

118TH CONGRESS  
1ST SESSION

# H. R. 3344

To end the shackling of pregnant individuals, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2023

Ms. PRESSLEY (for herself, Ms. UNDERWOOD, Mr. AGUILAR, Mr. ALLRED, Ms. BARRAGÁN, Mrs. BEATTY, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BROWNLEY, Ms. BUDZINSKI, Ms. BUSH, Ms. CARAVEO, Mr. CARBAJAL, Mr. CARSON, Mr. CARTER of Louisiana, Mrs. CHERFILUS-McCORMICK, Ms. CLARKE of New York, Mr. CLEAVER, Mr. COHEN, Ms. CRAIG, Ms. CROCKETT, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. ESCOBAR, Mr. ESPAILLAT, Mr. EVANS, Mrs. FOUSHEE, Mr. GARAMENDI, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GREEN of Texas, Mrs. HAYES, Mr. HORSFORD, Mr. HUFFMAN, Mr. IVEY, Mr. JACKSON of Illinois, Ms. JACKSON LEE, Ms. JACOBS, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. KAMLAGER-DOVE, Mr. KRISHNAMOORTHY, Ms. KUSTER, Ms. LEE of California, Mr. LIEU, Ms. LOFGREN, Mrs. MCBATH, Mrs. McCLELLAN, Ms. MCCOLLUM, Mr. MCGOVERN, Mr. MEEKS, Ms. MENG, Mr. MFUME, Mr. MORELLE, Mr. MOULTON, Ms. MOORE of Wisconsin, Mr. MRVAN, Mr. MULLIN, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. OCASIO-CORTEZ, Mr. PAPPAS, Mr. PAYNE, Mr. PHILLIPS, Ms. PORTER, Mr. RUPPERSBERGER, Ms. SALINAS, Ms. SCANLON, Mr. SCHIFF, Mr. SCHNEIDER, Ms. SCHOLTEN, Mr. DAVID SCOTT of Georgia, Ms. SEWELL, Mr. SMITH of Washington, Mr. SOTO, Ms. SPANBERGER, Ms. STANSBURY, Ms. STRICKLAND, Mrs. SYKES, Mr. TAKANO, Mr. THOMPSON of Mississippi, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Mrs. TORRES of California, Mrs. TRAHAN, Mr. TRONE, Mr. VARGAS, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Ms. WEXTON, Ms. WILLIAMS of Georgia, Mr. PASCARELL, Ms. DELBENE, Mr. LYNCH, and Ms. ADAMS) introduced the following bill; which was referred to the Committee on the Judiciary

# A BILL

To end the shackling of pregnant individuals, 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 “Justice for Incarcer-

5 ated Moms Act”.

6 **SEC. 2. ENDING THE SHACKLING OF PREGNANT INDIVID-**  
7 **UALS.**

8        (a) IN GENERAL.—Beginning on the date that is 6  
9 months after the date of enactment of this Act, and annu-

10 ally thereafter, in each State that receives a grant under

11 subpart 1 of part E of title I of the Omnibus Crime Con-

12 trol and Safe Streets Act of 1968 (34 U.S.C. 10151 et

13 seq.) (commonly referred to as the “Edward Byrne Memo-

14 rial Justice Grant Program”) and that does not have in

15 effect throughout the State for such fiscal year laws re-

16 stricting the use of restraints on pregnant individuals in

17 prison that are substantially similar to the rights, proce-

18 dures, requirements, effects, and penalties set forth in sec-

19 tion 4322 of title 18, United States Code, the amount of

20 such grant that would otherwise be allocated to such State

21 under such subpart for the fiscal year shall be decreased

22 by 25 percent.

1 (b) REALLOCATION.—Amounts not allocated to a  
2 State for failure to comply with subsection (a) shall be  
3 reallocated in accordance with subpart 1 of part E of title  
4 I of the Omnibus Crime Control and Safe Streets Act of  
5 1968 (34 U.S.C. 10151 et seq.) to States that have com-  
6 plied with such subsection.

