

117TH CONGRESS
1ST SESSION

H. R. 1212

To end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in maternal health outcomes, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 23, 2021

Ms. ADAMS (for herself, Ms. UNDERWOOD, Mr. KHANNA, Ms. VELÁZQUEZ, Mrs. MCBATH, Mr. SMITH of Washington, Ms. SCANLON, Mr. LAWSON of Florida, Mrs. HAYES, Mr. BUTTERFIELD, Ms. MOORE of Wisconsin, Ms. STRICKLAND, Mr. RYAN, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. HORSFORD, Ms. WASSERMAN SCHULTZ, Ms. BARRAGÁN, Mr. DEUTCH, Mr. BLUMENAUER, Mr. MOULTON, Mr. SOTO, Mr. NADLER, Mr. TRONE, Ms. CLARKE of New York, Ms. SCHAKOWSKY, Ms. BASS, Ms. PRESSLEY, Mr. EVANS, Ms. BLUNT ROCHESTER, Ms. CASTOR of Florida, Ms. SEWELL, and Ms. WILLIAMS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To end preventable maternal mortality and severe maternal morbidity in the United States and close disparities in maternal health outcomes, 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 “Kira Johnson Act”.

1 **SEC. 2. INVESTMENTS IN COMMUNITY-BASED ORGANIZA-**
2 **TIONS TO IMPROVE BLACK MATERNAL**
3 **HEALTH OUTCOMES.**

4 (a) AWARDS.—Following the 1-year period described
5 in subsection (c), the Secretary of Health and Human
6 Services (in this section referred to as the “Secretary”)
7 shall award grants to eligible entities to establish or ex-
8 pand programs to prevent maternal mortality and severe
9 maternal morbidity among Black pregnant and
10 postpartum individuals.

11 (b) ELIGIBILITY.—To be eligible to seek a grant
12 under this section, an entity shall be a community-based
13 organization offering programs and resources aligned with
14 evidence-based practices for improving maternal health
15 outcomes for Black pregnant and postpartum individuals.

16 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-
17 RIOD.—During the 1-year period beginning on the date
18 of enactment of this Act, the Secretary shall—

19 (1) conduct outreach to encourage eligible enti-
20 ties to apply for grants under this section; and

21 (2) provide technical assistance to eligible enti-
22 ties on best practices for applying for grants under
23 this section.

24 (d) SPECIAL CONSIDERATION.—

1 (1) OUTREACH.—In conducting outreach under
2 subsection (c), the Secretary shall give special con-
3 sideration to eligible entities that—

4 (A) are based in, and provide support for,
5 communities with high rates of adverse mater-
6 nal health outcomes or significant racial and
7 ethnic disparities in maternal health outcomes,
8 to the extent such data are available;

9 (B) are led by Black women; and

10 (C) offer programs and resources that are
11 aligned with evidence-based practices for im-
12 proving maternal health outcomes for Black
13 pregnant and postpartum individuals.

14 (2) AWARDS.—In awarding grants under this
15 section, the Secretary shall give special consideration
16 to eligible entities that—

17 (A) are described in subparagraphs (A),
18 (B), and (C) of paragraph (1);

19 (B) offer programs and resources designed
20 in consultation with and intended for Black
21 pregnant and postpartum individuals; and

22 (C) offer programs and resources in the
23 communities in which the respective eligible en-
24 tities are located that—

1 (i) promote maternal mental health
2 and maternal substance use disorder treat-
3 ments and supports that are aligned with
4 evidence-based practices for improving ma-
5 ternal mental and behavioral health out-
6 comes for Black pregnant and postpartum
7 individuals;

8 (ii) address social determinants of ma-
9 ternal health for pregnant and postpartum
10 individuals;

11 (iii) promote evidence-based health lit-
12 eracy and pregnancy, childbirth, and par-
13 enting education for pregnant and
14 postpartum individuals;

15 (iv) provide support from perinatal
16 health workers to pregnant and
17 postpartum individuals;

18 (v) provide culturally congruent train-
19 ing to perinatal health workers;

20 (vi) conduct or support research on
21 maternal health issues disproportionately
22 impacting Black pregnant and postpartum
23 individuals;

24 (vii) provide support to family mem-
25 bers of individuals who suffered a preg-

