

Maternal Health-Related Bills Introduced in the 116th Congress

Bill	Sponsor	Status	Focus Areas	Description
<u>H.R. 4996, Helping Medicaid Offer Maternity Services (MOMS) Act of 2019</u>	Rep. Robin Kelly (D-IL) 33 Cosponsors (23 Democrats, 10 Republicans)	Approved by the House Energy and Commerce Committee on 11/20/2019, and ordered to be reported to the whole House chamber	<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 to 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 2019</u>	Rep. Eliot Engel (D-NY) 28 Cosponsors (19 Democrats, 9 Republicans)	Approved by the House Energy and Commerce Committee on 11/19/2019, and ordered to be reported to the whole House chamber	<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	<p>— 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</p> <p>— Requires the Government Accountability Office (GAO) to report on obstetric workforce data in rural communities</p> <p>— 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>
<p><u>H.R. 1897, Mothers and Offspring Mortality and Morbidity Awareness Act (MOMMA's) Act</u></p> <p>&</p> <p><u>S. 916, MOMMA's Act</u></p>	<p>Rep. Robin Kelly (D-IL)</p> <p>109 Cosponsors (108 Democrats, 1 Republican)</p> <p>&</p> <p>Sen. Richard Durbin (D-IL)</p> <p>16 Cosponsors (14 Democrats, 2 Independents)</p>	<p>Referred to the House Committee on Energy and Commerce</p> <p>&</p> <p>Referred to the Senate Committee on Finance</p>	<p>— Supporting training for clinicians on implicit bias and health equity</p> <p>— Extending Medicaid postpartum coverage</p> <p>— Funding for states to enhance data collection and strengthen perinatal quality collaboratives</p>	<p>Goal: to improve federal efforts to support states in their work to end preventable maternal morbidity and mortality</p> <p>— Establishes a grant program at regional Centers of Excellence for implicit bias and cultural competency training</p> <p>— Requires the CDC and HRSA to provide technical assistance to states and report comprehensive maternal mortality data</p> <p>— Requires the CDC director to release best practice information within one year of enactment</p> <p>— Authorizes funding for an Alliance for Innovation</p>

				<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> <p>— Expands Medicaid and CHIP benefits for pregnant women to include oral health services</p> <p>— Expands postpartum coverage under Medicaid and CHIP from 60 days to 1 year</p> <p>— Requires states to maintain Medicaid eligibility for pregnant women at current levels for five years after enactment</p> <p>— Gives states the option to extend SNAP benefits to women for two years postpartum</p> <p>— Directs HHS to establish Centers of Excellence on cultural competency training for healthcare providers</p> <p>— Establishes funding for state-based perinatal quality collaboratives comprised of multi-disciplinary teams</p>
<p><u>H.R. 1551, Quality Care for Moms and Babies Act</u></p> <p>&</p> <p><u>S. 1960, Quality Care for Moms and Babies Act</u></p>	<p>Rep. Eliot Engel (D-NY)</p> <p>27 Cosponsors (24 Democrats, 3 Republicans)</p> <p>&</p> <p>Sen. Debbie Stabenow (D-MI)</p> <p>1 Cosponsor</p>	<p>Referred to the House Committee on Energy and Commerce – Subcommittee on Health</p> <p>&</p> <p>Referred to the Senate Committee on Finance</p>	<p>— Funding for states to enhance data collection on maternal health</p>	<p>Goal: to improve quality of maternal care delivered and maternal health outcomes under Medicaid and CHIP</p> <p>— Authorizes funding for development and reporting of quality measures on maternal and infant health:</p> <ul style="list-style-type: none"> • Requires Secretary of HHS to establish maternal and infant health quality measures applicable to Medicaid and CHIP eligible mothers and infants and report data to Congress within the first year, and every 3 years after. • Requires the Agency of Healthcare Research