7 **SEC. 3. CREATING MODEL PROGRAMS FOR THE CARE OF**  
8 **INCARCERATED INDIVIDUALS IN THE PRE-**  
9 **NATAL AND POSTPARTUM PERIODS.**

10 (a) IN GENERAL.—Not later than 1 year after the  
11 date of enactment of this Act, the Attorney General, act-  
12 ing through the Director of the Bureau of Prisons, shall  
13 establish, in not fewer than 6 Bureau of Prisons facilities,  
14 programs to optimize maternal health outcomes for preg-  
15 nant and postpartum individuals incarcerated in such fa-  
16 cilities. The Attorney General shall establish such pro-  
17 grams in consultation with stakeholders such as—

18 (1) relevant community-based organizations,  
19 particularly organizations that represent incarcer-  
20 ated and formerly incarcerated individuals and orga-  
21 nizations that seek to improve maternal health out-  
22 comes for pregnant and postpartum individuals from  
23 demographic groups with elevated rates of maternal  
24 mortality, severe maternal morbidity, maternal

1 health disparities, or other adverse perinatal or  
2 childbirth outcomes;

3 (2) relevant organizations representing patients,  
4 with a particular focus on patients from demo-  
5 graphic groups with elevated rates of maternal mor-  
6 tality, severe maternal morbidity, maternal health  
7 disparities, or other adverse perinatal or childbirth  
8 outcomes;

9 (3) organizations representing maternity care  
10 providers and maternal health care education pro-  
11 grams;

12 (4) perinatal health workers; and

13 (5) researchers and policy experts in fields re-  
14 lated to maternal health care for incarcerated indi-  
15 viduals.

16 (b) START DATE.—Each selected facility shall begin  
17 facility programs not later than 18 months after the date  
18 of enactment of this Act.

19 (c) FACILITY PRIORITY.—In carrying out subsection  
20 (a), the Director shall give priority to a facility based on—

21 (1) the number of pregnant and postpartum in-  
22 dividuals incarcerated in such facility and, among  
23 such individuals, the number of pregnant and  
24 postpartum individuals from demographic groups  
25 with elevated rates of maternal mortality, severe ma-

1 ternal morbidity, maternal health disparities, or  
2 other adverse perinatal or childbirth outcomes; and

3 (2) the extent to which the leaders of such facil-  
4 ity have demonstrated a commitment to developing  
5 exemplary programs for pregnant and postpartum  
6 individuals incarcerated in such facility.

7 (d) PROGRAM DURATION.—The programs established  
8 under this section shall be for a 5-year period.

9 (e) PROGRAMS.—Bureau of Prisons facilities selected  
10 by the Director shall establish programs for pregnant and  
11 postpartum incarcerated individuals, and such programs  
12 may—

13 (1) provide access to perinatal health workers  
14 from pregnancy through the postpartum period;

15 (2) provide access to healthy foods and coun-  
16 seling on nutrition, recommended activity levels, and  
17 safety measures throughout pregnancy;

18 (3) train correctional officers to ensure that  
19 pregnant incarcerated individuals receive safe and  
20 respectful treatment;

21 (4) train medical personnel to ensure that preg-  
22 nant incarcerated individuals receive trauma-in-  
23 formed, culturally and linguistically congruent care  
24 that promotes the health and safety of the pregnant  
25 individuals;

1           (5) provide counseling and treatment for indi-  
2           viduals who have suffered from—

3                   (A) diagnosed mental or behavioral health  
4                   conditions, including trauma and substance use  
5                   disorders;

6                   (B) trauma or violence, including domestic  
7                   violence;

8                   (C) human immunodeficiency virus;

9                   (D) sexual abuse;

10                  (E) pregnancy or infant loss; or

11                  (F) chronic conditions;

12           (6) provide evidence-based pregnancy and child-  
13           birth education, parenting support, and other rel-  
14           evant forms of health literacy;