1 nancy-associated death or pregnancy-re-
2 lated death;

3 (viii) operate midwifery practices that
4 provide culturally congruent maternal
5 health care and support, including for the
6 purposes of—

7 (I) supporting additional edu-
8 cation, training, and certification pro-
9 grams, including support for distance
10 learning;

11 (II) providing financial support
12 to current and future midwives to ad-
13 dress education costs, debts, and
14 other needs;

15 (III) clinical site investments;

16 (IV) supporting preceptor devel-
17 opment trainings;

18 (V) expanding the midwifery
19 practice; or

20 (VI) related needs identified by
21 the midwifery practice and described
22 in the practice's application; or

23 (ix) have developed other programs
24 and resources that address community-spe-
25 cific needs for pregnant and postpartum

1 individuals and are aligned with evidence-
2 based practices for improving maternal
3 health outcomes for Black pregnant and
4 postpartum individuals.

5 (e) TECHNICAL ASSISTANCE.—The Secretary shall
6 provide to grant recipients under this section technical as-
7 sistance on—

8 (1) capacity building to establish or expand pro-
9 grams to prevent adverse maternal health outcomes
10 among Black pregnant and postpartum individuals;

11 (2) best practices in data collection, measure-
12 ment, evaluation, and reporting; and

13 (3) planning for sustaining programs to prevent
14 maternal mortality and severe maternal morbidity
15 among Black pregnant and postpartum individuals
16 after the period of the grant.

17 (f) EVALUATION.—Not later than the end of fiscal
18 year 2026, the Secretary shall submit to the Congress an
19 evaluation of the grant program under this section that—

20 (1) assesses the effectiveness of outreach efforts
21 during the application process in diversifying the
22 pool of grant recipients;

23 (2) makes recommendations for future outreach
24 efforts to diversify the pool of grant recipients for
25 Department of Health and Human Services grant

1 programs and funding opportunities related to ma-
2 ternal health;

3 (3) assesses the effectiveness of programs fund-
4 ed by grants under this section in improving mater-
5 nal health outcomes for Black pregnant and
6 postpartum individuals, to the extent practicable;
7 and

8 (4) makes recommendations for future Depart-
9 ment of Health and Human Services grant programs
10 and funding opportunities that deliver funding to
11 community-based organizations that provide pro-
12 grams and resources that are aligned with evidence-
13 based practices for improving maternal health out-
14 comes for Black pregnant and postpartum individ-
15 uals.

16 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
17 out this section, there is authorized to be appropriated
18 \$10,000,000 for each of fiscal years 2022 through 2026.

19 **SEC. 3. INVESTMENTS IN COMMUNITY-BASED ORGANIZA-**
20 **TIONS TO IMPROVE MATERNAL HEALTH OUT-**
21 **COMES IN UNDERSERVED COMMUNITIES.**

22 (a) AWARDS.—Following the 1-year period described
23 in subsection (c), the Secretary of Health and Human
24 Services (in this section referred to as the “Secretary”)
25 shall award grants to eligible entities to establish or ex-

1 pand programs to prevent maternal mortality and severe
2 maternal morbidity among underserved groups.

3 (b) ELIGIBILITY.—To be eligible to seek a grant
4 under this section, an entity shall be a community-based
5 organization offering programs and resources aligned with
6 evidence-based practices for improving maternal health
7 outcomes for pregnant and postpartum individuals.

8 (c) OUTREACH AND TECHNICAL ASSISTANCE PE-
9 RIOD.—During the 1-year period beginning on the date
10 of enactment of this Act, the Secretary shall—

11 (1) conduct outreach to encourage eligible enti-
12 ties to apply for grants under this section; and

13 (2) provide technical assistance to eligible enti-
14 ties on best practices for applying for grants under
15 this section.

16 (d) SPECIAL CONSIDERATION.—

17 (1) OUTREACH.—In conducting outreach under
18 subsection (c), the Secretary shall give special con-
19 sideration to eligible entities that—

20 (A) are based in, and provide support for,
21 communities with high rates of adverse mater-
22 nal health outcomes or significant racial and
23 ethnic disparities in maternal health outcomes,
24 to the extent such data are available;

1 (B) are led by individuals from racially,
2 ethnically, and geographically diverse back-
3 grounds; and

4 (C) offer programs and resources that are
5 aligned with evidence-based practices for im-
6 proving maternal health outcomes for pregnant
7 and postpartum individuals.