	(1 Republican)			<p>and Quality (AHRQ) to create surveys for healthcare providers, facilities, and health plans to assess effective measures of maternity care.</p> <ul style="list-style-type: none"> • Annual state reports maternal and infant quality of care measures <p>— Authorizes HHS to award grants to states and other entities for maternal health quality improvement initiatives</p>
<p><u>H.R. 2902, Maternal Care Access and Reducing Emergencies Act (Maternal CARE Act)</u></p> <p>&</p> <p><u>S. 1600, Maternal Care Access and Reducing Emergencies Act (Maternal CARE Act)</u></p>	<p>Rep. Alma Adams (D-NC)</p> <p>19 Cosponsors (19 Democrats)</p> <p>&</p> <p>Sen. Kamala Harris (D-CA)</p> <p>20 Cosponsors (19 Democrats, 1 Independent)</p>	<p>Referred to the House Committee on Energy and Commerce</p> <p>&</p> <p>Referred to the Senate Committee on Health, Education, Labor, and Pensions</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. 2602, Healthy MOMMIES Act</u></p> <p>&</p>	<p>Rep. Ayanna Pressley (D-MA)</p> <p>42 Cosponsors (42 Democrats)</p>	<p>Referred to the House Committee on Energy and Commerce</p> <p>&</p>	<p>— Extending Medicaid postpartum coverage</p> <p>— Raising payment rates for primary care services under</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</p>

<p><u>S. 1343, MOMMIES Act</u></p>	<p>&</p> <p>Sen. Cory Booker (D-NJ)</p> <p>7 Cosponsors (7 Democrats)</p>	<p>Referred to the Senate Committee on Finance</p>	<p>Medicaid to Medicare levels</p> <p>— Research on Medicaid coverage for doula care and telemedicine for maternity care</p>	<p>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 maternity care</p>
<p><u>H.R. 4215, Excellence in Maternal Health Act of 2019</u></p> <p>&</p> <p><u>S. 2586, Maternal Outcomes Matter (MOM) Act of 2019</u></p>	<p>Rep. Larry Buschon (R-IN)</p> <p>15 Cosponsors (3 Democrats, 12 Republicans)</p> <p>&</p> <p>Sen. Martha McSally (R-AZ)</p> <p>1 Cosponsor (1 Democrat)</p>	<p>Referred to the House Committee on Energy and Commerce</p> <p>&</p> <p>Referred to the Senate Committee on Health, Education, Labor, and Pensions</p>	<p>— Supporting training for healthcare providers on implicit bias and health equity</p> <p>— Funding for states to enhance data collection and strengthen perinatal quality collaboratives</p> <p>— Improving healthcare for Native American women</p>	<p>Goal: to improve maternal healthcare quality and perinatal care and increase implicit bias training of healthcare providers to prevent discrimination in healthcare</p> <p>— Appropriates funding for innovation and evidence-based practices to improve maternal and infant healthcare quality and outcomes with preference given to states, Indian Tribes, or Tribal organizations with the highest rates of maternal mortality and morbidity</p> <p>— Increases CDC grants for perinatal quality collaboratives</p> <p>— Appropriates grants to accredited healthcare professional schools to provide training to reduce and prevent discrimination in the provision of maternal and infant care</p> <p>— Requires HHS to contract for a research study on reducing discrimination and implicit bias among healthcare providers</p>

<p><u>H.R. 2778, Healthy Maternity and Obstetric Medicine Act</u></p> <p>&</p> <p><u>S. 1481, Healthy Maternity and Obstetric Medicine Act</u></p>	<p>Rep. Bonnie Watson Coleman (D-NJ)</p> <p>87 Cosponsors (87 Democrats)</p> <p>&</p> <p>Sen. Sherrod Brown (D-OH)</p> <p>24 Cosponsors (23 Democrat, 1 Independent)</p>	<p>Referred to the House Committees on Energy and Commerce, Ways and Means, Oversight and Reform, Education and Labor</p> <p>&</p> <p>Referred to the Senate Committee on Finance</p>	<p>— Extending Medicaid postpartum coverage</p> <p>— Creating Special Enrollment Period for Pregnancy</p> <p>— Closing the gap in maternity coverage in private plans for some dependents</p>	<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> <p>—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.</p> <p>— Requires coverage of maternity care services in private plans for all enrollees, including adult dependent children.</p> <p>— 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</p> <p>— 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>
<p><u>H.R. 4243, Rural Maternal and Obstetric Modernization of Services Act (Rural MOMS)</u></p> <p>&</p> <p><u>S. 2373, Rural</u></p>	<p>Rep. Xochitl Torres Small (D-NM)</p> <p>9 Cosponsors (5 Democrats, 4 Republicans)</p> <p>Sen. Tina Smith (D-MN)</p>	<p>Referred to the House Committee on Energy and Commerce</p> <p>&</p> <p>Referred to the Senate Committee on Health,</p>	<p>— Broadening the obstetric workforce in rural communities</p> <p>— Supporting training for maternity care clinicians on implicit bias, social determinants of health, mental health, and</p>	<p>Goal: to improve obstetric care in rural areas through improving data, network grants, training, and telemedicine in these areas.</p> <p>— 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.</p> <p>— Authorizes creation of rural obstetric network</p>