15           (7) provide clinical education opportunities to  
16           maternity care providers in training to expand path-  
17           ways into maternal health care careers serving incar-  
18           cerated individuals;

19           (8) offer opportunities for postpartum individ-  
20           uals to maintain contact with the individual's new-  
21           born child to promote bonding, including enhanced  
22           visitation policies, access to prison nursery pro-  
23           grams, or breastfeeding support;

24           (9) provide reentry assistance, particularly to—

1 (A) ensure access to health insurance cov-  
2 erage and transfer of health records to commu-  
3 nity providers if an incarcerated individual exits  
4 the criminal justice system during such individ-  
5 ual's pregnancy or in the postpartum period;  
6 and

7 (B) connect individuals exiting the criminal  
8 justice system during pregnancy or in the  
9 postpartum period to community-based re-  
10 sources, such as referrals to health care pro-  
11 viders, substance use disorder treatments, and  
12 social services that address social determinants  
13 of maternal health; or

14 (10) establish partnerships with local public en-  
15 tities, private community entities, community-based  
16 organizations, Indian Tribes and Tribal organiza-  
17 tions (as such terms are defined in section 4 of the  
18 Indian Self-Determination and Education Assistance  
19 Act (25 U.S.C. 5304)), and Urban Indian organiza-  
20 tions (as such term is defined in section 4 of the In-  
21 dian Health Care Improvement Act (25 U.S.C.  
22 1603)) to establish or expand pretrial diversion pro-  
23 grams as an alternative to incarceration for preg-  
24 nant and postpartum individuals. Such programs  
25 may include—

1 (A) evidence-based childbirth education or  
2 parenting classes;

3 (B) prenatal health coordination;

4 (C) family and individual counseling;

5 (D) evidence-based screenings, education,  
6 and, as needed, treatment for mental and be-  
7 havioral health conditions, including drug and  
8 alcohol treatments;

9 (E) family case management services;

10 (F) domestic violence education and pre-  
11 vention;

12 (G) physical and sexual abuse counseling;  
13 and

14 (H) programs to address social deter-  
15 minants of health such as employment, housing,  
16 education, transportation, and nutrition.

17 (f) IMPLEMENTATION AND REPORTING.—A selected  
18 facility shall be responsible for—

19 (1) implementing programs, which may include  
20 the programs described in subsection (e); and

21 (2) not later than 3 years after the date of en-  
22 actment of this Act, and 6 years after the date of  
23 enactment of this Act, reporting results of the pro-  
24 grams to the Director, including information de-  
25 scribing—

1 (A) relevant quantitative indicators of suc-  
2 cess in improving the standard of care and  
3 health outcomes for pregnant and postpartum  
4 incarcerated individuals in the facility, including  
5 data stratified by race, ethnicity, sex, gender,  
6 primary language, age, geography, disability  
7 status, the category of the criminal charge  
8 against such individual, rates of pregnancy-re-  
9 lated deaths, pregnancy-associated deaths, cases  
10 of infant mortality and morbidity, rates of  
11 preterm births and low-birthweight births, cases  
12 of severe maternal morbidity, cases of violence  
13 against pregnant or postpartum individuals, di-  
14 agnoses of maternal mental or behavioral health  
15 conditions, and other such information as ap-  
16 propriate;

17 (B) relevant qualitative and quantitative  
18 evaluations from pregnant and postpartum in-  
19 carcerated individuals who participated in such  
20 programs, including measures of patient-re-  
21 ported experience of care; and

22 (C) strategies to sustain such programs  
23 after fiscal year 2028 and expand such pro-  
24 grams to other facilities.

1 (g) REPORT.—Not later than 6 years after the date  
2 of enactment of this Act, the Director shall submit to the  
3 Attorney General and to the Congress a report describing  
4 the results of the programs funded under this section.

5 (h) OVERSIGHT.—Not later than 1 year after the  
6 date of enactment of this Act, the Attorney General shall  
7 award a contract to an independent organization or inde-  
8 pendent organizations to conduct oversight of the pro-  
9 grams described in subsection (e).

