, and telemedicine in these areas.</p> <ul style="list-style-type: none"> — Requires the Secretary of HHS, acting through the Director of the CDC, to expand, intensify, and coordinate the CDC efforts with respect to maternal mortality and morbidity. — Authorizes creation of rural obstetric network grants to help pregnant women in rural areas connect with prenatal, labor, birth, and postpartum

<p><u>Modernization of Services Act (Rural MOMS)</u></p>	<p>(4 Republicans, 3 Democrats, 1 Independent)</p>			<p>care options, to identify successful care delivery models, and to measure racial/ethnic inequities in birth outcomes, with an emphasis on Black and American Indian/Alaska Native residents.</p> <p>— Authorizes funding for rural maternal and obstetric care training demonstrations on maternal mental health, maternal substance use disorder, social determinants of health, and implicit bias for healthcare providers, and non-clinical professionals such as doulas and community health workers.</p>
<p><u>S. Res. 153, Black Maternal Health Week Resolution</u></p> <p>&</p> <p><u>H. Res. 304, Black Maternal Health Week Resolution</u></p>	<p>Sen. Cory A. Booker (D-NJ)</p> <p>22 Cosponsors (22 Democrats, 1 Independent)</p> <p>&</p> <p>Rep. Alma S. Adams (D-NC-12)</p> <p>92 Cosponsors (92 Democrats, 1 Republican)</p>	<p>Referred to the Committee on Health, Education, Labor, and Pensions (4/13/21)</p> <p>&</p> <p>Referred to the Subcommittee on Nutrition, Oversight, and Department Operations (4/28/21)</p>	<p>— Bringing national attention to the black maternal health crisis in the United States</p>	<p>Goal: to bring national attention to the maternal health crisis in the United States and the importance of reducing maternal mortality and morbidity among Black women and birthing persons</p>

<p><u>H.R. 3337 Birth Access Benefiting Improved Essential Facility Services (BABIES) Act</u></p>	<p>Rep. Katherine Clark (D-MA)</p> <p>3 Cosponsors (2 Democrats, 1 Republican)</p>	<p>Referred to the House Committee on Energy and Commerce on 5/19/2021</p>	<p>— Medicaid coverage for freestanding birth centers</p>	<p>Goal: to establish a Medicaid demonstration program for innovative payment models for freestanding birth center services.</p> <p>— Authorizes grants for states to conduct demonstration programs to expand access to birth centers for Medicaid beneficiaries with low-risk pregnancies, outlines requirements for a prospective payment system, and establishes a minimum level of pregnancy-related services for birth centers.</p>
<p><u>S. 1333, Modernizing Obstetric Medicine Standards Act of 2021 (MOMS Act)</u></p>	<p>Sen. Kirsten Gillibrand (D-NY)</p>	<p>Referred to the Senate Committee on Health, Education, Labor, and Pensions (4/22/21)</p>	<p>— Funding for states and hospitals to enhance efforts on maternal safety</p>	<p>Goal: to improve maternal mortality and morbidity</p> <p>— Creates a new Alliance for Innovation on MaternalHealth program to provide technical assistance to State-based teams to implement maternal safetybundles and authorizes grants for states and hospitals to implement safety bundles</p> <p>— Requires grantees to analyze and report on impact of grants and pregnancy-associated deaths and morbidity.</p>
<p><u>S. 801, Connected Maternal Online Monitoring Act (MOM Act)</u></p>	<p>Sen. Bill Cassidy (R-LA)</p> <p>4 Cosponsors (3 Democrats, 1 Republican)</p>	<p>Referred to the Committee on Finance (3/17/21)</p>	<p>— Funding and resources for states to cover remote physiologic devices and related services under Medicaid</p>	<p>Goal: improve maternal and child health outcomes for pregnant and postpartum women</p> <p>— Requires the Centers for Medicare & Medicaid Services to report, and provide resources for states, on coverage of remote physiologic devices and related services (eg. blood glucose monitors) under Medicaid</p>

