

118TH CONGRESS  
1ST SESSION

# S. 1602

To provide for grants to address maternal mental health conditions and substance use disorders, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

MAY 15, 2023

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

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## A BILL

To provide for grants to address maternal mental health conditions and substance use disorders, 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 “Moms Matter Act”.

5       **SEC. 2. MATERNAL MENTAL HEALTH EQUITY GRANT PRO-**  
6                   **GRAM.**

7       (a) IN GENERAL.—The Secretary shall establish a  
8       program to award grants to eligible entities to address ma-  
9       ternal mental health conditions and substance use dis-

1 orders, with a focus on demographic groups with elevated  
2 rates of maternal mortality, severe maternal morbidity,  
3 maternal health disparities, or other adverse perinatal or  
4 childbirth outcomes.

5 (b) APPLICATION.—To be eligible to receive a grant  
6 under this section, an eligible entity shall submit to the  
7 Secretary an application at such time, in such manner,  
8 and containing such information as the Secretary may re-  
9 quire.

10 (c) PRIORITY.—In awarding grants under this sec-  
11 tion, the Secretary shall give priority to an eligible entity  
12 that—

13 (1) is, or will partner with, a community-based  
14 organization to address maternal mental health con-  
15 ditions and substance use disorders described in sub-  
16 section (a);

17 (2) is operating in an area with elevated rates  
18 of maternal mortality, severe maternal morbidity,  
19 maternal health disparities, or other adverse  
20 perinatal or childbirth outcomes; and

21 (3) is operating in a health professional short-  
22 age area designated under section 332 of the Public  
23 Health Service Act (42 U.S.C. 254e).

1       (d) USE OF FUNDS.—An eligible entity that receives  
2 a grant under this section shall use the grant for the fol-  
3 lowing:

4                 (1) Establishing or expanding maternity care  
5 programs to improve the integration of maternal  
6 mental health and behavioral health care services  
7 into primary care settings where pregnant individ-  
8 uals regularly receive health care services.

9                 (2) Establishing or expanding group prenatal  
10 care programs or postpartum care programs.

11                 (3) Expanding existing programs that improve  
12 maternal mental and behavioral health during the  
13 prenatal and postpartum periods, with a focus on in-  
14 dividuals from demographic groups with elevated  
15 rates of maternal mortality, severe maternal mor-  
16 bidity, maternal health disparities, or other adverse  
17 perinatal or childbirth outcomes.

18                 (4) Providing services and support for pregnant  
19 and postpartum individuals with maternal mental  
20 health conditions and substance use disorders, in-  
21 cluding referrals to addiction treatment centers that  
22 offer evidence-based treatment options.

23                 (5) Addressing stigma associated with maternal  
24 mental health conditions and substance use dis-  
25 orders, with a focus on individuals from demo-

1 graphic groups with elevated rates of maternal mor-  
2 tality, severe maternal morbidity, maternal health  
3 disparities, or other adverse perinatal or childbirth  
4 outcomes.

5 (6) Raising awareness of warning signs of ma-  
6 ternal mental health conditions and substance use  
7 disorders, with a focus on pregnant and postpartum  
8 individuals from demographic groups with elevated  
9 rates of maternal mortality, severe maternal mor-  
10 bidity, maternal health disparities, or other adverse  
11 perinatal or childbirth outcomes.

12 (7) Establishing or expanding programs to pre-  
13 vent suicide or self-harm among pregnant and  
14 postpartum individuals.

15 (8) Offering evidence-aligned programs at free-  
16 standing birth centers that provide maternal mental  
17 and behavioral health care education, treatments,  
18 and services, and other services for individuals  
19 throughout the prenatal and postpartum period.

20 (9) Establishing or expanding programs to pro-  
21 vide education and training to maternity care pro-  
22 viders with respect to—

23 (A) identifying potential warning signs for  
24 maternal mental health conditions or substance  
25 use disorders in pregnant and postpartum indi-

1           viduals, with a focus on individuals from demo-  
2           graphic groups with elevated rates of maternal  
3           mortality, severe maternal morbidity, maternal  
4           health disparities, or other adverse perinatal or  
5           childbirth outcomes; and

6                 (B) in the case where such providers iden-  
7           tify such warning signs, offering referrals to  
8           mental and behavioral health care professionals.