8 (2) AWARDS.—In awarding grants under this
9 section, the Secretary shall give special consideration
10 to eligible entities that—

11 (A) are described in subparagraphs (A),
12 (B), and (C) of paragraph (1);

13 (B) offer programs and resources designed
14 in consultation with and intended for pregnant
15 and postpartum individuals from underserved
16 groups; and

17 (C) offer programs and resources in the
18 communities in which the respective eligible en-
19 tities are located that—

20 (i) promote maternal mental health
21 and maternal substance use disorder treat-
22 ments and support that are aligned with
23 evidence-based practices for improving ma-
24 ternal mental and behavioral health out-

1 comes for pregnant and postpartum indi-
2 viduals;

3 (ii) address social determinants of ma-
4 ternal health for pregnant and postpartum
5 individuals;

6 (iii) promote evidence-based health lit-
7 eracy and pregnancy, childbirth, and par-
8 enting education for pregnant and
9 postpartum individuals;

10 (iv) provide support from perinatal
11 health workers to pregnant and
12 postpartum individuals;

13 (v) provide culturally congruent train-
14 ing to perinatal health workers;

15 (vi) conduct or support research on
16 maternal health outcomes and disparities;

17 (vii) provide support to family mem-
18 bers of individuals who suffered a preg-
19 nancy-associated death or pregnancy-re-
20 lated death;

21 (viii) operate midwifery practices that
22 provide culturally congruent maternal
23 health care and support, including for the
24 purposes of—

- 1 (I) supporting additional edu-
2 cation, training, and certification pro-
3 grams, including support for distance
4 learning;
- 5 (II) providing financial support
6 to current and future midwives to ad-
7 dress education costs, debts, and
8 other needs;
- 9 (III) clinical site investments;
- 10 (IV) supporting preceptor devel-
11 opment trainings;
- 12 (V) expanding the midwifery
13 practice; or
- 14 (VI) related needs identified by
15 the midwifery practice and described
16 in the practice's application; or
- 17 (ix) have developed other programs
18 and resources that address community-spe-
19 cific needs for pregnant and postpartum
20 individuals and are aligned with evidence-
21 based practices for improving maternal
22 health outcomes for pregnant and
23 postpartum individuals.

1 (e) TECHNICAL ASSISTANCE.—The Secretary shall
2 provide to grant recipients under this section technical as-
3 sistance on—

4 (1) capacity building to establish or expand pro-
5 grams to prevent adverse maternal health outcomes
6 among pregnant and postpartum individuals from
7 underserved groups;

8 (2) best practices in data collection, measure-
9 ment, evaluation, and reporting; and

10 (3) planning for sustaining programs to prevent
11 maternal mortality and severe maternal morbidity
12 among pregnant and postpartum individuals from
13 underserved groups after the period of the grant.

14 (f) EVALUATION.—Not later than the end of fiscal
15 year 2026, the Secretary shall submit to the Congress an
16 evaluation of the grant program under this section that—

17 (1) assesses the effectiveness of outreach efforts
18 during the application process in diversifying the
19 pool of grant recipients;

20 (2) makes recommendations for future outreach
21 efforts to diversify the pool of grant recipients for
22 Department of Health and Human Services grant
23 programs and funding opportunities related to ma-
24 ternal health;

1 (3) assesses the effectiveness of programs fund-
2 ed by grants under this section in improving mater-
3 nal health outcomes for pregnant and postpartum
4 individuals from underserved groups, to the extent
5 practicable; and

6 (4) makes recommendations for future Depart-
7 ment of Health and Human Services grant programs
8 and funding opportunities that deliver funding to
9 community-based organizations that provide pro-
10 grams and resources that are aligned with evidence-
11 based practices for improving maternal health out-
12 comes for pregnant and postpartum individuals.