10 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
11 authorized to be appropriated to carry out this section  
12 \$10,000,000 for each of fiscal years 2024 through 2028.

13 **SEC. 4. GRANT PROGRAM TO IMPROVE MATERNAL HEALTH**  
14 **OUTCOMES FOR INDIVIDUALS IN STATE AND**  
15 **LOCAL PRISONS AND JAILS.**

16 (a) ESTABLISHMENT.—Not later than 1 year after  
17 the date of enactment of this Act, the Attorney General,  
18 acting through the Director of the Bureau of Justice As-  
19 sistance, shall award Justice for Incarcerated Moms  
20 grants to States to establish or expand programs in State  
21 and local prisons and jails for pregnant and postpartum  
22 incarcerated individuals. The Attorney General shall  
23 award such grants in consultation with stakeholders such  
24 as—

1           (1) relevant community-based organizations,  
2           particularly organizations that represent incarcerated  
3           ated and formerly incarcerated individuals and orga-  
4           nizations that seek to improve maternal health out-  
5           comes for pregnant and postpartum individuals from  
6           demographic groups with elevated rates of maternal  
7           mortality, severe maternal morbidity, maternal  
8           health disparities, or other adverse perinatal or  
9           childbirth outcomes;

10           (2) relevant organizations representing patients,  
11           with a particular focus on patients from demo-  
12           graphic groups with elevated rates of maternal mor-  
13           tality, severe maternal morbidity, maternal health  
14           disparities, or other adverse perinatal or childbirth  
15           outcomes;

16           (3) organizations representing maternity care  
17           providers and maternal health care education pro-  
18           grams;

19           (4) perinatal health workers; and

20           (5) researchers and policy experts in fields re-  
21           lated to maternal health care for incarcerated indi-  
22           viduals.

23           (b) APPLICATIONS.—Each applicant for a grant  
24           under this section shall submit to the Director of the Bu-  
25           reau of Justice Assistance an application at such time, in

1 such manner, and containing such information as the Di-  
2 rector may require.

3 (c) USE OF FUNDS.—A State that is awarded a grant  
4 under this section shall use such grant to establish or ex-  
5 pand programs for pregnant and postpartum incarcerated  
6 individuals, and such programs may—

7 (1) provide access to perinatal health workers  
8 from pregnancy through the postpartum period;

9 (2) provide access to healthy foods and coun-  
10 seling on nutrition, recommended activity levels, and  
11 safety measures throughout pregnancy;

12 (3) train correctional officers to ensure that  
13 pregnant incarcerated individuals receive safe and  
14 respectful treatment;

15 (4) train medical personnel to ensure that preg-  
16 nant incarcerated individuals receive trauma-in-  
17 formed, culturally and linguistically congruent care  
18 that promotes the health and safety of the pregnant  
19 individuals;

20 (5) provide counseling and treatment for indi-  
21 viduals who have suffered from—

22 (A) diagnosed mental or behavioral health  
23 conditions, including trauma and substance use  
24 disorders;

1 (B) trauma or violence, including domestic  
2 violence;

3 (C) human immunodeficiency virus;

4 (D) sexual abuse;

5 (E) pregnancy or infant loss; or

6 (F) chronic conditions;

7 (6) provide evidence-based pregnancy and child-  
8 birth education, parenting support, and other rel-  
9 evant forms of health literacy;

10 (7) provide clinical education opportunities to  
11 maternity care providers in training to expand path-  
12 ways into maternal health care careers serving incar-  
13 cerated individuals;

14 (8) offer opportunities for postpartum individ-  
15 uals to maintain contact with the individual's new-  
16 born child to promote bonding, including enhanced  
17 visitation policies, access to prison nursery pro-  
18 grams, or breastfeeding support;