<p><u>H.R. 959, Black Maternal Health Momnibus Act of 2021</u></p> <p>&</p> <p><u>S. 346, Black Maternal Momnibus Act of 2021</u></p> <p>(includes the 9 bills listed in the Description column)</p>	<p>Rep. Lauren Underwood (D-IL)</p> <p>153 Cosponsors (153 Democrats)</p> <p>&</p> <p>Sen. Cory A. Booker</p> <p>27 Cosponsors (26 Democrats, 1 Independent)</p>	<p>Referred to the Subcommittee on Crime, Terrorism, and Homeland Security (4/23/21)</p> <p>Referred to the Committee on Health, Education, Labor, and Pensions (2/22/21)</p>	<p>— Funding for vital resources that improve maternal health outcomes for Black women</p> <p>— Studies unique maternal health risks facing Black women, veterans, and incarcerated women</p> <p>-Investing in innovative technologies, social determinants of health, and specified healthcare treatments to more adequately address specific maternal healthcare needs</p>	<p>Goal: to fill gaps in existing legislation to address every dimension of the Black maternal health crisis</p> <p>*Social Determinants for Moms Act</p> <p>—Invests and advances critical research on social determinants of health for pregnant and postpartum women</p> <p>— Examples include: (1) establishing a task force to coordinate federal efforts and providing federal guidance on use of Medicaid funding, (2) establishing a Housing for Moms task force to ensure access to safe and affordable housing, (3) extending WIC eligibility periods and establishing nutrition programs, (4) studies on transportation barriers and environmental pollutants, and (5) grants to communities to address their specific needs</p> <p>*Honoring Kira Johnson Act</p> <p>— Invests in the Black community by funding community-based organizations that are leading the charge to protect moms through programs focused on maternal mental health and substance use disorders, social determinants of health, and promotion of health literacy</p> <p>—Supports bias and racism training programs, research, and the establishment of Respectful Maternity Care Compliance Offices to address bias</p>
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				<p>Institutions</p> <ul style="list-style-type: none"> — Responds to the urgent maternal health crisis among Native American women by commissioning the first-ever comprehensive study to understand the Native American maternal health crisis and by providing funding to establish the first Tribal MMRC <p>*Moms MATTER Act</p> <ul style="list-style-type: none"> — Addresses critical maternal mental and behavioral healthcare issues, including substance use disorders, with a particular focus on minority women, through creating of a Maternal Mental and Behavioral Health Task Force — Promotes innovative programs that have already developed a strong evidence base in improving outcomes for women throughout their pregnancies and up to one year postpartum, such as group prenatal and postpartum care models and collaborative maternity care models <p>*Justice for Incarcerated Moms Act</p> <ul style="list-style-type: none"> — Provides funding to promote exemplary care for pregnant and postpartum women who are incarcerated — Commissions a comprehensive study to understand the scope of the maternal health crisis among incarcerated women and to make recommendations to prevent maternal mortality and severe maternal morbidity in American prisons and jails — Ties federal funding for state and local prisons and jails to prohibitions on the use of restraints for incarcerated women while they are pregnant to end the practice of shackling
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				<p>*Tech to Save Moms Act — Invests in the integration and development of telehealth and other digital tools to reduce maternal mortality and severe maternal morbidity, and close racial and ethnic gaps in maternal health outcomes</p> <p>— For example, Studies the use of artificial intelligence in maternal healthcare to prevent racial and ethnic biases from being built into new maternity care technological innovations.</p> <p>*IMPACT to Save Moms Act — Establishes a new Centers for Medicare & Medicaid Services (CMS) Innovation Center demonstration project to transform maternity care delivery</p> <p>— Promotes continuity of health insurance coverage for moms from the start of their pregnancies through the entire year long postpartum period</p> <p>— Recognizes that the way we pay for maternity care will affect maternal health outcomes</p> <p>*Maternal Health Pandemic Response Act — Invests in federal programs to address the unique risks for and effects of COVID-19 during and after pregnancy — Advances respectful maternity care in future public health emergencies</p> <p>*Protecting Moms and Babies Against Climate Change Act — Invests in community-based initiatives to reduce levels and exposure to climate change-related risks for moms and babies</p> <p>*Maternal Vaccinations Act — Promotes maternal vaccinations to protect the health and safety of moms and babies</p>
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<p><u>H.R. 3352, Midwives for Maximizing Optimal Maternity Services Act of 2021 (Midwives for MOMS)</u></p> <p>&</p> <p><u>S.1697, Midwives for Maximizing Optimal Maternity Services Act of 2021 (Midwives for MOMS)</u></p>	<p>Rep. Lucille Roybal-Allard (D-CA-40)</p> <p>7 Cosponsors (4 Democrats, 2 Republicans)</p> <p>Sen. Ben Ray Lujan (D-NM)</p> <p>1 Cosponsor (1 Republican)</p>	<p>Referred to the House Committee on Energy and Commerce (5/19/21)</p> <p>Referred to the Committee on Health, Education, Labor, and Pensions (5/19/21)</p>	<ul style="list-style-type: none"> — Establishing two new funding streams for accredited midwifery education — Addressing the significant lack of diversity in the maternity care workforce by prioritizing racial/ethnic and economic diversity in students 	<p>Goal: to address the growing maternity care provider shortage, to improve maternity care outcomes for mothers and babies, and to reduce maternity care costs for families and state/federal governments</p> <p>—Allocates grants to Schools of Nursing and to accredited midwifery education programs not located in schools of nursing to provide direct support of student nurse-midwives (SNMs), help secure and support preceptors, and establish/expand nurse-midwifery programs</p>
<p><u>H.R. 2067, Medication Access and Training Expansion Act of 2021 (MATE)</u></p>	<p>Rep. Lori Trahan (D-MA-3)</p> <p>15 Cosponsors (11 Democrats, 4 Republicans)</p>	<p>Referred to the House Committee on Energy and Commerce - Subcommittee on Health</p>	<ul style="list-style-type: none"> — Requires physicians and other prescribers of controlled substances to complete training on treating and managing patients with opioid and other substance use disorders, and for other purposes 	<p>Goal: to address the opioid crisis by taking a comprehensive, multi-pronged approach that strengthens the infrastructure around prevention and treatment</p> <p>—Equips medical professionals with baseline knowledge in evidence-based addiction prevention and treatment so that Americans can access care for addiction</p>