13 (g) DEFINITION.—In this section, the term “under-
14 served groups” refers to pregnant and postpartum individ-
15 uals—

16 (1) from racial and ethnic minority groups (as
17 such term is defined in section 1707(g)(1) of the
18 Public Health Service Act (42 U.S.C. 300u-
19 6(g)(1)));

20 (2) whose household income is equal to or less
21 than 150 percent of the Federal poverty line;

22 (3) who live in health professional shortage
23 areas (as such term is defined in section 332 of the
24 Public Health Service Act (42 U.S.C. 254e(a)(1)));

1 (4) who live in counties with no hospital offer-
2 ing obstetric care, no birth center, and no obstetric
3 provider; or

4 (5) who live in counties with a level of vulner-
5 ability of moderate-to-high or higher, according to
6 the Social Vulnerability Index of the Centers for
7 Disease Control and Prevention.

8 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
9 out this section, there is authorized to be appropriated
10 \$10,000,000 for each of fiscal years 2022 through 2026.

11 **SEC. 4. RESPECTFUL MATERNITY CARE TRAINING FOR ALL**
12 **EMPLOYEES IN MATERNITY CARE SETTINGS.**

13 Part B of title VII of the Public Health Service Act
14 (42 U.S.C. 293 et seq.) is amended by adding at the end
15 the following new section:

16 **“SEC. 742. RESPECTFUL MATERNITY CARE TRAINING FOR**
17 **ALL EMPLOYEES IN MATERNITY CARE SET-**
18 **TINGS.**

19 “(a) GRANTS.—The Secretary shall award grants for
20 programs to reduce and prevent bias, racism, and dis-
21 crimination in maternity care settings and to advance re-
22 spectful, culturally congruent, trauma-informed care.

23 “(b) SPECIAL CONSIDERATION.—In awarding grants
24 under subsection (a), the Secretary shall give special con-
25 sideration to applications for programs that would—

1 “(1) apply to all maternity care providers (as
2 defined in section 8 of the Kira Johnson Act) and
3 any employees who interact with pregnant and
4 postpartum individuals in the provider setting, in-
5 cluding front desk employees, sonographers, sched-
6 ulers, health care professionals, hospital or health
7 system administrators, security staff, and other em-
8 ployees;

9 “(2) emphasize periodic, as opposed to one-
10 time, trainings for all birthing professionals and em-
11 ployees described in paragraph (1);

12 “(3) address implicit bias, racism, and cultural
13 humility;

14 “(4) be delivered in ongoing education settings
15 for providers maintaining their licenses, with a pref-
16 erence for trainings that provide continuing edu-
17 cation units;

18 “(5) include trauma-informed care best prac-
19 tices and an emphasis on shared decision making be-
20 tween providers and patients;

21 “(6) include antiracism training and programs;

22 “(7) be delivered in undergraduate programs
23 that funnel into health professions schools;

24 “(8) be delivered in settings that apply to pro-
25 viders of the special supplemental nutrition program

1 for women, infants, and children under section 17 of
2 the Child Nutrition Act of 1966;

3 “(9) integrate bias training in obstetric emer-
4 gency simulation trainings or related trainings;

5 “(10) include training for emergency depart-
6 ment employees and emergency medical technicians
7 on recognizing warning signs for severe pregnancy-
8 related complications;

9 “(11) offer training to all maternity care pro-
10 viders on the value of racially, ethnically, and profes-
11 sionally diverse maternity care teams to provide cul-
12 turally congruent care; or

13 “(12) be based on one or more programs de-
14 signed by a historically Black college or university or
15 other minority-serving institution.

16 “(c) APPLICATION.—To seek a grant under sub-
17 section (a), an entity shall submit an application at such
18 time, in such manner, and containing such information as
19 the Secretary may require.

20 “(d) REPORTING.—Each recipient of a grant under
21 this section shall annually submit to the Secretary a report
22 on the status of activities conducted using the grant, in-
23 cluding, as applicable, a description of the impact of train-
24 ing provided through the grant on patient outcomes and
25 patient experience for pregnant and postpartum individ-

1 uals from racial and ethnic minority groups and their fam-
2 ilies.

3 “(e) BEST PRACTICES.—Based on the annual reports
4 submitted pursuant to subsection (d), the Secretary—

5 “(1) shall produce an annual report on the find-
6 ings resulting from programs funded through this
7 section;

8 “(2) shall disseminate such report to all recipi-
9 ents of grants under this section and to the public;
10 and

11 “(3) may include in such report findings on
12 best practices for improving patient outcomes and
13 patient experience for pregnant and postpartum in-
14 dividuals from racial and ethnic minority groups and
15 their families in maternity care settings.