9                 (10) Developing a website, or other source, that  
10          includes information on health care providers who  
11          treat maternal mental health conditions and sub-  
12          stance use disorders.

13                 (11) Establishing or expanding programs in  
14          communities to improve coordination between mater-  
15          nity care providers and mental and behavioral health  
16          care providers who treat maternal mental health  
17          conditions and substance use disorders, including  
18          through the use of toll-free hotlines.

19                 (12) Carrying out other programs aligned with  
20          evidence-based practices for addressing maternal  
21          mental health conditions and substance use dis-  
22          orders 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       (e) REPORTING.—

4               (1) ELIGIBLE ENTITIES.—An eligible entity  
5       that receives a grant under subsection (a) shall sub-  
6       mit annually to the Secretary, and make publicly  
7       available, a report on the activities conducted using  
8       funds received through a grant under this section.  
9       Such reports shall include quantitative and qual-  
10      itative evaluations of such activities, including the ex-  
11      perience of individuals who received health care  
12      through such grant.

13               (2) SECRETARY.—Not later than the end of fis-  
14      cal year 2027, the Secretary shall submit to Con-  
15      gress a report that includes—

16                       (A) a summary of the reports received  
17      under paragraph (1);

18                       (B) an evaluation of the effectiveness of  
19      grants awarded under this section;

20                       (C) recommendations with respect to ex-  
21      panding coverage of evidence-based screenings  
22      and treatments for maternal mental health con-  
23      ditions and substance use disorders; and

(D) recommendations with respect to ensuring activities described under subsection (d) continue after the end of a grant period.

(f) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term “eligible entity” means—

(A) a community-based organization serving pregnant and postpartum individuals, including such organizations serving individuals from demographic groups with elevated rates of maternal mortality, severe maternal morbidity, maternal health disparities, or other adverse perinatal or childbirth outcomes;

(B) a nonprofit or patient advocacy organization with expertise in maternal mental and behavioral health;

(C) a maternity care provider;

(D) a mental or behavioral health care provider who treats maternal mental health conditions or substance use disorders;

(E) a State or local governmental entity, including a State or local public health department;

(F) an Indian Tribe or Tribal organization  
(as such terms are defined in section 4 of the

1 Indian Self-Determination and Education As-  
2 sistance Act (25 U.S.C. 5304)); and

7                             (2) FREESTANDING BIRTH CENTER.—The term  
8                             “freestanding birth center” has the meaning given  
9                             that term under section 1905(l) of the Social Secu-  
10                          rity Act (42 U.S.C. 1396d(l)).

15       (g) AUTHORIZATION OF APPROPRIATIONS.—To carry  
16 out this section, there is authorized to be appropriated  
17 \$25,000,000 for each of fiscal years 2024 through 2027.

18 SEC. 3. GRANTS TO GROW AND DIVERSIFY THE MATERNAL  
19 MENTAL AND BEHAVIORAL HEALTH CARE  
20 WORKFORCE.

21       Title VII of the Public Health Service Act is amended  
22 by inserting after section 757 (42 U.S.C. 294f) the fol-  
23 lowing:

1     **“SEC. 758. MATERNAL MENTAL AND BEHAVIORAL HEALTH**

2                 **CARE WORKFORCE GRANTS.**

3                 “(a) IN GENERAL.—The Secretary may award grants  
4 to entities to establish or expand programs described in  
5 subsection (b) to grow and diversify the maternal mental  
6 and behavioral health care workforce.

7                 “(b) USE OF FUNDS.—Recipients of grants under  
8 this section shall use the grants to grow and diversify the  
9 maternal mental and behavioral health care workforce  
10 by—

11                 “(1) establishing schools or programs that pro-  
12 vide education and training to individuals seeking  
13 appropriate licensing or certification as mental or  
14 behavioral health care providers who will specialize  
15 in maternal mental health conditions or substance  
16 use disorders; or

17                 “(2) expanding the capacity of existing schools  
18 or programs described in paragraph (1), for the pur-  
19 poses of increasing the number of students enrolled  
20 in such schools or programs, including by awarding  
21 scholarships for students.

