

117TH CONGRESS
1ST SESSION

S. 2588

To study the extent to which individuals are more at risk of maternal mortality or severe maternal morbidity as a result of being a victim of intimate partner violence, and for other purposes.

IN THE SENATE OF THE UNITED STATES

AUGUST 3, 2021

Mrs. SHAHEEN (for herself and Ms. KLOBUCHAR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To study the extent to which individuals are more at risk of maternal mortality or severe maternal morbidity as a result of being a victim of intimate partner violence, 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 “Protect Moms From
5 Domestic Violence Act”.

1 **SEC. 2. STUDY BY DEPARTMENT OF HEALTH AND HUMAN**
2 **SERVICES.**

3 (a) STUDY.—The Secretary, in collaboration with the
4 Health Resources and Services Administration, the Sub-
5 stance Abuse and Mental Health Services Administration,
6 and the Administration for Children and Families, and in
7 consultation with the Attorney General, the Director of
8 the Indian Health Service, and stakeholders (including
9 community-based organizations and culturally specific or-
10 ganizations), shall conduct a study on the extent to which
11 individuals are more at risk for maternal mortality or se-
12 vere maternal morbidity as a result of being a victim of
13 domestic violence, dating violence, sexual assault, stalking,
14 human trafficking, sex trafficking, child sexual abuse, or
15 forced marriage.

16 (b) REPORTS.—Not later than 2 years after the date
17 of enactment of this Act, the Secretary shall complete the
18 study under subsection (a) and submit a report to Con-
19 gress on the results of such study. Such report shall in-
20 clude—

21 (1) an analysis of the extent to which domestic
22 violence, dating violence, sexual assault, stalking,
23 human trafficking, sex trafficking, child sexual
24 abuse, and forced marriage contribute to, or result
25 in, maternal mortality;

1 (2) an analysis of the impact of domestic vio-
2 lence, dating violence, sexual assault, stalking,
3 human trafficking, sex trafficking, child sexual
4 abuse, and forced marriage on access to health care
5 (including mental health care) and substance use
6 disorder treatment and recovery support;

7 (3) a breakdown (including by race and eth-
8 nicity) of categories of individuals who are dis-
9 proportionately victims of domestic violence, dating
10 violence, sexual assault, stalking, human trafficking,
11 sex trafficking, child sexual abuse, or forced mar-
12 riage that contributes to, or results in, pregnancy-re-
13 lated death;

14 (4) an analysis of the impact on health, mental
15 health, and substance use resulting from domestic
16 violence, dating violence, sexual assault, stalking,
17 human trafficking, sex trafficking, child sexual
18 abuse, and forced marriage among Alaskan Natives,
19 Native Hawaiians, and American Indians during the
20 prenatal and postpartum period;

21 (5) an assessment of the factors that increase
22 or decrease risks for maternal mortality or severe
23 maternal morbidity among victims of domestic vio-
24 lence, dating violence, sexual assault, stalking,

1 human trafficking, sex trafficking, child sexual
2 abuse, or forced marriage;

3 (6) an assessment of increased risk of maternal
4 mortality or severe maternal morbidity stemming
5 from suicide, substance use disorders, or drug over-
6 dose due to domestic violence, dating violence, sexual
7 assault, stalking, human trafficking, sex trafficking,
8 child sexual abuse, or forced marriage;

9 (7) recommendations for legislative or policy
10 changes—

11 (A) to reduce maternal mortality rates;
12 and

13 (B) to address health inequities that con-
14 tribute to disparities in such rates and deaths;

15 (8) best practices to reduce maternal mortality
16 and severe maternal morbidity among victims of do-
17 mestic violence, dating violence, sexual assault,
18 stalking, human trafficking, sex trafficking, child
19 sexual abuse, and forced marriage, including—

20 (A) reducing reproductive coercion, mental
21 health conditions, and substance use coercion;
22 and

23 (B) routinely assessing pregnant people for
24 domestic violence and other forms of reproduc-
25 tive violence; and

1 (9) any other information on maternal mor-
 2 tality or severe maternal morbidity the Secretary de-
 3 termines appropriate to include in the report.

4 **SEC. 3. STUDY BY NATIONAL ACADEMY OF MEDICINE.**

5 (a) IN GENERAL.—The Secretary shall seek to enter
 6 into an arrangement with the National Academy of Medi-
 7 cine (or, if the Academy declines to enter into such ar-
 8 rangement, another appropriate entity) to study the im-
 9 pact of domestic violence, dating violence, sexual assault,
 10 stalking, human trafficking, sex trafficking, child sexual
 11 abuse, and forced marriage on an individual’s health rel-
 12 ative to maternal mortality and severe maternal morbidity.