16 “(f) DEFINITIONS.—In this section:

17 “(1) The term ‘postpartum’ means the one-year
18 period beginning on the last day of an individual’s
19 pregnancy.

20 “(2) The term ‘culturally congruent’ means in
21 agreement with the preferred cultural values, beliefs,
22 world view, language, and practices of the health
23 care consumer and other stakeholders.

1 “(3) The term ‘racial and ethnic minority
2 group’ has the meaning given such term in section
3 1707(g)(1).

4 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there is authorized to be appro-
6 priated \$5,000,000 for each of fiscal years 2022 through
7 2026.”.

8 **SEC. 5. STUDY ON REDUCING AND PREVENTING BIAS, RAC-**
9 **ISM, AND DISCRIMINATION IN MATERNITY**
10 **CARE SETTINGS.**

11 (a) IN GENERAL.—The Secretary of Health and
12 Human Services shall seek to enter into an agreement,
13 not later than 90 days after the date of enactment of this
14 Act, with the National Academies of Sciences, Engineer-
15 ing, and Medicine (referred to in this section as the “Na-
16 tional Academies”) under which the National Academies
17 agree to—

18 (1) conduct a study on the design and imple-
19 mentation of programs to reduce and prevent bias,
20 racism, and discrimination in maternity care settings
21 and to advance respectful, culturally congruent,
22 trauma-informed care; and

23 (2) not later than 24 months after the date of
24 enactment of this Act—

25 (A) complete the study; and

1 (B) transmit a report on the results of the
2 study to the Congress.

3 (b) POSSIBLE TOPICS.—The agreement entered into
4 pursuant to subsection (a) may provide for the study of
5 any of the following:

6 (1) The development of a scorecard or other
7 evaluation standards for programs designed to re-
8 duce and prevent bias, racism, and discrimination in
9 maternity care settings to assess the effectiveness of
10 such programs in improving patient outcomes and
11 patient experience for pregnant and postpartum in-
12 dividuals from racial and ethnic minority groups and
13 their families.

14 (2) Determination of the types and frequency of
15 training to reduce and prevent bias, racism, and dis-
16 crimination in maternity care settings that are dem-
17 onstrated to improve patient outcomes or patient ex-
18 perience for pregnant and postpartum individuals
19 from racial and ethnic minority groups and their
20 families.

21 **SEC. 6. RESPECTFUL MATERNITY CARE COMPLIANCE PRO-**
22 **GRAM.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services (referred to in this section as the “Sec-
25 retary”) shall award grants to accredited hospitals, health

1 systems, and other maternity care settings to establish as
2 an integral part of quality implementation initiatives with-
3 in one or more hospitals or other birth settings a respect-
4 ful maternity care compliance program.

5 (b) PROGRAM REQUIREMENTS.—A respectful mater-
6 nity care compliance program funded through a grant
7 under this section shall—

8 (1) institutionalize mechanisms to allow pa-
9 tients receiving maternity care services, the families
10 of such patients, or perinatal health workers sup-
11 porting such patients to report instances of racism
12 or evidence of bias on the basis of race, ethnicity, or
13 another protected class;

14 (2) institutionalize response mechanisms
15 through which representatives of the program can
16 directly follow up with the patient, if possible, and
17 the patient’s family in a timely manner;

18 (3) prepare and make publicly available a
19 hospital- or health system-wide strategy to reduce
20 bias on the basis of race, ethnicity, or another pro-
21 tected class in the delivery of maternity care that in-
22 cludes—

23 (A) information on the training programs
24 to reduce and prevent bias, racism, and dis-
25 crimination on the basis of race, ethnicity, or

1 another protected class for all employees in ma-
2 ternity care settings;

3 (B) information on the number of cases re-
4 ported to the compliance program; and

5 (C) the development of methods to rou-
6 tinely assess the extent to which bias, racism,
7 or discrimination on the basis of race, ethnicity,
8 or another protected class are present in the de-
9 livery of maternity care to patients from racial
10 and ethnic minority groups; and

11 (4) develop mechanisms to routinely collect and
12 publicly report hospital-level data related to patient-
13 reported experience of care; and

14 (5) provide annual reports to the Secretary with
15 information about each case reported to the compli-
16 ance program over the course of the year containing
17 such information as the Secretary may require, such
18 as—

19 (A) de-identified demographic information
20 on the patient in the case, such as race, eth-
21 nicity, gender identity, and primary language;

22 (B) the content of the report from the pa-
23 tient or the family of the patient to the compli-
24 ance program;

1 (C) the response from the compliance pro-
2 gram; and

3 (D) to the extent applicable, institutional
4 changes made as a result of the case.