<p><u>H.R. 1319, American Rescue Plan Act of 2021</u></p>	<p>Rep. John A. Yarmuth (D-KY-3)</p>	<p>Became Public Law No: 117-2</p>	<p>— Provides additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses</p>	<p>Goal: to provide the resources needed to address the ongoing COVID-19 public health crisis and spur a strong economic recovery</p>
<p><u>H.R. 1218, Data Mapping to Save Moms' Lives Act</u> & <u>S. 198, Data Mapping to Save Moms' Lives Act</u></p>	<p>Rep. G. K. Butterfield (D-NC-1)</p> <p>2 Cosponsors (1 Democrat, 1 Republican)</p> <p>&</p> <p>Sen. Jacky Rosen (D-NV)</p> <p>12 Cosponsors (7 Democrats, 4 Republicans, 1 Independent)</p>	<p>Referred to the Subcommittee on Communications and Technology (2/24/21)</p> <p>&</p> <p>Committee on Commerce, Science, and Transportation. Ordered to be reported without amendment favorably (4/28/21)</p>	<p>-Directs the Federal Communications Commission to include data on maternal health outcomes in its broadband health mapping tool</p>	<p>Goal: to more widely and accurately track and analyze maternal health outcomes data</p> <p>-Directs the Federal Communications Commission to include data on maternal health outcomes in its broadband health mapping tool. This is an online platform that allows users to visualize, overlay, and analyze broadband and health data at national, state, and county levels.</p> <p>-Directs the FCC to consult with the Centers for Disease Control and Prevention to determine what maternal health outcomes should be incorporated.</p> <p>-Directs the Government Accountability Office to study the effectiveness of internet connectivity in improving maternal health outcomes and other issues.</p>