19 (9) provide reentry assistance, particularly to—

20 (A) ensure access to health insurance cov-  
21 erage and transfer of health records to commu-  
22 nity providers if an incarcerated individual exits  
23 the criminal justice system during such individ-  
24 ual's pregnancy or in the postpartum period;  
25 and

1 (B) connect individuals exiting the criminal  
2 justice system during pregnancy or in the  
3 postpartum period to community-based re-  
4 sources, such as referrals to health care pro-  
5 viders, substance use disorder treatments, and  
6 social services that address social determinants  
7 of maternal health; or

8 (10) establish partnerships with local public en-  
9 tities, private community entities, community-based  
10 organizations, Indian Tribes and Tribal organiza-  
11 tions (as such terms are defined in section 4 of the  
12 Indian Self-Determination and Education Assistance  
13 Act (25 U.S.C. 5304)), and Urban Indian organiza-  
14 tions (as such term is defined in section 4 of the In-  
15 dian Health Care Improvement Act (25 U.S.C.  
16 1603)) to establish or expand pretrial diversion pro-  
17 grams as an alternative to incarceration for preg-  
18 nant and postpartum individuals. Such programs  
19 may include—

20 (A) evidence-based childbirth education or  
21 parenting classes;

22 (B) prenatal health coordination;

23 (C) family and individual counseling;

24 (D) evidence-based screenings, education,  
25 and, as needed, treatment for mental and be-

1           havioral health conditions, including drug and  
2           alcohol treatments;

3           (E) family case management services;

4           (F) domestic violence education and pre-  
5           vention;

6           (G) physical and sexual abuse counseling;  
7           and

8           (H) programs to address social deter-  
9           minants of health such as employment, housing,  
10          education, transportation, and nutrition.

11         (d) PRIORITY.—In awarding grants under this sec-  
12         tion, the Director of the Bureau of Justice Assistance  
13         shall give priority to applicants based on—

14                 (1) the number of pregnant and postpartum in-  
15                 dividuals incarcerated in the State and, among such  
16                 individuals, the number of pregnant and postpartum  
17                 individuals from demographic groups with elevated  
18                 rates of maternal mortality, severe maternal mor-  
19                 bidity, maternal health disparities, or other adverse  
20                 perinatal or childbirth outcomes; and

21                 (2) the extent to which the State has dem-  
22                 onstrated a commitment to developing exemplary  
23                 programs for pregnant and postpartum individuals  
24                 incarcerated in the prisons and jails in the State.

1 (e) GRANT DURATION.—A grant awarded under this  
2 section shall be for a 5-year period.

3 (f) IMPLEMENTING AND REPORTING.—A State that  
4 receives a grant under this section shall be responsible  
5 for—

6 (1) implementing the program funded by the  
7 grant; and

8 (2) not later than 3 years after the date of en-  
9 actment of this Act, and 6 years after the date of  
10 enactment of this Act, reporting results of such pro-  
11 gram to the Attorney General, including information  
12 describing—

13 (A) relevant quantitative indicators of the  
14 program’s success in improving the standard of  
15 care and health outcomes for pregnant and  
16 postpartum incarcerated individuals in the facil-  
17 ity, including data stratified by race, ethnicity,  
18 sex, gender, primary language, age, geography,  
19 disability status, category of the criminal  
20 charge against such individual, incidence rates  
21 of pregnancy-related deaths, pregnancy-associ-  
22 ated deaths, cases of infant mortality and mor-  
23 bidity, rates of preterm births and low-birth-  
24 weight births, cases of severe maternal mor-  
25 bidity, cases of violence against pregnant or

1 postpartum individuals, diagnoses of maternal  
2 mental or behavioral health conditions, and  
3 other such information as appropriate;

4 (B) relevant qualitative and quantitative  
5 evaluations from pregnant and postpartum in-  
6 carcerated individuals who participated in such  
7 programs, including measures of patient-re-  
8 ported experience of care; and

9 (C) strategies to sustain such programs be-  
10 yond the duration of the grant and expand such  
11 programs to other facilities.