5 (c) SECRETARY REQUIREMENTS.—

6 (1) PROCESSES.—Not later than 180 days after
7 the date of enactment of this Act, the Secretary
8 shall establish processes for—

9 (A) disseminating best practices for estab-
10 lishing and implementing a respectful maternity
11 care compliance program within a hospital or
12 other birth setting;

13 (B) promoting coordination and collabora-
14 tion between hospitals, health systems, and
15 other maternity care delivery settings on the es-
16 tablishment and implementation of respectful
17 maternity care compliance programs; and

18 (C) evaluating the effectiveness of respect-
19 ful maternity care compliance programs on ma-
20 ternal health outcomes and patient and family
21 experiences, especially for patients from racial
22 and ethnic minority groups and their families.

23 (2) STUDY.—

24 (A) IN GENERAL.—Not later than 2 years
25 after the date of enactment of this Act, the Sec-

1 retary shall, through a contract with an inde-
2 pendent research organization, conduct a study
3 on strategies to address—

4 (i) racism or bias on the basis of race,
5 ethnicity, or another protected class in the
6 delivery of maternity care services; and

7 (ii) successful implementation of re-
8 spectful care initiatives.

9 (B) COMPONENTS OF STUDY.—The study
10 shall include the following:

11 (i) An assessment of the reports sub-
12 mitted to the Secretary from the respectful
13 maternity care compliance programs pur-
14 suant to subsection (b)(5).

15 (ii) Based on such assessment, rec-
16 ommendations for potential accountability
17 mechanisms related to cases of racism or
18 bias on the basis of race, ethnicity, or an-
19 other protected class in the delivery of ma-
20 ternity care services at hospitals and other
21 birth settings. Such recommendations shall
22 take into consideration medical and non-
23 medical factors that contribute to adverse
24 patient experiences and maternal health
25 outcomes.

1 (C) REPORT.—The Secretary shall submit
2 to the Congress and make publicly available a
3 report on the results of the study under this
4 paragraph.

5 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
6 out this section, there is authorized to be appropriated
7 such sums as may be necessary for fiscal years 2022
8 through 2027.

9 **SEC. 7. GAO REPORT.**

10 (a) IN GENERAL.—Not later than 2 years after the
11 date of enactment of this Act and annually thereafter, the
12 Comptroller General of the United States shall submit to
13 the Congress and make publicly available a report on the
14 establishment of respectful maternity care compliance pro-
15 grams within hospitals, health systems, and other mater-
16 nity care settings.

17 (b) MATTERS INCLUDED.—The report under para-
18 graph (1) shall include the following:

19 (1) Information regarding the extent to which
20 hospitals, health systems, and other maternity care
21 settings have elected to establish respectful mater-
22 nity care compliance programs, including—

23 (A) which hospitals and other birth set-
24 tings elect to establish compliance programs
25 and when such programs are established;

1 (B) to the extent practicable, impacts of
2 the establishment of such programs on mater-
3 nal health outcomes and patient and family ex-
4 periences in the hospitals and other birth set-
5 tings that have established such programs, es-
6 pecially for patients from racial and ethnic mi-
7 nority groups and their families;

8 (C) information on geographic areas, and
9 types of hospitals or other birth settings, where
10 respectful maternity care compliance programs
11 are not being established and information on
12 factors contributing to decisions to not establish
13 such programs; and

14 (D) recommendations for establishing re-
15 spectful maternity care compliance programs in
16 geographic areas, and types of hospitals or
17 other birth settings, where such programs are
18 not being established.

19 (2) Whether the funding made available to
20 carry out this section has been sufficient and, if ap-
21 plicable, recommendations for additional appropria-
22 tions to carry out this section.

23 (3) Such other information as the Comptroller
24 General determines appropriate.