<p><u>S. 1114, Maternal Immunization Enhancement Act</u></p>	<p>Sen. Margaret Wood Hassan (D-NH) 1 Cosponsor (1 Republican)</p>	<p>Referred to the Committee on Finance (4/14/21)</p>	<ul style="list-style-type: none"> - Establishing several administrative requirements relating to vaccination rates among pregnant and postpartum women enrolled in Medicaid and the Children’s Health Insurance Program (CHIP) 	<p>Goal: to increase vaccination rates for CDC recommended vaccines amongst pregnant women enrolled in Medicaid and CHIP</p> <ul style="list-style-type: none"> - Directs the Centers for Medicare & Medicaid Service to issue guidance to states with best practices for increasing vaccination rates for certain vaccines that are recommended by the Centers for Disease Control and Prevention. They must also consider adding a quality measuring regarding prenatal immunization status for pregnant women under Medicaid and CHIP. - Directs the Government Accountability Office to report on vaccination rates among pregnant women enrolled in Medicaid and CHIP, including barriers and demographic data
<p><u>S. 560, Oral Health for Moms Act</u></p>	<p>Sen. Debbie Stabenow (D-MI) 2 Cosponsors (2 Democrats)</p>	<p>Referred to the Committee on Finance (3/3/21)</p>	<ul style="list-style-type: none"> - Requiring Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance plans in the individual and small-group markets to provide coverage for oral health service for pregnant and postpartum individuals 	<p>Goal: to expand access to oral health care during pregnancy and the postpartum period</p> <ul style="list-style-type: none"> - Establishes grants and programs for purposes related to maternal oral health - Directs the Department of Health and Human Services to consult with tribal nations and organizations to improve the oral health of pregnant individuals, postpartum individuals, and infants in tribal populations - Directs the federal government to cover, subject to certain exceptions, the costs of oral health services provided through Medicaid and CHIP - Directs HHS to publish measures to assess the quality of oral health services provided through those public insurance programs - Directs the Medicaid and CHIP Payment and Access Commission to report on issues related

				to maternal oral health
<p><u>H.R. 1350, Supporting Best Practices for Healthy Moms Act</u></p> <p>&</p> <p><u>S. 408, Supporting Best Practices for Healthy Moms Act</u></p>	<p>Rep. Robin L. Kelly (D-IL-2)</p> <p>1 Cosponsor (1 Republican)</p> <p>&</p> <p>Sen. Pat Toomey (R-PA)</p> <p>6 Cosponsors (4 Republicans, 2 Democrats)</p>	<p>Referred to the Subcommittee on Health (2/26/21)</p> <p>&</p> <p>Referred to the Committee on Finance (2/24/21)</p>	<ul style="list-style-type: none"> - Requiring the Centers for Medicare & Medicaid Services to publish and periodically update guidance for hospitals, freestanding birth centers, and other maternal care providers on ways to reduce maternal mortality and morbidity under Medicaid and CHIP 	<p>Goal: to learn more about how to best reduce maternal mortality and morbidity under Medicaid and Children’s Health Insurance Program (CHIP)</p> <ul style="list-style-type: none"> - Directs the CMS to report on the Medicaid payment methodologies that apply to facility transfers of pregnant women

<p><u>H.R. 2007,</u> <u>Stephanie Tubbs</u> <u>Jones Uterine</u> <u>Fibroid Research</u> <u>and Education Act</u> <u>of 2021</u></p>	<p>Rep. Yvette D. Clarke (D-NY-9)</p> <p>21 Cosponsors (21 Democrats)</p>	<p>Referred to the House Committee on Energy and Commerce (3/18/21)</p>	<ul style="list-style-type: none"> - Providing for research and education with respect to uterine fibroids 	<p>Goal: to expand knowledge and researching regarding uterine fibroids and how to best treat them and support patients</p> <ul style="list-style-type: none"> - Directs the Secretary of Health and Human Services to expand, intensify, and coordinate programs to support uterine fibroids research in coordination with the appropriate offices, institutes, and centers of the National Institutes of Health - Establishes or expands a research database to collect data on uterine fibroids treatment under Medicaid - Develops and disseminates to the public information regarding uterine fibroids - Directs HHS to consult with health care-related special societies to disseminate information with respect to uterine fibroids to health care providers
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