12 (g) REPORT.—Not later than 6 years after the date  
13 of enactment of this Act, the Attorney General shall sub-  
14 mit to the Congress a report describing the results of such  
15 grant programs.

16 (h) OVERSIGHT.—Not later than 1 year after the  
17 date of enactment of this Act, the Attorney General shall  
18 award a contract to an independent organization or inde-  
19 pendent organizations to conduct oversight of the pro-  
20 grams described in subsection (c).

21 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
22 authorized to be appropriated to carry out this section  
23 \$10,000,000 for each of fiscal years 2024 through 2028.

1 **SEC. 5. GAO REPORT.**

2 (a) IN GENERAL.—Not later than 2 years after the  
3 date of enactment of this Act, the Comptroller General  
4 of the United States shall submit to Congress a report  
5 on adverse maternal and infant health outcomes among  
6 incarcerated individuals and infants born to such individ-  
7 uals, with a particular focus on racial and ethnic dispari-  
8 ties in maternal and infant health outcomes for incarcer-  
9 ated individuals.

10 (b) CONTENTS OF REPORT.—The report described in  
11 this section shall include—

12 (1) to the extent practicable—

13 (A) the number of pregnant individuals  
14 who are incarcerated in Bureau of Prisons fa-  
15 cilities;

16 (B) the number of incarcerated individuals,  
17 including those incarcerated in Federal, State,  
18 and local correctional facilities, who have expe-  
19 rienced a pregnancy-related death, pregnancy-  
20 associated death, or the death of an infant in  
21 the most recent 10 years of available data;

22 (C) the number of cases of severe maternal  
23 morbidity among incarcerated individuals, in-  
24 cluding those incarcerated in Federal, State,  
25 and local detention facilities, in the most recent  
26 10 years of available data;

1 (D) the number of preterm and low-birth-  
2 weight births of infants born to incarcerated in-  
3 dividuals, including those incarcerated in Fed-  
4 eral, State, and local correctional facilities, in  
5 the most recent 10 years of available data; and

6 (E) statistics on the racial and ethnic dis-  
7 parities in maternal and infant health outcomes  
8 and severe maternal morbidity rates among in-  
9 carcerated individuals, including those incarcer-  
10 ated in Federal, State, and local detention fa-  
11 cilities;

12 (2) in the case that the Comptroller General of  
13 the United States is unable determine the informa-  
14 tion required in subparagraphs (A) through (C) of  
15 paragraph (1), an assessment of the barriers to de-  
16 termining such information and recommendations  
17 for improvements in tracking maternal health out-  
18 comes among incarcerated individuals, including  
19 those incarcerated in Federal, State, and local deten-  
20 tion facilities;

21 (3) the implications of pregnant and  
22 postpartum incarcerated individuals being ineligible  
23 for medical assistance under a State plan under title  
24 XIX of the Social Security Act (42 U.S.C. 1396 et  
25 seq.) including information about—

1           (A) the effects of such ineligibility on ma-  
2           ternal health outcomes for pregnant and  
3           postpartum incarcerated individuals, with em-  
4           phasis given to such effects for pregnant and  
5           postpartum individuals from racial and ethnic  
6           minority groups; and

7           (B) potential implications on maternal  
8           health outcomes resulting from temporarily sus-  
9           pending, rather than permanently terminating,  
10          such eligibility when a pregnant or postpartum  
11          individual is incarcerated;

12          (4) the extent to which Federal, State, and  
13          local correctional facilities are holding pregnant and  
14          postpartum individuals who test positive for illicit  
15          drug use in detention with special conditions, such  
16          as additional bond requirements, due to the individ-  
17          ual's drug use, and the effect of such detention poli-  
18          cies on maternal and infant health outcomes.