13 (b) TOPICS.—The study under subsection (a) shall—

14 (1) examine—

15 (A) whether domestic violence, dating vio-
 16 lence, sexual assault, stalking, human traf-
 17 ficking, sex trafficking, child sexual abuse, or
 18 forced marriage, or generational intimate part-
 19 ner violence, trauma, and psychiatric disorders,
 20 increase the risk of suicide, substance use, and
 21 drug overdose among pregnant and postpartum
 22 persons; and

23 (B) the intersection of domestic violence,
 24 dating violence, sexual assault, stalking, human
 25 trafficking, sex trafficking, child sexual abuse,

1 and forced marriage as a social determinant of
2 health; and

3 (2) give particular focus to impacts among Afri-
4 can-American, American Indian, Native Hawaiian,
5 Alaskan Native, and LGBTQ populations.

6 **SEC. 4. GRANTS FOR INNOVATIVE APPROACHES.**

7 (a) IN GENERAL.—The Secretary, acting through the
8 Administrator of the Health Resources and Services Ad-
9 ministration, and in collaboration with the Administration
10 for Children and Families, the Indian Health Service, and
11 the Substance Abuse and Mental Health Services Admin-
12 istration, shall award grants to eligible entities for devel-
13 oping and implementing innovative approaches to improve
14 maternal and child health outcomes of victims of domestic
15 violence, dating violence, sexual assault, stalking, human
16 trafficking, sex trafficking, child sexual abuse, or forced
17 marriage.

18 (b) ELIGIBLE ENTITY.—To seek a grant under this
19 section, an entity shall be—

20 (1) a State, local, or federally recognized Tribal
21 government;

22 (2) a nonprofit organization or community-
23 based organization that provides prevention or inter-
24 vention services related to domestic violence, dating
25 violence, sexual assault, stalking, human trafficking,

1 sex trafficking, child sexual abuse, or forced mar-
2 riage;

3 (3) a Tribal organization or urban Indian orga-
4 nization (as such terms are defined in section 4 of
5 the Indian Health Care Improvement Act (25 U.S.C.
6 1603));

7 (4) an entity, the principal purpose of which is
8 to provide health care, such as a hospital, clinic,
9 health department, freestanding birthing center,
10 perinatal health worker, or maternity care provider;

11 (5) an institution of higher education; or

12 (6) a comprehensive substance use disorder par-
13 enting program.

14 (c) PRIORITY.—In awarding grants under this sec-
15 tion, the Secretary shall give priority to applicants pro-
16 posing to address—

17 (1) mental health and substance use disorders
18 among pregnant persons; or

19 (2) pregnant and postpartum persons experi-
20 encing intimate partner violence.

21 (d) FREESTANDING BIRTH CENTER DEFINED.—In
22 this section, the term “freestanding birth center” has the
23 meaning given that term in section 1905(l) of the Social
24 Security Act (42 U.S.C. 1396d(1)).

1 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
 2 out this section, there is authorized to be appropriated
 3 \$25,000,000 for the period of fiscal years 2022 through
 4 2024.

5 **SEC. 5. GUIDANCE.**

6 Not later than 2 years after the date of enactment
 7 of this Act, the Secretary shall issue and disseminate guid-
 8 ance to States, Tribes, Territories, maternity care pro-
 9 viders, and managed care entities on—

10 (1) providing universal education on healthy re-
 11 lationships and intimate partner violence;

12 (2) developing protocols on—

13 (A) routine assessment of intimate partner
 14 violence; and

15 (B) health promotion and strategies for
 16 trauma-informed care plans; and

17 (3) creating sustainable partnerships with com-
 18 munity-based organizations that address domestic vi-
 19 olence, dating violence, sexual assault, stalking,
 20 human trafficking, sex trafficking, child sexual
 21 abuse, or forced marriage.

22 **SEC. 6. DEFINITIONS.**

23 In this Act:

24 (1) The term “maternal mortality”—

25 (A) means death that—

1 (i) occurs during, or within the 1-year
 2 period after, pregnancy; and

3 (ii) is attributed to or aggravated by
 4 pregnancy-related or childbirth complica-
 5 tions; and

6 (B) includes a suicide, drug overdose
 7 death, homicide (including a domestic violence-
 8 related homicide), or other death resulting from
 9 a mental health or substance use disorder at-
 10 tributed to or aggravated by pregnancy-related
 11 or childbirth complications.

12 (2) The term “maternity care provider” means
 13 a health care provider who—

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

21 (B) has a focus on maternal or perinatal
 22 health.

23 (3) The term “perinatal health worker” means
 24 a worker who—

1 (A) is a doula, community health worker,
2 peer supporter, breastfeeding and lactation edu-
3 cator or counselor, nutritionist or dietitian,
4 childbirth educator, social worker, home visitor,
5 language interpreter, or navigator; and

6 (B) provides assistance with perinatal
7 health.

8 (4) The term “postpartum” means the 12-
9 month period following childbirth.

10 (5) The term “Secretary” means the Secretary
11 of Health and Human Services.

12 (6) The term “severe maternal morbidity”
13 means a health condition, including a mental health
14 condition or substance use disorder, that—

15 (A) is attributed to or aggravated by preg-
16 nancy or childbirth; and

17 (B) results in significant short-term or
18 long-term consequences to the health of the in-
19 dividual who was pregnant.

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