1 **SEC. 8. DEFINITIONS.**

2 In this Act:

3 (1) **CULTURALLY CONGRUENT.**—The term “cul-
4 turally congruent”, with respect to care or maternity
5 care, means care that is in agreement with the pre-
6 ferred cultural values, beliefs, worldview, language,
7 and practices of the health care consumer and other
8 stakeholders.

9 (2) **MATERNITY CARE PROVIDER.**—The term
10 “maternity care provider” means a health care pro-
11 vider who—

12 (A) is a physician, physician assistant,
13 midwife who meets at a minimum the inter-
14 national definition of the midwife and global
15 standards for midwifery education as estab-
16 lished by the International Confederation of
17 Midwives, nurse practitioner, or clinical nurse
18 specialist; and

19 (B) has a focus on maternal or perinatal
20 health.

21 (3) **MATERNAL MORTALITY.**—The term “mater-
22 nal mortality” means a death occurring during or
23 within a one-year period after pregnancy, caused by
24 pregnancy-related or childbirth complications, in-
25 cluding a suicide, overdose, or other death resulting
26 from a mental health or substance use disorder at-

1 tributed to or aggravated by pregnancy-related or
2 childbirth complications.

3 (4) PERINATAL HEALTH WORKER.—The term
4 “perinatal health worker” means a doula, commu-
5 nity health worker, peer supporter, breastfeeding
6 and lactation educator or counselor, nutritionist or
7 dietitian, childbirth educator, social worker, home
8 visitor, language interpreter, or navigator.

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

13 (6) PREGNANCY-ASSOCIATED DEATH.—The
14 term “pregnancy-associated death” means a death of
15 a pregnant or postpartum individual, by any cause,
16 that occurs during, or within 1 year following, the
17 individual’s pregnancy, regardless of the outcome,
18 duration, or site of the pregnancy.

19 (7) PREGNANCY-RELATED DEATH.—The term
20 “pregnancy-related death” means a death of a preg-
21 nant or postpartum individual that occurs during, or
22 within 1 year following, the individual’s pregnancy,
23 from a pregnancy complication, a chain of events
24 initiated by pregnancy, or the aggravation of an un-

1 related condition by the physiologic effects of preg-
2 nancy.

3 (8) RACIAL AND ETHNIC MINORITY GROUP.—

4 The term “racial and ethnic minority group” has the
5 meaning given such term in section 1707(g)(1) of
6 the Public Health Service Act (42 U.S.C. 300u-
7 6(g)(1)).

8 (9) SEVERE MATERNAL MORBIDITY.—The term

9 “severe maternal morbidity” means a health condi-
10 tion, including mental health conditions and sub-
11 stance use disorders, attributed to or aggravated by
12 pregnancy or childbirth that results in significant
13 short-term or long-term consequences to the health
14 of the individual who was pregnant.

15 (10) SOCIAL DETERMINANTS OF MATERNAL

16 HEALTH DEFINED.—The term “social determinants
17 of maternal health” means non-clinical factors that
18 impact maternal health outcomes, including—

19 (A) economic factors, which may include
20 poverty, employment, food security, support for
21 and access to lactation and other infant feeding
22 options, housing stability, and related factors;

23 (B) neighborhood factors, which may in-
24 clude quality of housing, access to transpor-
25 tation, access to child care, availability of

1 healthy foods and nutrition counseling, avail-
2 ability of clean water, air and water quality,
3 ambient temperatures, neighborhood crime and
4 violence, access to broadband, and related fac-
5 tors;

6 (C) social and community factors, which
7 may include systemic racism, gender discrimi-
8 nation or discrimination based on other pro-
9 tected classes, workplace conditions, incarcer-
10 ation, and related factors;

11 (D) household factors, which may include
12 ability to conduct lead testing and abatement,
13 car seat installation, indoor air temperatures,
14 and related factors;

15 (E) education access and quality factors,
16 which may include educational attainment, lan-
17 guage and literacy, and related factors; and

18 (F) health care access factors, including
19 health insurance coverage, access to culturally
20 congruent health care services, providers, and
21 non-clinical support, access to home visiting
22 services, access to wellness and stress manage-
23 ment programs, health literacy, access to tele-

- 1 health and items required to receive telehealth
- 2 services, and related factors.

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