19          (5) causes of adverse maternal health outcomes  
20          that are unique to incarcerated individuals, including  
21          those incarcerated in Federal, State, and local deten-  
22          tion facilities;

23          (6) causes of adverse maternal health outcomes  
24          and severe maternal morbidity that are unique to in-

1       carcerated individuals from racial and ethnic minor-  
2       ity groups;

3               (7) recommendations to reduce maternal mor-  
4       tality and severe maternal morbidity among incar-  
5       cerated individuals and to address racial and ethnic  
6       disparities in maternal health outcomes for incarcer-  
7       ated individuals in Bureau of Prisons facilities and  
8       State and local prisons and jails; and

9               (8) such other information as may be appro-  
10      priate to reduce the occurrence of adverse maternal  
11      health outcomes among incarcerated individuals and  
12      to address racial and ethnic disparities in maternal  
13      health outcomes for such individuals.

14 **SEC. 6. DEFINITIONS.**

15       In this Act:

16               (1) CULTURALLY AND LINGUISTICALLY CON-  
17      GRUENT.—The term “culturally and linguistically  
18      congruent”, with respect to care or maternity care,  
19      means care that is in agreement with the preferred  
20      cultural values, beliefs, worldview, language, and  
21      practices of the health care consumer and other  
22      stakeholders.

23               (2) MATERNAL MORTALITY.—The term “mater-  
24      nal mortality” means a death occurring during or  
25      within a 1-year period after pregnancy, caused by

1 pregnancy-related or childbirth complications, in-  
2 cluding a suicide, overdose, or other death resulting  
3 from a mental health or substance use disorder at-  
4 tributed to or aggravated by pregnancy-related or  
5 childbirth complications.

6 (3) MATERNITY CARE PROVIDER.—The term  
7 “maternity care provider” means a health care pro-  
8 vider who—

9 (A) is a physician, a physician assistant, a  
10 midwife who meets, at a minimum, the inter-  
11 national definition of a midwife and global  
12 standards for midwifery education as estab-  
13 lished by the International Confederation of  
14 Midwives, an advanced practice registered  
15 nurse, or a lactation consultant certified by the  
16 International Board of Lactation Consultant  
17 Examiners; and

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

20 (4) PERINATAL HEALTH WORKER.—The term  
21 “perinatal health worker” means a nonclinical health  
22 worker focused on maternal or perinatal health, such  
23 as a doula, community health worker, peer sup-  
24 porter, lactation educator or counselor, nutritionist  
25 or dietitian, childbirth educator, social worker, home

1 visitor, patient navigator or coordinator, or language  
2 interpreter.

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

7 (6) PREGNANCY-ASSOCIATED DEATH.—The  
8 term “pregnancy-associated death” means a death of  
9 a pregnant or postpartum individual, by any cause,  
10 that occurs during, or within 1 year following, the  
11 individual’s pregnancy, regardless of the outcome,  
12 duration, or site of the pregnancy.

13 (7) PREGNANCY-RELATED DEATH.—The term  
14 “pregnancy-related death” means a death of a preg-  
15 nant or postpartum individual that occurs during, or  
16 within 1 year following, the individual’s pregnancy,  
17 from a pregnancy complication, a chain of events  
18 initiated by pregnancy, or the aggravation of an un-  
19 related condition by the physiologic effects of preg-  
20 nancy.

21 (8) RACIAL AND ETHNIC MINORITY GROUP.—  
22 The term “racial and ethnic minority group” has the  
23 meaning given such term in section 1707(g)(1) of  
24 the Public Health Service Act (42 U.S.C. 300u–  
25 6(g)(1)).

1           (9) SEVERE MATERNAL MORBIDITY.—The term  
2           “severe maternal morbidity” means a health condi-  
3           tion, including mental health conditions and sub-  
4           stance use disorders, attributed to or aggravated by  
5           pregnancy or childbirth that results in significant  
6           short-term or long-term consequences to the health  
7           of the individual who was pregnant.

8           (10) SOCIAL DETERMINANTS OF MATERNAL  
9           HEALTH.—The term “social determinants of mater-  
10          nal health” means nonclinical factors that impact  
11          maternal health outcomes.

○