<u>Maternal and Obstetric Modernization of Services Act (Rural MOMS)</u>	9 Cosponsors (4 Democrats, 4 Republicans, 1 Independent)	Education, Labor, and Pensions	substance use	grants to help pregnant women in rural areas connect with prenatal, labor, birth, and postpartum 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. — 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.
<u>H.R. 2751, Mamas First Act</u>	Rep. Gwen Moore (D-WI) 11 Cosponsors (11 Democrats)	Referred to the House Committee on Energy and Commerce	— Medicaid coverage for doula and midwifery care	Goal: to provide coverage under the Medicaid program for services provided by doulas and midwives, including coverage for prenatal, delivery, and postpartum services provided by doulas and midwives.
<u>H.R. 5189, Birth Access Benefiting Improved Essential Facility Services (BABIES) Act</u>	Rep. Katherine Clark (D-MA) 4 Cosponsors (3 Democrats, 1 Republican)	Referred to the House Committee on Energy and Commerce	— Medicaid coverage for freestanding birth centers	Goal: to establish a Medicaid demonstration program for innovative payment models for freestanding birth center services. — 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.
<u>S. 116, Modernizing Obstetric Medicine</u>	Sen. Kirsten Gillibrand (D-NY) 7 Cosponsors (7 Democrats)	Referred to the Senate Committee on Health, Education, Labor,	— Funding for states and hospitals to enhance efforts on maternal safety	Goal: to improve maternal mortality and morbidity — Creates a new Alliance for Innovation on Maternal Health program to provide technical assistance to

<u>Standards Act of 2019, or MOMS Act</u>		and Pensions		<p>State-based teams to implement maternal safety bundles 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>
<u>H.R. 6142, Black Maternal Health Momnibus Act of 2020</u> (includes the 9 bills listed in the Description column)	<p>Rep. Lauren Underwood (D-IL)</p> <p>39 Cosponsors (39 Democrats)</p>	<p>Referred to the Subcommittee for Indigenous Peoples of the United States by the Committee on Natural Resources</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 —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>*Kira Johnson Act — 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>

				<p>and racism, and to promote accountability in maternity care settings</p> <p>*Protecting Moms Who Served Act — Commissions the first-ever comprehensive study of the scope of America’s maternal health crisis among women veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes. The study will make recommendations for the improvement of maternal health data collection processes and steps to reduce adverse maternal health outcomes among women veterans.</p> <p>— Invests in maternity care coordination for women veterans at Department of Veterans Affairs (VA) facilities</p> <p>*Perinatal Workforce Act — Establishes grant programs to increase the diversity of maternal care teams and to study how healthcare providers who offer culturally congruent support to women through their pregnancies, labor and delivery, and the postpartum period can promote better health outcomes</p> <p>—Ensures that no matter where a mom lives, she can receive quality care and support from people she trusts</p> <p>*Data to Save Moms Act — Promotes greater levels of representative community engagement in Maternal Mortality Review Committees (MMRCs)</p> <p>— Promotes improvements in data collection processes, quality measures for maternity care, and maternal health research at Minority-Serving</p>
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<p><u>H.R. 3849, Midwives for Maximizing Optimal Maternity Services Act of 2019 (MOMS)</u></p>	<p>Rep. Lucille Roybal-Allard (D-CA-40)</p> <p>14 Cosponsor (13 Democrats, 1 Republican)</p>	<p>Referred to the House Committee on Energy and Commerce - Subcommittee on Health</p>	<p>— Establishing two new funding streams for accredited midwifery education</p> <p>— Addressing the significant lack of diversity in the maternity care workforce by prioritizing racial/ethnic and economic diversity in students</p>	<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>