22                 “(c) PRIORITIZATION.—In awarding grants under  
23 this section, the Secretary shall give priority to any entity  
24 that—

1           “(1) has demonstrated a commitment to re-  
2         cruiting and retaining students and faculty from ra-  
3         cial and ethnic minority groups;

4           “(2) has developed a strategy to recruit and re-  
5         tain a diverse pool of students into the maternal  
6         mental or behavioral health care workforce program  
7         or school supported by funds received through the  
8         grant, particularly from racial and ethnic minority  
9         groups and other underserved populations;

10          “(3) has developed a strategy to recruit and re-  
11         tain students who plan to practice in a health pro-  
12         fessional shortage area designated under section  
13         332;

14          “(4) has developed a strategy to recruit and re-  
15         tain students who plan to practice in an area with  
16         significant maternal health disparities, to the extent  
17         practicable; and

18          “(5) includes in the standard curriculum for all  
19         students within the maternal mental or behavioral  
20         health care workforce program or school a bias, rac-  
21         ism, or discrimination training program that in-  
22         cludes training on implicit bias and racism.

23          “(d) REPORTING.—As a condition on receipt of a  
24         grant under this section for a maternal mental or behav-  
25         ioral health care workforce program or school, an entity

1 shall agree to submit to the Secretary an annual report  
2 on the activities conducted through the grant, including—

3                 “(1) the number and demographics of students  
4 participating in the program or school;

5                 “(2) the extent to which students in the pro-  
6 gram or school are entering careers in—

7                         “(A) health professional shortage areas  
8 designated under section 332; and

9                         “(B) areas with significant maternal health  
10 disparities, to the extent such data are avail-  
11 able; and

12                 “(3) whether the program or school has in-  
13 cluded in the standard curriculum for all students a  
14 bias, racism, or discrimination training program that  
15 includes training on implicit bias and racism, and if  
16 so the effectiveness of such training program.

17                 “(e) PERIOD OF GRANTS.—The period of a grant  
18 under this section shall be up to 5 years.

19                 “(f) APPLICATION.—To seek a grant under this sec-  
20 tion, an entity shall submit to the Secretary an application  
21 at such time, in such manner, and containing such infor-  
22 mation as the Secretary may require, including any infor-  
23 mation necessary for prioritization under subsection (c).

24                 “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
25 provide, directly or by contract, technical assistance to en-

1      tities seeking or receiving a grant under this section on  
2      the development, use, evaluation, and postgrant period  
3      sustainability of the maternal mental or behavioral health  
4      care workforce programs or schools proposed to be, or  
5      being, established or expanded through the grant.

6                “(h) REPORT BY THE SECRETARY.—Not later than  
7      4 years after the date of enactment of this section, the  
8      Secretary shall prepare and submit to the Congress, and  
9      post on the internet website of the Department of Health  
10     and Human Services, a report on the effectiveness of the  
11     grant program under this section at—

12                “(1) recruiting students from racial and ethnic  
13     minority groups and other underserved populations;  
14                “(2) increasing the number of mental or behav-  
15     ioral health care providers specializing in maternal  
16     mental health conditions or substance use disorders  
17     from racial and ethnic minority groups and other  
18     underserved populations;

19                “(3) increasing the number of mental or behav-  
20     ioral health care providers specializing in maternal  
21     mental health conditions or substance use disorders  
22     working in health professional shortage areas des-  
23     ignated under section 332; and

24                “(4) increasing the number of mental or behav-  
25     ioral health care providers specializing in maternal

1       mental health conditions or substance use disorders  
2       working in areas with significant maternal health  
3       disparities, to the extent such data are available.

4       “(i) DEFINITIONS.—In this section:

5           “(1) RACIAL AND ETHNIC MINORITY GROUP.—  
6       The term ‘racial and ethnic minority group’ has the  
7       meaning given such term in section 1707(g)(1).

8           “(2) MENTAL OR BEHAVIORAL HEALTH CARE  
9       PROVIDER.—The term ‘mental or behavioral health  
10      care provider’ refers to a health care provider in the  
11      field of mental and behavioral health, including sub-  
12      stance use disorders, acting in accordance with State  
13      law.

14       “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
15      carry out this section, there is authorized to be appro-  
16      priated \$15,000,000 for each of fiscal years 2024 through  
17      2028.”.

